MUTATION AK281 IN MAPT CAUSES PICK'S DISEASE

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SUPPLEMENTARY TABLE

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Initial model used (PDB code) 6GX5	
Model resolution (A) 2.56	
FSC threshold = 0.5	
Map sharpening <i>B</i> factor ($Å^2$) -44.6	
Model composition	
Non-hydrogen atoms 2.920	
Protein residues 384	
Ligands 0	
<i>B</i> factors (Å ²)	
Protein 47.6	
R.m.s. deviations	
Bond lengths (Å) 0.006	
Bond angles (°) 1.284	
Validation	
MolProbity score 1.10	
Clashscore 0.69	
Poor rotamers (%) 0	
Ramachandran plot	
Favored (%) 94 57	
Allowed (%) 5 43	
Disallowed (%)	

SUPPLEMENTARY FIGURES





(a), Representative 2D classification images of Tau filaments from cases 1 and 2. In addition to singlet filaments, for grey matter from case 2, a 2D class image of a doublet filament is also shown. Scale bar, 20 nm.

(b) Solvent-corrected FSC curve of cryo-EM half-maps (left panel) and model-to-map validation (right panel) for case 2 frontal cortex grey matter is shown. FSC curve between a model refined in half-map 1 and half-map 2 is shown in brown (model 1 vs. half-map 1) and FSC curve between the same model and half-map 2 is shown in green (model 1 vs. half-map 2).



Figure S2. Immunoblot analysis of Δ K281 4R Tau

Immunoblotting of recombinant wild-type (WT) and Δ K281 1N4R Tau using anti-Tau antibodies BR134, RD3, RD4 and Anti-4R.



Figure S3. T1-weighted MRI scan of the brain of case 2 with *MAPT* mutation $\Delta K281$

Scan obtained during the first visit, when case 2 was 47 years old.

(a,b,c), Sagittal, coronal and axial MR images show atrophy of the frontal lobe and narrowing of the gyri, severe atrophy of the corpus callosum and enlargement of the lateral ventricles.



Figure S4. Lateral views and coronal sections of the brains of cases 1 and 2 with *MAPT* mutation Δ K281

(a,e), Lateral views of the fresh brains of cases 1 and 2 show marked atrophy of the frontal lobes; (b,c,f,g,h), Brain atrophy is more evident in fixed coronal slices; (d), Severity of neurodegeneration is shown in a coronal section stained with Luxol Fast Blue and haematoxylin-eosin. Note the atrophy of cortical gyri and corpus callosum, as well as the severe loss of myelin in white matter.



Figure S5. Ramified astrocytes in frontal cortex from cases 1 and 2 with *MAPT* mutation Δ K281

(a,b), RD3 tau-positive inclusions in ramified astrocytes from case 1 (a) and case 2 (b); (c,d), Anti-4R tau-negative inclusions in brain cells from case 1

(c) and case 2 (d); (e,f), AT8 tau-positive inclusions in ramified astrocytes from case 1 (e) and case 2 (f). Scale bars, 20 μ m (a,b,e,f) and 50 μ m (c,d).

Figure S6. Negative stain immunoelectron microscopy of Tau filaments from grey matter of temporal cortex from cases 1 and 2 with *MAPT* mutation Δ K281

(a), Negative stain electron microscopy of singlet (NPFs) and doublet (WPFs) filaments from the sarkosyl-insoluble fraction of temporal cortex grey matter of cases 1 and 2 with the Δ K281 mutation. Scale bars, 50 nm.

(b), Immunogold negative stain electron microscopy of singlet and doublet Tau filaments from the sarkosyl-insoluble fraction of temporal cortex grey matter of case 1. Anti-Tau antibodies BR133, BR135, BR134, AT8 and MC1 were used. Scale bars, 50 nm.