## **Supplementary Figures**



#### Figure S1. Braak ROI- based AV-1451 staging for early- vs. late-onset ADs

Tau tracer uptake (mean SUVR, PVC, individual space) for each Braak composite region of interest (ROI) by group shown for BACS controls and UCSF patients, separately for early (n=31) and late (n=17) onset of the disease. Mann-Whitney U tests showed that late-onset patients had significantly higher tau tracer uptake in Braak<sub>I/II</sub> (p=.002) than early-onset patients. Black dots display mean values, error bars denote SD. Braak thresholds are shown as solid lines.





Across both samples we determined the proportion of subjects within a specific diagnostic group assigned to each stage (based on PV-corrected SUVRs).



Figure S3. Tracer uptake patterns for stage III/IV control participants and patients.

Voxel-wise 2-sample *t*-tests between old controls (OC; left) or MCI/AD patients (right) assigned to stage III/IV vs. OC stage I/II.  $p_{voxel}$ <.001,  $p_{cluster}$ <.05 (cluster-based FWE corrected).

# **Supplementary Files**

### File 1. Cortical mask (in MNI space) excluding basal ganglia and thalamus

We used the Freesurfer MNI template aparc+aseg to create a cortical mask that includes all Braak ROIs but excludes thalamus and basal ganglia. The mask has integer values between 1-3 corresponding to 1: Braak<sub>I/II</sub>, 2: Braak<sub>III/IV</sub> and 3: Braak<sub>V/VI</sub> ROIs. We used all voxels > 0 (i.e. all Braak ROIs) to derive a *t*-sum score as well as the percentage of supra-threshold voxels.

### File 2. AD-vulnerable mask (in MNI space)

We performed voxel-wise 2-sample t-tests between AD/MCI patients (all  $A\beta^+$ ) vs.  $A\beta^-$  old controls in both samples (BACS/UCSF and ADNI) and used the overlap of significant voxels to create an AD-signature mask ( $p_{cluster}$ <.05,  $p_{voxel}$ <.001~T>3.2).