

## **Appendix**

### **Supplementary Tables and Figures**

#### **Association of serum neurofilament light (sNfL) and disease severity in patients with spinocerebellar ataxia type 3**

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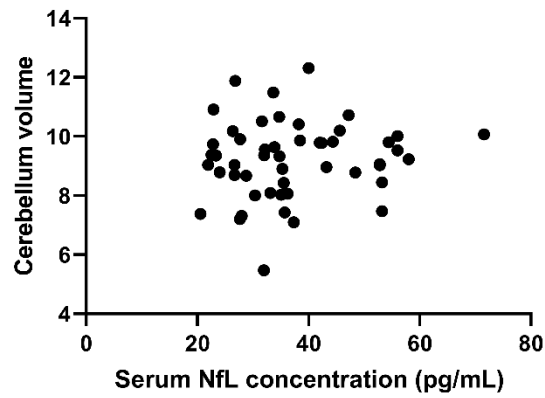
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**Table e-1** Subject characteristic in MRI subgroup and Non-MRI subgroup of ataxic stage *ATXN3* mutation carriers

|   | MRI subgroup        | Non-MRI subgroup    |
|---|---------------------|---------------------|
| Sample size                             | 50                  | 148                 |
| Female                                  | 25 (50%)            | 69 (47%)            |
| Expanded CAG repeat of <i>ATXN3</i>     | 72 (70-74)          | 72 (70-74)          |
| Age (years)                             | 42.06 (8.94)        | 43.65 (10.38)       |
| Age of onset (years)                    | 35.15 (8.29)        | 34.57 (8.95)        |
| Disease duration (years)                | 6.5 (4-8)           | 8 (5-12.75)         |
| SARA score                              | 11.26 (3.54)        | 13.50 (10.5-22.38)  |
| INAS score                              | 4 (3-6)             | 6 (4-7)             |
| Cross-sectional Annual SARA progression | 1.96 (1.34-2.34)    | 1.79 (1.39-2.58)    |
| Serum NfL (pg/ml)                       | 34.76 (27.56-43.50) | 37.34 (30.66-48.00) |
| Serum NfL (ln pg/ml)                    | 3.56 (0.30)         | 3.63 (0.32)         |

A total of 198 ataxic stage *ATXN3* mutation carriers were divided into two groups: MRI subgroup (50 ataxic stage *ATXN3* mutation carriers, who received MRI examination) and Non-MRI subgroup (the other 148 ataxic stage *ATXN3* mutation carriers, who did not receive MRI examination). Quantitative data were described as mean (standard deviation) if normally distributed, or median (interquartile range) if non-normally distributed. SARA: scale for the assessment and rating of ataxia. INAS: inventory of non-ataxia symptoms. Cross-sectional annual SARA progression was estimated by the quotient of each subject's SARA score and their disease duration. Natural log-transformation of serum NfL produced plausibly normal distributions, described as ln pg/mL, and were used for all analyses. The MRI subgroup and Non-MRI subgroup did not differ significantly in sex ( $\chi^2(1)=0.190$ ,  $p=0.663$ ), expanded CAG repeat of *ATXN3* ( $U=3843.5$ ,  $z=-0.125$ ,  $p=0.901$ , two-sided Mann-Whitney  $U$  tests), age ( $t(196)=1.00$ ,  $p=0.318$ ), age of onset ( $t(196)=-0.413$ ,  $p=0.680$ ), cross-sectional annual SARA progression ( $U=3845.5$ ,  $z=-0.118$ ,  $p=0.906$ ), serum NfL ( $t(196)=1.621$ ,  $p=0.107$ ). Compared with Non-MRI group, the MRI subgroup was lower in disease duration ( $U=2831.0$ ,  $z=-2.952$ ,  $p=0.003$ ), SARA score ( $U=2648.5$ ,  $z=-3.454$ ,  $p=0.001$ ), and INAS score ( $U=2634.0$ ,  $z=-3.520$ ,  $p=0.0004$ ).



**Figure e-1 Association between serum NfL (sNfL) and cerebellum volume in the MRI subgroup.** sNfL concentration was not correlated with cerebellum volumes, expressed as percentages of total intracranial volume, tested by using Pearson correlation test ( $P = 0.489$ ).