

# Supplementary Materials

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

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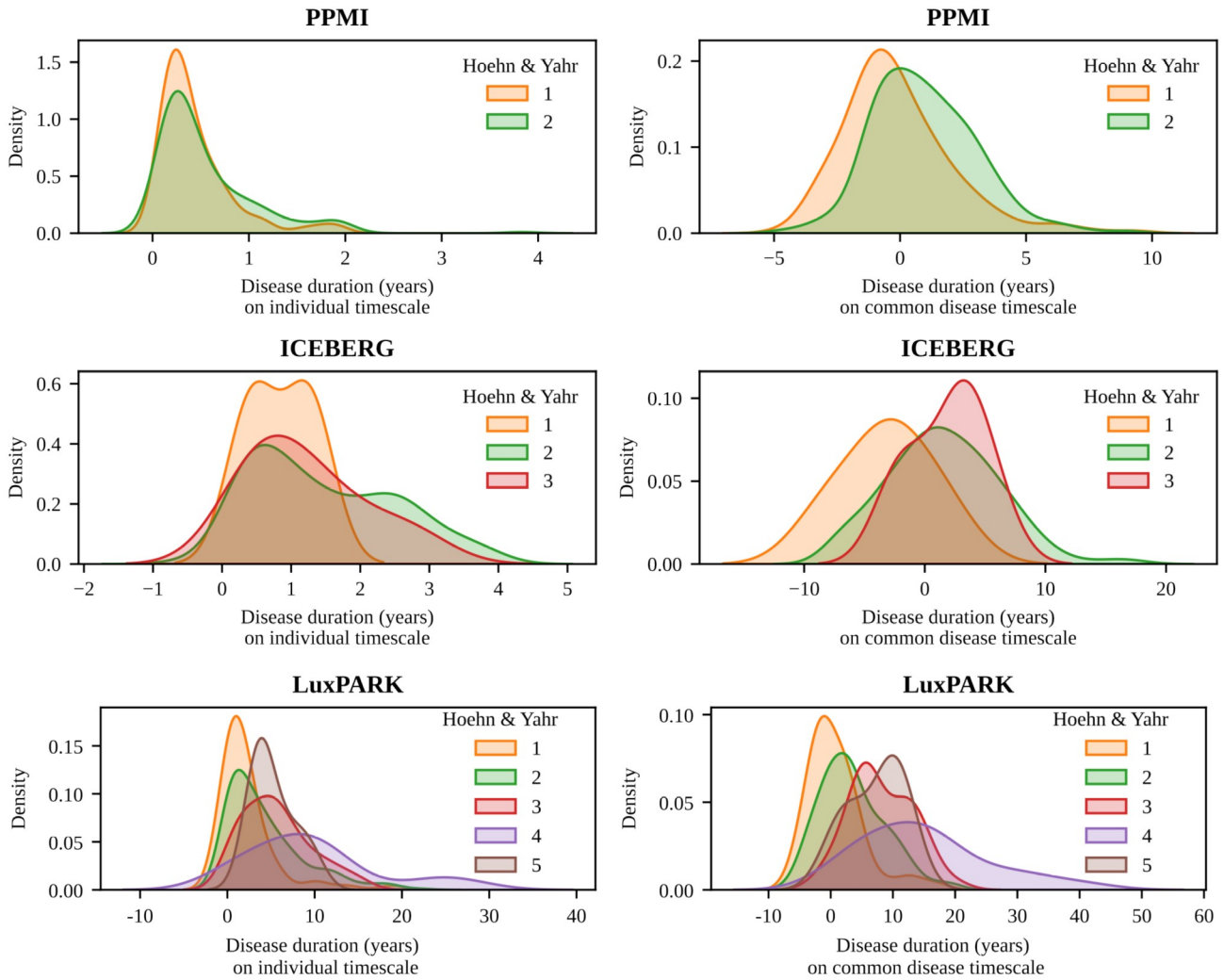
**Running title:** Parkinson's Disease Progression Subtypes

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

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Supplementary Figures and Tables



**Supplementary Figure 1: Effect of time-aligning PwPD on distributions of H&Y stages**

The H&Y distributions from PPMI, ICEBERG and LuxPARK at baseline are depicted. On the left side, H&Y stages are plotted against the original time scale. On the right side, H&Y stages are plotted against the common timescale calculated from the LTJMM.

Abbreviations: H&Y: Hoehn&Yahr, LTJMM: latent time joint mixed-effects model

**Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis**

<b>Study and parameter</b>	<b>Fast-progressing subtype</b>	<b>Slow-progressing subtype</b>	<b>p-value</b>
Age (years)			
PPMI	67.6	62.0	<0.0001
ICEBERG	64.0	63.7	0.86
LuxPARK	70.1	66.8	<0.0001
Age at onset (years)			
PPMI	67.1	61.4	<0.0001
ICEBERG	62.5	61.4	0.86
LuxPARK	67.0	60.5	<0.0001
Disease duration (years)			
PPMI	0.3	0.3	0.86
ICEBERG	1.3	1.2	0.86
LuxPARK	2.8	3.0	0.44
Sex (% male)			
PPMI	73.0 %	65.4 %	0.38
ICEBERG	71.4 %	58.9 %	0.38
LuxPARK	73.2 %	65.4 %	0.21

**Supplementary Table 1: Demographic differences between progression subtypes**

*PwPD baseline characteristics for fast-progressing and slow-progressing subtypes for the three cohorts PPMI, ICEBERG and LuxPARK. For sex, percentage of male PwPD is shown. For other characteristics, median values are reported. Corresponding p-values were corrected for multiple testing using Benjamini-Hochberg procedure.*

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

Symptom domain	Outcome	Definition/calculation of the outcome
Anxiety	NMSQ Anxiety	NMSQ item 17
	HADS anxiety	HADS anxiety sub-score
	STA	STA sum score
	PDQ39 Anxiety	PDQ39 item 21
	UPDRS I Anxiety	UPDRS I item 4
Apathy	DAS	DAS sum score
	SAS	SAS sum score
	UPDRS I Apathy	UPDRS I item 5
Autonomic symptoms	NMSQ Autonomic	NMSQ sum of items 4, 5, 6, 7, 8, 9, 19, 20, 28
	SCOPA-AUT	SCOPA sum score
	UPDRS I Autonomic	UPDRS I sum of items 10, 11, 12
Attention	NMSQ Attention	NMSQ item 15
	Letter Number Sequencing	Letter Number Sequencing score
	Digit Span	Digit Span Score: sum of forward scores and backward scores
	MATTIS Attention	MATTIS attention sub-score
	MoCA Attention	MoCA sum of: digits, letters, subtraction points
	MMSE Attention	MMSE attention sub-score
	PDQ39 Attention	PDQ39 item 31
	SIQCDE Attention	Short IQCODE score item 11
Conceptualization	MATTIS Conceptualization	MATTIS conceptualization sub-score
	MoCA Abstraction	MoCA abstraction sub-score
	FAB Conceptualization	FAB item 1
Language	Boston Naming Test	Boston Naming Test sum score
	MoCA Language + Naming	MoCA sum of items: naming, repeat and verbal fluency task
	VFT phonematic F	phonematic VFT F total word count
	VFT phonematic S	phonematic VFT S total word count
	VFT semantic animal	semantic VFT animal total word count
	VFT semantic sum	semantic VFT total word count (sum of tasks colors, fruits, towns, animals)
	VFT semantic supermarket	semantic VFT supermarket total word count
	MMSE Language	MMSE language sub-score
	FAB VFT	FAB lexical fluency item
Memory	NMSQ Memory	NMSQ item 12
	CERAD Words DR	CERAD word count immediate recall
	CERAD Words IR	CERAD word count delayed recall
	CERAD Words Recognition	CERAD recognition (number of correct, Yes + No)
	Hopkins Verbal Learning Test DR	Hopkins Verbal Learning Test delayed recall
	Hopkins Verbal Learning Test IR	Hopkins Verbal Learning Test immediate recall
	MoCA Orientation + Memory	MoCA sum of: memory (uncued only), orientation
	MATTIS Memory	MATTIS memory sub-score
	MMSE Memory	MMSE sum of: orientation (location + time), words memorization
	SIQCDE Memory	Short IQCODE score sum of items 1, 2, 3, 4, 5, 6, 7
PDQ39 Memory	PDQ39 item 32	
Overall Cognition	MATTIS	MATTIS sum score
	MMSE	MMSE sum score
	MoCA	MoCA sum score
	SIQCDE	Short IQCODE score sum score
	FAB	FAB sum score

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

Symptom domain	Outcome	Definition/calculation of the outcome
	PDQ39 Cognition	PDQ39 sum of items 31, 32
	UPDRS I Cognition	UPDRS I item 1
	NMSQ Cognition	NMSQ sum of items 12, 15
Visu-executive function	MMSE Construction	MMSE item 30
	Judgment Line Orientation	Judgment of Line Orientation sum score
	Symbol Digit Modalities	Symbol Digital Modalities sum score
	Stroop Errors	Stroop test number of errors
	Stroop Time	Stroop test required time
	Trailmaking A	Trail Making Test A time
	Trailmaking B	Trail Making Test B time
	MATTIS Initiation + Construction	MATTIS sum of: sub-score initiation, sub-score construction
	FAB 3-6	FAB sum of items 3, 4, 5, 6
	MOCA Visuospatial/Executive	MoCA visuospatial/executive sub-score
Depression	BDI	BDI sum score
	GDS	GDS sum score
	HADS depression	HADS depression sub-score
	PDQ39 Depression	PDQ39 sum of items 17, 18, 19, 20, 22
	NMSQ Depression	NMSQ sum of items 13, 16
	UPDRS I Depression	UPDRS 1 item 3
Fatigue	UPDRS I Fatigue	UPDRS 1 item 13
Hallucinations	NMSQ Hallucination	NMSQ sum of items 14, 30
	UPDRS I Hallucinations	UPDRS 1 item 2
Impulsivity	QUIP	QUIP sum score
	QUIP-RS	QUIPRS sum score
Motor symptoms (overall)	PDQ39 ADL	PDQ39 ADL sub-score
	Pegboard	PEGBoard sum of: average of left hand, right hand and both hands
	UPDRS II	UPDRS II sum score
	UPDRS III off	UPDRS III sum score (OFF only)
	UPDRS III on	UPDRS III sum score (ON only)
	UPDRS IV	UPDRS IV sum score
Non motor symptoms (overall)	NMSQ	NMSQ sum score
	UPDRS I	UPDRS I sum score
Overall disease severity	UPDRS I-III on	UPDRS I, II, III sum (ON only)
	UPDRS I-III off	UPDRS I, II, III sum (OFF only)
	FAQ	FAQ sum score
	PDQ39	PDQ39 sum score
	SEADL	SEADL score
	H&Y	Hoehn & Yahr
	CGIS	CGI-S score
Pain	NMSQ Pain	NMSQ item 10
	PDQ39 Pain	PDQ39 sum of items 37, 38
	UPDRS I Pain	UPDRS 1 item 9
Axial & PIGD symptoms	UPDRS III axial off	UPDRS III axial score (OFF only)
	UPDRS III axial on	UPDRS III axial score (ON only)
	FOGAC	FOGAC sum score
	FOGQ	FOGQ sum score

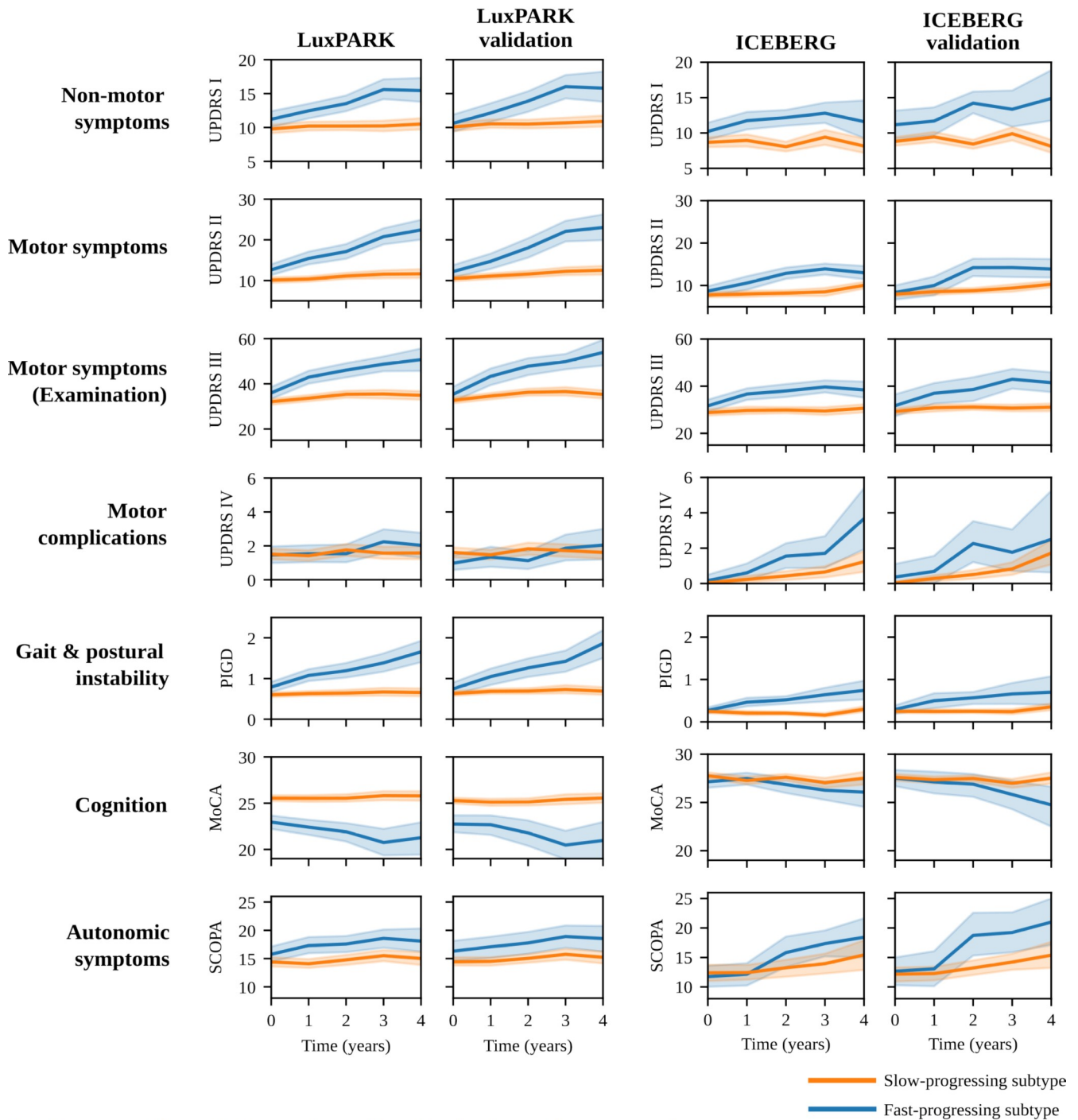
## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

Symptom domain	Outcome	Definition/calculation of the outcome
	GABS Examination	GABS sum of items 8-24
	GABS Questionnaire	GABS sum of items 1-7
	NFOGQ	NFOGQ sum score
	PDQ39 Mobility	PDQ39 mobility sub-score
	PIGD off	PIGD score (OFF only)
	PIGD on	PIGD score (ON only)
	TUG	Timed Up and Go time
Sleep (general)	ESS	ESS sum score
	PDSS	PDSS sum score
	UPDRS I Sleep	UPDRS I sum of items 7, 8
	NMSQ Sleep	NMSQ sub of items 22, 23
RBD Sleep	RBD-HK	RBD-HK sum score
	RBD-SQ	RBD-SQ sum score
	NMSQ RBD	NMSQ sum of items 24, 25
Smell	NMSQ Smell	NMSQ item 2
	Sniffin Test	Sniffin Test score
	UPSIT	UPSIT sum score
Tremor	TD off	TD score (OFF only)
	TD on	TD score (ON only)

### Supplementary Table 2: Construction of symptom domains

Abbreviations: BDI: Beck Depression Inventory, CERAD: Consortium to Establish a Registry for Alzheimer's Disease, CGIS: Clinical Global Impression-Severity, DAS: Dimensional Apathy Scale, ESS: Epworth Sleepiness Scale, FAB: Frontal Assessment Battery, FAQ: Functional Activities Questionnaire, FOGAC: Freezing of Gait AC, FOGQ: Freezing of Gait Questionnaire, GABS: Clinical Gait and Balance Scale, GDS: Geriatric Depression Scale, H&Y: Hoehn & Yahr scale, HADS: Hospital Anxiety and Depression Scale, MATTIS: Mattis Dementia Rating Scale, MMSE: Mini Mental Status Examination, MOCA: Montreal Cognitive Assessment, NFOGQ: New Freezing of Gait Questionnaire, NMSQ: Non-Motor Symptoms Questionnaire, PDQ39: Parkinson's Disease Questionnaire-39, PDSS: Parkinson's Disease Sleep Scale, PIGD: Postural Instability and Gait Disorder score, QUIP: Questionnaire for Impulsive-Compulsive Disorders, QUIP-RS: QUIP-Rating Scale, RBD-HK: REM Sleep Behavior Disorder Questionnaire-Hong Kong, RBD-SQ: REM Sleep Behavior Disorder Screening Questionnaire, SAS: Starkstein Apathy Scale, SCOPA-AUT: Scales for Outcomes in Parkinson's Disease-Autonomic Dysfunction, SEADL: Schwab and England Activities of Daily Living Scale, SIQCDE: Short Informant Questionnaire on Cognitive Decline in the Elderly, STA: State-Trait Anxiety Inventory, TD: Tremor Dominance Score, TUG: Timed Up and Go, UPDRS: MDS-Unified Parkinson's Disease Rating Scale, UPSIT: University of Pennsylvania Smell Identification Test, VFT: Verbal Fluency Task

Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



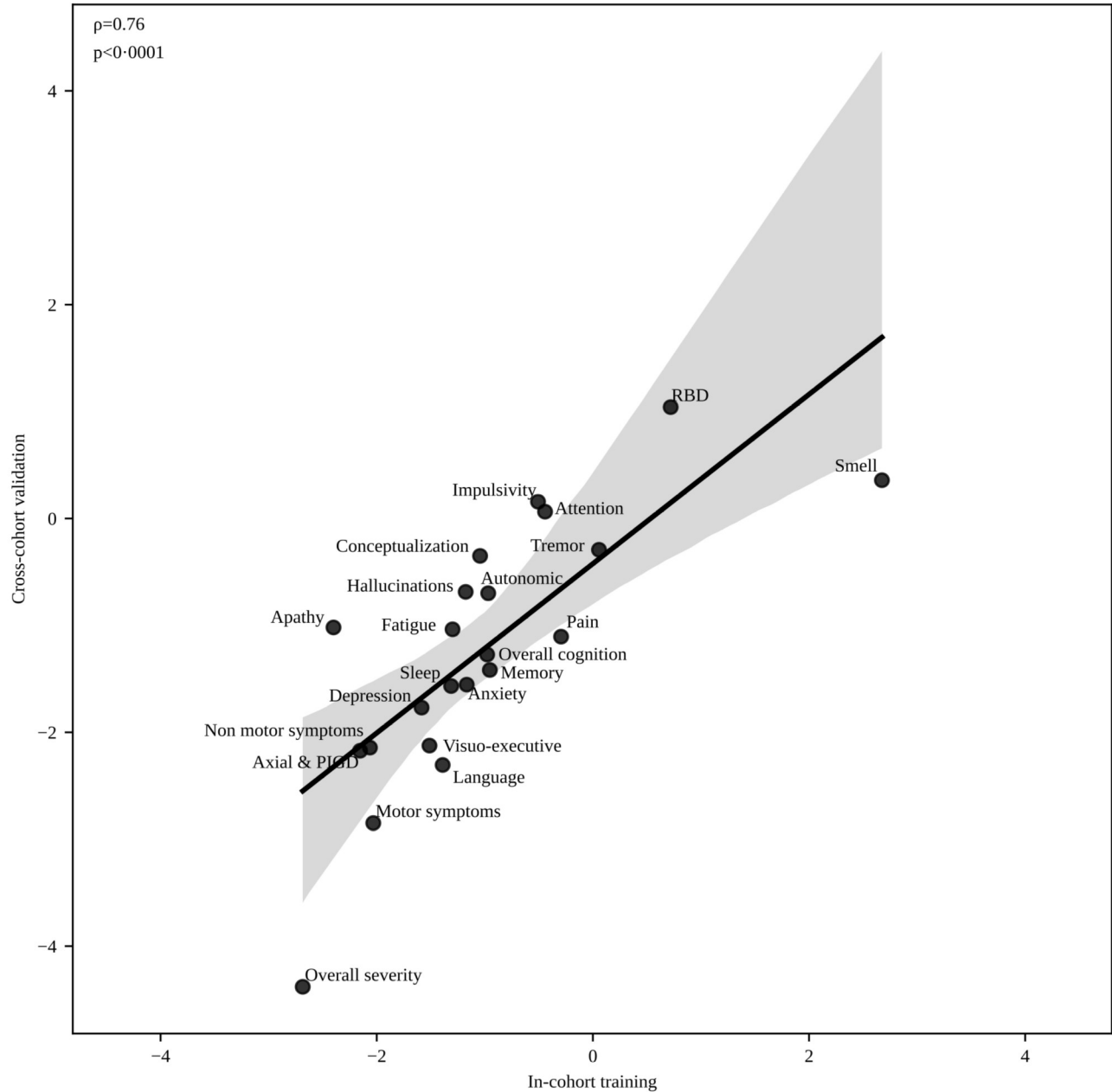
**Supplementary Figure 2: Progression trajectories of subtypes for motor and non-motor symptoms (validation)**

Progression of motor symptoms (UPDRS II/III/IV, PIGD) and non-motor symptoms (UPDRS I, MoCA, SCOPA) for the slow-progressing subtype (orange) and fast-progressing subtype (blue) for the ICEBERG and LuxPARK cohort. The in-cohort training results and the cross-cohort validation results (models trained on PPMI) are shown side by side. Mean and 95% confidence interval for each subtype are shown.

Abbreviations: MoCA: Montreal Cognitive Assessment, PIGD: Postural Instability and Gait Dysfunction score, SCOPA: Scales for Outcomes in Parkinson's Disease-Autonomic Dysfunction, UPDRS: Unified Parkinson's Disease Rating Scale.



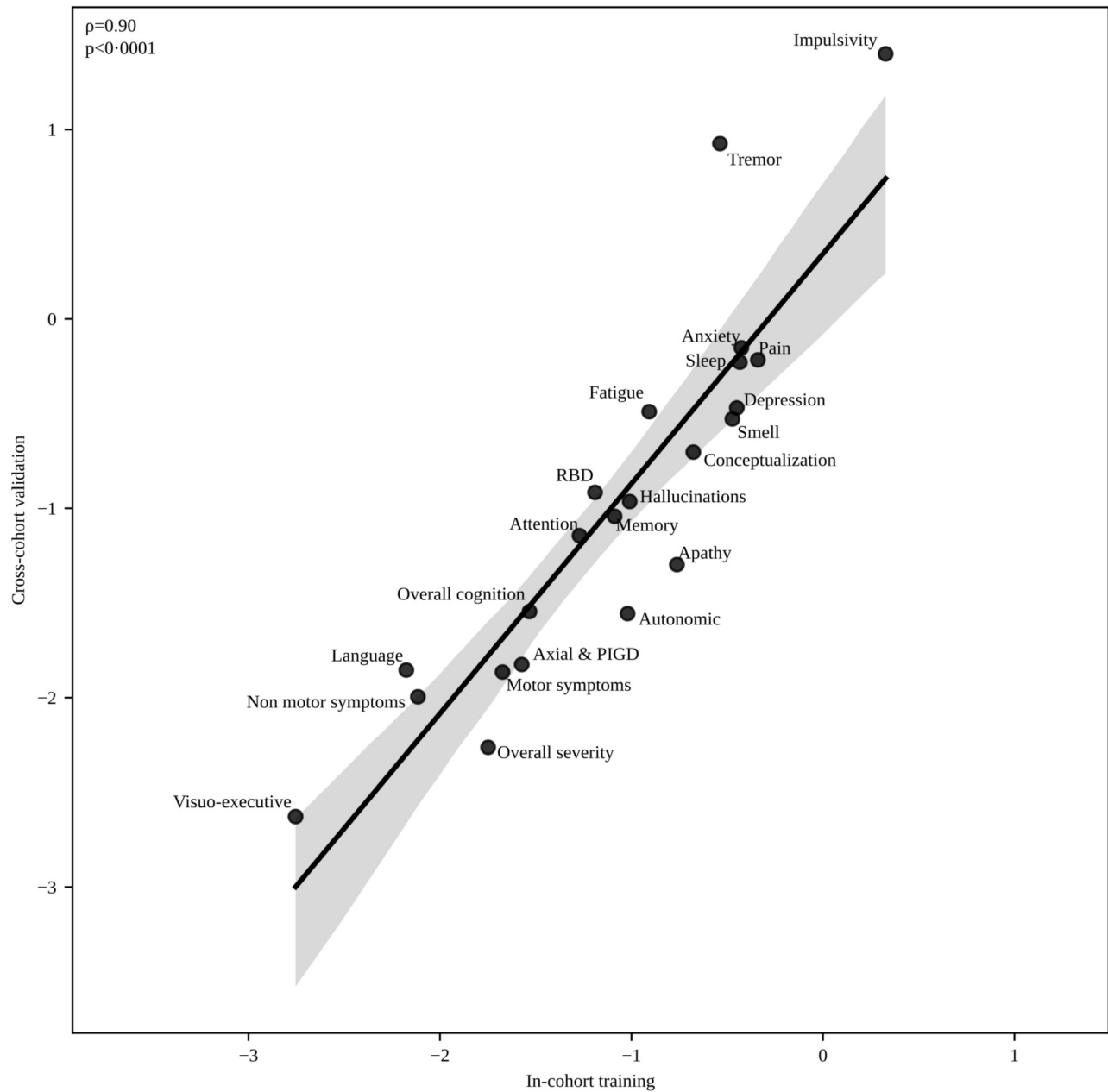
## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



### Supplementary Figure 3: Symptom domain progression rate validation

The figure depicts the correlation of standardized mean differences (SMDs) of progression rates calculated for each symptom domain using the in-cohort training approach and the cross-cohort validation approach (i.e. models trained on PPMI). The 95% confidence interval of the regression line is depicted in gray. The Pearson correlation coefficient with corresponding p-value is shown.

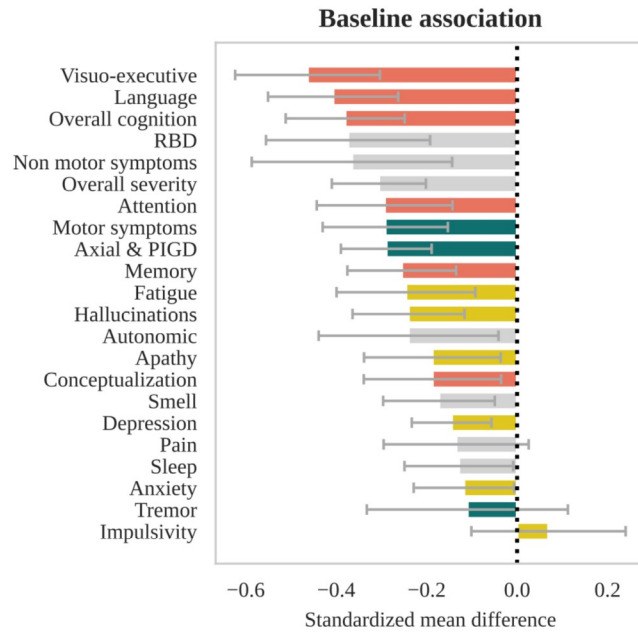
## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



### Supplementary Figure 4: Symptom domain baseline associations validation

The figure depicts the correlation of average regression coefficients for baseline outcomes calculated for each symptom domain using the in-cohort training approach and the cross-cohort validation approach (i.e. models trained on PPMI). The 95% confidence interval of the regression line is depicted in gray. The Pearson correlation coefficient with corresponding p-value is shown.

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

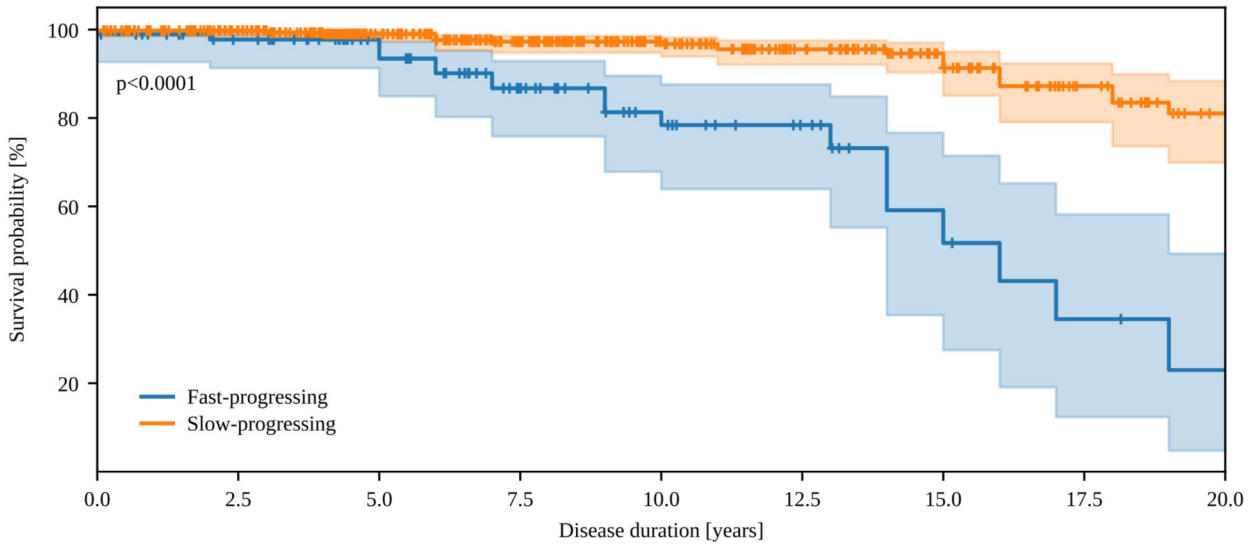


### **Supplementary Figure 5: Direct comparison of baseline characteristics between progression subtypes**

Standardized mean differences (SMD) were calculated for symptom domains at baseline between subtypes. In contrast to Fig. 2C in the main manuscript, baseline outcomes were compared directly without a correction for differences in disease duration. Negative values indicate that more severe symptoms at baseline are associated with the faster subtype. 95% confidence intervals are shown and were corrected for multiple testing.

Abbreviations: PIGD: Postural Instability and Gait Dysfunction score, RBD: REM behavior sleep disorder

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



At risk	526	466	366	272	188	133	83	48	29
Censored	33	90	186	271	351	404	446	475	491
Events	2	5	9	18	22	24	32	38	41

### Supplementary Figure 6: Survival curves (validation)

Kaplan-Meier estimator for survival probability on the common disease timescale for fast-progressing (blue) and slow-progressing (orange) PwPD in LuxPARK. Right-censored observations are indicated by a small vertical tick. The corresponding  $p$ -value for the subtype covariate from the cox proportional hazard model is reported. 95% confidence intervals are shown. The analysis was done using the PPMI-trained model as cross-cohort validation.

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

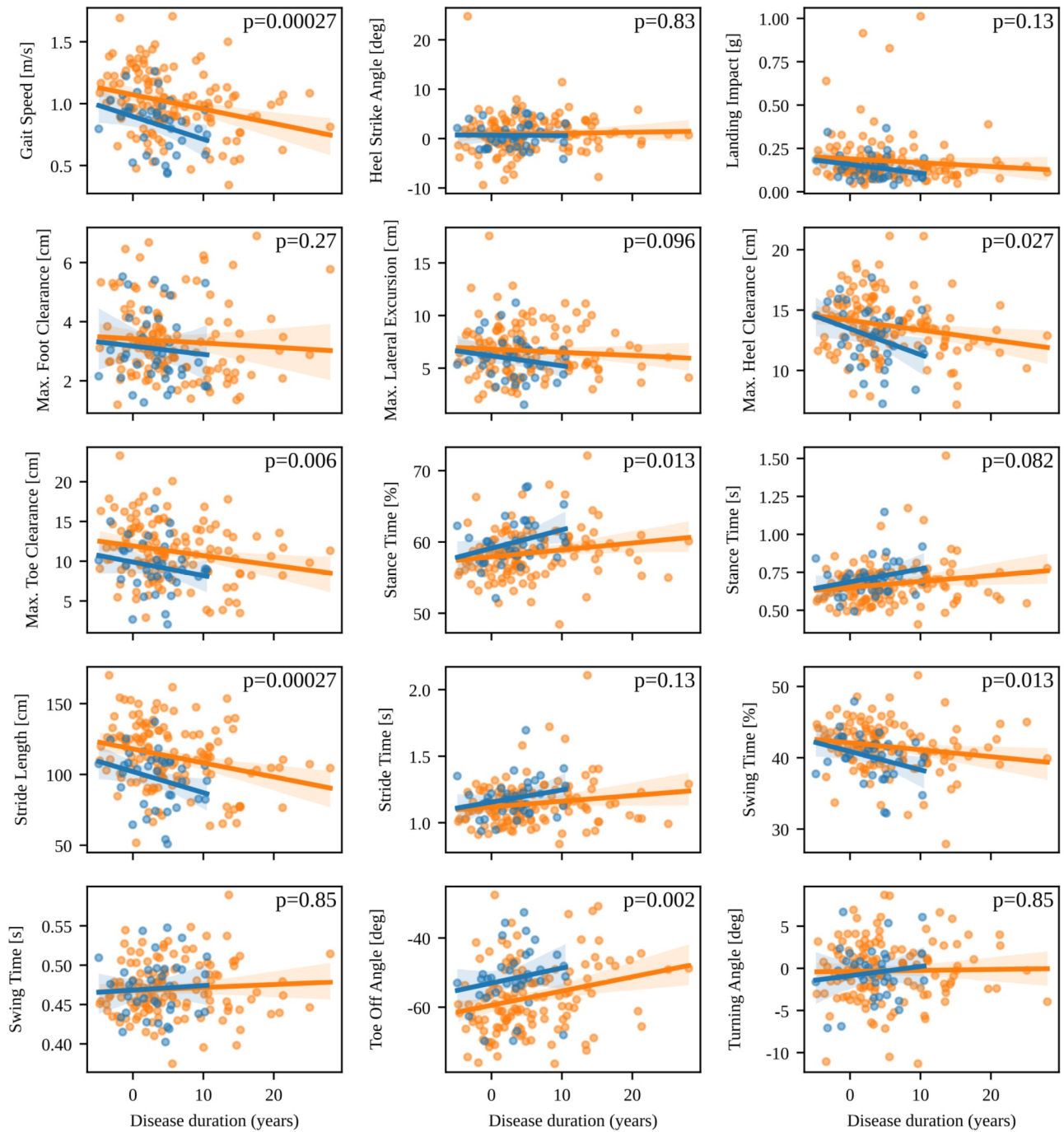
Gait parameter	Unit	Description
Gait speed	m/s	The average walking speed.
Heel strike angle	degree	The angle between the toes and the surface when the foot lands.
Landing impact	g	The maximum vertical acceleration during landing of the foot.
Max. foot clearance	cm	The maximum elevation of the foot from the ground during the swing phase.
Max. heel clearance	cm	The maximum elevation of the heel from the ground during the swing phase.
Max. toe clearance	cm	The maximum elevation of the toe from the ground during the swing phase.
Max. lateral excursion	cm	The maximum lateral deviation of the foot in the swing phase, measured from an imaginary line between the foot's position at start and end of the swing phase.
Stance time (absolute)	s	Duration from initial contact of the foot with the surface until start of next swing phase of the foot.
Stance time (relative)	%	Proportion of stance time divided by the total duration of the stride.
Stride length	cm	The length of one stride.
Stride time	s	Sum of stance time and swing time.
Swing time (absolute)	s	Duration from start of swing until next foot contact with the surface.
Swing time (relative)	%	Proportion of swing time divided by the total duration of the stride.
Toe off angle	degree	The angle between the heel and the surface at the beginning of the swing phase.
Turning angle	degree	The angle between the direction of the last swing phase (imaginary line between foot position at the beginning and end of the swing phase) and the orientation of the foot in the next stance phase.

**Supplementary Table 3: Description of digital gait biomarkers.**

Gait parameters were calculated as mean of all straight steps from the Timed Up and Go task. Turning steps were excluded from the calculation.

Abbreviations: max: maximum, min: minimum

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

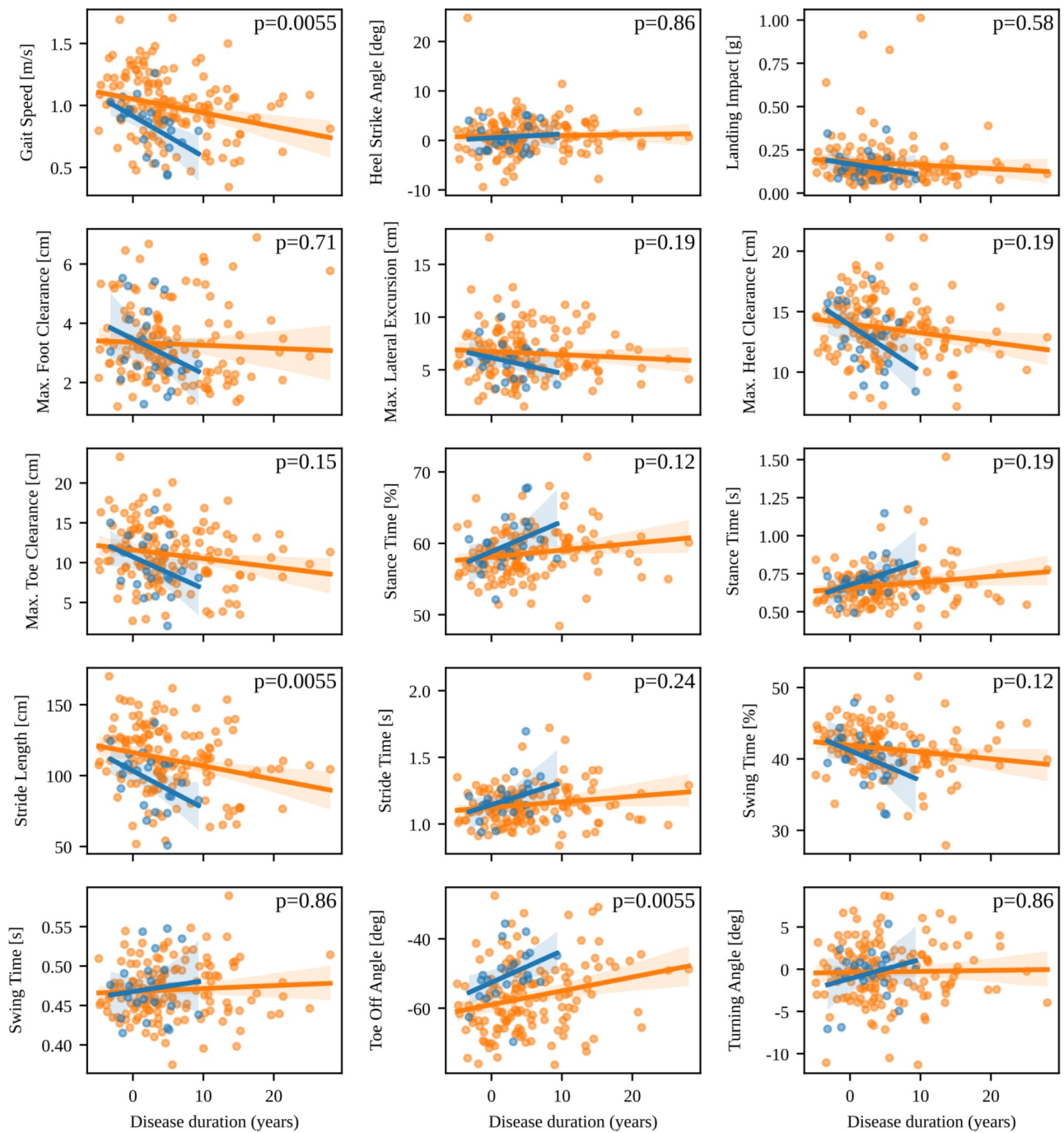


### Supplementary Figure 7: Digital gait biomarkers

Correlation of all digital gait markers with disease duration on the common disease timescale for fast-progressing (blue) and slow-progressing (orange) PwPD. The corresponding p-values from the ANCOVA analyses are shown and were corrected for multiple testing. 95% confidence intervals are depicted.

Abbreviations: deg: degree.

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

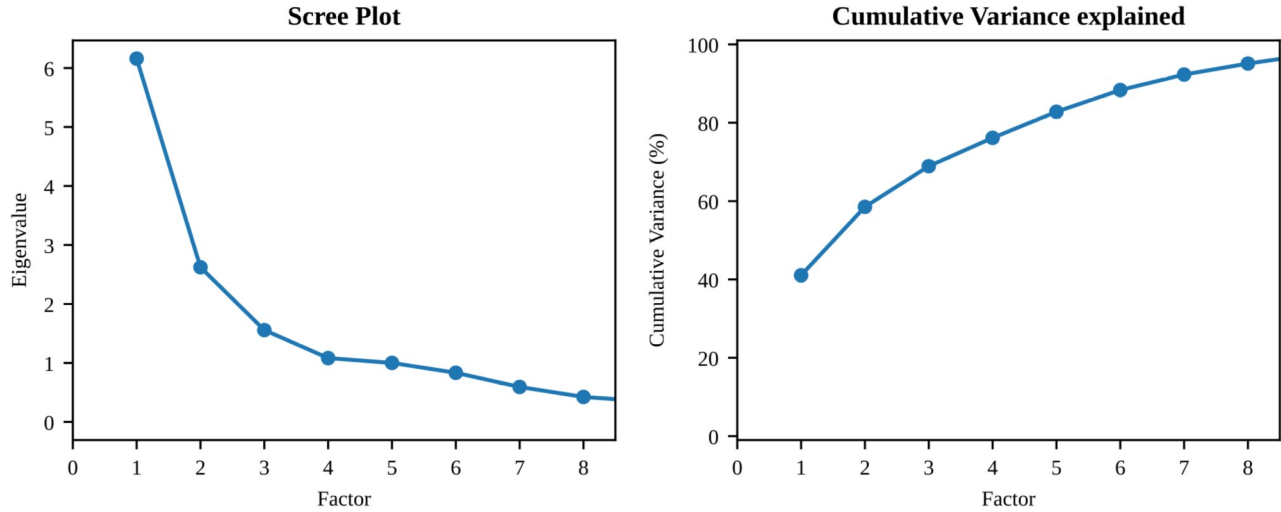


### Supplementary Figure 8: Digital gait biomarkers (validation)

Correlation of all digital gait markers with disease duration on the common disease timescale for fast-progressing (blue) and slow-progressing (orange) PwPD. The corresponding p-values from the ANCOVA analyses are shown and were corrected for multiple testing. 95% confidence intervals are shown. The analysis was done using the PPMI-trained model as cross-cohort validation.

Abbreviations: deg: degree.

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

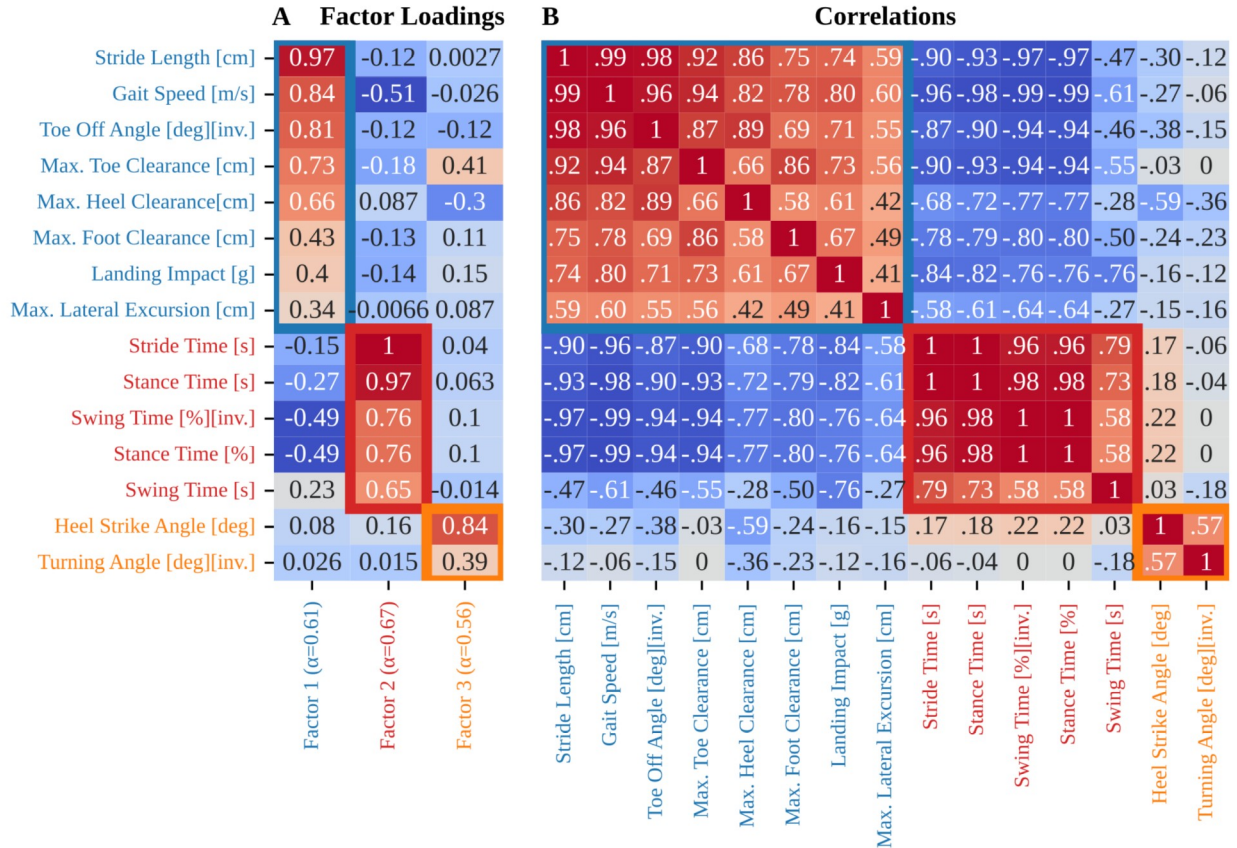


### **Supplementary Figure 9: Scree plot and variance explained for exploratory factor analysis of digital gait parameters**

An exploratory factor analysis was performed using the LuxPARK gait data. The figure shows the Eigenvalues (left) and cumulative variance explained (right) depending on the chosen number of factors. Based on the Scree-Plot, we decided to use three factors.



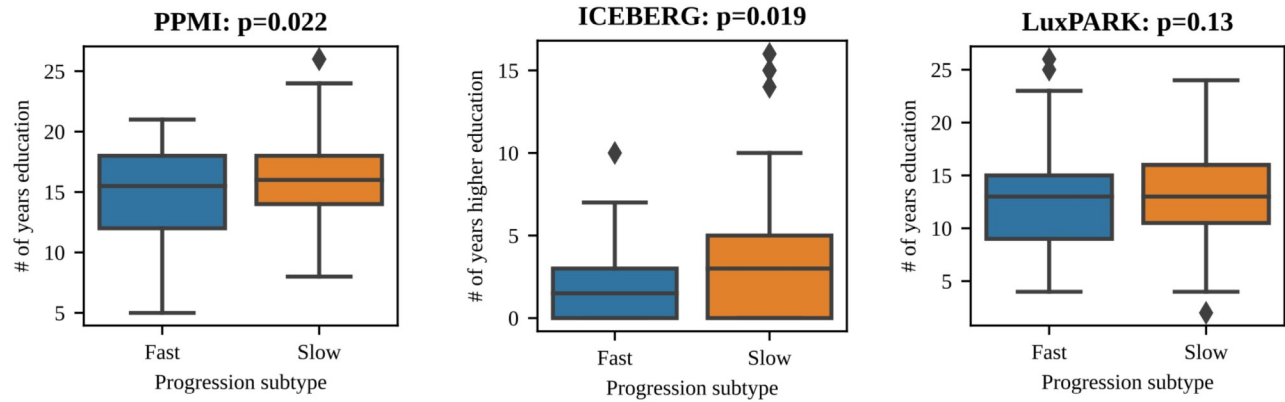
## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



### Supplementary Figure 10: Factor analysis and correlation matrix for digital gait data

**A:** Factor loadings for all gait features and the three factors. The choice of three factors was derived from the scree plot displayed in Supplementary Figure 9. The gait features which are mostly determined by the same factor are surrounded by a colored rectangle. The features Toe Off Angle, Swing Time, Turning Angle (marked by “[inv.]”) had been inverted to enforce positive factor loadings for better visualization and for the calculation of Cronbach's alpha, which is displayed below each column. The first factor primarily encompassed the spatial sequence of the step, including measures of length and height of the step. In contrast, the second factor was based on the timing of the stance and stride phases of the steps. The third factor incorporated two angles, i.e., the heel strike angle and turning angle. **B:** Correlation heatmap between gait features sorted by the loadings of each factor. Gait features belonging to the same factor are surrounded by a colored rectangle.

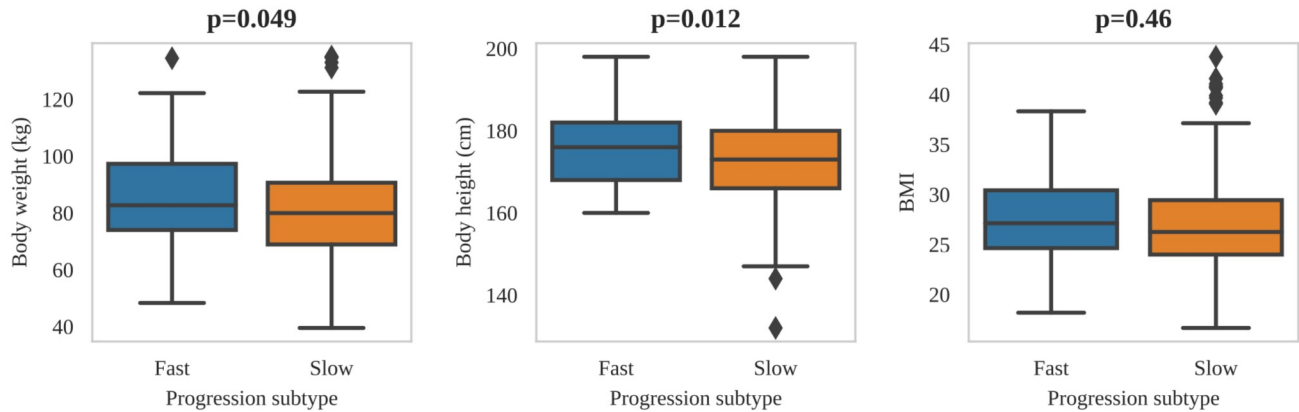
## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



### **Supplementary Figure 11: Association of PD progression subtypes with educational level**

Comparison of education levels between both progression subtypes, i.e., number of education years (PPMI, LuxPARK) and number of years with higher education (ICEBERG). Correction for multiple testing was performed using Benjamini-Hochberg procedure. The boxplots are displayed with a median line, box borders representing the interquartile range (IQR), whiskers extending to 1.5 times the IQR, and outliers depicted as diamonds beyond the whiskers.

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



**Supplementary Figure 12: Association of PD progression subtypes with body weight, body height and body mass index**  
All analyzes were performed for PPMI. P-values were corrected for age and sex. Correction for multiple testing was performed using Benjamini-Hochberg procedure. The boxplots are displayed with a median line, box borders representing the interquartile range (IQR), whiskers extending to 1.5 times the IQR, and outliers depicted as diamonds beyond the whiskers.

### Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

Blood pressure parameter	p-value (uncorrected)	p-value (corrected for multiple testing)
Systolic blood pressure (supine)	0.45	0.68
Diastolic blood pressure (supine)	0.62	0.74
Systolic blood pressure (standing)	0.44	0.68
Diastolic blood pressure (standing)	0.24	0.68
Systolic blood pressure drop (supine - standing)	0.96	0.96
Diastolic blood pressure drop (supine - standing)	0.38	0.68

**Supplementary Table 4: Association of PD progression subtypes with blood pressure**

All analyzes were performed for PPMI. P-values were corrected for age and sex. Correction for multiple testing was performed using Benjamini-Hochberg procedure.

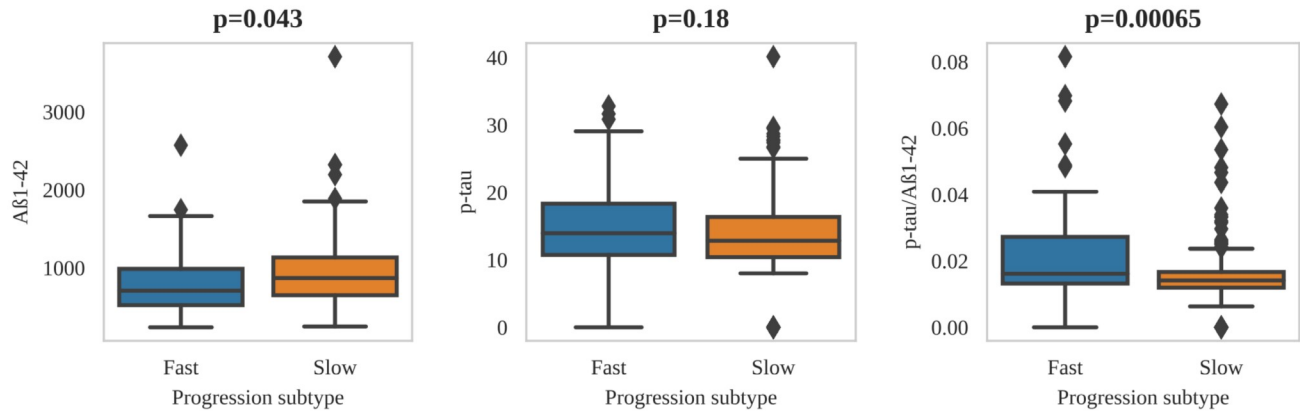
**Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis**

<b>Comorbidity group</b>	<b>p-value (uncorrected)</b>	<b>p-value (corrected for multiple testing)</b>
Pulmonary	0.033	0.26
Ophthalmological	0.035	0.26
Metabolic/Endocrine	0.16	0.81
Dermatological	0.26	0.87
Psychiatric	0.46	0.87
Cardiovascular	0.47	0.87
Musculoskeletal	0.48	0.87
Allergy/immunologic	0.56	0.87
Other	0.67	0.87
Gastrointestinal	0.68	0.87
Gynecological/Urologic	0.71	0.87
Renal	0.75	0.87
Hemato/Lymphatic	0.75	0.87
ENT	0.86	0.92
Hepatobiliary	0.96	0.96

**Supplementary Table 5: Association of PD progression subtypes with diagnoses groups**

All analyzes were performed for PPMI. P-values were corrected for age and sex. Correction for multiple testing was performed using Benjamini-Hochberg procedure.

### Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



**Supplementary Figure 13: Association of PD progression subtypes with Alzheimer's disease pathology cerebrospinal fluid biomarkers**

All analyzes were performed for PPMI. P-values were corrected for age and sex. Correction for multiple testing was performed using Benjamini-Hochberg procedure. The boxplots are displayed with a median line, box borders representing the interquartile range (IQR), whiskers extending to 1.5 times the IQR, and outliers depicted as diamonds beyond the whiskers.

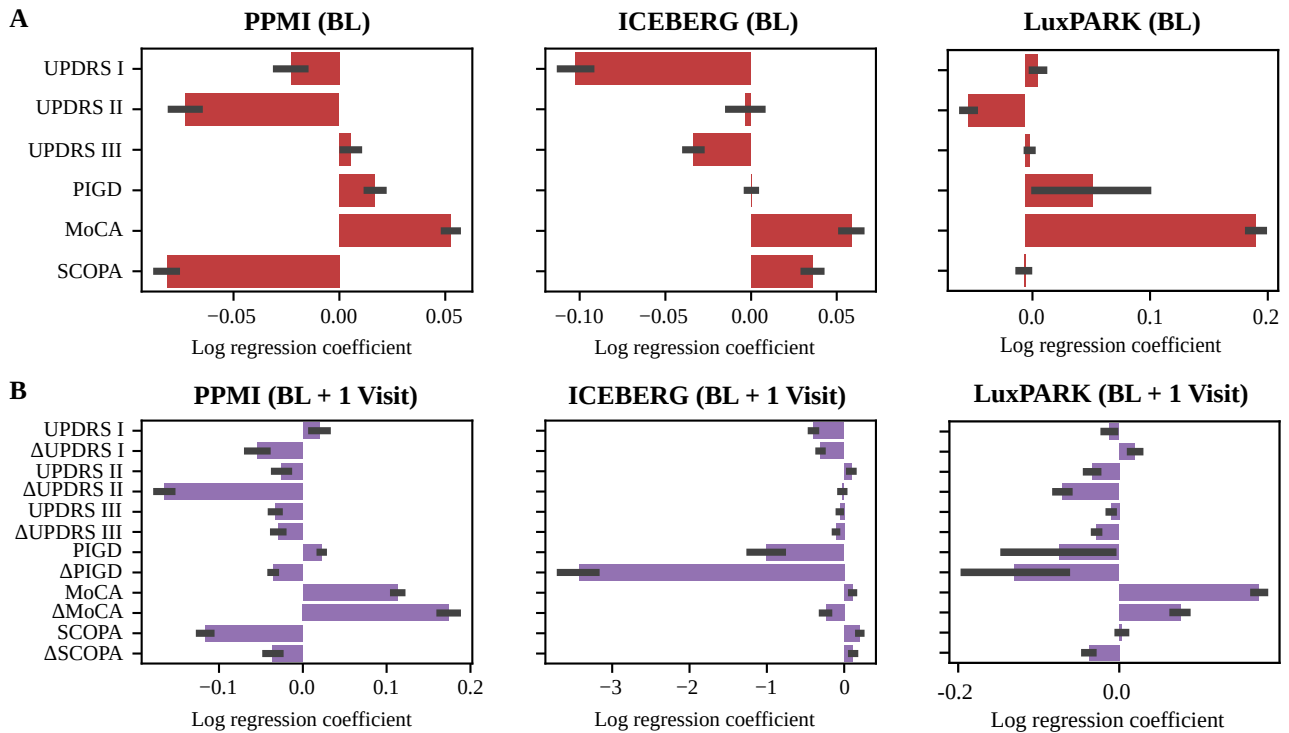
### Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

Comedication group	p-value (uncorrected)	p-value (corrected for multiple testing)
Calcium Channel Blockers	0.18	0.95
Beta Antagonists	0.31	0.95
NSARs (without ASS)	0.44	0.95
NSAR	0.53	0.95
Ibuprofen	0.63	0.95
Statins	0.73	0.95
ASS	0.83	0.95
Contraceptives	1.0	1.0

**Supplementary Table 6: Association of PD progression subtypes with specific medications.**

All analyzes were performed for PPMI. P-values were corrected for age and sex. Correction for multiple testing was performed using Benjamini-Hochberg procedure.

Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



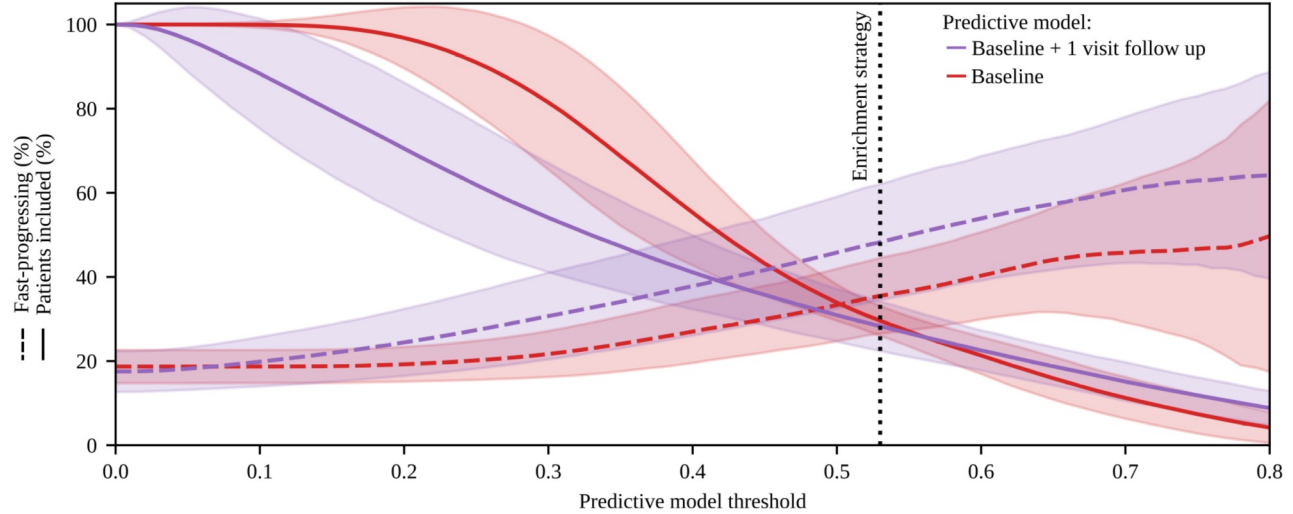
**Supplementary Figure 14: Coefficients of logistic regression models for subtype predictions**

Logistic regression coefficients with 95% confidence interval using baseline data (A, red) or baseline data with one follow up visit (B, purple) from the predictive logistic regression model are shown. Higher outcome scores together with positive coefficients influence the prediction towards the slow-progressing subtype and towards the fast-progressing subtype if coefficients are negative.

Abbreviations: BL: Baseline,  $\Delta$ : Difference from first visit to baseline, MoCA: Montreal Cognitive Assessment, PiGD: Postural Instability and Gait Dysfunction score, SCOPA: Scales for Outcomes in Parkinson's Disease-Autonomic Dysfunction, UPDRS: Unified Parkinson's Disease Rating Scale.



## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



### Supplementary Figure 15: Trade-off between enriching fast-progressing PwPD and number of eligible PwPD

Depending on the chosen threshold applied to the logistic predictive model, the percentage of fast-progressing PwPD (dashed lines) and the percentage of PwPD being still eligible for study inclusion (solid lines) changes. Curves are displayed for the predictive model using baseline data (red) and the predictive model using data from baseline and one follow-up visit (purple). The vertical dotted line indicates the threshold of the predictive model, where still 30% of PwPD are eligible for study inclusion and a 47% enrichment of fast-progressing PwPD is achieved using the predictive model based on baseline data and one follow-up visit. 95% confidence intervals are depicted.

**Progression subtypes in Parkinson’s disease identified by a data driven multi cohort analysis**

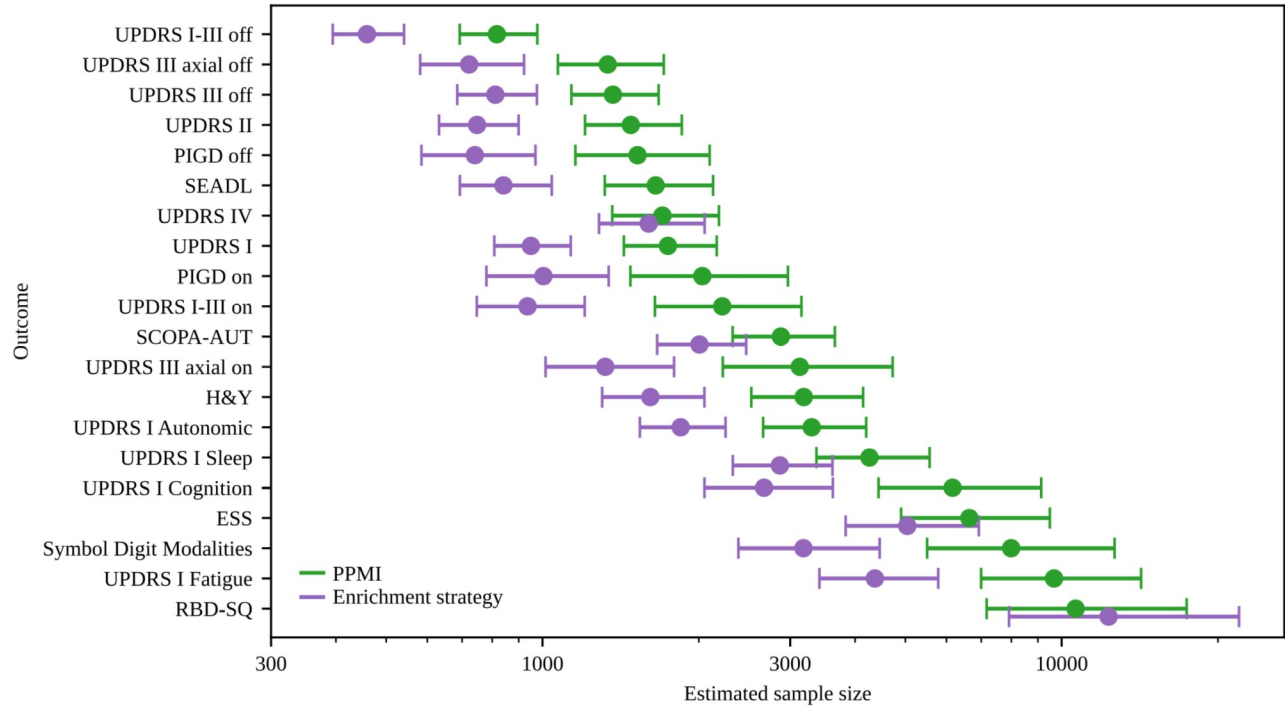
<b>% fast-progressing PwPD</b>	<b>PPMI</b>	<b>ICEBERG</b>	<b>LuxPARK</b>
No enrichment	18 %	27 %	26 %
BL enrichment (in-cohort)	36 %	43 %	47 %
BL+FU enrichment (in-cohort)	47 %	65 %	53 %
BL enrichment (cross-cohort)	-	27 %	38 %
BL+FU enrichment (cross-cohort)	-	38 %	41 %

**Supplementary Table 7: Enrichment of fast-progressing PwPD using different predictive models**

*Predictive models were based on baseline data (BL) or baseline with one follow up visit (BL+FU). Models were trained on the same data set (in-cohort), or PPMI and cross-validated on ICEBERG/LuxPARK (cross-cohort). Using the predictive models and an appropriate threshold for the three cohorts (PPMI, ICEBERG, LuxPARK), the reported fractions of fast-progressing PwPD can be achieved in a study cohort by still allowing inclusion of 30% of all PwPD. The “No enrichment” row reports the fraction of fast-progressing in the original cohorts without applying any enrichment strategy.*

*Abbreviations: BL: baseline, FU: follow up*

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis



### Supplementary Figure 16: Subtype enrichment for sample size reduction in clinical trials using different outcomes

Required sample sizes for a clinical trial depending on the clinical score used as primary outcome in the trial. The required sample sizes calculated using the default PPMI cohort are shown in green. The required sample sizes using the enrichment strategy from Fig. 5A are shown in purple. Mean estimate and 95% confidence intervals are shown. Sample sizes were calculated for all outcomes listed in Supplementary Table 2 and assessed in PPMI. From these outcomes, only the 20 outcomes with lowest required sample sizes are shown. The estimated sample size is shown on a logarithmic axis.

Abbreviations: ESS: Epworth Sleepiness Scale, H&Y: Hoehn & Yahr, PIGD: Postural Instability and Gait Disorder score, RBD-SQ: REM Sleep Behavior Disorder Screening Questionnaire, SCOPA-AUT: Scales for Outcomes in Parkinson's Disease-Autonomic Dysfunction, SEADL: Schwab and England Activities of Daily Living Scale, UPDRS: Unified Parkinson's Disease Rating Scale.

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

<b>% sample size reduction</b>	<b>PPMI</b>	<b>ICEBERG</b>	<b>LuxPARK</b>
BL (in-cohort)	30 %	32 %	44 %
BL+FU (in-cohort)	43 %	56 %	52 %
BL (cross-cohort)	-	0 %	28 %
BL+FU (cross-cohort)	-	36 %	34 %

### **Supplementary Table 8: Sample size reduction in a simulated clinical trial using different predictive models for enrichment of fast-progressing PwPD**

Predictive models were based on baseline data (BL) or baseline with one follow up visit (BL+FU). Models were trained on the same data set (in-cohort) or PPMI and cross-validated on ICEBERG/LuxPARK (cross-cohort). Using the predictive models and an appropriate threshold to the three cohorts (PPMI, ICEBERG, LuxPARK), the reported sample size reductions can be achieved by still allowing inclusion of 30% of all PwPD.

Abbreviations: BL: baseline, FU: follow up

### Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

	<b>PPMI</b>	<b>ICEBERG</b>	<b>LuxPARK</b>
number of clusters	2	2	2
learning rate	0.0001	0.001	0.0001
batch size	16	32	16
number of nodes (first hidden layer)	64	32	32
number of nodes (second hidden layer)	1	1	2

**Supplementary Table 9: Results of VaDER hyperparameter optimization for PPMI, ICEBERG and LuxPARK**

**Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis**

<b>Model</b>	<b>Parameter</b>	<b>Grid values</b>	<b>Baseline PPMI / ICEBERG / LuxPARK</b>	<b>Baseline + FU PPMI / ICEBERG / LuxPARK</b>
Logistic regression	Lambda	0.001, 0.01, 0.1, 1, 10, 100, 1000	0.01 / 0.01 / 100	0.01 / 10 / 10
Random Forest	Bootstrap	True, False	True / True / True	True / True / True
	Maximum depth	10, 20, 30, 40	40 / 20 / 20	20 / 10 / 10
	Minimum samples per leaf	1, 2, 4	4 / 1 / 1	4 / 2 / 1
	Minimum samples per split	2, 5, 10	10 / 5 / 10	10 / 10 / 10
	Number of Estimators	200, 600, 800, 1000, 1200, 1400, 1600, 1800, 2000	800 / 1400 / 1800	1800 / 2000 / 200
XGBoost	Minimum Child Weight	1, 5, 10	10 / 1 / 1	5 / 1 / 5
	Gamma	0.5, 1, 1.5, 2, 5	2 / 0.5 / 5	0.5 / 1.5 / 1.5
	Subsample	0.6, 0.8, 1.0	0.8 / 0.6 / 0.8	0.8 / 0.6 / 1.0
	Colsample by tree	0.6, 0.8, 1.0	0.8 / 0.6 / 0.6	0.6 / 1.0 / 1.0
	Maximum Depth	3, 4, 5	4 / 4 / 3	4 / 3 / 3

**Supplementary Table 10: Predictive model hyperparameter optimization**

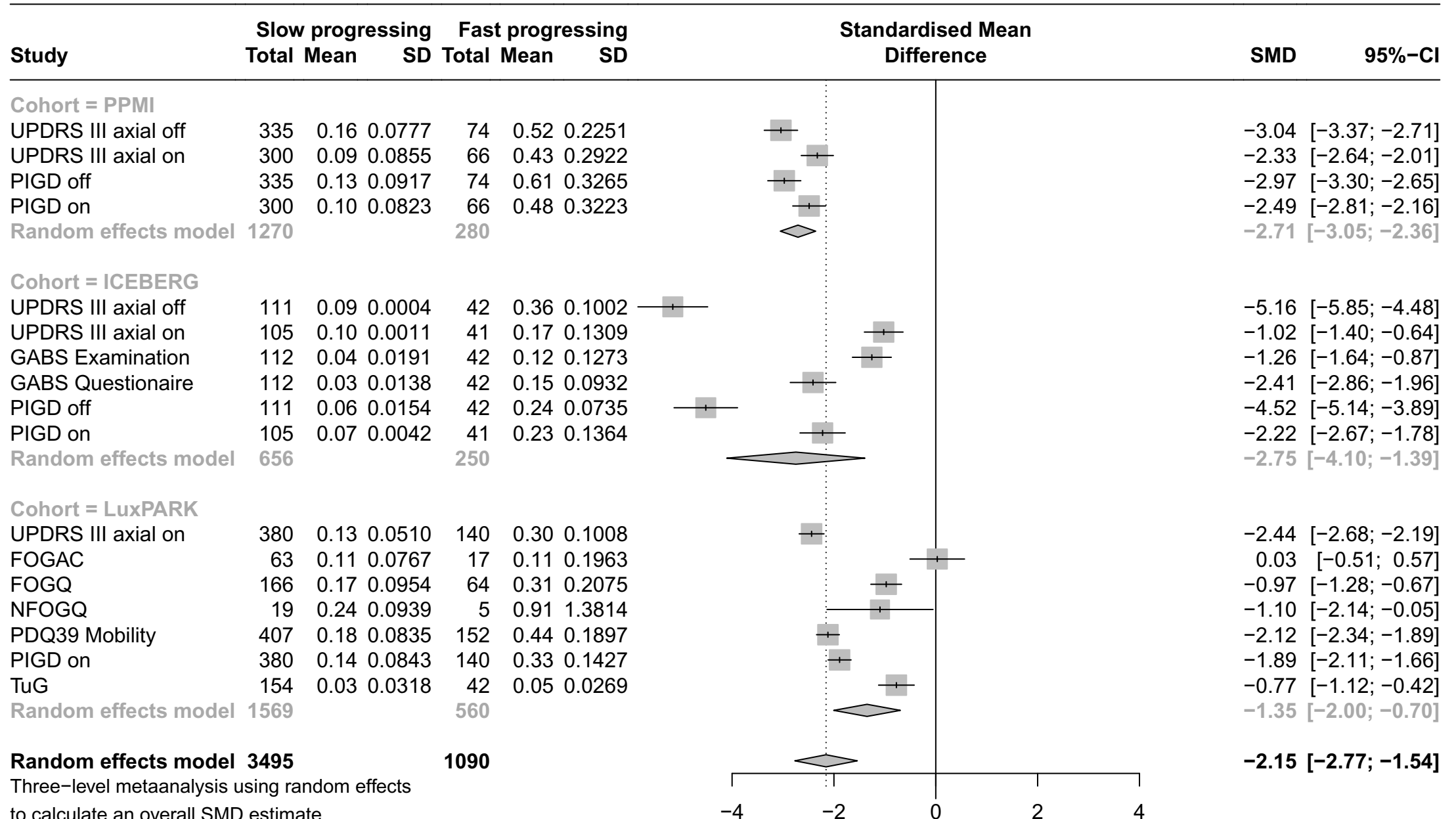
Hyperparameter space used for hyperparameter optimization. For Logistic regression, L2 penalization and hyperparameter grid search was used. For Random Forest and XGBoost, randomized hyperparameter search with 50 samples was used. Repeated stratified k-fold cross validation was performed using 5 splits and 20 repeats. Results of hyperparameter training for the baseline-only and baseline with one visit follow-up models are presented.

Abbreviations: FU: follow up

**Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis**

**Forest plots for symptom domain progression (in cohort)**

# Forest plot for progression characteristics of symptom domain Axial & PIGD

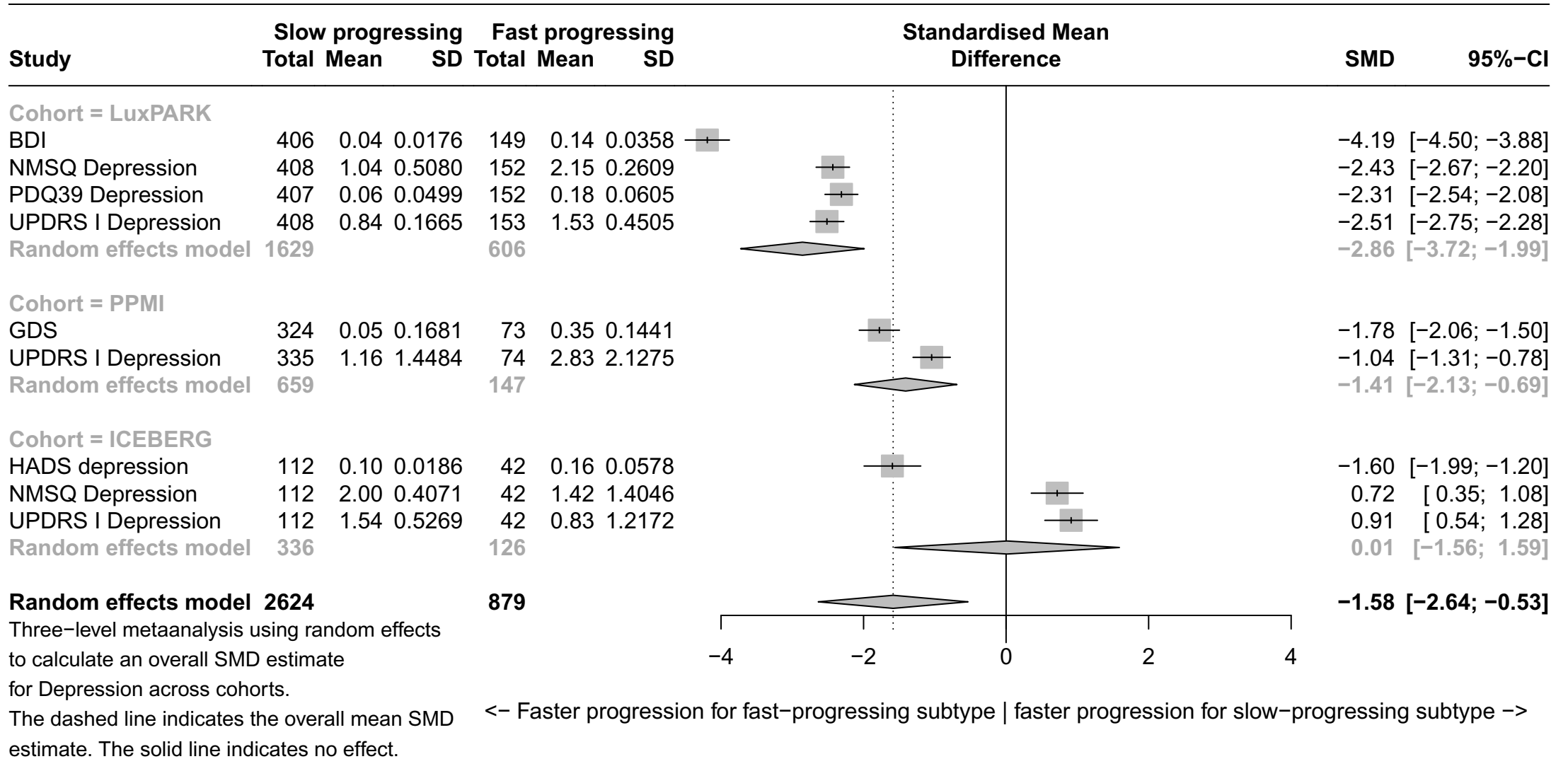


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Axial & PIGD across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

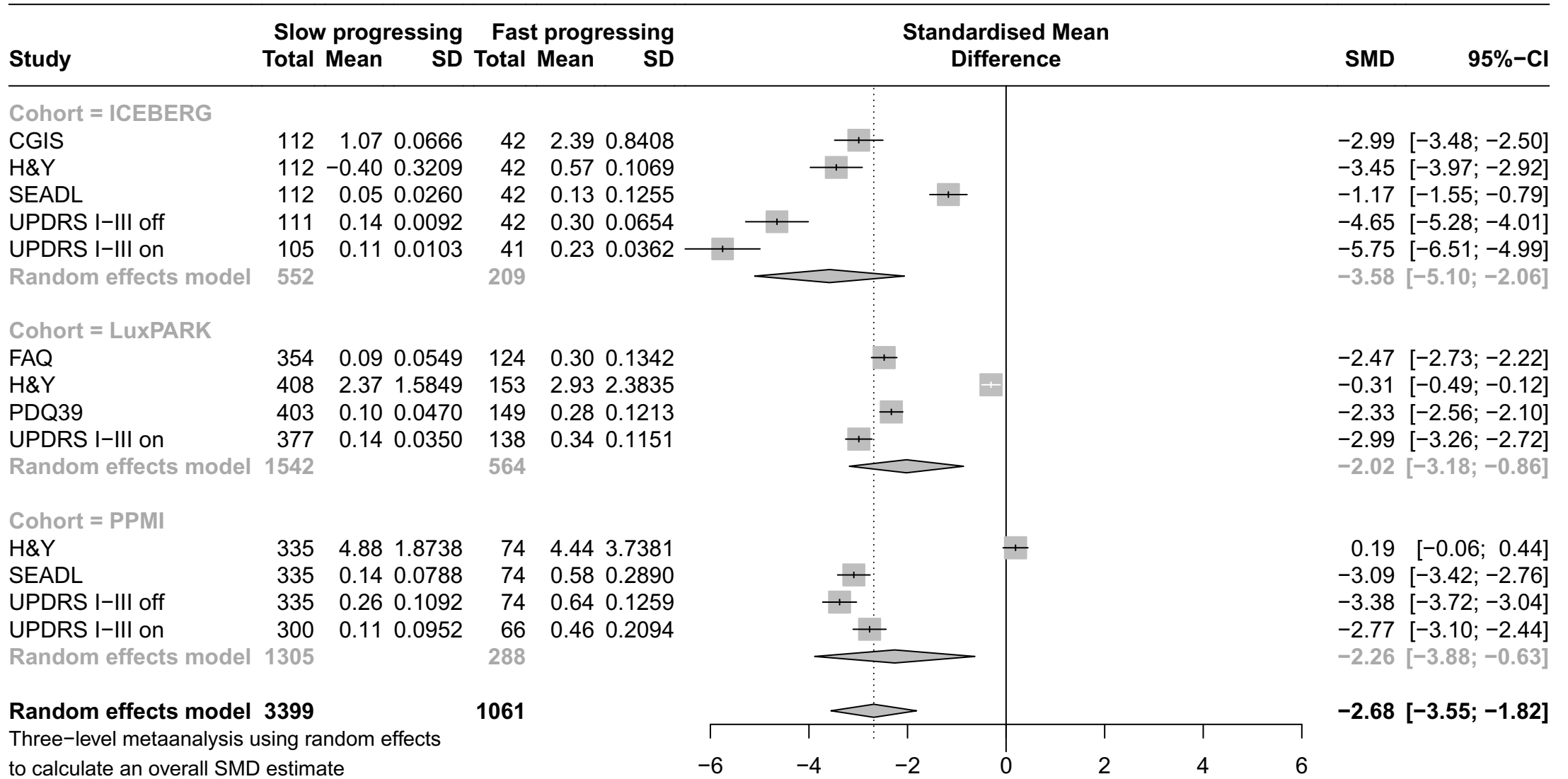
<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->



# Forest plot for progression characteristics of symptom domain Depression



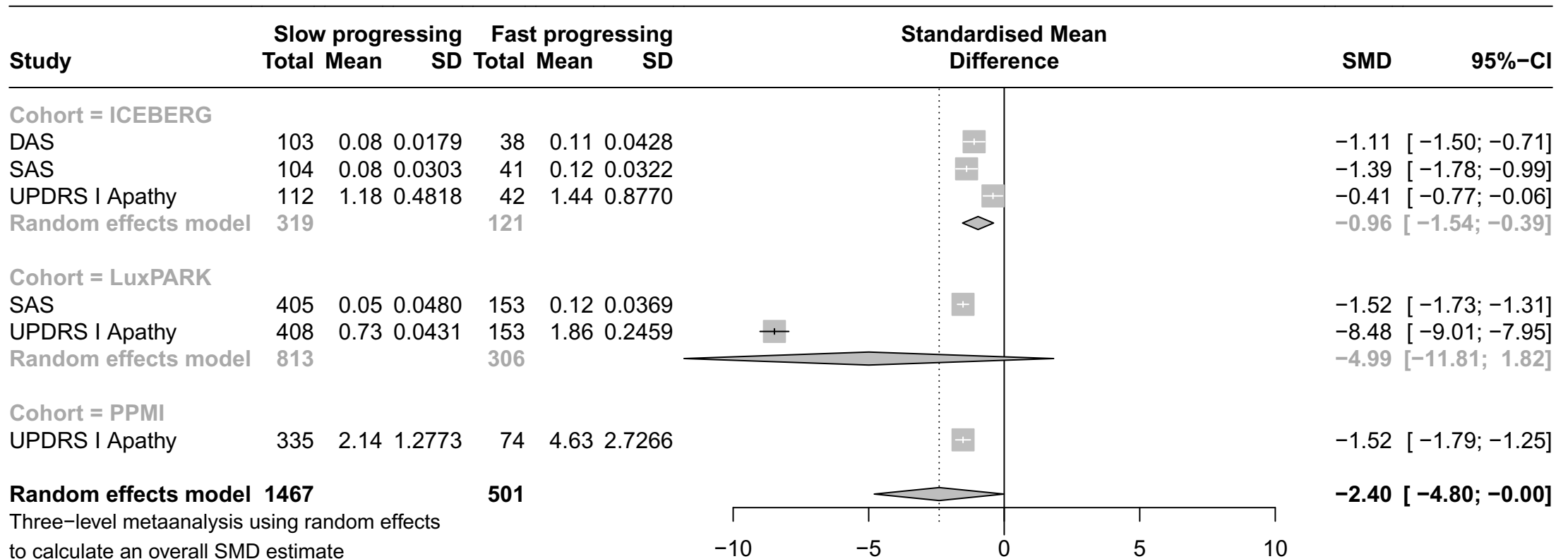
# Forest plot for progression characteristics of symptom domain Overall severity



Three-level metaanalysis using random effects to calculate an overall SMD estimate for Overall severity across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Apathy

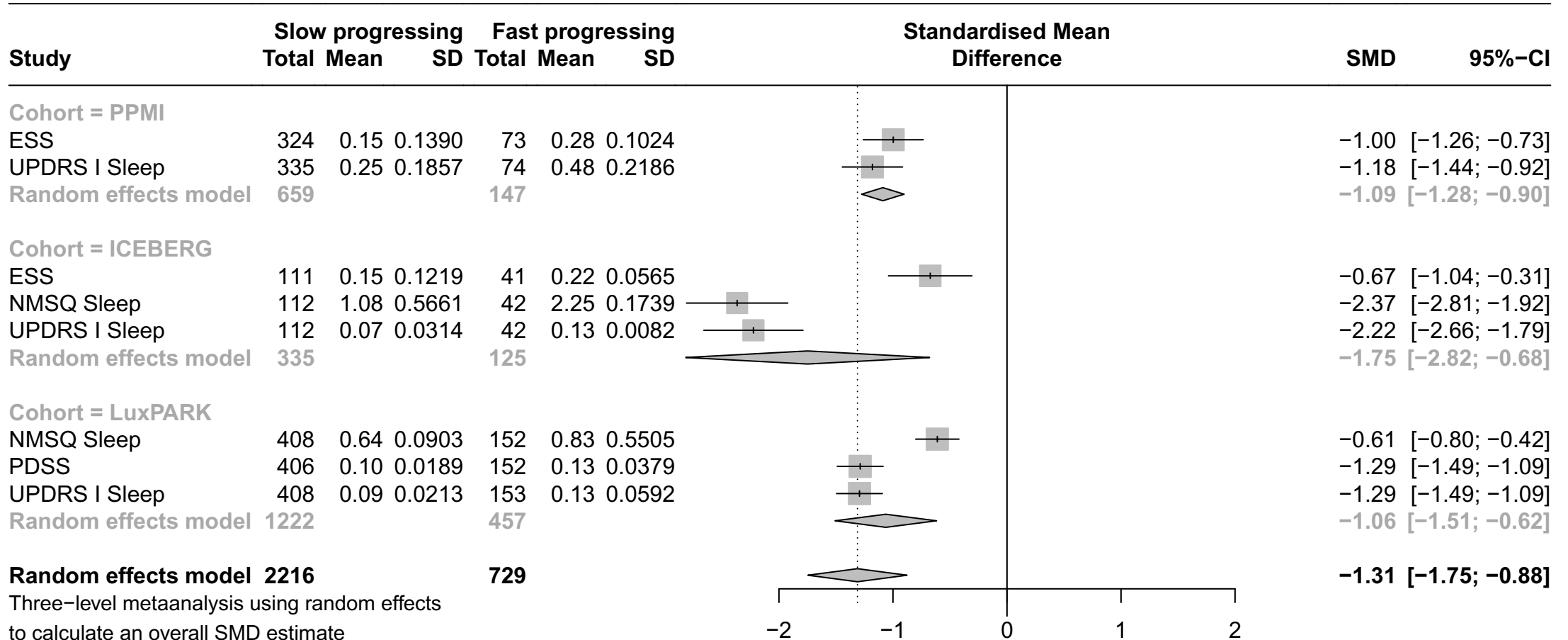


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Apathy across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Sleep

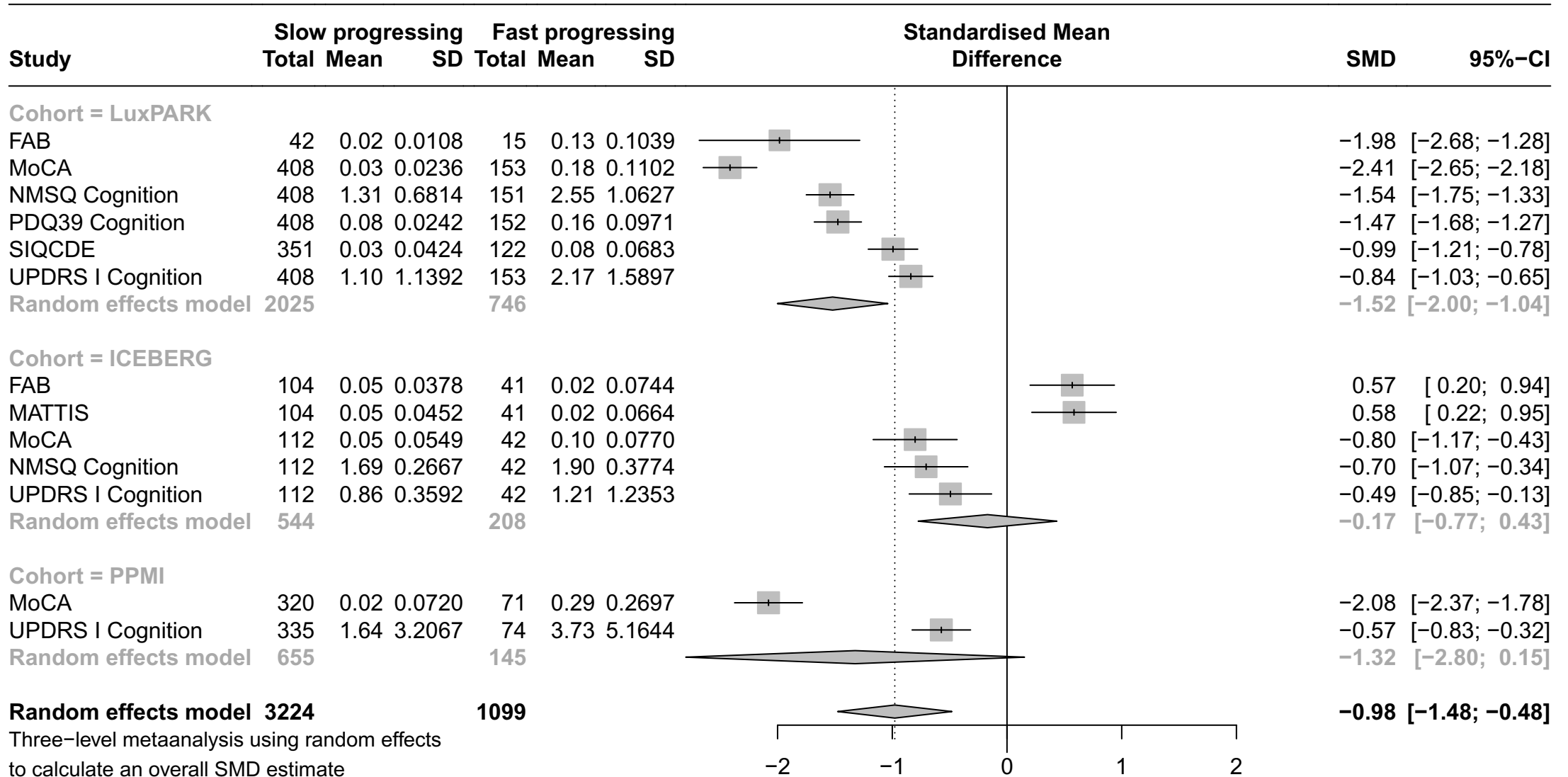


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Sleep across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

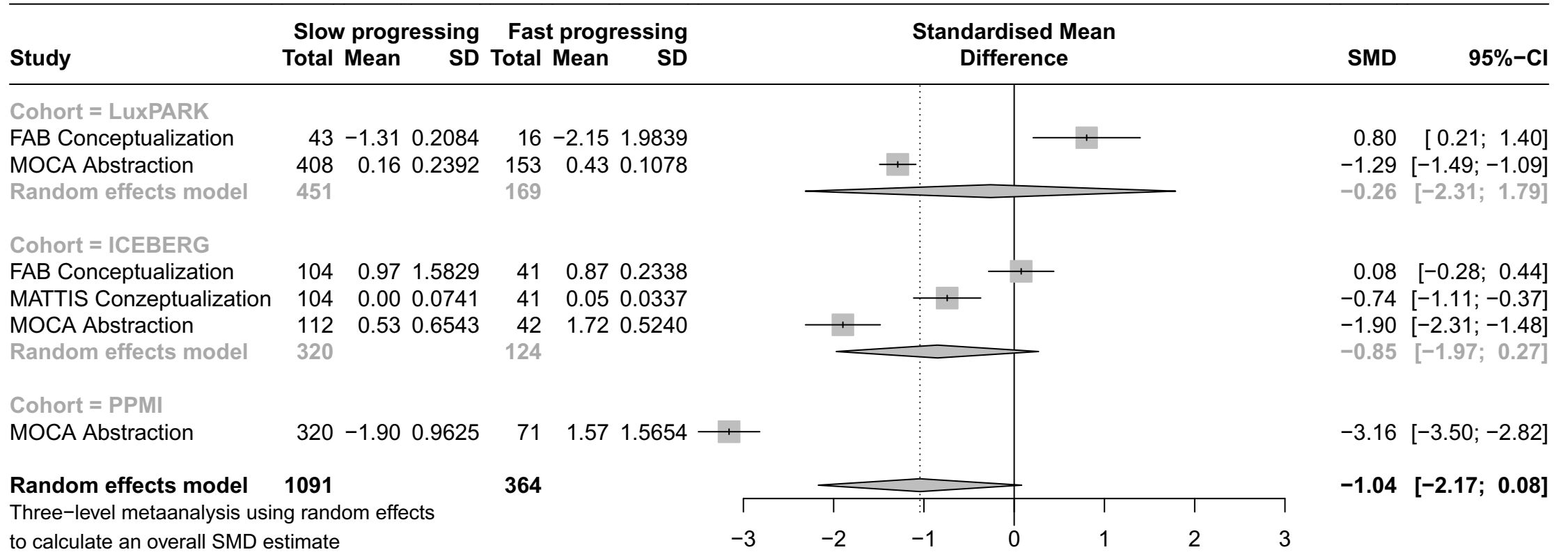
# Forest plot for progression characteristics of symptom domain Overall cognition



Three-level metaanalysis using random effects to calculate an overall SMD estimate for Overall cognition across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

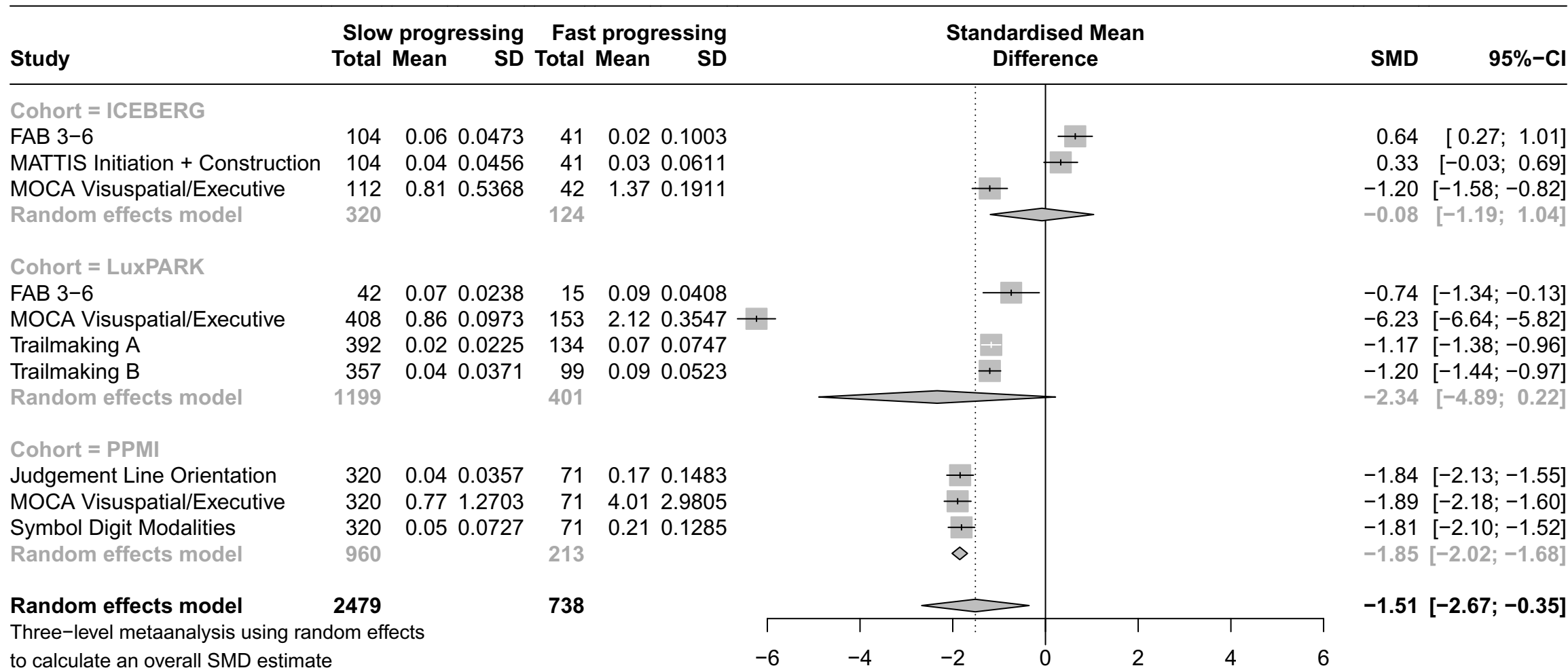
# Forest plot for progression characteristics of symptom domain Conceptualization



Three-level metaanalysis using random effects to calculate an overall SMD estimate for Conceptualization across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

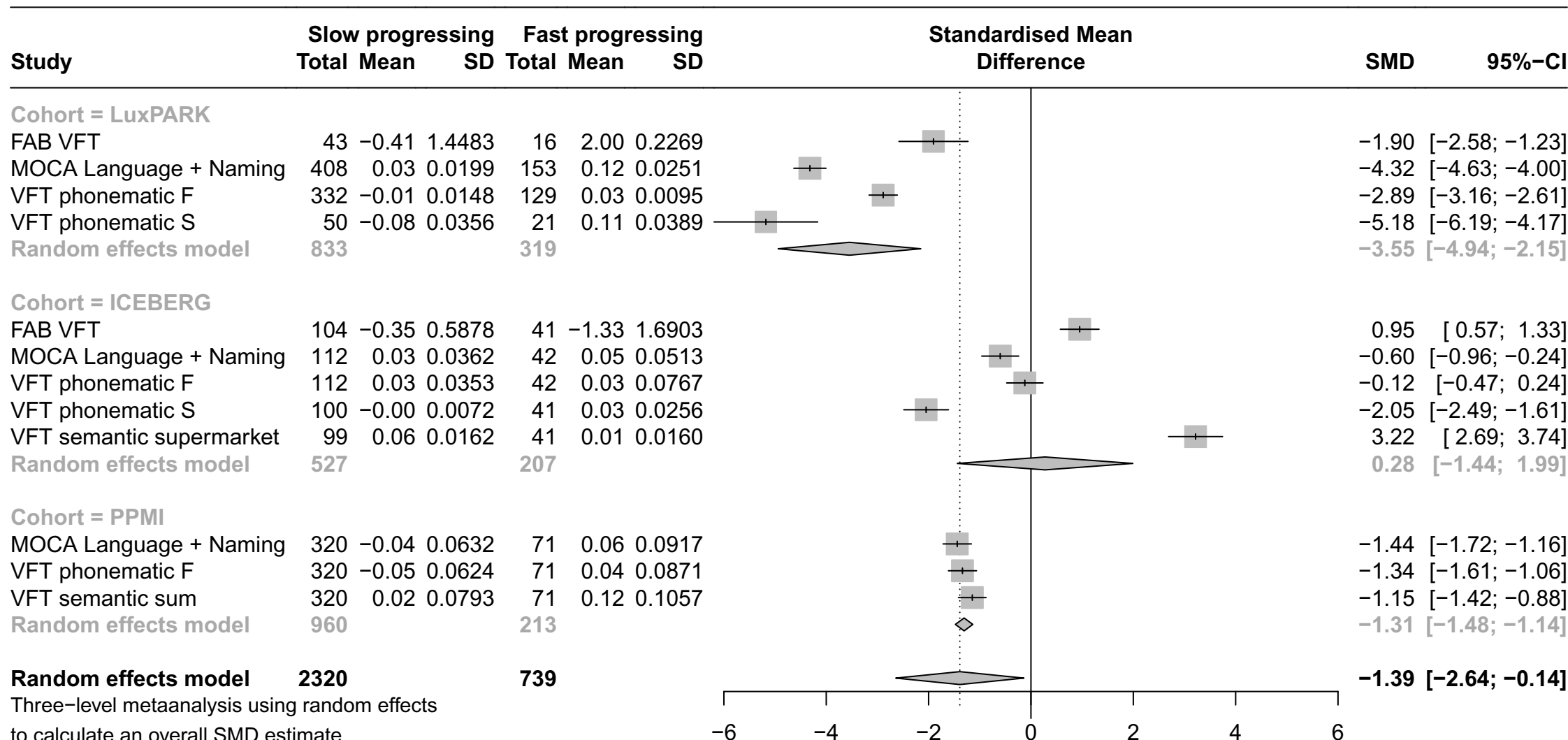
# Forest plot for progression characteristics of symptom domain Visuo-executive



Three-level metaanalysis using random effects to calculate an overall SMD estimate for Visuo-executive across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Language

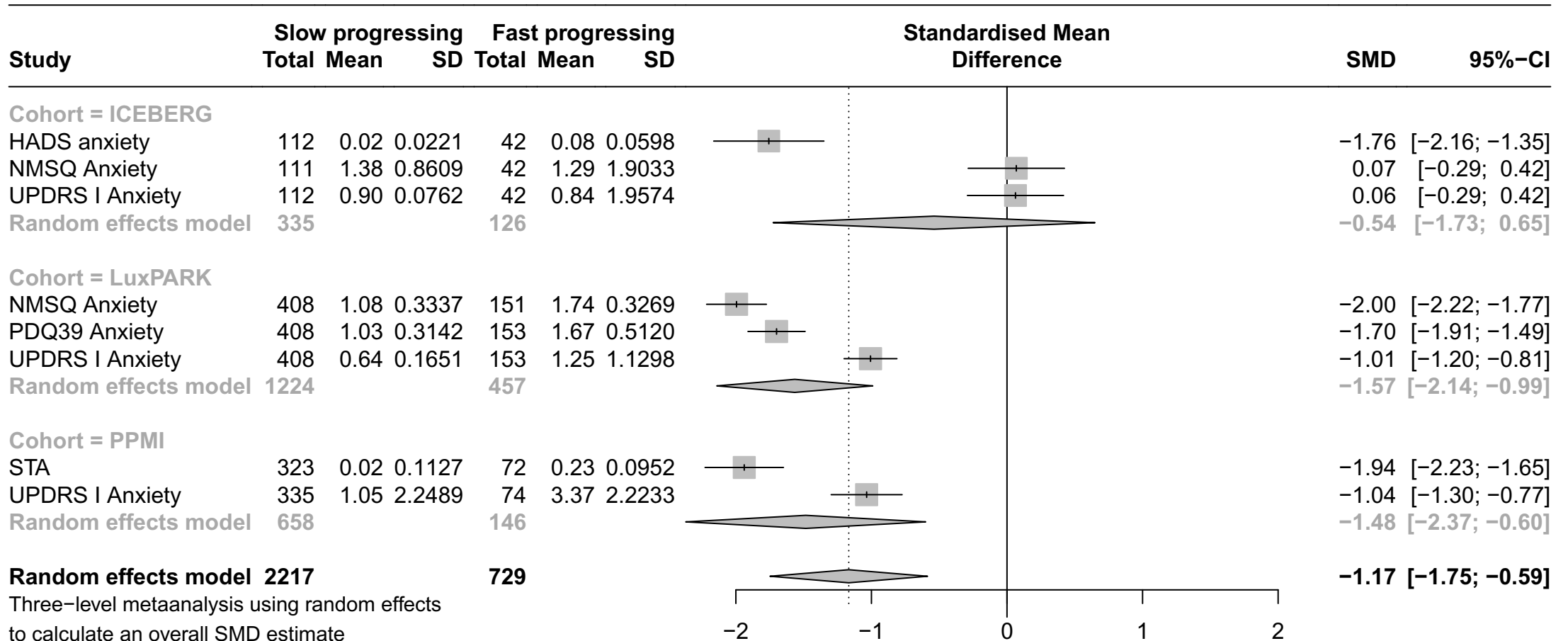


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Language across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->



# Forest plot for progression characteristics of symptom domain Anxiety

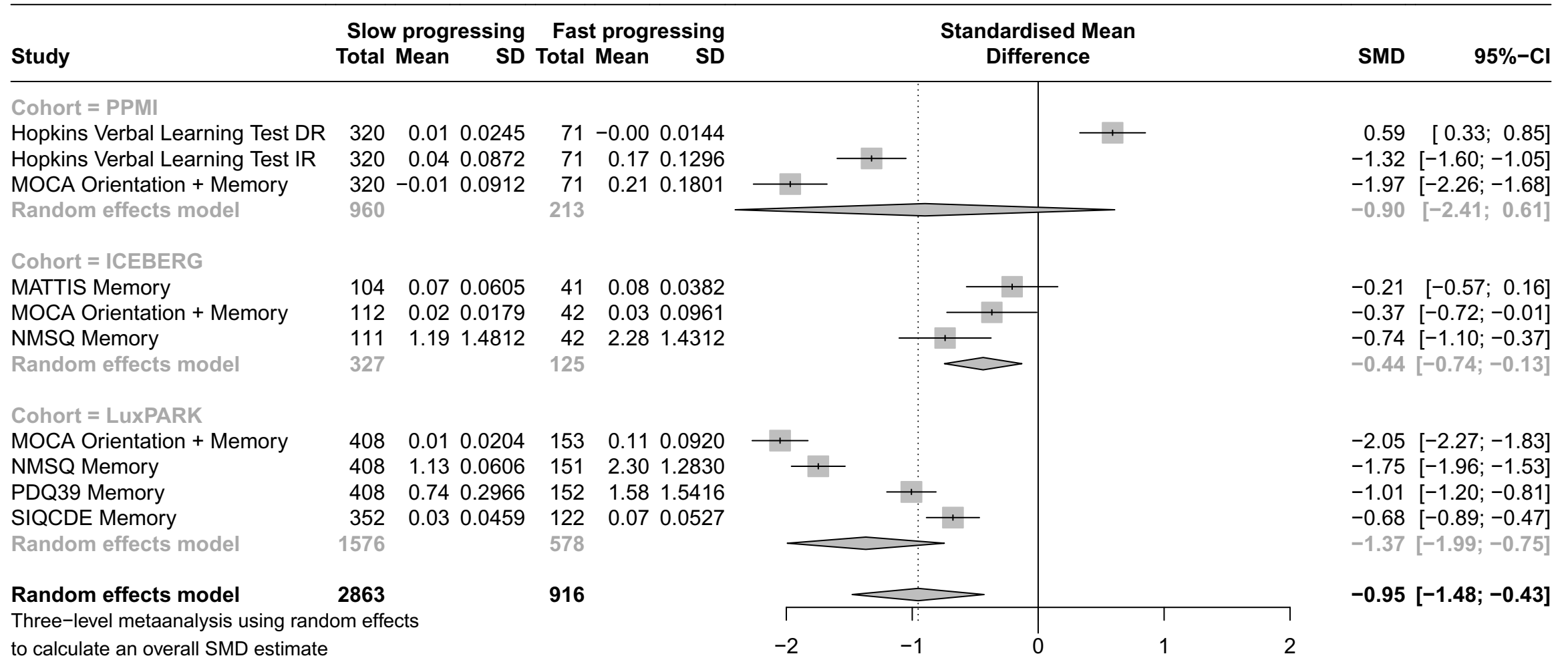


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Anxiety across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

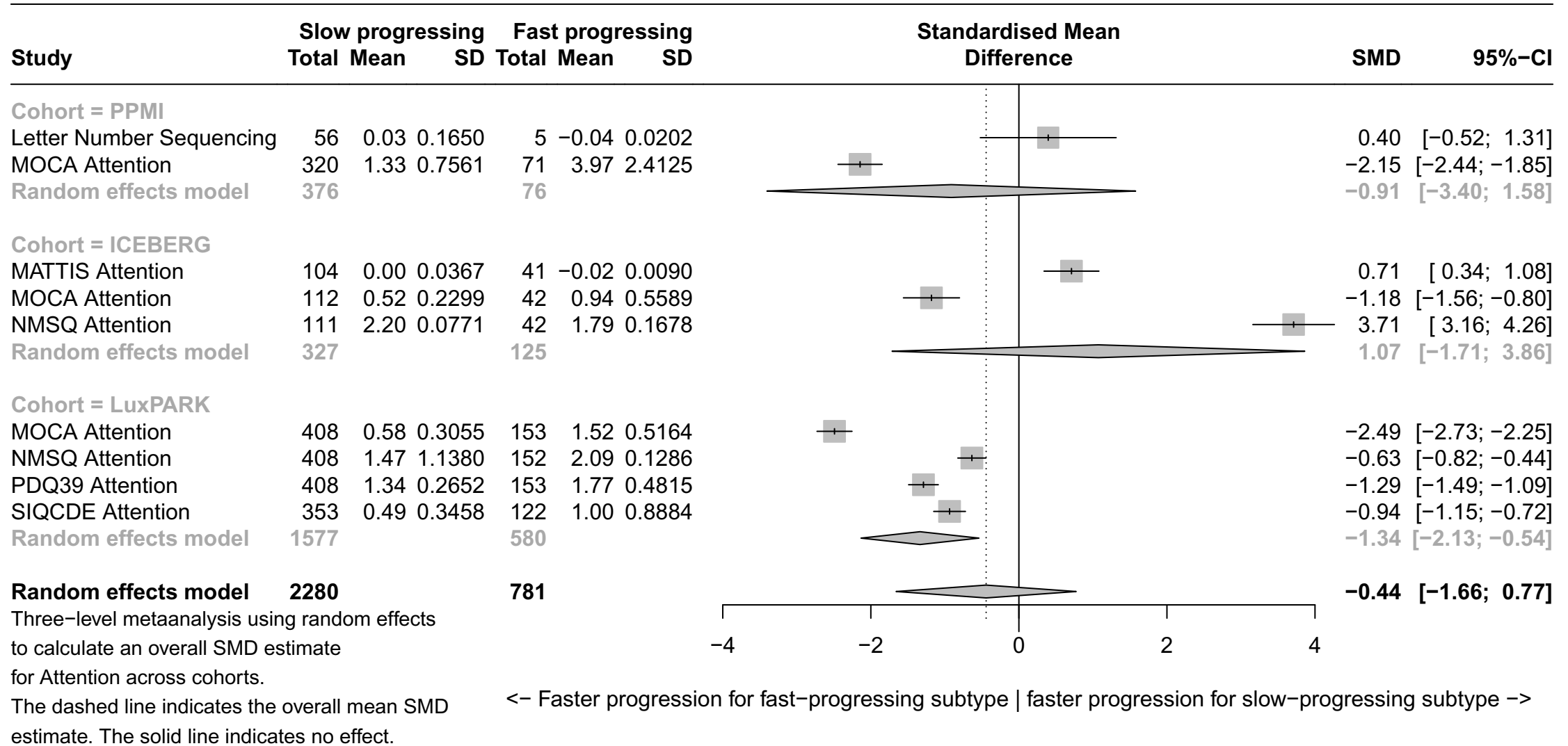
# Forest plot for progression characteristics of symptom domain Memory



<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

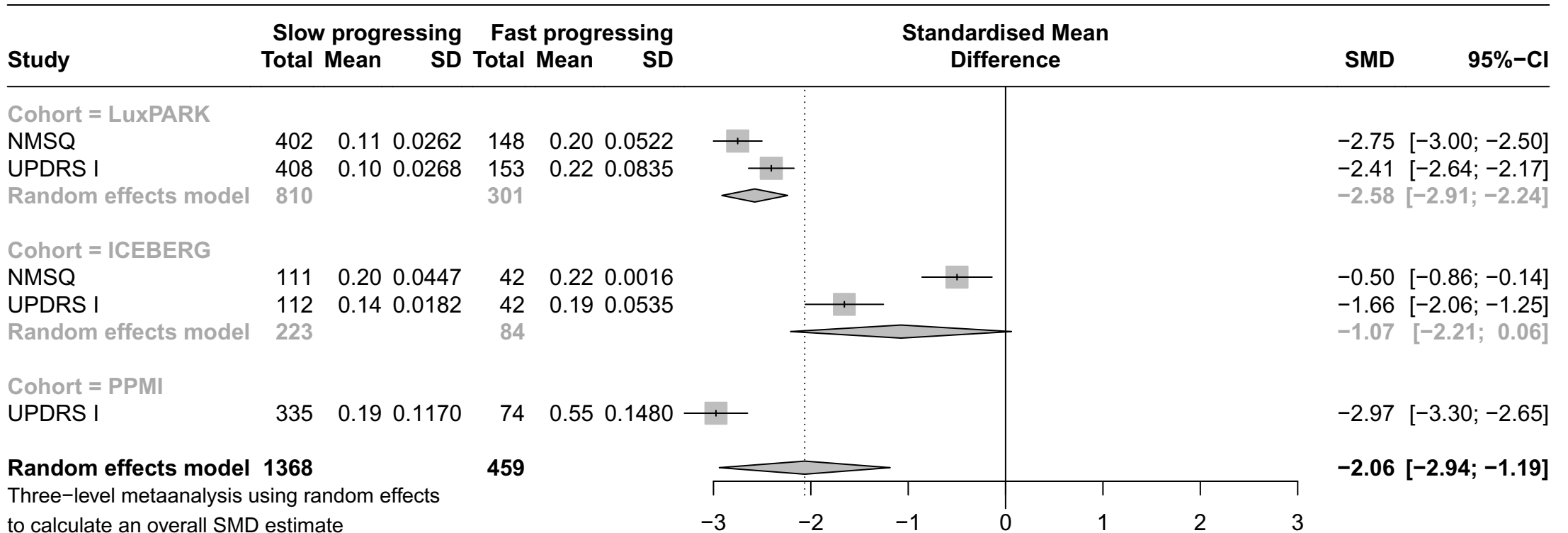
Three-level metaanalysis using random effects to calculate an overall SMD estimate for Memory across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

# Forest plot for progression characteristics of symptom domain Attention



Three-level metaanalysis using random effects to calculate an overall SMD estimate for Attention across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

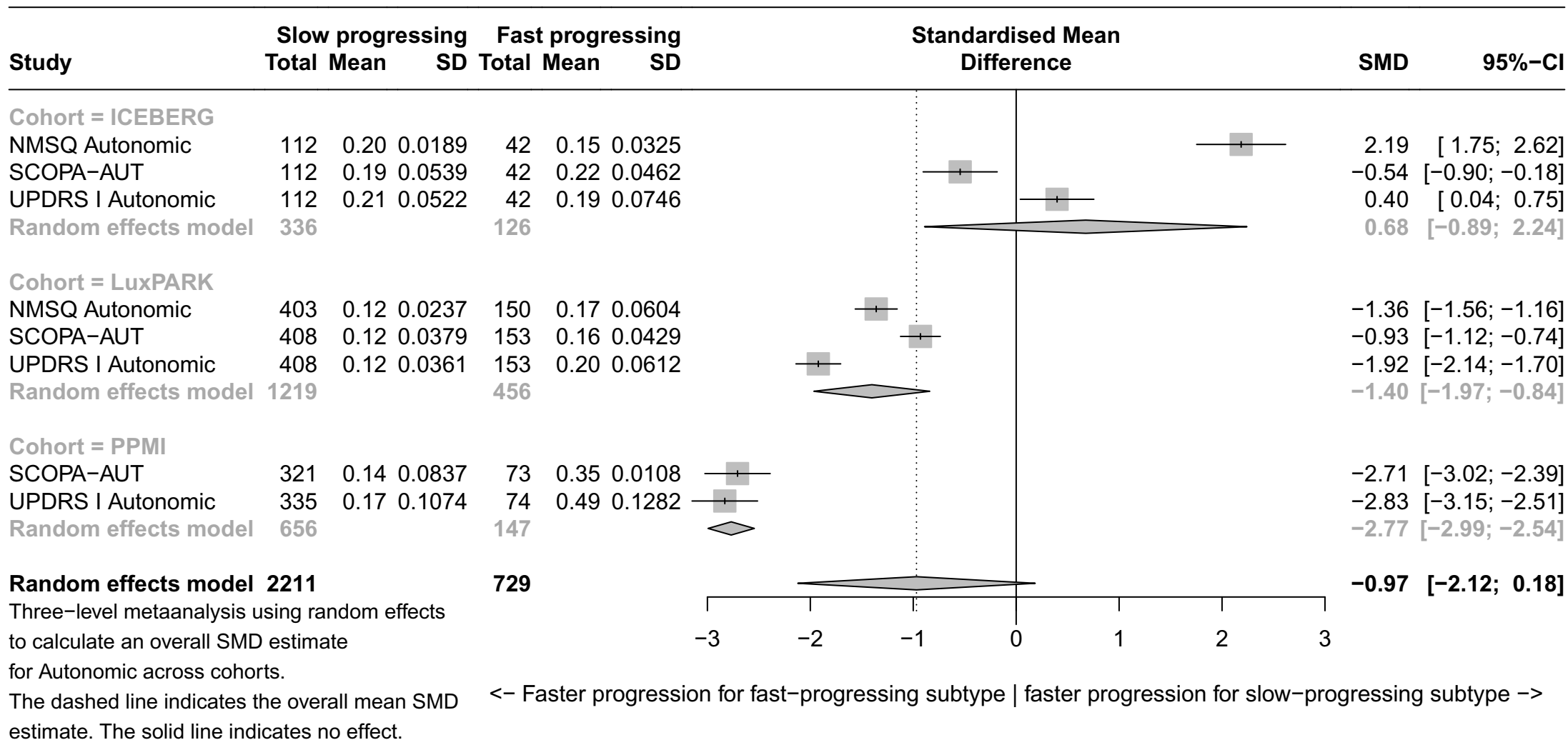
# Forest plot for progression characteristics of symptom domain Non motor symptoms



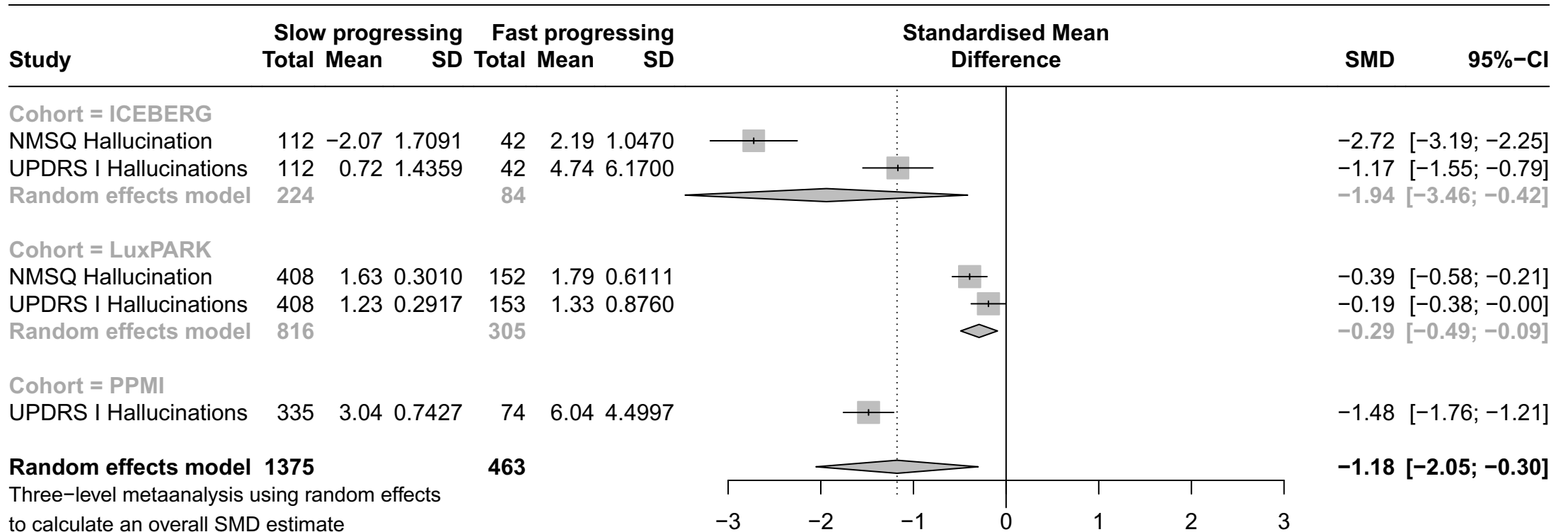
**Random effects model 1368**  
 Three-level metaanalysis using random effects to calculate an overall SMD estimate for Non motor symptoms across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Autonomic



# Forest plot for progression characteristics of symptom domain Hallucinations



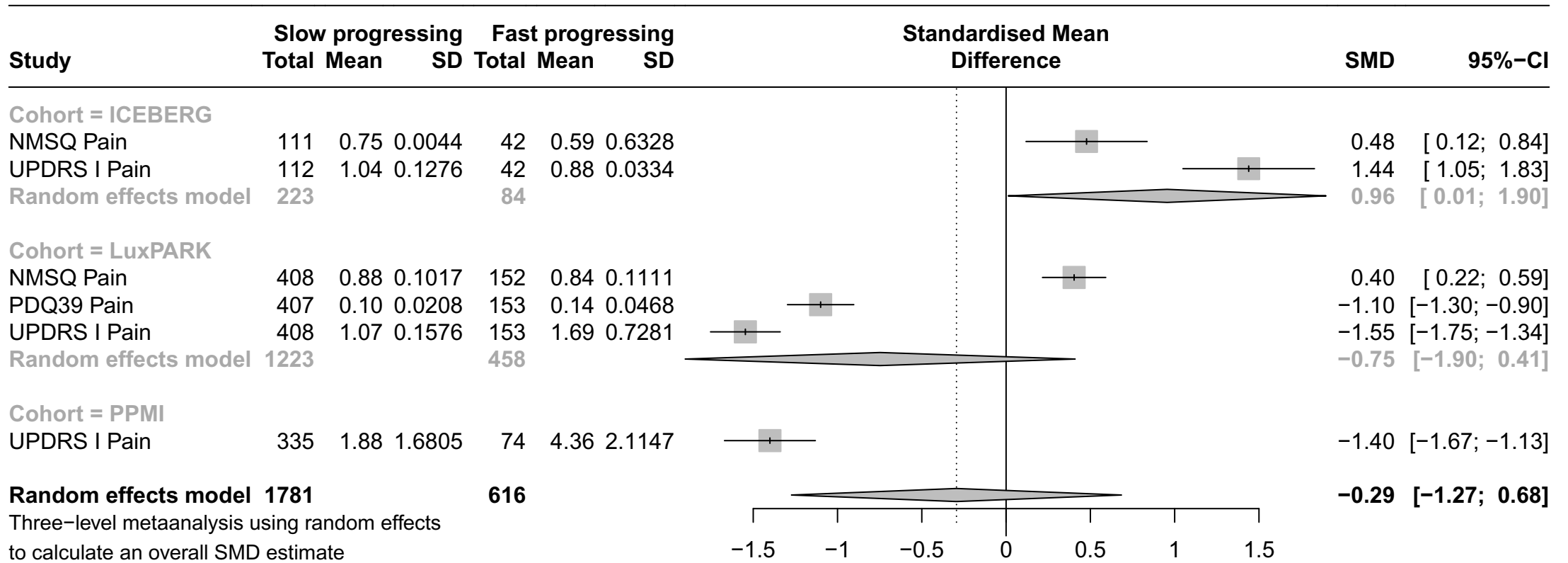
## Random effects model 1375

Three-level metaanalysis using random effects to calculate an overall SMD estimate for Hallucinations across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Pain

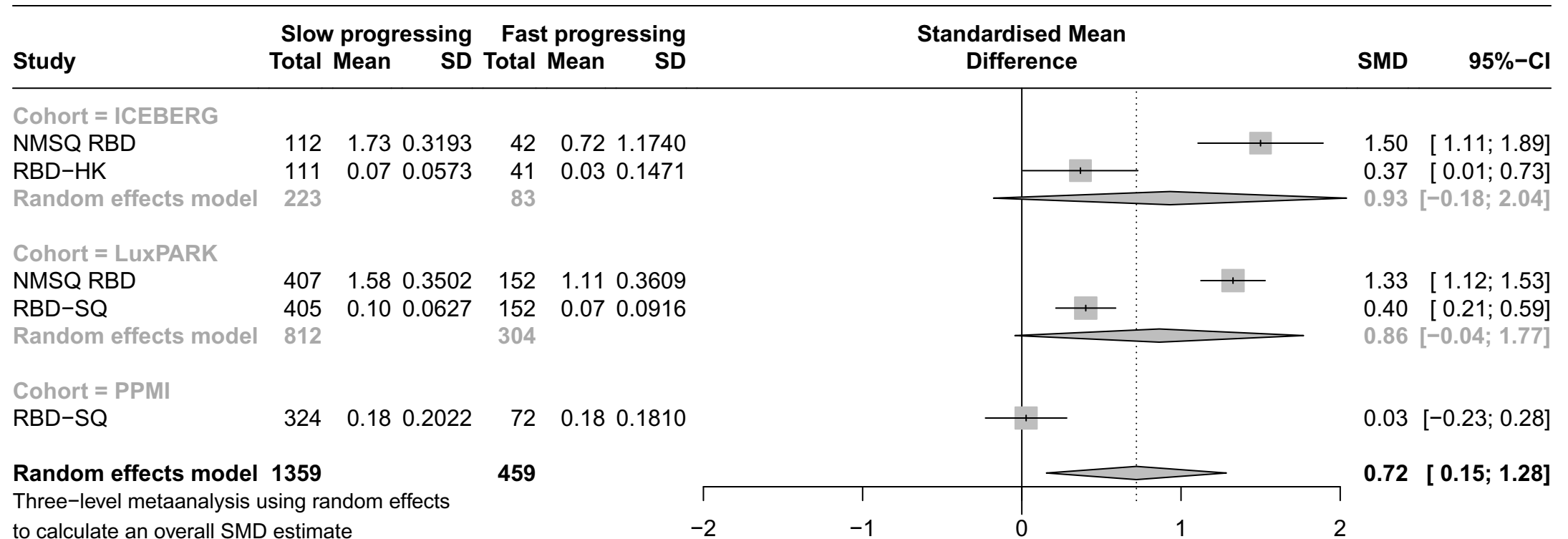


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Pain across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain RBD

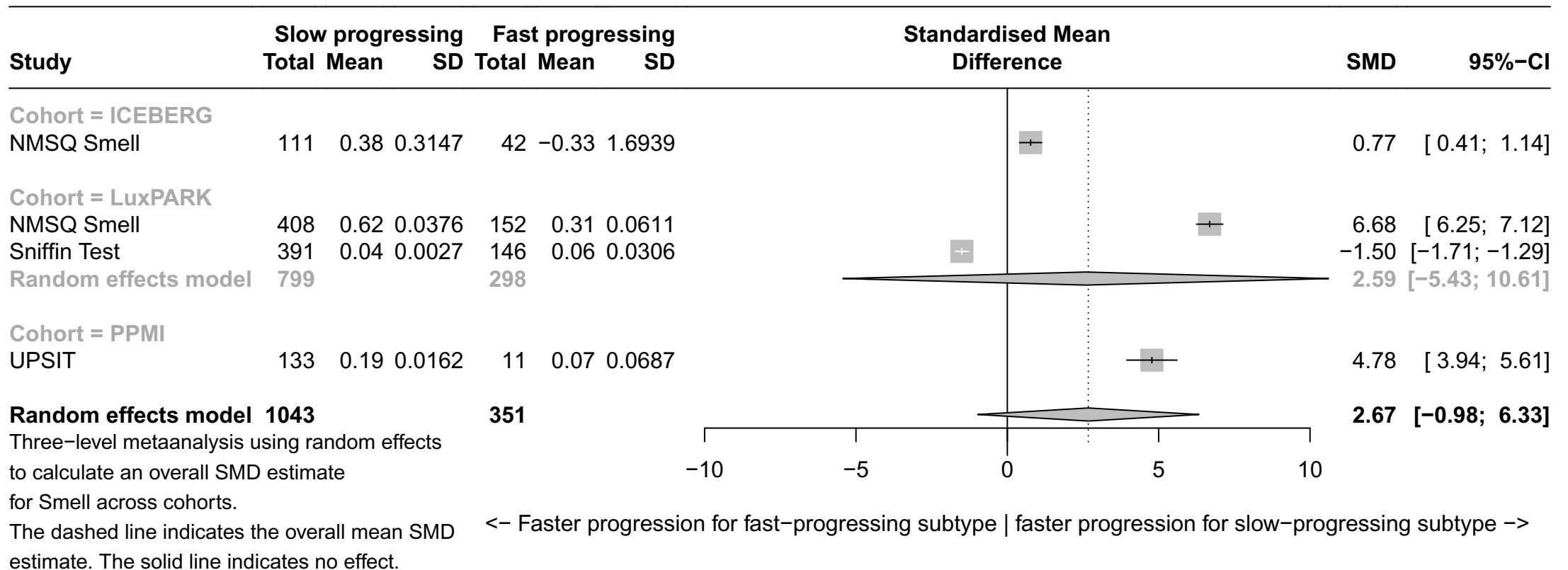


Three-level metaanalysis using random effects to calculate an overall SMD estimate for RBD across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

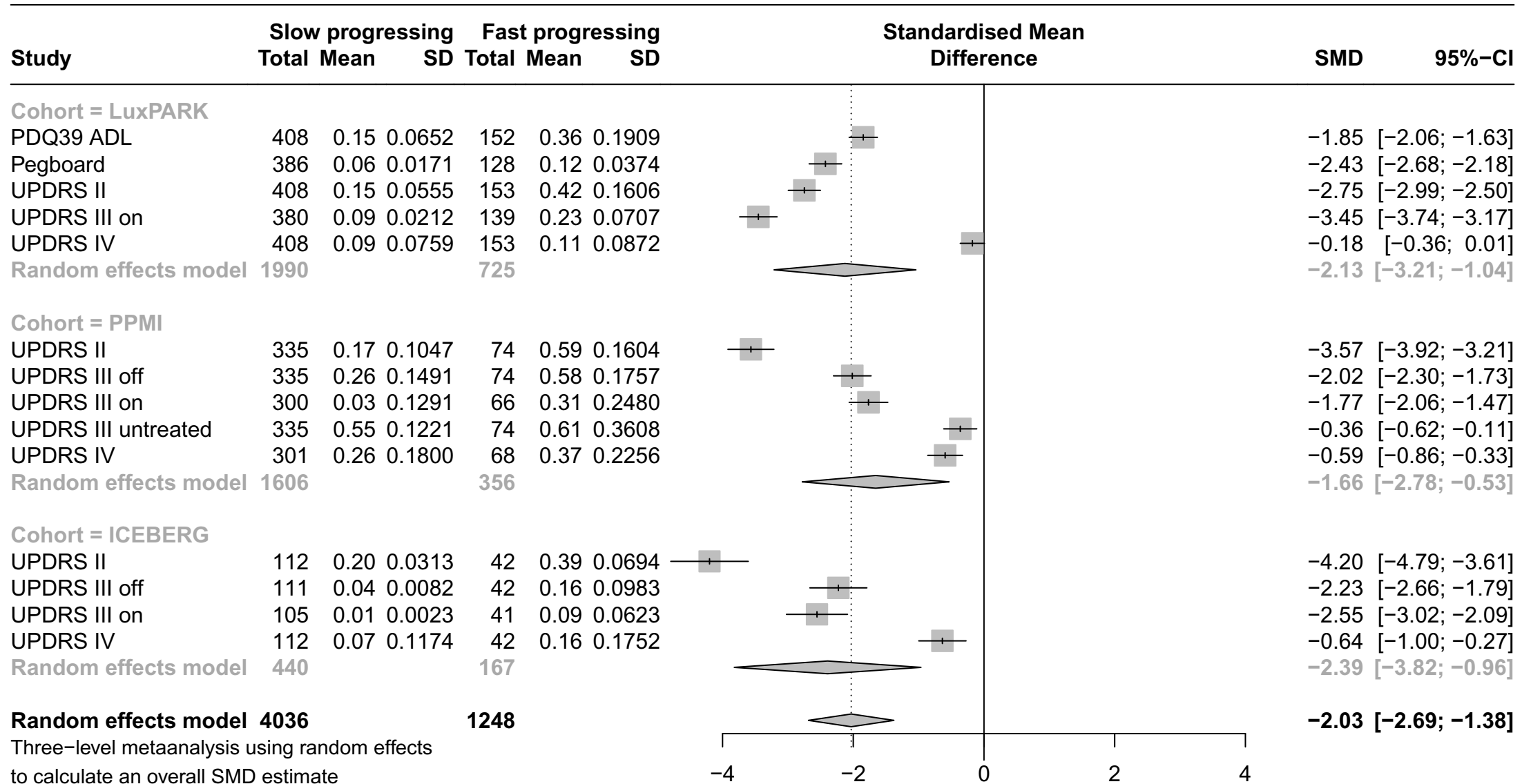
<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->



# Forest plot for progression characteristics of symptom domain Smell



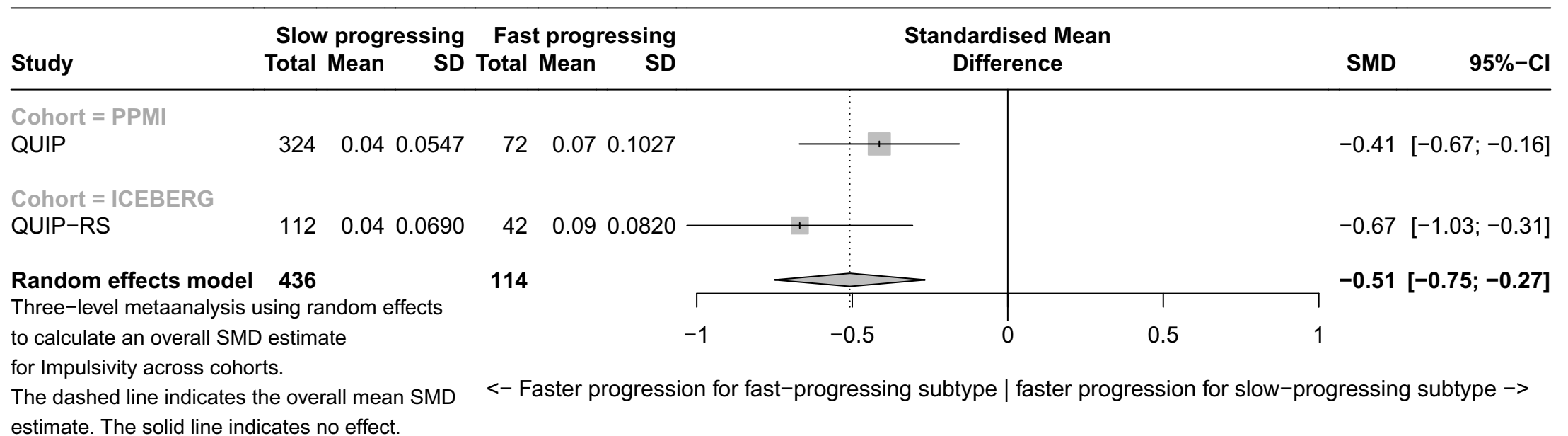
# Forest plot for progression characteristics of symptom domain Motor symptoms



<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

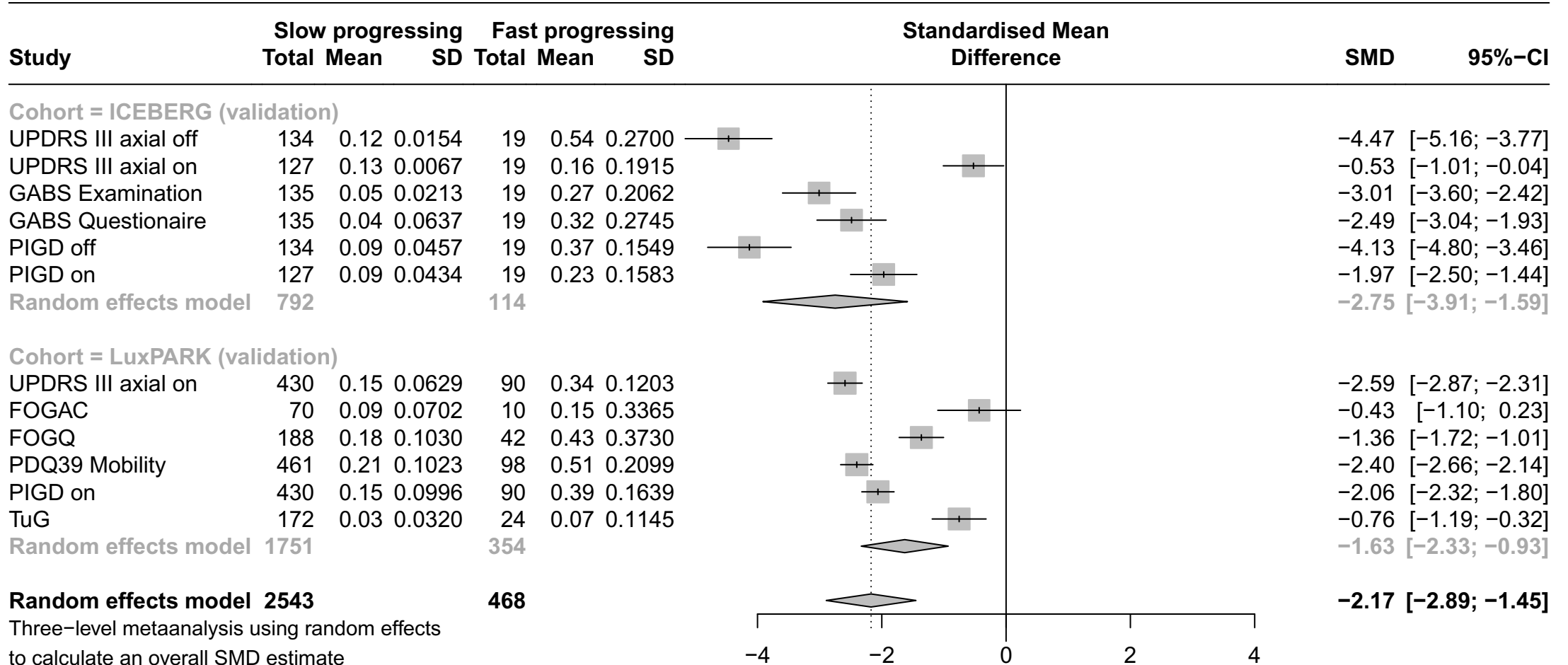
# Forest plot for progression characteristics of symptom domain Impulsivity



**Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis**

**Forest plots for symptom domain progression (cross-cohort validation)**

# Forest plot for progression characteristics of symptom domain Axial & PIGD (validation)



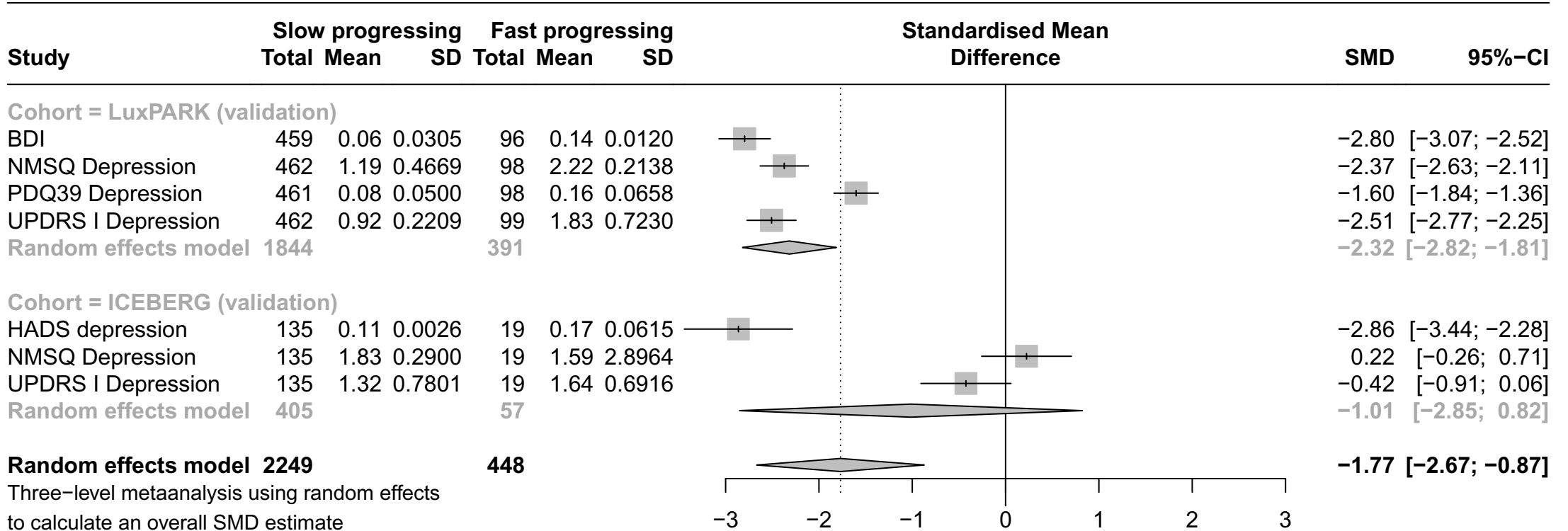
## Random effects model 2543

Three-level metaanalysis using random effects to calculate an overall SMD estimate for Axial & PIGD across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Depression (validation)

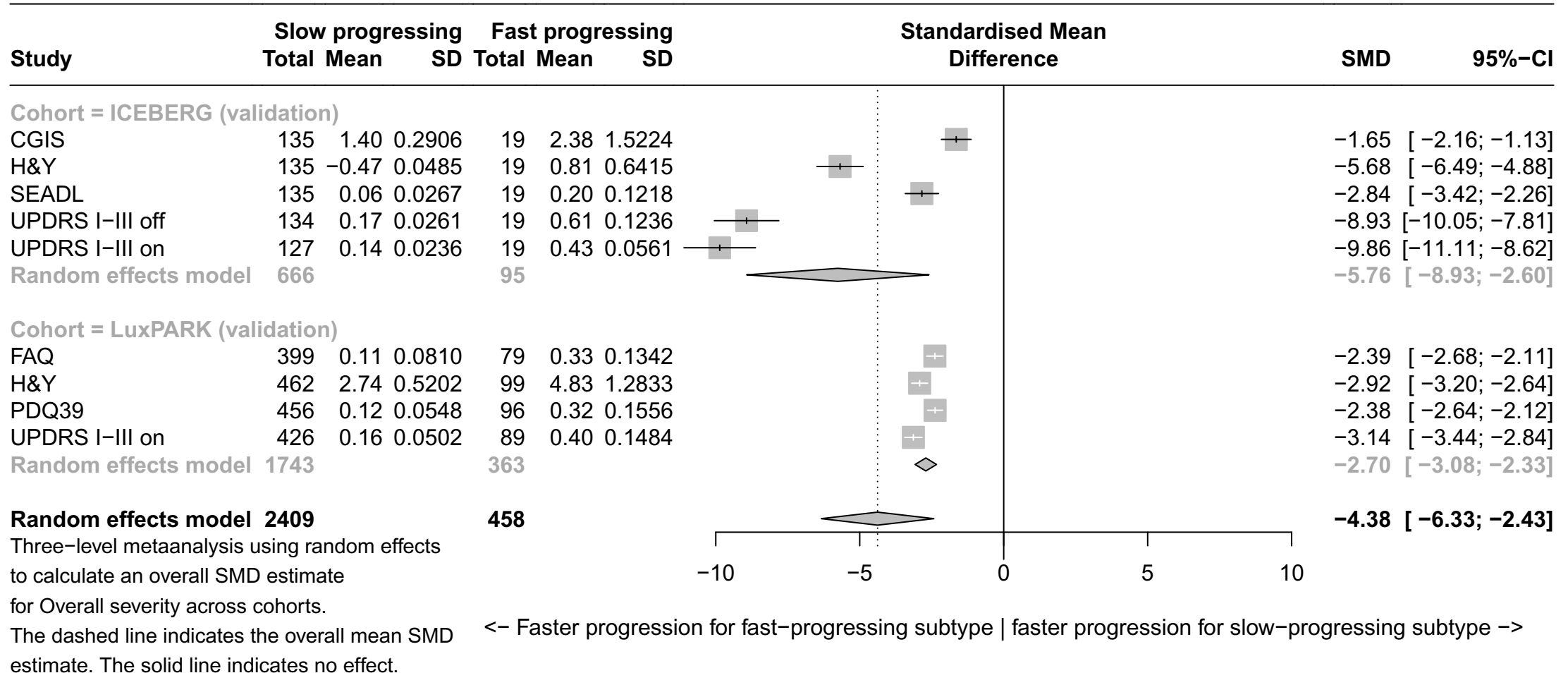


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Depression across cohorts.

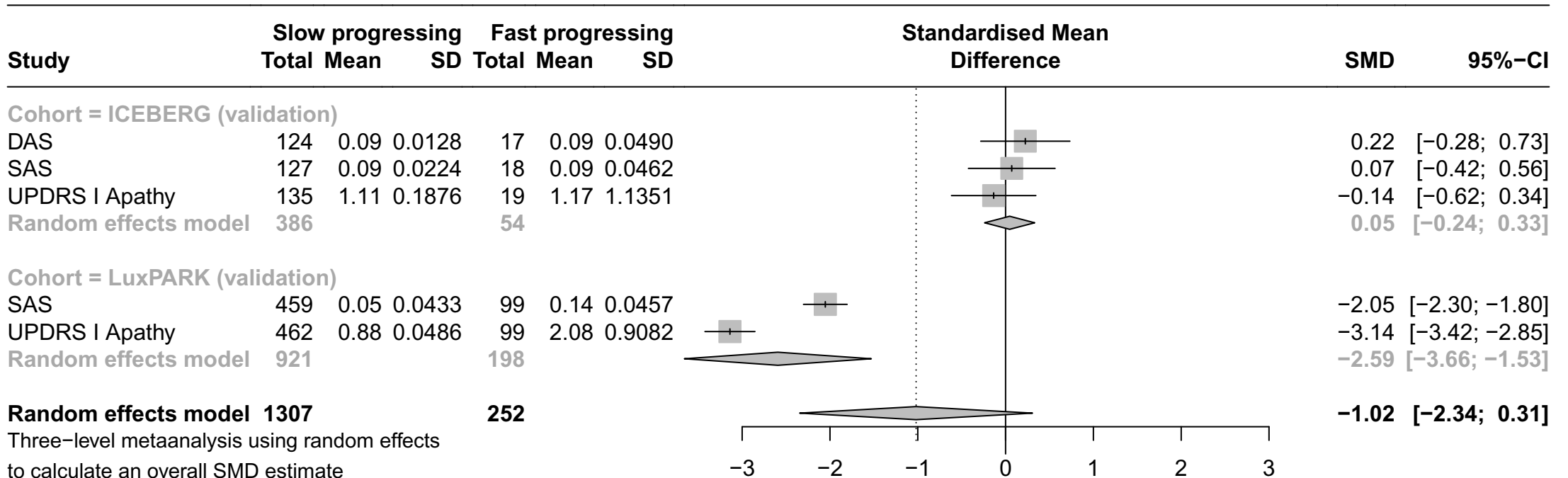
The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Overall severity (validation)



# Forest plot for progression characteristics of symptom domain Apathy (validation)



## Random effects model 1307

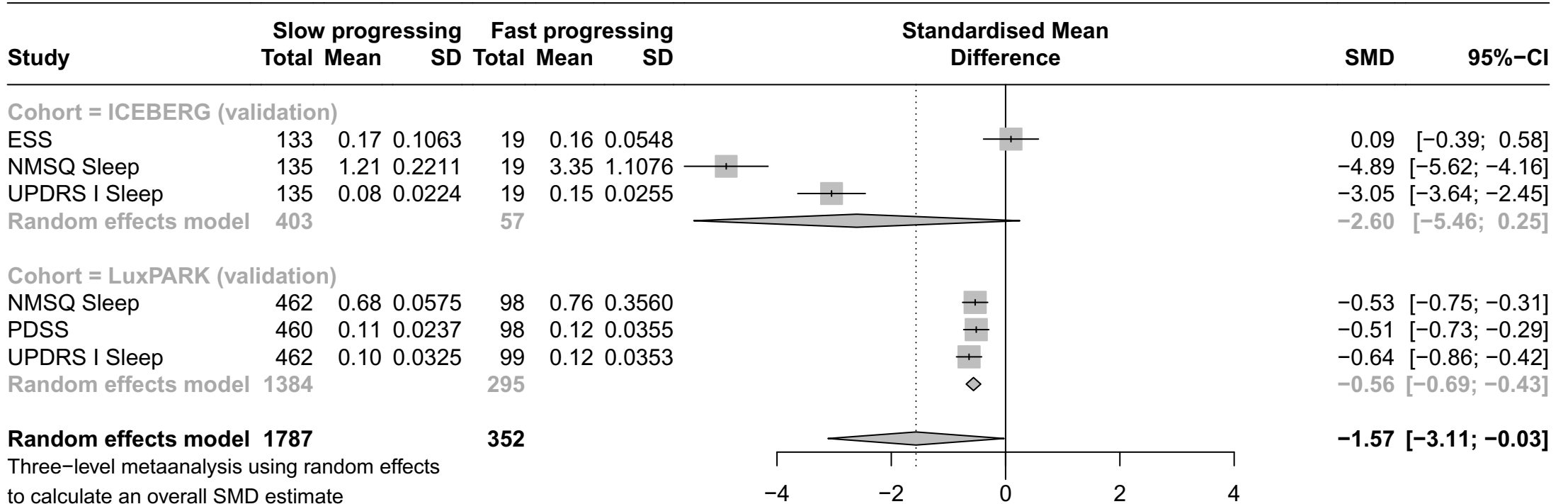
Three-level metaanalysis using random effects to calculate an overall SMD estimate for Apathy across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->



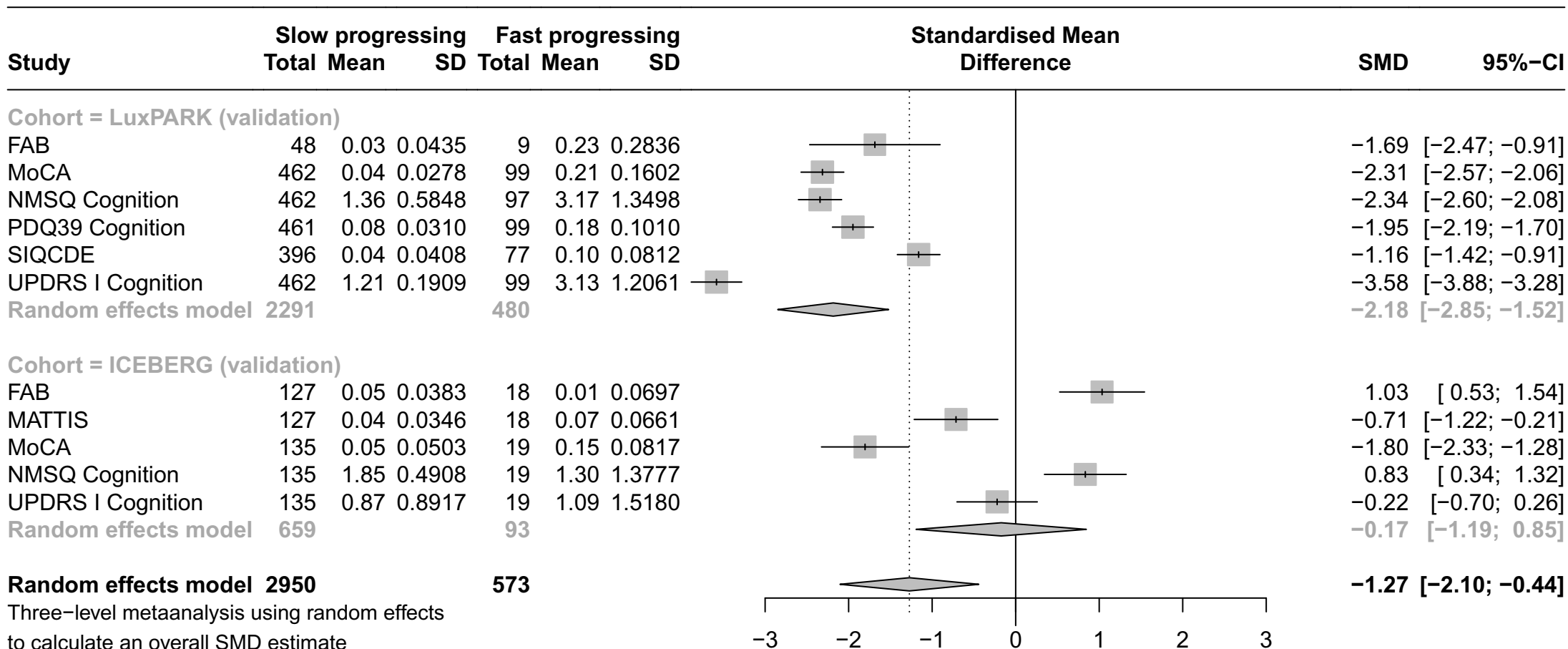
# Forest plot for progression characteristics of symptom domain Sleep (validation)



Three-level metaanalysis using random effects to calculate an overall SMD estimate for Sleep across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

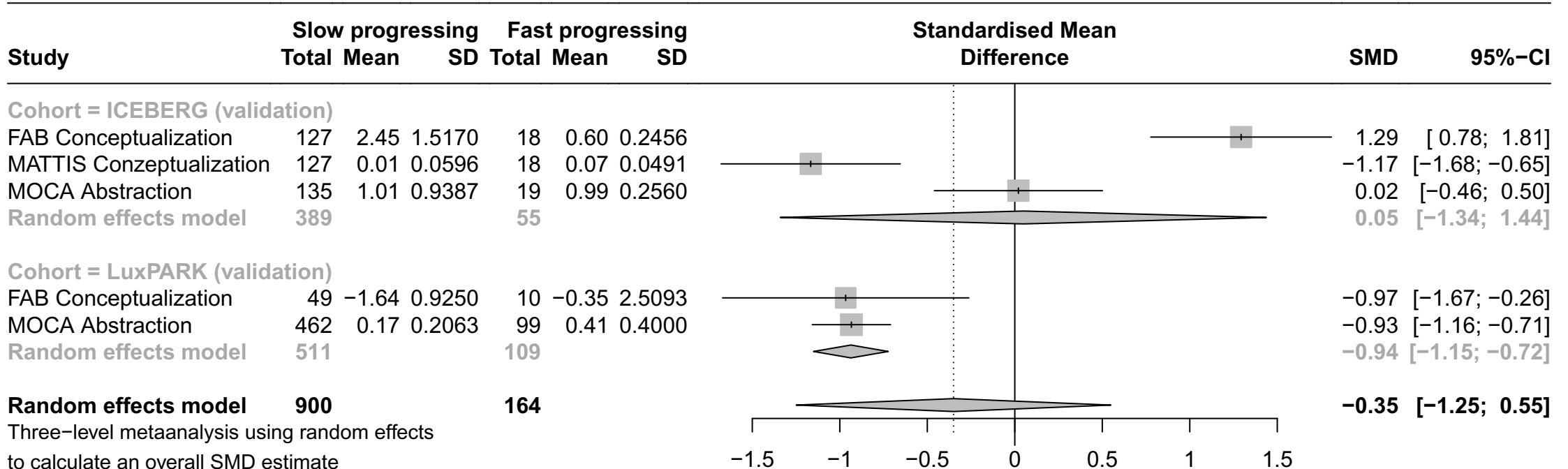
# Forest plot for progression characteristics of symptom domain Overall cognition (validation)



**Random effects model 2950**  
 Three-level metaanalysis using random effects to calculate an overall SMD estimate for Overall cognition across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

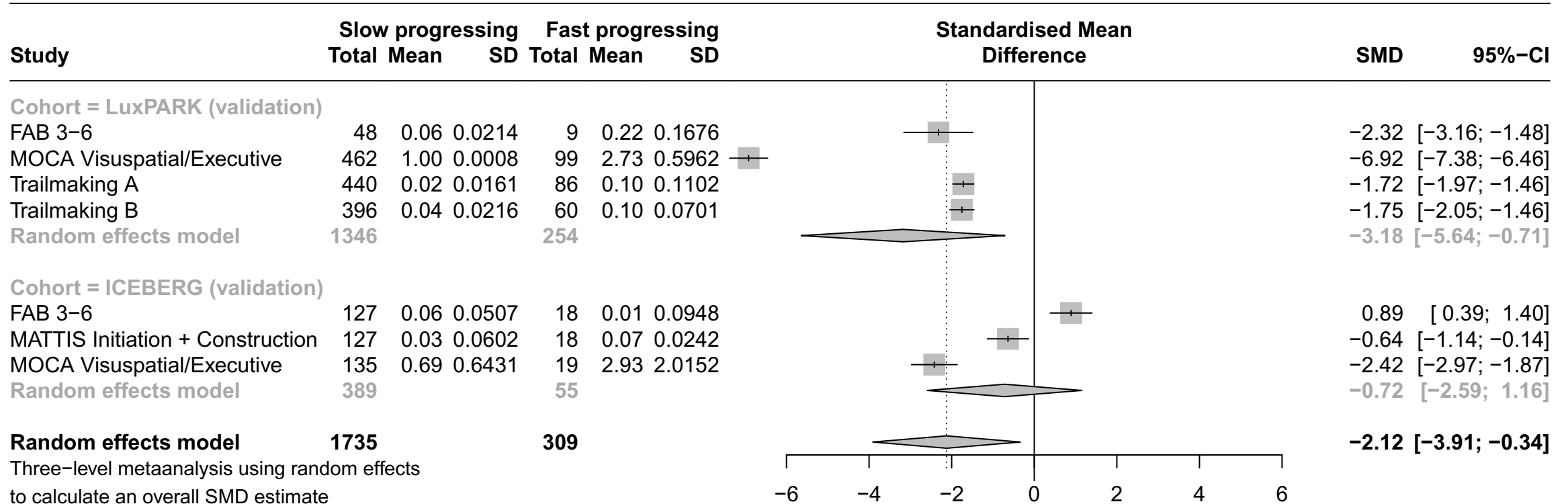
# Forest plot for progression characteristics of symptom domain Conceptualization (validation)



**Random effects model 900**  
 Three-level metaanalysis using random effects to calculate an overall SMD estimate for Conceptualization across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Visuo-executive (validation)

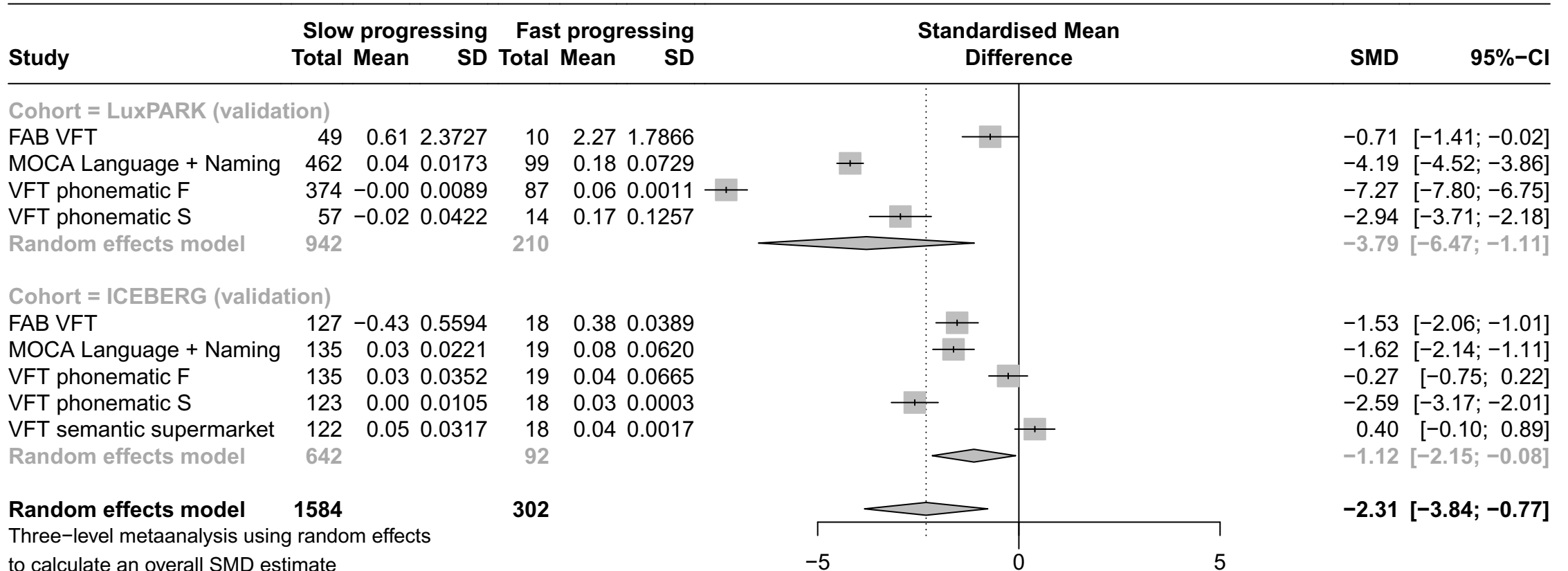


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Visuo-executive across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

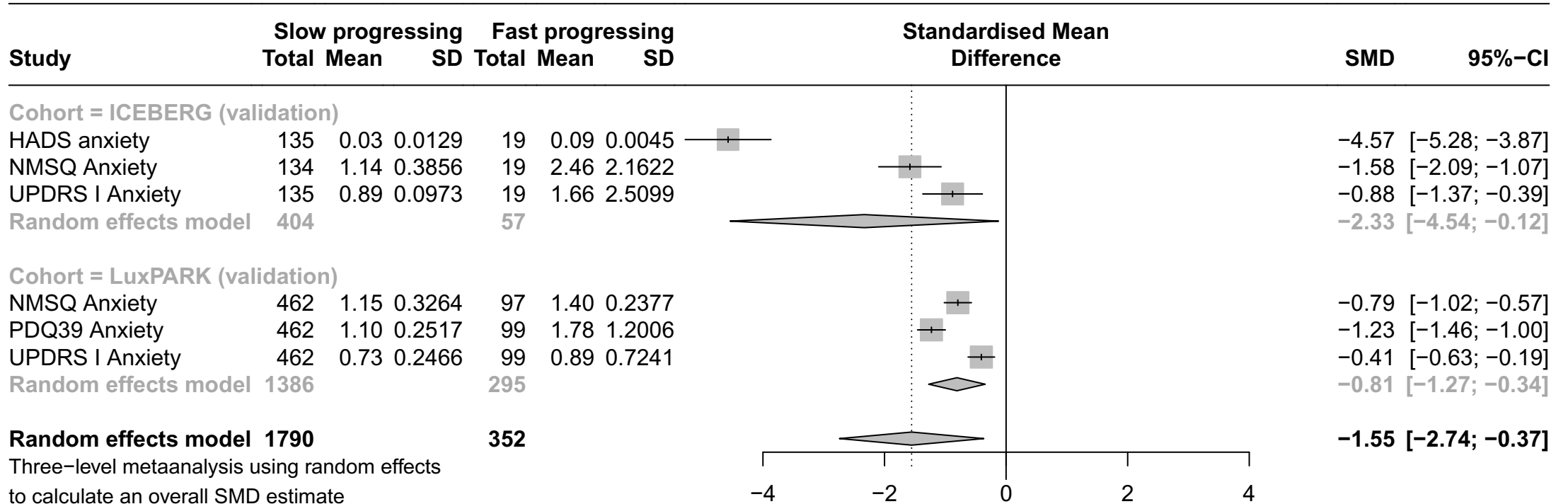
# Forest plot for progression characteristics of symptom domain Language (validation)



Three-level metaanalysis using random effects to calculate an overall SMD estimate for Language across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Anxiety (validation)

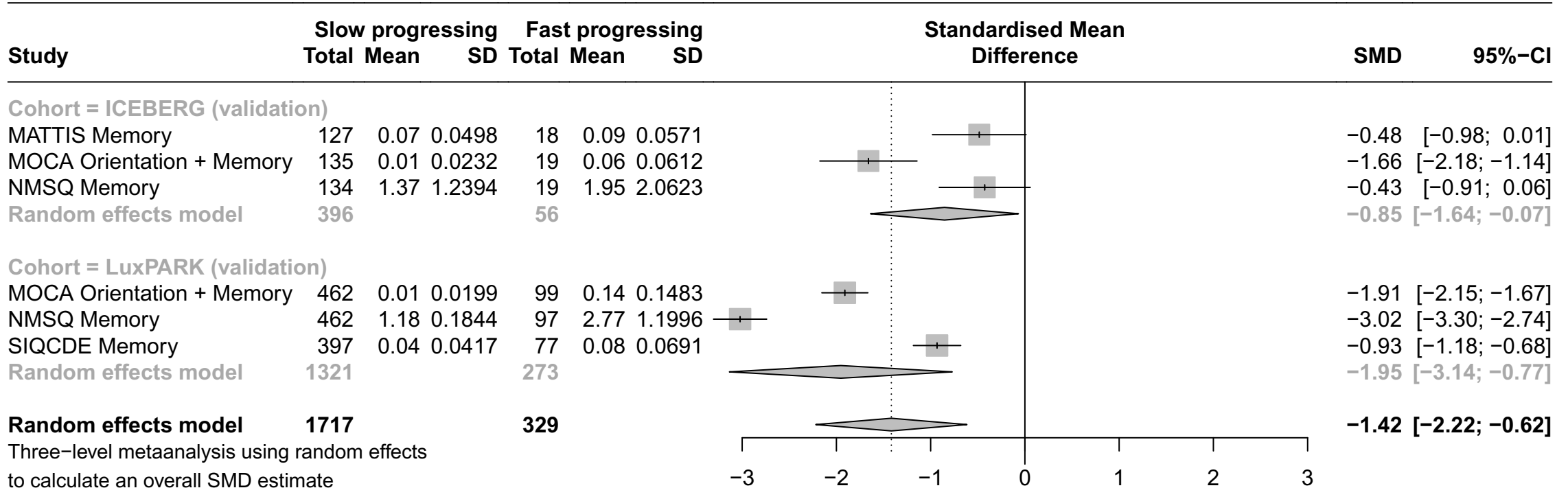


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Anxiety across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

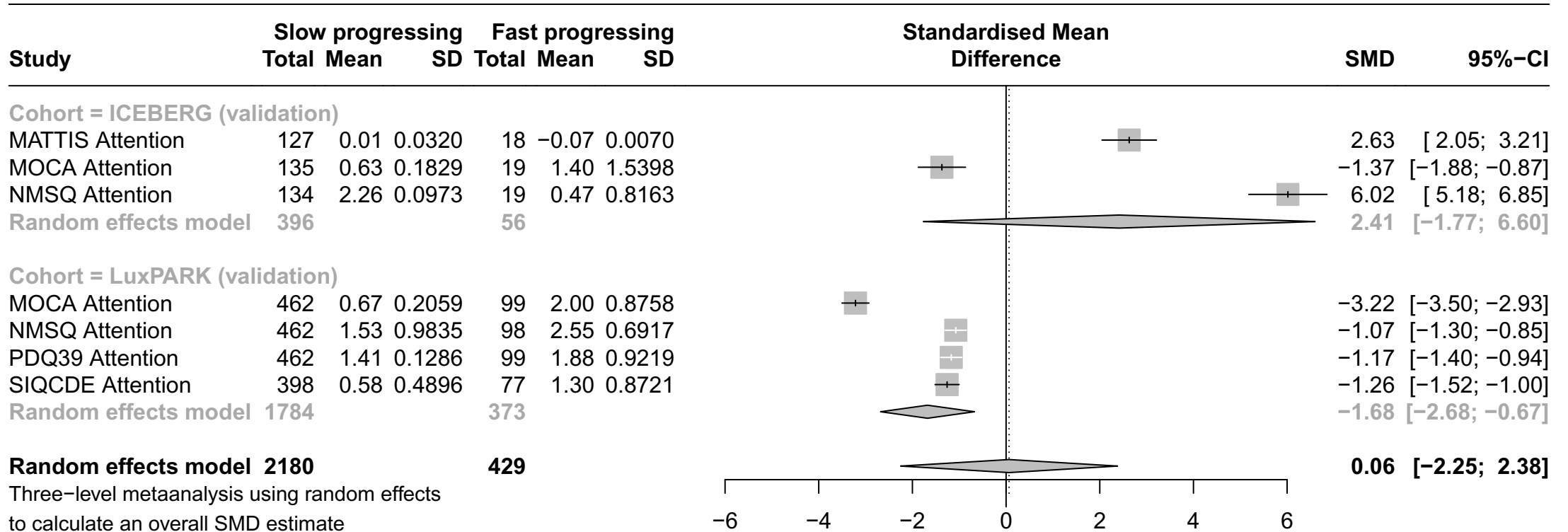
# Forest plot for progression characteristics of symptom domain Memory (validation)



Three-level metaanalysis using random effects to calculate an overall SMD estimate for Memory across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Attention (validation)

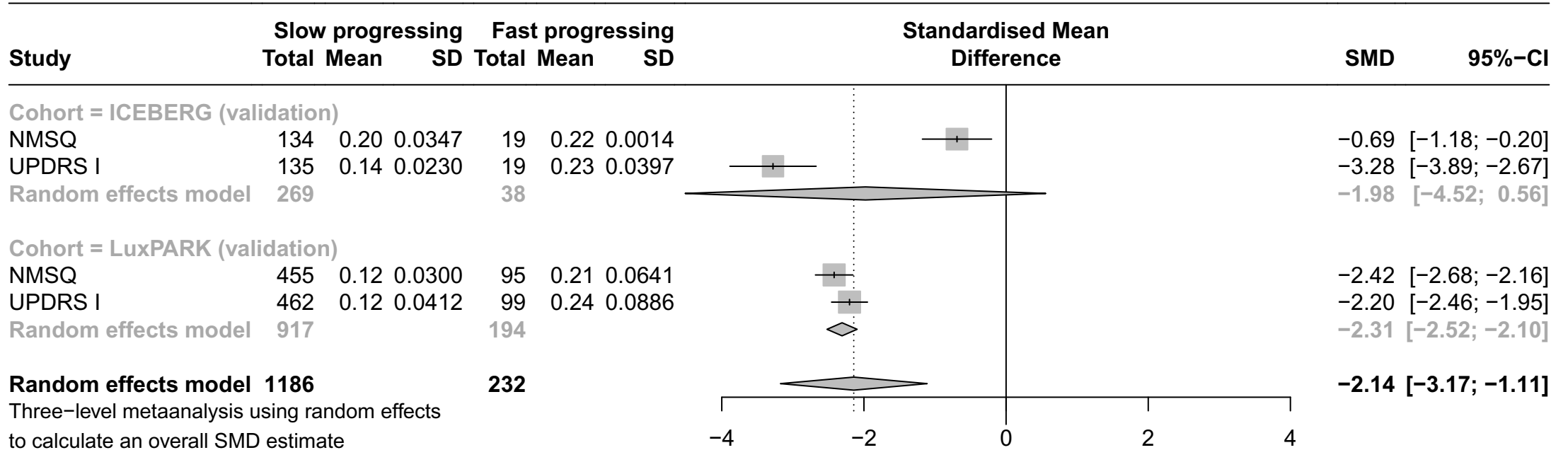


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Attention across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->



# Forest plot for progression characteristics of symptom domain Non motor symptoms (validation)



## Random effects model 1186

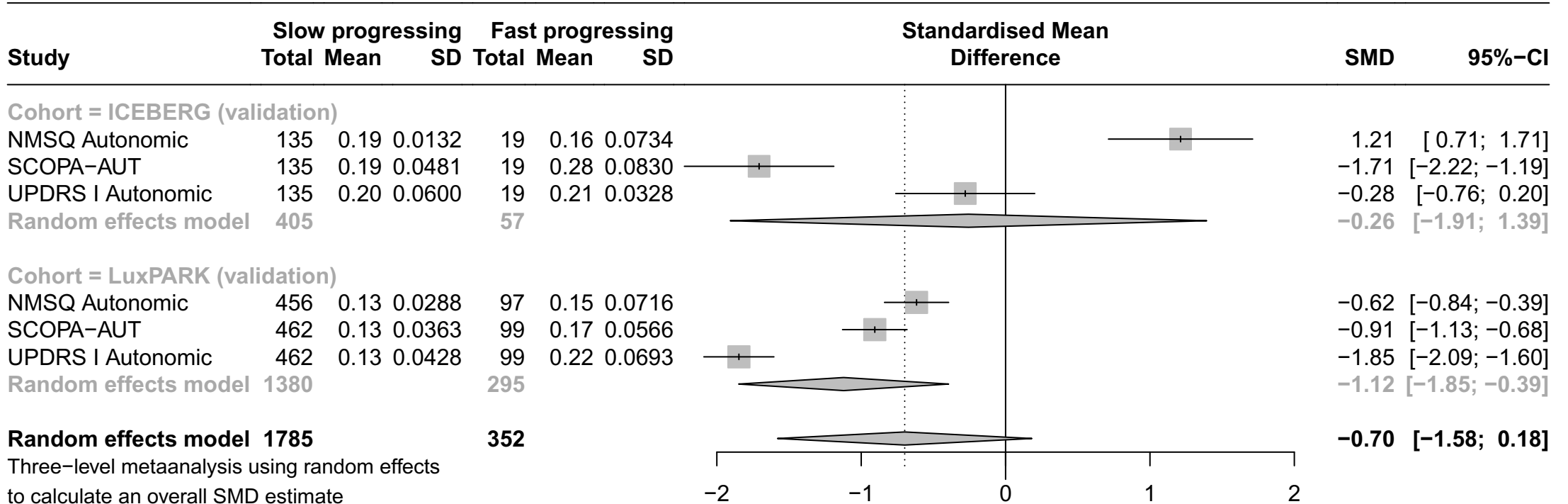
Three-level metaanalysis using random effects to calculate an overall SMD estimate

for Non motor symptoms across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Autonomic (validation)

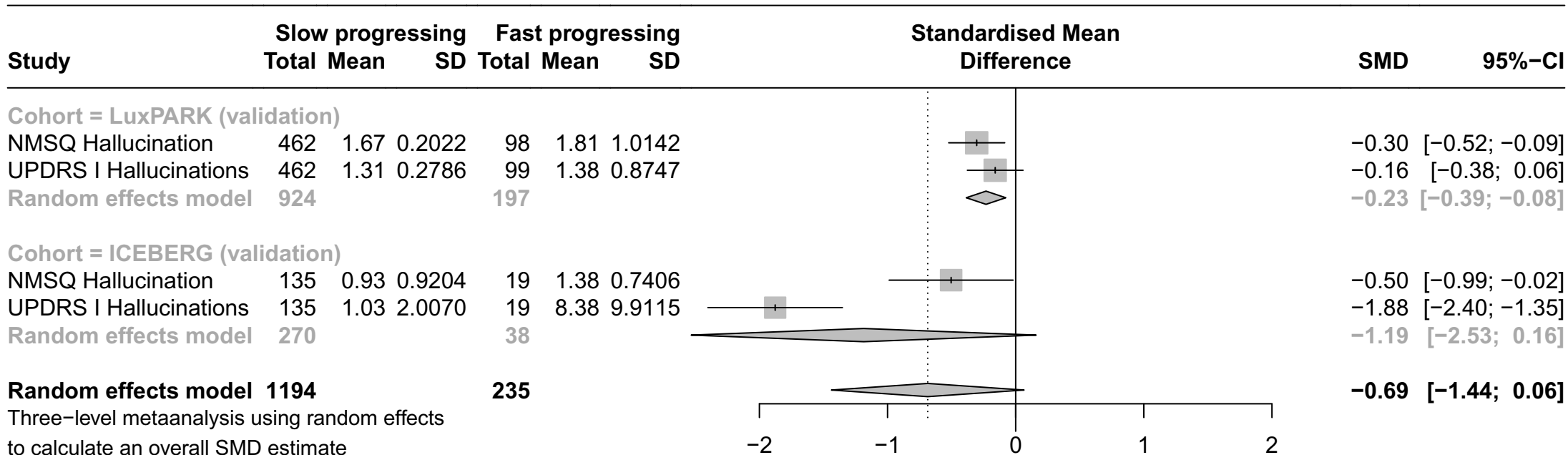


Three-level metaanalysis using random effects to calculate an overall SMD estimate for Autonomic across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Hallucinations (validation)



## Random effects model 1194

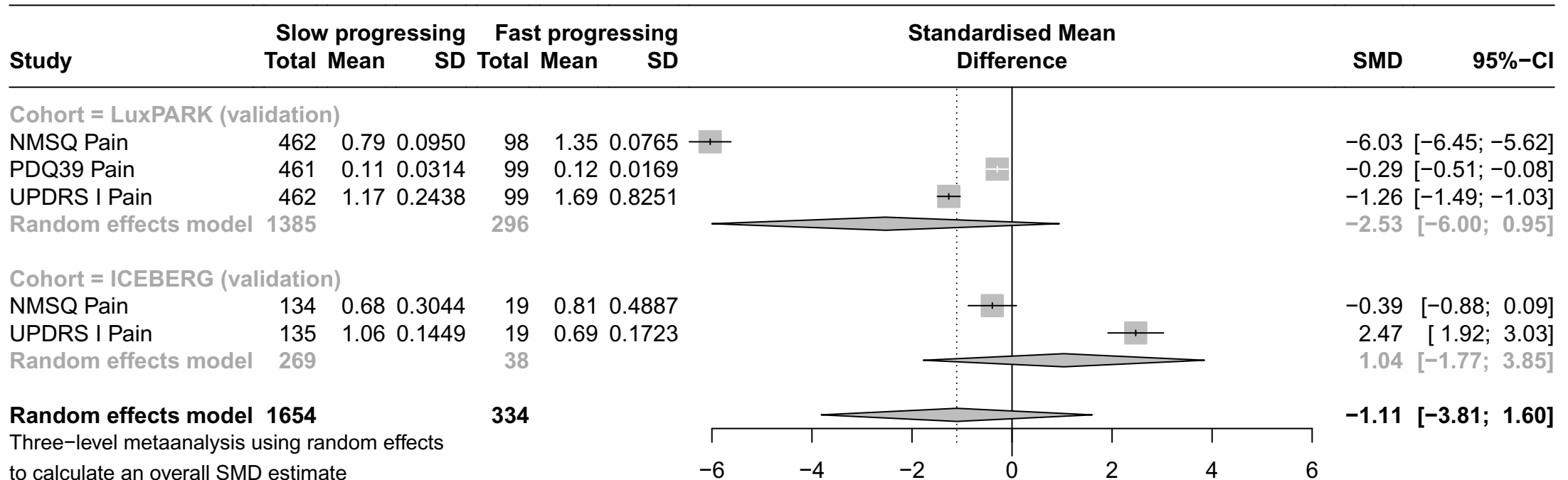
Three-level metaanalysis using random effects to calculate an overall SMD estimate for Hallucinations across cohorts.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

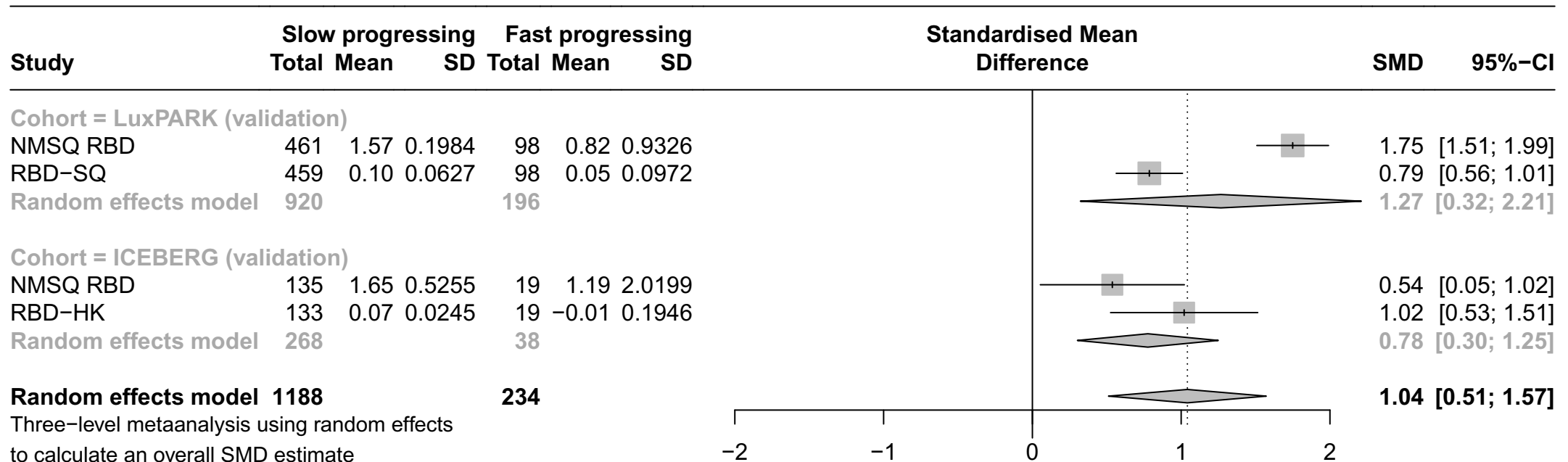
# Forest plot for progression characteristics of symptom domain Pain (validation)



**Random effects model 1654**  
 Three-level metaanalysis using random effects to calculate an overall SMD estimate for Pain across cohorts.  
 The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

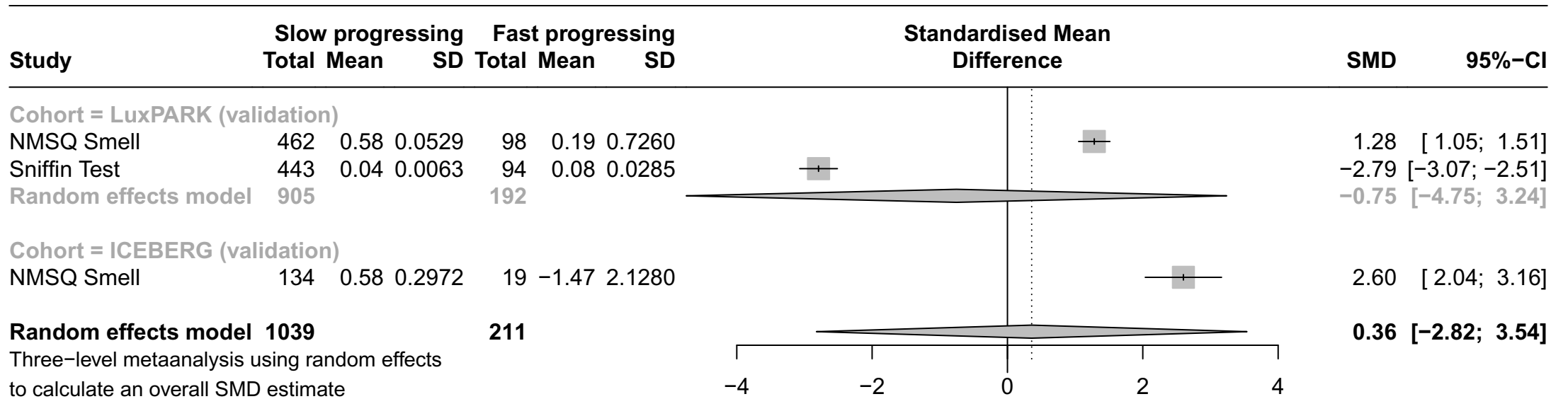
# Forest plot for progression characteristics of symptom domain RBD (validation)



Three-level metaanalysis using random effects to calculate an overall SMD estimate for RBD across cohorts. The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

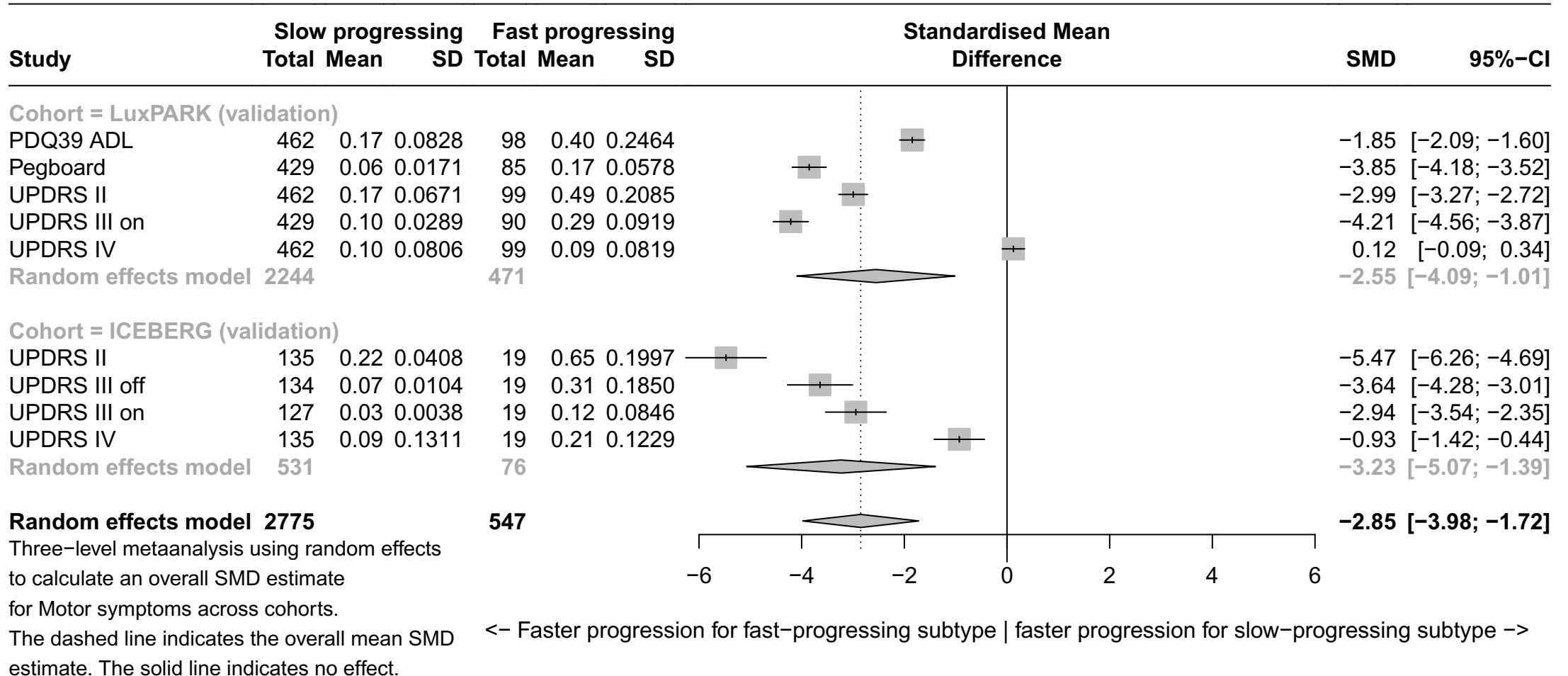
# Forest plot for progression characteristics of symptom domain Smell (validation)



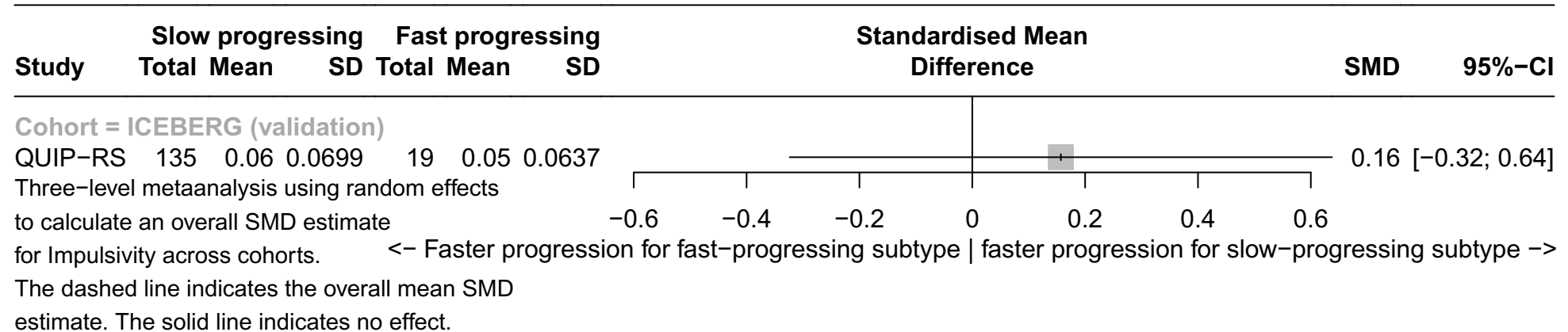
**Random effects model 1039**  
 Three-level metaanalysis using random effects to calculate an overall SMD estimate for Smell across cohorts.  
 The dashed line indicates the overall mean SMD estimate. The solid line indicates no effect.

<- Faster progression for fast-progressing subtype | faster progression for slow-progressing subtype ->

# Forest plot for progression characteristics of symptom domain Motor symptoms (validation)



# Forest plot for progression characteristics of symptom domain Impulsivity (validation)

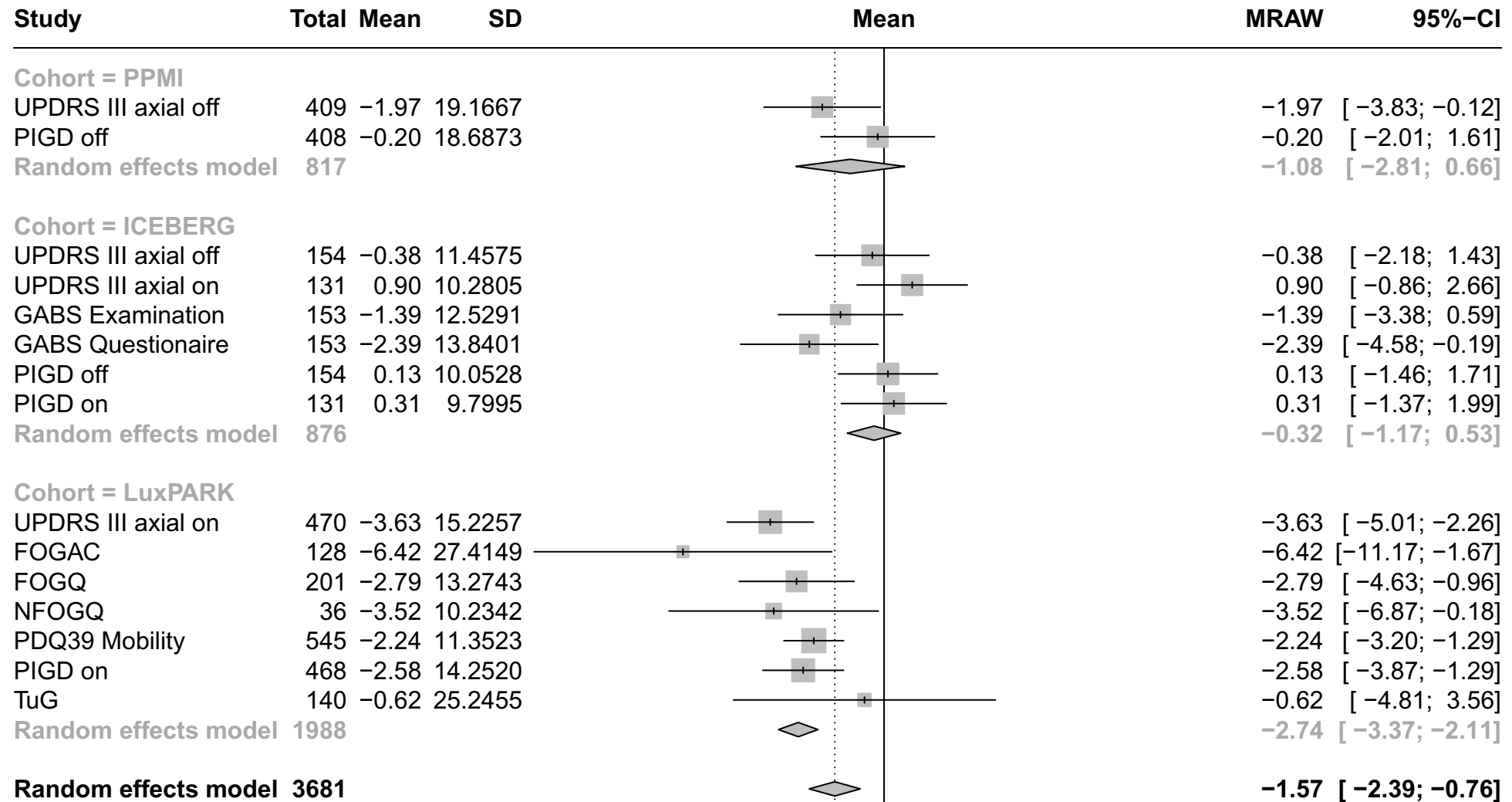




**Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis**

**Forest plots for symptom domain baseline associations (in cohort)**

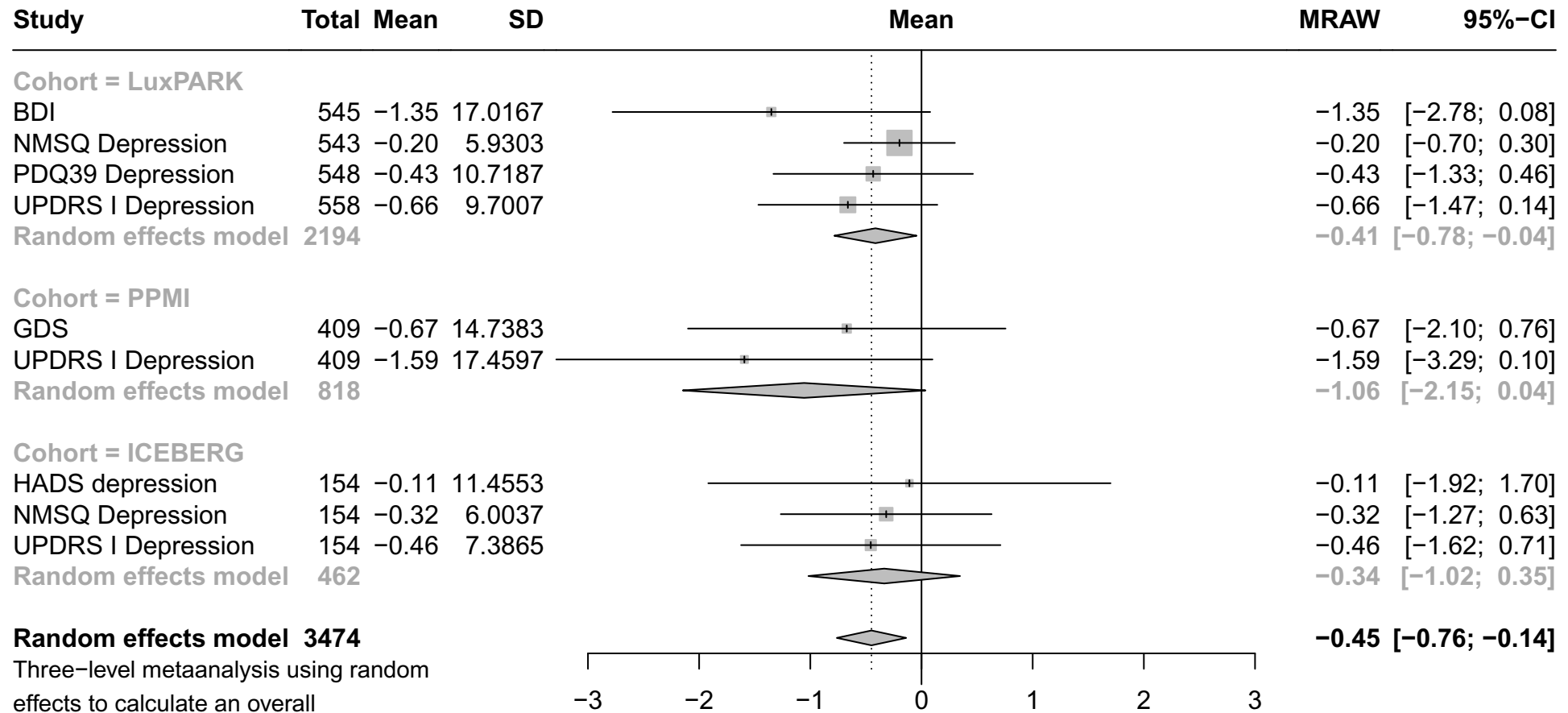
# Forest plot for baseline characteristics of symptom domain Axial & PIGD



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Axial & PIGD across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

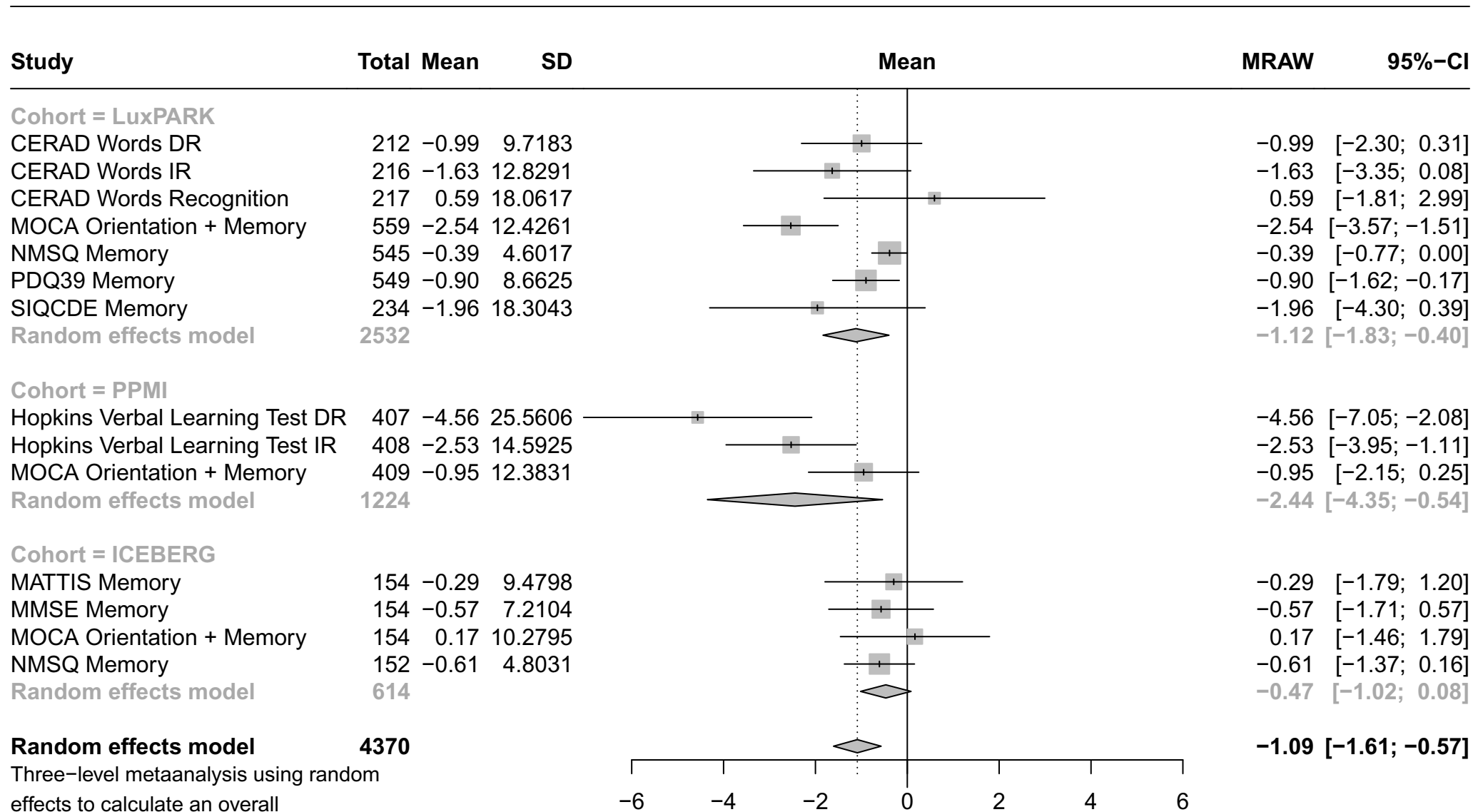
<- Associated with fast-progressing type | associated with slow-progressing type ->

# Forest plot for baseline characteristics of symptom domain Depression



<- Associated with fast-progressing type | associated with slow-progressing type ->

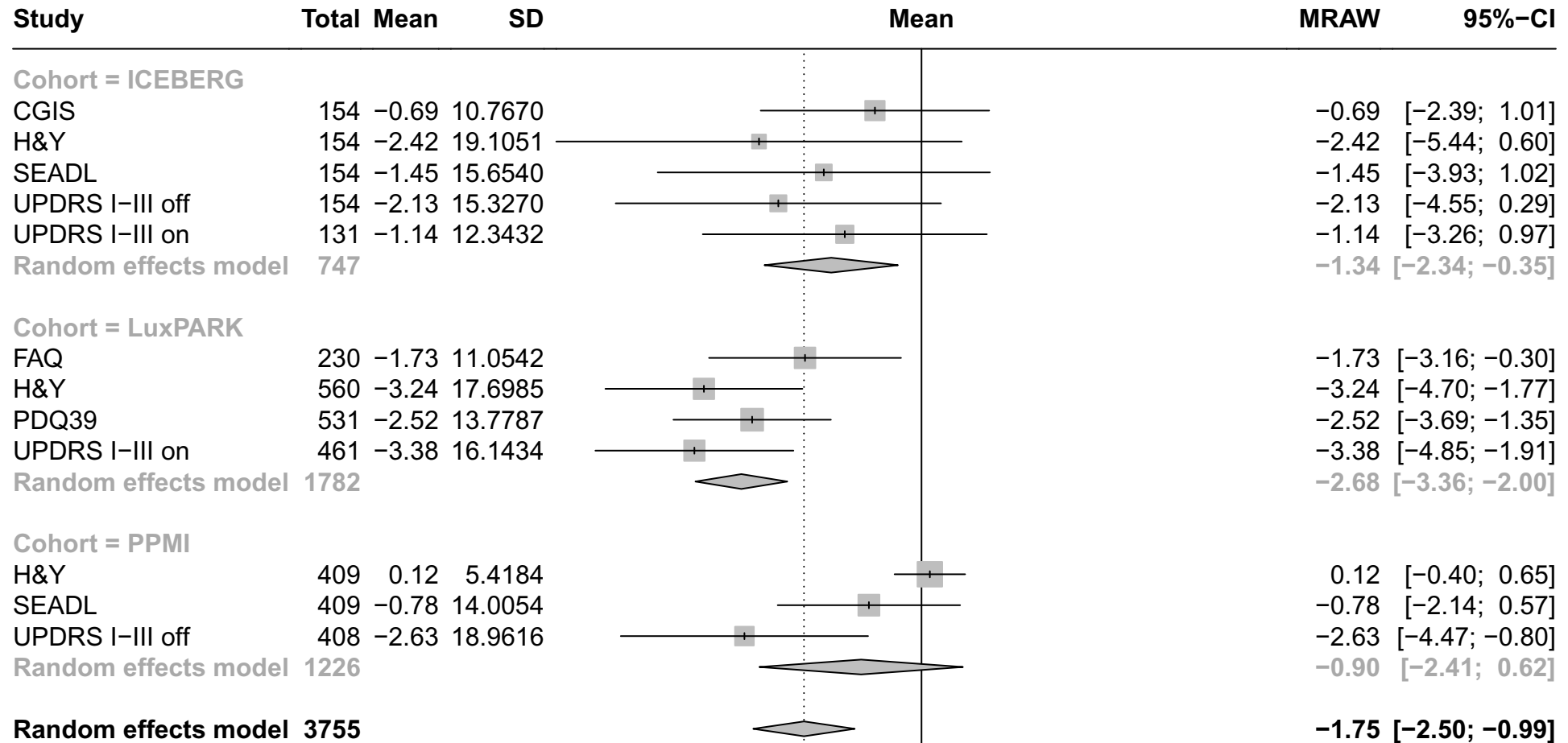
# Forest plot for baseline characteristics of symptom domain Memory



<- Associated with fast-progressing type | associated with slow-progressing type ->

The dashed line indicates the overall mean estimate. The solid line indicates no effect.

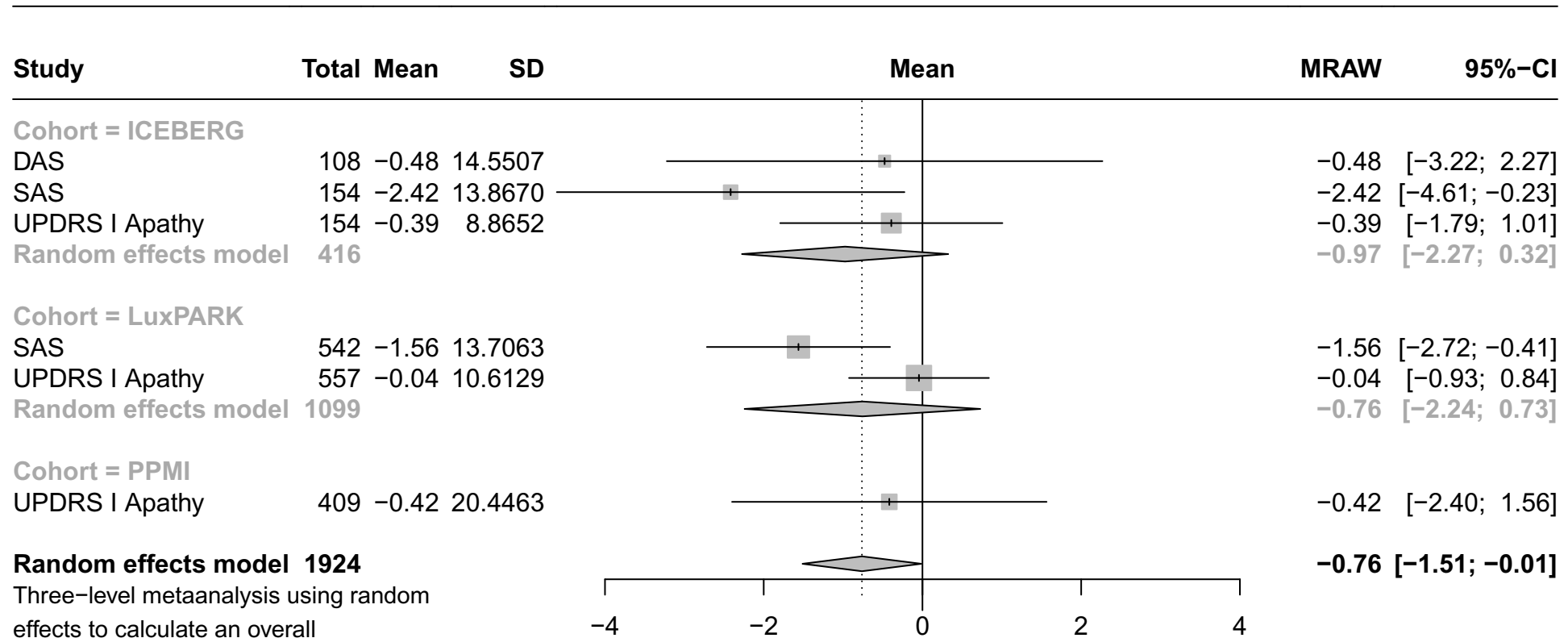
# Forest plot for baseline characteristics of symptom domain Overall severity



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Overall severity across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

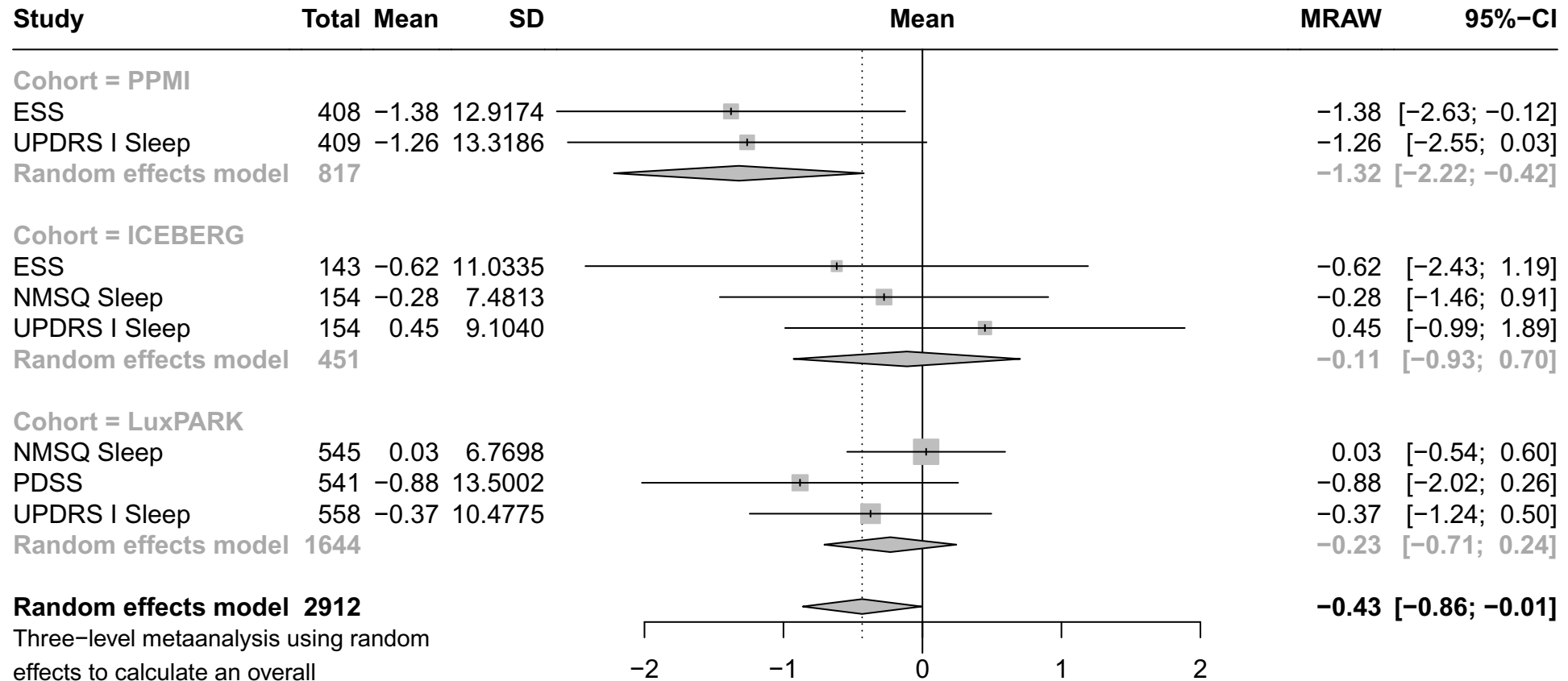
# Forest plot for baseline characteristics of symptom domain Apathy



**Random effects model 1924**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Apathy across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

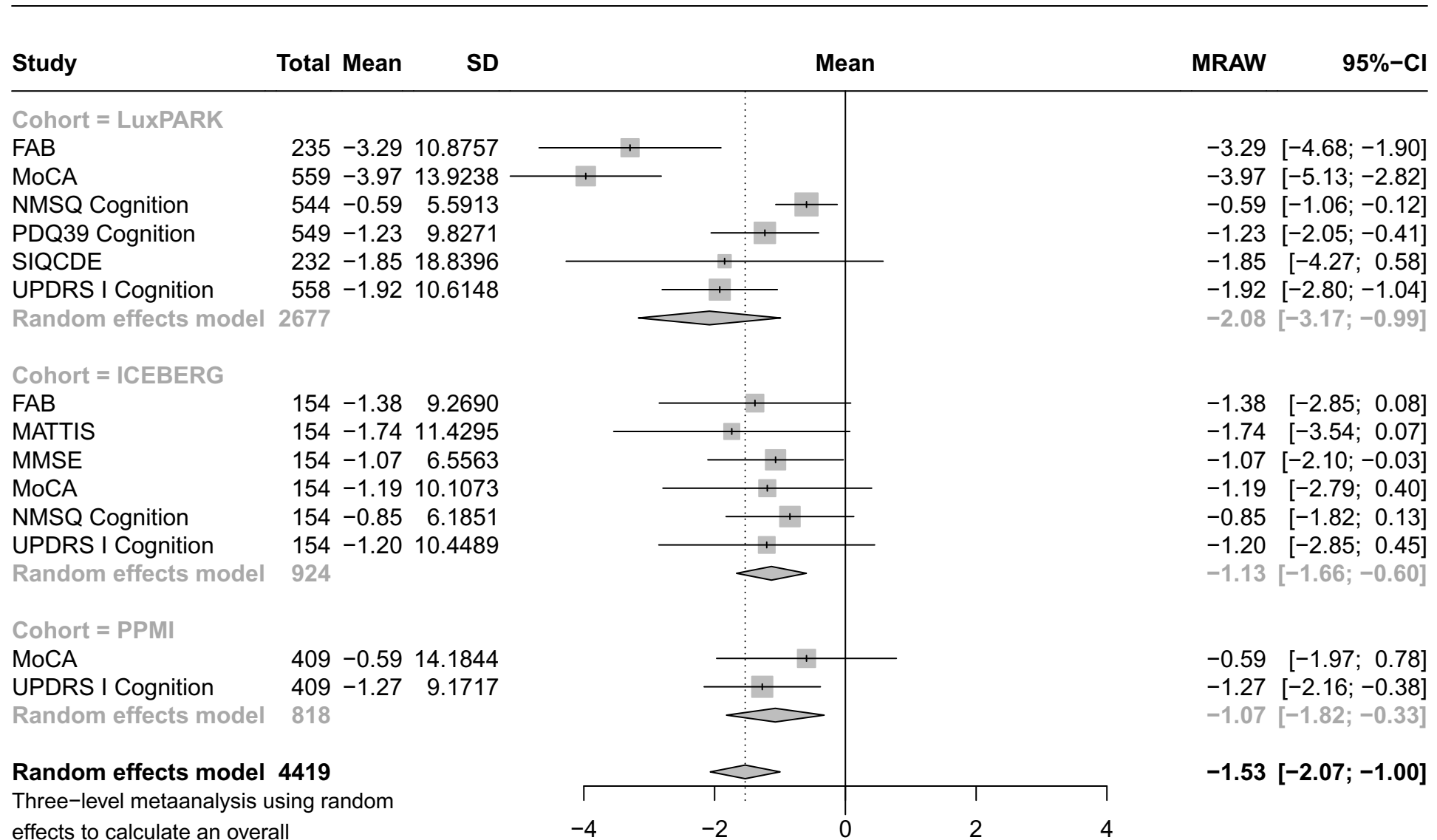
# Forest plot for baseline characteristics of symptom domain Sleep



<- Associated with fast-progressing type | associated with slow-progressing type ->

Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Sleep across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

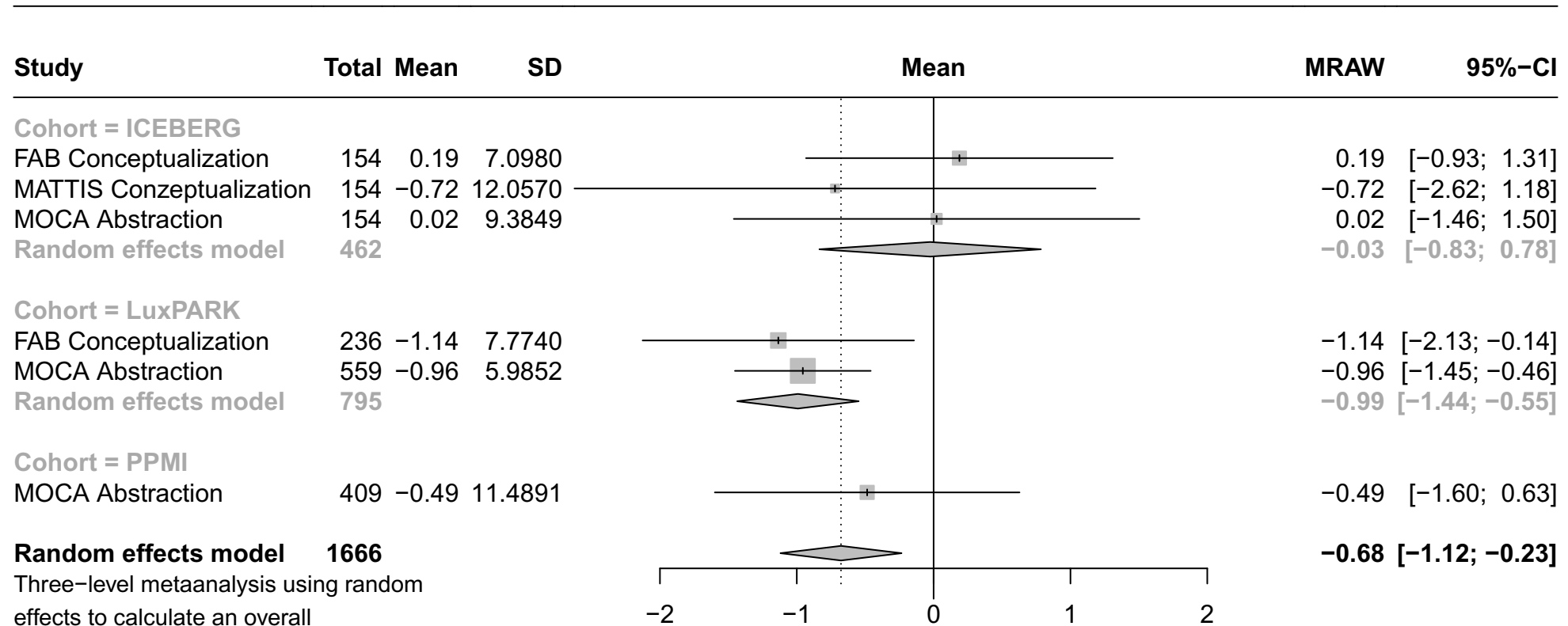
# Forest plot for baseline characteristics of symptom domain Overall cognition



<- Associated with fast-progressing type | associated with slow-progressing type ->



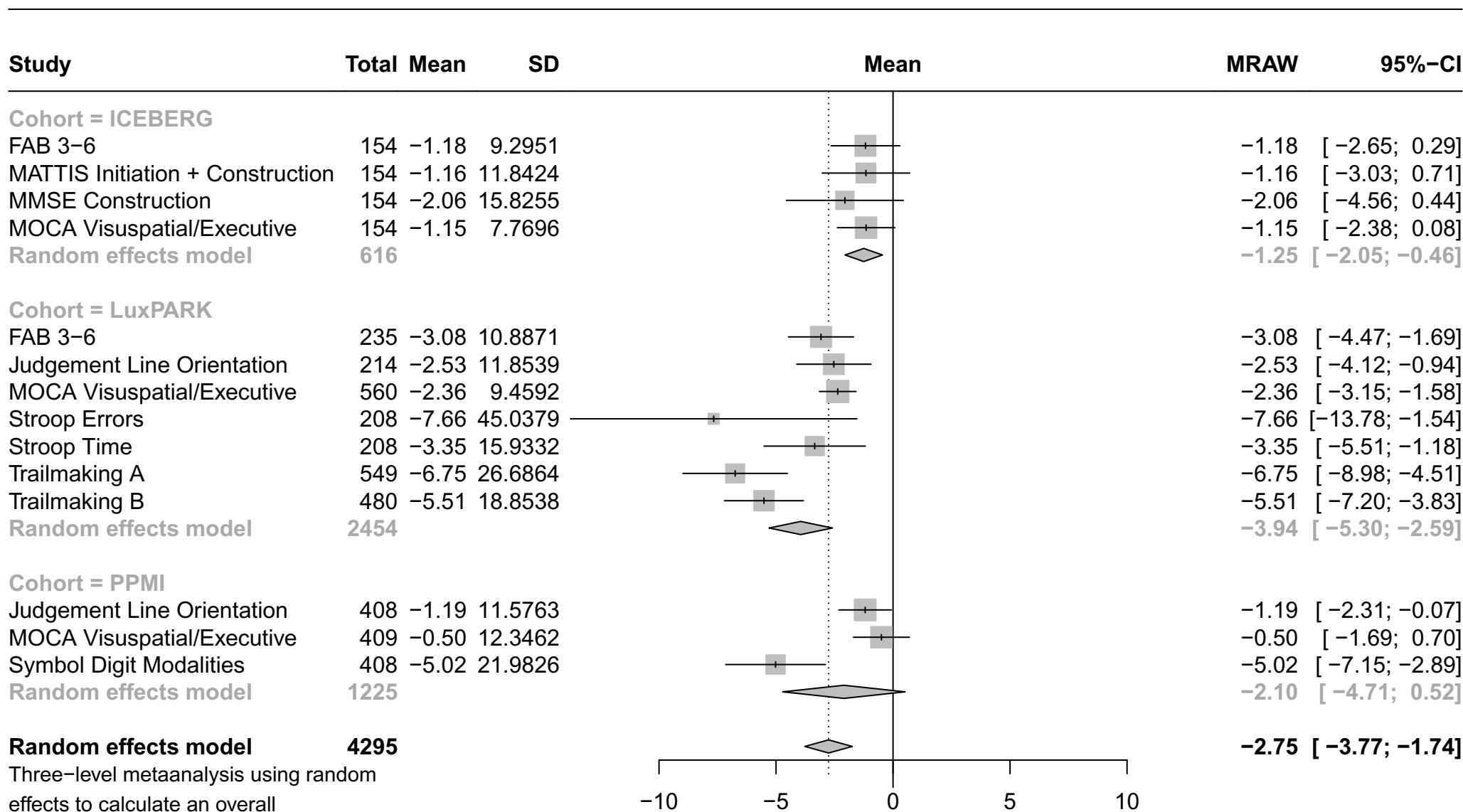
# Forest plot for baseline characteristics of symptom domain Conceptualization



<- Associated with fast-progressing type | associated with slow-progressing type ->

Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Conceptualization across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

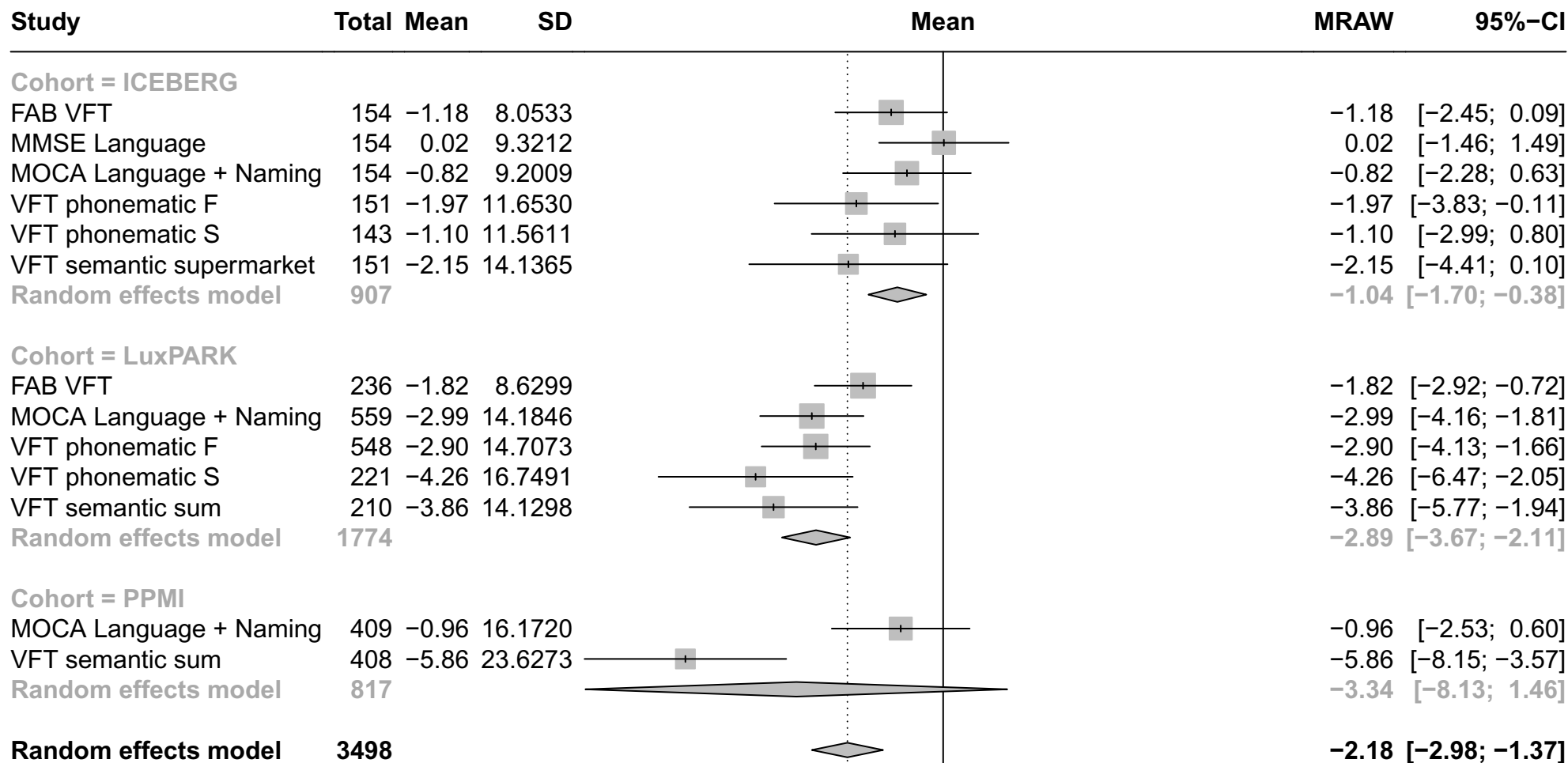
# Forest plot for baseline characteristics of symptom domain Visuo-executive



<- Associated with fast-progressing type | associated with slow-progressing type ->

The dashed line indicates the overall mean estimate. The solid line indicates no effect.

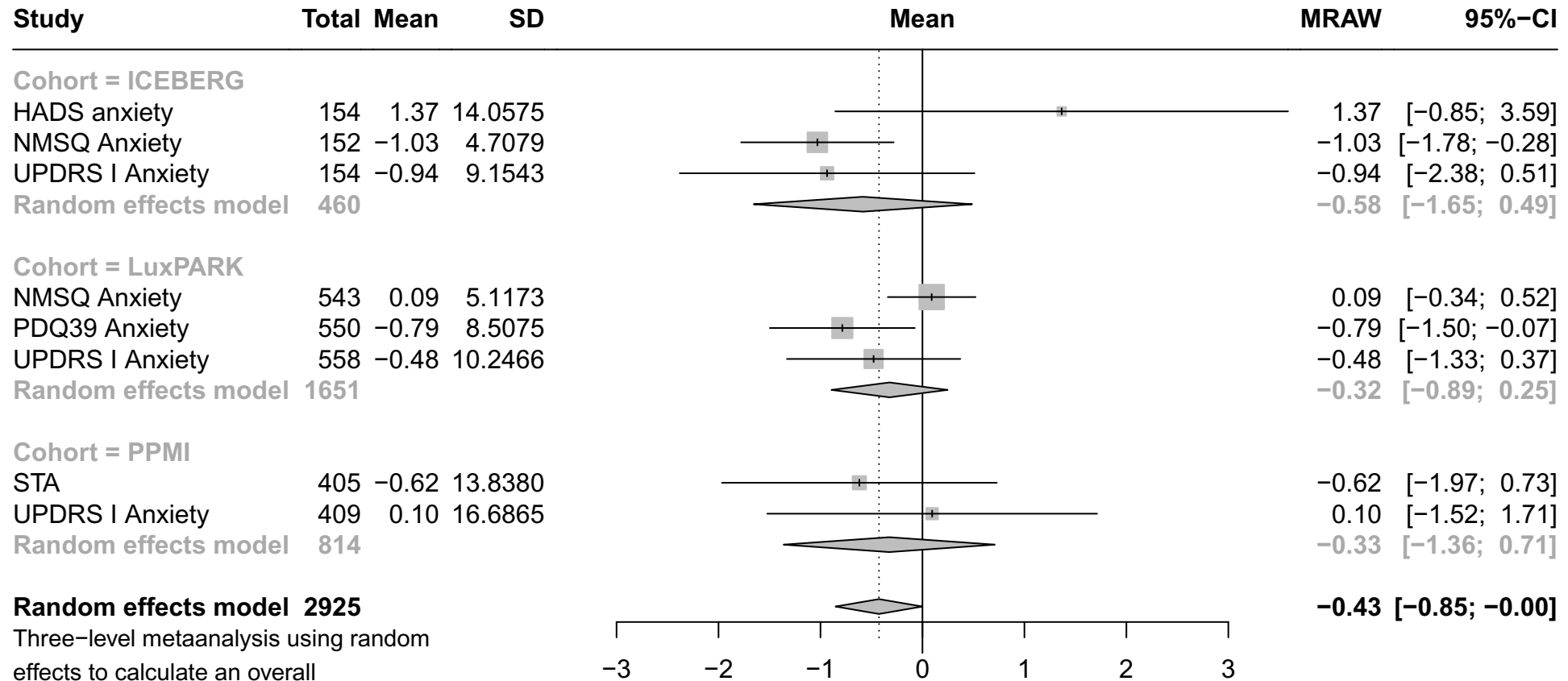
# Forest plot for baseline characteristics of symptom domain Language



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Language across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

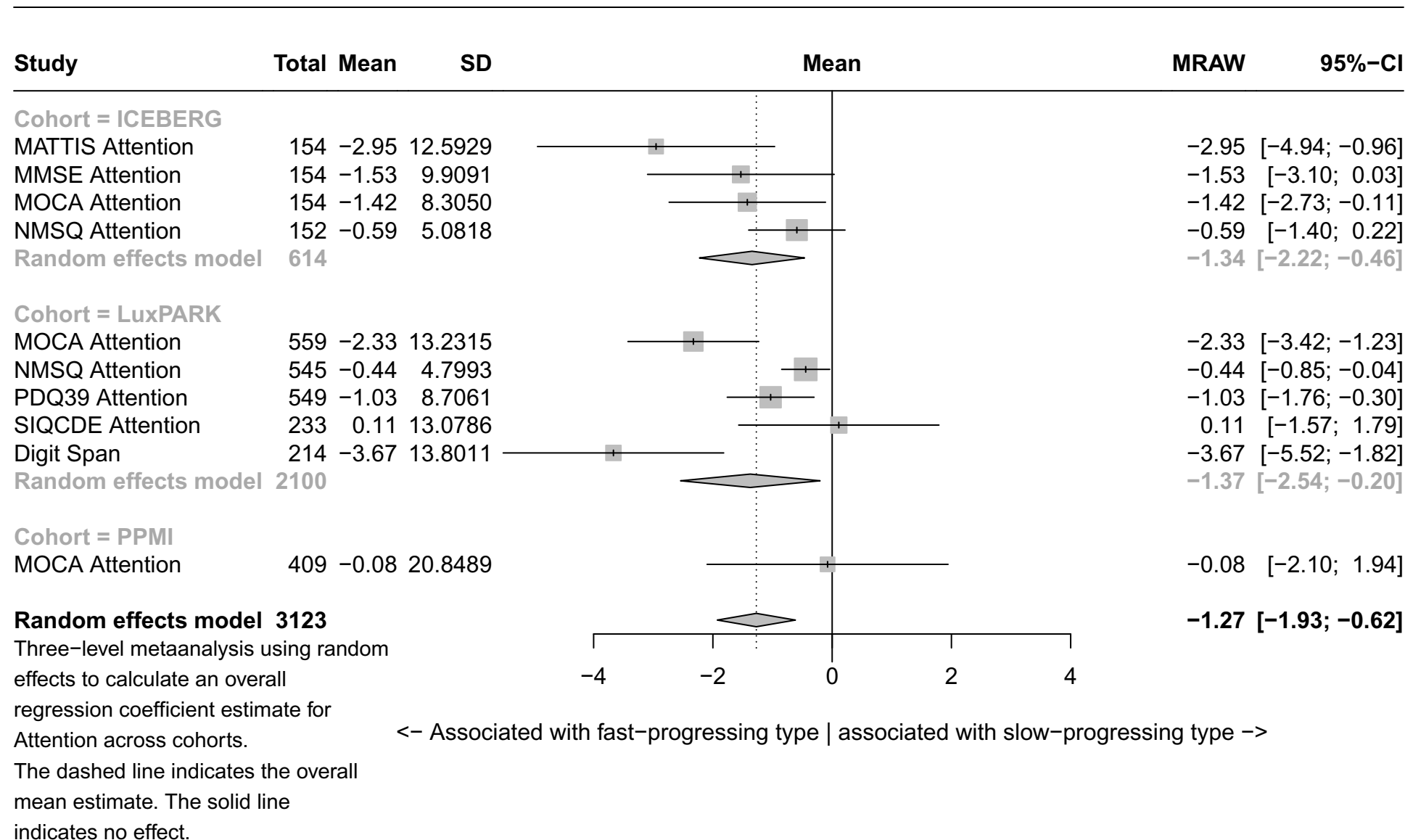
# Forest plot for baseline characteristics of symptom domain Anxiety



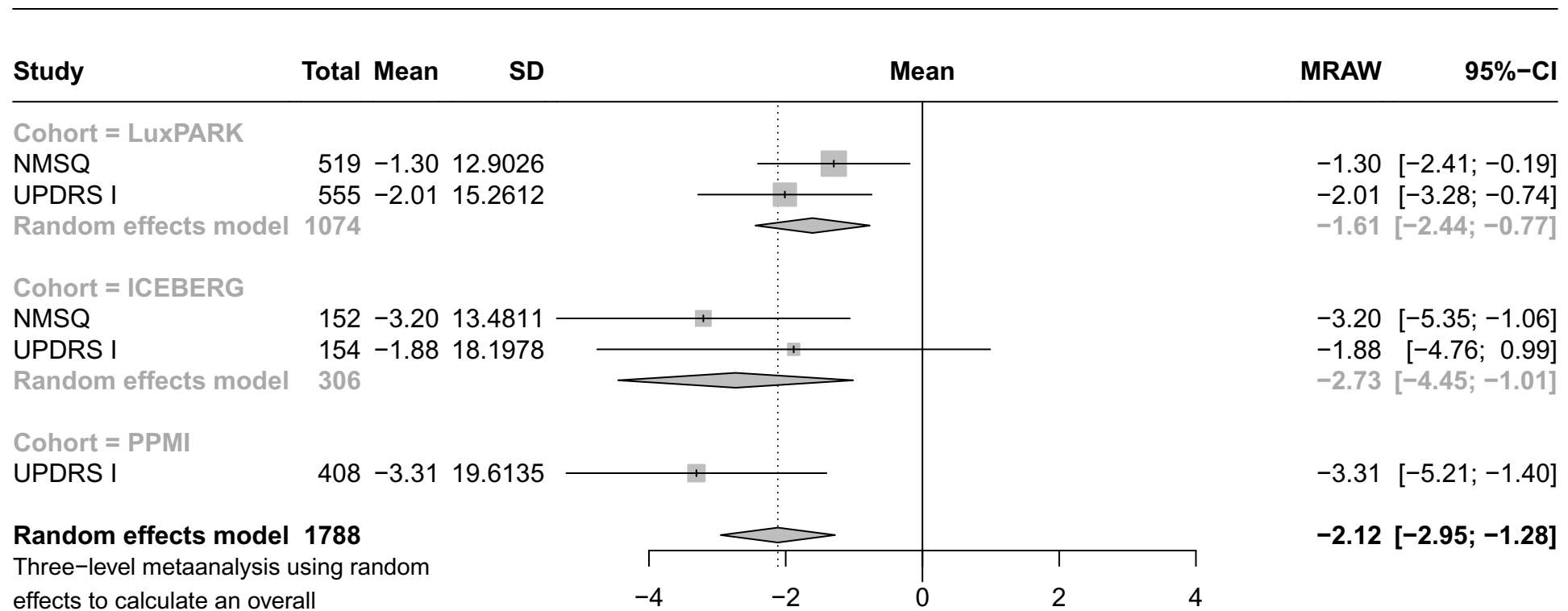
Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Anxiety across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

# Forest plot for baseline characteristics of symptom domain Attention



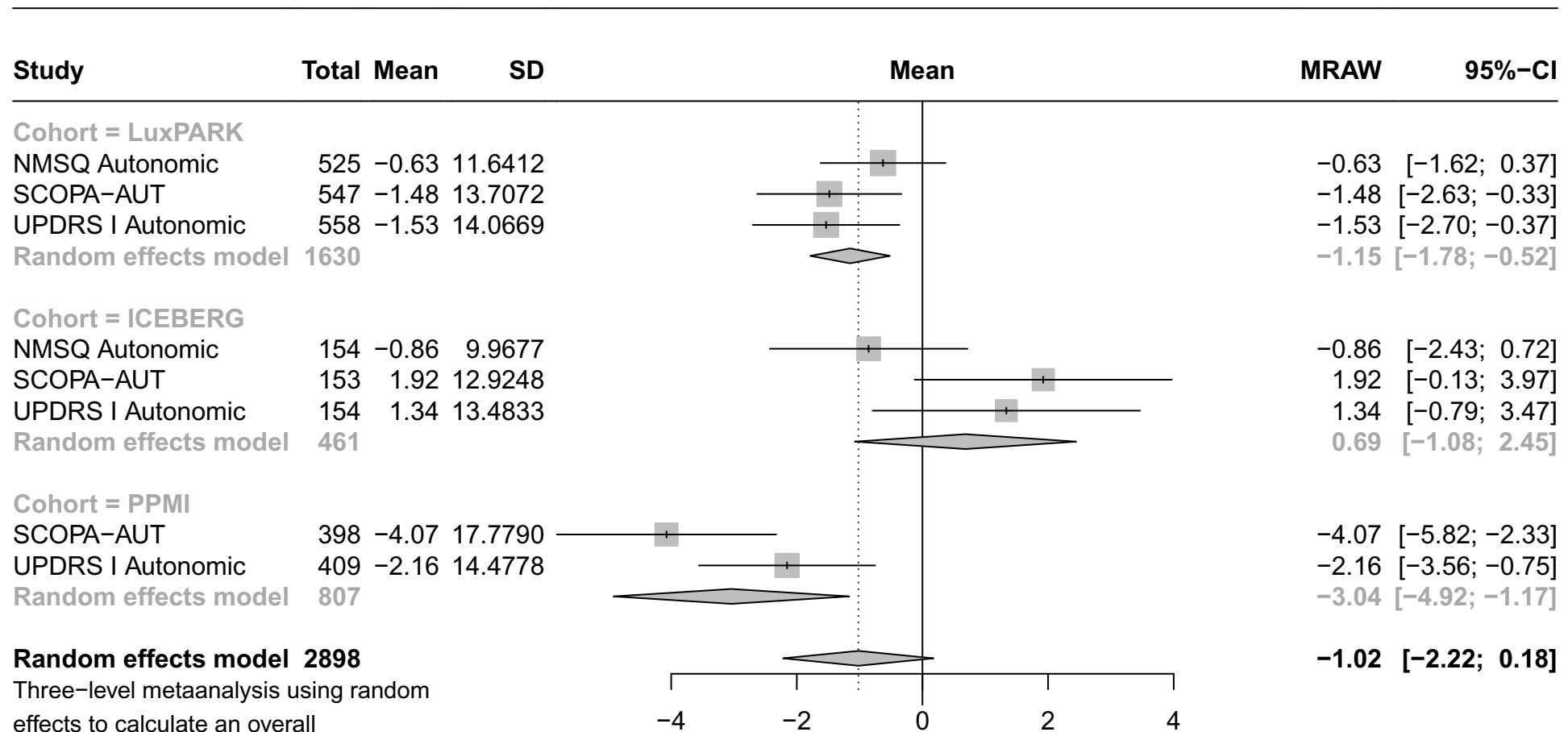
# Forest plot for baseline characteristics of symptom domain Non motor symptoms



**Random effects model 1788**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Non motor symptoms across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

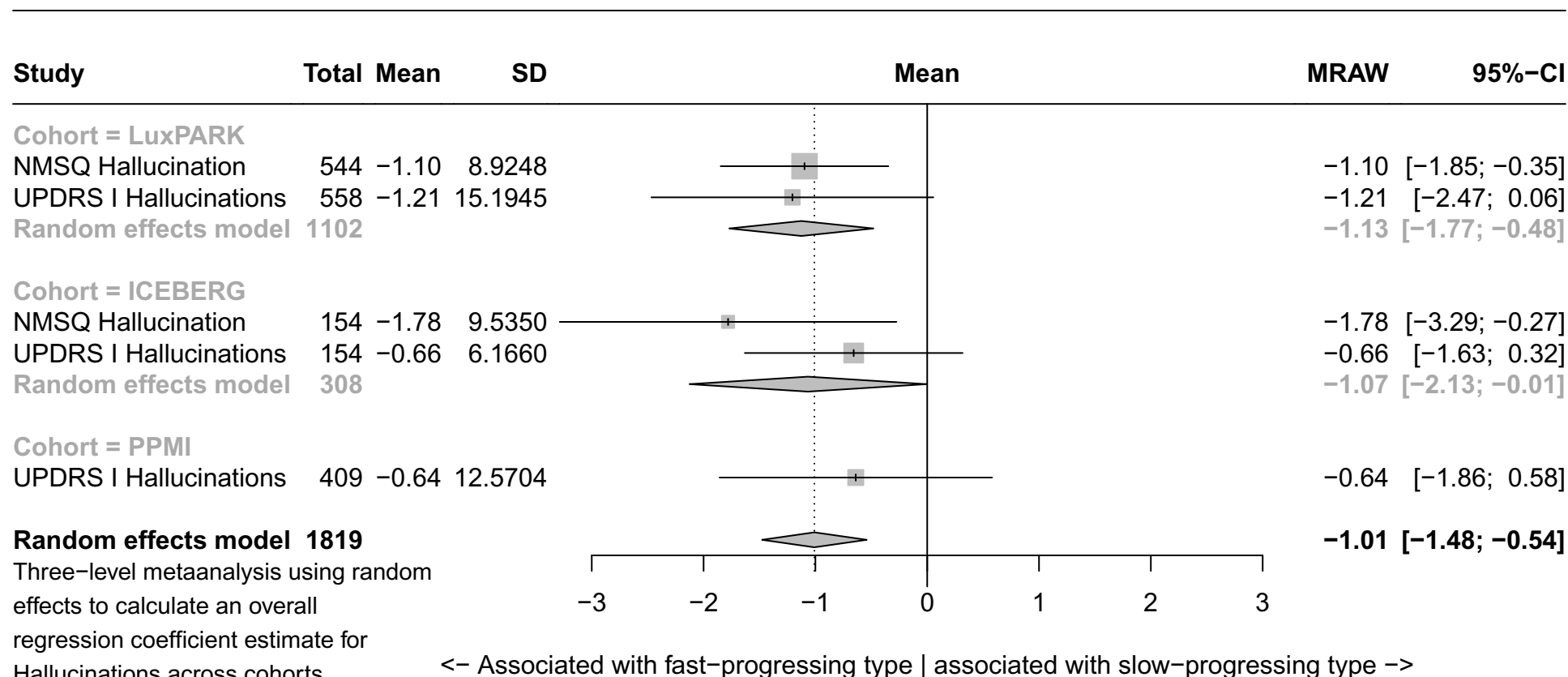
# Forest plot for baseline characteristics of symptom domain Autonomic



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Autonomic across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

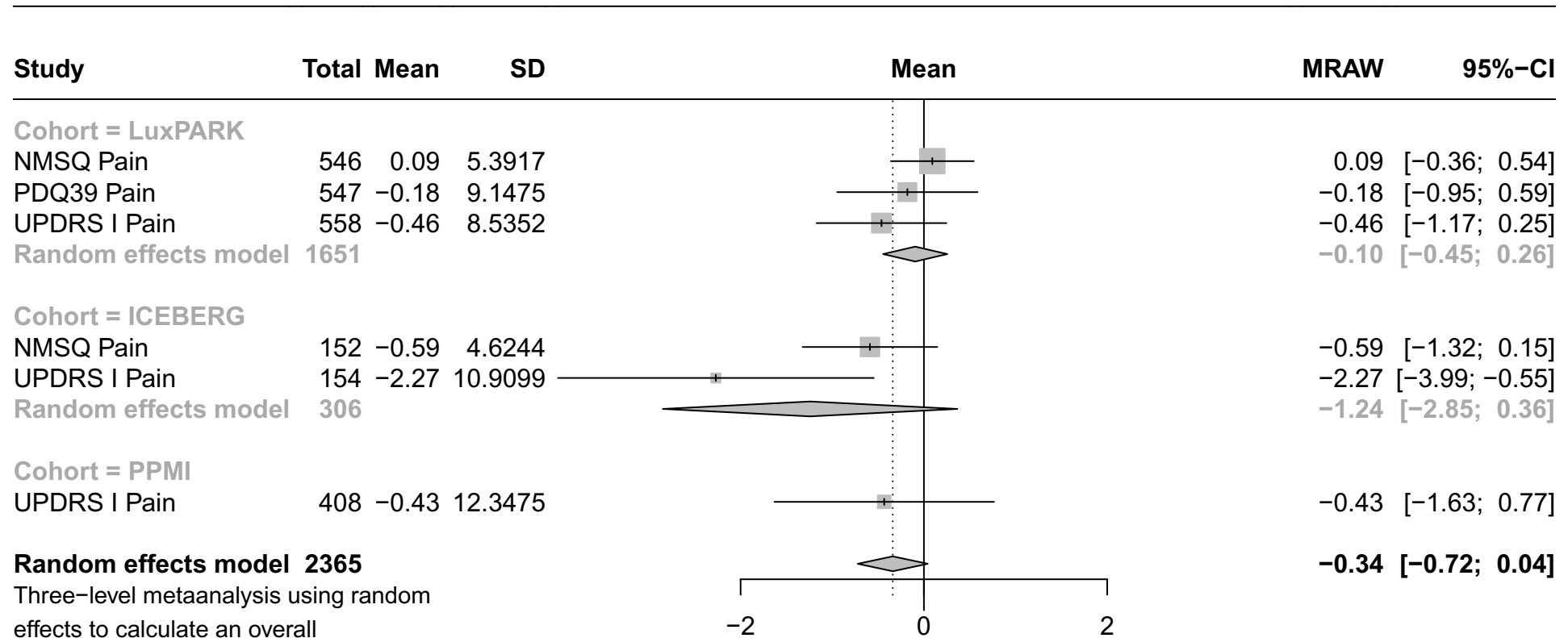
# Forest plot for baseline characteristics of symptom domain Hallucinations



**Random effects model 1819**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Hallucinations across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.



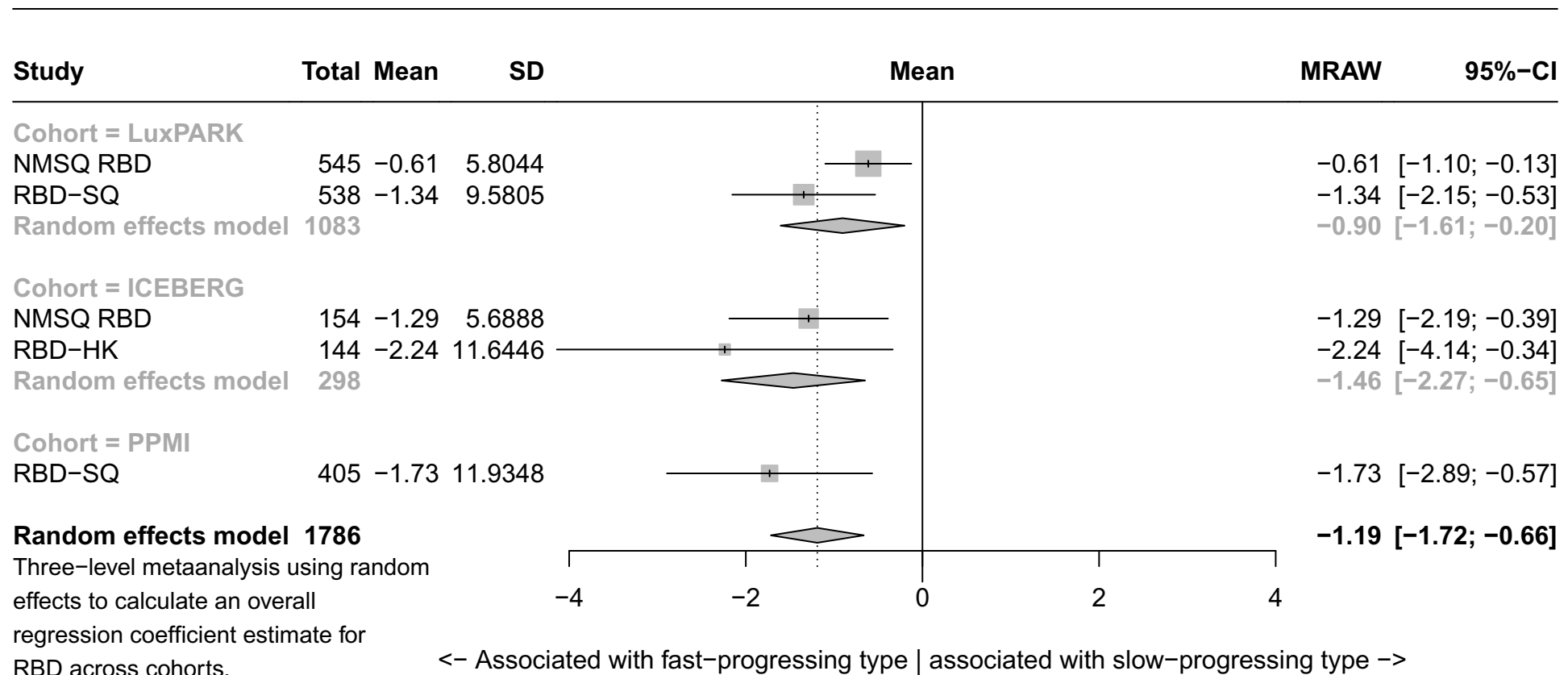
# Forest plot for baseline characteristics of symptom domain Pain



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Pain across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

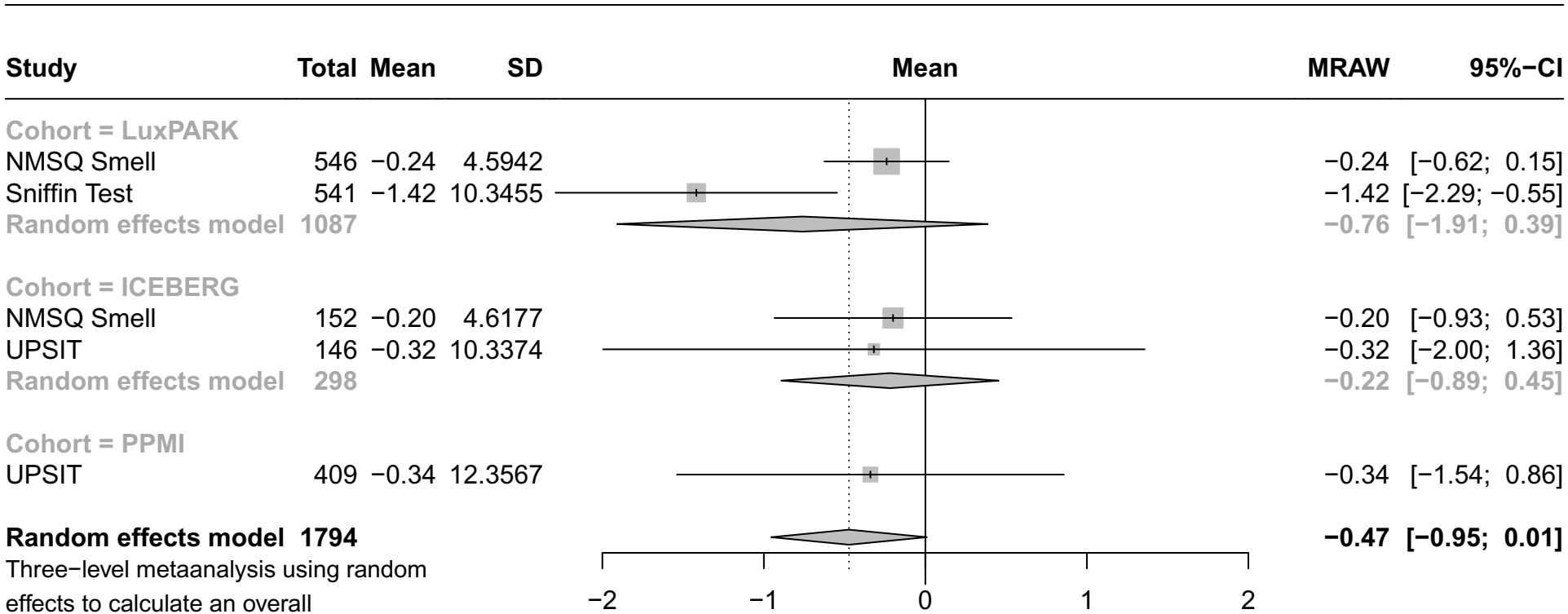
<- Associated with fast-progressing type | associated with slow-progressing type ->

# Forest plot for baseline characteristics of symptom domain RBD



The dashed line indicates the overall mean estimate. The solid line indicates no effect.

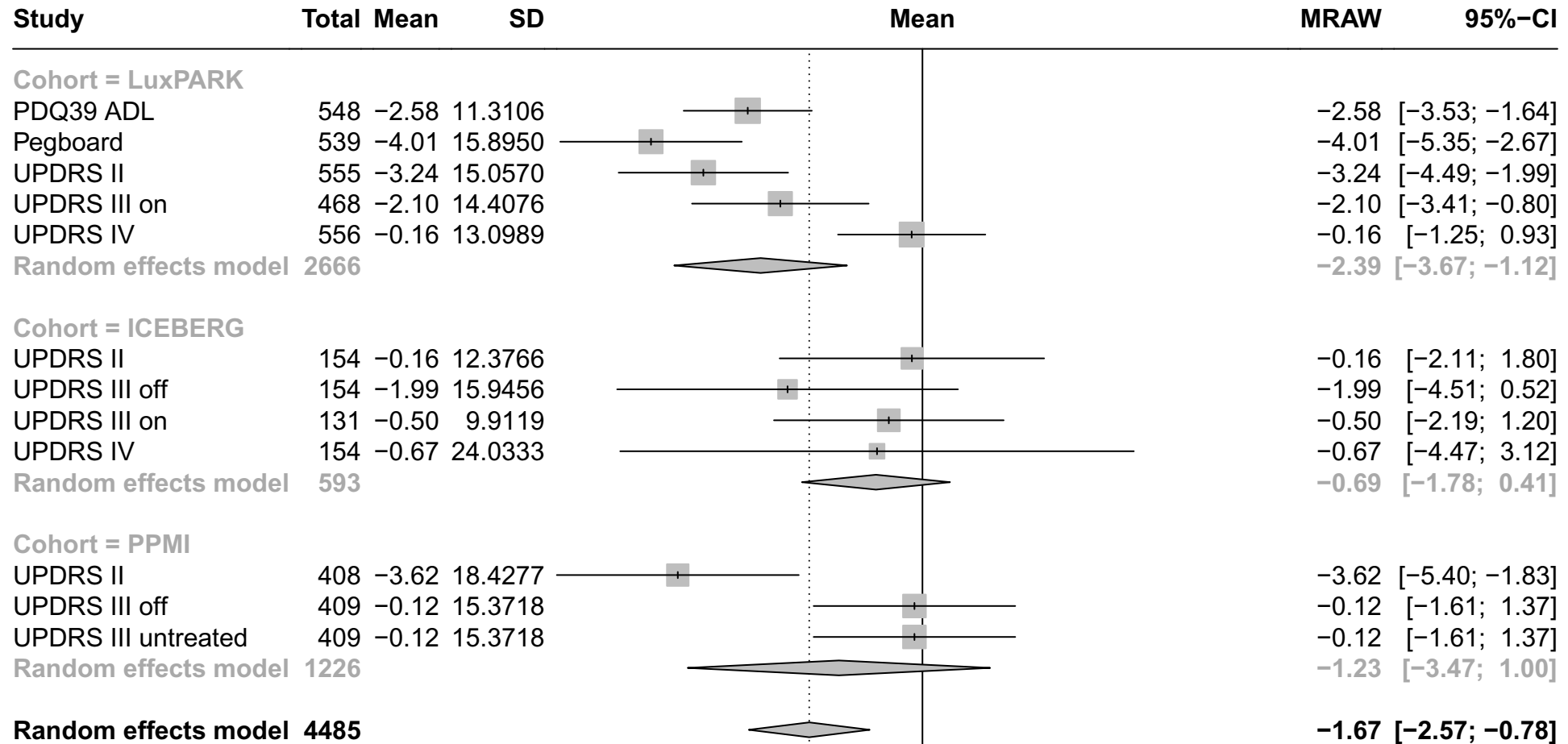
# Forest plot for baseline characteristics of symptom domain Smell



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Smell across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

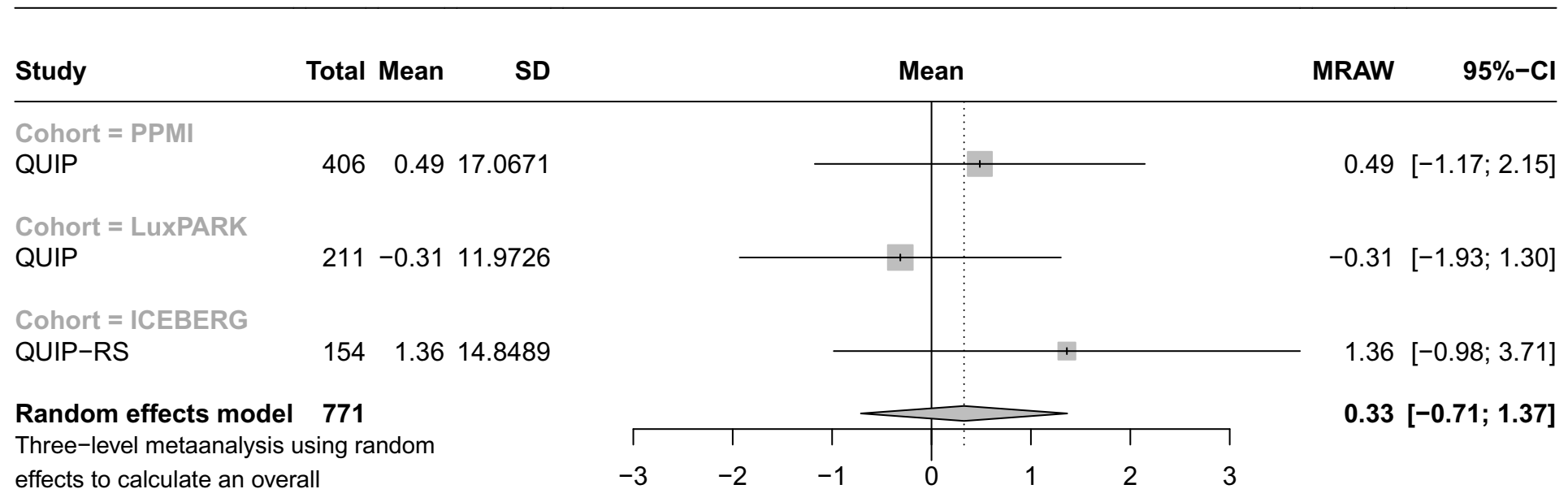
# Forest plot for baseline characteristics of symptom domain Motor symptoms



<- Associated with fast-progressing type | associated with slow-progressing type ->

The dashed line indicates the overall mean estimate. The solid line indicates no effect.

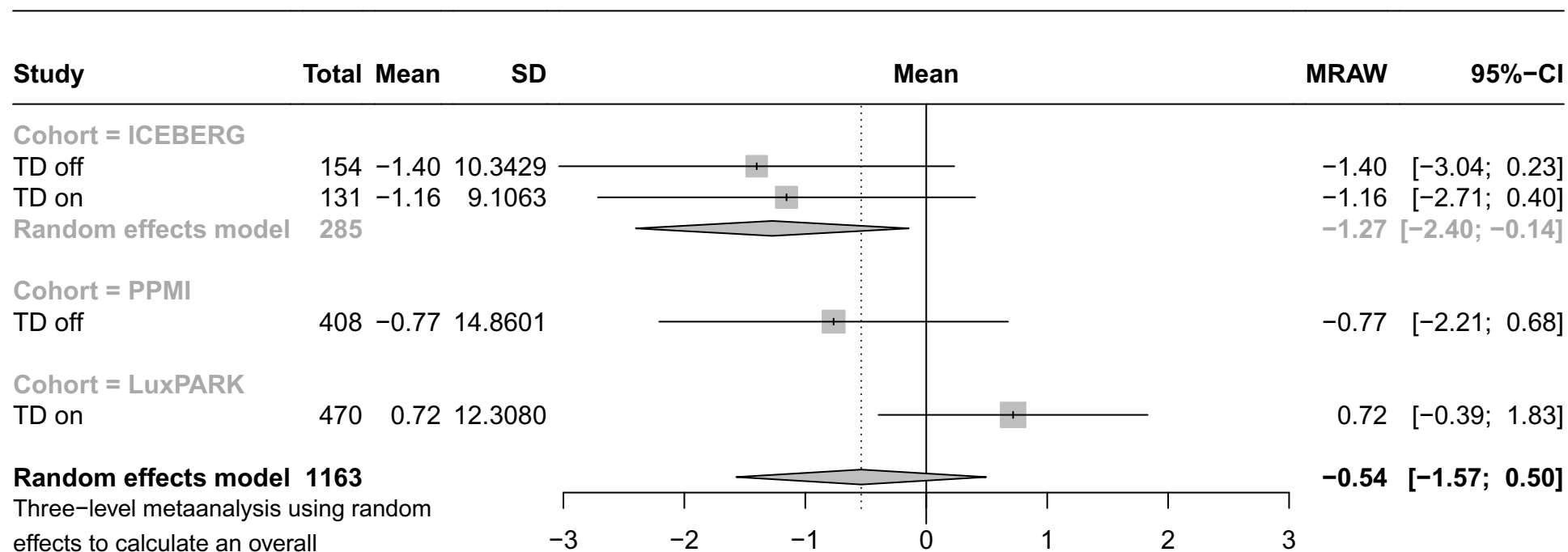
# Forest plot for baseline characteristics of symptom domain Impulsivity



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Impulsivity across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

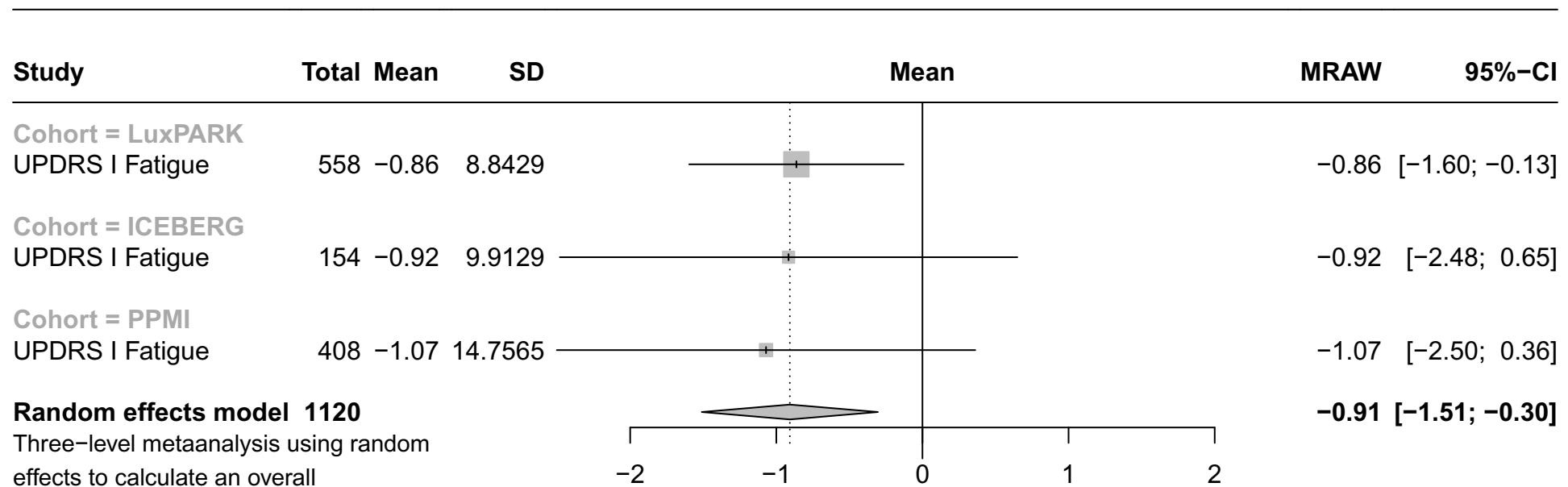
# Forest plot for baseline characteristics of symptom domain Tremor



**Random effects model 1163**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Tremor across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

# Forest plot for baseline characteristics of symptom domain Fatigue



**Random effects model 1120**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Fatigue across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

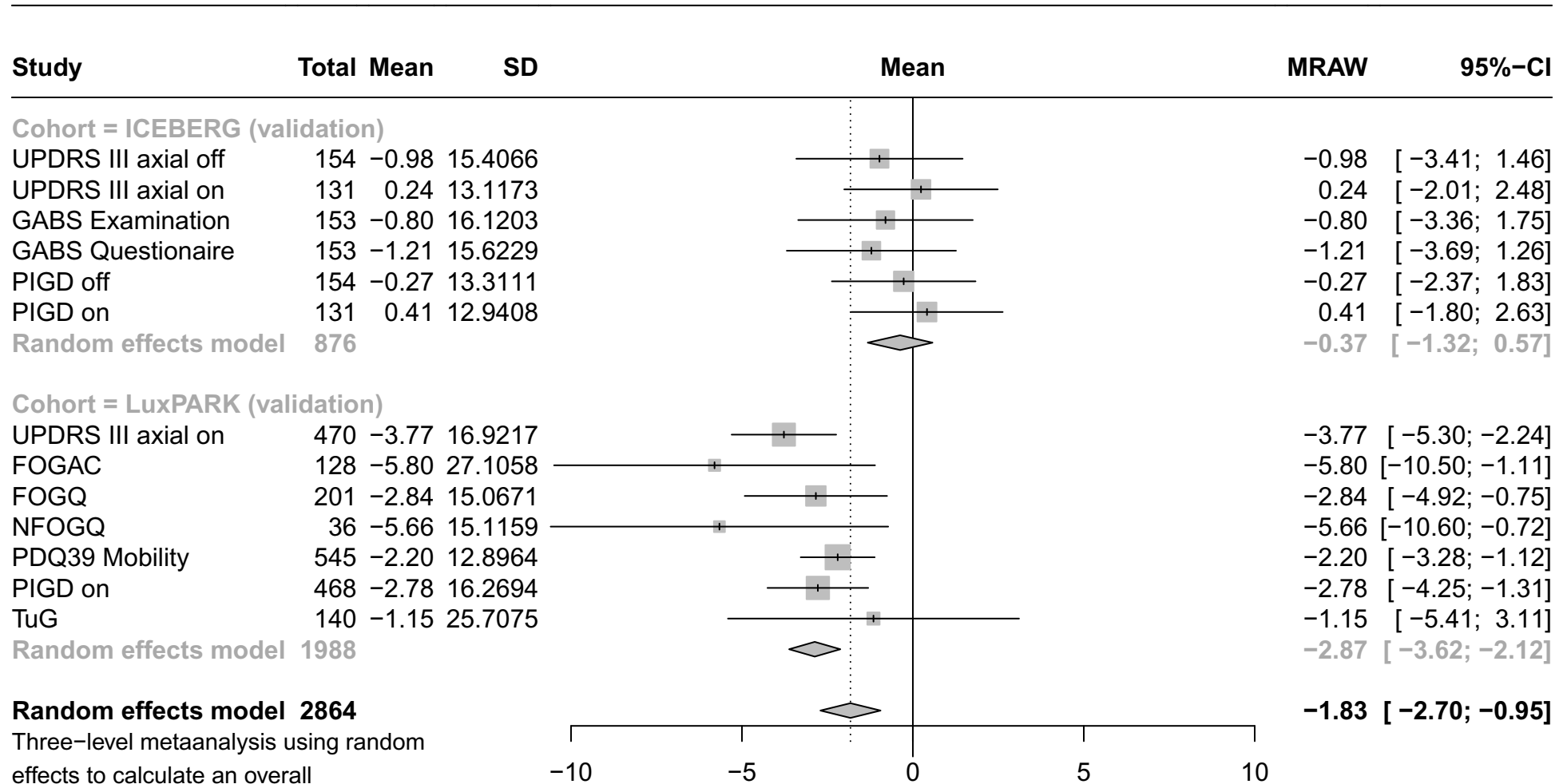
<- Associated with fast-progressing type | associated with slow-progressing type ->

**Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis**

**Forest plots for symptom domain baseline associations (cross-cohort validation)**



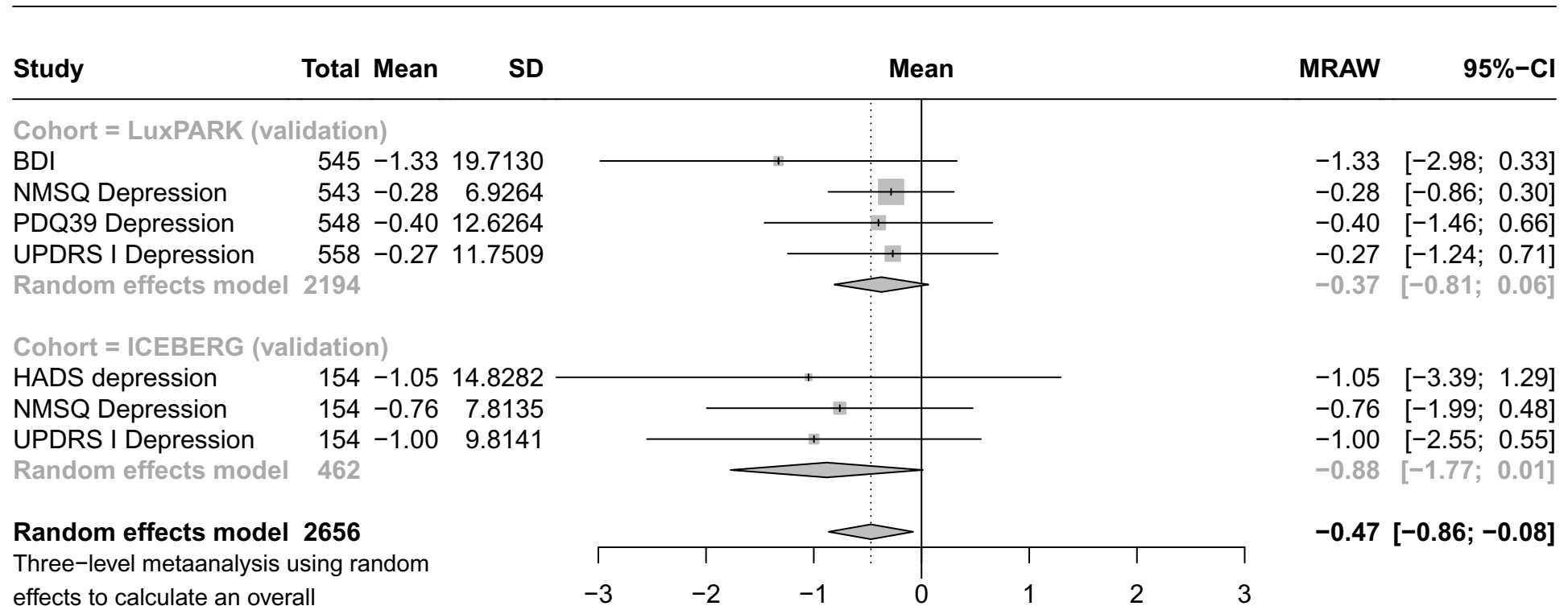
# Forest plot for baseline characteristics of symptom domain Axial & PIGD (validation)



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Axial & PIGD across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

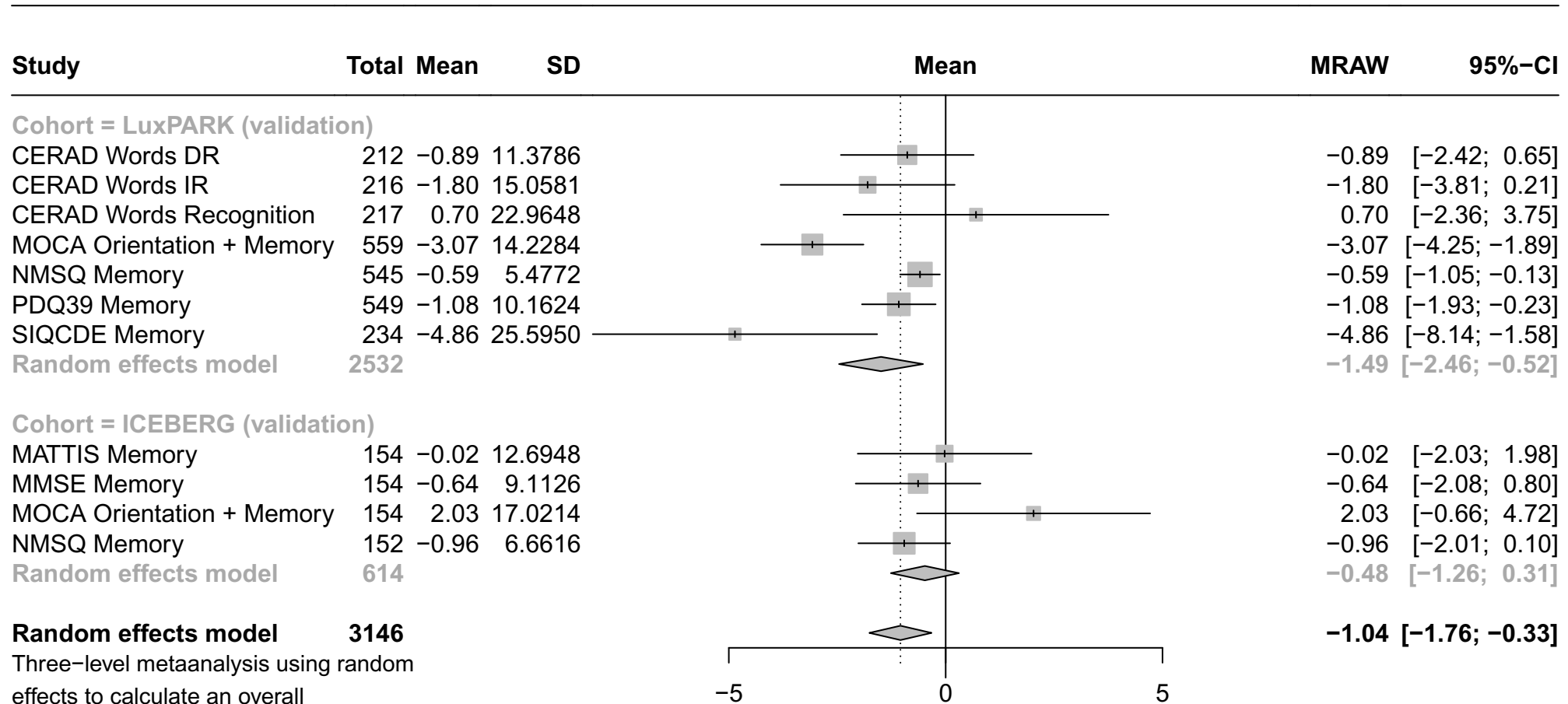
# Forest plot for baseline characteristics of symptom domain Depression (validation)



**Random effects model 2656**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Depression across cohorts.  
 The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

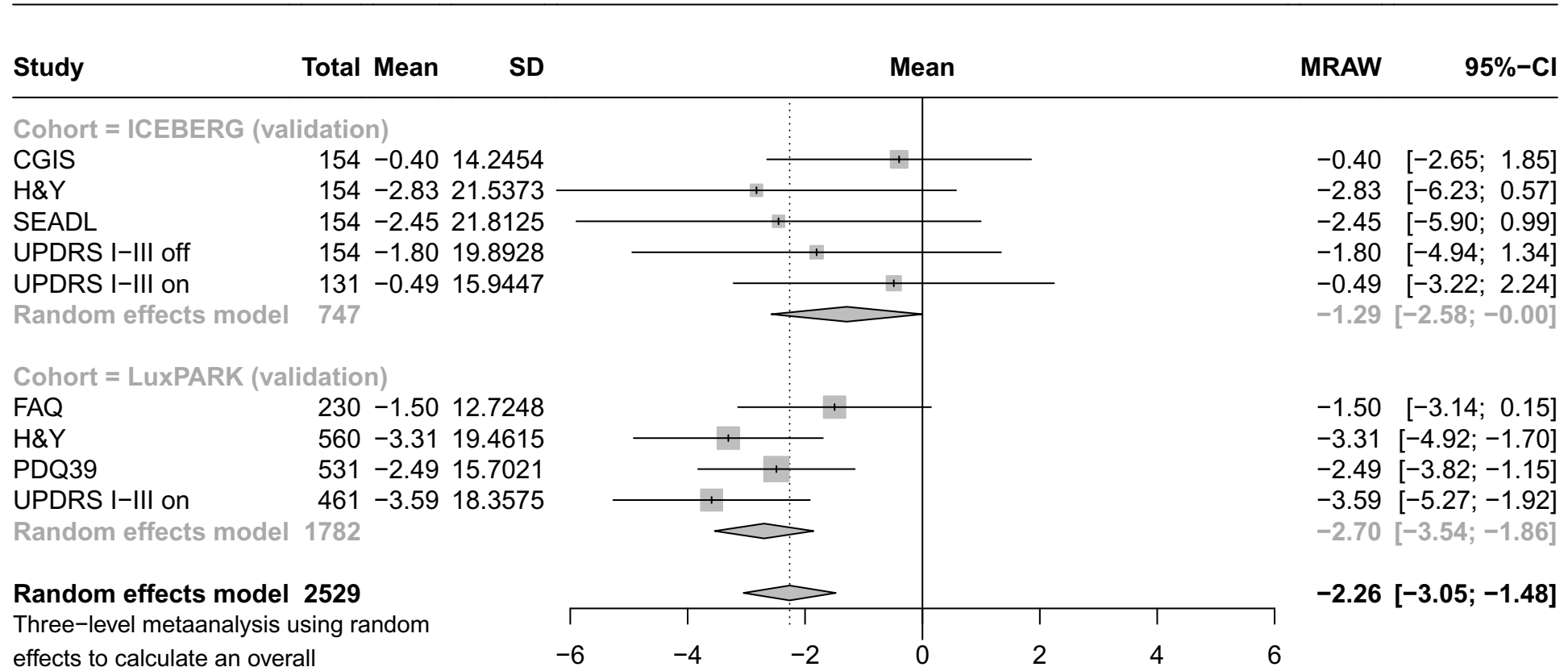
# Forest plot for baseline characteristics of symptom domain Memory (validation)



<- Associated with fast-progressing type | associated with slow-progressing type ->

Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Memory across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

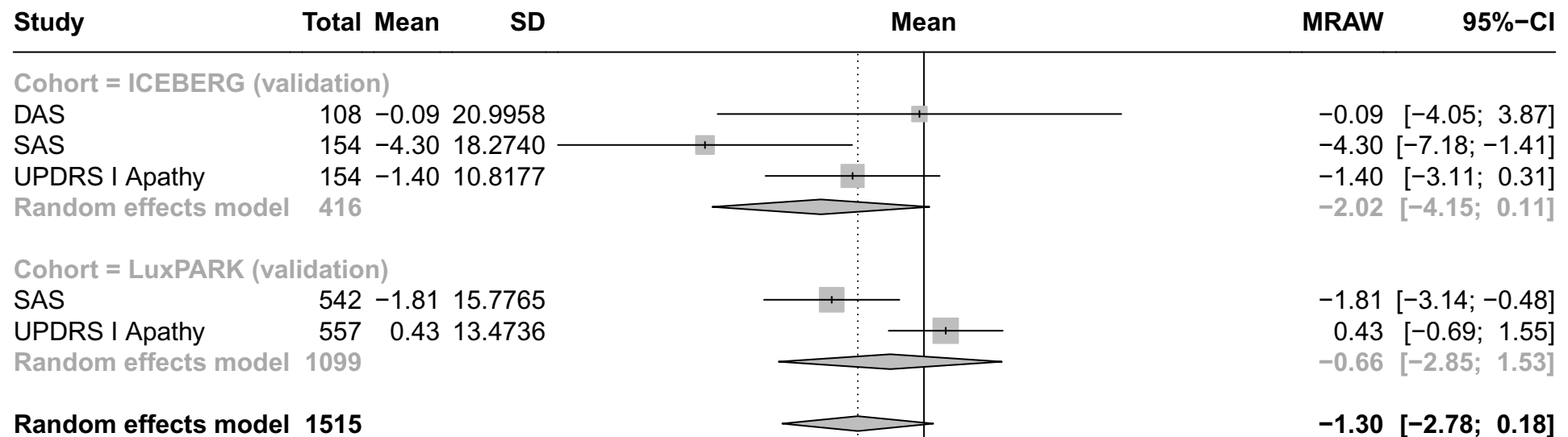
# Forest plot for baseline characteristics of symptom domain Overall severity (validation)



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Overall severity across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

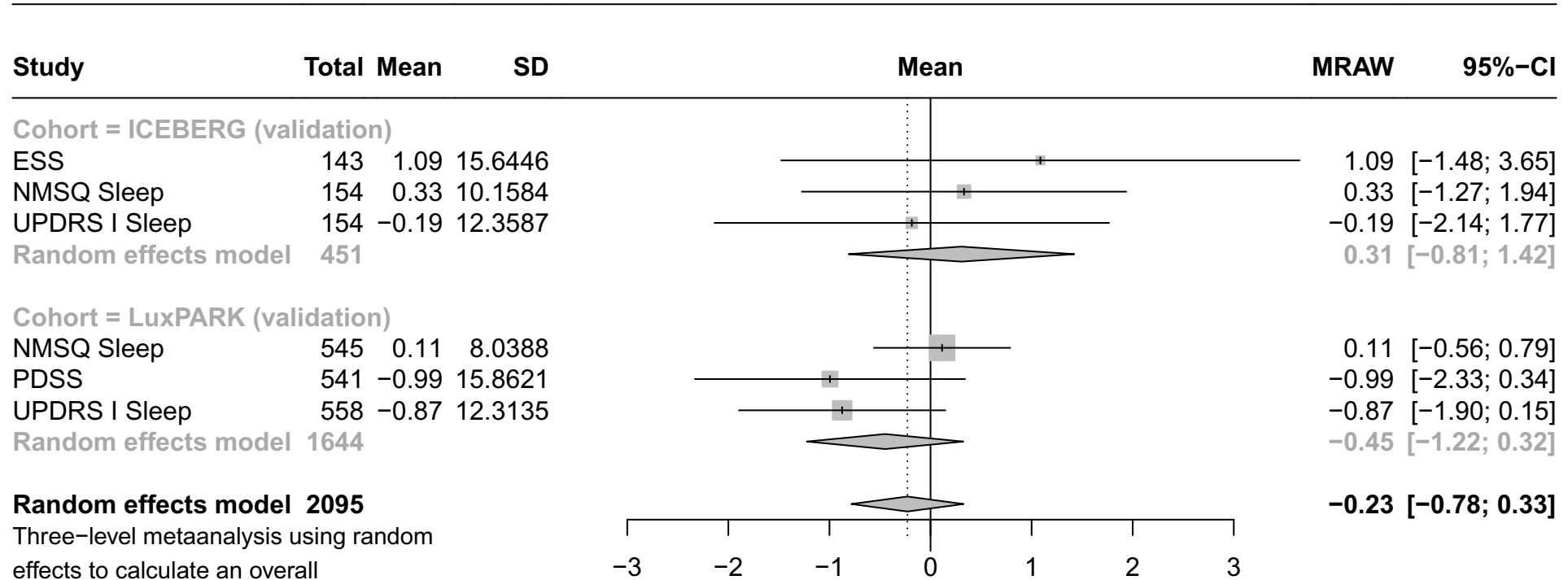
# Forest plot for baseline characteristics of symptom domain Apathy (validation)



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Apathy across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

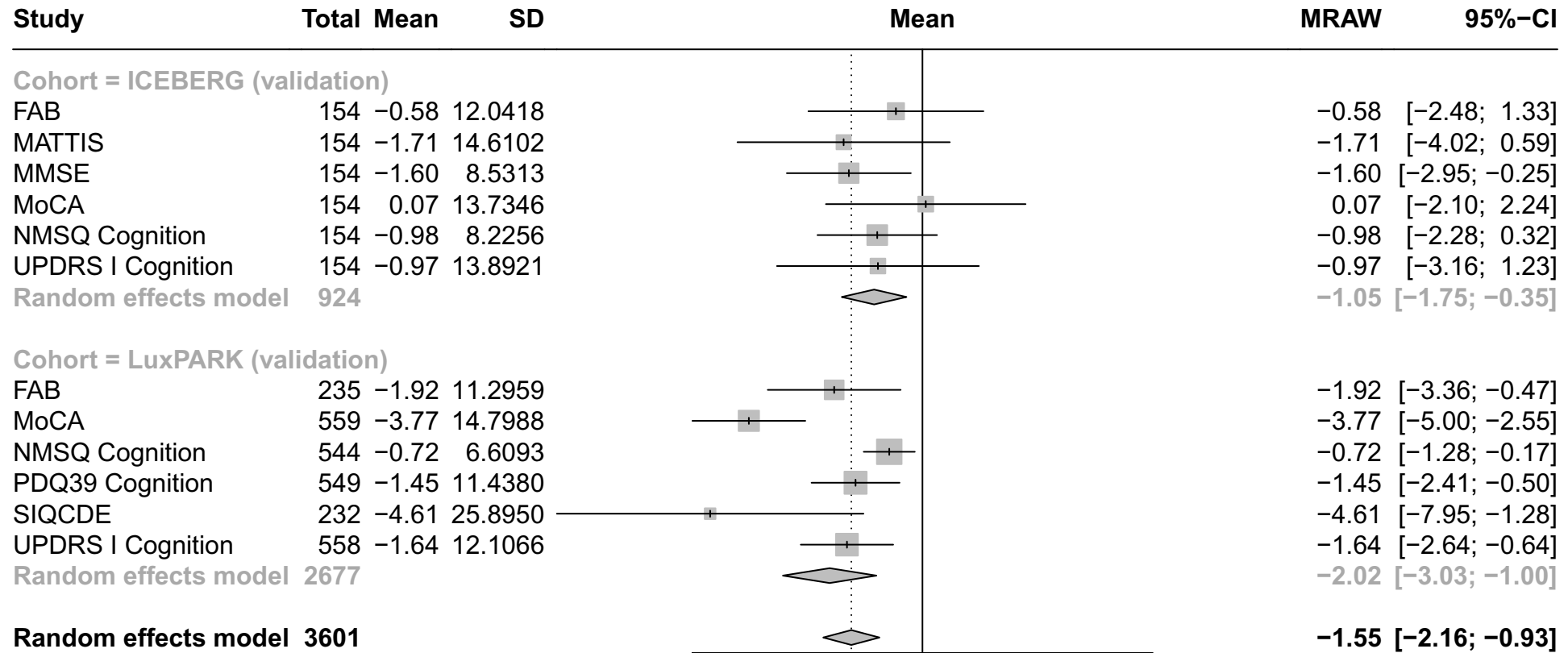
# Forest plot for baseline characteristics of symptom domain Sleep (validation)



**Random effects model 2095**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Sleep across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

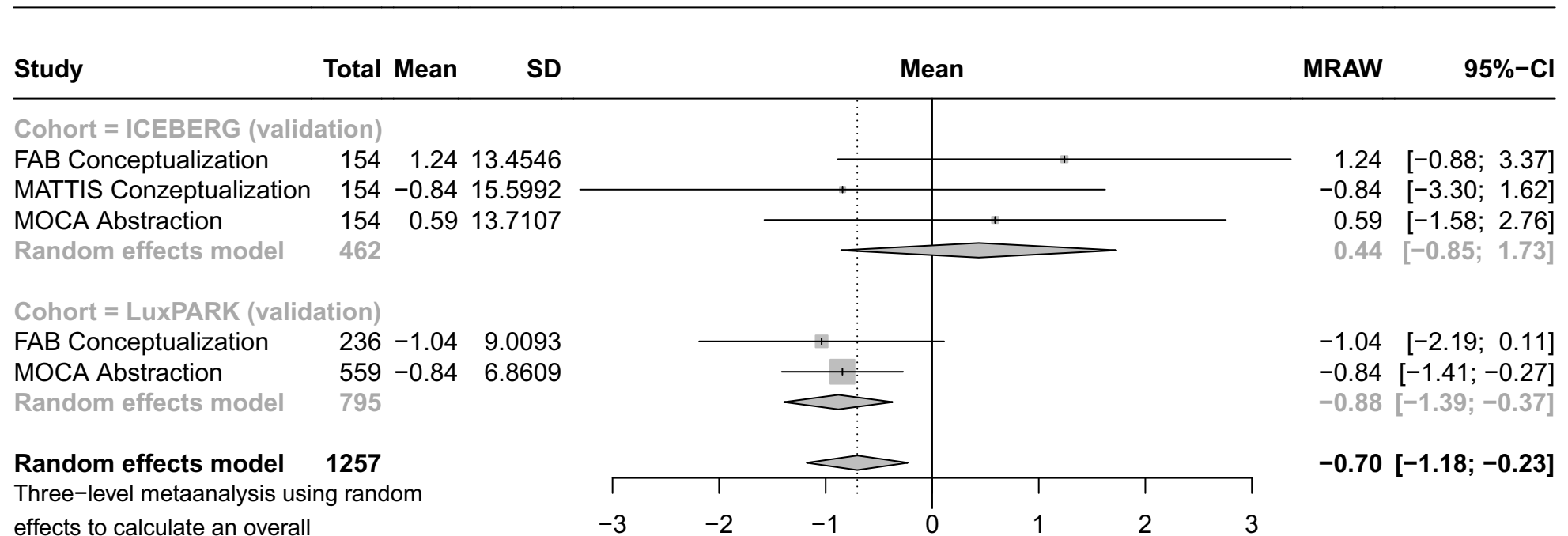
# Forest plot for baseline characteristics of symptom domain Overall cognition (validation)



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Overall cognition across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

# Forest plot for baseline characteristics of symptom domain Conceptualization (validation)

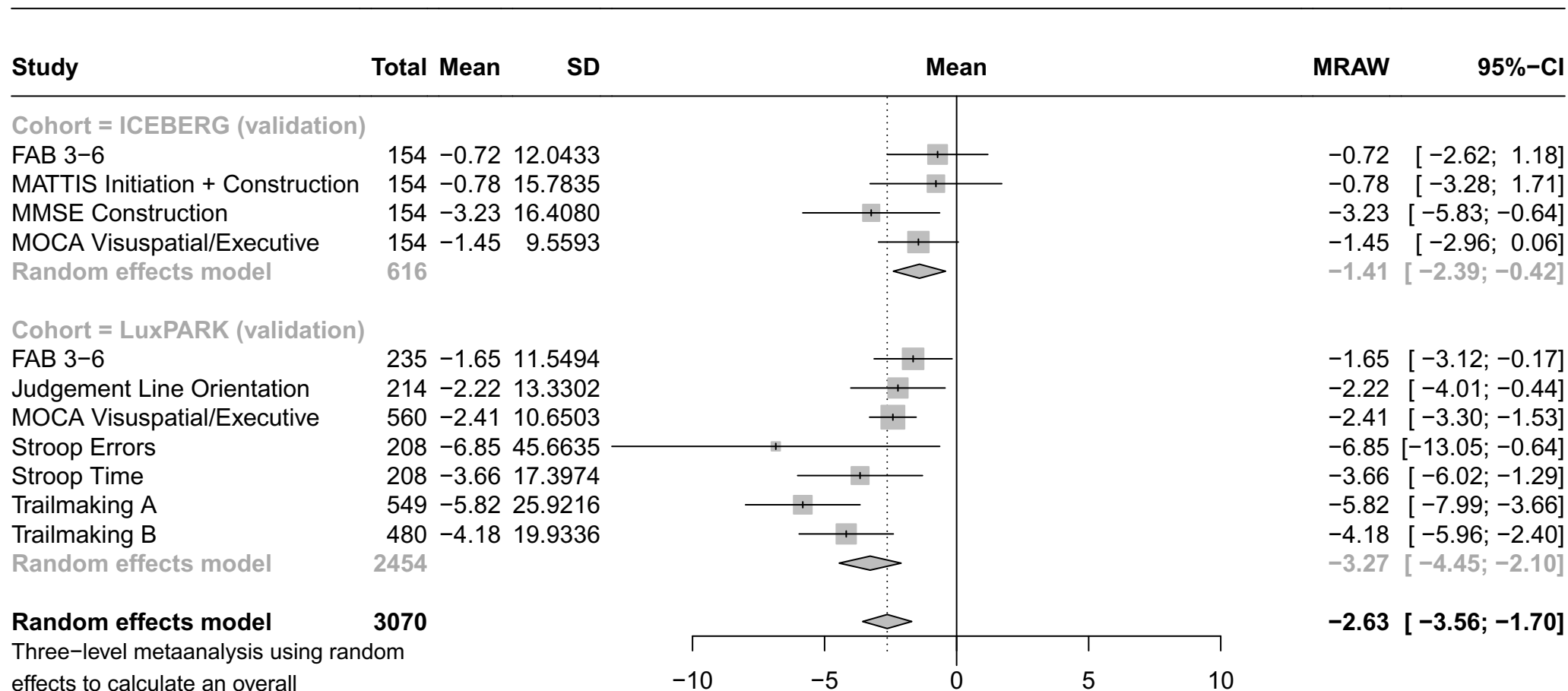


**Random effects model 1257**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Conceptualization across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->



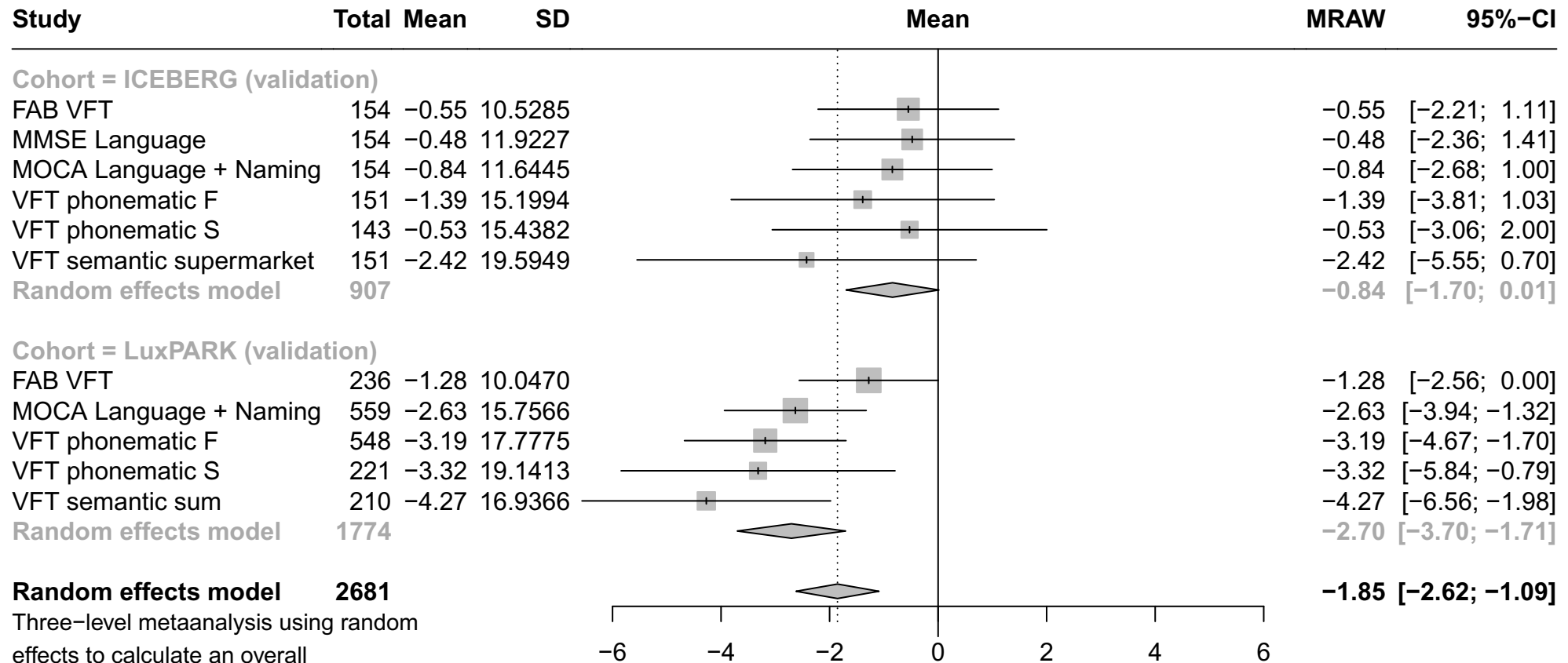
# Forest plot for baseline characteristics of symptom domain Visuo-executive (validation)



<- Associated with fast-progressing type | associated with slow-progressing type ->

Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Visuo-executive across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

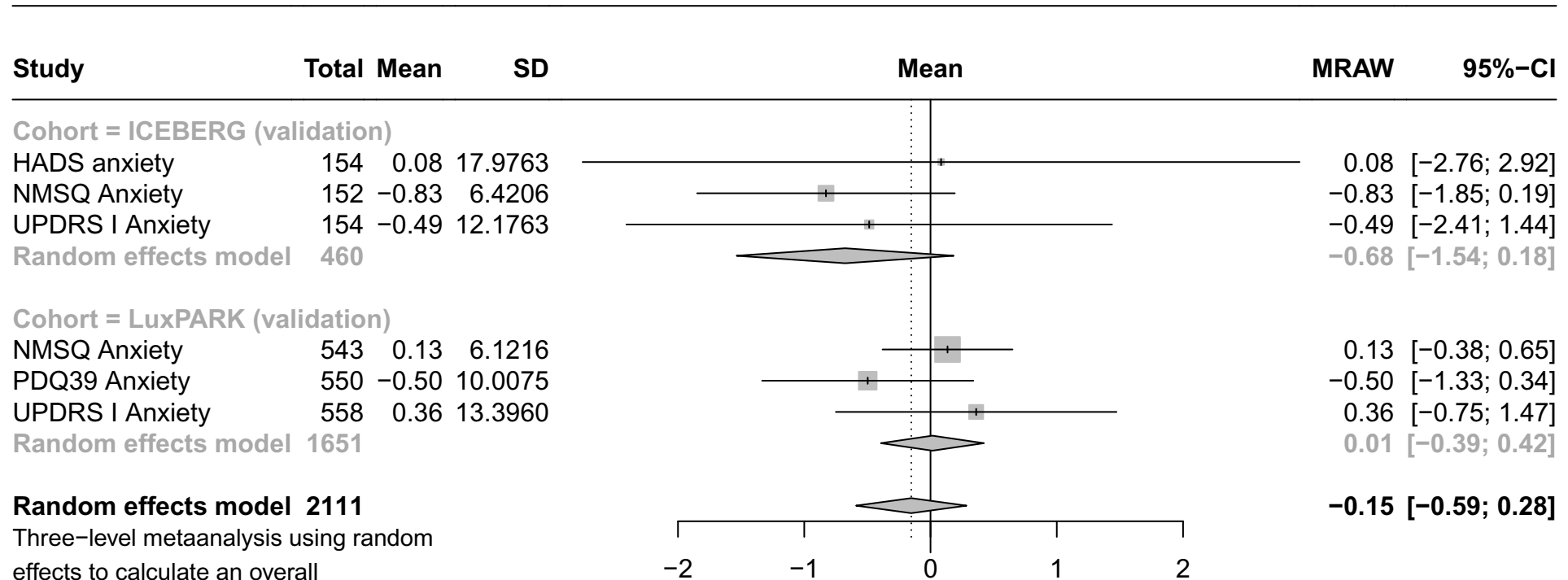
# Forest plot for baseline characteristics of symptom domain Language (validation)



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Language across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

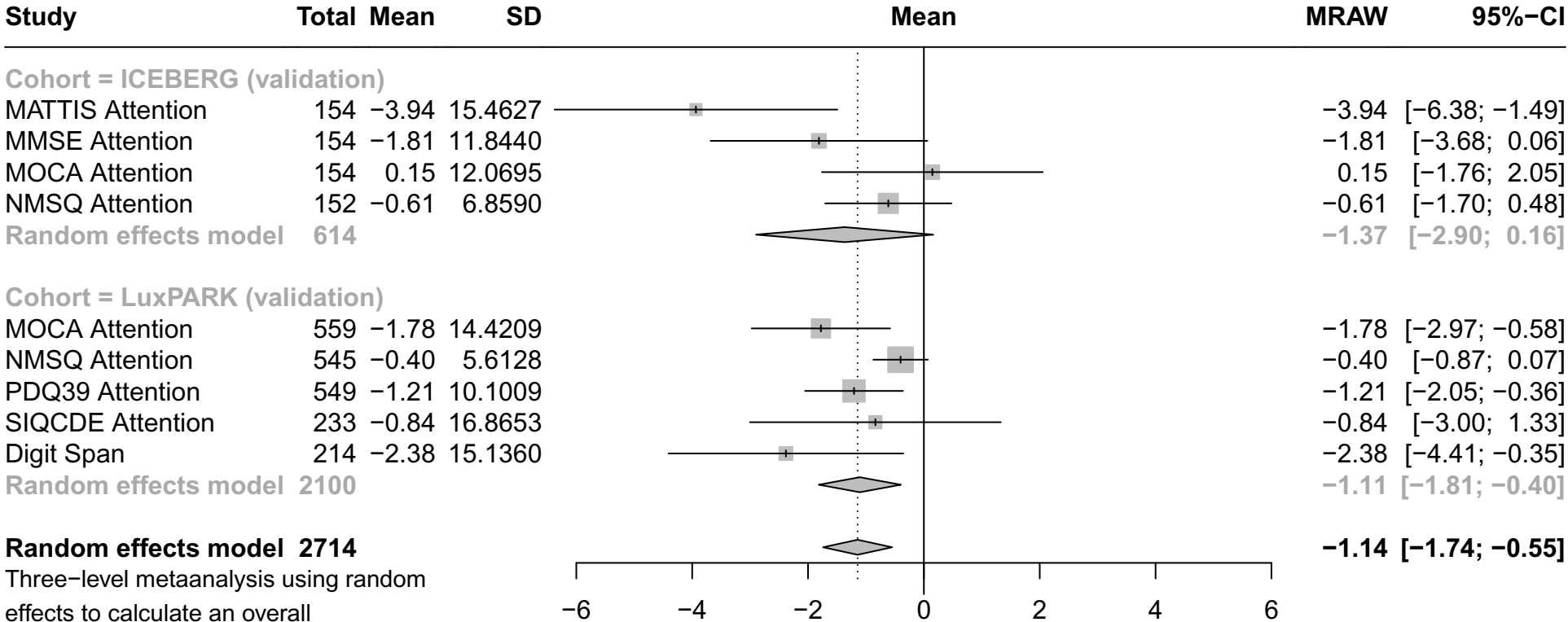
# Forest plot for baseline characteristics of symptom domain Anxiety (validation)



**Random effects model 2111**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Anxiety across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

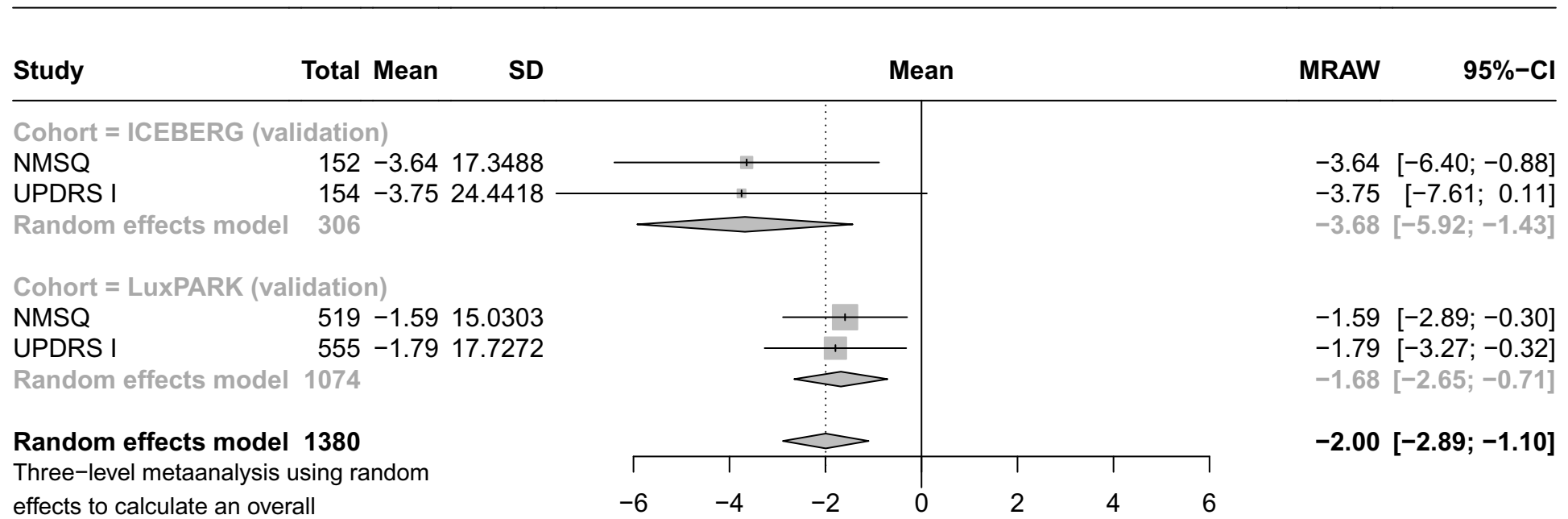
# Forest plot for baseline characteristics of symptom domain Attention (validation)



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Attention across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

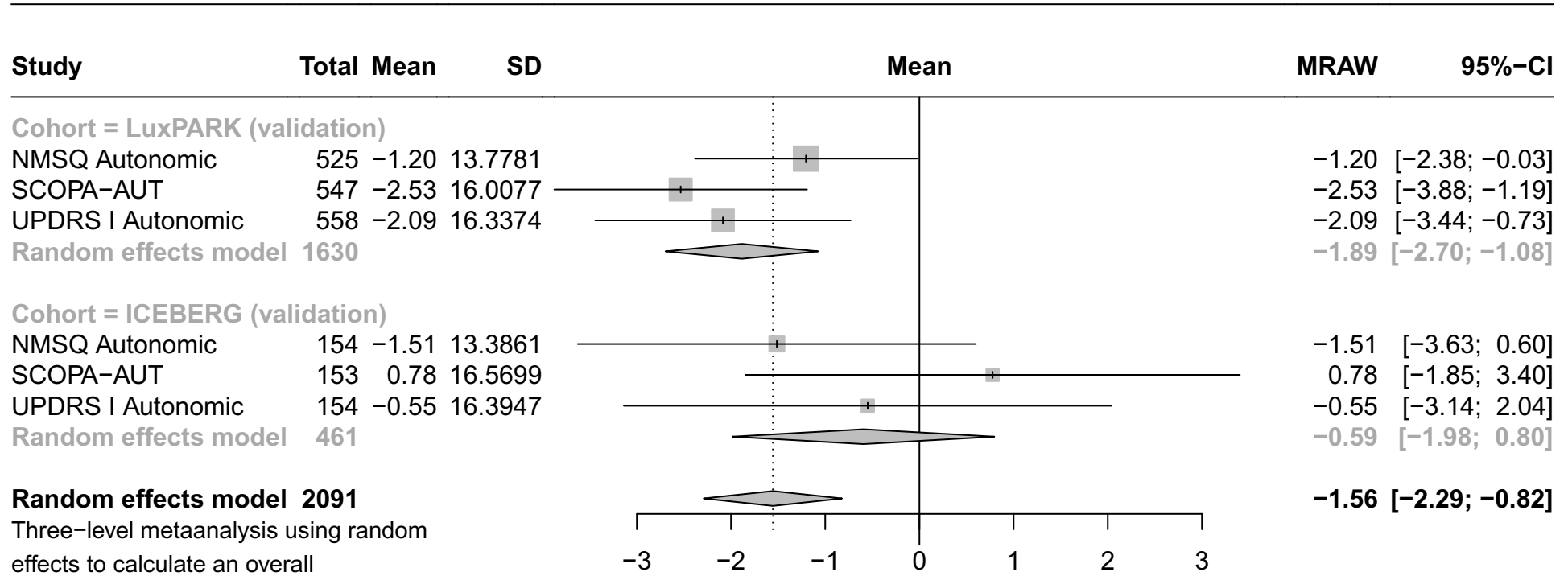
# Forest plot for baseline characteristics of symptom domain Non motor symptoms (validation)



**Random effects model 1380**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Non motor symptoms across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

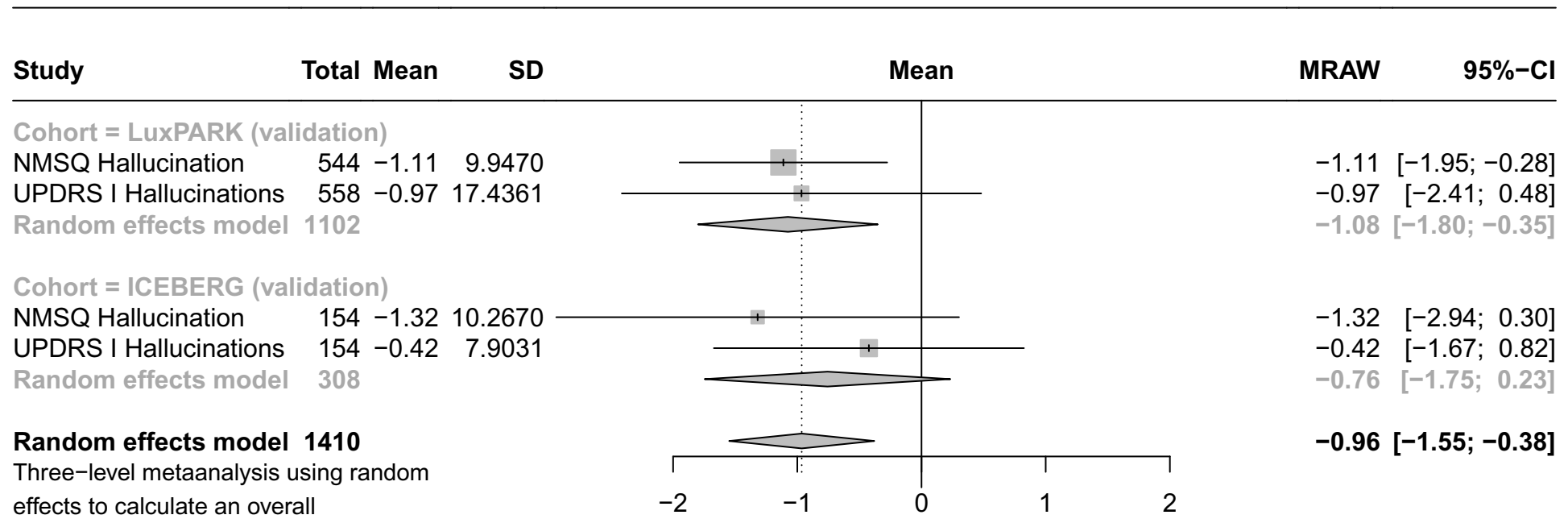
# Forest plot for baseline characteristics of symptom domain Autonomic (validation)



**Random effects model 2091**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Autonomic across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

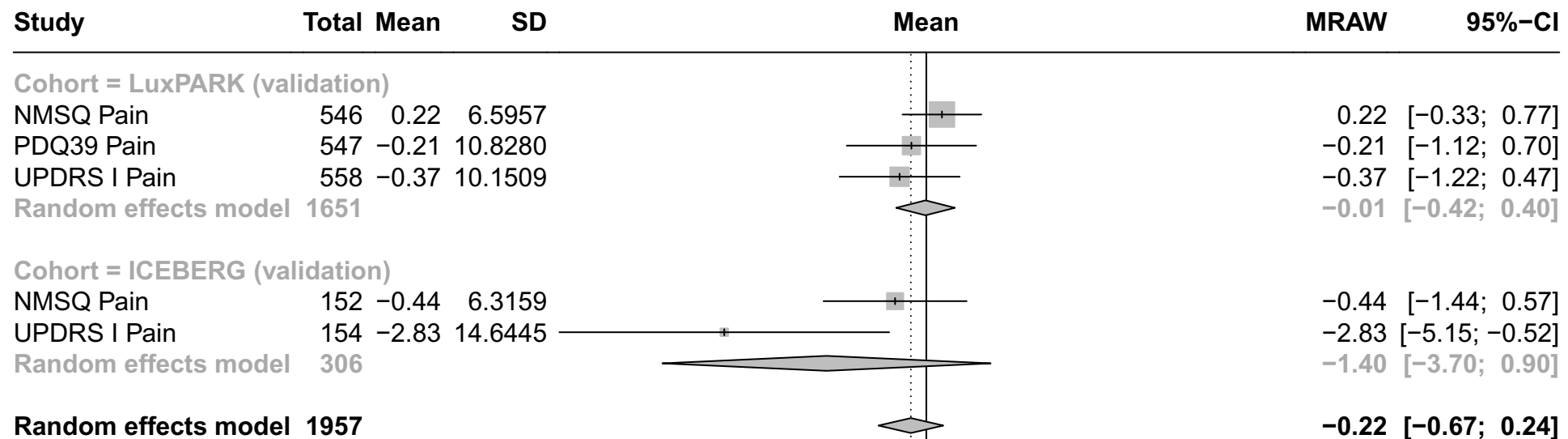
# Forest plot for baseline characteristics of symptom domain Hallucinations (validation)



**Random effects model 1410**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Hallucinations across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

# Forest plot for baseline characteristics of symptom domain Pain (validation)

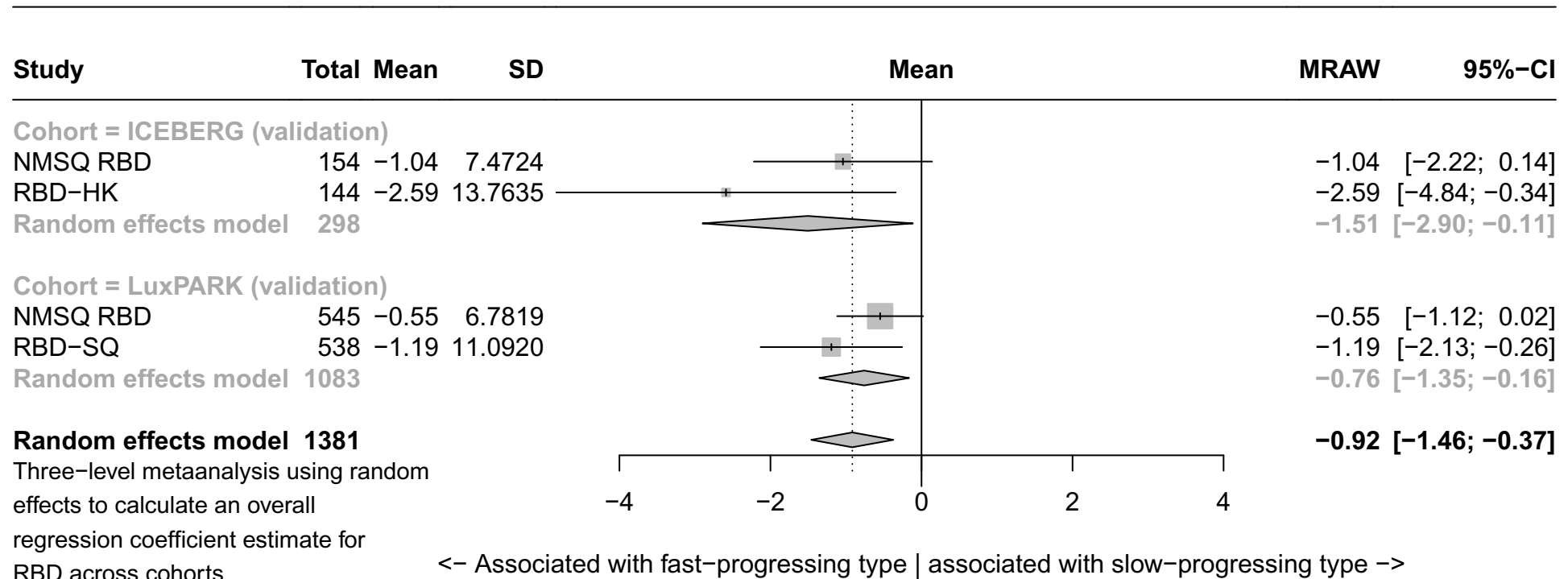


Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Pain across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

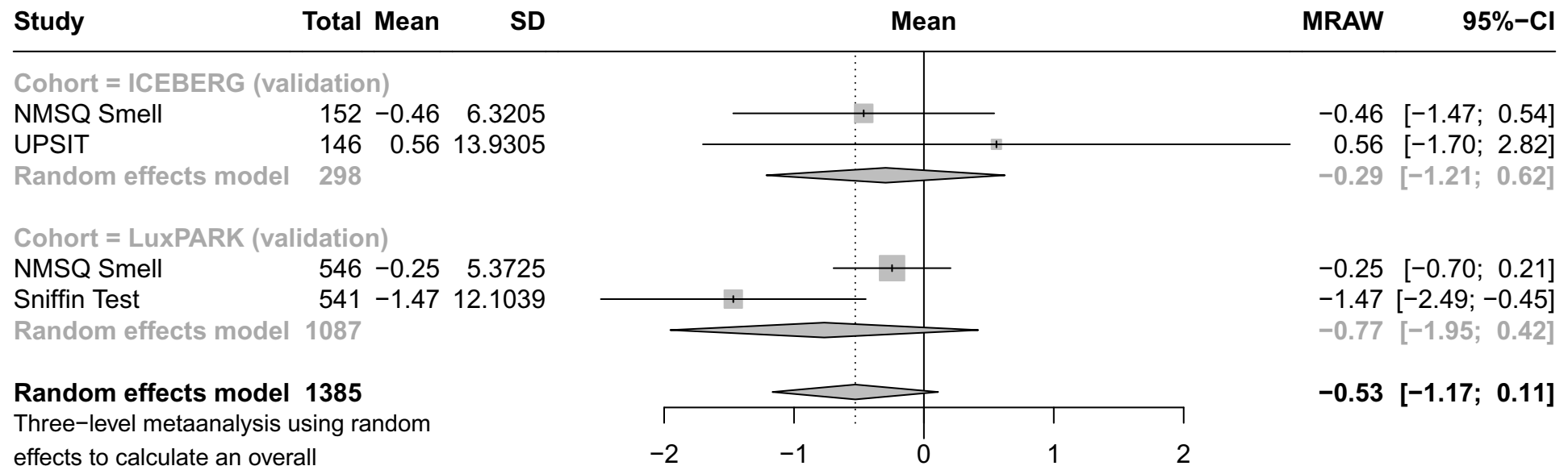


# Forest plot for baseline characteristics of symptom domain RBD (validation)



**Random effects model 1381**  
 Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for RBD across cohorts.  
 The dashed line indicates the overall mean estimate. The solid line indicates no effect.

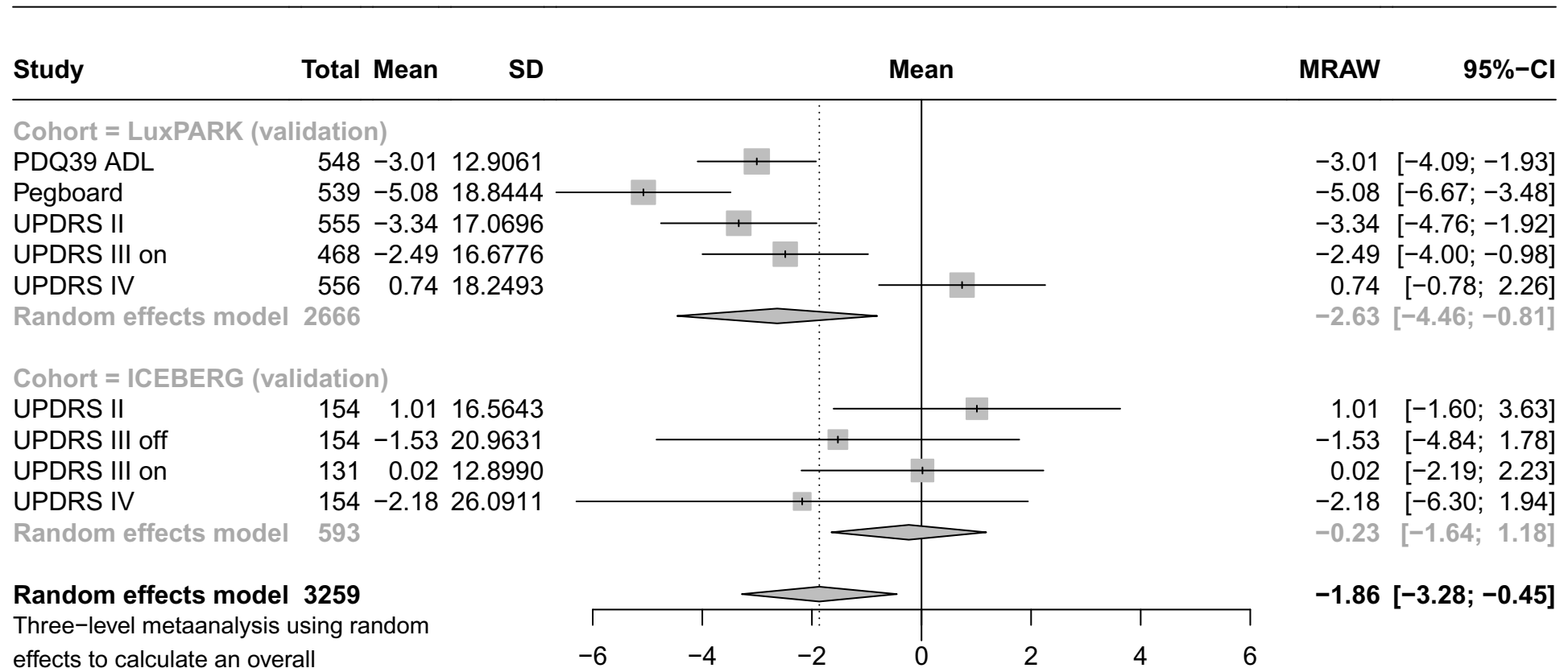
# Forest plot for baseline characteristics of symptom domain Smell (validation)



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Smell across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

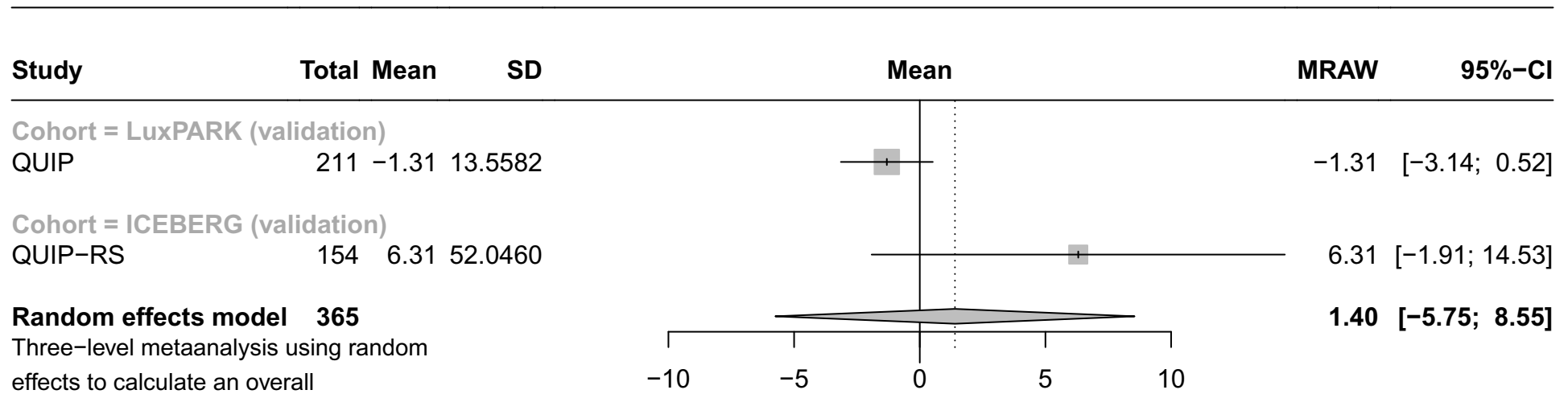
# Forest plot for baseline characteristics of symptom domain Motor symptoms (validation)



Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Motor symptoms across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

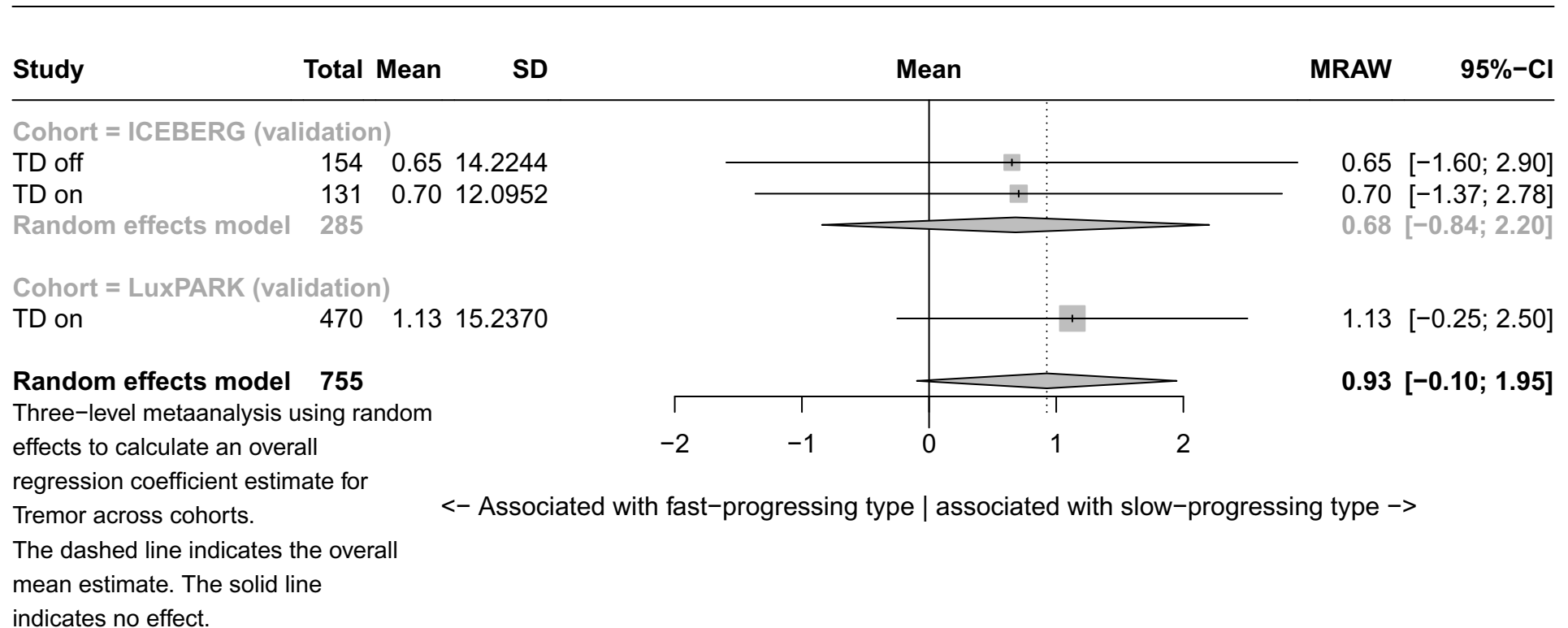
# Forest plot for baseline characteristics of symptom domain Impulsivity (validation)



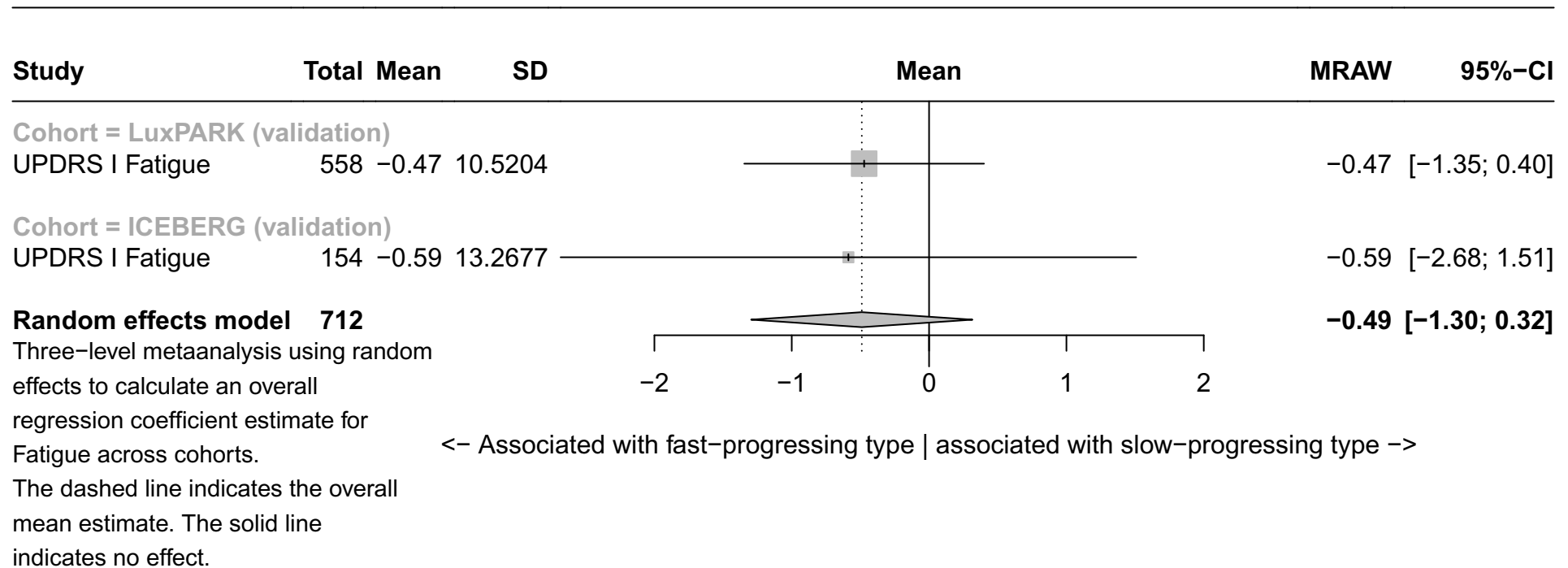
Three-level metaanalysis using random effects to calculate an overall regression coefficient estimate for Impulsivity across cohorts. The dashed line indicates the overall mean estimate. The solid line indicates no effect.

<- Associated with fast-progressing type | associated with slow-progressing type ->

# Forest plot for baseline characteristics of symptom domain Tremor (validation)



# Forest plot for baseline characteristics of symptom domain Fatigue (validation)



## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

### ICEBERG study group

**Steering committee:** Marie Vidailhet, MD, PhD (Pitié-Salpêtrière Hospital, Paris, principal investigator of ICEBERG), Jean-Christophe Corvol, MD, PhD (Pitié-Salpêtrière Hospital, Paris, scientific lead), Isabelle Arnulf, MD, PhD (Pitié-Salpêtrière Hospital, Paris, member of the steering committee), Stéphane Lehericy, MD, PhD (Pitié-Salpêtrière Hospital, Paris, member of the steering committee);

**Clinical data:** Marie Vidailhet, MD, PhD (Pitié-Salpêtrière Hospital, Paris, coordination), Graziella Mangone, MD, PhD (Pitié-Salpêtrière Hospital, Paris, co-coordination), Jean-Christophe Corvol, MD, PhD (Pitié-Salpêtrière Hospital, Paris), Isabelle Arnulf, MD, PhD (Pitié-Salpêtrière Hospital, Paris), Sara Sambin, MD (Pitié-Salpêtrière Hospital, Paris), Poornima Menon, MD (Pitié-Salpêtrière Hospital, Paris), Jonas Ihle, MD (Pitié-Salpêtrière Hospital, Paris), Caroline Weill, MD, (Pitié-Salpêtrière Hospital, Paris), David Grabli, MD, PhD (Pitié-Salpêtrière Hospital, Paris); Florence Cormier-Dequaire, MD (Pitié-Salpêtrière Hospital, Paris); Louise Laure Mariani, MD, PhD (Pitié-Salpêtrière Hospital, Paris), Bertrand Degos, MD, PhD (Avicenne Hospital, Bobigny);

**Neuropsychological data:** Richard Levy, MD (Pitié-Salpêtrière Hospital, Paris, coordination), Fanny Pineau, MS (Pitié-Salpêtrière Hospital, Paris, neuropsychologist), Julie Socha, MS (Pitié-Salpêtrière Hospital, Paris, neuropsychologist), Eve Benchetrit, MS (La Timone Hospital, Marseille, neuropsychologist), Virginie Czernecki, MS (Pitié-Salpêtrière Hospital, Paris, neuropsychologist), Marie-Alexandrine, MS (Pitié-Salpêtrière Hospital, Paris, neuropsychologist);

**Eye movement:** Sophie Rivaud-Pechoux, PhD (ICM, Paris, coordination); Elodie Hainque, MD, PhD (Pitié-Salpêtrière Hospital, Paris);

**Sleep assessment:** Isabelle Arnulf, MD, PhD (Pitié-Salpêtrière Hospital, Paris, coordination), Smaranda Leu Semenescu, MD (Pitié-Salpêtrière Hospital, Paris), Pauline Dodet, MD (Pitié-Salpêtrière Hospital, Paris);

**Genetic data:** Jean-Christophe Corvol, MD, PhD (Pitié-Salpêtrière Hospital, Paris, coordination), Graziella Mangone, MD, PhD (Pitié-Salpêtrière Hospital, Paris, co-coordination), Samir Bekadar, MS (Pitié-Salpêtrière Hospital, Paris, biostatistician), Alexis Brice, MD (ICM, Pitié-Salpêtrière Hospital, Paris), Suzanne Lesage, PhD (INSERM, ICM, Paris, genetic analyses);

**Metabolomics:** Fanny Mochel, MD, PhD (Pitié-Salpêtrière Hospital, Paris, coordination), Farid Ichou, PhD (ICAN, Pitié-Salpêtrière Hospital, Paris), Vincent Perlberg, PhD, Pierre and Marie Curie University), Benoit Colsch, PhD (CEA, Saclay), Arthur Tenenhaus, PhD (Supelec, Gif-sur-Yvette, data integration);

**Brain MRI data:** Stéphane Lehericy, MD, PhD (Pitié-Salpêtrière Hospital, Paris, coordination), Rahul Gaurav, MS, (Pitié-Salpêtrière Hospital, Paris, data analysis), Nadya Pyatigorskaya, MD, PhD, (Pitié-Salpêtrière Hospital, Paris, data analysis); Lydia Yahia-Cherif, PhD (ICM, Paris, Biostatistics), Romain Valabregue, PhD (ICM, Paris, data analysis), Cécile Galléa, PhD (ICM, Paris);

**Datscan imaging data:** Marie-Odile Habert, MCU-PH (Pitié-Salpêtrière Hospital, Paris, coordination);

**Voice recording:** Dijana Petrovska, PhD (Telecom Sud Paris, Evry, coordination), Laetitia Jeancolas, MS (Telecom Sud Paris, Evry);

**Study management:** Alizé Chalançon (Pitié-Salpêtrière Hospital, Paris, Project manager), Carole Dongmo-Kenfack (Pitié-Salpêtrière Hospital, Paris, clinical research assistant); Christelle Laganot (Pitié-Salpêtrière Hospital, Paris, clinical research assistant), Valentine Maheo (Pitié-Salpêtrière Hospital, Paris, clinical research assistant), Manon Gomes (Pitié-Salpêtrière Hospital, Paris, clinical research assistant)

**Study sponsoring:** The ICEBERG Study was funded by the Programme d'investissements d'avenir (ANR-10-IAIHU-06), the Paris Institute of Neurosciences – IHU (IAIHU-06), the Agence Nationale de la Recherche (ANR-11-INBS-0006), and Électricité de France (Fondation d'Entreprise EDF).

## Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis

### NCER-PD/LuxPARK consortium

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## **Progression subtypes in Parkinson's disease identified by a data driven multi cohort analysis**

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