Supplementary Material

METHODS

Participants

We recruited 425 healthy individuals through poster advertisements from the local area of Chengdu City, Sichuan Province, China. The study was approved by the Ethics Committee of West China Hospital, Sichuan University. Written informed consent was obtained from all participants. All subjects were screened using the non-patient version of the Structured Clinical Interview for DSM-IV (SCID-NP)^[1] to confirm a lifetime absence of mental disorders (especially Alzheimer's disease, schizophrenia, bipolar disorder, major depression, and drug or alcohol abuse). Subjects with histories of brain injury, pregnancy, and physical illnesses such cardiovascular disease or neurological disorders, as assessed by interview and medical records review, were also excluded. Also, subjects were interviewed to exclude individuals with known histories of Alzheimer's dementia in first-degree relatives. Subjects were divided into two groups, between 16-39 years old (Young) and 40-70 years old (Old), since 40 years old is the most referential age considering the APOE gene's age-specific role in the majority of previous studies^[2-5]. We regarded 40 years old as the cutoff point due to the following two reasons: first, previous studies set the 40 years old as the cutoff point; second, 40 years old was regarded as the peak stage of neurodevelopment and cognitive functions^[6]

Neuropsychological Testing

All participants were assessed by a trained psychiatrist using neurocognitive tests including Stroop color and color-word interference tests, Trail making tests, part A and B-M, and logical memory and visual reproduction tests^[7-10]. Stroop color and color-word interference tests reflect cognitive plasticity and executive functions^[11, 12]. In this study, three measures were recorded, including reading color completion time (StroTi; seconds), reading words completion time (StroCWTi; seconds), and the correct number of

words read within 120 s (StroCW2R). Trail making A and BM test completion times, recorded respectfully as TMTA-time and TMTBM-time (seconds), were included. The Trail making test assesses attention, processing speed and mental flexibility functioning^[13, 14]. The logical memory and visual reproduction tests assess individual memory and learning functions^[10]. We recorded and analyzed the raw scores of immediate and delayed logical memory (Log-memory IM, Log-memory DE; scores) and visual reproduction (Visu-memory IM, Visu-memory DE; scores) in this study. The detailed procedures for each test were described in other studies^[8-10].

APOE Genotyping

DNA was obtained from whole blood using the standard phenol-chloroform isolation method^[15]. Two single-nucleotide polymorphisms (SNPs; rs429358 and rs7412) were genotyped to identify *APOE* genotypes comprised of *APOE* ϵ 2, ϵ 3, and ϵ 4 alleles using a SNaPshot assay^[16]. The SNaPshot assay consisted of a multiplex, PCR of all SNPs followed by a single-base extension process, and was performed following a detailed, step-by-step procedure similar to that reported by Wang *et al.*^[17]. GeneMarker software was used to read the genotyping result^[18]. According to previous studies^[5, 19, 20], individuals were divided into three subgroups according to the following genotyping: *APOE* ϵ 2/-, *APOE* ϵ 3/ ϵ 3, and *APOE* ϵ 4/-. *APOE* ϵ 2/- and *APOE* ϵ 4/- included heterozygous and homozygous *APOE* ϵ 2 (i.e., ϵ 2/ ϵ 2 and ϵ 2/ ϵ 3) and *APOE* ϵ 4 (i.e., ϵ 3/ ϵ 4 and ϵ 4/ ϵ 4), respectively. Subjects with *APOE* ϵ 2/ ϵ 4 were not included in the current study in order to clarify the genetic effects of *APOE* ϵ 2 and *APOE* ϵ 4 [2].

Data Analysis

The Pearson's χ^2 test was used to compare categorical data differences. Student's t test and analysis of variance were used to analyze continuous data as appropriate. Hardy–Weinberg equilibrium was calculated using the HWE.rar package or PLINK program (http://pngu.mgh.harvard.edu/~purcell/plink/summary.shtml#hardy). An analysis of covariance (ANCOVA) was used to assess the main effect of APOE genotypic status (APOE ϵ 2/-, APOE ϵ 3/ ϵ 3, and APOE ϵ 4/-) on cognitive function performance in the total samples

and in each age group (Young and Old), using sex, years of education, and age as covariance^[20-22]. *Post-hoc* ANCOVA tests were then used to assess the individual genotypic effect on cognition functions for each age group. The *P*-value threshold was set at 0.05. All analyses were performed using SPSS version 13.0 for Windows (SPSS Inc., USA).

Table S1. Demographic variables and comparison of cognitive test results among carriers of different APOE genotypes in two age groups

Demographic variables	1	Age group									
Cognitive tests		16-39 years				40-70 years					
	ΑΡΟΕε2/-	ΑΡΟΕε3/ε3	APOE _E 4/-	χ^2/F	P value	ΑΡΟΕε2/-	ΑΡΟΕε3/ε3	APOE _E 4/-	χ^2/F	P value	
Subjects	35	200	47			18	95	18			
Sex (male:female)	15/20	107/93	21/26	2.17	0.338	9/9	44/51	6/12	1.24	0.539	
Age (years)	28.29(6.58)	27.44(6.37)	26.87(5.94)	0.502	0.606	55.83(5.83)	49.80(7.69)	50.22(8.03)	0.152	0.859	
Age range (years)	16-39	16-39	16-37			41-62	40-70	40-68			
Education(years)	10.17(3.80)	11.02(3.59)	11.30(3.75)	1.046	0.353	9.33(2.79)	8.83(3.27)	8.94(4.71)	0.162	0.851	
StroTi (s)	66.00(2.31)	63.36(0.95)	69.18(1.97)	3.728	0.025	76.92(4.11)	77.21(1.79)	81.57(4.36)	0.449	0.639	
StroCWTi (s)	161.99(8.55)	161.93(3.57)	171.26(7.37)	0.665	0.515	189.25(11.89)	198.15(5.32)	207.10(12.62)	0.533	0.588	
StroCW2R (numbers)	71.65(3.48)	72.94(1.45)	70.98(2.86)	0.215	0.807	60.22(5.21)	62.39(2.21)	60.69(5.21)	0.103	0.903	
TMTA-Ti (s)	46.742(2.36)	44.35(0.98)	43.67(2.02)	0.543	0.581	63.46(3.57)	53.86(1.55)	51.69(3.78)	3.47	0.034	
TMTB-Ti (s)	59.61(2.92)	62.38(1.42)	62.49(2.50)	0.404	0.668	94.11(6.00)	81.68(2.62)	86.52(6.37)	1882	0.157	

Log-memory IM(scores)	12.89(0.65)	12.26(0.27)	12.69(0.56)	0.579	0.561	8.57(1.00)	9.40(0.44)	10.21(1.06)	0.641	0.528
Log-memory DE(scores)	10.74(0.70)	10.25(0.29)	10.27(0.60)	0.21	0.81	6.57(1.03)	7.44(0.45)	7.86(1.09)	0.414	0.662
Visu-memoryIM(scores)	9.58(0.61)	10.09(0.25)	9.23(0.52)	1.235	0.292	6.45(0.81)	6.92(0.35)	8.07(0.86)	1.028	0.361
Visu-memoryDE(scores)	9.13(0.59)	9.76(0.24)	9.06(0.51)	1.09	0.336	6.45(0.78)	6.47(0.34)	6.81(0.82)	0.079	0.942

Notes: Mean (s.d.). *APOE*ε2/- include ε2/ε2 and ε2/ε3; *APOE*ε4/- include ε3/ε4 and ε4/ε4. StroTi, completion time of reading the color in Stroop color and color-word interference tests; StroCWTi, completion time of reading the words; StroCW2R, the correct number of words read within 120 s; TMTA-time, the completion time of Trail making, part A; TMTB-time, the completion time of Trail making, part B; Log-memory IM, scores of immediate memory; Log-memory DE, scores of delayed logical memory; Visu-memory IM, scores of immediate visual reproduction; Visu-memory DE, scores of delayed visual reproduction.

Table S2. Genotypes and allelic distributions of the APOE gene variation in 425 healthy subjects

Age group		Gen	Allele frequency						
	ε2/ε2 (%)	ε2/ε3(%)	ε2/ε4(%)	ε3/ε3 (%)	ε3/ε4(%)	ε4/ε4 (%)	ε2 (%)	ε3 (%)	ε4(%)
Young group	1(0.3)	34(11.7)	9(3.1)	200(68.7)	43(14.8)	4(1.4)	45(7.7)	477(82)	60(10.3)
Old group	1(0.7)	17(12.7)	3(2.2)	95(70.9)	17(12.7)	1(0.7)	22(8.2)	224(83.6)	22(8.2)
Total	2(0.5)	51(12.0)	12(2.8)	295(69.4)	60(14.1)	5(1.2)	67(7.9)	701(82.5)	82(9.0)

The SNPs of the APOE gene did not deviate from Hardy–Weinberg equilibrium in this population ($\chi^2 = 6.48$, P = 0.09). Additional tests were performed

to ensure that genotypic frequencies for rs429358 and rs7412 did not statistically deviate from Hardy–Weinberg equilibrium (P = 0.57 and 1, respectively). No significant difference was found in the polymorphism frequencies, both genotype-wise ($\chi^2 = 1.28$, P = 0.94) and allele-wise ($\chi^2 = 0.95$, P = 0.62), between Young and Old groups. Young group: 16-39 years old. Old group: 40-70 years old.

REFERENCES

- [1] First MB, Spitzer RL, Gibbon M, Williams JB. Structured Clinical Interview for DSM-IVo Axis I Disorders (SCID-I), Clinician Version, Administration Booklet. American Psychiatric Pub, 2012.
- [2] Berlau DJ, Corrada MM, Head E, Kawas CH. APOE ε2 is associated with intact cognition but increased Alzheimer pathology in the oldest old. Neurology 2009, 72: 829-834.
- [3] Raz N, Yang Y, Dahle CL, Land S. Volume of white matter hyperintensities in healthy adults: contribution of age, vascular risk factors, and inflammation-related genetic variants. Biochimica et Biophysica Acta (BBA)-Molecular Basis of Disease 2012, 1822: 361-369.
- [4] Kurz MW, Dekomien G, Nilsen OB, Larsen JP, Aarsland D, Alves G. APOE alleles in Parkinson disease and their relationship to cognitive decline: a population-based, longitudinal study. J Geriatr Psychiatry Neurol 2009, 22: 166-170.
- [5] Van Vliet P, Oleksik A, Mooijaart S, de Craen A, Westendorp R. APOE genotype modulates the effect of serum calcium levels on cognitive function in old age. Neurology 2009, 72: 821-828.
- [6] Rogoff B. Apprenticeship in thinking: Cognitive development in social context. Oxford University Press, 1990.
- [7] Lu L, Bigler ED. Performance on original and a Chinese version of Trail Making Test Part B: a normative bilingual sample. Appl Neuropsychol 2000, 7: 243-246.
- [8] Trenerry MR, Crosson B, DeBoe J, Leber W. Stroop neuropsychological screening test manual. Odessa, FL: Psychological Assessment Resources, 1989.
- [9] Lezak MD. Neuropsychological Asessment 4th Ed. Oxford university press, 2004.
- [10] Ma X, Wang Q, Sham PC, Liu X, Rabe-Hesketh S, Sun X, et al. Neurocognitive deficits in first-episode schizophrenic patients and their first-degree relatives. Am J Med Genet B Neuropsychiatr Genet 2007, 144: 407-416.
- [11] Van der Elst W, Van Boxtel MP, Van Breukelen GJ, Jolles J. The Stroop Color-Word Test influence of age, sex, and education; and normative data for a

- large sample across the adult age range. Assessment 2006, 13: 62-79.
- [12] Espe-Pfeifer P, Wachsler-Felder J. Neuropsychological Interpretation of Objective Psychological Tests. Springer, 2000.
- [13] Tombaugh TN. Trail Making Test A and B: Normative data stratified by age and education. Arch Clin Neuropsychol 2004, 19: 203-214.
- [14] Chen P, Ratcliff G, Belle SH, Cauley JA, DeKosky ST, Ganguli M. Patterns of cognitive decline in presymptomatic Alzheimer disease: a prospective community study. Arch Gen Psychiatry 2001, 58: 853-858.
- [15] Ciulla TA, Sklar RM, Hauser SL. A simple method for DNA purification from peripheral blood. Anal Biochem 1988, 174: 485-488.
- [16] Bi R, Zhao L, Zhang C, Lu W, Feng J-Q, Wang Y, et al. No association of the LRRK2 genetic variants with Alzheimer's disease in Han Chinese individuals. Neurobiol Aging, 35: 444.e445-444.e449.
- [17] Wang D, Feng JQ, Li YY, Zhang DF, Li XA, Li QW, et al. Genetic variants of the MRC1 gene and the IFNG gene are associated with leprosy in Han Chinese from Southwest China. Human Genetics 2012, 131: 1251-1260.
- [18] Holland MM, Parson W. GeneMarker(R) HID: A reliable software tool for the analysis of forensic STR data. J Forensic Sci 2011, 56: 29-35.
- [19] Liu Y, Paajanen T, Westman E, Zhang Y, Wahlund LO, Simmons A, et al. APOE ε2 allele is associated with larger regional cortical thicknesses and volumes. Dement Geriatr Cogn Disord 2010, 30: 229-237.
- [20] Villasana L, Acevedo S, Poage C, Raber J. Sex- and APOE isoform-dependent effects of radiation on cognitive function. Radiat Res 2006 166(6): 883-91.
- [21] Deary IJ, Whiteman MC, Pattie A, Starr JM, Hayward C, Wright AF, et al. Ageing: Cognitive change and the APOE £4 allele. Nature 2002, 418: 932-932.
- [22] Alexander D, Williams L, Gatt J, Dobson-Stone C, Kuan S, Todd E, et al. The contribution of apolipoprotein E alleles on cognitive performance and dynamic neural activity over six decades. Biol Psychol 2007, 75: 229-238.