Informed Consent Form

Dear Participant,

We invite you to participate in the clinical research titled "Multicenter Natural History Observational Study of Atypical Parkinsonian Syndromes." The expected study period is September 2025.

This study is initiated by The Second Affiliated Hospital of Soochow University and will be conducted in collaboration with the following hospitals: The Forth Affiliated Hospital of Soochow University, Changshu Hospital Affiliated to Nanjing University of Chinese Medicine, Affiliated Hospital of Yangzhou University, Jiangsu Province Official Hospital, Yancheng Third People's Hospital, The Second People's Hospital of Huai'an, The Forth People's Hospital of Zhenjiang, Jiangsu Province (Suqian) Hospital, The Second Affiliated Hospital of Xuzhou Medical University, The First People's Hospial of Kunshan, Jiaxing Second Hospital, Zhangjiagang TCM Hospital Affiliated to Nanjing University of Chinese Medicine/Zhangjiagang Traditional Chinese Medicine Hospital, The Second Affiliated Hospital of Nantong University, Yantai Yuhuangding Hospital, Mianyang 404 Hospital. A total of 500 participants are expected to enroll, with 200 participants from our center.

This study has been reviewed and approved by the Ethics Committee of The Second Affiliated Hospital of Soochow University.

1. Study Purpose and Background Introduction

Atypical Parkinsonian Syndromes (APS), including MSA, DLB, PSP, and CBD, are a group of neurodegenerative disorders characterized by pathological deposits of α-synuclein or tau proteins. Compared to Parkinson's disease (PD), APS progresses more rapidly, exhibits higher heterogeneity, and lacks effective disease-modifying therapies. Key challenges include difficulty in early differentiation (misdiagnosis rates: 30%-50%) and unclear progression patterns, which remain major bottlenecks in clinical practice and research. Currently, APS diagnosis relies solely on clinical manifestations, with no available diagnostic or prognostic biomarkers. Clinical rating scales remain the primary assessment tool in trials and studies.

Therefore, the objectives of this study are:

Investigate natural history differences: Clarify the variations in the natural progression of APS (including MSA, DLB, PSP, and CBD), such as the rates of motor/non-motor symptom progression and imaging evolution patterns.

Establish a comprehensive APS evaluation protocol.

Build a clinical and biological database to identify predictive biomarkers for early-stage APS.

2. Study Protocol

This is an observational study that will not interfere with your standard medical care： 1. If you agree to participate, we will ask you to: Provide basic demographic information; Donate 10 mL of whole blood and 10 mL of cerebrospinal fluid (CSF) during routine clinical procedures; Share results from your MRI, PET-CT, TCS, and other examinations conducted as part of standard care; Complete assessments using motor and non-motor symptom rating scales; Undergo follow-up visits

every 6 months for 3 years after enrollment.

3.Inclusion Criteria and Exclusion Criteria

Inclusion Criteria: 1.MSA: Meets the "probable MSA" criteria in the 2022 Chinese expert consensus on MSA diagnosis (MSA-P or MSA-C subtype); disease duration ≤3 years (from onset of first motor symptoms). 2.DLB: Meets "probable DLB" criteria per the 2017 McKeith diagnostic criteria; MMSE ≥18 (to exclude severe dementia confounding assessment). 3.PSP: Meets "probable PSP-Richardson syndrome" criteria per the 2017 PSP diagnostic standards; vertical gaze palsy or postural instability with duration ≤2 years. 4.CBD: Meets "probable CBD" criteria per the 2019 Chinese expert consensus on corticobasal degeneration diagnosis and treatment; asymmetric cortical symptoms (apraxia/dystonia/alien limb).

Exclusion Criteria: 1.Parkinson's disease, spinocerebellar ataxia (SCA) and other secondary autonomic failure. 2.Vascular parkinsonism, Parkinsonism caused by stroke, tumor, or immune-mediated encephalitis.

4. Potential Benefits

You may benefit from this study. These benefits include: Free expert consultations on diagnosis, treatment, and prognosis during follow-up visits; Timely and comprehensive medical services provided by specialists; Your participation will contribute to developing new therapies for this condition. The study may lead to new diagnostic and treatment methods for other patients with similar conditions; Routine medical treatments and examinations are not covered under this study; Compensation: ¥200 will be provided for enrollment and completion of follow-up visits.

5. Possible Risks

This study is observational and does not interfere with your routine medical care; therefore, it will not increase any risks beyond those of standard diagnosis and treatment. PET-CT may involve a certain level of radiation exposure; however, it is required for routine clinical purposes, and the dosage remains within the safe range.

6. **Alternative Treatments for Non-Participants**

If you choose not to participate in this study, or decide to withdraw midway, you can still receive standard medical care.

7. Costs and Compensation for Participation

You will not incur any additional medical expenses as a result of participating in this study.

8. **Management of Research-Related Injuries**

If you experience any discomfort during the study, please contact your responsible research physician promptly. The physician will take appropriate and effective measures according to your specific condition to ensure your well-being.

9. Confidentiality of Information

Your medical records will be kept in the hospital. The researchers, regulatory authorities, and the ethics committee will be permitted to review your medical records. Any public report regarding the results of this study will not disclose your personal identity. We will make every effort, within the limits of the law, to protect the privacy and confidentiality of your personal medical information.

10. Voluntary Participation and Withdrawal

Participation in this study is entirely voluntary. You may refuse to participate or withdraw from the study at any time without affecting your medical treatment. If you decide to withdraw, please contact your physician; you may be asked to undergo certain examinations that will be beneficial for your health.

During the study, your physician will inform you in a timely manner of any significant new findings. You may also request information relevant to your participation at any time. If any issues arise or you have questions during the study, please contact your research physician.

If important new information related to this product becomes available, the informed consent form will be revised accordingly, submitted to the ethics committee for approval, and your renewed consent will be obtained.

If you have any questions related to this study, please contact Dr. _____ at Tel: _____.

If you have questions concerning your personal rights, you may contact the Ethics Committee of the Second Affiliated Hospital of Soochow University at Tel: 0512-67783682.

Subject Declaration:

1. I have carefully read this informed consent form. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I understand that participation in this clinical trial is voluntary. I may choose not to participate or may withdraw from the study at any time by notifying the investigator, without discrimination or retaliation, and my medical care and rights will not be affected.
2. If I require other diagnosis/treatment, fail to comply with the study protocol, or for any other reasonable cause, the investigator may terminate my participation in this clinical trial.
3. I voluntarily agree to participate in this clinical trial. I will receive a signed copy of this informed consent form. I consent to the use of my data for research purposes. Accordingly, I agree that representatives of the sponsor, regulatory authorities, and other relevant personnel or organizations involved in this study may review my records and use my data.

Subject's Signature: Date:

Subject's Contact Number:

Note: If the subject is unable or has limited capacity to provide consent, this form must be signed by his/her guardian or legal representative.

Guardian or Legal Representative's Signature: Date:
Guardian or Legal Representative's Contact Number: Relationship to Subject:

Note: When the subject or legal representative is unable to read or write, at least one impartial witness must be present. The impartial witness must observe the entire process of information disclosure, discussion, consultation, and signing, and must also sign the form.

I confirm that the information in the informed consent form has been accurately explained, and that the subject and/or the subject's legal representative fully understand the contents. The subject voluntarily agrees to participate in this study.

Impartial Witness's Signature: Date:
Impartial Witness's Contact Information:

Physician's Declaration:
I, or a member of my research team, have fully explained to the subject the background, purpose, and relevant details of this clinical trial, especially the potential risks and benefits of participation. Sufficient time has been provided for the subject to read the informed consent form, discuss it with others, and ask questions, all of which have been answered. I have informed the subject of the contact information for any issues that may arise. I have also informed the subject (or legal representative) that he/she may withdraw from the study at any time during the research without providing any reason. The subject has voluntarily agreed to participate in this clinical trial.

Research Physician's Signature: Date:
Work Phone: Mobile Number: