

Supplement 1

Excluded data: Of 150 participants scanned, data from three were excluded due to technical problems (no high resolution scan collected, $n=2$; behavioral data loss, $n = 1$) and six due to excessive motion (≥ 1 TR exceeding 3 mm translation or rotation in ≥ 3 runs). Subjects excluded due to excessive motion were four unmedicated obsessive-compulsive disorder (uOCD) (3 female, ages 11.1, 11.7, 15.1 and 1 male, 11.0 years) and two healthy youth (1 female, 8.5 and 1 male, 9.0 years). Several subjects exhibited excessive motion in 1-2 runs, and thus contributed only 3-4 runs of data for analysis: 3 runs were contributed by 5 healthy youth (3 female, ages 8.9, 9.8 and 10.8 and 2 male, ages 11.8 and 10.8 years), and 4 runs by 4 healthy (all male, ages 9.7, 10.3, 12.2 and 14.5 years), 5 medicated obsessive-compulsive disorder (mOCD) (2 female, ages 15.7 and 17.4 and 3 male, ages 11.7, 11.8 and 12.2 years) and 3 uOCD (1 female, ages 14.4 and 2 male, ages 10.6 and 16.7 years) youth.

Patient medications: Among OCD patients, thirty-four were medicated, thirty-three with selective serotonin reuptake inhibitors (3 citalopram, 18 fluoxetine, 2 fluvoxamine, 1 paroxetine, 2 sertraline) and one with guanfacine for comorbid tics. Seven SSRI-treated patients were also taking aripiprazole ($n = 1$), quetiapine ($n = 1$), risperidone ($n=1$), buspirone ($n=1$), guanfacine ($n = 1$), methylphenidate ($n=1$) or risperidone plus methylphenidate ($n = 1$).

Regions of interest (ROIs): The primary ROIs for posterior medial frontal cortex (pmFC) response to errors and interference were defined by the main effects of each contrast in conjunction with an MFC ROI known to preferentially associate with cognitive control processes based on the Neurosynth meta-analysis of nearly 10,000 fMRI studies (1). The MFC ROI included middle and posterior Neurosynth zones because these zones (and not the anterior zone) preferentially activate to cognitive control demands (including errors and interference) and contain dACC and preSMA, respectively (1) --- regions previously established to mediate cognitive control in general, and interference and error processing in specific (2). The pmFC ROI used in error processing analyses was defined by the voxels activated in the error contrast (peak -6, 26, 28; $Z = 6.65$; $k = 494$, Table S1) since these voxels were wholly contained within the Neurosynth posterior-middle MFC zones (1) (Fig S1, top panel, red and yellow). The pmFC ROI used in interference analyses was defined by voxels activated in the interference contrast (peak -3, 8, 46; $Z = \text{Inf}$; $k = 7917$) and masked with Neurosynth posterior-middle MFC zones (1) to yield a volume of $k = 817$ voxels in the pmFC centered at -3, 8, 46 (Fig S1, bottom panel, red and yellow).

Secondary ROIs included bilateral anterior insula/frontal operculum (al/fO) and pmFC subregions, the dorsal anterior cingulate (dACC) and pre-supplementary motor area (preSMA). The rationale for examining secondary al/fO ROIs was based on the established networking of these regions with pmFC (i.e., cingulo-opercular network) at rest (3) and during cognitive control processes, including error and interference response (4). The al/fO ROIs are defined in the main text. The rationale for examining secondary dACC and preSMA ROIs was based on the preferential association of these subregions with response to errors and interference, respectively (2, 5).

To define dACC and preSMA ROIs for errors and interference, the larger pmFC ROIs for each contrast were subdivided using Neurosynth middle and posterior zones which include the dACC and preSMA, respectively (1). For errors, the dACC ROI contained 420 voxels and the preSMA ROI contained 36 voxels (Figure S1, top panel). For interference, the dACC ROI contained 386 voxels and the preSMA ROI contained 482 voxels (Figure S2, bottom panel).

Supplemental Tables**Table S1.** Comorbid diagnoses.

	OCD (n = 69)*
Anxiety Disorders (any)	27 (39%)
Generalized Anxiety Disorder	12 (17.4%)
Panic Disorder	3 (4.4%)
Separation Anxiety Disorder	5 (7.2%)
Social Anxiety	5 (7.2%)
Specific Phobia	6 (8.7%)
Tic Disorders (any)	18 (26%)
Tics	12 (17.4%)
Tourettes	7 (10.1%)
Subclinical Depression (any)	13 (19%)
Depression NOS	12 (17.4%)
Dysthymia	1 (1.5%)
Attention Deficit Hyperactivity Disorder	9 (13.0%)
Other Disorders (any)	4 (6%)
Impulse Control Disorder**	4 (5.8%)
Developmental Coordination Disorder	1 (1.5%)

Note: *20 patients had obsessive-compulsive disorder (OCD) only; 49 had primary OCD with 1-3 less severe, comorbid diagnoses.

**Impulse control disorders included trichotillomania, skin picking, nail biting

Table S2. Error and interference activations across all subjects (Wholebrain analyses)

Brain region	Cluster ^a	Coordinates ^b	Z scores
<u>Error processing</u>			
pMFC*			
Dorsal anterior cingulate cortex [†]	494	-6, 26, 28	6.65
Left al/fO*	343	-30, 20, -14	Inf
Right al/fO*	345	36, 23, -5	Inf
<u>Interference processing</u>			
pMFC*			
Pre-supplementary motor area [†]	7917 ^c	-3, 8, 46	Inf
Left al/fO*	160	-30, 17, 4	Inf
Right al/fO*	235	33, 20, 4	7.34
Right dorsal prefrontal	180	30, 50, 25	6.57
Left precentral	7917 ^c	-33, -7, 61	Inf
Left postcentral		-39, -16, 52	Inf
Right precentral		33, -4, 61	Inf
Left superior parietal		-21, -64, 46	Inf
Left inferior parietal		-42, -40, 37	Inf
Right superior parietal		27, -58, 49	Inf
Right inferior parietal		39, -37, 40	Inf
Left middle occipital		-27, -70, 28	Inf
Left Thalamus	159	-9, -19, 7	7.70
Right Thalamus		9, -16, 10	6.86
Middle posterior cingulate	63	3, -19, 25	6.41

Note: ^a Brain maps were displayed at a height threshold of $p < 0.05$, corrected for familywise error (FWE); clusters were considered significant at $p < .05$, corrected for family wise error across whole brain. Number of voxels in each significant cluster are listed.

^b Peak coordinates, x, y, z

^c Refers to the same cluster

*Regions of interest (ROIs): posterior medial frontal cortex (pMFC), anterior insula/frontal operculum (al/fO).

[†]As shown in Figure S1, pMFC ROIs were defined by activations for error and interference contrasts in conjunction with middle and posterior Neurosynth MFC zones which include dorsal anterior cingulate and pre-supplementary motor areas, respectively. The majority of voxels activated for error-processing were clustered in the middle MFC zone, including the peak activation at -6, 26, 28, justifying designation as “dorsal anterior cingulate cortex,” above. By contrast, voxels activated for interference were distributed more evenly across middle and posterior zones; however, the peak activation at -3, 8, 46 fell within the posterior MFC zone, justifying designation of this peak as “pre-supplementary motor area,” above.

al/fO = anterior insula/frontal operculum, FWE = familywise error, MFC = medial frontal cortex, pMFC = posterior medial frontal cortex, ROIs = regions of interest

Table S3. Participant characteristics for unmedicated obsessive-compulsive disorder (uOCD), medicated OCD (mOCD) and healthy youth

	Error Analysis				Interference Analysis			
	uOCD (n = 28)	mOCD (n = 23)	HC (n = 51)	Test Statistic (p-value)	uOCD (n = 35)	mOCD (n = 34)	HC (n = 72)	Test Statistic (p-value)
Age	13.4 ± 3.0	15.1 ± 2.3	14.1 ± 3.2	F(2,99) = 2.2 (.12)	13.2 ± 3.0	14.7 ± 2.4	14.0 ± 3.3	F(2,138) = 2.0 (.14)
Gender	15F (56%)	12F (50%)	23F (45%)	$\chi^2(2,102) = .64 (.73)$	19F (56%)	16F (46%)	33F (46%)	$\chi^2(2,141) = .70 (.71)$
SES ¹	2.19 ± .48	2.22 ± .42	2.27 ± .53	F(2,96) = .24 (.79)	2.18 ± .46	2.26 ± .51	2.24 ± .49	F(2, 135) = .38 (.68)
CY-BOCS, Present ²	19.5 ± 7.8	15.7 ± 6.6	na	t(2,49) = 1.8 (.07)	20.2 ± 8.0	16.9 ± 7.0	na	t(2,67) = 1.8 (.07)
CY-BOCS ¹ , Lifetime	26.8 ± 7.2	27.6 ± 6.0	na	t(2,47) = -.42 (.68)	27.0 ± 7.0	28.7 ± 6.0	na	t(2,65) = -1.0 (.30)
CY-BOCS ¹ , Change	7.3 ± 7.7	11.8 ± 7.5	na	t(2,47) = -2.1 (.04)	6.8 ± 7.7	11.8 ± 7.4	na	t(2,65) = -2.75 (.008)
Illness Duration ¹	6.15 ± 4.36	6.94 ± 4.20	na	t(2,48) = -.65 (.52)	6.15 ± 4.23	6.77 ± 3.84	na	t(2,66) = -.63 (.53)
AAO ¹	7.3 ± 3.0	8.1 ± 3.7	na	t(2,48) = -.91 (.37)	7.1 ± 2.7	7.9 ± 3.3	na	t(2,66) = -1.1 (.28)
CBT ¹	9 (33%)	15 (68%)	na	$\chi^2(2,49) = 5.9 (.01)$	11 (31%)	20 (59%)	na	$\chi^2(2,66) = 6.0 (.01)$
Inc RT	1116 ± 283	1068 ± 203	1060 ± 238	F(2,99)=.50 (.61)	1123 ± 268	1105 ± 250	1071 ± 220	F(2,138) = .61 (.54)
Con RT	787 ± 200	749 ± 144	738 ± 171	F(2,99)=.75 (.47)	804 ± 199	775 ± 188	759 ± 162	F(2,138) = .72 (.49)
Inc Acc	.87 ± .06	.86 ± .08	.88 ± .07	F(2,99)=.84 (.43)	.90 ± .07	.90 ± .08	.90 ± .07	F(2,138) = .86 (.43)
Con Acc	.99 ± .02	.99 ± .02	.98 ± .02	F(2,99)=.30 (.74)	1.0 ± .02	1.0 ± .02	1.0 ± .02	F(2,138) = .32 (.73)
Motion ⁴	.20 ± .08	.19 ± .10	.19 ± .13	F(2,99) = .06 (.94)	.19 ± .08	.22 ± .13	.19 ± .13	F(2,138) = 1.04 (.36)

Note: Age, AAO, illness duration in years. Motion summarized as mean framewise displacement (6).

¹Several subjects were missing SES (n=2 HC, 1 uOCD), lifetime C-YBOCS (n= 1 uOCD, 1 mOCD), illness duration and AAO (1 uOCD) or record of CBT exposure (1uOCD, 2 mOCD).

²Present CY-BOCS indicate mild to moderate symptom severity; 67 had active OCD symptoms, 2 (1 uOCD and 1 mOCD) had subclinical symptoms (CYBOCS score <6) at assessment.

Acc = Accuracy, AAO = age of onset, Compulsive Scale CBT = cognitive behavioral therapy exposure, Con = Congruent, CY-BOCS = Child Yale-Brown Obsessive, HC = Healthy Control, Inc = Incongruent, RT = Response time

Table S4. Cingulo-opercular network function in pediatric unmedicated obsessive-compulsive disorder (uOCD) medicated obsessive-compulsive disorder (mOCD) and healthy youth (region of interest (ROI) analysis)

ERRORS						
	pMFC		Left al/fo		Right al/fo	
Intercept (grp: HC)	1.10 ± .28	<.001	1.48 ± .25	<.001	1.42 ± .26	<.001
grp(uOCD)	.57 ± .48	.239	0.05 ± .42	.888	.02 ± .45	.971
grp(mOCD)	1.79 ± .55	.002	0.98 ± .45	.033	1.78 ± .52	<.001*
Age	-.26 ± .13	.051	-----	---	-.13 ± .12	.290
Inc RT	-.006 ± .002	<.001	-----	---	-0.004 ± .002	.017
Inc Acc	11.01 ± 3.07	<.001	1.69 ± 3.8	.660	7.9 ± 2.89	.007*
grp(uOCD) x Age	.42 ± .19	.030	-----	---	.34 ± .17	.058
grp(mOCD) x Age	.05 ± .26	.840	-----	---	-.19 ± .25	.447
grp(uOCD) x Inc RT	.006 ± .002	.010	-----	---	.006 ± .002	.005*
grp(mOCD) x Inc RT	.001 ± .003	.694	-----	---	.002 ± .002	.400
grp(uOCD) x Inc Acc	-----	---	14.47 ± 6.56	.030	-----	---
grp(mOCD) x Inc Acc	-----	---	3.55 ± 6.36	.578	-----	---
Motion	-----	---	-3.03 ± 1.57	.057	-----	---
Adjusted R-Square	0.19		0.12		0.16	
Model ANOVA	F(9,92)=3.6 (p=.001)		F(6,95)=3.3 (p=.006)		F (9,92) = 3.1 (p=.003)	
INTERFERENCE						
	pMFC		Left al/fo		Right al/fo	
Intercept (grp:HC)	.60 ± .07	<.001	.45 ± .08	<.001	.48 ± .06	<.001
grp(uOCD)	.03 ± .13	.836	-.03 ± .15	.861	-----	---
grp(mOCD)	.02 ± .13	.908	-.16 ± .14	.313	-----	---
Age	-----	---	-----	---	-----	---
Overall RT	-.001 ± .0005	.035	-.001 ± .0004	.053	-.001 ± .0003	<.001*
Overall Acc	1.88 ± 1.82	.302	4.93 ± 2.04	.017	-----	---
grp(uOCD) x Age	.10 ± .05	.054	-----	---	-----	---
grp(mOCD)x Age	-.008 ± .07	.900	-----	---	-----	---
grp(uOCD) x overall RT	.002 ± .001	.012	.001 ± .0007	.046	-----	---
grp(mOCD) x overall RT	.001 ± .001	.149	.0004 ± .001	.550	-----	---
grp(uOCD) x overall Acc	-7.92 ± 3.27	.017	-9.36 ± 3.8	.014	-----	---
grp(mOCD) x overall Acc	-4.03 ± 3.02	.185	-6.31 ± 3.5	.070	-----	---

Motion	-----	---		-----	---		-----	---	
Adjusted R-Square	0.03			0.05			0.08		
Model ANOVA*	F(11,129)= 1.4 (p=.18)			F(8,132)=1.9 (p=.07)			F(1,139)=13.1 (p<.001)		

Note: Motion refers to framewise displacement (6). Dashed lines represent eliminated variables.

Post-hoc comparisons of group intercepts showed greater activation in mOCD compared to uOCD in pmFC ($\beta = 1.22 \pm .61$, $p = .05$) and right al/fO ($\beta = 1.76 \pm .57$, $p = .003$), but no difference in left al/fO ($\beta = .92 \pm .51$, $p = .07$) for errors, and no differences for interference (p 's > .45)

Significance levels were $p < .05$ for pMFC (primary region of interest, bolded) and $p < .013$ for secondary ROIs (asterisked).

Acc = accuracy, al/fO = anterior insula/frontal operculum, grp = group, HC = healthy controls, Inc = incongruent, pMFC = Posterior medial frontal cortex, RT = response time.

Table S5. Posterior medial frontal cortex (pMFC) subregion function in in pediatric obsessive-compulsive disorder (OCD) compared to healthy controls (region of interest (ROI) analysis)

ERRORS				
	dACC		preSMA	
Intercept (HC)	1.14 ± .29	<.001	1.37 ± .32	.001
Group	.98 ± .41	.019	0.78 ± .44	.085
Age	-.25 ± .14	.067	-----	---
Inc RT	-.006 ± .002	.002*	-.003 ± .001	.006*
Inc Acc	10.10 ± 3.12	.002*	1.25 ± 4.80	.795
Group x Age	.39 ± .18	.031	-----	---
Group x Inc RT	.005 ± .002	.027	-----	---
Group x Inc Acc	-----	---	10.9 ± 6.63	.105
Motion	-----	---	-----	---
Adjusted R-Square	0.16		0.11	
Model ANOVA	F(6,95)=4.3 (p<.001)		F(4,97)=4.2 (p=.004)	
INTERFERENCE				
	dACC		preSMA	
Intercept (HC)	.62 ± .08	<.001	.60 ± .07	<.001
Group	-.09 ± .11	.393	.04 ± .11	.678
Age	-.03 ± .03	.306	-----	----
Overall RT	-.001 ± .0006	.065	-.001 ± .0004	.040

Overall Acc	1.42 ± 1.93	.463	1.83 ± 1.86	.327
Group x Age	.07 ± .05	.149	-----	----
Group x overall RT	.002 ± .0007	.014	.001 ± .0005	.029
Group x overall Acc	-5.52 ± 2.72	.045	-5.25 ± 2.7	.050
Motion	-----	---	-----	---
Adjusted R-Square	0.03		0.03	
Model ANOVA*	F(7,133)= 1.7 (p=.12)		F(5,135)=1.9 (p=.10)	

Note: Motion refers to fractional displacement (6). Dashed lines represent predictor variables eliminated during backwards stepwise regression.

*Significance levels were $p < .013$.

Acc = Accuracy, dACC = dorsal anterior cingulate cortex, HC = Healthy controls, Inc = incongruent, pre-SMA = pre-supplementary motor area, RT = response time

Table S6. Posterior medial frontal cortex (pmFC) subregion function in in pediatric unmedicated OCD (uOCD), medicated OCD (mOCD) and healthy controls (HC) (region of interest (ROI) analysis)

ERRORS				
	dACC		preSMA	
Intercept (HC)	1.13 ± .29	<.001	1.09 ± .32	<.001
grp(uOCD)	.60 ± .49	.23	0.39 ± .53	.467
grp(mOCD)	1.77 ± .56	.002*	1.26 ± .57	.029
Age	-.26 ± .13	.055	-----	---
Inc RT	-.006 ± .002	.001*	-.003 ± .001	.008*
Inc Acc	11.06 ± 3.13	.001*	7.21 ± 3.33	.033
grp(uOCD) x Age	0.42 ± .19	.031	-----	---
grp(mOCD) x Age	.05 ± .27	.838	-----	---
grp(uOCD) x Inc RT	.006 ± .002	.011*	-----	---
grp(mOCD) x Inc RT	.001 ± .003	.723	-----	---
grp(uOCD) x Inc Acc	-----	---	-----	---
grp(mOCD) x Inc Acc	-----	---	-----	---
Motion	-----	---	-----	---
Adjusted R-Square	.18		.10	
Model ANOVA	F(9,92)=3.5 (p<.001)		F(4,97)=3.94 (p=.005)	
INTERFERENCE				
	dACC		preSMA	
Intercept (HC)	0.62 ± .08	<.001	0.60 ± .07	<.001
Grp (uOCD)	-.04 ± .13	.767	.04 ± .13	.755
Grp (mOCD)	-.07 ± .14	.629	.04 ± .13	.734
Age	-.03 ± .03	.306	-----	---
Total ACC	1.42 ± 1.93	.463	1.83 ± 1.87	.330
Total RT	-.001 ± .001	.065	-.001 ± .0004	.042
Grp (uOCD) x Age	.11 ± .05	.045	-----	---
Grp (mOCD) x Age	-.001 ± .07	.990	-----	---
Grp (uOCD) x Total ACC	-8.05 ± 3.48	.023	-7.56 ± 3.45	.030
Grp (mOCD) x Total ACC	-3.99 ± 3.22	.217	-3.37 ± 3.17	.289
Grp (uOCD) x Total RT	.002 ± .001	.025	.001 ± .001	.047
Grp (mOCD) x Total RT	.001 ± .001	.110	.001 ± .001	.120

Motion	-----	---		-----	---
Adjusted R-Square	.03			.02	
Model ANOVA*	F(11,129)=1.43 (p=.17)			F(8,132)=1.32 (p=.24)	

Note: Motion refers to framewise displacement (6). Dashed lines represent eliminated variables.

*Significance levels were $p < .013$.

Acc = accuracy, Grp = group, Inc = incongruent, RT = response time.

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Table S7. Error-related activations in pediatric obsessive-compulsive disorder (OCD) compared to healthy youth (Wholebrain analysis)

Predictor	Cluster-level statistics*			
	$p_{FWE-corr}$	k	Coordinates	Z
OCD > HC				
<i>*pMFC (preSMA-dACC)</i>	.037	7	<i>12, 17, 61</i>	3.77
OCD x Age, positive effect				
<i>*pMFC (dACC)</i>	.021	13	<i>0, 38, 16</i>	3.48
OCD x overall RT, positive effect				
pMFC (dACC)	.001	169	-6, 29, 7	4.18
Left caudate			-15, 20, 7	4.18
Rostral ACC			-12, 41, 4	3.90

Note: * Clusters are significant at $p < .05$ with correction for family wise error across the whole brain or, if italicized, within search volumes (pMFC, right al/fO, or left al/fO) defined by the main effect of errors.
 al/fO = anterior insula/frontal operculum, pMFC = posterior medial frontal cortex

Table S8. Error-related activations in unmedicated OCD (uOCD) and medicated OCD (mOCD) vs. healthy controls (HC) (Wholebrain analysis)

Predictor	Cluster-level statistics*			
	$p_{FWE-corr}$	k	Coordinates	Z
mOCD > HC				
pMFC (dACC)	<.001	182	3, 23, 13	4.84
			0, 20, 28	4.02
			-21, 41, 7	3.86
(preSMA)	.06	63	12, 17, 61	4.46
			12, 20, 52	3.57
Right al/fO	.006	112	57, 17, -5	4.28
			57, 11, 4	4.11
*Left al/fO	.028	6	-30, 29, -2	3.77
Bilateral Precuneus	.002	146	-12, -67, 37	4.57
			-15, -70, 58	4.00
	.051	66	9, -64, 64	3.84
Right inf. parietal	.001	158	54, -34, 34	4.54
Right sup. parietal	.032	76	30, -61, 46	4.63
Inc RT, negative effect				
pMFC (dACC)	<.001	196	-6, 29, 7	4.44
			-9, 38, 4	3.59
Left Caudate			-15, 20, 7	3.98
uOCD x Age, positive effect				
*pMFC (dACC)	.046	5	3, 38, 19	3.19
uOCD x IncRT, positive effect				
*pMFC (dACC)	.034	8	6, 35, 22	3.39
			3, 32, 28	3.20

Right al/fO	.032	76	45, 8, -8 54, 5, -8 45, 8, 1	4.04 3.94 3.66
Left caudate	.008	106	-15, 20, 7	3.86

Note: *Clusters are significant at $p < .05$ with correction for family wise error across the whole brain or, if italicized, within search volumes (pMFC, right al/fO, or left al/fO) defined by the main effect of errors.

al/fO = anterior insula/frontal operculum, pMFC = posterior medial frontal cortex

Table S9. Interference-related activations in unmedicated OCD (uOCD) and medicated OCD (mOCD) vs. healthy controls (HC) (Wholebrain analysis)

Predictor	Cluster-level statistics*			
	$p_{\text{FWE-corr}}$	k	Coordinates	Z
Tot Acc, positive effect				
*Left al/fO	.020	4	-30, 17, -2	3.32
uOCD x Age, positive effect				
*pMFC (preSMA-dACC)	.044	9	0, 8, 55	3.45
uOCD x overall RT, positive effect				
*pMFC (preSMA-dACC)	.002	67	0, 8, 55	4.46
		9		
*pMFC (dACC)	.044		-6, 23, 26	3.60
*Left al/fO	.015	7	-30, 17, -2	3.55
uOCD x overall Acc, negative effect				
*pMFC (preSMA-dACC)	.009	33	6, 5, 56	4.14

**mOCD x overall Acc,
negative effect**

*Left al/fO	.020	4	-33, 14, 1	3.37
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Note: *Clusters are significant at $p < .05$ with correction for family wise errors within search volumes (pMFC, right al/fO, or left al/fO) defined by the main effect of interference

al/fO = anterior insula/frontal operculum, pMFC = posterior medial frontal cortex

Table S10. Obsessive-compulsive disorder (OCD) severity and cingulo-opercular network function in pediatric unmedicated OCD (uOCD) and medicated OCD (mOCD) (region of interest (ROI) analysis)

ERRORS				
	pMFC		Left al/fO	Right al/fO

Intercept (grp:uOCD)	1.70 ± .34	<.001		1.65 ± .32	<.001		1.5 ± .32	<.001
CYBOCS	-.11 ± .04	.014		-.04 ± .03	.181		-----	---
Age	.23 ± .12	.053		.23 ± .11	.034		.25 ± .12	.041
Meds	.89 ± .52	.100		.78 ± .48	.115		1.43 ± .50	.007*
Inc RT	-----	---		-----	---		-----	---
Inc Acc	13.45 ± 3.61	<.001		9.93 ± 3.28	.004*		8.17 ± 3.37	.020
CY-BOCs x Meds	.04 ± .08	.661		-----	---		-----	---
Age x Meds	-.18 ± .21	.382		-.40 ± .19	.042		-.27 ± .19	.164
CY-BOCS x Age	-.04 ± .02	.007		-.02 ± .01	.174		-----	---
CY-BOCS x Meds x Age	.07 ± .04	.089		-----	---		-----	---
Motion	-----	---		-----	---		7.15 ± 3.39	.040
Adjusted R-Square	.36			.25			.21	
Model ANOVA	F(8,42)=4.5 (p<.001)			F(6,44)=3.8 (p=.004)			F(5,45) = 3.6 (.008)	
INTERFERENCE								
	pMFC			Left al/fo			Right al/fo	
Intercept (grp:uOCD)	.68 ± .10	<.001		.52 ± .11	<.001		.48 ± .13	<.001
CY-BOCS	-.01 ± .01	.240		-.03 ± .01	.003*		-.0003 ± .02	.988
Age	.06 ± .04	.083		.02 ± .03	.471		.08 ± .04	.066
Meds	-.16 ± .15	.316		-.34 ± .17	.052		-.22 ± .20	.251
Overall RT	-----	---		-----	---		-----	---
Overall Acc	-3.86 ± 1.78	.034		-----	---		-3.78 ± 2.34	.111
CY-BOCS x Meds	-----	---		-----	---		.001 ± .03	.959
Age x Meds	-.10 ± .06	.086		-----	---		-.07 ± .07	.332
CY-BOCS x Age	-.01 ± .004	.030		-.01 ± .004	.028		-.002 ± .01	.713
CY-BOCS x Meds x Age	-----	---		-----	---		-.02 ± .01	.076
Motion	1.31 ± .81	.107		-----	---		-----	---
Adjusted R-Square	0.13			0.15			0.05	
Model ANOVA	F(7,61)=2.4 (p=.03)			F(4,64)=4.1 (p=.005)			F(7,60)=1.5 (p=.18)	

Note: Motion refers to framewise displacement (6)

Effects of CYBOCs and CYBOCs-by-age interaction on pMFC response to errors were significant only for uOCD, whereas the effects of these terms on pMFC and left al/fo response to interference were significant across both uOCD and mOCD patient groups.

Acc = accuracy, (aI/fO) = anterior insula/frontal operculum, : aI/fO = anterior insula/frontal operculum, CY-BOCS = Child Yale- Brown Obsessive Compulsive Scale, Inc – incongruent, Meds = medication, mOCD = medicated OCD, uOCD = unmedicated OCD, pMFC = posterior medial frontal cortex, RT = response time

Table S11. Obsessive-compulsive disorder (OCD) severity and posterior medial frontal cortex (pMFC) subregion function in pediatric OCD

ERRORS				
	dACC		preSMA	
Intercept	1.92 ± .26	<.001	1.65 ± .32	<.001
CYBOCS	-.08 ± .04	.023	-.05 ± .03	.166
Age	.14 ± .09	.147	.17 ± .10	.102
Inc RT	-----	---	-----	---
Inc Acc	12.79 ± 3.72	.001*	12.03 ± 4.04	.005*
CY-BOCS x Age	-.02 ± .01	.070	-.03 ± .02	.052
Motion	-----	---	-----	---
Adjusted R-Square	.30		.23	
Model ANOVA	F(4,46)=6.3 (p<.001)		F(4,46)=4.8 (p=.005)	
INTERFERENCE				
	dACC		preSMA	
Intercept	.54 ± .08	<.001	.63 ± .08	<.001
CY-BOCS	-----	---	-.005 ± .01	.591
Age	-----	---	.02 ± .03	.508
Overall RT	-----	---	-----	---
Overall Acc	-4.36 ± 1.92	.026	-3.41 ± 1.89	.074
CY-BOCS x Age	-----	---	-.008 ± .004	.061
Motion	1.20 ± .72	.102	1.5 ± .79	.055
Adjusted R-Square	0.07		0.09	

Model ANOVA	F(2,66)=3.7 (p=.03)	F(5,63)=2.4 (p=.05)
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Table S12. Obsessive-compulsive disorder (OCD) severity and posterior medial frontal cortex (pmFC) subregion function in pediatric unmedicated OCD (uOCD) and medicated OCD (mOCD) (region of interest (ROI) analysis)

ERRORS				
	dACC		preSMA	
Intercept (grp:uOCD)	1.70 ± .34	<.001	1.65 ± .32	<.001
CYBOCS	-.11 ± .04	.012	-.09 ± .05	.075
Age	.23 ± .12	.052	.09 ± .11	.454
Meds	.89 ± .52	.134	.60 ± .59	.316
Inc RT	-----	---	-.002 ± .001	.149
Inc Acc	13.51 ± 3.69	<.001*	11.73 ± 4.02	.006*
CY-BOCS x Meds	.04 ± .08	.622	.11 ± .08	.172
Age x Meds	-.18 ± .21	.396	-----	---
CY-BOCS x Age	-.04 ± .02	.005*	-.04 ± .02	.026
CY-BOCS x Meds x Age	.07 ± .04	.083	-----	---
Motion	-----	---	-----	---
Adjusted R-Square	.36		.25	
Model ANOVA	F(8,42)=4.5 (p<.001)		F(7,43)=3.5 (p=.005)	
INTERFERENCE				
	dACC		preSMA	
Intercept (grp:uOCD)	.63 ± .11	<.001	.73 ± .11	<.001
CY-BOCS	-.02 ± .01	.172	-.01 ± .01	.352
Age	.07 ± .04	.073	.06 ± .04	.123
Meds	-.15 ± .16	.356	-.16 ± .16	.321
Overall RT	-----	---	-----	---
Overall Acc	-4.27 ± 1.89	.023	-3.54 ± 1.86	.062
CY-BOCS x Meds	-----	---	-----	---
Age x Meds	-.12 ± .06	.049	-.08 ± .06	.170
CY-BOCS x Age	-.01 ± .004	.075	-.01 ± .004	.021
CY-BOCS x Meds x Age	-----	---	-----	---
Motion	1.17 ± .86	.178	1.46 ± .85	.089
Adjusted R-Square	0.12		0.11	
Model ANOVA	F(7,61)=2.3 (p=.04)		F(7,61)=2.2 (p=.05)	

Note: al = anterior insula, Acc = accuracy, CY-BOCS = Child Yale- Brown Obsessive Compulsive Scale, Inc = incongruent, Meds = medication, pMFC = Posterior medial frontal cortex, RT = Response time
Motion refers to framewise displacement (6)

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Table S13. Obsessive-compulsive disorder (OCD) severity and error-related activations unmedicated OCD (uOCD) and medicated OCD (mOCD) vs. healthy controls (HC) (Wholebrain analysis)

Predictor	Cluster-level statistics*			
	$p_{\text{FWE-corr}}$	k	Coordinates	Z
ERRORS				
CY-BOCS, negative effect[€]				
<i>*pMFC</i>	<i>.010</i>	<i>20</i>	<i>12, 17, 52</i>	<i>3.70</i>
Med > Unmed				
Right al/fO	.048	59	57, 17, -5	3.82
Precuneus	.026	70	3, -58, 61	3.92
Inc RT, negative effect				
Left Superior Parietal	.011	85	-27, -52, 55	4.23
Inc Acc, positive effect				
pMFC	.022	73	-3, 20, 28	4.26
Right middle frontal (6)	.023	72	45, 11, 43	4.56
<i>*Right al/fO</i>	<i>.011</i>	<i>15</i>	<i>36, 26, -5</i>	<i>3.89</i>
CY-BOCS x Age, negative effect[€]				
<i>*Posterior medial frontal cortex</i>	<i>.013</i>	<i>17</i>	<i>-6, 20, 46</i>	<i>4.12</i>
<i>*Posterior medial frontal cortex</i>	<i>.019</i>	<i>13</i>	<i>6, 14, 55</i>	<i>3.52</i>

Note: * Clusters are significant at $p < .05$ with correction for family wise error across the whole brain or, if italicized, within search volumes (pMFC, right al/fO, or left al/fO) defined by the main effect of errors.

[€]The effects of CYBOCs and CYBOCs-by-age interaction on pMFC response to errors were significant only for uOCD.

al/fO = anterior insula/frontal operculum, Acc = accuracy, CY-BOCS = Child Yale- Brown Obsessive Compulsive Scale, Inc = incongruent, Meds = Medication, pMFC = posterior medial frontal cortex, RT = response time

Table S14. Obsessive-compulsive disorder (OCD) severity and interference-related activations in unmedicated OCD (uOCD) and medicated OCD (mOCD) vs. healthy controls (HC) (Wholebrain analysis)

INTERFERENCE					
CY-BOCS, positive effect					
Superior medial frontal	.047	64	6, 47, 40	4.14	
Right Inferior Parietal	.011	93	57, -55, 37	4.23	
Unmed > Med					
Left Superior Parietal	.011	93	-27, -46, 40	4.48	
Left Precuneus	.029	73	-12, -79, 37	4.36	
Age, positive effect					
Right Superior Parietal	.005	111	24, -52, 40	4.41	
Left Precentral	.052	62	-42, -1, 34	4.16	
Age, negative effect					
Right Superior Parietal	.003	120	51, -73, 28		
Left Superior Parietal	.018	83	-45, 61, 28		
Overall RT, negative					
Right Superior Parietal	.001	143	51, -73, 31	5.13	
Overall Acc, negative					
Left Middle Frontal (dlPFC)	.028	74	-24, 35, 28	4.41	
CY-BOCS x Med					
Right Superior Parietal	.024	77	57, -55, 37	4.25	
CY-BOCS x Age, positive effect					
Left Inferior Parietal	.028	74	-45, -61, 28	4.86	
Right Superior Parietal	.019	82	54, -58, 43	4.10	
CY-BOCS x Age, negative effect					
<i>* Left al/fO</i>	<i>.016</i>	<i>6</i>	<i>-27, 23, 7</i>	<i>3.69</i>	
Left Inferior Parietal	.006	106	-27, -52, 37	4.94	
			-27, -64, 31	3.66	
Motion, positive					
Cerebellum	<.001	193	6, -55, 23	4.35	

Note: * Clusters are significant at $p < .05$ with correction for family wise error across the whole brain or, if italicized, within search volumes (pMFC, right al/fO, or left al/fO) defined by the main effect of errors.

Motion = mean framewise displacement²⁸. Age, AAO, illness duration in years.

^a SES missing for 2 HC, 1 OCD.

al/fO = anterior insula/frontal operculum, AAO = age of onset, Acc = accuracy, Con = congruent, CY-BOCS = Child Yale-Brown Obsessive Compulsive Scale, HC = Healthy Control, Inc = incongruent, OCD = Obsessive Compulsive Disorder, pMFC = posterior medial frontal cortex, RT = response time

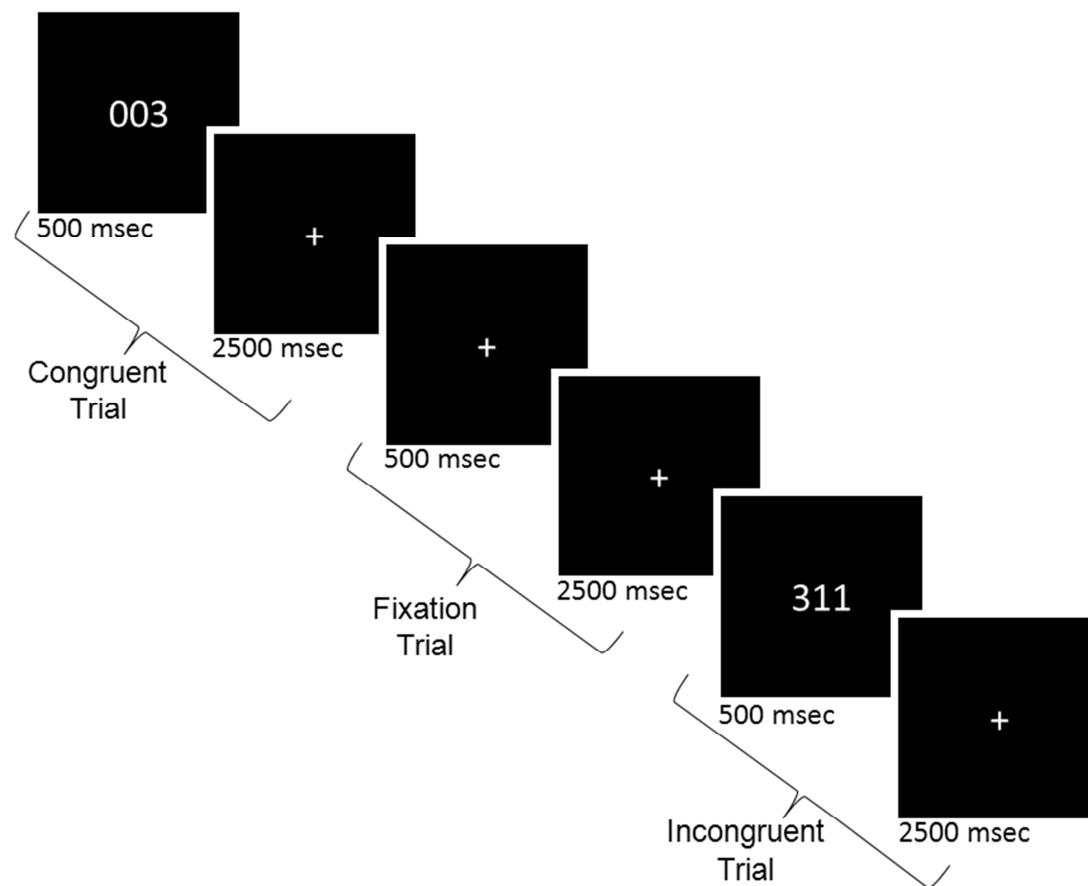
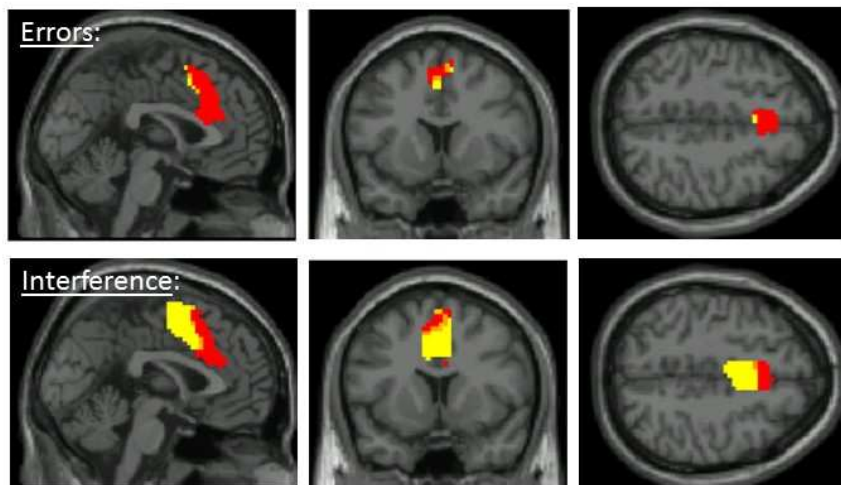
Supplemental Figures**Figure S1.** Multisource Interference Task (MSIT) Design

Figure S2. Dorsal accuracy (ACC) and pre-supplementary motor area (pre-SMA) region of interests (ROIS)



Note: Dorsal ACC (red) and pre-SMA (yellow) were defined by conjunction of main effects for error and interference contrasts with Neurosynth middle and posterior MFC zones, respectively.
MFC = medial frontal cortex

Figure S3. Effects of age and performance on cingulo-opercular network function in pediatric unmedicated OCD (uOCD), medicated OCD (mOCD) and healthy youth (region of interest (ROI) analysis)

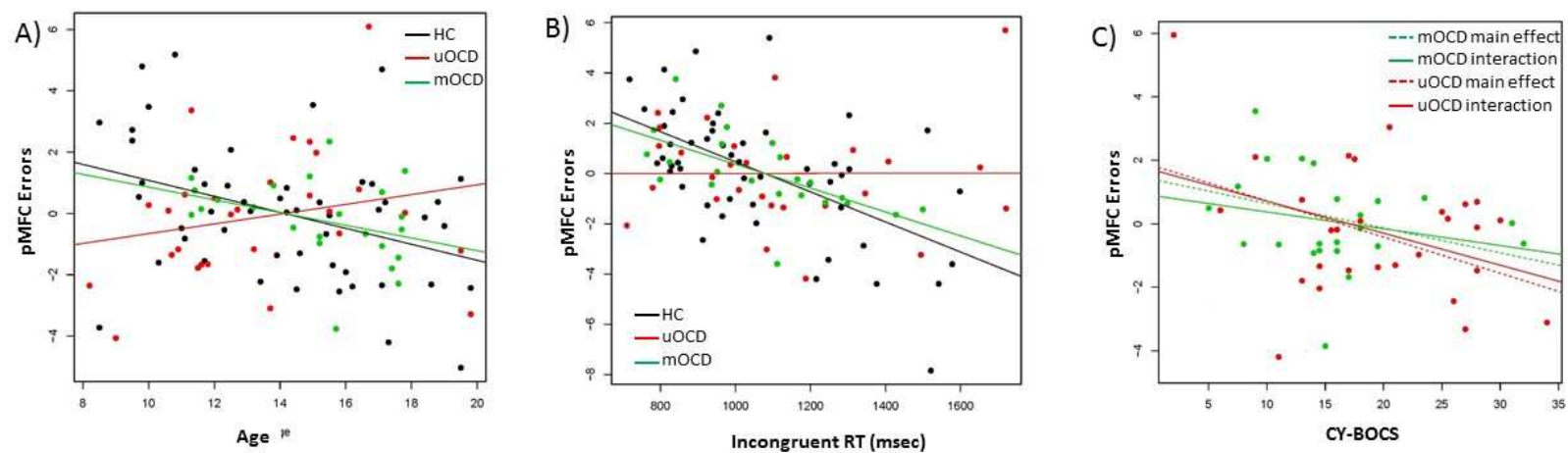
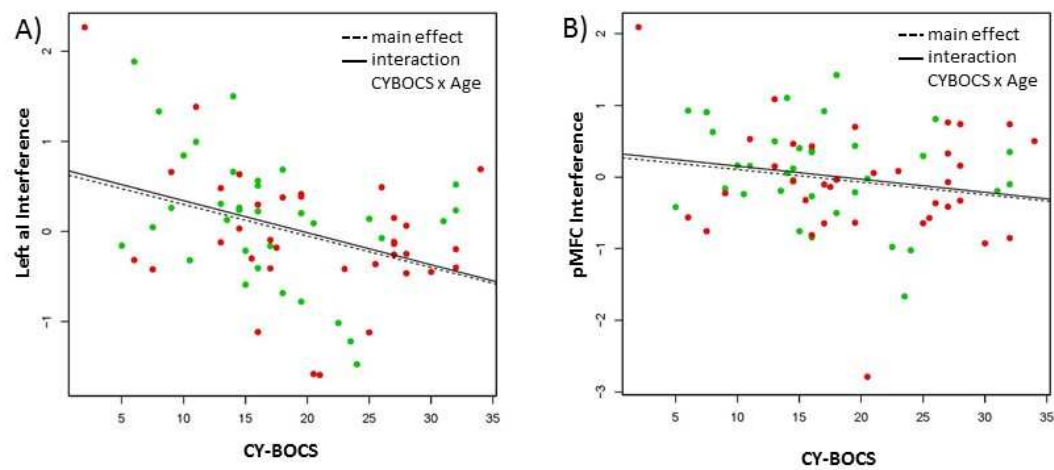


Figure S4: Effects of obsessive-compulsive disorder (OCD) severity on cingulo-opercular function in pediatric unmedicated OCD (uOCD) and medicated OCD (mOCD).



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