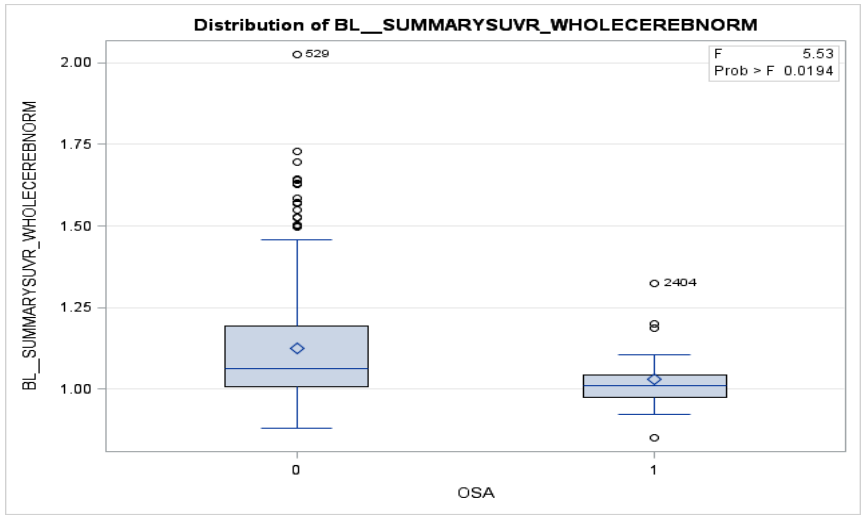
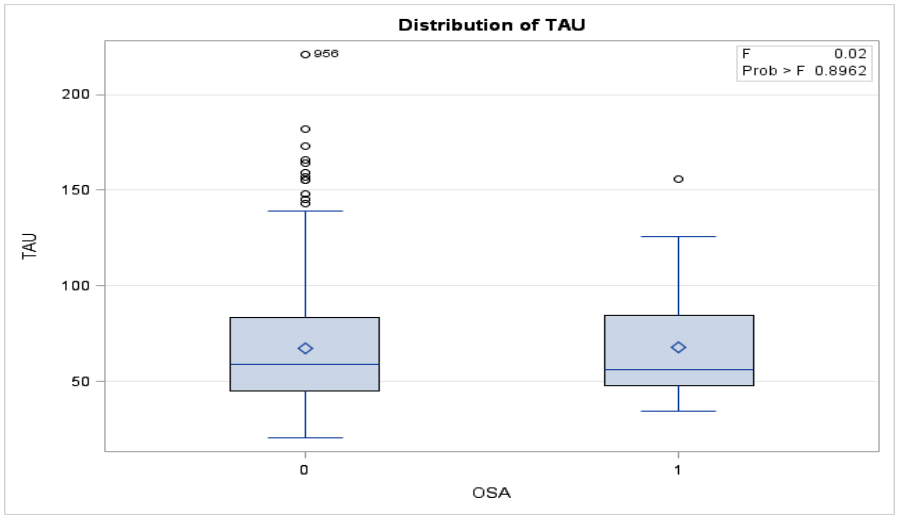
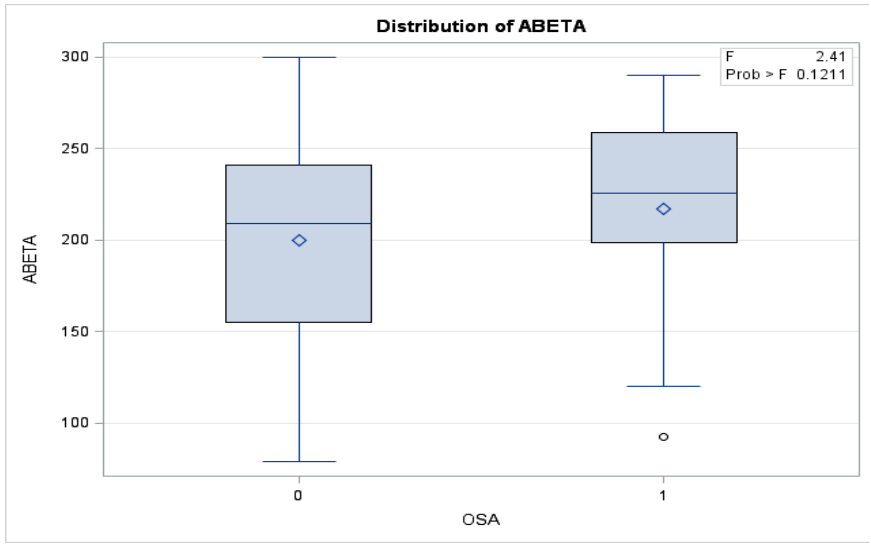
Figure 1a: Baseline Alzheimer Disease Biomarker burden in Cognitive Normal, Mild Cognitive Impairment, and Alzheimer's disease subjects by OSA status (Cognitive Normal)







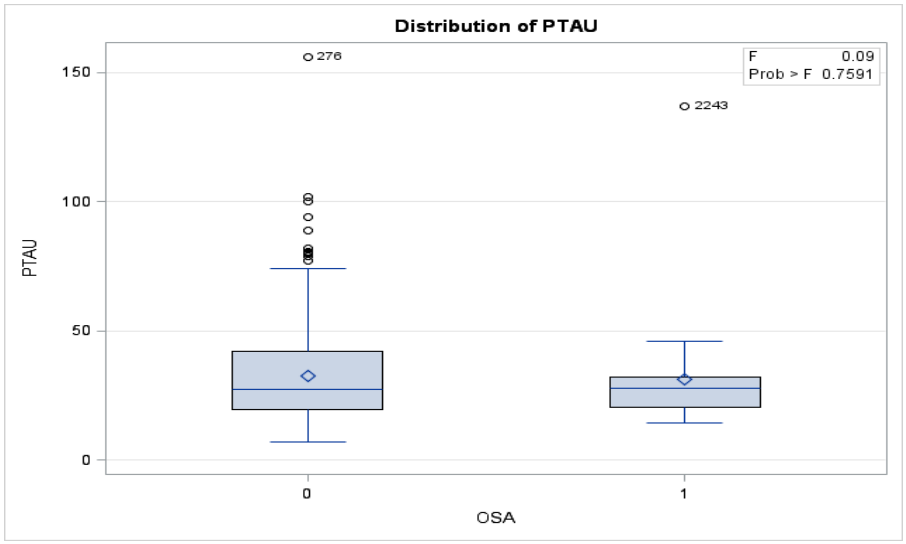
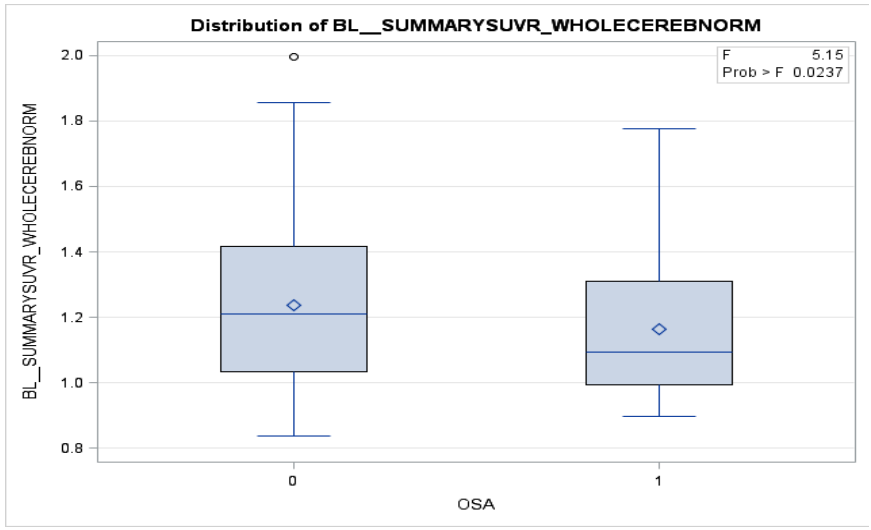
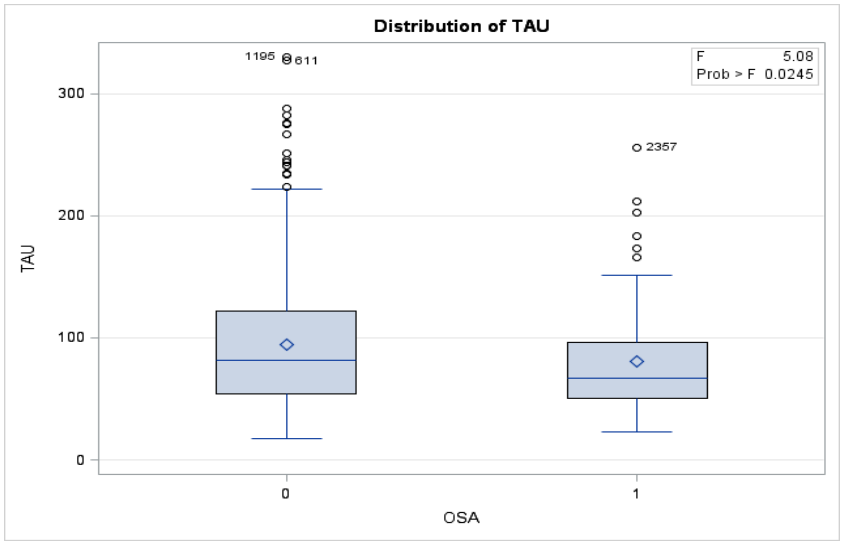
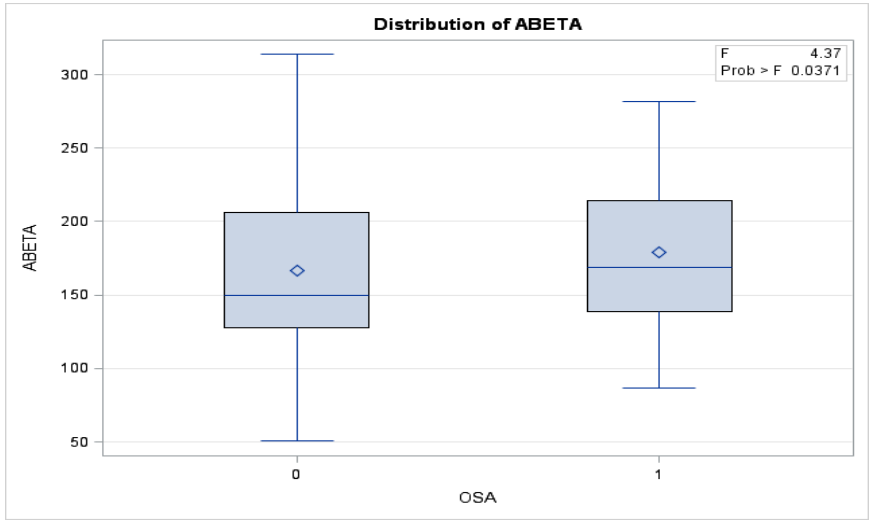


Figure 1: BL_SUMMARYSUVR_WHOLECEREBNORM represents Brain Florbetapir Aβ-42 burden; ABETA represents Cerebrospinal fluid (CSF) Aβ42, TAU represents CSF T-Tau protein; PTAU represents CSF phosphorylated Tau protein. There were significant differences in CSF Aβ42 levels for both MCI (F=4.37, p=.04), and AD (F=6.89, p<.01) groups respectively, with OSA+ participants having significantly higher levels at baseline for the MCI group. Significant difference in T-tau levels was seen for the MCI patients (F=5.08, p=.02) with OSA+ individuals having significantly lower levels. These differences remained after controlling for covariates, but the magnitude of the differences were small. For florbetapir values there were significant differences between OSA groups for both NL and MCI participants (F=5.53, F=5.15, $p \leq .02$ for all respectively) with OSA+ participants having significantly lower florbetapir values. However, after controlling for age, sex, BMI, education, CPAP use, ApoE4 status, and the three medical conditions, these differences in florbetapir values were no longer significant. For P-tau levels, no significant difference was seen across all groups in the uncontrolled and controlled analyses

Figure 1b: Baseline Alzheimer Disease Biomarker burden in Cognitive Normal, Mild Cognitive Impairment, and Alzheimer's disease subjects by OSA status (Mild Cognitive Impairment)







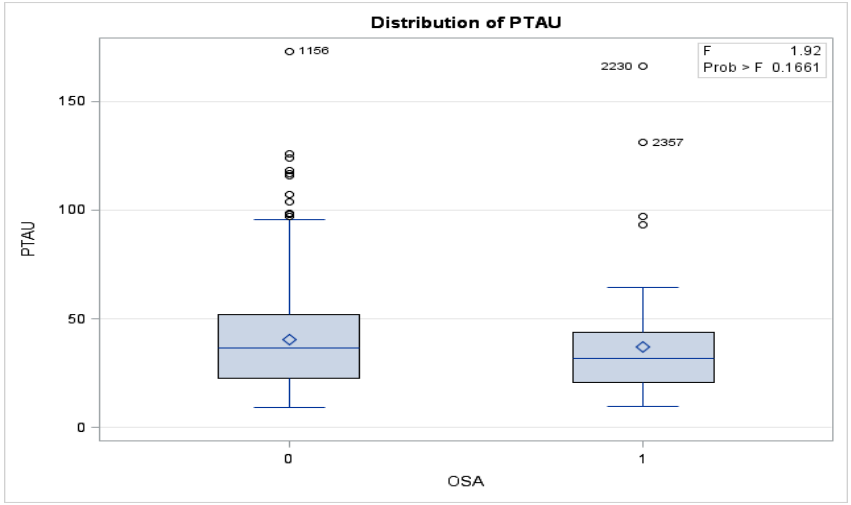


Figure 1b: BL_SUMMARYSUVR_WHOLECEREBNORM represents Brain Florbetapir Aβ-42 burden; ABETA represents Cerebrospinal fluid (CSF) Aβ42, TAU represents CSF T-Tau protein; PTAU represents CSF phosphorylated Tau protein. There were significant differences in CSF Aβ42 levels for both MCI (F=4.37, p=.04), and AD (F=6.89, p<.01) groups respectively, with OSA+ participants having significantly higher levels at baseline for the MCI group. Significant difference in T-tau levels was seen for the MCI patients (F=5.08, p=.02) with OSA+ individuals having significantly lower levels. These differences remained after controlling for covariates, but the magnitude of the differences were small. For florbetapir values there were significant differences between OSA groups for both NL and MCI participants (F=5.53, F=5.15, $p \leq .02$ for all respectively) with OSA+ participants having significantly lower florbetapir values. However, after controlling for age, sex, BMI, education, CPAP use, ApoE4 status, and the three medical conditions, these differences in florbetapir values were no longer significant. For P-tau levels, no significant difference was seen across all groups in the uncontrolled and controlled analyses

Figure 1c: Baseline Alzheimer Disease Biomarker burden in Cognitive Normal, Mild Cognitive Impairment, and Alzheimer's disease subjects by OSA status (Alzheimer Disease)

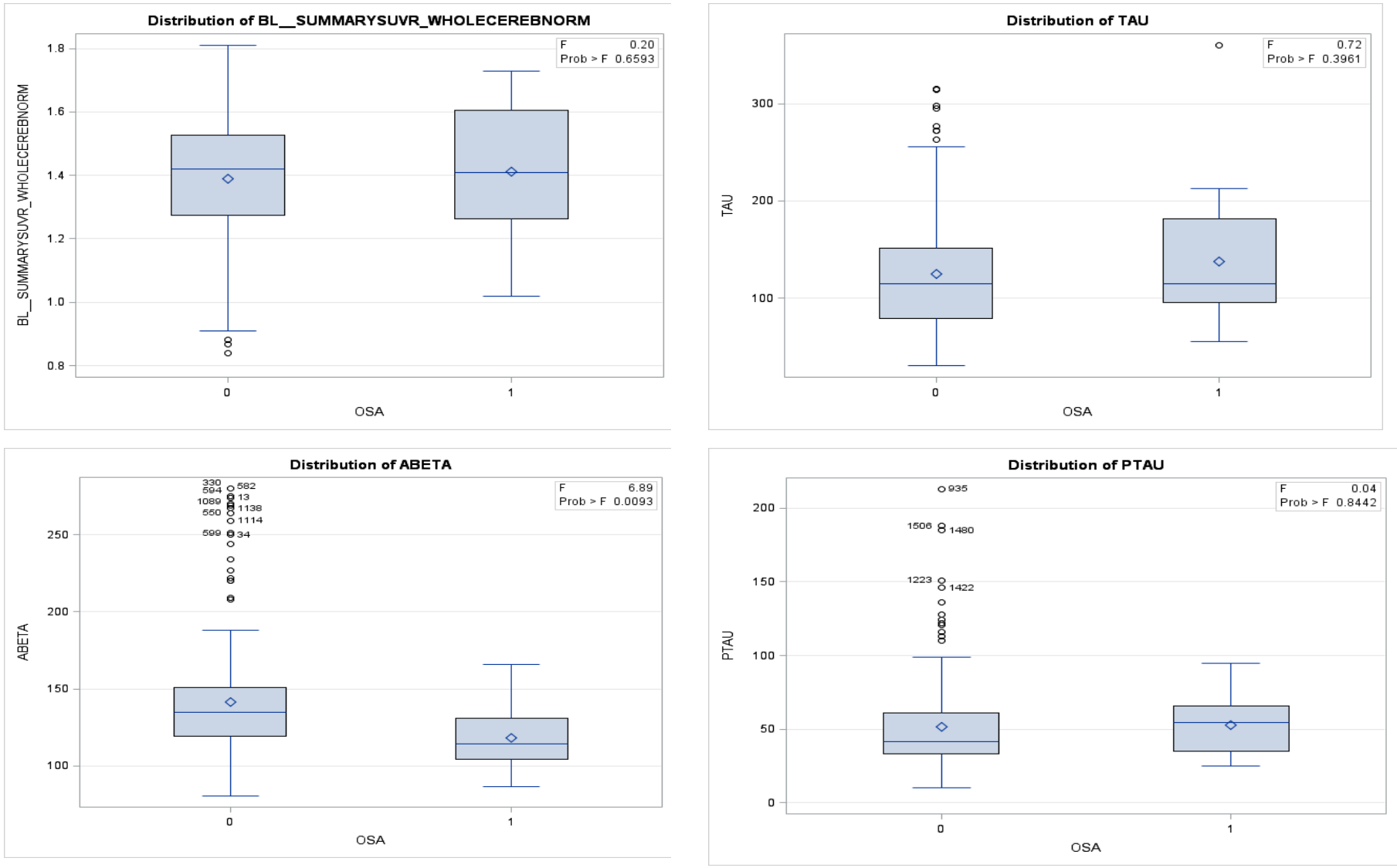


Figure 1c: BL_SUMMARYSUVR_WHOLECEREBNORM represents Brain Florbetapir Aβ-42 burden; ABETA represents Cerebrospinal fluid (CSF) Aβ42, TAU represents CSF T-Tau protein; PTAU represents CSF phosphorylated Tau protein. There were significant differences in CSF Aβ42 levels for both MCI (F=4.37, p=.04), and AD (F=6.89, p<.01) groups respectively, with OSA+ participants having significantly higher levels at baseline for the MCI group. Significant difference in T-tau levels was seen for the MCI patients (F=5.08, p=.02) with OSA+ individuals having significantly lower levels. These differences remained after controlling for covariates, but the magnitude of the differences were small. For florbetapir values there were significant differences between OSA groups for both NL and MCI participants (F=5.53, F=5.15, $p \leq .02$ for all respectively) with OSA+ participants having significantly lower florbetapir values. However, after controlling for age, sex, BMI, education, CPAP use, ApoE4 status, and the three medical conditions, these differences in florbetapir values were no longer significant. For P-tau levels, no significant difference was seen across all groups in the uncontrolled and controlled analyses