

Figure S1 ANOVA results of ALFF among NC, SCD and MCI (voxel $P<0.001$, cluster $P<0.05$, GRF corrected). Brain regions showed different amplitudes of low-frequency fluctuations among the three groups. There were significant differences among the three groups on the ALFF values in the Frontal_Inf_Orb_2_R, Frontal_Inf_Oper_R, Frontal_Mid_2_R, Frontal_Sup_2_L, Parietal_Sup_2_L, Parietal_Sup_R, Occipital_Mid_L, Temporal_Sup_L, Angular_L, Precentral_L, Precentral_R, Postcentral_L, and SupraMarginal_R (GRF correction, voxel $P<0.001$, cluster $P<0.01$). The color bar signifies the F value of the ANOVA analysis with $P<0.001$ and corrected for cluster level at $P<0.05$ using GRF theory. ANOVA, analysis of variance; ALFF, amplitudes of low-frequency fluctuation; NC, normal control; MCI, mild cognitive impairment; Frontal_Inf_Orb_2_R, orbital region of right inferior frontal gyrus; Frontal_Inf_Oper_R, opercular part of the right inferior frontal gyrus; Frontal_Mid_2_R, right middle frontal gyrus; Frontal_Sup_2_L, left superior frontal gyrus; Parietal_Sup_L, left superior parietal gyrus; Parietal_Sup_R, right superior parietal gyrus; Occipital_Mid_L, left middle occipital gyrus; Temporal_Sup_L, left superior temporal gyrus; Angular_L, left angular; Precentral_L, left precentral gyrus; Precentral_R, right precentral gyrus; Postcentral_L, left postcentral gyrus; SupraMarginal_R, right supramarginal gyrus.

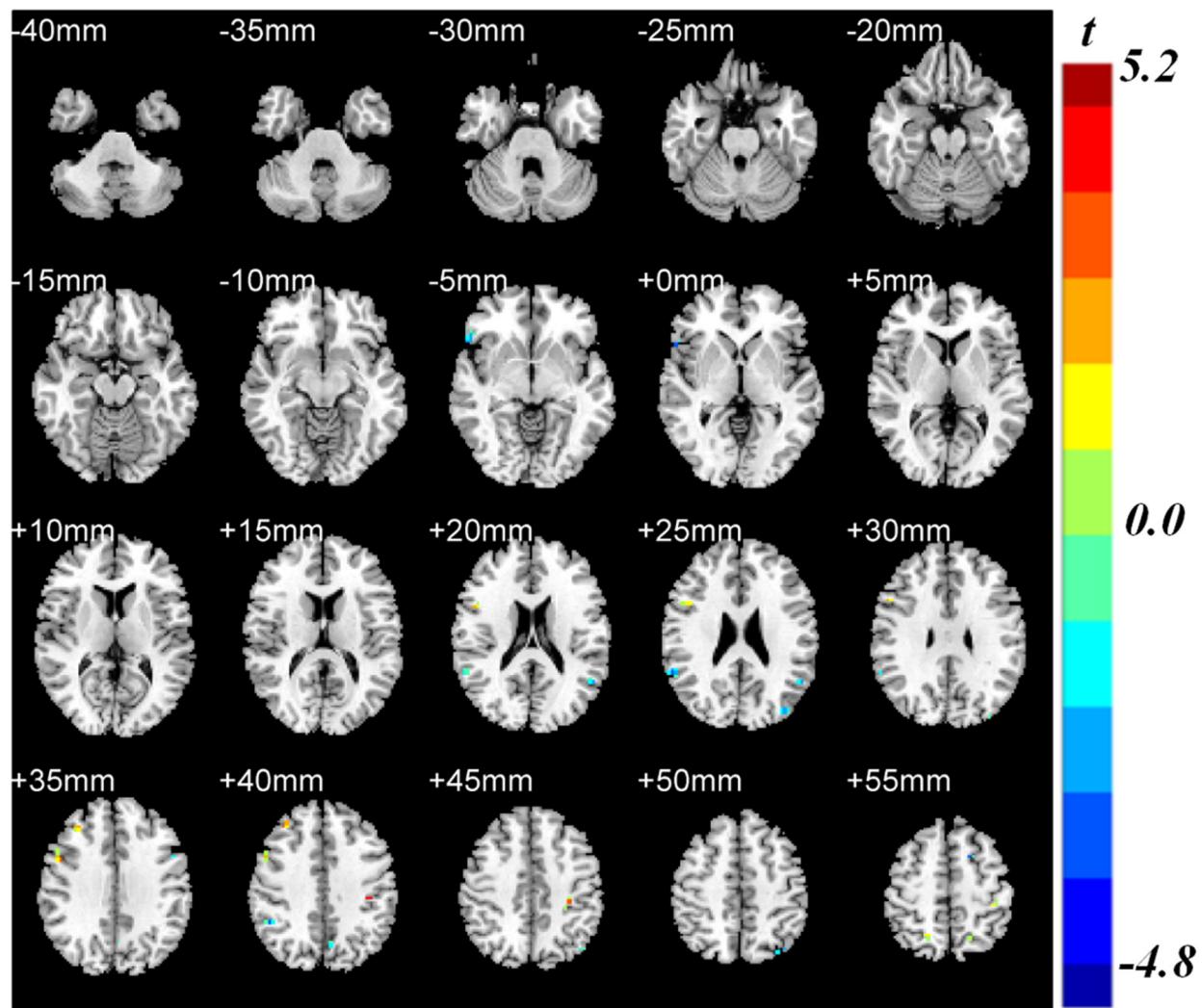


Figure S2 The *post-hoc* two-sample analyses between MCI and NC. The patients with MCI exhibited higher ALFF values in the Precentral_R, Frontal_Inf_Oper_R, Frontal_Mid_2_R, Parietal_Sup_R, and Postcentral_L, as well as lower ALFF values in Frontal_Inf_Orb_2_R, SupraMarginal_R, and Occipital_Mid_L relative to NC, ($P < 0.001$, GRF corrected). MCI, mild cognitive impairment; NC, normal control; ALFF, amplitudes of low-frequency fluctuation; Frontal_Inf_Orb_2_R, orbital region of right inferior frontal gyrus; Frontal_Mid_2_R, right middle frontal gyrus; Parietal_Sup_R, right superior parietal gyrus; Postcentral_L, left postcentral gyrus; Frontal_Inf_Oper_R, opercular part of the right inferior frontal gyrus; SupraMarginal_R, right supramarginal gyrus; Occipital_Mid_L, left middle occipital gyrus; GRF, Gaussian random field.

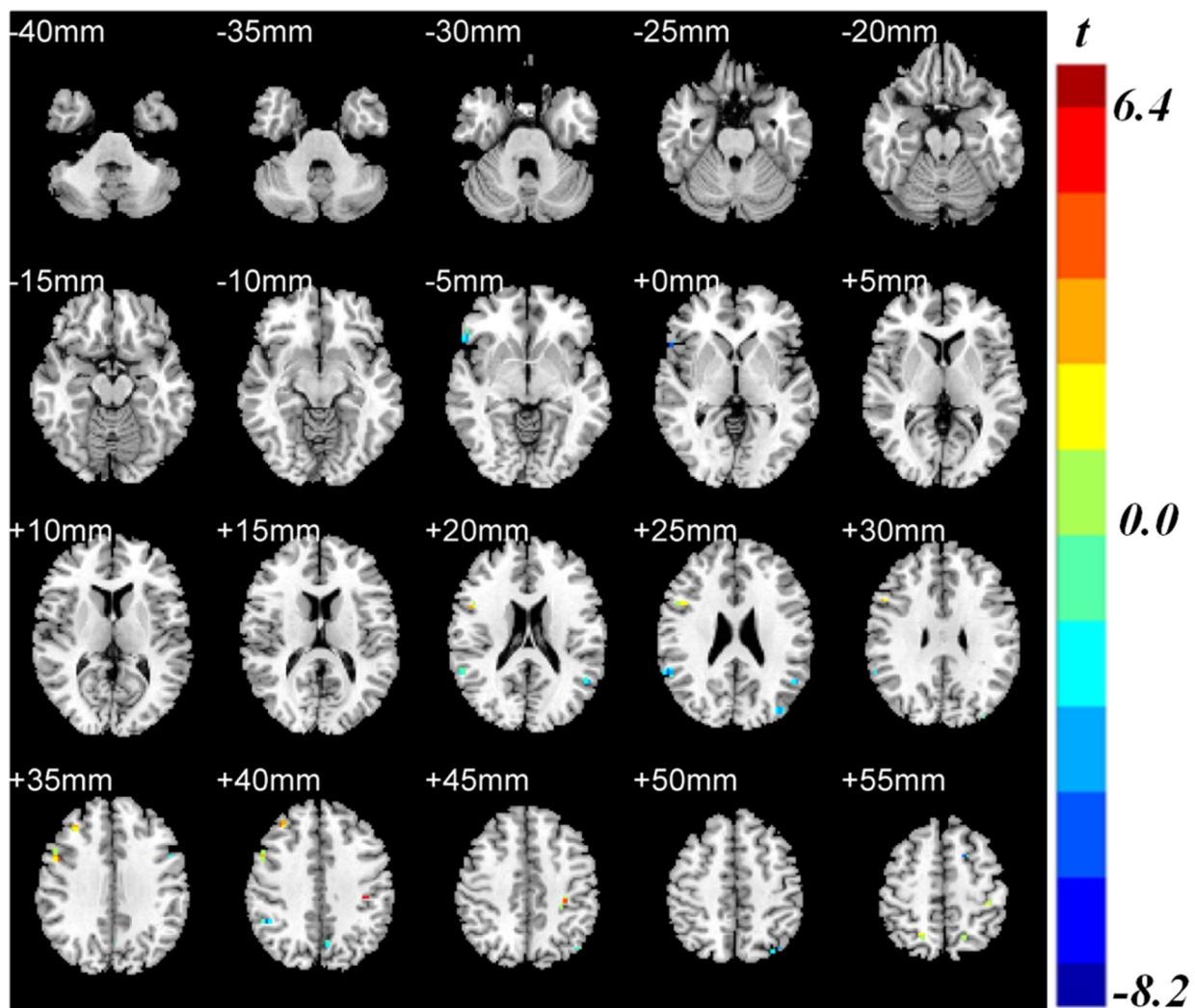


Figure S3 The *post-hoc* two-sample analyses between SCD and NC. The patients with SCD showed higher ALFF values in Frontal_Inf_Oper_R, Frontal_Mid_2_R, Precuneus_L, Temporal_Mid_L, and Parietal_Sup_L, with lower ALFF values in Frontal_Inf_Orb_2_R, Frontal_Sup_2_L, SupraMarginal_R, Occipital_Mid_L compared with normal controls ($P < 0.001$, GRF corrected). SCD, subjective cognitive decline; NC, normal control; ALFF, amplitudes of low-frequency fluctuation; Frontal_Inf_Oper_R, opercular part of the right inferior frontal gyrus; Frontal_Mid_2_R, right middle frontal gyrus; Precentral_L, left precentral; Temporal_Mid_L, left middle temporal gyrus; Parietal_Sup_L, left superior parietal gyrus; Frontal_Inf_Orb_2_R, orbital region of right inferior frontal gyrus; Frontal_Sup_2_L, left superior frontal gyrus; SupraMarginal_R, right supramarginal gyrus; Occipital_Mid_L, left middle occipital gyrus; GRF, Gaussian random field.

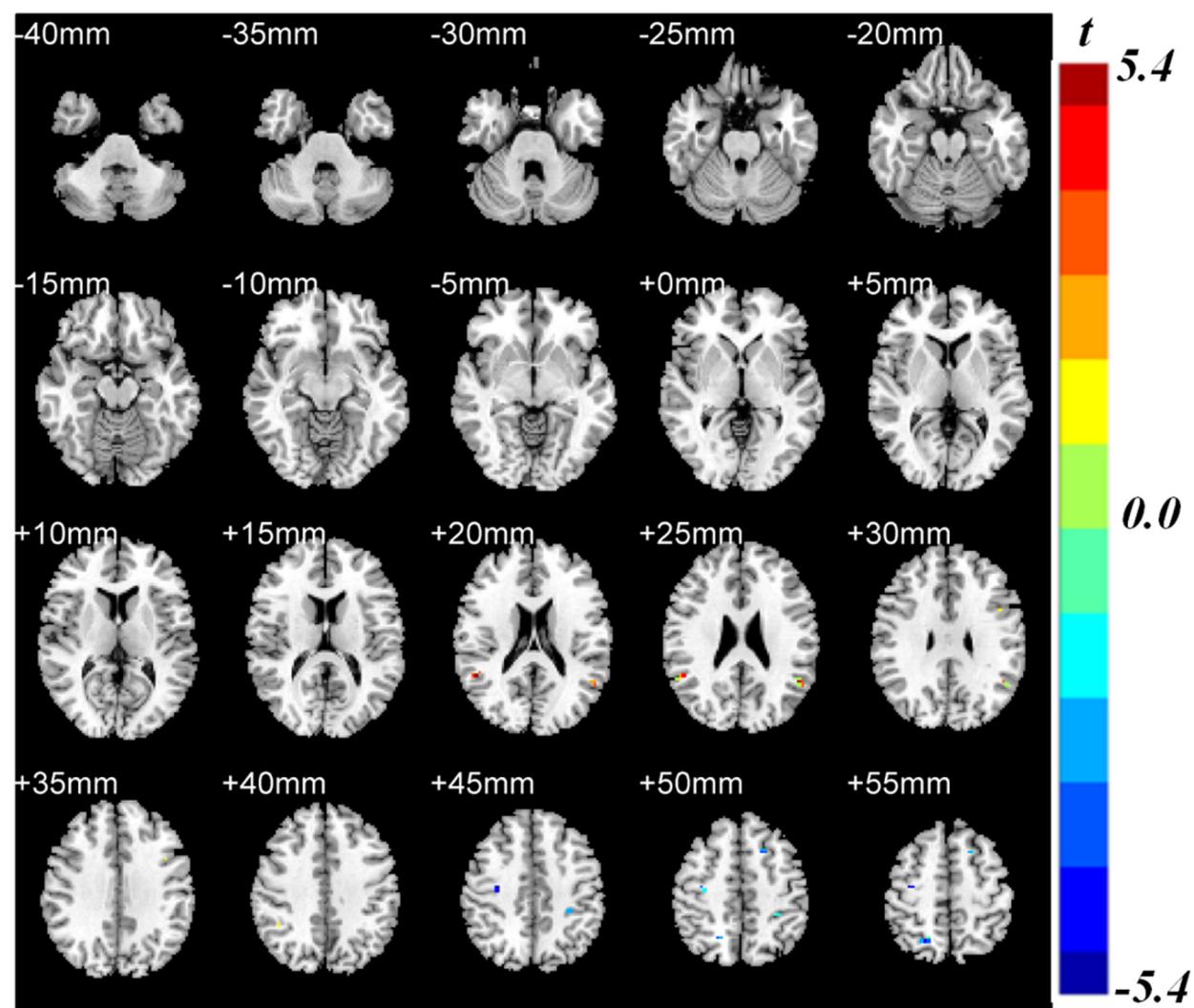


Figure S4 The post-hoc two-sample analyses between MCI and SCD. The patients with MCI exhibited lower ALFF values in Postcentral_L, Precentral_R, and Parietal_Sup_R, as well as higher ALFF values in Angular_L and Precentral_L, compared with SCD ($P < 0.001$, GRF corrected). MCI, mild cognitive impairment; SCD, subjective cognitive decline; ALFF, amplitude of low-frequency fluctuation; Postcentral_L, left postcentral gyrus; Precentral_R, right precentral gyrus; Parietal_Sup_R, right superior parietal gyrus; Angular_L, left angular; Precentral_L, left precentral; GRF, Gaussian random field.