Associations of the APOE ε2 and ε4 alleles and polygenic profiles comprising APOE-TOMM40-APOC1 variants with Alzheimer's disease biomarkers

Alexander M. Kulminski¹, Ethan Jain-Washburn¹, Elena Loiko¹, Yury Loika¹, Fan Feng¹, Irina Culminskaya¹, for the Alzheimer's Disease Neuroimaging Initiative^{2,*}

¹Biodemography of Aging Research Unit, Social Science Research Institute, Duke University, Durham, NC 27705, USA

²Center for Imaging of Neurodegenerative Disease, University of California, San Francisco, CA 94143, USA ^{*}Data used in the preparation of this article were obtained from the Alzheimer's Disease Neuroimaging Initiative (ADNI) database (<u>https://adni.loni.usc.edu/</u>). As such, the investigators within the ADNI contributed to the design and implementation of ADNI and/or provided data but did not participate in the analysis or writing of this report. A complete listing of ADNI investigators can be found at: <u>http://adni.loni.usc.edu/wp-</u> content/uploads/how to apply/ADNI Acknowledgement List.pdf.

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ABSTRACT

Capturing the genetic architecture of Alzheimer's disease (AD) is challenging because of the complex interplay of genetic and non-genetic factors in its etiology. It has been suggested that AD biomarkers may improve the characterization of AD pathology and its genetic architecture. Most studies have focused on connections of individual genetic variants with AD biomarkers, whereas the role of combinations of genetic variants is substantially underexplored. We examined the associations of the *APOE* ϵ 2 and ϵ 4 alleles and polygenic profiles comprising the ϵ 4-encoding rs429358, *TOMM40* rs2075650, and *APOC1* rs12721046 polymorphisms with cerebrospinal fluid (CSF) and plasma amyloid β (A β 40 and A β 42) and tau biomarkers. Our findings support associations of the ϵ 4 alleles with both plasma and CSF A β 42 and CSF tau, and the ϵ 2 alleles with baseline, but not longitudinal, CSF A β 42 measurements. We found that the ϵ 4-bearing polygenic profiles conferring higher and lower AD risks are differentially associated with tau but not A β 42. Modulation of the effect of the ϵ 4 alleles by *TOMM40* and *APOC1* variants indicates the potential genetic mechanism of differential roles of A β and tau in AD pathogenesis.

INTRODUCTION

Late-onset Alzheimer's disease (AD) has a multifactorial etiology, which is affected by a complex interplay of genetic and non-genetic factors [1]. The estimates of heritability of 45% for women and 58% for men in a study of Swedish twins [2] suggest that the genetic contribution to AD pathogenesis can be substantial. However, capturing the genetic

architecture of AD is challenging because of the complex interplay of genetic and non-genetic factors in its etiology. Indeed, despite discoveries of AD loci in large-scale genome-wide association studies (GWAS) [3–6], these loci are considered risk rather than causal factors for AD. The challenging role of genes in AD is exemplified by the apolipoprotein E (*APOE*) ε 4 allele, which is the strongest individual genetic risk factor for AD. Even though the *APOE*

gene has been studied for decades, its role in AD is not fully understood [7, 8].

The 2018 NIA-AA research framework [9–11] promoted the biological definition of AD pathology based on amyloid β (A β), tau, and neurodegeneration biomarkers. Positron emission tomography (PET) imaging studies identified A β and tau as valuable biomarkers to characterize AD development, with tau considered a more accurate AD biomarker than A β [12]. Cerebrospinal fluid (CSF) and plasma measurements of A β , particularly A β 42 and tau, are used to facilitate AD diagnosis [13, 14]. Low levels of A β 42 indicate accumulation of A β in plaques, whereas high tau levels are associated with neuronal injury [15]. The emergence of the biological definition of AD pathology opens a promising avenue in studies of the genetic architecture of AD.

Prior analyses showed that carriers of the *APOE* ϵ 4 allele have lower levels of Aβ42 [16] and higher levels of tau [17] in CSF, although the latter might be controversial [18]. Given the multifactorial etiology of AD, the genetic architecture of AD and its biomarkers is likely heterogeneous. It is complicated by polygenicity, pleiotropy, and interactions with genetic and non-genetic factors. This complexity is in contrast to Mendelian traits; the traits, which may be caused by genetic mutations directly affecting protein function [19]. For example, the autosomal dominant form of early-onset AD can be caused by specific mutations in the *APP*, *PSEN1*, or *PSEN2* genes [20–23].

Studies also examined a role of an interplay between the APOE variants and other genetic factors in AD. For example, Franceschi's group identified a haplotype comprising the ɛ4 and rs405509 T promoter variants conferring the AD risk [24]. Haplotypes composed of non-coding variants in the APOE gene cluster were reported in [25, 26]. Roses's group showed a pivotal role of TOMM40 poly-T rs10524523 and APOE $\varepsilon 2/\varepsilon 3/\varepsilon 4$ haplotypes in AD pathogenesis [27]. Le Guen et al., [28] identified rare APOE functional variants co-inheriting with the ɛ4 allele and ameliorating its adverse effect. However, studies examining the relationships between combinations of genetic variants and AD biomarkers are in their infancy [29] and novel methods can be helpful for accelerating progress in the field.

A method examining differences in linkage disequilibrium (LD) structures in trait-affected and unaffected subjects was suggested to efficiently map promising associations [30]. Its advantage is that it helps identify connections between combinations of genetic variants and a complex trait. This method is

well adapted to examine pairs of genetic variants, such as single nucleotide polymorphisms (SNPs). Recently, we generalized it from pairs of SNPs to triples of SNPs using the co-skewness metric [31]. Following these methods, we mapped compound genotypes-certain combinations of genetic variants-comprising rs429358 (APOE), rs2075650 (TOMM40), and rs12721046 (APOC1) SNPs to AD [31, 32]. We showed that a combination of the APOE ɛ4 allele (encoded by rs429358 minor allele) and minor alleles of rs2075650 and rs12721046 SNPs conferred a remarkably high risk of AD compared to the ɛ4-bearing compound genotypes which do not include minor alleles of rs2075650 and rs12721046 [32]. Here, we examine the associations of the APOE \varepsilon2 and \varepsilon4 alleles and the AD-riskcomprising differentiating compound genotypes rs429358, rs2075650, and rs12721046 SNPs with Aβ40, Aβ42, and tau AD biomarkers measured in CSF and plasma using data from three studies: the AD Neuroimaging Initiative (ADNI), the Atherosclerosis Risk in Communities (ARIC) study, and the Framingham Heart Study (FHS).

RESULTS

Study overview

We performed three types of analyses. First, we evaluated mean levels of Aβ40, Aβ42, and tau in CSF and plasma and the correlation between them. Second, we examined associations of the $\varepsilon 4$ and $\varepsilon 2$ alleles individually with AD biomarkers to establish benchmark effects in our samples. Third, as no significant associations of the $\varepsilon 2$ allele with AD biomarkers were identified, we explored associations of the AD-riskdifferentiating ε4-bearing compound genotypes comprising rs429358, rs2075650, and rs12721046 SNPs with the selected AD biomarkers. The goal was to identify whether the ɛ4 allele exerted effects on the selected biomarkers independently of the TOMM40 rs2075650 and APOC1 rs12721046 SNPs or whether its effect could be modulated by the latter two SNPs.

Plasma and CSF AD biomarkers: mean levels and correlation

Table 1 and Supplementary Table 1 show that the mean levels of both baseline- and longitudinally-measured AD biomarkers vary across the study cohorts (see Methods), and they are substantially larger in CSF than in plasma. Correlation analysis of the AD biomarkers shows that CSF total tau and p-tau are perfectly correlated with the Pearson correlation coefficient r = 0.98 in ADNI (Supplementary Table 2). Given that p-tau was not available in other studies, the results for p-tau were not included.

Table 1. Baseline characteristics of	he genotyped par	ticipants of European	ancestry in the selected studies.

Study	Source	N	Men (%)	Age (SD, SE), years	Aβ40 (SD, SE), pg/ml	Aβ42 (SD, SE), pg/ml	Tau (SD, SE), pg/ml	pTau (SD, SE), pg/ml
ARIC	Plasma	1560	723 (46.3)	77.4 (5.4, 0.1)	247.0 (84.5, 2.1)	39.1 (11.2, 0.3)	NA	NA
FHS_C1	Plasma	636	227 (35.7)	79.8 (4.2, 0.2)	168.3 (41.9, 1.7)	45.4 (11.5, 0.5)	5.0 (1.5, 0.1)	NA
FHS_C2	Plasma	3095	1443 (46.6)	61.0 (9.5, 0.2)	159.6 (40.5, 0.8)	43.7 (10.3, 0.7)	4.2 (2.7, 0.1)	NA
FHS_C3	Plasma	3029	1424 (47.0)	45.7 (8.0, 0.1)	242.5 (58.0, 1.1)	42.7 (10.0, 0.2)	4.1 (1.5, 0.02)	NA
ADNI-1	Plasma	612	374 (61.1)	75.4 (6.7, 0.3)	152.9 (50.5, 2.0)	37.2 (11.3, 0.5)	2.9 (1.6, 0.1)	NA
ADNI-1	CSF	350	212 (60.6)	74.9 (7.1, 0.4)	7737.3 (2352.3, 125.7)	769.0 (352.0, 18.9)	302.3 (118.4, 6.3)	29.7 (13.6, 0.7)
ADNI-2/GO	CSF	360	203 (56.4)	72.9 (7.4, 0.4)	8590.2 (2437.7, 130.1)	920.6 (368.2, 19.4)	271.6 (118.6, 6.3)	25.7 (13.1, 0.7)

N denotes the number of subjects; Abbreviations: CSF: cerebrospinal fluid; SD: standard deviation; SE: standard error; NA: not available. ARIC is the Atherosclerosis Risk in Communities Study; FHS_C1, FHS_C2, and FHS_C3 denote the Framingham Heart Study parental, offspring, and grandchildren cohorts, respectively; ADNI-1 and ADNI-2/GO denote the Alzheimer's disease Neuroimaging Initiative initial and extended cohorts, respectively. Age was defined at the time of the Alzheimer's disease biomarker measurement.

Table 2. Meta-analysis of the associations of the	e APOE ε4 allele with Alzheimer	's disease (AD) biomarkers.
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Biomarker	Source	Nreference	$N_{\epsilon 4}$	Beta	SE	P value	Direction
Αβ40	CSF^*	334	304	-0.011	0.024	6.49E-01	-+????
Αβ40	Plasma**	5683	2109	-1.287	1.300	3.22E-01	-?-+
Αβ42	CSF^*	259	292	-0.334	0.034	1.50E-22	?????
Αβ42	Plasma ^{**}	5679	2106	-1.903	0.271	2.18E-12	-?
Tau	CSF^*	341	302	0.261	0.031	6.58E-17	++????
Tau	Plasma*	3951	1484	0.006	0.011	5.67E-01	+?-+-?

 $N_{reference}$ denotes the number of carriers of the ϵ 33 genotype used as a reference. $N_{\epsilon4}$ shows the number of the *APOE* ϵ 4 carriers defined as having either ϵ 34 or ϵ 44 genotype. SE denotes standard error and CSF denotes cerebrospinal fluid. Asterisks denote a gamma general linear model with a log link function (*) and an ordinary linear model (**) used for the analysis. Column "Direction" shows sign of the effect beta in individual studies in the following order: ADNI-1, ADNI-2/GO, FHS_C1, FHS_C2, FHS_C3, and ARIC. Question mark indicates missing estimates. Note, CSF biomarkers were available only in ADNI cohorts; plasma biomarkers were not available in ADNI-2/GO, and tau was not reported in ARIC. Biomarkers were measured at baseline. More details with individual-study estimates are given Supplementary Table 3.

Associations of the APOE $\varepsilon 2$ and $\varepsilon 4$ alleles with AD biomarkers

The ε 4 alleles were consistently associated (see Methods) with lower levels of both CSF and plasma A β 42 in each cohort (Table 2 and Supplementary Table 3), despite the lack of significant correlation between them, r = 0.074 (p = 0.219) (Supplementary Table 2). Although CSF and plasma tau were weakly correlated (r = 0.155, $p = 4.5 \times 10^{-3}$), the *APOE* ε 4 alleles were consistently associated with higher levels of CSF tau, but they were not significantly associated with plasma tau. The meta-analysis did not show significant associations with A β 40 either in CSF or plasma, despite its modest-to-strong correlation with A β 42, i.e., r = 0.388–0.703 in plasma and r = 0.253–0.304 in CSF. Qualitatively the same associations were observed using longitudinal measurements (Supplementary Table 3).

The $\epsilon 2$ alleles were associated only with CSF A β 42 in the meta-analysis of the data available from baseline measurements in ADNI-1 and ADNI-2/GO ($\beta = 0.143$,

p = 0.032) with a small number of subjects (N = 37), but not in longitudinal analysis of these data ($\beta = 0.112$, p = 0.280) with a larger number of observations (N = 80) (Supplementary Table 4).

Associations of compound genotypes with AD biomarkers

Given associations of the ϵ 4 alleles with A β 42 and tau, we examined associations of the AD-risk differentiating compound genotypes comprising the ϵ 4-encoding rs429358, *TOMM40* rs2075650, and *APOC1* rs12721046 SNPs with A β 42 and tau measured at baseline (see Table 3 and Supplementary Table 5 for notations and the results). The ϵ 4-bearing compound genotypes were significantly associated with lower levels of CSF and plasma A β 42 and higher levels of CSF tau regardless of minor alleles of the other two SNPs. However, the compound genotype with the ϵ 4 alleles and no minor alleles of the other two SNPs was associated with smaller levels of plasma tau (Table 3, 100+200), whereas no significant associations were observed for

Biomarker	Source	Genotype	Ν	Beta	SE	P value	Direction
Αβ42	CSF	0XY	59	0.026	0.055	6.37E-01	-+????
Αβ42	CSF	100+200	56	-0.272	0.057	2.13E-06	?????
Αβ42	CSF	111+222	178	-0.341	0.039	2.46E-18	?????
Αβ42	CSF	1XY+2XY	242	-0.373	0.037	2.18E-24	?????
Αβ42	CSF	000	237		Ref	erence	
Αβ42	Plasma	0XY	951	0.351	0.364	3.35E-01	-?++
Αβ42	Plasma	100+200	396	-2.305	0.551	2.82E-05	-?
Αβ42	Plasma	111+222	1462	-1.582	0.312	4.14E-07	-?
Αβ42	Plasma	1XY+2XY	1821	-1.656	0.287	7.98E-09	-?
Αβ42	Plasma	000	5549		Ref	erence	
Tau	CSF	0XY	70	0.088	0.050	7.97E-02	++????
Tau	CSF	100+200	56	0.233	0.056	2.85E-05	++????
Tau	CSF	111+222	189	0.293	0.035	4.87E-17	++????
Tau	CSF	1XY+2XY	253	0.294	0.032	6.75E-20	++????
Tau	CSF	000	326		Ret	erence	
Tau	Plasma	0XY	647	0.009	0.013	4.91E-01	-?-+-?
Tau	Plasma	100+200	289	-0.045	0.018	1.28E-02	+??
Tau	Plasma	111+222	1033	-0.010	0.011	3.66E-01	+??
Tau	Plasma	1XY+2XY	1280	-0.002	0.010	8.42E-01	+??
Tau	Plasma	000	3913		Ref	erence	

Table 3. Meta-analysis of the associations of compound genotypes with Alzheimer's disease (AD) A β 42 and tau biomarkers.

Column "Genotype" shows compound genotypes encoded by triples of numbers and X and Y letters. Numbers show the counts of minor alleles (i.e., 0, 1, 2) in rs429358_T/c, rs2075650_A/g or rs12721046_G/a SNP, in that order. The upper/lower case denotes here major/minor allele. The most frequent 000 genotype denotes the major allele homozygote for all three SNPs, i.e., rs429358_TT, rs2075650_AA, rs12721046_GG. The 100+200 genotype indicates rs429358_Tc, rs2075650_AA, rs12721046_GG (100) and rs429358_cc, rs2075650_AA, rs12721046_GG (200). The 111+222 genotype denotes rs429358_Tc, rs2075650_Ag, rs12721046_Ga (111) and rs429358_cc, rs2075650_gg, rs12721046_Ga (222). Letters X and Y indicate aggregation of minor alleles of rs2075650 and rs12721046, respectively. Then, 0XY aggregates all non-ε4 genotypes except 000. The 1XY+2XY genotype aggregates rs429358_Tc (1) and rs429358_cc (2) and all genotypes of rs2075650_(X) and rs12721046 (Y), except major allele homozygote of both SNPs, rs2075650_AA and rs12721046_GG (00), because it is included in the 100+200 genotype. Column "Direction" shows sign of the effect beta in individual studies in the following order: ADNI-1, ADNI-2/GO, FHS_C1, FHS_C2, FHS_C3, and ARIC. Question mark indicates missing estimates. Note, cerebrospinal fluid (CSF) biomarkers were available only in ADNI cohorts; plasma biomarkers were not available in ADNI-2/GO, and tau was not reported in ARIC. A gamma general linear model with a log link function was used for all biomarkers except Aβ42 measured in plasma. SE denotes standard error. More details with individual-study estimates are given Supplementary Table 5.

carriers of the compound genotypes aggregating minor alleles of those two SNPs (Table 3, 111+222 and 1XY+2XY). No significant associations were seen for non-carriers of the ϵ 4 alleles who have minor alleles of rs2075650 and rs12721046 (Table 3, 0XY).

The ϵ 4-bearing compound genotypes having (111+222 and 1XY+2XY) and not having (100+200) minor alleles of rs2075650 and rs12721046 represent polygenic profiles conferring higher and lower AD risk, respectively [32]. Then, we quantified potential differences in the associations of these compound genotypes with A β 42 and tau (Table 4 and Supplementary Table 6). No significant differences in the associations of these ϵ 4-bearing higher and lower AD risk compound genotypes with CSF and plasma

A β 42 were identified. Carrying the ϵ 4 allele and minor alleles of rs2075650 and rs12721046 was associated with significantly higher levels of plasma tau compared to having the ɛ4 allele and no minor alleles of these two SNPs, $\beta = 0.047$, p = 0.023 (Table 4, 1XY+2XY), consistently across all cohorts (Supplementary Table 6). The same effect direction was also observed for CSF tau in the meta-analysis, $\beta = 0.060$, p = 0.270, and each cohort (Supplementary Table 6), although the estimates did not attain the significance due to a 5-fold smaller sample with CSF tau than plasma tau. Because plasma and CSF tau were measured in ADNI-1, we were able to examine the association of the aggregated compound genotype 1XY+2XY with CSF tau with adjustment for plasma tau. This analysis did not show the mediating effect of plasma tau because the difference in the

Biomarker	Source	Genotype	N	Beta	SE	P value	Direction
Αβ42	CSF	111+222	178	-0.054	0.062	3.77E-01	?????
Αβ42	CSF	1XY+2XY	242	-0.091	0.060	1.32E-01	?????
Αβ42	CSF	100+200	56		Re	ference	
Αβ42	Plasma	111+222	1462	0.619	0.569	2.77E-01	-?++++
Αβ42	Plasma	1XY+2XY	1821	0.509	0.553	3.57E-01	-?++++
Αβ42	Plasma	100+200	396		Re	ference	
Tau	CSF	111+222	189	0.066	0.057	2.46E-01	++????
Tau	CSF	1XY+2XY	253	0.060	0.054	2.70E-01	++????
Tau	CSF	100+200	56		Re	ference	
Tau	Plasma	111+222	1033	0.033	0.021	1.25E-01	+?+++?
Tau	Plasma	1XY+2XY	1280	0.047	0.021	2.27E-02	+?+++?
Tau	Plasma	100+200	289		Re	ference	

Table 4. Comparative meta-analysis of the associations of the selected compound genotypes with Alzheimer's disease (AD) Aβ42 and tau biomarkers.

Column "Genotype" shows compound genotypes encoded by triples of numbers and X and Y letters; these notations are detailed in Table 3 footnote. Column "Direction" shows sign of the effect beta in individual studies in the same order as in Table 3. A gamma general linear model with a log link function was used for all biomarkers except A β 42 measured in plasma. SE denotes standard error. CSF denotes cerebrospinal fluid. More details with individual-study estimates are given Supplementary Table 6.

associations between the adjusted ($\beta = 0.026$, p = 0.700) and unadjusted ($\beta = 0.030$, p = 0.650) models by plasma tau in ADNI-1 was trivial.

We found that excluding carriers of the $\epsilon 2$ alleles did not make a difference (Supplementary Table 7).

DISCUSSION

We performed the analysis of the associations of the *APOE* $\epsilon 2$ and $\epsilon 4$ alleles and polygenic profiles represented by combinations of variants of the $\epsilon 4$ encoding rs429358, *TOMM40* rs2075650, and *APOC1* rs12721046 SNPs with CSF and plasma A β 40, A β 42, and tau AD biomarkers. Our primary finding is that the ϵ 4-bearing polygenic profiles conferring higher and lower AD risks are differently associated with tau but not A β 42. The other main results of our work are characterizations of the associations of the *APOE* $\epsilon 2$ and $\epsilon 4$ alleles with A β 40, A β 42, and tau biomarkers in ADNI-1, ADNI-2/GO, ARIC, and three FHS cohorts.

APOE ε2 and ε4 alleles and AD biomarkers

Our analysis confirmed robust associations of the $\epsilon 4$ alleles with both plasma and CSF A β 42 levels [17] (Table 2). Unlike A β 42, no significant associations of the $\epsilon 4$ allele with A β 40 were identified despite a relatively high correlation between these biomarkers. By showing the robust and highly significant associations of the $\epsilon 4$ allele with CSF tau, our analysis supports previous findings on the connections between the $\epsilon 4$ allele and tau aggregation [17, 33, 34]. Meanwhile, we report no significant associations of the ϵ 4 allele with plasma tau (Table 2).

We show that the ϵ^2 allele is associated with CSF A β 42 at nominal significance in the ADNI sample, which corroborates the results of previous analysis in this sample [35]. Nevertheless, longitudinal analysis using a larger number of CSF A β 42 measurements from multiple visits did not confirm the significance of this association. However, ADNI sample includes relatively old subjects (Table 1), and longitudinal assessment was done at even older ages (Supplementary Table 1). Because studies showed that the ϵ^2 allele might not be associated with CSF A β 42 at older ages [36], the addition of A β 42 measurements at older ages affected the significance of the estimate in our study. The ϵ^2 allele was not significantly associated with plasma A β 42 and CSF and plasma A β 40 and tau (Supplementary Table 4).

Polygenic profiles and AD biomarkers

Our prior analysis identified that the ε 4-bearing compound genotypes examined in the current study of AD biomarkers exerted 89% (OR [odds ratio] = 1.89, $p = 4.69 \times 10^{-13}$) higher odds of AD when the ε 4 alleles clustered with minor alleles of *TOMM40* rs2075650 and *APOC1* rs12721046 SNPs than major alleles of these two SNPs, i.e., when the 1XY+2XY compound genotype (carriers of the ε 4 alleles who also carry minor alleles of rs2075650 and rs12721046) was contrasted by 100+200 genotype (carriers of the ε 4 alleles who do not carry minor alleles of rs2075650 and rs12721046) [32].

In this study, we show no significant difference in the associations of the 1XY+2XY and 100+200 compound genotypes with either plasma or CSF A β 42. This result implies that the association of the $\varepsilon 4$ allele with A $\beta 42$ is likely due to this allele itself because its association is not significantly modulated by minor alleles of rs2075650 and rs12721046. In contrast, a significant difference in the associations of the 1XY+2XY and 100+200 compound genotypes with plasma tau (Table 4) potentially, CSF (and, with tau. Supplementary Table 6) suggests joint roles of the ɛ4 allele and minor alleles of rs2075650 and rs12721046 in tau aggregation. Because the 1XY+2XY compound genotype entails 89% higher odds of AD than the 100+200 genotype, the 1XY+2XY genotype is tighter linked to neurodegeneration than 100+200. Therefore, the identified difference in the associations of the ɛ4bearing polygenic profiles conferring higher and lower AD risks is tied to tau but not $A\beta$.

Insights on potential APOE-related mechanism of AD

Our results align with prior findings based on the associations of the ϵ 4 alleles with AD biomarkers. Differential associations of the ϵ 4-bearing polygenic profiles with AD biomarkers help clarify connections of the ϵ 4 allele with AD biomarkers and the role of A β and tau pathologies in AD pathogenesis. Indeed, studies showed that A β 42 was tighter linked with the ϵ 4 allele than clinically diagnosed cognitive impairment (AD or MCI), whereas tau and neurodegeneration were stronger associated with cognitive impairment than the ϵ 4 alleles [15] (Figure 1). The CSF A β 42 appears to be independently associated with AD and the ϵ 4 alleles, as

was shown in [16] and corroborated in [37]. PET imaging showed a tighter linkage of neurodegeneration to tau pathology than A β pathology [38]. These findings implicate the role of the $\varepsilon 4$ alleles in AD via both A β and tau pathologies. They emphasize the primary role of the $\varepsilon 4$ alleles in A β pathology, the reduced role of this allele in tau pathology, and the stronger link of tau with neurodegeneration. These findings support the mechanism that $A\beta$ pathology is pronounced before the emergence of the AD clinical manifestation, whereas AD manifestation develops due to neurodegeneration [12, 15, 39]. Then, our results are aligned with these findings because: (i) the polygenic profile comprising the ɛ4 allele and minor alleles of rs2075650 and rs12721046 is a proxy for cognitive impairment because it is tied to higher AD risk (ɛ4-HRP-AD), (ii) this higher-AD-risk profile is differentiated from the lower-AD-risk profile (ɛ4-LRP-AD) based on the associations with tau, and (iii) this profile is not differentiated based on the associations with $A\beta 42$. These insights indicate that the $\varepsilon 4$ allele plays a role in A β pathology, whereas its role in tau pathology is modulated by minor alleles of TOMM40 rs2075650 and APOC1 rs12721046 SNPs when they are clustered in the higher-AD-risk profile. Therefore, our findings suggest that modulation of the effect of the ɛ4 allele by TOMM40 and APOC1 variants indicates a potential genetic mechanism of differential roles of A β and tau in AD pathogenesis.

Limitations

We acknowledge the limitations of this study. First, the samples used in this analysis were not optimal to examine the roles of compound genotypes comprising



Figure 1. A schematic diagram of potential APOE-related mechanism of Alzheimer's disease (AD). Blue ovals indicate AD biomarkers. The red rectangle shows the APOE ε 4 allele. The purple rounded rectangle indicates cognitive impairment (AD or mild cognitive impairment). Magenta and green rounded rectangles denote the ε 4-bearing higher-AD-risk profile (ε 4-HRP-AD) and lower-AD-risk profile (ε 4-LRP-AD), respectively. The thickness of the arrows denotes tighter (thick lines) and weaker (thin lines) links between genetic variants, AD biomarkers, and cognitive impairment.

minor allele homozygotes of rs429358, rs2075650, and rs12721046 SNPs. Second, we did not explore the potential roles of haplotypes containing these SNPs due to the limited number of minor allele homozygotes. Third, further analyses using larger samples are needed to robustly examine associations of compound genotypes with CSF A β and tau. Fourth, we did not look at the potential roles of sex due to the limited sample size, particularly for CSF measurements.

MATERIALS AND METHODS

Study cohorts

The data for this paper were from the ADNI initial (ADNI-1) and extended (ADNI-2/GO) cohorts [40, 41], the ARIC study [42], and the FHS parental (FHS_C1), offspring (FHS_C2), and grandchildren (FHS_C3) cohorts [43]. The basic characteristics of the available samples are given in Table 1.

AD biomarkers

Alzheimer's disease neuroimaging initiative

Data used in the preparation of this article were obtained from the ADNI database (https://adni.loni.usc.edu/). The ADNI was launched in 2003 as a public-private partnership, led by Principal Investigator Michael W. Weiner, MD. The primary goal of ADNI has been to test whether serial magnetic resonance imaging (MRI), PET, other biological markers. and clinical and neuropsychological assessment can be combined to measure the progression of mild cognitive impairment (MCI) and early AD. For up-to-date information, see https://adni.loni.usc.edu/.

Concentrations of AB42 and AB40 in plasma were measured using the Luminex xMAP platform and Innogenetics INNO-BIA AlzBio3 immunoassay reagents (Innogenetics NV, Ghent, Belgium). Plasma tau was measured in ADNI-1 and it was analyzed by the Single-Molecule array (Simoa) technique and the Human total tau assay. Concentrations of A β 42, tau, and p-tau181 (ptau) in CSF were assessed using an automated Elecsys cobas e 601 tool based on Roche Elecsys immunoassays [44]. CSF samples were collected in ADNI-1 and ADNIbetween 2005 2/GOand 2016. In addition. immunoassay-independent measurements of CSF AB (Aβ40 and Aβ42) were done using a candidate reference 2D-UPLC/tandem mass spectrometry method.

Atherosclerosis risk in communities study

Plasma Aβ40 and Aβ42 concentrations were measured at the 5th examination. Amyloid was quantified by the Department of Molecular Pharmacology and Experimental Therapeutics at Mayo Clinic (Jacksonville, FL) from August to December 2014 using the INNO-BIA assay (Innogenetics NV, Ghent, Belgium). The Luminex 200 IS Total system was used for detecting fluorescence emitted by beads (xMAP microspheres; conjugate 1A) that were bound to A β 40 and A β 42 [45]. The minimal detectable levels for A β 42 and A β 40 were 12 pg/ml and 15 pg/ml, respectively [46, 47].

Framingham heart study

Plasma Aβ42 and Aβ40 concentrations were measured at the 23rd examination in FHS C1, the 7th examination in FHS C2, and the 2nd examination in FHS_C3 cohorts. Amyloid was quantified by the same Mayo Clinic facility as for ARIC from June to August 2012 and from January to June 2014 using the same Innogenetics NV assays. The minimal detectable levels were 12pg/ml for Aβ40 and 5pg/ml for Aβ42. Plasma tau was measured in blood samples obtained at the 28th examination in FHS C1, the 8th examination in FHS C2, and the 2nd examination in FHS C3. Plasma samples were assayed from February to March 2017. Total tau was measured by Quanterix (Lexington, MA, USA) using a Simoa[™] tau 2.0 Kit and a Simoa HD-1 analyzer. This is a molecule enzyme-linked immunosorbent assay (digital ELISA) with a minimum detectable level of 0.019 pg/ml [48].

Genotypes

We examined associations of the *APOE* $\varepsilon 4$ and $\varepsilon 2$ alleles encoded by minor alleles of rs429358 (T/c; upper/lower case denotes here major/minor allele) and rs7412 (C/t), respectively, and compound genotypes comprising rs429358, rs2075650 (*TOMM40*, A/g), and rs12721046 (*APOC1*, G/a) SNPs. To maximize the sample size, missing genotypes for some subjects in each study were imputed (Michigan Imputation Server, HRC panel). We retained genotypes with high imputation quality ($r^2 > 0.8$).

The ε 4 allele was defined in the absence of the ε 2 allele, i.e., by ε 3/ ε 4 and ε 4/ ε 4 genotypes. Likewise, the ε 2 allele was defined in the absence of the ε 4 allele, i.e., by ε 2/ ε 3 and ε 2/ ε 2 genotypes. The triple of rs429358, rs2075650, and rs12721046 SNPs, which are in about the same moderate pair-wise linkage disequilibrium $r^2 \approx 0.49$, was selected because its minor allele compound genotypes conferred an exceptionally high risk of AD [31, 32]. To streamline notations for triples, we used definitions based on the counts of minor alleles (i.e., 0, 1, 2) in an SNP, as detailed in Table 3 footnotes.

Statistical analysis

The associations of the ϵ 4 or ϵ 2 allele and compound genotypes of interest with AD biomarkers were

evaluated using their baseline (Table 1) and longitudinal (Supplementary Table 1) measurements. We used the $\varepsilon 3/\varepsilon 3$ genotype as a reference in the analyses of the $\varepsilon 4$ or $\epsilon 2$ allele. References in the analyses of compound genotypes varied and are shown in the corresponding tables. AD biomarkers were used as outcomes. We employed the glm and lm functions from base R, as well as the glmer and lmer functions from the lme4 package [49]. Biomarkers CSF Aβ40, Aβ42, tau, and p-tau, and plasma tau showed gamma-like distributions; therefore, functions glm and glmer were used to run gamma general linear models with a log link function. The regression coefficients beta in these models can be interpreted as a fraction (or percentage) of change of a continuous outcome. All models were adjusted for sex, age, and age squared. If the model had convergence issues, age squared was removed. The analysis using longitudinal measurements was run in ADNI, and required the use of lmer and glmer to account for the correlation between repeated measurements on the individual. In FHS lmer and glmer were used to account for familial correlation. To examine the potential role of the ε^2 alleles, we also performed the analysis excluding all subjects with $\varepsilon 2$ alleles. No other adjustments were made. Meta-analysis was performed using a fixedeffects model with inverse-variance weighting. We used p < 0.05 as a significance level.

AUTHOR CONTRIBUTIONS

A.M.K. conceived and designed the experiment and wrote the paper, E.J.W. coded statistical tests and performed statistical analyses, Y.L., E.L., F.F., and I.C. prepared data for the analyses. All co-authors contributed to writing the paper.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest related to this study.

ETHICAL STATEMENT AND CONSENT

This study used existing data received from the data holders. Duke institutional review board approved the analysis of these data. As living subjects were not contacted in this study, informed consent was not required.

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REFERENCES

- 1. Finch CE, Kulminski AM. The Alzheimer's Disease Exposome. Alzheimers Dement. 2019; 15:1123–32. https://doi.org/10.1016/j.jalz.2019.06.3914 PMID:<u>31519494</u>
- Gatz M, Reynolds CA, Fratiglioni L, Johansson B, Mortimer JA, Berg S, Fiske A, Pedersen NL. Role of genes and environments for explaining Alzheimer disease. Arch Gen Psychiatry. 2006; 63:168–74. <u>https://doi.org/10.1001/archpsyc.63.2.168</u> PMID:<u>16461860</u>
- Marioni RE, Harris SE, Zhang Q, McRae AF, Hagenaars SP, Hill WD, Davies G, Ritchie CW, Gale CR, Starr JM, Goate AM, Porteous DJ, Yang J, et al. GWAS on family history of Alzheimer's disease. Transl Psychiatry. 2018; 8:99. <u>https://doi.org/10.1038/s41398-018-0150-6</u> PMID:29777097
- Kunkle BW, Grenier-Boley B, Sims R, Bis JC, Damotte V, Naj AC, Boland A, Vronskaya M, van der Lee SJ, Amlie-Wolf A, Bellenguez C, Frizatti A, Chouraki V, et al, and Alzheimer Disease Genetics Consortium (ADGC), and European Alzheimer's Disease Initiative (EADI), and Cohorts for Heart and Aging Research in Genomic Epidemiology Consortium (CHARGE), and Genetic and Environmental Risk in AD/Defining Genetic, Polygenic and Environmental Risk for Alzheimer's Disease Consortium (GERAD/PERADES). Genetic meta-analysis of diagnosed Alzheimer's disease identifies new risk loci and implicates Aβ, tau, immunity and lipid processing. Nat Genet. 2019; 51:414–30.

https://doi.org/10.1038/s41588-019-0358-2 PMID:30820047

 Lambert JC, Ibrahim-Verbaas CA, Harold D, Naj AC, Sims R, Bellenguez C, DeStafano AL, Bis JC, Beecham GW, Grenier-Boley B, Russo G, Thorton-Wells TA, Jones N, et al, and European Alzheimer's Disease Initiative (EADI), and Genetic and Environmental Risk in Alzheimer's Disease, and Alzheimer's Disease Genetic Consortium, and Cohorts for Heart and Aging Research in Genomic Epidemiology. Meta-analysis of 74,046 individuals identifies 11 new susceptibility loci for Alzheimer's disease. Nat Genet. 2013; 45:1452–8.

https://doi.org/10.1038/ng.2802 PMID:24162737

- 6. Bellenguez C, Küçükali F, Jansen IE, Kleineidam L, Moreno-Grau S, Amin N, Naj AC, Campos-Martin R, Grenier-Boley B, Andrade V, Holmans PA, Boland A, Damotte V, et al, and EADB, and GR@ACE, and DEGESCO, and EADI, and GERAD, and Demgene, and FinnGen, and ADGC, and CHARGE. New insights into the genetic etiology of Alzheimer's disease and related dementias. Nat Genet. 2022; 54:412–36. <u>https://doi.org/10.1038/s41588-022-01024-z</u> PMID:<u>35379992</u>
- Genin E, Hannequin D, Wallon D, Sleegers K, Hiltunen M, Combarros O, Bullido MJ, Engelborghs S, De Deyn P, Berr C, Pasquier F, Dubois B, Tognoni G, et al. APOE and Alzheimer disease: a major gene with semi-dominant inheritance. Mol Psychiatry. 2011; 16:903–7. https://doi.org/10.1038/mp.2011.52

https://doi.org/10.1038/mp.203 PMID:21556001

 Belloy ME, Napolioni V, Greicius MD. A Quarter Century of APOE and Alzheimer's Disease: Progress to Date and the Path Forward. Neuron. 2019; 101:820–38.

https://doi.org/10.1016/j.neuron.2019.01.056 PMID:<u>30844401</u>

 Knopman DS, Haeberlein SB, Carrillo MC, Hendrix JA, Kerchner G, Margolin R, Maruff P, Miller DS, Tong G, Tome MB, Murray ME, Nelson PT, Sano M, et al. The National Institute on Aging and the Alzheimer's Association Research Framework for Alzheimer's disease: Perspectives from the Research Roundtable. Alzheimers Dement. 2018; 14:563–75. <u>https://doi.org/10.1016/j.jalz.2018.03.002</u>

PMID:<u>29653607</u>

- Silverberg N, Elliott C, Ryan L, Masliah E, Hodes R. NIA commentary on the NIA-AA Research Framework: Towards a biological definition of Alzheimer's disease. Alzheimers Dement. 2018; 14:576–8. <u>https://doi.org/10.1016/j.jalz.2018.03.004</u> PMID:<u>29653608</u>
- Jack CR Jr, Bennett DA, Blennow K, Carrillo MC, Dunn B, Haeberlein SB, Holtzman DM, Jagust W, Jessen F, Karlawish J, Liu E, Molinuevo JL, Montine T, et al, and Contributors. NIA-AA Research Framework: Toward a biological definition of Alzheimer's disease. Alzheimers Dement. 2018; 14:535–62.

https://doi.org/10.1016/j.jalz.2018.02.018 PMID:29653606

- Koutsodendris N, Nelson MR, Rao A, Huang Y. Apolipoprotein E and Alzheimer's Disease: Findings, Hypotheses, and Potential Mechanisms. Annu Rev Pathol. 2022; 17:73–99. <u>https://doi.org/10.1146/annurev-pathmechdis-030421-112756</u> PMID:<u>34460318</u>
- Olsson B, Lautner R, Andreasson U, Öhrfelt A, Portelius E, Bjerke M, Hölttä M, Rosén C, Olsson C, Strobel G, Wu E, Dakin K, Petzold M, et al. CSF and blood biomarkers for the diagnosis of Alzheimer's disease: a systematic review and meta-analysis. Lancet Neurol. 2016; 15:673–84. <u>https://doi.org/10.1016/S1474-4422(16)00070-3</u> PMID:<u>27068280</u>
- Li Y, Schindler SE, Bollinger JG, Ovod V, Mawuenyega KG, Weiner MW, Shaw LM, Masters CL, Fowler CJ, Trojanowski JQ, Korecka M, Martins RN, Janelidze S, et al. Validation of Plasma Amyloid-β 42/40 for Detecting Alzheimer Disease Amyloid Plaques. Neurology. 2022; 98:e688–99. https://doi.org/10.1212/WNL.000000000013211

PMID:34906975

- Vemuri P, Wiste HJ, Weigand SD, Knopman DS, Shaw LM, Trojanowski JQ, Aisen PS, Weiner M, Petersen RC, Jack CR Jr, and Alzheimer's Disease Neuroimaging Initiative. Effect of apolipoprotein E on biomarkers of amyloid load and neuronal pathology in Alzheimer disease. Ann Neurol. 2010; 67:308–16. <u>https://doi.org/10.1002/ana.21953</u> PMID:20373342
- Lautner R, Palmqvist S, Mattsson N, Andreasson U, Wallin A, Pålsson E, Jakobsson J, Herukka SK, Owenius R, Olsson B, Hampel H, Rujescu D, Ewers M, et al, and Alzheimer's Disease Neuroimaging Initiative. Apolipoprotein E genotype and the diagnostic accuracy of cerebrospinal fluid biomarkers for Alzheimer disease. JAMA Psychiatry. 2014; 71:1183–91.

https://doi.org/10.1001/jamapsychiatry.2014.1060 PMID:25162367

 Benson GS, Bauer C, Hausner L, Couturier S, Lewczuk P, Peters O, Hüll M, Jahn H, Jessen F, Pantel J, Teipel SJ, Wagner M, Schuchhardt J, et al. Don't forget about tau: the effects of ApoE4 genotype on Alzheimer's disease cerebrospinal fluid biomarkers in subjects with mild cognitive impairment-data from the Dementia Competence Network. J Neural Transm (Vienna). 2022; 129:477–86.

https://doi.org/10.1007/s00702-022-02461-0 PMID:<u>35061102</u>

- Morris JC, Roe CM, Xiong C, Fagan AM, Goate AM, Holtzman DM, Mintun MA. APOE predicts amyloidbeta but not tau Alzheimer pathology in cognitively normal aging. Ann Neurol. 2010; 67:122–31. <u>https://doi.org/10.1002/ana.21843</u> PMID:20186853
- Chong JX, Buckingham KJ, Jhangiani SN, Boehm C, Sobreira N, Smith JD, Harrell TM, McMillin MJ, Wiszniewski W, Gambin T, Coban Akdemir ZH, Doheny K, Scott AF, et al, and Centers for Mendelian Genomics. The Genetic Basis of Mendelian Phenotypes: Discoveries, Challenges, and Opportunities. Am J Hum Genet. 2015; 97:199–215. <u>https://doi.org/10.1016/j.ajhg.2015.06.009</u> PMID:<u>26166479</u>
- Sherrington R, Rogaev EI, Liang Y, Rogaeva EA, Levesque G, Ikeda M, Chi H, Lin C, Li G, Holman K, Tsuda T, Mar L, Foncin JF, et al. Cloning of a gene bearing missense mutations in early-onset familial Alzheimer's disease. Nature. 1995; 375:754–60. <u>https://doi.org/10.1038/375754a0</u> PMID:<u>7596406</u>
- Levy-Lahad E, Wasco W, Poorkaj P, Romano DM, Oshima J, Pettingell WH, Yu CE, Jondro PD, Schmidt SD, Wang K. Candidate gene for the chromosome 1 familial Alzheimer's disease locus. Science. 1995; 269:973–7. <u>https://doi.org/10.1126/science.7638622</u> PMID:<u>7638622</u>
- 22. Rogaev EI, Sherrington R, Rogaeva EA, Levesque G, Ikeda M, Liang Y, Chi H, Lin C, Holman K, Tsuda T. Familial Alzheimer's disease in kindreds with missense mutations in a gene on chromosome 1 related to the Alzheimer's disease type 3 gene. Nature. 1995; 376:775–8. <u>https://doi.org/10.1038/376775a0</u> PMID:7651536
- Lanoiselée HM, Nicolas G, Wallon D, Rovelet-Lecrux A, Lacour M, Rousseau S, Richard AC, Pasquier F, Rollin-Sillaire A, Martinaud O, Quillard-Muraine M, de la Sayette V, Boutoleau-Bretonniere C, et al, and collaborators of the CNR-MAJ project. APP, PSEN1, and PSEN2 mutations in early-onset Alzheimer disease: A genetic screening study of familial and sporadic cases. PLoS Med. 2017; 14:e1002270. https://doi.org/10.1371/journal.pmed.1002270 PMID:<u>28350801</u>
- Lescai F, Chiamenti AM, Codemo A, Pirazzini C, D'Agostino G, Ruaro C, Ghidoni R, Benussi L, Galimberti D, Esposito F, Marchegiani F, Cardelli M, Olivieri F, et al. An APOE haplotype associated with decreased ε4 expression increases the risk of late onset Alzheimer's disease. J Alzheimers Dis. 2011; 24:235–45.

https://doi.org/10.3233/JAD-2011-101764 PMID:21263195

- 25. Zhou X, Chen Y, Mok KY, Kwok TCY, Mok VCT, Guo Q, Ip FC, Chen Y, Mullapudi N, Giusti-Rodríguez P, Sullivan PF, Hardy J, Fu AKY, et al, and Alzheimer's Disease Neuroimaging Initiative. Non-coding variability at the APOE locus contributes to the Alzheimer's risk. Nat Commun. 2019; 10:3310. <u>https://doi.org/10.1038/s41467-019-10945-z</u> PMID:31346172
- 26. Babenko VN, Afonnikov DA, Ignatieva EV, Klimov AV, Gusev FE, Rogaev El. Haplotype analysis of APOE intragenic SNPs. BMC Neurosci. 2018; 19:16. <u>https://doi.org/10.1186/s12868-018-0413-4</u> PMID:<u>29745836</u>
- Lutz MW, Crenshaw D, Welsh-Bohmer KA, Burns DK, Roses AD. New Genetic Approaches to AD: Lessons from APOE-TOMM40 Phylogenetics. Curr Neurol Neurosci Rep. 2016; 16:48. <u>https://doi.org/10.1007/s11910-016-0643-8</u> PMID:<u>27039903</u>
- 28. Le Guen Y, Belloy ME, Grenier-Boley B, de Rojas I, Castillo-Morales A, Jansen I, Nicolas A, Bellenguez C, Dalmasso C, Küçükali F, Eger SJ, Rasmussen KL, Thomassen JQ, et al, and Members of the EADB, GR@ACE, DEGESCO, DemGene, GERAD, and EADI Groups. Association of Rare APOE Missense Variants V236E and R251G With Risk of Alzheimer Disease. JAMA Neurol. 2022; 79:652–63. <u>https://doi.org/10.1001/jamaneurol.2022.1166</u> PMID:<u>35639372</u>
- 29. Lutz MW, Sundseth SS, Burns DK, Saunders AM, Hayden KM, Burke JR, Welsh-Bohmer KA, Roses AD. A Genetics-based Biomarker Risk Algorithm for Predicting Risk of Alzheimer's Disease. Alzheimers Dement (N Y). 2016; 2:30–44. <u>https://doi.org/10.1016/j.trci.2015.12.002</u> PMID:27047990
- Zaykin DV, Meng Z, Ehm MG. Contrasting linkagedisequilibrium patterns between cases and controls as a novel association-mapping method. Am J Hum Genet. 2006; 78:737–46. <u>https://doi.org/10.1086/503710</u> PMID:<u>16642430</u>
- 31. Kulminski AM, Philipp I, Loika Y, He L, Culminskaya I. Haplotype architecture of the Alzheimer's risk in the APOE region via co-skewness. Alzheimers Dement (Amst). 2020; 12:e12129. <u>https://doi.org/10.1002/dad2.12129</u> PMID:33204816
- 32. Kulminski AM, Philipp I, Shu L, Culminskaya I. Definitive roles of TOMM40-APOE-APOC1 variants in

the Alzheimer's risk. Neurobiol Aging. 2022; 110:122–31. <u>https://doi.org/10.1016/j.neurobiolaging.2021.09.</u> 009 PMID:34625307

- 33. Therriault J, Benedet AL, Pascoal TA, Mathotaarachchi S, Chamoun M, Savard M, Thomas E, Kang MS, Lussier F, Tissot C, Parsons M, Qureshi MNI, Vitali P, et al. Association of Apolipoprotein E ε4 With Medial Temporal Tau Independent of Amyloid-β. JAMA Neurol. 2020; 77:470–9. https://doi.org/10.1001/jamaneurol.2019.4421 PMID:31860000
- Risacher SL, Kim S, Shen L, Nho K, Foroud T, Green RC, Petersen RC, Jack CR Jr, Aisen PS, Koeppe RA, Jagust WJ, Shaw LM, Trojanowski JQ, et al, and Alzheimer's Disease Neuroimaging Initiative (ADNI)[†]. The role of apolipoprotein E (APOE) genotype in early mild cognitive impairment (E-MCI). Front Aging Neurosci. 2013; 5:11.

https://doi.org/10.3389/fnagi.2013.00011 PMID:23554593

- 35. Grothe MJ, Villeneuve S, Dyrba M, Bartrés-Faz D, Wirth M, and Alzheimer's Disease Neuroimaging Initiative. Multimodal characterization of older APOE2 carriers reveals selective reduction of amyloid load. Neurology. 2017; 88:569–76. <u>https://doi.org/10.1212/WNL.000000000003585</u> PMID:<u>28062720</u>
- 36. Toledo JB, Zetterberg H, van Harten AC, Glodzik L, Martinez-Lage P, Bocchio-Chiavetto L, Rami L, Hansson O, Sperling R, Engelborghs S, Osorio RS, Vanderstichele H, Vandijck M, et al, and Alzheimer's Disease Neuroimaging Initiative. Alzheimer's disease cerebrospinal fluid biomarker in cognitively normal subjects. Brain. 2015; 138:2701–15. <u>https://doi.org/10.1093/brain/awv199</u> PMID:<u>26220940</u>
- 37. Baek MS, Cho H, Lee HS, Lee JH, Ryu YH, Lyoo CH. Effect of APOE ε4 genotype on amyloid-β and tau accumulation in Alzheimer's disease. Alzheimers Res Ther. 2020; 12:140. <u>https://doi.org/10.1186/s13195-020-00710-6</u> PMID:33129364
- Ossenkoppele R, Schonhaut DR, Schöll M, Lockhart SN, Ayakta N, Baker SL, O'Neil JP, Janabi M, Lazaris A, Cantwell A, Vogel J, Santos M, Miller ZA, et al. Tau PET patterns mirror clinical and neuroanatomical variability in Alzheimer's disease. Brain. 2016; 139:1551–67. <u>https://doi.org/10.1093/brain/aww027</u> PMID:<u>26962052</u>
- 39. Jack CR Jr, Lowe VJ, Weigand SD, Wiste HJ, Senjem ML, Knopman DS, Shiung MM, Gunter JL, Boeve BF,

Kemp BJ, Weiner M, Petersen RC, and Alzheimer's Disease Neuroimaging Initiative. Serial PIB and MRI in normal, mild cognitive impairment and Alzheimer's disease: implications for sequence of pathological events in Alzheimer's disease. Brain. 2009; 132:1355–65.

https://doi.org/10.1093/brain/awp062 PMID:<u>19339253</u>

 Weiner MW, Aisen PS, Jack CR Jr, Jagust WJ, Trojanowski JQ, Shaw L, Saykin AJ, Morris JC, Cairns N, Beckett LA, Toga A, Green R, Walter S, et al, and Alzheimer's Disease Neuroimaging Initiative. The Alzheimer's disease neuroimaging initiative: progress report and future plans. Alzheimers Dement. 2010; 6:202–11.e7. https://doi.org/10.1016/j.jalz.2010.03.007

PMID:20451868

- Mueller SG, Weiner MW, Thal LJ, Petersen RC, Jack C, Jagust W, Trojanowski JQ, Toga AW, Beckett L. The Alzheimer's disease neuroimaging initiative. Neuroimaging Clin N Am. 2005; 15:869–77. <u>https://doi.org/10.1016/j.nic.2005.09.008</u> PMID:<u>16443497</u>
- Sharrett AR. The Atherosclerosis Risk in Communities (ARIC) Study. Introduction and objectives of the hemostasis component. Ann Epidemiol. 1992; 2:467–9. <u>https://doi.org/10.1016/1047-2797(92)90096-9</u> PMID:<u>1342297</u>
- 43. Cupples LA, Heard-Costa N, Lee M, Atwood LD, and Framingham Heart Study Investigators. Genetics Analysis Workshop 16 Problem 2: the Framingham Heart Study data. BMC Proc. 2009 (Suppl 7); 3:S3. <u>https://doi.org/10.1186/1753-6561-3-s7-s3</u> PMID:<u>20018020</u>
- Bittner T, Zetterberg H, Teunissen CE, Ostlund RE Jr, Militello M, Andreasson U, Hubeek I, Gibson D, Chu DC, Eichenlaub U, Heiss P, Kobold U, Leinenbach A, et al. Technical performance of a novel, fully automated electrochemiluminescence immunoassay for the quantitation of β-amyloid (1-42) in human cerebrospinal fluid. Alzheimers Dement. 2016; 12:517–26. <u>https://doi.org/10.1016/j.jalz.2015.09.009</u> PMID:26555316
- 45. Blennow K, De Meyer G, Hansson O, Minthon L, Wallin A, Zetterberg H, Lewczuk P, Vanderstichele H, Vanmechelen E, Kornhuber J, Wiltfang J, Heuser I, Maier W, et al, and KND-Study Group. Evolution of Abeta42 and Abeta40 levels and Abeta42/Abeta40 ratio in plasma during progression of Alzheimer's disease: a multicenter assessment. J Nutr Health Aging. 2009; 13:205–8.

https://doi.org/10.1007/s12603-009-0059-0 PMID:<u>19262954</u> 46. Simino J, Wang Z, Bressler J, Chouraki V, Yang Q, Younkin SG, Seshadri S, Fornage M, Boerwinkle E, Mosley TH Jr. Whole exome sequence-based association analyses of plasma amyloid-β in African and European Americans; the Atherosclerosis Risk in Communities-Neurocognitive Study. PLoS One. 2017; 12:e0180046. https://doi.org/10.1371/journal.pone.0180046

https://doi.org/10.1371/journal.pone.018004 PMID:<u>28704393</u>

- 47. Damotte V, van der Lee SJ, Chouraki V, Grenier-Boley B, Simino J, Adams H, Tosto G, White C, Terzikhan N, Cruchaga C, Knol MJ, Li S, Schraen S, et al, and Alzheimer's Disease Neuroimaging Initiative. Plasma amyloid β levels are driven by genetic variants near APOE, BACE1, APP, PSEN2: A genome-wide association study in over 12,000 non-demented participants. Alzheimers Dement. 2021; 17:1663–74. https://doi.org/10.1002/alz.12333 PMID:<u>34002480</u>
- Pase MP, Beiser AS, Himali JJ, Satizabal CL, Aparicio HJ, DeCarli C, Chêne G, Dufouil C, Seshadri S. Assessment of Plasma Total Tau Level as a Predictive Biomarker for Dementia and Related Endophenotypes. JAMA Neurol. 2019; 76:598–606. <u>https://doi.org/10.1001/jamaneurol.2018.4666</u> PMID:<u>30830207</u>
- Bates D, Mächler M, Bolker B, Walker S. Fitting Linear Mixed-Effects Models Using Ime4. J Stat Softw. 2015; 67:1–48. <u>https://doi.org/10.18637/jss.v067.i01</u>

SUPPLEMENTARY MATERIALS

This article was prepared using a data obtained through dbGaP (accession numbers phs000007.v31 [FHS] and phs000280, v.7 [ARIC]) and ADNI data obtained through the Image and Data Archive (IDA) run by the Laboratory of Neuro Imaging (LONI).

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Supplementary Tables

Supplementary Table 1. Basic characteristics of the genotyped participants of European ancestry in the selected studies over all available longitudinal measurements.

Study	Source N		Men (%)	Age (SD, SE), years	Aβ40 (SD, SE), pg/ml	Aβ42 (SD, SE), pg/ml	Tau (SD, SE), pg/ml	pTau (SD, SE), pg/ml	
ADNI-1	Plasma	2077	1269 (61.1)	76.6 (6.6, 0.1)	164.4 (46.7, 1.0)	39.9 (10.9, 0.2)	NA	NA	
ADNI-1	CSF	948	571 (60.2)	76.7 (6.9, 0.2)	7844.7 (2326.7, 97.1)	768.6 (365.6, 11.9)	307.6 (122.3, 4.0)	29.7 (13.7, 0.4)	
ADNI-2/GO	CSF	636	357 (56.1)	73.9 (7.4, 0.3)	8652.0 (2492.9, 105.0)	901.4 (369.0, 14.6)	279.6 (121.9, 4.8)	26.3 (13.3, 0.5)	

Abbreviation: CSF: cerebrospinal fluid; SD: standard deviation; SE: standard error. *N* denotes the total number of observations of Alzheimer's disease (AD) biomarkers at four (plasma) and up to eight (CSF) examinations. ADNI-1 and ADNI-2/GO denote the AD Neuroimaging Initiative initial and extended cohorts, respectively. Age was defined at the time of the AD biomarker measurement.

Supplementary	Table 2.	Pearson	pair-wise	correlation	estimates	between	Alzheimer's	s disease	(AD)	biomarkers	in
selected studies	5.										

Study	Biomarker_1	Biomarker_2	Ν	Correlation, r	P value
ADNI-1	Aβ40_plasma	Aβ42_plasma	608	0.703	6.80E-92
ADNI-1	Aβ40_plasma	Tau_plasma	449	0.127	7.03E-03
ADNI-1	Aβ42_plasma	Tau_plasma	450	0.064	1.73E-01
ADNI-1	Aβ40_CSF	Aβ42_CSF	305	0.304	6.41E-08
ADNI-1	Aβ40_CSF	Tau_CSF	339	0.524	2.85E-25
ADNI-1	Aβ40_CSF	pTau_CSF	339	0.460	4.01E-19
ADNI-1	Aβ42_CSF	Tau_CSF	308	-0.275	9.27E-07
ADNI-1	Aβ42_CSF	pTau_CSF	308	-0.314	1.78E-08
ADNI-1	Tau_CSF	pTau_CSF	345	0.980	9.17E-244
ADNI-1	Aβ42_plasma	Aβ42_CSF	280	0.074	2.19E-01
ADNI-1	Aβ40_plasma	Aβ40_CSF	313	0.005	9.24E-01
ADNI-1	Tau_CSF	Tau_plasma	334	0.155	4.51E-03
ADNI-2/GO	Aβ40_CSF	Aβ42_CSF	274	0.253	2.22E-05
ADNI-2/GO	Aβ40_CSF	Tau_CSF	351	0.542	3.78E-28
ADNI-2/GO	Aβ40_CSF	pTau_CSF	351	0.464	4.13E-20
ADNI-2/GO	Aβ42_CSF	Tau_CSF	283	-0.269	4.39E-06
ADNI-2/GO	Aβ42_CSF	pTau_CSF	283	-0.326	2.04E-08
ADNI-2/GO	Tau_CSF	pTau_CSF	360	0.979	3.03E-250
FHS_C1	Aβ40_plasma	Aβ42_plasma	636	0.613	7.16E-67
FHS_C1	Aβ40_plasma	Tau_plasma	128	0.103	2.49E-01
FHS_C1	Aβ42_plasma	Tau_plasma	128	0.096	2.80E-01
FHS_C2	Aβ40_plasma	Aβ42_plasma	3095	0.500	9.43E-196
FHS_C2	Aβ40_plasma	Tau_plasma	2554	0.108	5.04E-08
FHS_C2	Aβ42_plasma	Tau_plasma	2554	0.068	5.77E-04
FHS_C3	Aβ40_plasma	Aβ42_plasma	3029	0.388	1.40E-109
FHS_C3	Aβ40_plasma	Tau_plasma	3026	0.021	2.45E-01
FHS_C3	Aβ42 plasma	Tau_plasma	3026	0.043	1.91E-02

N denotes the number of subjects. Abbreviation: CSF: cerebrospinal fluid. FHS_C1, FHS_C2, and FHS_C3 denote the Framingham Heart Study parental, offspring, and grandchildren cohorts, respectively; ADNI-1 and ADNI-2/GO denote the AD Neuroimaging Initiative initial and extended cohorts, respectively.

Study	Туре	Biomarker	Source	Genotype	N subjects	N observations	Beta	SE	P value
ADNI-1	Baseline	Αβ40	CSF	e4	171	171	-0.047	0.034	1.76E-01
ADNI-1	Baseline	Αβ40	CSF	e33	149	149	Reference		
ADNI-2/GO	Baseline	Αβ40	CSF	e4	133	133	0.022	0.033	5.06E-01
ADNI-2/GO	Baseline	Αβ40	CSF	e33	185	185	Reference		
Meta	Baseline	Αβ40	CSF	e4	304	304	-0.011	0.024	6.49E-01
Meta	Baseline	Αβ40	CSF	e33	334	334	Reference		
ADNI-1	Longitudinal	Αβ40	CSF	e4	173	271	-0.051	0.049	2.97E-01
ADNI-1	Longitudinal	Αβ40	CSF	e33	152	267	Reference		
ADNI-2/GO	Longitudinal	Αβ40	CSF	e4	134	216	0.034	0.045	4.58E-01
ADNI-2/GO	Longitudinal	Αβ40	CSF	e33	186	290	Reference		
Meta	Longitudinal	Αβ40	CSF	e4	307	487	-0.005	0.033	8.70E-01
Meta	Longitudinal	Αβ40	CSF	e33	338	557	Reference		
ADNI-1	Baseline	Αβ40	Plasma	e4	291	291	-0.795	4.345	8.55E-01
ADNI-1	Baseline	Αβ40	Plasma	e33	270	270	Reference		
FHS_C1	Baseline	Αβ40	Plasma	e4	114	114	-8.986	4.397	4.15E-02
FHS_C1	Baseline	Αβ40	Plasma	e33	432	432	Reference		
FHS_C2	Baseline	Αβ40	Plasma	e4	630	630	0.666	1.827	7.16E-01
FHS_C2	Baseline	Αβ40	Plasma	e33	1982	1982	Reference		
FHS_C3	Baseline	Αβ40	Plasma	e4	674	674	-2.299	2.609	3.78E-01
FHS_C3	Baseline	Αβ40	Plasma	e33	1916	1916	Reference		
ARIC	Baseline	Αβ40	Plasma	e4	400	400	-2.837	4.938	5.66E-01
ARIC	Baseline	Αβ40	Plasma	e33	1083	1083	Reference		
Meta	Baseline	Αβ40	Plasma	e4	2109	2109	-1.287	1.300	3.22E-01
Meta	Baseline	Αβ40	Plasma	e33	5683	5683	Reference		
ADNI-1	Longitudinal	Αβ40	Plasma	e4	296	961	-1.237	3.270	7.05E-01
ADNI-1	Longitudinal	Αβ40	Plasma	e33	277	942	Reference		
Meta	Longitudinal	Αβ40	Plasma	e4	296	961	-1.237	3.270	7.05E-01
Meta	Longitudinal	Αβ40	Plasma	e33	277	942	Reference		
ADNI-1	Baseline	Αβ42	CSF	e4	165	165	-0.407	0.048	7.15E-16
ADNI-1	Baseline	Αβ42	CSF	e33	125	125	Reference		
ADNI-2/GO	Baseline	Αβ42	CSF	e4	127	127	-0.256	0.049	3.94E-07
ADNI-2/GO	Baseline	Αβ42	CSF	e33	134	134	Reference		
Meta	Baseline	Αβ42	CSF	e4	292	292	-0.334	0.034	1.50E-22
Meta	Baseline	Αβ42	CSF	e33	259	259	Reference		
ADNI-1	Longitudinal	Αβ42	CSF	e4	178	433	-0.478	0.062	4.85E-14
ADNI-1	Longitudinal	Αβ42	CSF	e33	151	374	Reference		
ADNI-2/GO	Longitudinal	Αβ42	CSF	e4	132	223	-0.274	0.069	9.49E-05
ADNI-2/GO	Longitudinal	Αβ42	CSF	e33	142	231	Reference		
Meta	Longitudinal	Αβ42	CSF	e4	310	656	-0.387	0.046	7.32E-17
Meta	Longitudinal	Αβ42	CSF	e33	293	605	Reference		
ADNI-1	Baseline	Αβ42	Plasma	e4	291	291	-1.987	0.944	3.57E-02
ADNI-1	Baseline	Αβ42	Plasma	e33	273	273	Reference		
FHS_C1	Baseline	Αβ42	Plasma	e4	114	114	-3.912	1.194	1.12E-03

Supplementary Table 3. Associations of the APOE ε4 allele with Alzheimer's disease (AD) biomarkers.

FHS_C1	Baseline	Αβ42	Plasma	e33	432	432	Reference		
FHS_C2	Baseline	Αβ42	Plasma	e4	630	630	-1.891	0.466	5.04E-05
FHS_C2	Baseline	Αβ42	Plasma	e33	1982	1982	Reference		
FHS_C3	Baseline	Αβ42	Plasma	e4	674	674	-1.019	0.454	2.50E-02
FHS_C3	Baseline	Αβ42	Plasma	e33	1916	1916	Reference		
ARIC	Baseline	Αβ42	Plasma	e4	397	397	-3.114	0.654	2.10E-06
ARIC	Baseline	Αβ42	Plasma	e33	1076	1076	Reference		
Meta	Baseline	Αβ42	Plasma	e4	2106	2106	-1.903	0.271	2.18E-12
Meta	Baseline	Αβ42	Plasma	e33	5679	5679	Reference		
ADNI-1	Longitudinal	Αβ42	Plasma	e4	296	962	-1.995	0.799	1.26E-02
ADNI-1	Longitudinal	Αβ42	Plasma	e33	277	950	Reference		
Meta	Longitudinal	Αβ42	Plasma	e4	296	962	-1.995	0.799	1.26E-02
Meta	Longitudinal	Αβ42	Plasma	e33	277	950	Reference		
ADNI-1	Baseline	Tau	CSF	e4	167	167	0.204	0.043	3.04E-06
ADNI-1	Baseline	Tau	CSF	e33	149	149	Reference		
ADNI-2/GO	Baseline	Tau	CSF	e4	135	135	0.323	0.045	6.80E-12
ADNI-2/GO	Baseline	Tau	CSF	e33	192	192	Reference		
Meta	Baseline	Tau	CSF	e4	302	302	0.261	0.031	6.58E-17
Meta	Baseline	Tau	CSF	e33	341	341	Reference		
ADNI-1	Longitudinal	Tau	CSF	e4	179	435	0.217	0.059	2.36E-04
ADNI-1	Longitudinal	Tau	CSF	e33	165	433	Reference		
ADNI-2/GO	Longitudinal	Tau	CSF	e4	138	237	0.304	0.059	3.13E-07
ADNI-2/GO	Longitudinal	Tau	CSF	e33	194	334	Reference		
Meta	Longitudinal	Tau	CSF	e4	317	672	0.260	0.042	3.59E-10
Meta	Longitudinal	Tau	CSF	e33	359	767	Reference		
ADNI-1	Baseline	Tau	Plasma	e4	235	235	0.102	0.053	5.75E-02
ADNI-1	Baseline	Tau	Plasma	e33	223	223	Reference		
FHS_C1	Baseline	Tau	Plasma	e4	20	20	-0.113	0.082	1.72E-01
FHS_C1	Baseline	Tau	Plasma	e33	93	93	Reference		
FHS_C2	Baseline	Tau	Plasma	e4	556	556	0.019	0.019	3.25E-01
FHS_C2	Baseline	Tau	Plasma	e33	1721	1721	Reference		
FHS_C3	Baseline	Tau	Plasma	e4	673	673	-0.003	0.013	8.31E-01
FHS_C3	Baseline	Tau	Plasma	e33	1914	1914	Reference		
Meta	Baseline	Tau	Plasma	e4	1484	1484	0.006	0.011	5.67E-01
Meta	Baseline	Tau	Plasma	e33	3951	3951	Reference		

ARIC is the Atherosclerosis Risk in Communities Study. FHS_C1, FHS_C2, and FHS_C3 denote the Framingham Heart Study parental, offspring, and grandchildren cohorts, respectively. ADNI-1 and ADNI-2/GO denote the Alzheimer's disease Neuroimaging Initiative initial and extended cohorts, respectively. Meta shows the results of meta-analysis. Meta-analysis field was shown for consistency for each biomarker even if the analysis was performed in one study only. Column "Type" indicates biomarker measurements at baseline or longitudinally. Abbreviations: CSF: cerebrospinal fluid; SE: standard error. The APOE ε4 allele was defined as e34 and e44 genotypes. A gamma general linear model with a log link function was used for all biomarkers except Aβ40 and Aβ42 measured in plasma.

Study	Туре	Biomarker	Source	Genotype	N subjects	N observations	Beta	SE	P value
ADNI-1	Baseline	Αβ40	CSF	e4	25	25	0.063	0.069	3.62E-01
ADNI-1	Baseline	Αβ40	CSF	e33	149	149	Reference		
ADNI-2/GO	Baseline	Αβ40	CSF	e4	31	31	-0.032	0.055	5.68E-01
ADNI-2/GO	Baseline	Αβ40	CSF	e33	185	185	Reference		
Meta	Baseline	Αβ40	CSF	e4	56	56	0.006	0.043	8.99E-01
Meta	Baseline	Αβ40	CSF	e33	334	334	Reference		
ADNI-1	Longitudinal	Αβ40	CSF	e4	25	27	0.075	0.093	4.21E-01
ADNI-1	Longitudinal	Αβ40	CSF	e33	152	267	Reference		
ADNI-2/GO	Longitudinal	Αβ40	CSF	e4	31	54	-0.058	0.080	4.67E-01
ADNI-2/GO	Longitudinal	Αβ40	CSF	e33	186	290	Reference		
Meta	Longitudinal	Αβ40	CSF	e4	56	81	-0.002	0.060	9.80E-01
Meta	Longitudinal	Αβ40	CSF	e33	338	557	Reference		
ADNI-1	Baseline	Αβ40	Plasma	e4	36	36	0.679	8.602	9.37E-01
ADNI-1	Baseline	Αβ40	Plasma	e33	270	270	Reference		
FHS_C1	Baseline	Αβ40	Plasma	e4	74	74	-1.922	5.561	7.30E-01
FHS_C1	Baseline	Αβ40	Plasma	e33	432	432	Reference		
FHS_C2	Baseline	Αβ40	Plasma	e4	402	402	1.457	2.213	5.10E-01
FHS_C2	Baseline	Αβ40	Plasma	e33	1982	1982	Reference		
FHS_C3	Baseline	Αβ40	Plasma	e4	370	370	-6.513	3.022	3.12E-02
FHS_C3	Baseline	Αβ40	Plasma	e33	1916	1916	Reference		
ARIC	Baseline	Αβ40	Plasma	e4	230	230	-12.561	6.078	3.90E-02
ARIC	Baseline	Αβ40	Plasma	e33	1083	1083	Reference		
Meta	Baseline	Αβ40	Plasma	e4	1112	1112	-2.091	1.608	1.93E-01
Meta	Baseline	Αβ40	Plasma	e33	5683	5683	Reference		
ADNI-1	Longitudinal	Αβ40	Plasma	e4	36	123	-3.345	6.555	6.10E-01
ADNI-1	Longitudinal	Αβ40	Plasma	e33	277	942	Reference		
Meta	Longitudinal	Αβ40	Plasma	e4	36	123	-3.345	6.555	6.10E-01
Meta	Longitudinal	Αβ40	Plasma	e33	277	942	Reference		
ADNI-1	Baseline	Αβ42	CSF	e4	17	17	0.162	0.106	1.27E-01
ADNI-1	Baseline	Αβ42	CSF	e33	125	125	Reference		
ADNI-2/GO	Baseline	Αβ42	CSF	e4	20	20	0.130	0.086	1.31E-01
ADNI-2/GO	Baseline	Αβ42	CSF	e33	134	134	Reference		
Meta	Baseline	Αβ42	CSF	e4	37	37	0.143	0.067	3.18E-02
Meta	Baseline	Αβ42	CSF	e33	259	259	Reference		
ADNI-1	Longitudinal	Αβ42	CSF	e4	19	42	0.142	0.150	3.42E-01
ADNI-1	Longitudinal	Αβ42	CSF	e33	151	374	Reference		
ADNI-2/GO	Longitudinal	Αβ42	CSF	e4	20	38	0.084	0.144	5.61E-01
ADNI-2/GO	Longitudinal	Αβ42	CSF	e33	142	231	Reference		
Meta	Longitudinal	Αβ42	CSF	e4	39	80	0.112	0.104	2.80E-01
Meta	Longitudinal	Αβ42	CSF	e33	293	605	Reference		
ADNI-1	Baseline	Αβ42	Plasma	e4	36	36	0.278	2.062	8.93E-01
ADNI-1	Baseline	Αβ42	Plasma	e33	273	273	Reference		
FHS_C1	Baseline	Αβ42	Plasma	e4	74	74	-1.185	1.499	4.30E-01

Supplementary Table 4. Associations of the APOE ε2 allele with Alzheimer's disease (AD) biomarkers.

FHS_C1	Baseline	Αβ42	Plasma	e33	432	432	Reference		
FHS_C2	Baseline	Αβ42	Plasma	e4	402	402	0.228	0.567	6.88E-01
FHS_C2	Baseline	Αβ42	Plasma	e33	1982	1982	Reference		
FHS_C3	Baseline	Αβ42	Plasma	e4	370	370	-0.268	0.565	6.36E-01
FHS_C3	Baseline	Αβ42	Plasma	e33	1916	1916	Reference		
ARIC	Baseline	Αβ42	Plasma	e4	228	228	-0.198	0.830	8.12E-01
ARIC	Baseline	Αβ42	Plasma	e33	1076	1076	Reference		
Meta	Baseline	Αβ42	Plasma	e4	1110	1110	-0.105	0.346	7.61E-01
Meta	Baseline	Αβ42	Plasma	e33	5679	5679	Reference		
ADNI-1	Longitudinal	Αβ42	Plasma	e4	36	123	-0.982	1.751	5.75E-01
ADNI-1	Longitudinal	Αβ42	Plasma	e33	277	950	Reference		
Meta	Longitudinal	Αβ42	Plasma	e4	36	123	-0.982	1.751	5.75E-01
Meta	Longitudinal	Αβ42	Plasma	e33	277	950	Reference		
ADNI-1	Baseline	Tau	CSF	e4	24	24	-0.003	0.093	9.71E-01
ADNI-1	Baseline	Tau	CSF	e33	149	149	Reference		
ADNI-2/GO	Baseline	Tau	CSF	e4	31	31	-0.111	0.071	1.17E-01
ADNI-2/GO	Baseline	Tau	CSF	e33	192	192	Reference		
Meta	Baseline	Tau	CSF	e4	55	55	-0.072	0.056	2.02E-01
Meta	Baseline	Tau	CSF	e33	341	341	Reference		
ADNI-1	Longitudinal	Tau	CSF	e4	25	59	0.013	0.120	9.11E-01
ADNI-1	Longitudinal	Tau	CSF	e33	165	433	Reference		
ADNI-2/GO	Longitudinal	Tau	CSF	e4	31	61	-0.106	0.101	2.93E-01
ADNI-2/GO	Longitudinal	Tau	CSF	e33	194	334	Reference		
Meta	Longitudinal	Tau	CSF	e4	56	120	-0.057	0.077	4.64E-01
Meta	Longitudinal	Tau	CSF	e33	359	767	Reference		
ADNI-1	Baseline	Tau	Plasma	e4	32	32	-0.127	0.111	2.52E-01
ADNI-1	Baseline	Tau	Plasma	e33	223	223	Reference		
FHS_C1	Baseline	Tau	Plasma	e4	21	21	-0.127	0.055	2.12E-02
FHS_C1	Baseline	Tau	Plasma	e33	93	93	Reference		
FHS_C2	Baseline	Tau	Plasma	e4	350	350	0.011	0.020	5.77E-01
FHS_C2	Baseline	Tau	Plasma	e33	1721	1721	Reference		
FHS_C3	Baseline	Tau	Plasma	e4	370	370	0.037	0.019	4.80E-02
FHS_C3	Baseline	Tau	Plasma	e33	1914	1914	Reference		
Meta	Baseline	Tau	Plasma	e4	773	773	0.014	0.013	2.88E-01
Meta	Baseline	Tau	Plasma	e33	3951	3951	Reference		

ARIC is the Atherosclerosis Risk in Communities Study. FHS_C1, FHS_C2, and FHS_C3 denote the Framingham Heart Study parental, offspring, and grandchildren cohorts, respectively. ADNI-1 and ADNI-2/GO denote the Alzheimer's disease Neuroimaging Initiative initial and extended cohorts, respectively. Meta shows the results of meta-analysis. Meta-analysis field was shown for consistency for each biomarker even if the analysis was performed in one study only. Column "Type" indicates biomarker measurements at baseline or longitudinally. Abbreviations: CSF: cerebrospinal fluid; SE: standard error. The APOE ϵ 2 allele was defined as e22 and e23 genotypes. A gamma general linear model with a log link function was used for all biomarkers except A β 40 and A β 42 measured in plasma.

Study	Biomarker	Source	Genotype	N	Beta	SE	P value
ADNI-1	Αβ42	CSF	0XY	30	-0.029	0.079	7.14E-01
ADNI-1	Αβ42	CSF	100 + 200	31	-0.347	0.084	6.82E-05
ADNI-1	Αβ42	CSF	111+222	101	-0.411	0.055	1.64E-12
ADNI-1	Αβ42	CSF	1XY+2XY	138	-0.450	0.050	1.08E-16
ADNI-1	Αβ42	CSF	000	112	Reference		
ADNI-2/GO	Αβ42	CSF	0XY	29	0.078	0.077	3.13E-01
ADNI-2/GO	Αβ42	CSF	100 + 200	25	-0.208	0.078	8.82E-03
ADNI-2/GO	Αβ42	CSF	111+222	77	-0.268	0.056	3.06E-06
ADNI-2/GO	Αβ42	CSF	1XY+2XY	104	-0.288	0.053	1.77E-07
ADNI-2/GO	Αβ42	CSF	000	125	Reference		
Meta	Αβ42	CSF	0XY	59	0.026	0.055	6.37E-01
Meta	Αβ42	CSF	100 + 200	56	-0.272	0.057	2.13E-06
Meta	Αβ42	CSF	111+222	178	-0.341	0.039	2.46E-18
Meta	Αβ42	CSF	1XY+2XY	242	-0.373	0.037	2.18E-24
Meta	Αβ42	CSF	000	237	Reference		
ADNI-1	Αβ42	Plasma	0XY	48	-2.137	1.752	2.23E-01
ADNI-1	Αβ42	Plasma	100 + 200	51	-1.342	1.769	4.49E-01
ADNI-1	Αβ42	Plasma	111+222	197	-2.598	1.067	1.53E-02
ADNI-1	Αβ42	Plasma	1XY+2XY	252	-2.418	1.012	1.73E-02
ADNI-1	Αβ42	Plasma	000	261	Reference		
FHS C1	A642	Plasma	0XY	60	-2.829	1.588	7.54E-02
FHS C1	Αβ42	Plasma	100 + 200	22	-4.084	2.621	1.20E-01
FHS C1	Αβ42	Plasma	111+222	50	-4.227	1.776	1.78E-02
FHS C1	Αβ42	Plasma	1XY+2XY	77	-3.850	1.442	7.86E-03
FHS C1	Αβ42	Plasma	000	344	Reference		
FHS C2	Αβ42	Plasma	0XY	354	-0.582	0.585	3.20E-01
FHS C2	Αβ42	Plasma	100 + 200	133	-2.231	0.931	1.66E-02
FHS C2	Αβ42	Plasma	111+222	397	-1.670	0.573	3.59E-03
FHS C2	Αβ42	Plasma	1XY+2XY	504	-2.093	0.516	5.12E-05
FHS C2	Αβ42	Plasma	000	1843	Reference		
FHS C3	Αβ42	Plasma	0XY	292	1.460	0.626	1.98E-02
FHS_C3	Αβ42	Plasma	100 + 200	128	-1.586	0.908	8.07E-02
FHS_C3	Αβ42	Plasma	111+222	512	-0.848	0.494	8.63E-02
FHS_C3	Αβ42	Plasma	1XY+2XY	615	-0.618	0.462	1.81E-01
FHS_C3	Αβ42	Plasma	000	1994	Reference		
ARIC	Αβ42	Plasma	0XY	197	1.809	0.860	3.56E-02
ARIC	Αβ42	Plasma	100 + 200	62	-4.463	1.463	2.34E-03
ARIC	Αβ42	Plasma	111+222	306	-2.109	0.724	3.65E-03
ARIC	Αβ42	Plasma	1XY+2XY	373	-2.304	0.671	6.15E-04
ARIC	Αβ42	Plasma	000	1107	Reference		
Meta	Αβ42	Plasma	0XY	951	0.351	0.364	3.35E-01
Meta	Αβ42	Plasma	100 + 200	396	-2.305	0.551	2.82E-05
Meta	Αβ42	Plasma	111+222	1462	-1.582	0.312	4.14E-07
Meta	Αβ42	Plasma	1XY+2XY	1821	-1.656	0.287	7.98E-09
Meta	Αβ42	Plasma	000	5549	Reference		
ADNI-1	Tau	CSF	0XY	31	0.158	0.075	3.61E-02
ADNI-1	Tau	CSF	100+200	30	0.234	0.080	3.99E-03
ADNI-1	Tau	CSF	111+222	105	0.247	0.049	8.28E-07
ADNI-1	Tau	CSF	1XY+2XY	142	0.244	0.043	4.96E-08
ADNI-1	Tau	CSF	000	142	Reference		
ADNI-2/GO	Tau	CSF	0XY	39	0.031	0.068	6.46E-01
ADNI-2/GO	Tau	CSF	100 + 200	26	0.232	0.077	3.05E-03
ADNI-2/GO	Tau	CSF	111+222	84	0.342	0.050	5.86E-11

Supplementary Table 5. Associations of compound genotypes with Alzheimer's disease (AD) A β 42 and tau biomarkers measured at baseline.

ADNI-2/GO	Tau	CSF	1XY+2XY	111	0.355	0.048	1.38E-12
ADNI-2/GO	Tau	CSF	000	184	Reference		
Meta	Tau	CSF	0XY	70	0.088	0.050	7.97E-02
Meta	Tau	CSF	100+200	56	0.233	0.056	2.85E-05
Meta	Tau	CSF	111+222	189	0.293	0.035	4.87E-17
Meta	Tau	CSF	1XY+2XY	253	0.294	0.032	6.75E-20
Meta	Tau	CSF	000	326	Reference		
ADNI-1	Tau	Plasma	0XY	39	-0.059	0.099	5.49E-01
ADNI-1	Tau	Plasma	100+200	38	0.048	0.102	6.37E-01
ADNI-1	Tau	Plasma	111+222	156	0.085	0.059	1.53E-01
ADNI-1	Tau	Plasma	1XY+2XY	204	0.117	0.059	4.83E-02
ADNI-1	Tau	Plasma	000	216	Reference		
FHS_C1	Tau	Plasma	0XY	17	-0.024	0.092	7.93E-01
FHS_C1	Tau	Plasma	100+200	5	-0.040	0.052	4.43E-01
FHS_C1	Tau	Plasma	111+222	9	-0.099	0.133	4.58E-01
FHS_C1	Tau	Plasma	1XY+2XY	14	-0.172	0.103	9.89E-02
FHS_C1	Tau	Plasma	000	91	Reference		
FHS_C2	Tau	Plasma	0XY	300	0.030	0.020	1.27E-01
FHS_C2	Tau	Plasma	100+200	118	-0.054	0.030	7.47E-02
FHS_C2	Tau	Plasma	111+222	357	-0.022	0.019	2.34E-01
FHS_C2	Tau	Plasma	1XY+2XY	448	-0.008	0.017	6.55E-01
FHS_C2	Tau	Plasma	000	1615	Reference		
FHS_C3	Tau	Plasma	0XY	291	-0.005	0.018	7.86E-01
FHS_C3	Tau	Plasma	100+200	128	-0.047	0.026	7.72E-02
FHS_C3	Tau	Plasma	111+222	511	-0.007	0.015	6.07E-01
FHS_C3	Tau	Plasma	1XY+2XY	614	-0.002	0.013	8.88E-01
FHS_C3	Tau	Plasma	000	1991	Reference		
Meta	Tau	Plasma	0XY	647	0.009	0.013	4.91E-01
Meta	Tau	Plasma	100+200	289	-0.045	0.018	1.28E-02
Meta	Tau	Plasma	111+222	1033	-0.010	0.011	3.66E-01
Meta	Tau	Plasma	1XY+2XY	1280	-0.002	0.010	8.42E-01
Meta	Tau	Plasma	000	3913	Reference		

ARIC is the Atherosclerosis Risk in Communities Study. FHS_C1, FHS_C2, and FHS_C3 denote the Framingham Heart Study parental, offspring, and grandchildren cohorts, respectively. ADNI-1 and ADNI-2/GO denote the Alzheimer's disease Neuroimaging Initiative initial and extended cohorts, respectively. Meta shows the results of meta-analysis. Meta-analysis field was shown for consistency for each biomarker even if the analysis was performed in one study only. Column "Genotype" shows compound genotypes encoded by triples of numbers and X and Y letters. Numbers show the counts of minor alleles (i.e., 0, 1, 2) in rs429358_T/c, rs2075650_A/g or rs12721046_G/a SNP, in that order. The upper/lower case denotes here major/minor allele. The most frequent 000 genotype denotes the major allele homozygote for all three SNPs, i.e., rs429358_TT, rs2075650_AA, rs12721046_GG. The 100+200 genotype indicates rs429358_Tc, rs2075650_AA, rs12721046_GG (100) and rs429358_cc, rs2075650_AA, rs12721046_GG (200). The 111+222 genotype denotes rs429358_Tc, rs2075650_Ag, rs12721046_Ga (111) and rs429358_cc, rs2075650_gg, rs12721046_aa (222). Letters X and Y indicate aggregation of minor alleles of rs2075650 and rs12721046, respectively. Genotype 0XY aggregates all non-e4 genotypes except 000. The 1XY+2XY genotype aggregates rs429358_Tc (1) and rs429358_cc (2) and all genotypes of rs2075650 (X) and rs12721046 (Y), except major allele homozygote of both SNPs, rs2075650_AA and rs12721046_GG (00), because it is included in the 100+200 genotype. Column "SE" shows standard error. A gamma general linear model with a log link function was used for all biomarkers except Aβ42 measured in plasma.

Study	Biomarker	Source	Genotype	Ν	Beta	SE	P value
ADNI-1	Αβ42	CSF	111+222	101	-0.047	0.081	5.62E-01
ADNI-1	Αβ42	CSF	1XY+2XY	138	-0.087	0.077	2.64E-01
ADNI-1	Αβ42	CSF	100+200	31	Reference		
ADNI-2/GO	Αβ42	CSF	111+222	77	-0.065	0.095	4.99E-01
ADNI-2/GO	Αβ42	CSF	1XY+2XY	104	-0.097	0.096	3.14E-01
ADNI-2/GO	Αβ42	CSF	100+200	25	Reference		
Meta	Αβ42	CSF	111+222	178	-0.054	0.062	3.77E-01
Meta	Αβ42	CSF	1XY+2XY	242	-0.091	0.060	1.32E-01
Meta	Αβ42	CSF	100+200	56	Reference		
ADNI-1	Αβ42	Plasma	111+222	197	-1.200	1.626	4.61E-01
ADNI-1	Αβ42	Plasma	1XY+2XY	252	-1.189	1.647	4.71E-01
ADNI-1	Αβ42	Plasma	100+200	51	Reference		
FHS_C1	Αβ42	Plasma	111+222	50	0.011	2.532	9.96E-01
FHS_C1	Αβ42	Plasma	1XY+2XY	77	0.004	2.163	9.98E-01
FHS_C1	Αβ42	Plasma	100+200	22	Reference		
FHS_C2	Αβ42	Plasma	111+222	397	0.442	0.962	6.46E-01
FHS_C2	Αβ42	Plasma	1XY+2XY	504	0.051	0.914	9.56E-01
FHS_C2	Αβ42	Plasma	100 + 200	133	Reference		
FHS_C3	Αβ42	Plasma	111+222	512	0.706	0.997	4.79E-01
FHS_C3	Αβ42	Plasma	1XY+2XY	615	0.939	0.992	3.44E-01
FHS_C3	Αβ42	Plasma	100 + 200	128	Reference		
ARIC	Αβ42	Plasma	111+222	306	2.508	1.460	8.66E-02
ARIC	Αβ42	Plasma	1XY+2XY	373	2.302	1.455	1.14E-01
ARIC	Αβ42	Plasma	100+200	62	Reference		
Meta	Αβ42	Plasma	111+222	1462	0.619	0.569	2.77E-01
Meta	Αβ42	Plasma	1XY+2XY	1821	0.509	0.553	3.57E-01
Meta	Αβ42	Plasma	100+200	396	Reference		
ADNI-1	Tau	CSF	111+222	105	0.041	0.072	5.70E-01
ADNI-1	Tau	CSF	1XY+2XY	142	0.030	0.066	6.50E-01
ADNI-1	Tau	CSF	100 + 200	30	Reference		
ADNI-2/GO	Tau	CSF	111+222	84	0.107	0.092	2.50E-01
ADNI-2/GO	Tau	CSF	1XY+2XY	111	0.121	0.095	2.04E-01
ADNI-2/GO	Tau	CSF	100+200	26	Reference		
Meta	Tau	CSF	111+222	189	0.066	0.057	2.46E-01
Meta	Tau	CSF	1XY+2XY	253	0.060	0.054	2.70E-01
Meta	Tau	CSF	100 + 200	56	Reference		
ADNI-1	Tau	Plasma	111+222	156	0.030	0.085	7.26E-01
ADNI-1	Tau	Plasma	1XY+2XY	204	0.063	0.098	5.18E-01
ADNI-1	Tau	Plasma	100+200	38	Reference		
FHS_C1	Tau	Plasma	111+222	9	0.075	0.288	8.02E-01
FHS_C1	Tau	Plasma	1XY+2XY	14	0.000	0.342	1.00E+00
FHS_C1	Tau	Plasma	100 + 200	5	Reference		

Supplementary Table 6. Comparative analysis of the associations of the selected compound genotypes with Alzheimer's disease (AD) $A\beta 42$ and tau biomarkers.

FHS_C2	Tau	Plasma	111+222	357	0.027	0.035	4.33E-01
FHS_C2	Tau	Plasma	1XY+2XY	448	0.053	0.032	1.01E-01
FHS_C2	Tau	Plasma	100+200	118	Reference		
FHS_C3	Tau	Plasma	111+222	511	0.037	0.029	2.03E-01
FHS_C3	Tau	Plasma	1XY+2XY	614	0.041	0.028	1.39E-01
FHS_C3	Tau	Plasma	100 + 200	128	Reference		
Meta	Tau	Plasma	111+222	1033	0.033	0.021	1.25E-01
Meta	Tau	Plasma	1XY+2XY	1280	0.047	0.021	2.27E-02
Meta	Tau	Plasma	100+200	289	Reference		

ARIC is the Atherosclerosis Risk in Communities Study. FHS_C1, FHS_C2, and FHS_C3 denote the Framingham Heart Study parental, offspring, and grandchildren cohorts, respectively. ADNI-1 and ADNI-2/GO denote the Alzheimer's disease Neuroimaging Initiative initial and extended cohorts, respectively. Meta shows the results of meta-analysis. Meta-analysis field was shown for consistency for each biomarker even if the analysis was performed in one study only. Column "Genotype" shows compound genotypes encoded by triples of numbers and X and Y letters. Numbers show the counts of minor alleles (i.e., 0, 1, 2) in rs429358_T/c, rs2075650_A/g or rs12721046_G/a SNP, in that order. The upper/lower case denotes here major/minor allele. The most frequent 000 genotype denotes the major allele homozygote for all three SNPs, i.e., rs429358_TT, rs2075650_AA, rs12721046_GG (100) and rs429358_Cc, rs2075650_AA, rs12721046_GG (200). The 111+222 genotype denotes rs429358_Tc, rs2075650_Ag, rs12721046_Ga (111) and rs429358_cc, rs2075650_gg, rs12721046_Ga (222). Letters X and Y indicate aggregation of minor alleles of rs2075650 and rs12721046, respectively. The 1XY+2XY genotype aggregates rs429358_Tc (1) and rs429358_cc (2) and all genotypes of rs2075650 (X) and rs12721046 (Y), except major allele homozygote of both SNPs, rs2075650_AA and rs12721046_GG (00), because it is included in the 100+200 genotype. Column "SE" shows standard error. A gamma general linear model with a log link function was used for all biomarkers except Aβ42 measured in plasma.

Study	Biomarker	Source	Genotype	N	Beta	SE	P value
ADNI-1	Αβ42	CSF	111+222	97	-0.060	0.082	4.67E-01
ADNI-1	Αβ42	CSF	1XY+2XY	134	-0.099	0.078	2.06E-01
ADNI-1	Αβ42	CSF	100+200	31	Reference		
ADNI-2/GO	Αβ42	CSF	111+222	75	-0.054	0.094	5.67E-01
ADNI-2/GO	Αβ42	CSF	1XY+2XY	102	-0.091	0.096	3.46E-01
ADNI-2/GO	Αβ42	CSF	100+200	25	Reference		
Meta	Αβ42	CSF	111+222	172	-0.057	0.062	3.54E-01
Meta	Αβ42	CSF	1XY+2XY	236	-0.096	0.061	1.14E-01
Meta	Αβ42	CSF	100+200	56	Reference		
ADNI-1	Αβ42	Plasma	111+222	187	-1.291	1.661	4.38E-01
ADNI-1	Αβ42	Plasma	1XY+2XY	241	-1.261	1.685	4.55E-01
ADNI-1	Αβ42	Plasma	100+200	50	Reference		
FHS_C1	Αβ42	Plasma	111+222	43	0.658	2.716	8.09E-01
FHS_C1	Αβ42	Plasma	1XY+2XY	70	0.840	2.261	7.11E-01
FHS_C1	Αβ42	Plasma	100+200	21	Reference		
FHS_C2	Αβ42	Plasma	111+222	362	0.334	1.035	7.47E-01
FHS_C2	Αβ42	Plasma	1XY+2XY	465	-0.067	0.981	9.46E-01
FHS_C2	Αβ42	Plasma	100+200	116	Reference		
FHS_C3	Αβ42	Plasma	111+222	460	0.870	1.068	4.16E-01
FHS_C3	Αβ42	Plasma	1XY+2XY	561	1.088	1.063	3.06E-01
FHS_C3	Αβ42	Plasma	100+200	113	Reference		
ARIC	Αβ42	Plasma	111+222	273	2.587	1.474	8.02E-02
ARIC	Αβ42	Plasma	1XY+2XY	338	2.458	1.476	9.66E-02

Supplementary Table 7. Comparative analysis of the associations of the selected compound genotypes with Alzheimer's disease (AD) A β 42 and tau biomarkers with carriers of the ϵ 2 allele excluded.

ARIC	Αβ42	Plasma	100+200	59	Reference		
Meta	Αβ42	Plasma	111+222	1325	0.682	0.601	2.57E-01
Meta	Αβ42	Plasma	1XY+2XY	1675	0.594	0.584	3.09E-01
Meta	Αβ42	Plasma	100+200	359	Reference		
ADNI-1	Tau	CSF	111+222	100	0.036	0.071	6.16E-01
ADNI-1	Tau	CSF	1XY+2XY	137	0.023	0.065	7.22E-01
ADNI-1	Tau	CSF	100+200	30	Reference		
ADNI-2/GO	Tau	CSF	111+222	82	0.116	0.092	2.11E-01
ADNI-2/GO	Tau	CSF	1XY+2XY	109	0.128	0.094	1.79E-01
ADNI-2/GO	Tau	CSF	100+200	26	Reference		
Meta	Tau	CSF	111+222	182	0.066	0.056	2.43E-01
Meta	Tau	CSF	1XY+2XY	246	0.057	0.054	2.89E-01
Meta	Tau	CSF	100+200	56	Reference		
ADNI-1	Tau	Plasma	111+222	150	0.033	0.085	6.99E-01
ADNI-1	Tau	Plasma	1XY+2XY	197	0.067	0.099	4.97E-01
ADNI-1	Tau	Plasma	100+200	38	Reference		
FHS_C1	Tau	Plasma	111+222	8	0.079	0.299	7.98E-01
FHS_C1	Tau	Plasma	1XY+2XY	13	0.001	0.259	9.97E-01
FHS_C1	Tau	Plasma	100+200	5	Reference		
FHS_C2	Tau	Plasma	111+222	329	0.022	0.037	5.49E-01
FHS_C2	Tau	Plasma	1XY+2XY	417	0.050	0.034	1.46E-01
FHS_C2	Tau	Plasma	100+200	104	Reference		
FHS_C3	Tau	Plasma	111+222	459	0.031	0.029	2.93E-01
FHS_C3	Tau	Plasma	1XY+2XY	560	0.038	0.028	1.84E-01
FHS_C3	Tau	Plasma	100+200	113	Reference		
Meta	Tau	Plasma	111+222	946	0.028	0.022	2.03E-01
Meta	Tau	Plasma	1XY+2XY	1187	0.044	0.021	4.06E-02
Meta	Tau	Plasma	100+200	260	Reference		

ARIC is the Atherosclerosis Risk in Communities Study. FHS_C1, FHS_C2, and FHS_C3 denote the Framingham Heart Study parental, offspring, and grandchildren cohorts, respectively. ADNI-1 and ADNI-2/GO denote the Alzheimer's disease Neuroimaging Initiative initial and extended cohorts, respectively. Meta shows the results of meta-analysis. Meta-analysis field was shown for consistency for each biomarker even if the analysis was performed in one study only. Column "Genotype" shows compound genotypes encoded by triples of numbers and X and Y letters. Numbers show the counts of minor alleles (i.e., 0, 1, 2) in rs429358_T/c, rs2075650_A/g or rs12721046_G/a SNP, in that order. The upper/lower case denotes here major/minor allele. The most frequent 000 genotype denotes the major allele homozygote for all three SNPs, i.e., rs429358_TT, rs2075650_AA, rs12721046_GG (100) and rs429358_TC, rs2075650_AA, rs12721046_GG (200). The 111+222 genotype denotes rs429358_Tc, rs2075650_Ag, rs12721046_GG (101) and rs429358_cc, rs2075650_gg, rs12721046_GG (202). Letters X and Y indicate aggregation of minor alleles of rs2075650_Ad, rs12721046, respectively. The 1XY+2XY genotype aggregates rs429358_Tc (1) and rs429358_cc (2) and all genotypes of rs2075650 (X) and rs12721046 (Y), except major allele homozygote of both SNPs, rs2075650_AA and rs12721046_GG (00), because it is included in the 100+200 genotype. Column "SE" shows standard error. A gamma general linear model with a log link function was used for all biomarkers except Aβ42 measured in plasma.