Supporting information

Evidence of a dissociation pattern in default mode subnetwork functional connectivity in schizophrenia

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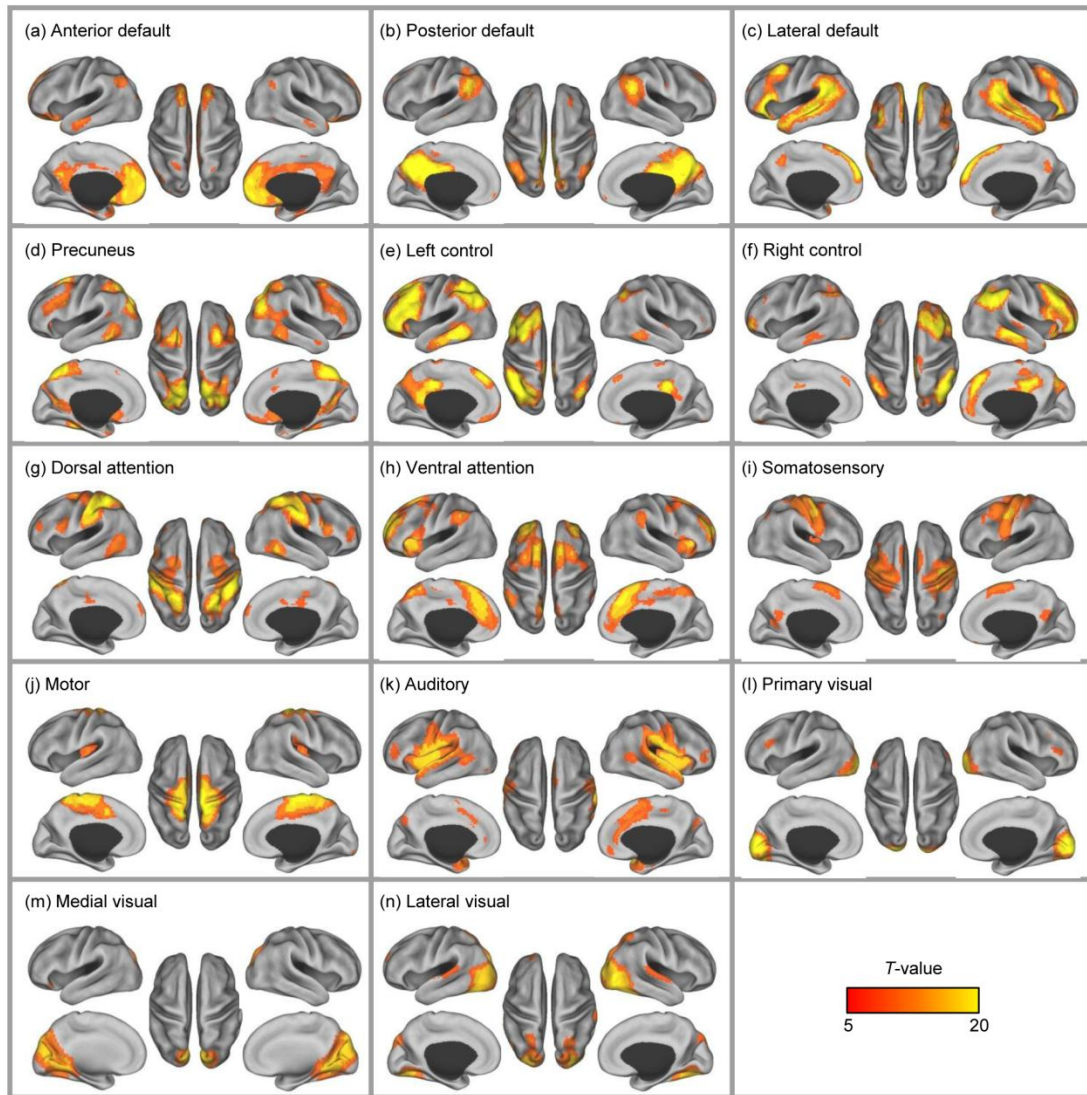Fax: +86 29 83293951
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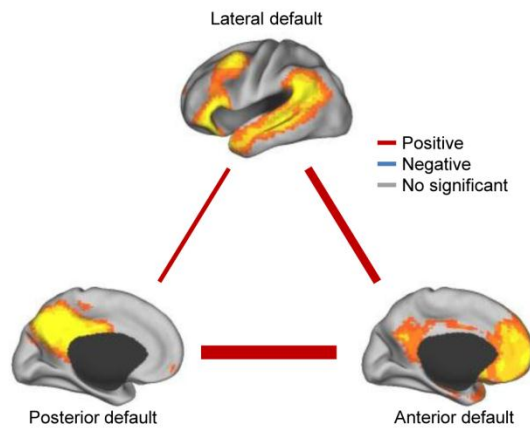Tel: +86 731 8457 4992
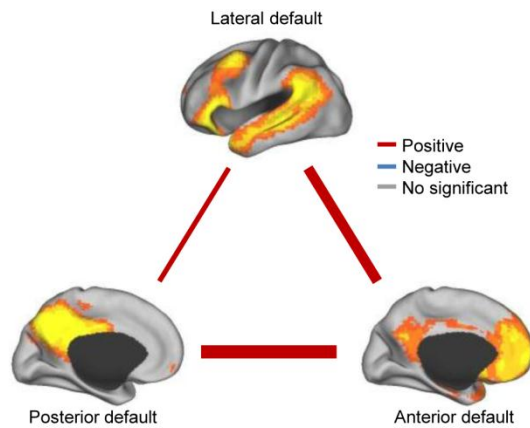Fax: +86 731 8457 4992
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Supplementary Figure 1 Group ICA functionally relevant intrinsic connectivity networks. CARET software (CARET; http://brainvis.wustl.edu) was used for surface rendering.
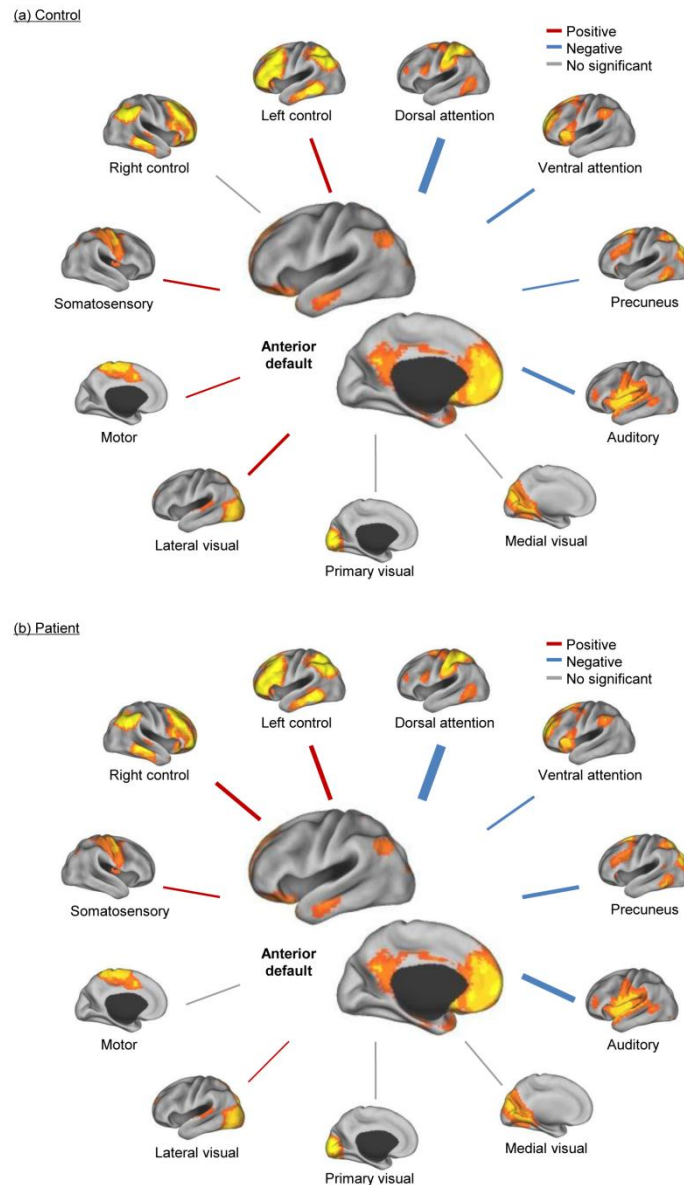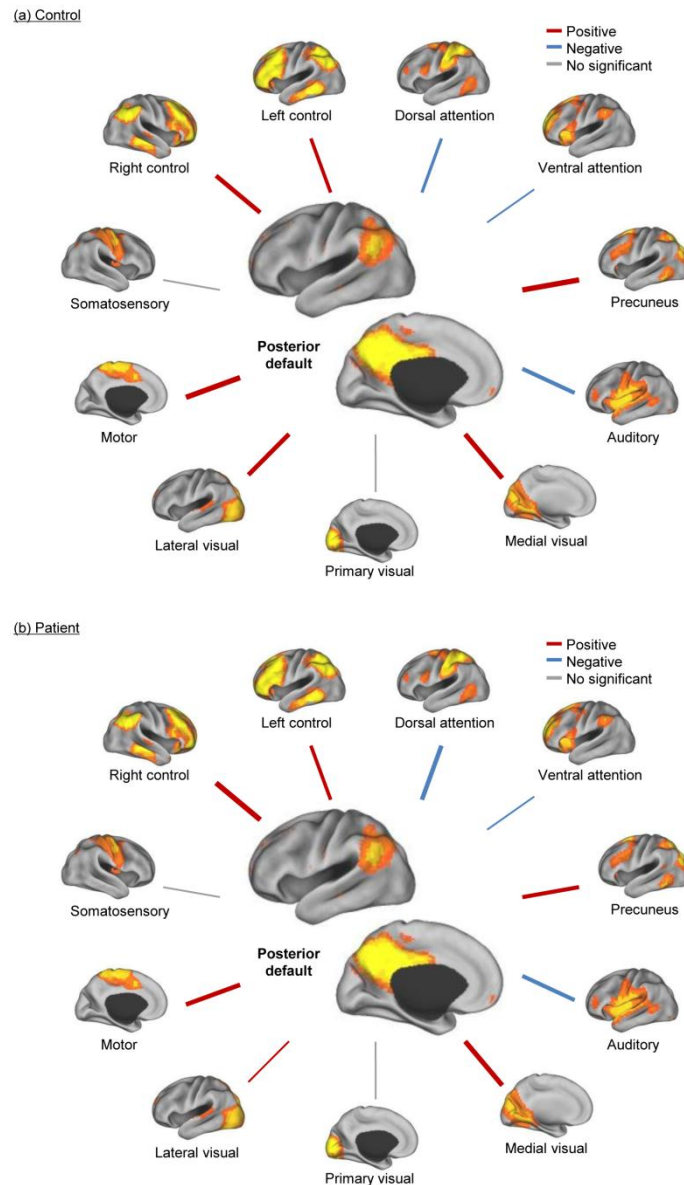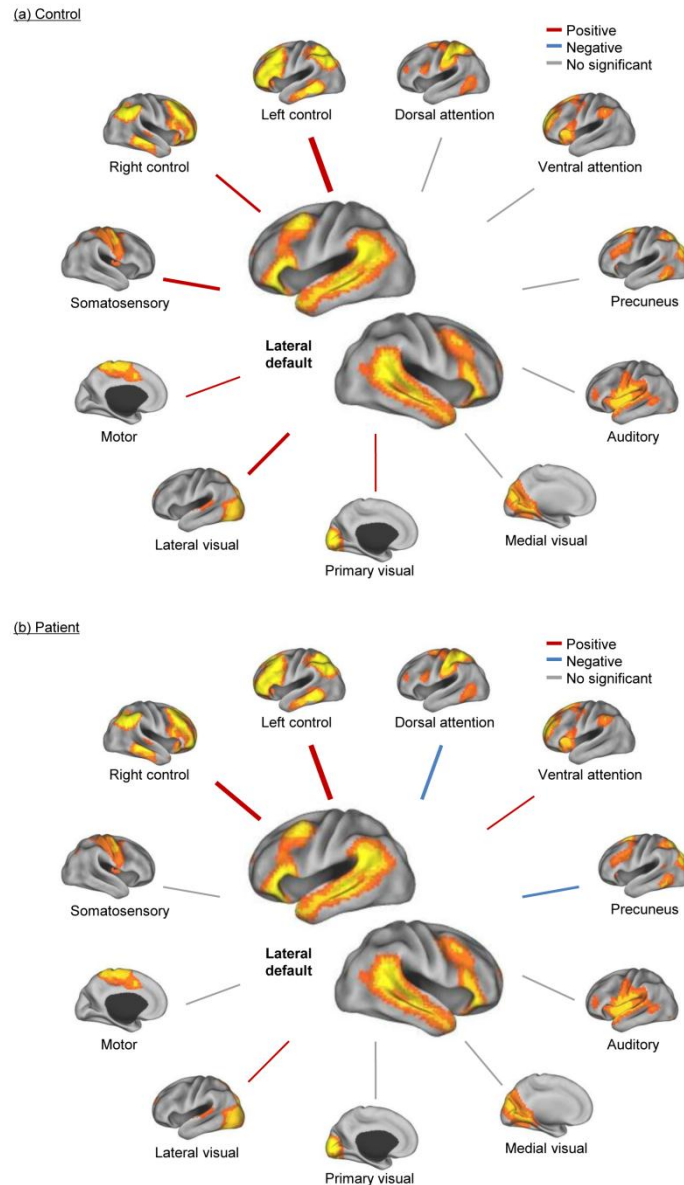
Supplementary Figure 2 Functional connectivity between default mode subnetworks (One-sample *t*-test, $P < 0.05$, FDR corrected; a, control; b, patient). Significant functional connections in the non-medicated patients (n=34) are the same as for all patients. In medicated patients (n=21), the significant functional connections are the same as for all the patients. The red and blue lines represent significant positive and negative correlations, respectively. The gray lines represent that the functional connectivity is not significant. CARET software (CARET; http://brainvis.wustl.edu) was used for surface rendering.

Supplementary Figure 3 Functional connectivity between anterior default mode network (DMN) and other intrinsic connectivity networks (One-sample *t*-test, $P < 0.05$, FDR corrected; a, control, b, patient). Significant functional connections in the non-medicated patients (n=34) are the same as for all patients, with the exception of that between the anterior DMN and ventral attention network. In medicated patients (n=21), the significant functional connections are the same as for all the patients, with the exception of that between the anterior DMN and lateral visual network. The red and blue lines represent significant positive and negative correlations, respectively. The gray lines represent that the functional connectivity is not significant. CARET software (CARET; http://brainvis.wustl.edu) was used for surface rendering.

Supplementary Figure 4 Functional connectivity between the posterior default mode network (DMN) and other intrinsic connectivity networks (One-sample *t*-test, $P <$ 0.05, FDR corrected; a, control, b, patient). Significant functional connections in the non-medicated patients (n=34) are the same as for all patients, with the exception of that between the posterior DMN and ventral attention network. In medicated patients (n=21), the significant functional connections are the same as for all the patients, with the exception of that between the posterior DMN and lateral visual network. The red and blue lines represent significant positive and negative correlations, respectively. The gray lines represent that the functional connectivity is not significant. CARET software (CARET; http://brainvis.wustl.edu) was used for surface rendering.

Supplementary Figure 5 Functional connectivity between the lateral default mode network (DMN) and other intrinsic connectivity networks (One-sample *t*-test, $P <$ 0.05, FDR corrected; a, control, b, patient). Significant functional connections in the non-medicated patients (n=34) are the same as for all patients, with the exception of that between the lateral DMN and primary visual network (significant additionally). In medicated patients (n=21), the significant functional connections are the same as for all the patients, with the exception of those between the lateral DMN and lateral visual network and between the lateral DMN and ventral attention network. The red and blue lines represent significant positive and negative correlations, respectively. The gray lines represent that the functional connectivity is not significant. CARET software (CARET; http://brainvis.wustl.edu) was used for surface rendering.