Recommended Reporting Templates

TEMPLE 1: MRI BRAIN DEMENTIA
Description: Baseline imaging for cognitive impairment or screening prior to initiating anti amyloid therapy

EXAMINATION: Magnetic resonance imaging (MRI) of the brain without contrast

HISTORY: [Memory loss][Describe duration, main symptoms, and biomarkers.]

TECHNIQUE: Multiplanar multi-weighted MRI of the brain and brainstem was performed without intravenous contrast using a protocol specific to assess patients with memory complaints or for baseline assessment prior to initiating anti amyloid therapy. The protocol specifically includes high resolution T1-weighted images to assess brain structures, T2-FLAIR to assess for potential infarcts and white matter lesions associated with vascular cognitive impairment, and susceptibility sensitive sequences for detection of microhemorrhages and siderosis.

Blood sensitive sequence: [SWI][GRE/T2*]
Field strength: [3 T][1.5 T]

COMPARISON: [None available.]

FINDINGS:
[general description of any acute findings]

Total microhemorrhages: [number] [describe locations in general, deep vs lobar, clustered]
Superficial siderosis: [none][< 1 focal area of superficial siderosis>[< 2 focal areas of superficial siderosis>][>2 focal areas of superficial siderosis]<describe locations>

IMPRESSION: []

1. Total microhemorrhages [(<0-4>, <5-9>, <10+)].
2. Superficial siderosis is [not detected][present].
3. [Other impression points]
TEMPLATE 2: MRI BRAIN ARIA
Description: Follow up imaging for patients undergoing treatment with an amyloid-lowering antibody therapy

EXAMINATION: Magnetic resonance imaging (MRI) of the brain without contrast

HISTORY: [Memory loss][<Describe drug, dose, duration, main symptoms>]. For ARIA, include if possible i) History of anti-amyloid therapy ii) The agent used (e.g. aducanumab) iii) Number of doses and date of last dose.>

TECHNIQUE: Multiplanar multi-weighted MRI of the brain and brainstem was performed without intravenous contrast using a protocol specific to assess patients with memory complaints undergoing disease modifying therapies. The protocol specifically includes T2-FLAIR to assess for potential amyloid related imaging abnormalities with edema (ARIA-E), and susceptibility sensitive sequences for detection of cerebral microhemorrhages and superficial siderosis (ARIA-H).

Blood sensitive sequence: [SWI][GRE/T2*]
Field strength: [<3 T>][<1.5 T>]

COMPARISON: [None available.]

FINDINGS:
[general description of any acute findings]

ASSESSMENT FOR ARIA:
Scan quality is: [adequate][inadequate and patient should return for repeat imaging][if inadequate, reason]

ARIA-E
Prior FLAIR hyperintensities concerning for ARIA-E: [no prior exam available for adequate comparison][yes][describe location(s) and size, cutoffs of 5 cm and 10 cm][describe change]

New/incident FLAIR hyperintensities concerning for ARIA-E: [yes][<specify as definite or possible][describe location(s) and size, cutoffs of 5 cm and 10 cm]

Total current regions of FLAIR hyperintensities concerning for ARIA-E: [none>, <1>, >1>

ARIA-H
Microhemorrhages at pre-treatment baseline: [<0-4>, <5-9>, ≥10] [describe locations in general, deep vs lobar, clustered]

Prior treatment emergent microhemorrhages (ARIA-H): [no prior treatment monitoring exam available for adequate comparison][<number of definite microhemorrhages present on prior monitoring exam>][describe locations in general, deep vs lobar, clustered]
New microhemorrhages (ARIA-H): [<number of definite new microhemorrhages since prior exam>]
[<describe locations in general, deep vs lobar, clustered>]

Total treatment emergent microhemorrhages (ARIA-H) = prior treatment emergent + new microhemorrhages: [0-4>, <5-9>, ≥ 10>]

Prior treatment emergent siderosis (ARIA-H): [<no prior exam available for adequate comparison>][<number of prior focal areas of superficial siderosis>]

New siderosis (ARIA-H): [<number of new focal area of superficial siderosis>]

Total treatment emergent focal areas of superficial siderosis: [<1 focal area of superficial siderosis>] [<2 focal areas of superficial siderosis>] [< >2 focal areas of superficial siderosis>]

IMPRESSION: [ ].

1. Since [Date of Prior] [unchanged/increased/decreased] findings of ARIA-[E/H microhemorrhages/H superficial siderosis] most notable in [area or areas of the brain with the greatest change]

Findings concerning for [< no>][<mild>][<moderate>][<severe>] ARIA-E
Findings concerning for [< no>][<mild>][<moderate>][<severe>] ARIA-H related cerebral microhemorrhages.
Findings concerning for [< no>][<mild>][<moderate>][<severe>] ARIA-H related siderosis.

2. [Other findings]
### ARIA severity grading (Table 2 manuscript)

<table>
<thead>
<tr>
<th></th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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</thead>
<tbody>
<tr>
<td><strong>ARIA-E</strong></td>
<td>One location &lt; 5cm</td>
<td>One location 5-10 cm OR</td>
<td>One more location &gt; 10 cm</td>
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<tr>
<td>(sulcal and/or cortical/subcortical FLAIR hyperintensity)</td>
<td></td>
<td>More than one location each &lt; 10 cm</td>
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<tr>
<td><strong>ARIA-H</strong></td>
<td>0-4</td>
<td>5-9</td>
<td>≥ 10</td>
</tr>
<tr>
<td>(cumulative treatment emergent microhemorrhages)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARIA-H</strong></td>
<td>1 focal area</td>
<td>2 focal areas</td>
<td>&gt; 2 focal areas</td>
</tr>
<tr>
<td>(superficial siderosis)</td>
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