

Supplementary methods

MRI acquisition and processing

T1-weighted MRI scans were acquired at each centre. Participants in the Newcastle cohort were scanned using a 3T Philips Achieva system using an 8-channel head coil. Two MPRAGE protocols were used: 1) TR = 8.3 ms, TE = 4.6 ms, flip angle = 8°, inversion time = 1250 ms, field of view (FOV) = 216 x 240 mm, voxel size = 1 x 1 x 1 mm; or 2) TR = 9.6 ms, TE = 4.6 ms, flip angle = 8°, inversion time = 1250 ms, FOV = 240 x 240 mm, voxel size = 0.96 x 0.96 x 0.96 mm. Participants from the CCNA cohort were scanned using the standardized Canadian Dementia Imaging Protocol,^{1, 2} designed to harmonize acquisitions across sites. Full acquisition parameters for CCNA centers have been described previously.¹

All T1-weighted scans were processed using FreeSurfer (v7.1.1) to generate vertex-wise maps of cortical thickness, surface area, and cortical volume, following procedures from previous studies.^{3, 4} Processing included skull stripping,⁵ Talairach transformation, intensity normalization,⁶ and grey/white matter boundary tessellation. Automated topology correction^{7, 8} and surface deformation were performed to refine the placement of grey-white and pial surfaces using intensity gradients.⁹⁻¹¹ Subsequent steps included surface inflation,¹² spherical registration based on cortical folding patterns,¹³ anatomical parcellation,^{14, 15} and creation of surface-based datasets. Cortical thickness was defined as the shortest distance between the white and pial surfaces at each vertex.¹⁰ Thickness estimates have been validated against histological measures¹⁶ and manual tracings.^{17, 18} All reconstructions were visually inspected and manually corrected slice by slice by trained raters (A.De., S.J., S.R.). Maps with major segmentation errors (rating > 2 on a 4-point scale) were excluded.^{19, 20} Of the 178 available scans (89 DLB, 89 age- and sex-matched controls), 9 (5%) were excluded due to failed FreeSurfer processing or quality control (6 DLB, 3 controls).

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