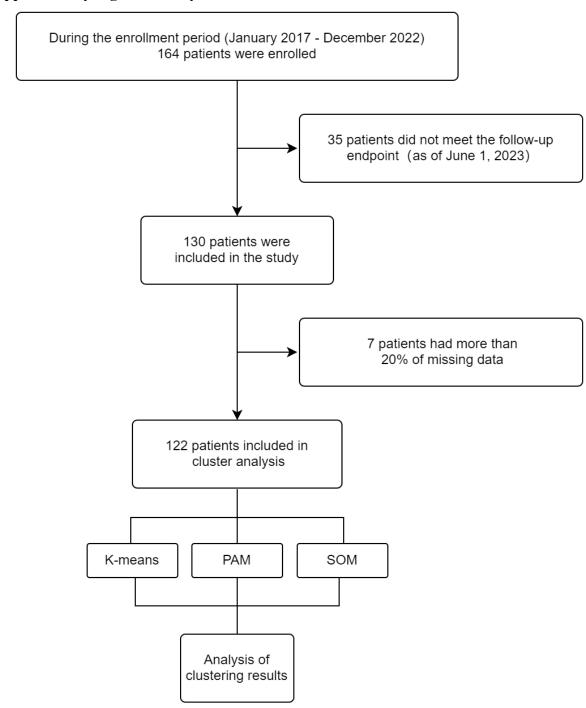
Supplementary Material

Identifying New Subtypes of Multiple System Atrophy Using Cluster Analysis

Supplementary Figure 1. Study Flow Chart



Supplementary Table 2. Classification of diagnostic reliability (n=122)

F.F. Salvery Look	2008		2022					
Levels of certainty	Clinically possible	Clinically probable	Clinically established	Clinically probable	Clinically possible prodromal			
Essential features	A sporadic, progressive adult (>3	0 years) onset disease						
Core clinical features	Parkinsonism (bradykinesia	Autonomic failure involving	Autonomic dysfunction defined	At least two of the following:	At least one of the following:			
	with rigidity, tremor, or	urinary incontinence (inability	as (at least one is required)	1. Autonomic dysfunction	• RBD (polysomnography			
	postural instability) or	to control the release of urine	- Unexplained voiding	defined as (at least one is	proven)			
	A cerebellar syndrome (gait	from the bladder, with erectile	difficulties with post-void	required):	• Neurogenic OH (≥20/			
	ataxia with cerebellar	dysfunction in males) or an	urinary residual volume ≥100	- Unexplained voiding	10 mmHg blood pressure drop)			
	dysarthria, limb ataxia, or	orthostatic decrease of blood	mL	difficulties with post-void	within 10 min of standing			
	cerebellar oculomotor	pressure within 3 min of	- Unexplained urinary urge	urinary residual volume	or head-up tilt			
	dysfunction) and	standing by at least 30 mm Hg	incontinence	- Unexplained urinary urge	Urogenital failure (erectile			
	At least one feature	systolic or 15 mm Hg diastolic	- Neurogenic OH (≥20/10	incontinence	dysfunction in males below age			
	suggesting autonomic	and	mmHg blood pressure drop)	- Neurogenic OH (≥20/10	of 60 years combined with at			
	dysfunction (otherwise	Poorly levodopa-responsive	within 3 minutes of standing or	mmHg blood pressure drop)	least one of unexplained			
	unexplained urinary urgency,	parkinsonism (bradykinesia	head-up tilt test and at least one	within 10 min of standing or	voiding difficulties with post-			
	frequency or incomplete	with rigidity, tremor, or	of	head-up tilt test	void urinary residual			
	bladder emptying, erectile	postural instability) or	1. Poorly L-dopa-responsive	2. Parkinsonism	volume >100 mL and			
	dysfunction in males, or	A cerebellar syndrome (gait	parkinsonism	3. Cerebellar syndrome (at	unexplained urinary urge			
	significant orthostatic blood	ataxia with cerebellar	2. Cerebellar syndrome (at least	least one of gait ataxia, limb	incontinence)			
	pressure decline that does not	dysarthria, limb ataxia, or	two of gait ataxia, limb ataxia,	ataxia, cerebellar dysarthria,	At least one of the following:			
	meet the level required in	cerebellar oculomotor	cerebellar dysarthria, or	or oculomotor features)	Subtle parkinsonian signs			
	probable MSA	dysfunction	oculomotor features)		Subtle cerebellar signs			
Supportive clinical (motor	At least one	Not required	At least two	At least one	Not required			
or non-motor) features								
MRI marker	Not required	Not required	At least one	Not required	Not required			
Exclusion criteria	Absence							
Number of cases	68 (55.7)	54 (44.3)	34 (27.9)	79 (64.8)	9 (7.3)			
Total	122		122					

Supplementary Table 2. Definition of Clinical Symptoms

	Symptoms	Definition
	Abnormal gait	Loss of speed, stability, symmetry, or balance as assessed by a Parkinson's disease specialist
	Limb ataxia	Ataxia as determined by neurologist examination
Motor symptoms	Bradykinesia	Slowness, stagnation, and a decrease in the amplitude or speed of motion during sustained motion
	Muscle rigidity	Confirmed by neurologist physical examination.
	Cerebellar dysarthria	Dysarthria identified after the exclusion of other diseases
	Static tremor	Confirmed by neurologist physical examination.
	Postural tremor	Confirmed by neurologist physical examination.
	Unexplained voiding difficulties with postvoid	Exclude serious prostate-related conditions
	Urinary residual volume	Residual urine volume ≥100 ml on urinary tract ultrasound after voiding
Nommoton	Unexplained urinary urge incontinence	Urge and Stress Incontinence Exclude Pelvic Floor Relaxation and Prostate Disease
Nonmotor	Erectile dysfunction	Erectile dysfunction reported by the patient or a family member before the age of 60
symptoms	Abnormal sweating	Description of hyperhidrosis or hypohidrosis provided by the patient or family member.
	Neurogenic orthostatic hypotension	≥30/15 mmHg blood pressure drop within 3 min of standing or head-up tilt test
	Sleep apnea	Polysomnosis monitoring prompts

Supplementary Table 3. Difference between groups of red flag sign **K-means**

	cluster1	cluster2	cluster3	p	Multiple
					comparisons
moderate to severe postural instability within 3	31 (86.1)	26 (55.3)	9 (23.1)	< 0.001	All comparisons
years of motor onset					
rapid progression within 3 years of motor onset	21 (58.3)	10 (21.3)	3 (7.7)	< 0.001	I vs. II, I vs. III
craniocervical dystonia induced or exacerbated	2 (5.6)	7 (14.9)	3 (7.7)	0.349	/
by L-dopa in the absence of limb dyskinesia					
postural deformities	0 (0.0)	4 (8.5)	1 (2.6)	0.187	/
jerky myoclonic postural or kinetic tremor	0 (0.0)	0 (0.0)	0 (0.0)	/	/
stridor	6 (16.7)	3 (6.4)	2 (5.1)	0.196	/
inspiratory sighs	0 (0.0)	0 (0.0)	1 (2.6)	0.615	/
severe speech impairment within 3 years of	10 (27.8)	19 (40.4)	3 (7.7)	0.003	I vs. III, II vs. III
motor onset					
severe dysphagia within 3 years of motor onset	6 (16.7)	16 (34.0)	15 (38.5)	0.103	/
cold discolored hands and feet	1 (2.8)	7 (14.9)	2 (5.1)	0.146	/
pathologic laughter or crying	0 (0.0)	3 (6.4)	0 (0.0)	0.110	/
unexplained Babinski sign	17 (47.2)	25 (53.2)	21 (53.8)	0.828	/
erectile dysfunction (below age of 60 years)	12 (70.6)	11 (39.3)	16 (66.7)	0.216	/

PAM

	cluster1	cluster2	cluster3	p	Multiple
					comparisons
moderate to severe postural instability within 3	23 (88.5)	34 (60.7)	9 (22.5)	< 0.001	All comparisons
years of motor onset					
rapid progression within 3 years of motor onset	13 (50.0)	18 (32.1)	3 (7.5)	< 0.001	I vs. III, II vs. III
craniocervical dystonia induced or exacerbated	2 (7.7)	7 (12.5)	3 (7.5)	0.729	/
by L-dopa in the absence of limb dyskinesia					
postural deformities	0 (0.0)	4 (7.1)	1 (2.5)	0.436	/
jerky myoclonic postural or kinetic tremor	0 (0.0)	0 (0.0)	0 (0.0)	/	/
stridor	5 (19.2)	4 (7.1)	2 (5)	0.160	/
inspiratory sighs	0 (0.0)	0 (0.0)	1 (2.5)	0.541	/
severe speech impairment within 3 years of	5 (19.2)	24 (42.9)	3 (7.5)	< 0.001	I vs. II, II vs. III
motor onset					
severe dysphagia within 3 years of motor onset	5 (19.2)	17 (30.4)	15 (37.5)	0.315	/
cold discolored hands and feet	1 (3.8)	7 (12.5)	2 (5.0)	0.385	/
pathologic laughter or crying	0 (0.0)	3 (5.4)	0 (0.0)	0.311	/
unexplained Babinski sign	10 (38.5)	32 (57.1)	21 (52.5)	0.291	/
erectile dysfunction (below age of 60 years)	10 (38.5)	13 (23.2)	16 (40.0)	0.165	/

SOM

	cluster1	cluster2	cluster3	р	Multiple
					comparisons
moderate to severe postural instability within 3	29 (87.9)	33 (42.3)	4 (36.4)	< 0.001	I vs. II, I vs. III
years of motor onset					
rapid progression within 3 years of motor onset	19 (57.6)	14 (17.9)	1 (9.1)	< 0.001	I vs. II, I vs. III
craniocervical dystonia induced or exacerbated	2 (6.1)	9 (11.5)	1 (9.1)	0.800	/
by L-dopa in the absence of limb dyskinesia					
postural deformities	0 (0.0)	3 (3.8)	2 (18.2)	0.056	/
jerky myoclonic postural or kinetic tremor	0 (0.0)	0 (0.0)	0 (0.0)	/	/
stridor	5 (15.2)	5 (6.4)	1 (9.1)	0.271	/
inspiratory sighs	0 (0.0)	0 (0.0)	1 (9.1)	0.090	/
severe speech impairment within 3 years of	8 (24.2)	22 (28.2)	2 (18.2)	0.855	/
motor onset					
severe dysphagia within 3 years of motor onset	6 (18.2)	28 (35.9)	3 (27.3)	0.173	/
cold discolored hands and feet	1 (3.0)	5 (6.4)	3 (36.4)	0.008	I vs. III, II vs. III
pathologic laughter or crying	0 (0.0)	2 (2.6)	1 (9.1)	0.267	/
unexplained Babinski sign	15 (45.5)	44 (56.4)	4 (36.4)	0.330	/
erectile dysfunction (below age of 60 years)	12 (36.4)	24 (30.8)	3 (27.3)	0.829	/