

SUPPLEMENTAL INFORMATION

Table S1: Complete Blood Count (mean values and standard deviation) - baseline and after three months of treatment

| Parameter | Units | Normal Range | Placebo | | RD2 acetate 3 mg/kg | | RD2 acetate 30 mg/kg | |
|----------------|---------------------|--------------|-------------|-------------|---------------------|-------------|----------------------|-------------|
| | | | baseline | treatment | baseline | treatment | baseline | treatment |
| WBC | 10 ⁹ /l | 4.0-16 | 6.4 ± 3.9 | 5.7 ± 3.1 | 4.6 ± 1.9 | 5.1 ± 1.4 | 4.4 ± 1.4 | 4.0 ± 1.2 |
| RBC | 10 ¹² /l | 4.8-9.3 | 5.3 ± 0.45 | 5.4 ± 0.38 | 5.4 ± 0.31 | 5.4 ± 0.35 | 5.5 ± 0.67 | 5.6 ± 0.65 |
| Hemoglobin | g/l | 121-203 | 123 ± 11 | 123 ± 9.4 | 128 ± 8.8 | 128 ± 8.2 | 131 ± 16 | 132 ± 16 |
| Hematocrit | % | 36-60 | 37 ± 3.1 | 38 ± 2.7 | 47 ± 28 | 47 ± 28 | 40 ± 4.6 | 41 ± 4.7 |
| MCV | fl | 58-79 | 71 ± 1.7 | 72 ± 2.6 | 70 ± 9.3 | 70 ± 9.3 | 72 ± 2.1 | 73 ± 1.7 |
| MCH | Pg | 19-28 | 23 ± 0.86 | 23 ± 0.97 | 28 ± 15 | 28 ± 15 | 24 ± 0.47 | 24 ± 0.42 |
| MCHC | g/l | 300-380 | 329 ± 8.6 | 321 ± 3.8 | 301 ± 88 | 299 ± 87 | 332 ± 8.1 | 324 ± 5.3 |
| Platelet count | 10 ⁹ /l | 170-400 | 394 ± 165 | 384 ± 146 | 343 ± 94 | 335 ± 85 | 301 ± 111 | 327 ± 108 |
| Neutrophils | 10 ⁹ /l | 2.06-10.60 | 4.5 ± 3.4 | 4.0 ± 2.5 | 2.8 ± 1.6 | 3.5 ± 1.1 | 2.8 ± 1.0 | 2.6 ± 0.92 |
| Lymphocytes | 10 ⁹ /l | 0.69-4.50 | 1.3 ± 0.30 | 1.2 ± 0.36 | 1.2 ± 0.45 | 1.2 ± 0.36 | 1.2 ± 0.36 | 1.1 ± 0.28 |
| Monocytes | 10 ⁹ /l | 0-0.84 | 0.29 ± 0.23 | 0.28 ± 0.18 | 0.18 ± 0.08 | 0.23 ± 0.09 | 0.19 ± 0.07 | 0.19 ± 0.05 |
| Eosinophils | 10 ⁹ /l | 0-1.20 | 0.29 ± 0.19 | 0.26 ± 0.17 | 0.27 ± 0.11 | 0.18 ± 0.08 | 0.21 ± 0.10 | 0.22 ± 0.19 |
| Basophils | 10 ⁹ /l | 0-0.15 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Protein | g/l | 50-74 | 54 ± 3.1 | 57 ± 6.6 | 53 ± 2.1 | 56 ± 2.9 | 54 ± 5.3 | 57 ± 6.0 |
| Albumin | g/l | 27-44 | 31 ± 2.1 | 31 ± 2.8 | 30 ± 2.7 | 30 ± 2.5 | 29 ± 2.3 | 30 ± 2.6 |
| Globulin | g/l | 16-36 | 23 ± 3.3 | 25 ± 4.1 | 24 ± 2.0 | 26 ± 2.6 | 25 ± 3.8 | 28 ± 4.5 |
| A/G Ratio | | 0.8-2.0 | 1.4 ± 0.25 | 1.3 ± 0.27 | 1.3 ± 0.20 | 1.2 ± 0.18 | 1.2 ± 0.14 | 1.1 ± 0.18 |

Table S2: Clinical chemistry (mean values and standard deviation) - baseline and after three months of treatment. Mean results of the clinical chemistry for placebo and RD2 treated animals. There were no significant changes in any of the listed measures except for the triglyceride concentration, which was significantly increased after dosing with 3 mg/kg or 30 mg/kg, but still in the normal range of historical controls.

| Parameter | Units | Normal Range | Placebo | | RD2 acetate 3 mg/kg | | RD2 acetate 30 mg/kg | |
|------------|--------|--------------|------------|------------|---------------------|------------|----------------------|------------|
| | | | baseline | treatment | baseline | treatment | baseline | treatment |
| Phosphorus | mmol/l | 0.81-1.9 | 1.3 ± 0.21 | 1.7 ± 0.95 | 1.4 ± 0.27 | 1.5 ± 0.25 | 1.4 ± 0.32 | 1.6 ± 0.35 |
| Glucose | mmol/l | 3.9-7.7 | 5.0 ± 0.52 | 5.3 ± 0.49 | 4.9 ± 0.29 | 5.2 ± 0.33 | 5.0 ± 0.41 | 5.1 ± 0.54 |
| Calcium | mmol/l | 2.2-2.9 | 2.4 ± 0.06 | 2.4 ± 0.04 | 2.3 ± 0.08 | 2.4 ± 0.11 | 2.3 ± 0.11 | 2.4 ± 0.12 |

| | | | | | | | | |
|-------------------------------|--------|----------|-------------|-------------|-------------|-------------|-------------|-------------|
| Magnesium | mmol/l | 0.7-1.3 | 0.70 ± 0.05 | 0.77 ± 0.06 | 0.74 ± 0.05 | 0.78 ± 0.06 | 0.73 ± 0.07 | 0.76 ± 0.05 |
| Sodium | mmol/l | 139-154 | 145 ± 3.9 | 147 ± 1.0 | 146 ± 3.8 | 147 ± 1.5 | 145 ± 3.6 | 148 ± 2.3 |
| Potassium | mmol/l | 3.6-5.5 | 4.3 ± 0.31 | 4.4 ± 0.28 | 4.2 ± 0.29 | 4.3 ± 0.25 | 4.1 ± 0.32 | 4.3 ± 0.40 |
| Sodium/Potassium Ratio | | 27-38 | 34 ± 2.5 | 34 ± 2.1 | 35 ± 2.0 | 34 ± 1.8 | 35 ± 2.7 | 35 ± 3.1 |
| Chloride | mmol/l | 102-120 | 112 ± 3.9 | 113 ± 1.7 | 113 ± 2.3 | 113 ± 2.5 | 112 ± 3.7 | 113 ± 2.8 |
| Cholesterol | mmol/l | 2.4-10 | 4.9 ± 0.95 | 5.2 ± 0.68 | 5.2 ± 0.83 | 5.5 ± 0.86 | 5.3 ± 1.2 | 5.4 ± 1.2 |
| Triglycerides | mmol/l | 0.33-3.3 | 2.0 ± 0.33 | 2.0 ± 0.47 | 2.7 ± 1.4 | 3.2 ± 1.8 | 2.2 ± 0.37 | 2.6 ± 0.39 |
| Amylase | U/l | 290-1125 | 475 ± 203 | 503 ± 229 | 494 ± 164 | 511 ± 159 | 434 ± 142 | 465 ± 182 |
| Precision PSL | U/l | 24-140 | 60 ± 21 | 44 ± 16 | 68 ± 50 | 52 ± 31 | 66 ± 29 | 57 ± 26 |
| CPK total | U/l | 59-895 | 84 ± 18 | 88 ± 13 | 96 ± 33 | 92 ± 32 | 92 ± 21 | 103 ± 43 |

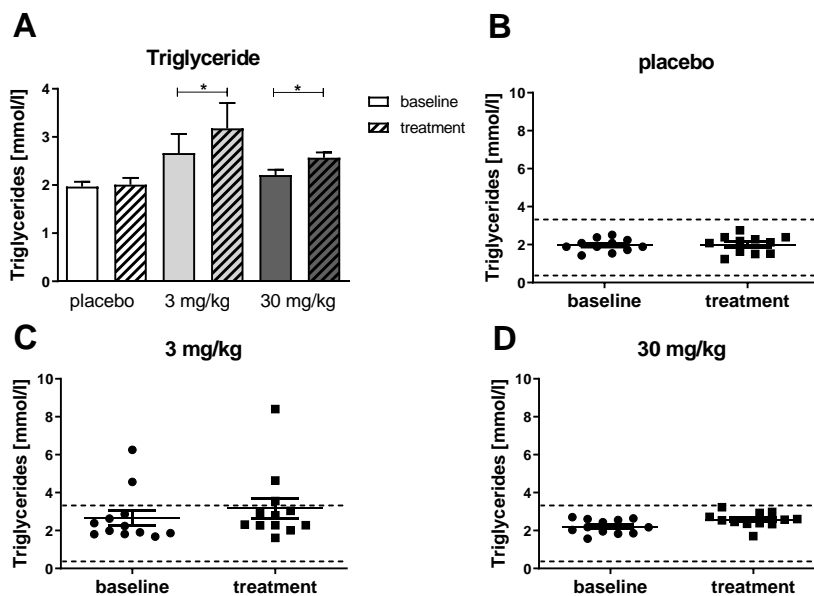


Figure S1: Blood concentration of triglycerides of placebo (B), 3 mg/kg RD2 (C) and 30 mg/kg RD2 (D) treated animals was analyzed using a paired t-test with timepoints serving as a within-subject measure. A significantly increased concentration of triglycerides was detected after three-month RD2 treatment (3 mg/kg and 30 mg/kg) compared to baseline, but not in the placebo treated animals (A). With two exceptions (in 3 mg/kg group), all measured values are within the normal reference range. Without these two animals, which are already out of the normal range at baseline, there is no significant difference between baseline and treatment any more in the 3 mg/kg group. Area between the dashed lines represent the normal reference range. (* $p < 0.05$). Data is presented as mean \pm SEM; $n = 11$ to 12

Table S3: Liver function blood test. To assess potential effects of RD2 on liver function, aspartate aminotransferase (AST), alanine transaminase (ALT), alkaline phosphatase (Alk), gamma-glutamyl transpeptidase (GGTP), albumin, and total bilirubin were determined. There were no significant treatment related changes in any of the listed measures.

| Parameter | Units | Normal Range | Placebo | | RD2 acetate 3 mg/kg | | RD2 acetate 30 mg/kg | |
|----------------------|--------|--------------|------------|-----------|---------------------|------------|----------------------|------------|
| | | | baseline | treatment | baseline | treatment | baseline | treatment |
| AST | U/l | 15-66 | 22 ± 5.2 | 22 ± 4.7 | 23 ± 4.5 | 22 ± 7.3 | 25 ± 4.1 | 25 ± 3.2 |
| ALT | U/l | 12-118 | 45 ± 25 | 98 ± 132 | 33 ± 23 | 29 ± 13 | 32 ± 15 | 32 ± 19 |
| Alk | U/l | 5-131 | 53 ± 30 | 134 ± 200 | 113 ± 136 | 121 ± 140 | 93 ± 91 | 84 ± 77 |
| GGTP | U/l | 1-12 | 3.9 ± 1.3 | 9.0 ± 6.4 | 3.5 ± 4.5 | 6.4 ± 2.0 | 3.6 ± 1.2 | 6.1 ± 1.5 |
| Bilirubin | µmol/l | 0.0-5.1 | 2.5 ± 0.53 | 3.1 ± 1.2 | 2.5 ± 0.63 | 2.4 ± 0.57 | 2.2 ± 0.44 | 2.4 ± 0.54 |
| BUN | mmol/l | 2.1-11 | 5.2 ± 1.7 | 5.7 ± 4.0 | 5.4 ± 0.79 | 5.8 ± 0.99 | 5.2 ± 1.1 | 5.9 ± 1.6 |
| Creatinine | µmol/l | 44-141 | 56 ± 20 | 59 ± 26 | 51 ± 9.3 | 54 ± 11 | 54 ± 10 | 61 ± 12 |
| Creatinine/BUN ratio | | | 96 ± 23 | 93 ± 22 | 108 ± 18 | 110 ± 16 | 97 ± 15 | 96 ± 8.7 |

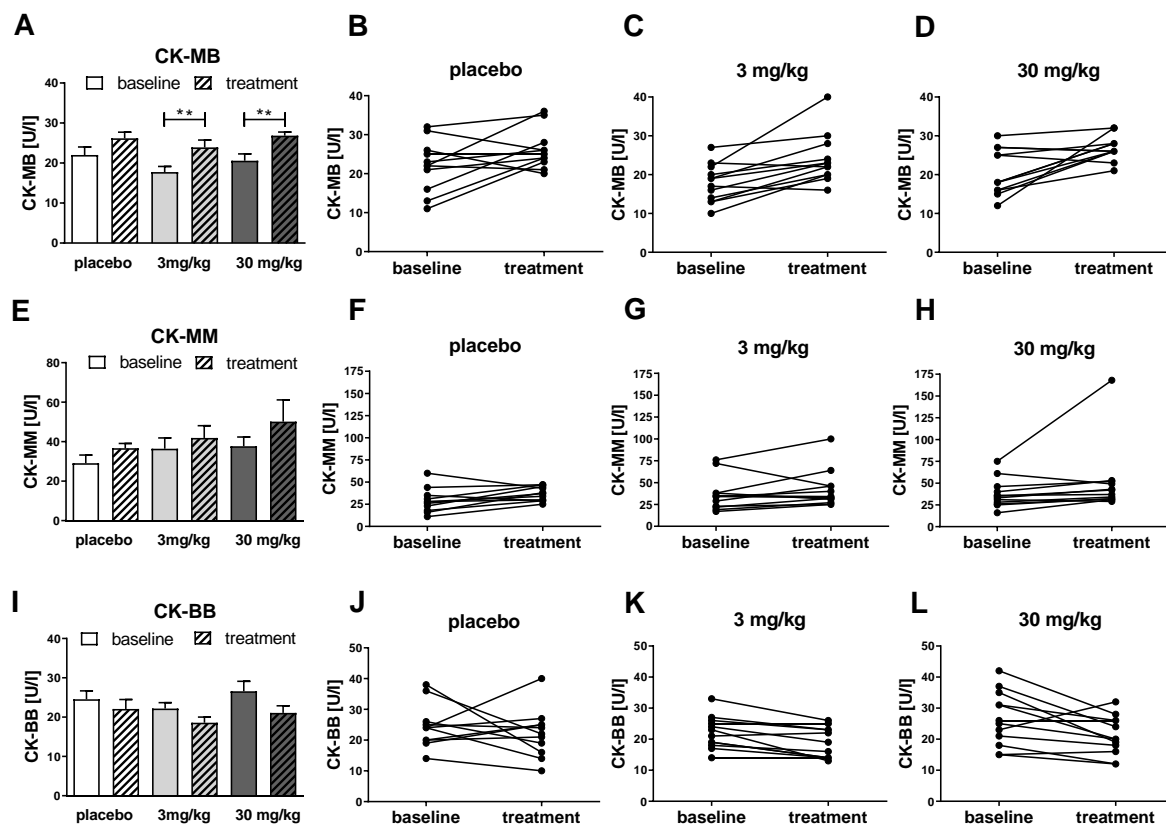


Figure S2: Blood concentration of the creatinine kinase isoenzymes (CK-MB (A-D), CK-MM (E-F) and CK-BB (I-L)) were each analyzed using a paired t-test with timepoints serving as a within-subject measure. A significantly increased concentration of CK-MB was detected after three-month treatment

with RD2 (3 mg/kg and 30 mg/kg) compared to baseline, but not in the placebo treated animals. (** $p < 0.01$) (A). Data are presented as mean \pm SEM; $n = 11$ to 12.

Other correlations

We found a significant and positive correlation between the results of the DNMP and the selective attention tests in the dogs of the placebo cohort at all time points available (Fig. S3F). This indicates that both tests are robustly measuring memory and cognition deficits in dogs. We found a positive and significant correlation between selective attention accuracy and total A β 42 concentration in CSF (Fig. S3D). We examined the correlation of changes (after three months treatment versus baseline) of CSF A β 42 total concentrations with changes (after three months treatment versus baseline) of CSF A β oligomer concentrations and found a significant and inverse correlation (Fig. S3E, Pearson -0.496 p -value 0.00287). This does not necessarily mean that A β 42 levels are increased due to A β oligomer disassembly. Disassembly of 100 fM A β oligomers, even if we anticipate 100 monomer building blocks per oligomer, would yield 10 pM amounts of additional A β monomers equal to 40 pg/ml, a concentration increase that may not contribute significantly to the total A β 42 concentration (Fig. S3E).

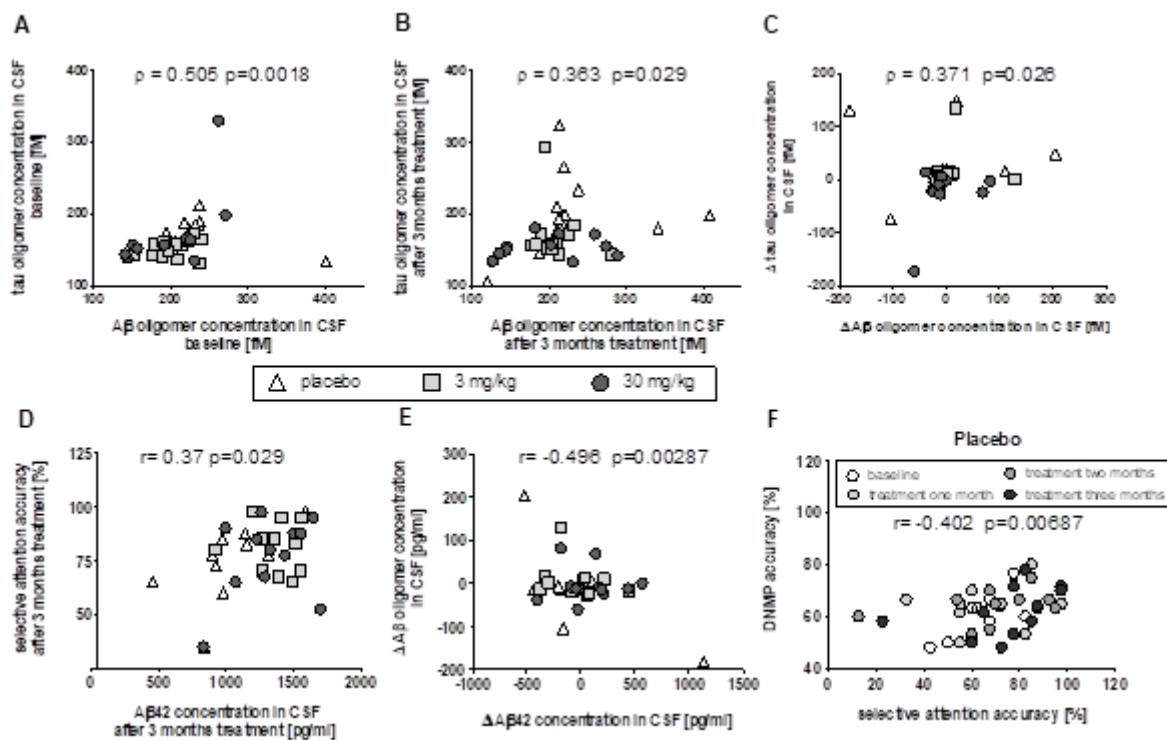


Figure S3: Correlations between A β 42 and A β oligomer concentrations as well as with cognitive testing. A: Correlation of CSF A β oligomer concentration vs. CSF tau oligomer concentration at baseline. B: Correlation of CSF A β oligomer concentration vs. CSF tau oligomer concentration after 3 months treatment with RD2. C: Correlation of changes of CSF A β oligomer concentration vs. changes of CSF tau oligomer concentration. Changes (Δ) were calculated by subtracting baseline value from three-month treatment value. D: Correlation of CSF A β 42 concentration with selective attention accuracy after 3 months treatment. E: Correlation of changes of CSF A β 42 concentration with changes of CSF A β oligomer concentration. Changes (Δ) were calculated by subtracting baseline value from

three-month treatment value. F: Correlation of selective attention accuracy and DNMP accuracy of the placebo group from all available different time points. Correlations were performed with Pearson (r) and Spearman (ρ) analysis at alpha level 0.05 with $n = 11$ to 12.