## DATA SOURCE:

SUBJECT ID

1. MDS/UDS Patient ID:
2. Date form completed (M M/D D/YYYY):
3. Neuropath ID:
4. Gender:

Male

Female

Unknown

Unspecified

1. Date of death (M M /D D/Y Y Y Y):
2. FINAL CLINICAL DIAGNOSIS BEFORE DEATH:

MSAP

MSAC

Corticobasal syndrome

Vascular disease

Vascular dementia

No significant pathology

AD pathology present but insufficient for AD diagnosis

Alzheimer disease (AD)

Lewy body disease

Parkinson’s Disease

Multiple system atrophy

Progressive supranuclear palsy

Corticobasal degeneration

FTLD-TDP

FTLD-Taupathies

Vascular Parkinsonism

Hydrocephalus

Idiopathic nigral degeneration

Hippocampal sclerosis

Prion-associated disease

Huntington's disease (HD)

Neurodegeneration with brain iron accumulation  
 Other (specify):

1. Date of final diagnosis (M M/D D/Y Y Y Y):

## BRAIN TISSUE AND POST MORTEM CSF

1. Is banked frozen brain tissue accessible?

Yes

No

Unknown

1. Is formalin-fixed brain tissue accessible?

Yes

No

Unknown

1. Are paraffin-embedded blocks of brain tissue accessible?

Yes

No

Unknown

1. Is banked postmortem cerebrospinal fluid (CSF) accessible?

Yes

No

Unknown

1. Other banked postmortem specimen (e.g., blood, spinal cord, nerve, muscle)

Yes, specify:

No

Unknown

1. Macroscopic photographs

Yes, specify:

No

Unknown

## MACROSCOPIC ASPECTS

1. Brain weight

Record brain weight (grams):

What hemisphere of brain was evaluated?

Left

Right

Both

N/A

1. Type of tissue weighed

Whole fresh brain

Whole fixed brain

Fixed hemibrain (calculated whole brain weight)

Unknown

1. Hydrocephalus

None

Mild

Moderate

Severe

Not assessed

Unknown

## ALZHEIMER’S TYPE PATHOLOGY

1. NIA/Reagan Institute neuropathological criteria (Hyman and Trojanowski, 1997)

Low likelihood of dementia being due to Alzheimer’s disease

Intermediate likelihood of dementia being due to Alzheimer’s disease

High likelihood of dementia being due to Alzheimer’s disease

Criteria not met

Not assessed

Unknown

1. CERAD neuropathological criteria (Mirra et al., 1991)

Possible Alzheimer’s disease

Probable Alzheimer’s disease

Definite Alzheimer’s disease

Criteria not met

Not assessed

Unknown

1. ADRDA/Khachaturian neuropathological criteria (Khachaturian, 1985)

Alzheimer’s disease

Criteria not met

Not assessed

Unknown

1. Other or unspecified neuropathological criteria

Alzheimer’s disease, unspecified

Criteria not met

Not assessed

Unknown

1. BRAAK & BRAAK NEUROFIBRILLARY STAGE(Braak and Braak, 1991, Braak and Braak, 1997)

Stage I

Stage II

Stage III

Stage IV

Stage V

Stage VI

Neurofibrillary degeneration not present

Not assessed

Unknown

1. Staining methods used for tangles

Immunohistochemistry (IHC):

Antibodies:

1. Staining methods used for plaques

Immunohistorchemistry (IHC):

Antibodies:

1. Staining methods used to Lewy Bodies

Immunohistorchemistry (IHC):

Antibodies:

1. Staining methods used for TDP-43

Immunohistochemistry (IHC):

Antibodies:

## SENILE PLAQUES. (Mirra et al., 1991)

1. Neuritic plaques (plaques with argyrophilic dystrophic neurites with or without dense amyloid cores).

No neuritic plaques

Sparse neuritic plaques

Moderate neuritic plaques

Frequent neuritic plaques

Not assessed

Unknown

1. Region of brain neuritic plaques scored

Left

Right

Both

N/A

1. Diffuse plaques (plaques with non-compact amyloid and no apparent dystrophic neurites).

No diffuse plaques

Sparse diffuse plaques

Moderate diffuse plaques

Frequent diffuse plaques

Not assessed

Unknown

1. Region of brain diffuse plaques scored

Left

Right

Both

N/A

1. Amyloid phase (Alafuzoff et al., 2009b, Thal et al., 2002)

Phase 1 (cortex)

Phase 2 (cortex & hippocampus)

Phase 3 (cortex, hippocampus & basal ganglia)

Phase 4 (cortex, hippocampus, basal ganglia & brainstem)

Phase 5 (cortex, hippocampus, basal ganglia, brainstem & cerebellum)

Amyloid plaques not present

Incompletely assessed

Not assessed

Unknown

## ISCHEMIC, HEMORRHAGIC OR VASCULAR PATHOLOGY

1. Is ischemic, hemorrhagic or vascular pathology present?

Yes

No (SKIP to Question 40)

Not assessed

Unknown

1. Are one or more large artery cerebral infarcts present?

Yes

No

Not assessed

Unknown

1. Are one or more cortical microinfarcts (including “granular atrophy”) present?

Yes

No

Not assessed

Unknown

1. Are one or more lacunes (small artery infarcts and/or hemorrhages) present?

Yes

No

Not assessed

Unknown

1. Are single or multiple hemorrhages present?

Yes

No

Not assessed

Unknown

1. Is subcortical arteriosclerotic leukoencephalopathy present?

Yes

No

Not assessed

Unknown

1. Is cortical laminar necrosis present?

Yes

No

Not assessed

Unknown

1. Is medial temporal lobe sclerosis that is considered to be ischemic in nature present?

Yes

No

Not assessed

Unknown

1. Is there other pathology related to ischemic or vascular disease not previously specified present?

Yes, specify:

No

Not assessed

Unknown

1. Is atherosclerotic vascular pathology (of the circle of Willis) present?

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Is arteriosclerosis (small parenchymal arteriolar disease) present?

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Is amyloid angiopathy present?

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Is another type of angiopathy (e.g., CADASIL or arteritis) present?

Yes

No

Not assessed

Unknown

## LEWY BODY PATHOLOGY.

1. Is Lewy body pathology present? (Beach et al., 2008, Alafuzoff et al., 2008)

Yes

No (SKIP to Question 65)

Not assessed

Unknown

## Density of “Lewy related pathology” by regions (Beach et al., 2008, Alafuzoff et al., 2008)

1. Sympathetic ganglia (paravertebral):

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Parasympathetic ganglia (GI, GU):

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Spinal cord:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Olfactory bulb:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Dorsal motor nucleus/glossopharyngeal:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Locus ceruleus:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Raphe:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Substantia nigra, pars compacta:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Amygdala:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Basal nucleus/diagonal band:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Hypothalamus:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Caudate/putamen:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Entorhinal cortex:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Cingulate cortex:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Hippocampus:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Temporal cortex:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Frontal cortex:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Parietal cortex:

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Primary cortex (motor and/or visual):

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Lewy body type (McKeith et al., 2005, Alafuzoff et al., 2009a)

Brainstem predominant type

Intermediate or transitional (limbic) type

Diffuse (neocortical) type

Amygdala predominant

Lewy body pathology, unspecified or not further assessed

Not assessed

Missing/unknown

1. Estimate degree of substantia nigral neuromelanin-containing neurons neuronal loss(Dickson et al., 2009)

None

Mild

Moderate

Severe

Not assessed

Unknown

1. Alpha-synuclein pathology consistent with multiple system atrophy (MSA) (Lantos, 1998)

Striatonigral predominant

Olivopontocerebellar predominant

Mixed striatonigral and olivopontocerebellar

MSA (not specified or incompletely characterized)

Not assessed

Unknown

1. Spinocerebellar degenerations (Gwinn-Hardy et al., 2000, Gwinn-Hardy et al., 2001)

Yes, specify:

No

Not assessed

Unknown

## FRONTOTEMPORAL LOBAR DEGENERATIONS

TAUOPATHIES

1. Is frontotemporal degeneration with tau pathology present?

Yes

No (SKIP to Question 76)

Not assessed

Unknown

3R TAUOPATHIES

1. Pick’s Disease (Dickson, 1998)

Yes

No

Not assessed

Unknown

4R TAUOPATHIES

1. Corticobasal degeneration (Dickson et al., 2002)

Yes

No

Not assessed

Unknown

1. Progressive supranuclear palsy (Dickson, 1999, Lantos, 1994)

Yes

No

Not assessed

Unknown

1. Argyrophilic grain dementia (including diffuse AGD) (Tolnay and Clavaguera, 2004)

Yes

No

Not assessed

Unknown

1. Other 4R tauopathy (e.g., multisystem tauopathy) (Bigio et al., 2001, Kovacs et al., 2008)

Yes

No

Not assessed

Unknown

3R+4R TAUOPATHIES

1. Tangle-predominant dementia, including Parkinson dementia complex (Jellinger and Bancher, 1998, Hof et al., 1991)

Yes

No

Not assessed

Unknown

OTHER TAUOPATHIES

1. Tauopathy, not otherwise specified or incompletely characterized)

Yes, specify:

No

Not assessed

Unknown

TDP-43 PROTEINOPATHIES

1. Is abnormal TDP-43 pathology present? (Cairns et al., 2007)

Yes

No

Not assessed

Unknown

1. Hippocampal sclerosis of the elderly associated with TDP-43 pathology (Amador-Ortiz et al., 2007)

Yes

No

Not assessed

Unknown

1. Motor Neuron Disease

Yes

No

Not assessed

Unknown

FUS PROTEINOPATHIES

1. Is abnormal FUS pathology present? (Mackenzie et al., 2010, Munoz et al., 2009, Neumann et al., 2009a, Neumann et al., 2009b)

Yes

No

Not assessed

Unknown

FTLD-OTHER

1. Is another type of FTLD present?

Yes

No (SKIP to Question 84)

Not assessed

Unknown

1. FTLD-UPS (ubiquitin-positive inclusions, but tau, TDP-43 and FUS negative)

Yes

No

Not assessed

Unknown

1. FTLD-NI (No inclusion)

Yes

No

Not assessed

Unknown

1. FTLD-NOS (not otherwise specified or incompletely characterized)

Yes

No

Not assessed

Unknown

## PRION-RELATED DISORDERS

1. Is there pathology consistent with transmissible spongiform encephalopathy?

Yes

No (SKIP to Question 87)

Not assessed

Unknown

1. Is Creutzfeldt-Jakob disease or variant CJD present?

Yes

No

Not assessed

Unknown

1. Are other prion diseases present (e.g., Gerstmann-Straussler syndrome)?

Yes, specify:

No

Not assessed

Unknown

## OTHER MAJOR PATHOLOGIC DISORDERS

(e.g., infectious, immunologic, metabolic, neoplastic, toxic or degenerative).

1. Are other major pathologic disorders present (not addressed)?

Yes

No (SKIP to Question 89)

Not assessed

Unknown

1. List other disorders

1

2

3

## FINAL DIAGNOSIS

1. What are the primary and contributing pathologic diagnoses or features which you judge to be responsible for the subject’s cognitive status?

Primary (code as 1); Contributing (code as 2)

No significant pathology

AD pathology present but insufficient for AD diagnosis

Alzheimer disease (AD)

Lewy body disease

Multiple system atrophy

Progressive supranuclear palsy

Corticobasal degeneration

Vascular disease

FTLD-TDP

FTLD-Taupathies

Hydrocephalus

Prion-associated disease

Huntington's disease (HD)

Neurodegeneration with brain iron accumulation

Other (specify):

1. What are the primary and contributing pathologic diagnoses or features which you judge to be responsible for the subject’s extrapyramidal movement disorders, if present?

Primary (code as 1); Contributing (code as 2)

No significant pathology

AD pathology present but insufficient for AD diagnosis

Alzheimer disease (AD)

Lewy body disease

Multiple system atrophy

Progressive supranuclear palsy

Corticobasal degeneration

FTLD-TDP

FTLD-Taupathies

Vascular Parkinsonism

Hydrocephalus

Idiopathic nigral degeneration

Hippocampal sclerosis

Prion-associated disease

Huntington's disease (HD)

Neurodegeneration with brain iron accumulation  
 Other (specify):

## General Instructions

This CRF contains data that would be collected when a neuropathology study is performed to study disease of nervous system tissue and how it relates to Parkinson’s disease.

Important note: None of the data elements included on this CRF Module is classified as Core (i.e., strongly recommended for Parkinson’s disease clinical studies to collect if imaging studies are performed). All data elements are classified as supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The CRF includes all instructions available for the data elements at this time. More detailed instructions will be added in Version 2.0 of this CRF Module.

## REFERENCES

ALAFUZOFF, I., INCE, P. G., ARZBERGER, T., AL-SARRAJ, S., BELL, J., BODI, I., BOGDANOVIC, N., BUGIANI, O., FERRER, I., GELPI, E., GENTLEMAN, S., GIACCONE, G., IRONSIDE, J. W., KAVANTZAS, N., KING, A., KORKOLOPOULOU, P., KOVACS, G. G., MEYRONET, D., MONORANU, C., PARCHI, P., PARKKINEN, L., PATSOURIS, E., ROGGENDORF, W., ROZEMULLER, A., STADELMANN-NESSLER, C., STREICHENBERGER, N., THAL, D. R. & KRETZSCHMAR, H. 2009a. Staging/typing of Lewy body related alpha-synuclein pathology: a study of the BrainNet Europe Consortium. Acta Neuropathol, 117, 635-52.

ALAFUZOFF, I., PARKKINEN, L., AL-SARRAJ, S., ARZBERGER, T., BELL, J., BODI, I., BOGDANOVIC, N., BUDKA, H., FERRER, I., GELPI, E., GENTLEMAN, S., GIACCONE, G., KAMPHORST, W., KING, A., KORKOLOPOULOU, P., KOVACS, G. G., LARIONOV, S., MEYRONET, D., MONORANU, C., MORRIS, J., PARCHI, P., PATSOURIS, E., ROGGENDORF, W., SEILHEAN, D., STREICHENBERGER, N., THAL, D. R. & KRETZSCHMAR, H. 2008. Assessment of alpha-synuclein pathology: a study of the BrainNet Europe Consortium. J Neuropathol Exp Neurol, 67, 125-43.

ALAFUZOFF, I., THAL, D. R., ARZBERGER, T., BOGDANOVIC, N., AL-SARRAJ, S., BODI, I., BOLUDA, S., BUGIANI, O., DUYCKAERTS, C., GELPI, E., GENTLEMAN, S., GIACCONE, G., GRAEBER, M., HORTOBAGYI, T., HOFTBERGER, R., INCE, P., IRONSIDE, J. W., KAVANTZAS, N., KING, A., KORKOLOPOULOU, P., KOVACS, G. G., MEYRONET, D., MONORANU, C., NILSSON, T., PARCHI, P., PATSOURIS, E., PIKKARAINEN, M., REVESZ, T., ROZEMULLER, A., SEILHEAN, D., SCHULZ-SCHAEFFER, W., STREICHENBERGER, N., WHARTON, S. B. & KRETZSCHMAR, H. 2009b. Assessment of beta-amyloid deposits in human brain: a study of the BrainNet Europe Consortium. Acta Neuropathol, 117, 309-20.

AMADOR-ORTIZ, C., LIN, W. L., AHMED, Z., PERSONETT, D., DAVIES, P., DUARA, R., GRAFF-RADFORD, N. R., HUTTON, M. L. & DICKSON, D. W. 2007. TDP-43 immunoreactivity in hippocampal sclerosis and Alzheimer's disease. Ann Neurol, 61, 435-45.

BEACH, T. G., WHITE, C. L., HAMILTON, R. L., DUDA, J. E., IWATSUBO, T., DICKSON, D. W., LEVERENZ, J. B., RONCAROLI, F., BUTTINI, M., HLADIK, C. L., SUE, L. I., NOORIGIAN, J. V. & ADLER, C. H. 2008. Evaluation of alpha-synuclein immunohistochemical methods used by invited experts. Acta Neuropathol, 116, 277-88.

BIGIO, E. H., LIPTON, A. M., YEN, S. H., HUTTON, M. L., BAKER, M., NACHARAJU, P., WHITE, C. L., 3RD, DAVIES, P., LIN, W. & DICKSON, D. W. 2001. Frontal lobe dementia with novel tauopathy: sporadic multiple system tauopathy with dementia. J Neuropathol Exp Neurol, 60, 328-41.

BRAAK, H. & BRAAK, E. 1991. Neuropathological stageing of Alzheimer-related changes. Acta Neuropathol (Berl), 82, 239-59.

BRAAK, H. & BRAAK, E. 1997. Frequency of stages of Alzheimer-related lesions in different age categories. Neurobiol Aging, 18, 351-7.

CAIRNS, N. J., BIGIO, E. H., MACKENZIE, I. R., NEUMANN, M., LEE, V. M., HATANPAA, K. J., WHITE, C. L., 3RD, SCHNEIDER, J. A., GRINBERG, L. T., HALLIDAY, G., DUYCKAERTS, C., LOWE, J. S., HOLM, I. E., TOLNAY, M., OKAMOTO, K., YOKOO, H., MURAYAMA, S., WOULFE, J., MUNOZ, D. G., DICKSON, D. W., INCE, P. G., TROJANOWSKI, J. Q. & MANN, D. M. 2007. Neuropathologic diagnostic and nosologic criteria for frontotemporal lobar degeneration: consensus of the Consortium for Frontotemporal Lobar Degeneration. Acta Neuropathol (Berl), 114, 5-22.

DICKSON, D. W. 1998. Pick's disease: a modern approach. Brain Pathol, 8, 339-54.

DICKSON, D. W. 1999. Neuropathologic differentiation of progressive supranuclear palsy and corticobasal degeneration. J Neurol, 246 Suppl 2, II6-15.

DICKSON, D. W., BERGERON, C., CHIN, S. S., DUYCKAERTS, C., HOROUPIAN, D., IKEDA, K., JELLINGER, K., LANTOS, P. L., LIPPA, C. F., MIRRA, S. S., TABATON, M., VONSATTEL, J. P., WAKABAYASHI, K. & LITVAN, I. 2002. Office of Rare Diseases neuropathologic criteria for corticobasal degeneration. J Neuropathol Exp Neurol, 61, 935-46.

DICKSON, D. W., BRAAK, H., DUDA, J. E., DUYCKAERTS, C., GASSER, T., HALLIDAY, G. M., HARDY, J., LEVERENZ, J. B., DEL TREDICI, K., WSZOLEK, Z. K. & LITVAN, I. 2009. Neuropathological assessment of Parkinson's disease: refining the diagnostic criteria. Lancet Neurol, 8, 1150-7.

GWINN-HARDY, K., CHEN, J. Y., LIU, H. C., LIU, T. Y., BOSS, M., SELTZER, W., ADAM, A., SINGLETON, A., KOROSHETZ, W., WATERS, C., HARDY, J. & FARRER, M. 2000. Spinocerebellar ataxia type 2 with parkinsonism in ethnic Chinese. Neurology, 55, 800-5.

GWINN-HARDY, K., SINGLETON, A., O'SUILLEABHAIN, P., BOSS, M., NICHOLL, D., ADAM, A., HUSSEY, J., CRITCHLEY, P., HARDY, J. & FARRER, M. 2001. Spinocerebellar ataxia type 3 phenotypically resembling parkinson disease in a black family. Arch Neurol, 58, 296-9.

HOF, P. R., PERL, D. P., LOERZEL, A. J. & MORRISON, J. H. 1991. Neurofibrillary tangle distribution in the cerebral cortex of parkinsonism-dementia cases from Guam: differences with Alzheimer's disease. Brain Res, 564, 306-13.

HYMAN, B. T. & TROJANOWSKI, J. Q. 1997. Consensus recommendations for the postmortem diagnosis of Alzheimer disease from the National Institute on Aging and the Reagan Institute Working Group on diagnostic criteria for the neuropathological assessment of Alzheimer disease. J Neuropathol Exp Neurol, 56, 1095-7.

JELLINGER, K. A. & BANCHER, C. 1998. Senile dementia with tangles (tangle predominant form of senile dementia). Brain Pathol, 8, 367-76.

KHACHATURIAN, Z. S. 1985. Diagnosis of Alzheimer's disease. Arch Neurol, 42, 1097-105.

KOVACS, G. G., MAJTENYI, K., SPINA, S., MURRELL, J. R., GELPI, E., HOFTBERGER, R., FRASER, G., CROWTHER, R. A., GOEDERT, M., BUDKA, H. & GHETTI, B. 2008. White matter tauopathy with globular glial inclusions: a distinct sporadic frontotemporal lobar degeneration. J Neuropathol Exp Neurol, 67, 963-75.

LANTOS, P. L. 1994. The neuropathology of progressive supranuclear palsy. J Neural Transm Suppl, 42, 137-52.

LANTOS, P. L. 1998. The definition of multiple system atrophy: a review of recent developments. J Neuropathol Exp Neurol, 57, 1099-111.

MACKENZIE, I. R., NEUMANN, M., BIGIO, E. H., CAIRNS, N. J., ALAFUZOFF, I., KRIL, J., KOVACS, G. G., GHETTI, B., HALLIDAY, G., HOLM, I. E., INCE, P. G., KAMPHORST, W., REVESZ, T., ROZEMULLER, A. J., KUMAR-SINGH, S., AKIYAMA, H., BABORIE, A., SPINA, S., DICKSON, D. W., TROJANOWSKI, J. Q. & MANN, D. M. 2010. Nomenclature and nosology for neuropathologic subtypes of frontotemporal lobar degeneration: an update. Acta Neuropathol, 119, 1-4.

MCKEITH, I. G., DICKSON, D. W., LOWE, J., EMRE, M., O'BRIEN, J. T., FELDMAN, H., CUMMINGS, J., DUDA, J. E., LIPPA, C., PERRY, E. K., AARSLAND, D., ARAI, H., BALLARD, C. G., BOEVE, B., BURN, D. J., COSTA, D., DEL SER, T., DUBOIS, B., GALASKO, D., GAUTHIER, S., GOETZ, C. G., GOMEZ-TORTOSA, E., HALLIDAY, G., HANSEN, L. A., HARDY, J., IWATSUBO, T., KALARIA, R. N., KAUFER, D., KENNY, R. A., KORCZYN, A., KOSAKA, K., LEE, V. M., LEES, A., LITVAN, I., LONDOS, E., LOPEZ, O. L., MINOSHIMA, S., MIZUNO, Y., MOLINA, J. A., MUKAETOVA-LADINSKA, E. B., PASQUIER, F., PERRY, R. H., SCHULZ, J. B., TROJANOWSKI, J. Q. & YAMADA, M. 2005. Diagnosis and management of dementia with Lewy bodies: third report of the DLB Consortium. Neurology, 65, 1863-72.

MIRRA, S. S., HEYMAN, A., MCKEEL, D., SUMI, S. M., CRAIN, B. J., BROWNLEE, L. M., VOGEL, F. S., HUGHES, J. P., VAN BELLE, G. & BERG, L. 1991. The Consortium to Establish a Registry for Alzheimer's Disease (CERAD). Part II. Standardization of the neuropathologic assessment of Alzheimer's disease. Neurology, 41, 479-86.

MUNOZ, D. G., NEUMANN, M., KUSAKA, H., YOKOTA, O., ISHIHARA, K., TERADA, S., KURODA, S. & MACKENZIE, I. R. 2009. FUS pathology in basophilic inclusion body disease. Acta Neuropathol, 118, 617-27.

NEUMANN, M., RADEMAKERS, R., ROEBER, S., BAKER, M., KRETZSCHMAR, H. A. & MACKENZIE, I. R. 2009a. A new subtype of frontotemporal lobar degeneration with FUS pathology. Brain, 132, 2922-31.

NEUMANN, M., ROEBER, S., KRETZSCHMAR, H. A., RADEMAKERS, R., BAKER, M. & MACKENZIE, I. R. 2009b. Abundant FUS-immunoreactive pathology in neuronal intermediate filament inclusion disease. Acta Neuropathol, 118, 605-16.

THAL, D. R., RUB, U., ORANTES, M. & BRAAK, H. 2002. Phases of A beta-deposition in the human brain and its relevance for the development of AD. Neurology, 58, 1791-800.

TOLNAY, M. & CLAVAGUERA, F. 2004. Argyrophilic grain disease: a late-onset dementia with distinctive features among tauopathies. Neuropathology, 24, 269-83.