Table. Boston criteria version 2.0 for sporadic cerebral amyloid angiopathy.

	Boston Criteria (*Version 2.0*) for CAA diagnosis	**Criteria for the Diagnosis of CAA-Related Inflammation**
1. Definite CAA	<u>Full post-mortem examination demonstrating:</u> • Presentation with spontaneous ICH, TFNEs, cSAH, or CI/Dementia • Severe CAA with vasculopathy • Absence of other diagnostic lesion	-
2. Probable CAA with supporting pathology	<u>Clinical data and pathologic tissue (evacuated hematoma or cortical biopsy) demonstrating:</u> • Presentation with spontaneous ICH, TFNEs, cSAH, or CI/Dementia • Some degree of CAA in specimen • Absence of other diagnostic lesion	-
3. Probable	<u>Clinical data and MRI demonstrating:</u> • Age ≥50 years • Presentation with spontaneous ICH, TFNEs, or CI/Dementia • ≥2 of the following strictly lobar haemorrhagic lesions on T2*-weighted MRI, in any combination: ICH, CMB, CSS/cSAH foci *OR* • 1 lobar haemorrhagic lesion + 1 white matter feature (Severe CSO-PVS or WMH-MS) ▪ Absence of any deep haemorrhagic lesions (ICH, CMB) on T2*weighted -MRI ▪ Absence of other cause of haemorrhagic lesions* ▪ Haemorrhagic lesion in cerebellum not counted as either lobar or deep haemorrhagic lesion	<u>Clinical data and MRI demonstrating:</u> • Age ≥40 years • Presence of ≥1 of the following clinical features: headache, decrease in consciousness, behavioral change, or focal neurological signs and seizures; the presentation is not directly attributable to an acute ICH • MRI shows unifocal or multifocal WMH lesions (corticosubcortical or deep) that are asymmetric and extend to the immediately subcortical white matter; the asymmetry is not due to past ICH • Presence of ≥1 of the following corticosubcortical hemorrhagic lesions: cerebral macrobleed,cerebral microbleed, or CSS • Absence of neoplastic, infectious, or other cause

4. Possible	<u>Clinical data and MRI demonstrating:</u> • Age ≥50 years • Presentation with spontaneous ICH, TFNEs, or CI/Dementia • Absence of other cause of haemorrhage* • 1 strictly lobar haemorrhagic lesion on T2*-weighted MRI: ICH, CMB, CSS/cSAH focus *OR* • 1 white matter feature (Severe CSO-PVS or WMH-MS) ▪ Absence of any deep haemorrhagic lesions (ICH, CMB) on T2*-weighted MRI ▪ Absence of other cause of haemorrhagic lesions* ▪ Haemorrhagic lesion in cerebellum not counted as either lobar or deep haemorrhagic lesion	<u>Clinical data and MRI demonstrating:</u> • Age ≥40 years • Presence of ≥1 of the following clinical features: headache, decrease in consciousness, behavioural change, or focal neurological signs and seizures; the presentation is not directly attributable to an acute ICH • MRI shows WMH lesions that extend to the immediately subcortical white matter • Presence of ≥1 of the following corticosubcortical hemorrhagic lesions: cerebral macrobleed, cerebral microbleed, or CSS Absence of neoplastic, infectious, or other cause

* Other causes of haemorrhagic lesion: antecedent head trauma, haemorrhagic transformation of an ischemic stroke, arteriovenous malformation, haemorrhagic tumor, central nervous system vasculitis. Other causes of cSS and acute cSAH should also be

Abbreviations: CAA cerebral amyloid angiopathy, MRI magnetic resonance imaging, ICH intracerebral haemorrhage, TFNE transient focal neurologic episodes, CI cognitive impairment, CMB cerebral microbleed, CSS cortical superficial siderosis, cSAH convexity subarachnoid haemorrhage, CSO-PVS visible perivascular spaces in the centrum semiovale, WMH-MS white matter hyperintensities in a multispot pattern