

**Supplementary Table 15.** Overview of the study characteristics and reported prevalence of cortical superficial siderosis in patients with lobar intracerebral hemorrhage

Author	Year	Country	Area	Definition domain	Study acronym/ name of cohort	n	Age: mean (SD) or median (range)	Female (%)	Hypertension (%)	MRI parameters (field strength [T]/ sequence/slice thickness [mm])	Prevalence any cSS/fcSS/dcSS (%)	QA
Boulouis <sup>184</sup>	2016	USA	West	Spontaneous LICH	MGH	254	75 (11)	55.1	67.7	1.5/T2*/5	28.3	4
Renard <sup>185</sup>	2020	France	West	Spontaneous LICH	Nîmes University Hospital	68	74	48.5	NR	56x1.5 T and 12x3.0 T/T2*/NR	48.5 (8.8/39.7)	7.5
Schwarz <sup>168</sup>	2022	UK	West	Spontaneous LICH	CROMIS-2 (ICH) and SIGNaL register	140	72.5	57.9	58.6	NR/either T2* or SWI/ NR	22.1 (12.1/10)	4.5
Viguièr <sup>187</sup>	2019	France	West	Spontaneous LICH	Toulouse Hospital	165	70.5 (13.9)	46.1	49.7	1.5/T2*/5	30.3	4

Prevalence of cSS shows the prevalence of cSS (irrespective of type), and, if reported, the prevalence of focal cSS and disseminated cSS. CROMIS-2, Clinical Relevance of Microbleeds In Stroke; SIGNaL, Stroke InvestiGation in North and Central London; cSS, cortical superficial siderosis; dcSS, disseminated cortical superficial siderosis; fcSS, focal cortical superficial siderosis; ICH, intracerebral hemorrhage; LICH, lobar intracerebral hemorrhage; MRI, magnetic resonance imaging; NR, not reported; QA, total score of quality assessment; SD, standard deviation; SWI, Susceptibility-weighted imaging; UK, United Kingdom; USA, United States of America.

**Supplementary Table 16.** Overview of the study characteristics and reported prevalence of CAA according to the Boston criteria in cognitively normal elderly

Author	Year	Country	Area	Definition domain	Study acronym/ name of cohort	n	Age: mean (SD) or median (range)	Female (%)	Hypertension (%)	MRI parameters (field strength [T]/ sequence/ slice thickness [mm])	Prevalence CAA (probable/ possible) (%)	QA
Atri <sup>121</sup>	2005	USA	West	Retired nurses, no stroke or dementia	CANHSMR	23	78	100.0	52.2	1.5/T2*/5	0/1	5.5
van Rooden <sup>188</sup>	2014	The Netherlands	West	MMSE>25, GDS≤4, no stroke or cognitive impairment, recruited	LUMC	18	69.7	33.0	NR	7/T2*/3	3/2	1.5

Prevalence of CAA according to Boston criteria shows the prevalence of probable and possible CAA. CANHSMR, Cognitive Assessment in Nurses Health Study Massachusetts Residents; LUMC, Leiden University Medical Center; CAA, cerebral amyloid angiopathy; CROMIS-2, Clinical Relevance of Microbleeds In Stroke; ICH, intracerebral hemorrhage; MRI, magnetic resonance imaging; NR, not reported; SD, standard deviation; SWI, Susceptibility-weighted imaging; T, tesla; QA, quality assessment score; USA, United States of America.

**Supplementary Table 17.** Overview of the study characteristics and reported prevalence of CAA according to the Boston criteria in patients with AD

Author	Year	Country	Area	Definition domain	Study cohort	n	Age: mean (SD) or median (range)*	Female (%)	MRI parameters (field strength [T]/sequence/ slice thickness [mm])	Prevalence CAA (probable/ possible)	QA
van Rooden <sup>188</sup>	2014	The Netherlands	West	Probable AD (NINCDS-ARDRA criteria)	3 Memory clinics in the Netherlands	14	66	29	7/T2*/3	2/2	3

Prevalence of CAA according to Boston criteria shows the prevalence of probable and possible CAA. AD, Alzheimer's Disease; MRI, magnetic resonance imaging; NINCDS-ARDRA, neurological and communicative disorders and stroke Alzheimer disease and related disorders association; SD, standard deviation; QA, quality assessment score.