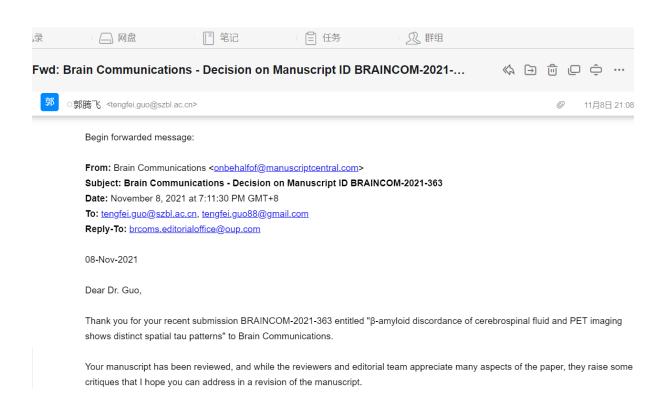
PS: 00 - 04 is the R scripts for the work "Discordance of β-amyloid measured by cerebrospinal fluid and PET imaging shows distinct spatial tau patterns". We conducted the voxel-wise with spm12 in Matlab.

- 00- This part is about the analysis of demongraphics
- 01- This part is to find different corresponding tau pattern of different CSF/PET groups categorized by CSF Abeta and A β PET
- 02- This part is for comparisions Comparisons of cortical tau deposition among different CSF/PET groups
- 03- This part is for the association analysis of CSF A β 42/A β 40, A β PET and CSF p-Tau/A β 40 in early amyloidosis stage
- 04- This part is for the association analysis of CSF A β 42/A β 40, A β PET and CSF p-Tau/A β 40 in late amyloidosis stage

This work is in review in the Journal Brain Communications. The other part is the abstract of the manuscript.



Discordance of β -amyloid measured by cerebrospinal fluid and PET imaging shows distinct spatial tau patterns

Chengyang Jiang¹, Qingyong Wang², Siwei Xie¹, Zhicheng Chen³, Liping Fu⁴, Qiyu Peng¹, Ying Liang⁵, Hongbo Guo⁶, and Tengfei Guo¹ for the Alzheimer's Disease Neuroimaging Initiative

Abstract

Extracellular β -amyloid-(A β) plaques and intracellular neurofibrillary tau tangles are the primary hallmarks of Alzheimer's disease. A β pathology can be directly quantified by positron emission tomography (PET) imaging, or indirectly by measuring the decrease of soluble A β 42/A β 40 ratio in cerebrospinal fluid (CSF). Although these two A β biomarkers may be considered interchangeable, they sometimes show discordance, particularly in earlier stage of Alzheimer's disease. Individuals with CSF A β positive only (CSF+/PET-) or A β PET positive only (CSF-/PET+) may be at early amyloidosis stage comparing to individuals who are negative (CSF-/PET-) or positive (CSF+/PET+) at both CSF A β and A β PET, probably representing different A β pathology progressing pathways. Besides, A β pathology may play an initiating role in Alzheimer's disease onset, leading to subsequent tau increases. However, it is still unclear whether individuals with different A β pathways have distinct spatial patterns of cortical tau tangles in early amyloidosis stage.

In this study, we analyzed 238 cognitively unimpaired and 77 mild cognitive impairment individuals with concurrent (interval of acquisition < 1 year) ¹⁸F-flortaucipir tau PET, Aβ (¹⁸F-florbetapir or ¹⁸F-florbetaben) PET, and CSF Aβ₄₂ and Aβ₄₀ and CSF p-Tau, and divided them into 4 different CSF/PET groups based on the abnormal status of CSF Aβ₄₂/Aβ₄₀ (CSF±) and Aβ PET (PET±). We determined the cortical regions with significant tau elevations of different CSF/PET groups, and investigated the region-wise and voxel-wise associations of tau PET images with CSF Aβ₄₂/Aβ₄₀, Aβ PET and CSF p-Tau/Aβ₄₀ in early (CSF+/PET- and CSF-/PET+) and late (CSF+/PET+) amyloidosis stages. By compared to the CSF-/PET- individuals (Ref) without evidence of tau increase measured by CSF or PET, CSF+/PET- individuals showed higher tau in entorhinal but not in Braak_{III/IV} and Braak_{V/VI}, whereas CSF-/PET+ individuals had significant tau elevations in Braak_{V/VI} but not in entorhinal and Braak_{III/IV}. In contrast, CSF+/PET+ individuals showed significant tau

increases in all the cortical regions than the Ref group. The voxel-wise analyses provided further evidence that lower CSF $A\beta_{42}/A\beta_{40}$ was associated with higher tau in entorhinal while higher $A\beta$ PET was related to higher tau in Braak_{V/VI} regions in early amyloidosis stage, and both of them were correlated with tau aggregation in entorhinal, Braak_{III/IV} and Braak_{V/VI} cortices in late amyloidosis stage.

These findings provide novel insights into the spatial patterns of cortical tau tangles in different amyloidosis stages of Alzheimer's disease, suggesting CSF $A\beta$ and $A\beta$ PET discordant groups may have distinct characteristics of cortical tau tangles in early amyloidosis stage.

Author affiliations:

1 Institute of Biomedical Engineering, Shenzhen Bay Laboratory, Shenzhen, 518132, China

2 Department of Neurology, University of Chinese Academy of Sciences-Shenzhen Hospital, Shenzhen, 518107, China

3 Institute of Chemical Biology, Shenzhen Bay Laboratory, Shenzhen, 518132, China

4 Department of Nuclear Medicine, China-Japan Friendship Hospital, 2 Yinghuayuan Dongjie, Beijing, 100029, China.

5 National Cancer Center, National Clinical Research Center for Cancer, Cancer Hospital & Shenzhen Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Shenzhen, 518116, China.

6 Department of Neurosurgery, Zhujiang Hospital, Southern Medical University, Guangzhou, 510282, China.

Correspondence to: Tengfei Guo, PhD

Institute of Biomedical Engineering, Shenzhen Bay Laboratory, No.5 Kelian Road, Shenzhen, 518132, China.

E-mail: <u>tengfei.guo@szbl.ac.cn</u> ORCID: 0000-0003-2982-0865

Keywords: Alzheimer's disease; cerebrospinal fluid; PET imaging; β-amyloid; Tau **Abbreviations:** ADNI = Alzheimer's Disease Neuroimaging Initiative; CU = cognitively unimpaired; MCI = mild cognitive impairment; AD = Alzheimer's disease; SUVR = standardized uptake value ratio

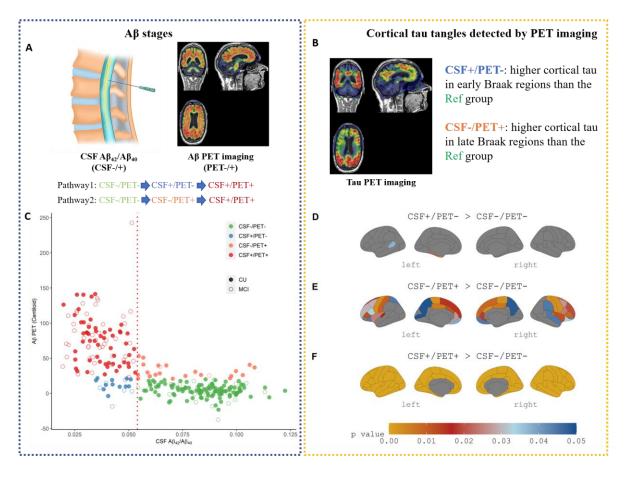


Figure 1 Significant cortical tau elevation of different CSF/PET groups categorized by CSF β -amyloid (A β) and A β PET. (A) Illustration of lumbar puncture and A β PET imaging, (B) Illustration of tau PET imaging, (C) CSF/PET groups defined by CSF A β 42/A β 40 and A β PET, and the vertical red dash line denotes the corresponding thresholds of CSF A β 42/A β 40 (0.054), (D,E,F) Significant cortical tau elevations of different CSF/PET groups compared with the CSF-/PET- group, and multiple comparisons correction was employed for 68 ROIs by using the Benjamini-Hochberg approach (FDR < 0.05) except for the comparison between CSF+/PET- group and Ref group.