Supplement

Serum GFAP differentiates Alzheimer’s disease from frontotemporal dementia and predicts MCI to dementia conversion

Patrick Oeckl^{a,b}, Sarah Anderl-Straub^{b}, Christine A.F. von Arnim^{a,c}, Inês Baldeiras^{d}, Janine Diehl-Schmid^{e}, Timo Grimmer^{e}, Steffen Halgebauer^{a}, Anna de Kort^{f}, Marisa Lima^{d}, Tainá M. Marques^{f,g}, Marion Ortner^{e}, Isabel Santana^{d}, Petra Steinacker^{e}, Marcel M. Verbeek^{f,g}, Alexander Volk^{h}, Albert C. Ludolph^{a,b} and Markus Otto^{a,1,*}

^{a}Department of Neurology, Ulm University Hospital, Ulm Germany
^{b}German Center for Neurodegenerative Diseases (DZNE e.V.), Ulm Germany
^{c}Division of Geriatrics, University Medical Center Göttingen, Göttingen, Germany
^{d}Center for Neurosciences and Cell Biology-CIBB, Faculty of Medicine, University of Coimbra and Centro Hospitalar de Coimbra, Coimbra, Portugal
^{e}Technical University of Munich, School of Medicine, Department of Psychiatry and Psychotherapy, Munich, Germany
^{f}Department of Neurology, Donders Institute for Brain, Cognition and Behaviour, Raboud Alzheimer Center, Radboud University Medical Center, Nijmegen, The Netherlands
^{g}Department of Laboratory Medicine, Radboud University Medical Center, Nijmegen, The Netherlands
^{h}Institute of Human Genetics, University Medical Centre Hamburg-Eppendorf, Hamburg, Germany

^{1}present address: Department of Neurology, Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany

^{*}Corresponding author:
Professor Dr. med. Markus Otto
Martin-Luther-University Halle-Wittenberg
Department of Neurology
Ernst-Grube-Str. 40
D-06120 Halle (Saale)
phone: +49-345-557-2858
fax: +49-345-557-2860
e-mail address: markus.otto@uk-halle.de

Elements included in the supplement

eMethods
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Diagnoses of control patients:

**Nijmegen:**
Headache (tension type, thunderclap, other) (8x), no neurological problem (7x), suspected subarachnoidal bleeding (but not found) (2x), suspected (but no) dementia (2x), cognitive problems eci (2x), mood disorder (2x), depression (2x), CTS (2x), functional problem, control after meningitis, small aneurysma, NPH, possible hypertensive encephalopathy, axonal polyneuropathy, anxiety disorder, peroneus neuropathy, pneumonia, conversion syndrome, myasthenia gravis, stiffness and pain in legs, visual disturbances, periodic amnesia, AION, cervical myelopathy after compression, systemic lymphoma (not cerebral), borrelia (but no neuroborreliosis),

**Munich:**
Healthy controls without cognitive complaints, unimpaired on psychometric testing and normal on AD core biomarkers (Aβ42/40, pTau181, tTau) (n= 25); Depression unimpaired on psychometric testing and normal on AD core biomarkers (Aβ42/40, pTau181, tTau) (n=9); subjective cognitive impairment, unimpaired on psychometric testing and normal on AD core biomarkers (Aβ42/40, pTau181, tTau) (n=9).

**Ulm:**
Fascialis paresis (18x), tension headache (5x), trochlear nerve palsy (3x), pansinusitis (2x), headache (2x), abducens nerve palsy, dissociative seizures and post-traumatic stress disorder, keratoconus, TMJ osteoarthritis, physical and mental stress situation and prostate cancer, tingling paresthesia, polynueuropathy, lymphocytic leukocytosis, ocular myositis, polyneuropathy and RLS, pain in right leg, sinusitis, tension headache with mild SVE, trigeminal autonomic cephalgia, Vogt-Koyanagi-Harada disease