




Table 7: Summary table with an overview of research questions, hypotheses, planned analyses and interpretation of outcomes

Question	Hypothesis	Sampling plan	Analysis Plan	Rationale for deciding the sensitivity of the test for confirming or disconfirming the hypothesis	Interpretation given different outcomes	Theory that could be shown wrong by the outcomes
Does systolic blood pressure predict WML progression ?	H1: Higher systolic blood pressure at baseline is associated with stronger increase in WML progression .	See section "Power Calculation"	Statistical model: M1: $\text{asinh(WML)} \sim \text{Age_baseline} + \text{Age_change} + \text{DBP_baseline} + \text{DBP_baseline:Age_change} + \text{DBP_change} + \text{WHR_baseline} + \text{WHR_baseline:Age_change} + \text{WHR_change} + \text{gender} + \text{HT_medication} + \text{TIV} + (1 \text{subj})$ Inference: Frequentist/Bayes Factor analysis comparing M1 with a null model leaving out the term "DBP_baseline:Age_change"	p < 0.033 and BF > 6	positive evidence for H1	Systolic blood pressure is a risk factor for progression of WML.
				If p < 0.033 and BF > 3	moderate evidence for H1	
				p < 0.033 and BF > 1/3 and BF < 3	If  weak evidence for H1	

				p > 0.033 and BF > 1/3 <3	inconclusive evidence	
				p > 0.033 and BF < 1/3	moderate evidence for H0	
				p > 0.033 and BF < 1/6	positive evidence for H0	
Is WML progression associated with decline in executive function?	H2: Stronger increase in WML volume from baseline to follow-up is associated with stronger decrease in executive function.	See section "Power Calculation"	<p>Statistical model: M2: $Z_{\text{exec}} \sim \text{asinh}(\text{WML})_{\text{baseline}} + \mathbf{\text{WML_change}} + \text{Age_baseline} + \text{Age_change} : \text{asinh}(\text{WML})_{\text{baseline}} + \text{Age_change} + \text{gender} + \text{education} + \text{CESD} + (1 \text{subj})$</p> <p>Inference: Frequentist/Bayes Factor analysis comparing M2 with a null model leaving out the term "WML_change"</p>	p < 0.033 and BF > 6	positive evidence for H1	MRI markers of cSVD are associated with specific cognitive decline.
				If p < 0.033 and BF > 3	moderate evidence for H1	

				$p < 0.033$ and $BF > 1/3$ and $BF < 3$	If  weak evidence for H1	
				$p > 0.033$ and $BF > 1/3 < 3$	inconclusive evidence	
				$p > 0.033$ and $BF < 1/3$	moderate evidence for H0	
				$p > 0.033$ and $BF < 1/6$	positive evidence for H0	
Is WML progression associated with decline in general cognitive function?	H3: Stronger increase in WML volume from baseline to follow-up is associated with stronger decrease in global cognition.		<p>M3: $Z_{\text{globalcog}} \sim \text{asinh(WML)}_{\text{baseline}} + \text{WML_change} + \text{Age_baseline} + \text{Age_change} : \text{asinh(WML)}_{\text{baseline}} + \text{Age_change} + \text{gender} + \text{education} + \text{CESD} + (1 \text{subj})$</p> <p>Inference: Frequentist/Bayes Factor analysis comparing M3 with a null model leaving out the term “WML_change”</p>	$p < 0.033$ and $BF > 6$	positive evidence for H1	MRI markers of cSVD are associated with general cognitive decline
				If $p < 0.033$ and $BF > 3$	moderate evidence for H1	

				$p < 0.033$ and $BF > 1/3$ and $BF < 3$	If  weak evidence for H1	
				$p > 0.033$ and $BF > 1/3 < 3$	inconclusive evidence	
				$p > 0.033$ and $BF < 1/3$	moderate evidence for H0	
				$p > 0.033$ and $BF < 1/6$	positive evidence for H0	