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Reporting Summary

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For a	all statistical analyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.
n/a	Confirmed
	$oxed{oxed}$ The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement
	🔀 A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly
	The statistical test(s) used AND whether they are one- or two-sided Only common tests should be described solely by name; describe more complex techniques in the Methods section.
	A description of all covariates tested
	A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons
	A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals)
	For null hypothesis testing, the test statistic (e.g. <i>F</i> , <i>t</i> , <i>r</i>) with confidence intervals, effect sizes, degrees of freedom and <i>P</i> value noted <i>Give P values as exact values whenever suitable.</i>
	For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings
	For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes
	\boxtimes Estimates of effect sizes (e.g. Cohen's d , Pearson's r), indicating how they were calculated
'	Our web collection on <u>statistics for biologists</u> contains articles on many of the points above.
Sof	tware and code

Software and code

Policy information about availability of computer code

Data collection

All data collected were downloaded in the Parkinson's Progressive Marker's Initiative (PPMI) database (www.ppmi-info.org/).

Data analysis

All structural morphological features were generated through the CIVET pipeline (version 2.1). Statistical analysis was performed using SPSS 25.0 (IBM Corp, Armonk, NY)

For manuscripts utilizing custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors and reviewers. We strongly encourage code deposition in a community repository (e.g. GitHub). See the Nature Portfolio guidelines for submitting code & software for further information.

Data

Policy information about availability of data

All manuscripts must include a data availability statement. This statement should provide the following information, where applicable:

- Accession codes, unique identifiers, or web links for publicly available datasets
- A description of any restrictions on data availability
- For clinical datasets or third party data, please ensure that the statement adheres to our policy

All data reported in this article are available in the PPMI database (http://ppmi-info.org).

Human	research	partici	nants
IIGIIIGII	1 Cocai cii	partici	pariti

Dual use research of concern

Policy information a	about <u>studies ir</u>	nvolving human research participants and Sex and Gender in Research.
Reporting on sex	and gender	We have reported the sex ratio in the Table 1.
Population charac	cteristics	Age, sex and site were used as covariates.
Recruitment		Only subjects with clinical and laboratory measures, T1-weighted images (T1WI) obtained on 3.0 T MRI scanners at baseline, were enrolled in our study.
Ethics oversight		The PPMI study is registered at ClinicalTrials.gov (NCT01141023). This study was approved by the ethics committees: the Institutional Review Board of all participating sites for PPMI.
Note that full informa	ition on the appro	oval of the study protocol must also be provided in the manuscript.
Field-spe	cific re	porting
Please select the or	ne below that is	the best fit for your research. If you are not sure, read the appropriate sections before making your selection.
	he document with a	ehavioural & social sciences
		points even when the disclosure is negative.
Sample size		ded 171 participants with drug-naïve PD and 77 HCs who were used for further analysis and quality control.
Data exclusions	meet the follow date, (3) a signif stage? or? at b at the enrollmen	e PPMI inclusion criteria (www.ppmi-info.org/study-design/research-documents-and-sops/), all participants with PD should ring criteria: (1) at least 30 years old when first diagnosed with PD, (2) a diagnosis of PD for at least two years on the screening ficant dopamine transporter deficit confirmed by dopamine uptake transporter (DAT) scan, (4) Hoehn and Yahr Scale (H&Y) is aseline, and (5) be untreated for PD at baseline. HCs enrolled in the study met the criteria, as they were at least 30 years old int date, had no history of any observable neurologic deficits, had first-degree family members with PD, and had a score on the tive Assessment (MOCA) of \geq 26.
Replication	We use differen	at algorithms to develop prediction models, each of which is replicated or cross-validated.
Randomization	We randomly th	ne samples into the training set and test set in different proportions.
Blinding	All investigators were blinded to group allocation during data analysis.	
We require informatic system or method list Materials & exp n/a Involved in th	pon from authors a sed is relevant to perimental sy e study	n/a Involved in the study ChIP-seq Flow cytometry MRI-based neuroimaging
Clinical dat	a	

Clinical data

Policy information about <u>clinical studies</u>

All manuscripts should comply with the ICMJE guidelines for publication of clinical research and a completed CONSORT checklist must be included with all submissions.

Clinical trial registration Th

The PPMI study is registered at ClinicalTrials.gov (NCT01141023).

Study protocol

All data used in the current study were downloaded in May 2020 from the Parkinson's Progressive Marker's Initiative (PPMI) database (www.ppmi-info.org/).

Data collection

All data used in the current study were downloaded in May 2020 from the Parkinson's Progressive Marker's Initiative (PPMI) database (www.ppmi-info.org/)

Outcomes

Here, we developed a model that could predict the occurrence of FOG at the individual level using machine learning with clinical assessments, laboratory tests and cerebral structural imaging information of early drug-naïve PD patients. As a secondary objective, we explored the morphological alterations of the cerebrum in early drug-naïve PD patients and their relationship with clinical and laboratory assessments.

Magnetic resonance imaging

Experimental design

Design type structual imaging

Design specifications structual imaging

Behavioral performance measures structual imaging

Acquisition

Imaging type(s) structual

Field strength 3.0 T

Sequence & imaging parameters

MPRAGE T1W images were acquired with the following parameters: repetition time (TR) = 2300 ms, echo time (TE) = 2300 ms, expected time (

2.98 ms, field of view (FOV) = 240 mm \times 256 mm, flip angle (FA) = 9°, and voxel size = $1 \times 1 \times 1$ mm3. The details of the data acquisition parameters are available on the PPMI website (http://www.ppmi-info.org/study-design/research-documents-and-sops/).

Area of acquisition

MRI images were automatically segmented into bilateral regions of interest, with cortical thickness, surface area, surface mean curvature and GM volumes calculated at each region according to the Anatomical Automatic Labeling (AAL)_90_1-mm atlas, with WM volumes calculated at each region according to the WM John Hopkins University Atlas JHU-ICBM-tracts-maxprob-thr25-1 mm.

Diffusion MRI Used Not used

Preprocessing

Preprocessing software All structural morphological features were generated through the CIVET pipeline (version 2.1).

Normalization

The main pipeline processing steps were described below: ?) The native three-dimensional T1 images of each subject were corrected for non-uniformity artifacts using the N3 algorithm; ?) Classification of the grey matter (GM), white matter (WM) and CSF was performed using the INSECT algorithm; ?) The Constrained Laplacian-based Anatomic Segmentation with Proximity (CLASP) algorithm was applied to generate a model of the cortical surface, including 40,962 vertices and 81,920 triangular meshes per hemisphere; ?) Hemispheric surfaces were generated for both the WM/GM interface and GM/CSF interface; ?) surfaces for each hemisphere were non-linearly registered to an average surface created from the ICBM152 brain template; ?) A reverse linear transformation was carried out on each subject's images, and cortical thickness estimations were calculated at each cortical point in native space using the tlink metric; ?) Subjects' surface maps, including cortical thickness, surface area, GM surface mean curvature, were blurred using a 20-millimeter full width at half maximum surface-based diffusion smoothing kernel; ?) Process voxel-based morphometry (VBM) files to calculate the GM volumes and WM volumes; ?) Blurring kernel size in 8 mm for volume; x) Cortical thickness, surface area, surface mean curvature and GM volumes were calculated at each region according to the Anatomical Automatic Labeling (AAL)_90_1-mm atlas, while WM volumes were calculated at each region according to the WM John Hopkins University Atlas JHU-ICBM-tracts-maxprob-thr25-1 mm.

Normalization template

Cortical thickness, surface area, surface mean curvature and GM volumes were calculated at each region according to the Anatomical Automatic Labeling (AAL)_90_1-mm atlas, while WM volumes were calculated at each region according to the WM John Hopkins University Atlas JHU-ICBM-tracts-maxprob-thr25-1 mm.

Noise and artifact removal

Following a visual inspection, nine scans (four HCs and five PD patients) were removed due to cerebral insufficiency and/or blurring and/or motion artifacts.

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Statistical modeling & inference

Model type and settings

The elastic net estimator model is defined as follows:

β=arg?(min) $_Tβ ||(Y-ω^T X||+λ_1 ||ω||_1+λ_2 ||ω)||_2 ?$

where Y is the group label, Y = 1 or 2, X is the feature, λ ? is the regularization parameter and ω is the coefficient of each parameter.

We predicted FOG with features selected from the elastic net estimator model using linear support vector machine (EN-SVM) classifiers with a nested 10-fold cross-validation strategy. Moreover, we compared the prediction performance of different machine learning methods using the GFS with matFR toolbox39, and four machine learning models: LSVM, K near neighbor (MNN), naïve Bayes (NB) and linear discriminant analysis (LDA).

Effect(s) tested

Two-sample t tests were used to compare the structural morphology measurements between the PD patients and HCs, as well as future FOG and non-FOG. To correct for multiple comparisons when using neuroimaging data, the false discovery rate (FDR) was used, with a threshold of P < 0.05. Age, sex and site were used as covariates. Spearman correlation analyses were adopted to detect relationships between structural morphological features with statistically significant differences and clinical and laboratory assessments, with a p-value Bonferroni correction for multiple comparisons.

Specify type of analysis:

Whole brain

X ROI-based

Both

Anatomical location(s)

Cortical thickness, surface area, surface mean curvature and GM volumes were calculated at each region according to the Anatomical Automatic Labeling (AAL)_90_1-mm atlas, while WM volumes were calculated at each region according to the WM John Hopkins University Atlas JHU-ICBM-tracts-maxprobthr25-1 mm.

Statistic type for inference (See Eklund et al. 2016)

Process voxel-based morphometry (VBM) files to calculate the GM volumes and WM volumes; Blurring kernel size in 8 mm for volume; Cortical thickness, surface area, surface mean curvature and GM volumes were calculated at each region according to the Anatomical Automatic Labeling (AAL)_90_1-mm atlas, while WM volumes were calculated at each region according to the WM John Hopkins University Atlas JHU-ICBM-tracts-maxprob-thr25-1 mm.

Correction

FDR

Models & analysis

	Involved in the study
	Functional and/or effective connectivity
\times	Graph analysis
	Multivariate modeling or predictive analysis

Multivariate modeling and predictive analysis

Independent variables included 13 clinical variables, nine CSF indicators and 332 regional morphological images. We predicted FOG with features selected from the elastic net estimator model using linear support vector machine (EN-SVM) classifiers with a nested 10-fold cross-validation strategy. Moreover, we compared the prediction performance of different machine learning methods using the GFS with matFR toolbox39, and four machine learning models: LSVM, K near neighbor (MNN), naïve Bayes (NB) and linear discriminant analysis (LDA).