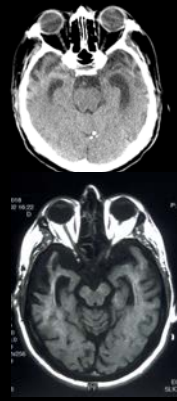


Brain Scans and Biomarkers

William Jagust

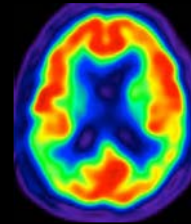
**Helen Wills Neuroscience Institute and School of Public Health
University of California, Berkeley
and
Molecular Biophysics and Integrated Bioimaging
Lawrence Berkeley National Laboratory**



1970' s onward

Structural Imaging
(CT⇒MRI)

Atrophy

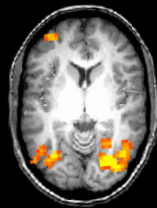


1980' s onward

Functional Imaging

Metabolism
(FDG-PET)

Hypometabolism

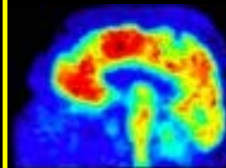


1990' s onward

Functional Imaging

fMRI, resting BOLD

Activation
and network changes



2000' s onward

Molecular Imaging

(Amyloid/tau PET)

Protein aggregates

Structural, functional, and molecular imaging are all crucial components of research evaluations of dementia patients today

Clinical diagnosis of Alzheimer's disease:

**Report of the NINCDS-ADRDA Work Group* under the
auspices of Department of Health and Human Services
Task Force on Alzheimer's Disease**

Guy McKhann, MD; David Drachman, MD; Marshall Folstein, MD; Robert Katzman, MD;
Donald Price, MD; and Emanuel M. Stadlan, MD

**1984: Publication of widely
accepted clinical diagnostic
criteria for Alzheimer's
disease**

2018 National Institute on Aging—Alzheimer's Association (NIA-AA) Research Framework

**NIA-AA Research Framework: Toward a biological definition
of Alzheimer's disease**

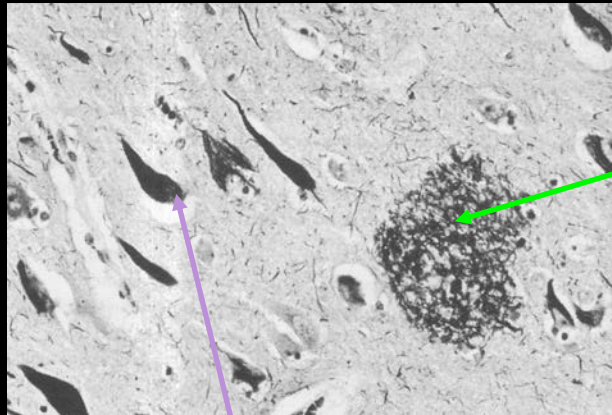
Clifford R. Jack, Jr.,^{a,*}, David A. Bennett^b, Kaj Blennow^c, Maria C. Carrillo^d, Billy Dunn^e,
Samantha Budd Haeberlein^f, David M. Holtzman^g, William Jagust^h, Frank Jessenⁱ,
Jason Karlawish^j, Enchi Liu^k, Jose Luis Molinuevo^l, Thomas Montine^m, Creighton Phelpsⁿ,
Katherine P. Rankin^o, Christopher C. Rowe^p, Philip Scheltens^q, Eric Siemers^r,
Heather M. Snyder^d, Reisa Sperling^s

Contributors[†]: Cerise Elliott, Eliezer Masliah, Laurie Ryan, and Nina Silverberg

**2018: Publication of a
novel research
framework – Alzheimer's
disease as a biological
disorder**

**34 years to move from a clinical diagnosis to a
biological model of AD**

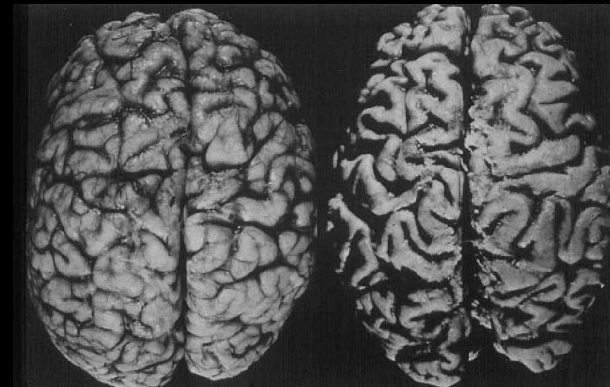
Alzheimer's Disease: Neuropathology



β -amyloid ($A\beta$)
Plaque pathology

Tau
Neurofibrillary Tangles

Brain atrophy is a sign of
neurodegeneration



Positron Emission Tomography



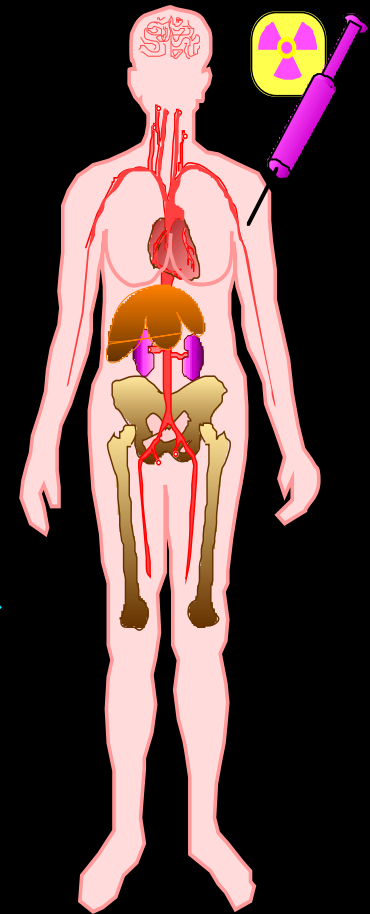
Cyclotron for production of short-lived radionuclides (C11, F18)

Central Radiopharmacy for F18



Fast Radiochemical synthesis of PET tracers

Injection into participant



PET Scan

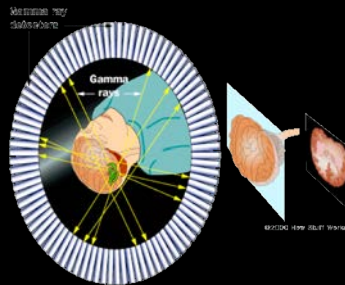
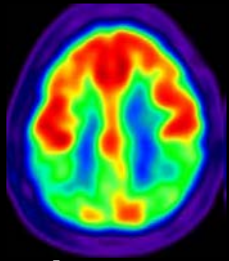


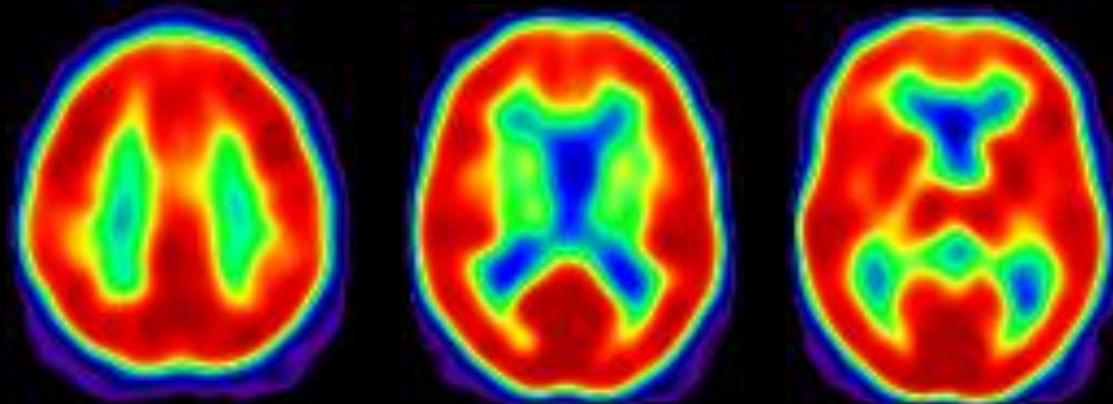
Image reconstruction and data analysis



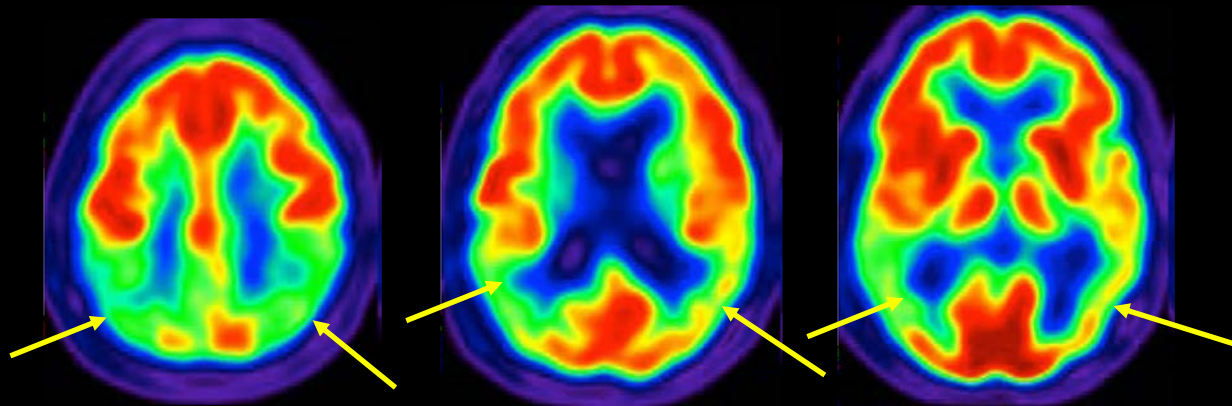
Fluorodeoxyglucose (FDG) – PET

Reduced glucose metabolism in Alzheimer's Disease likely reflects synaptic dysfunction

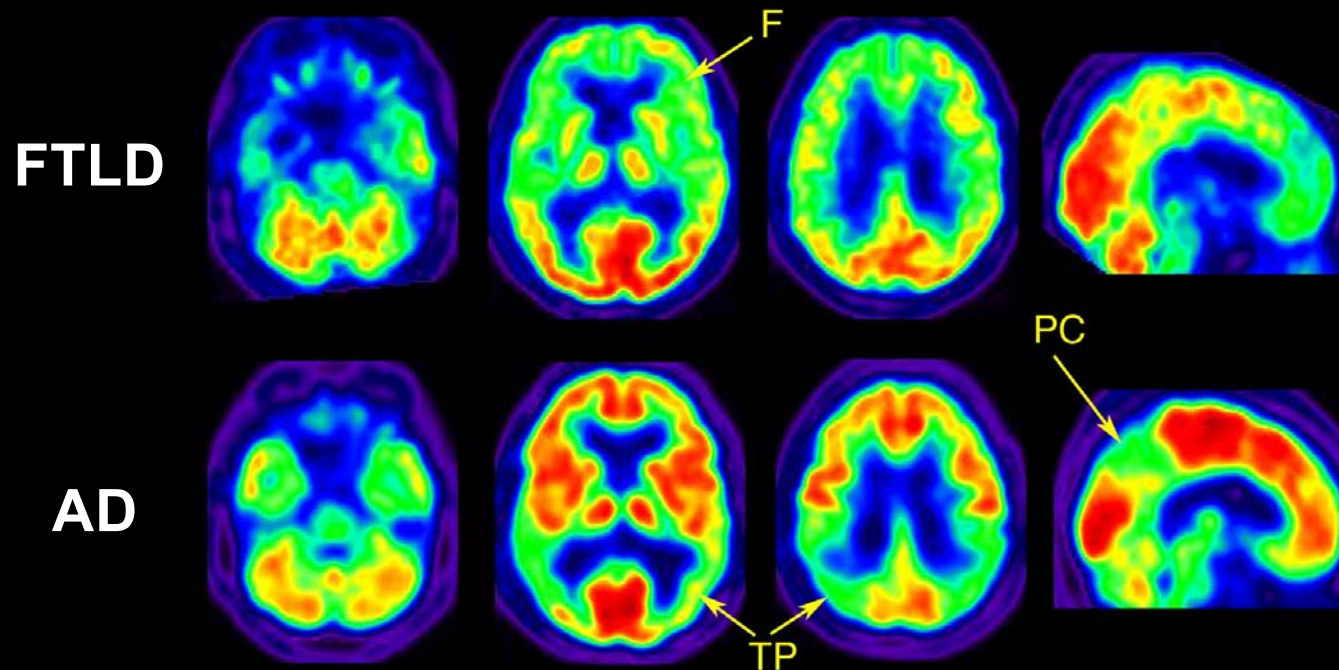
Normal



Alzheimer's Disease

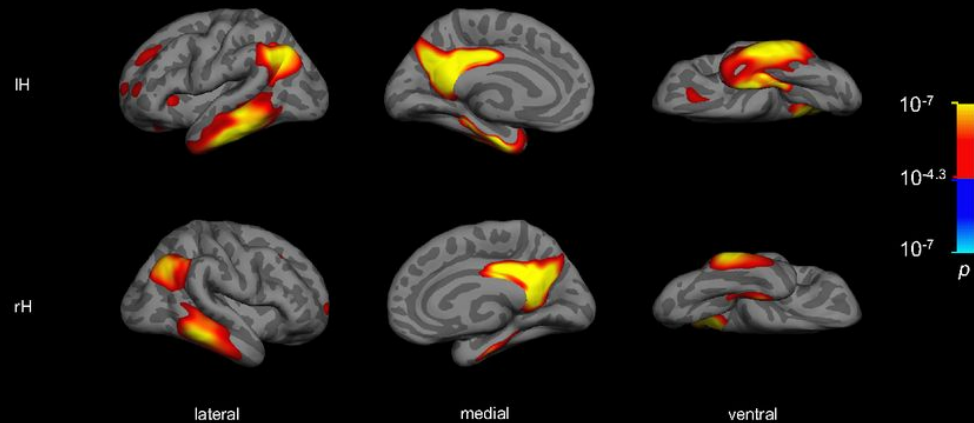


FDG-PET in Alzheimer's and FTLD



F = frontal cortex, TP = Temporoparietal cortex, PC = posterior cingulate/precuneus

Glucose Metabolism Declines in AD

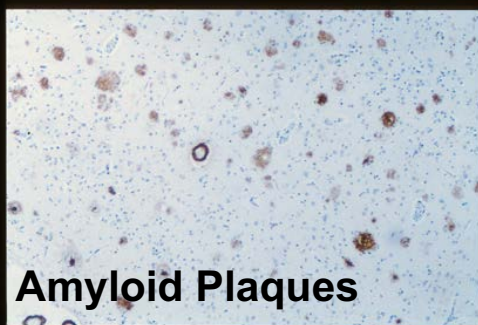


**Characteristic brain regions
affected in Alzheimer's
disease:**

**Medial parietal lobe, lateral
temporal/parietal cortex,
medial temporal lobe**

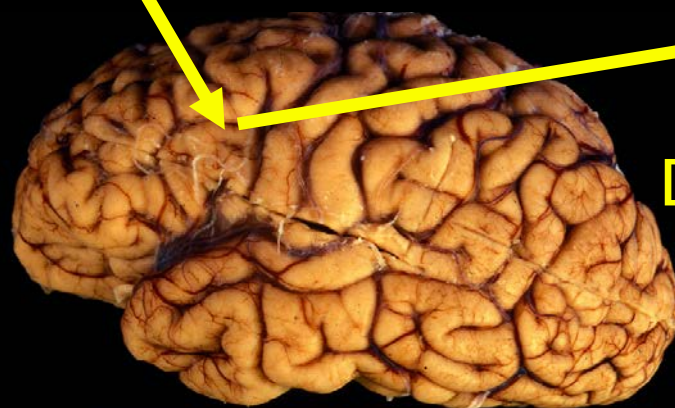
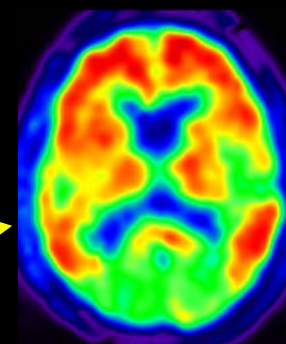
**Similar regional vulnerability
in structure and function**

In vivo Amyloid Imaging with Pittsburgh Compound B (PIB)

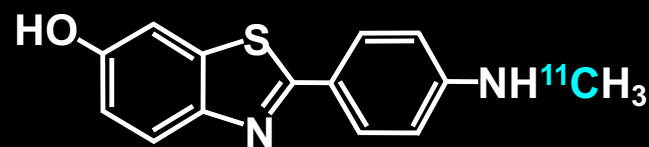


Histology - Thioflavin T

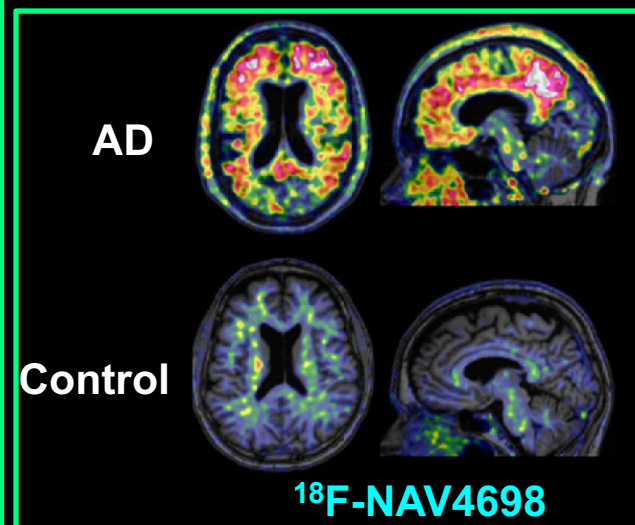
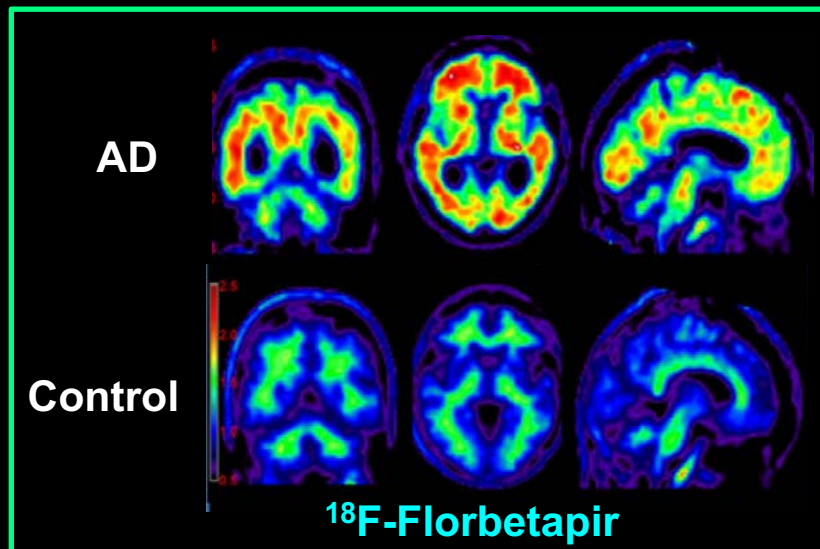
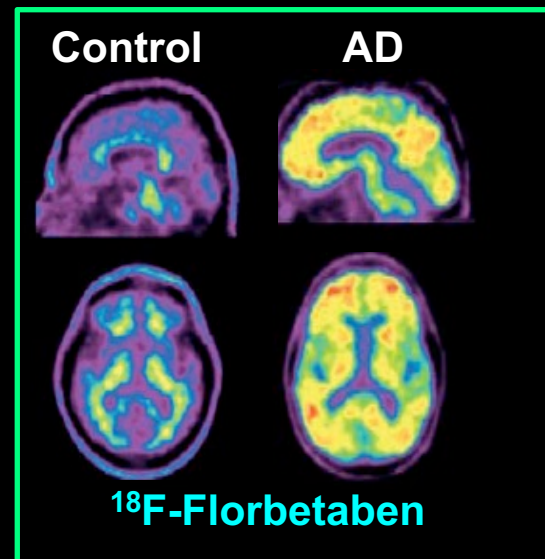
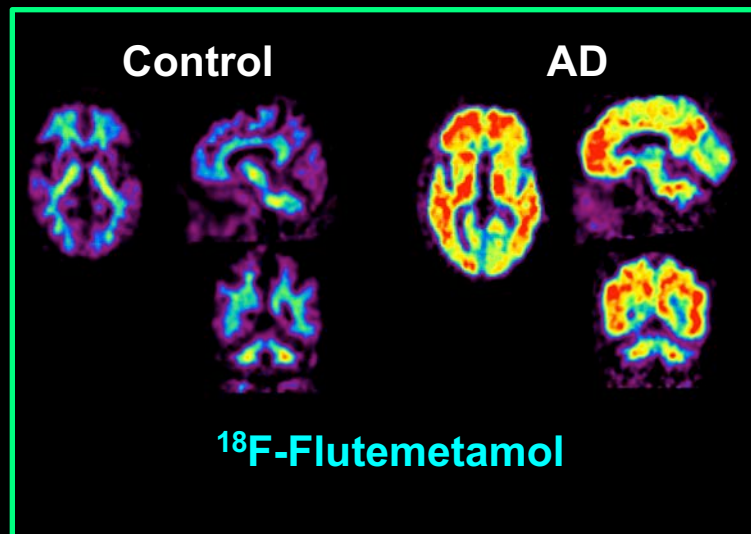
Fibrillar A β



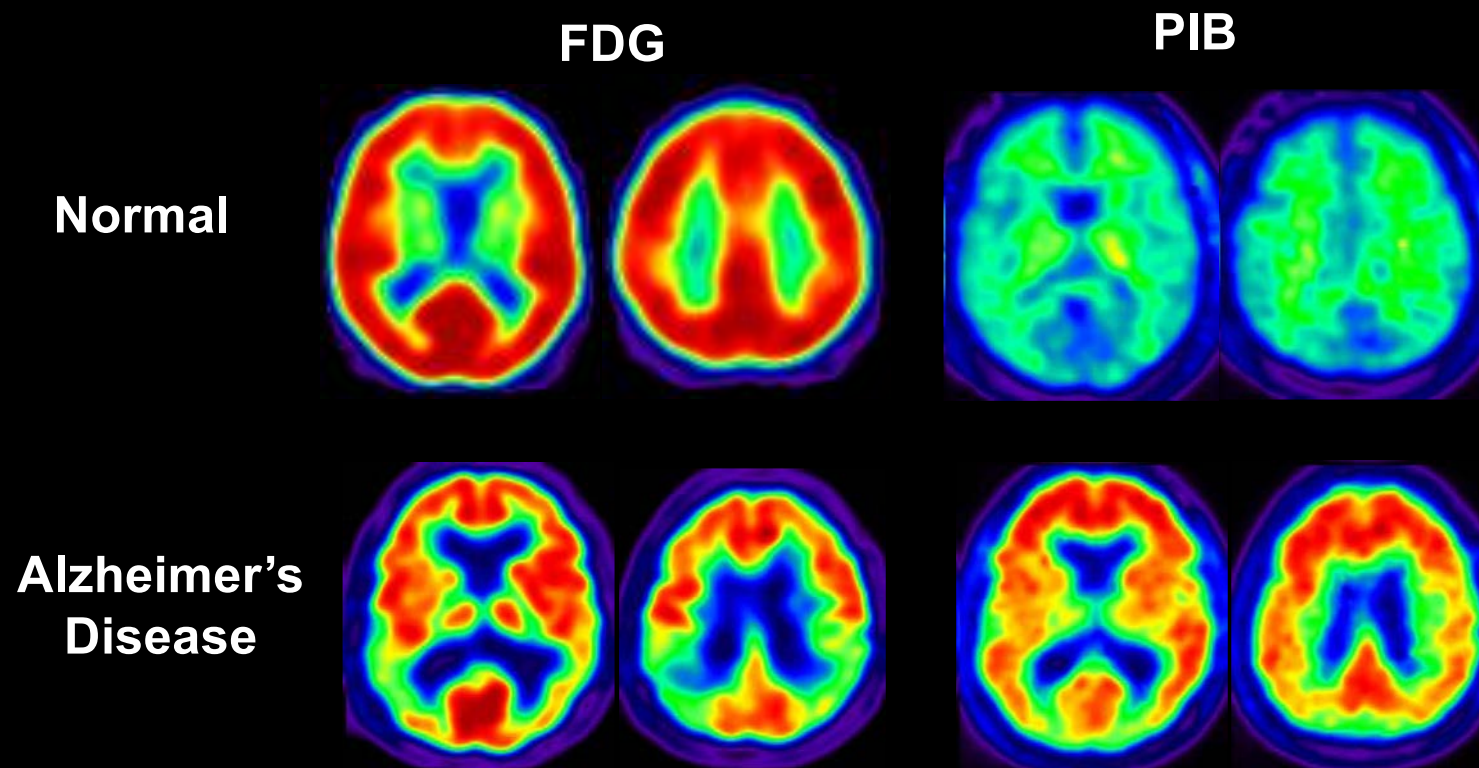
PET Imaging -
[^{11}C]6-OH-BTA-1 (PIB)



Chet Mathis and Bill Klunk, University of Pittsburgh



FDG (glucose metabolism) vs PIB (β -amyloid) Neurodegeneration vs Molecular Pathology



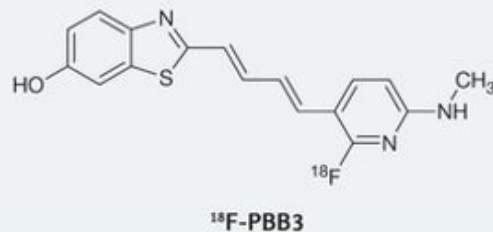
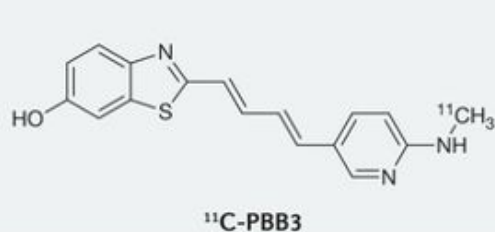
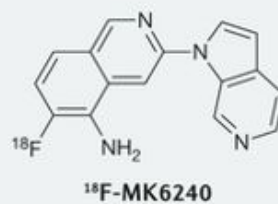
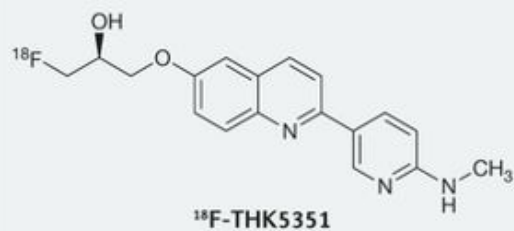
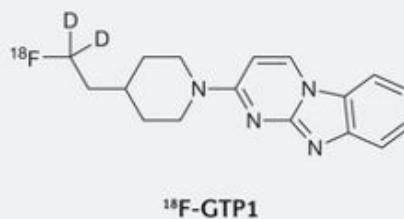
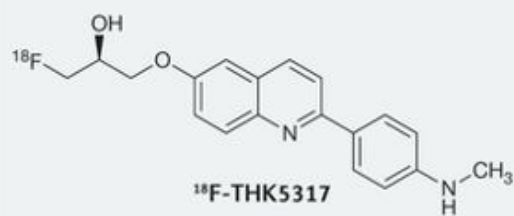
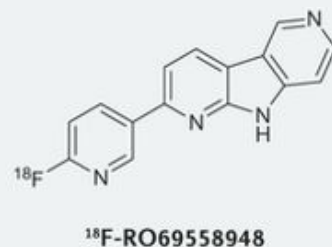
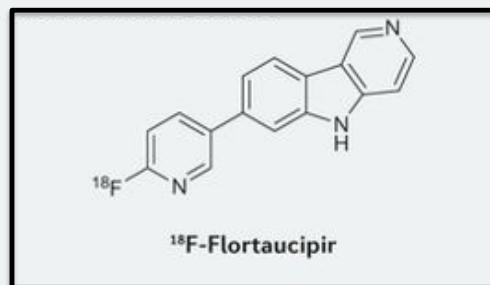
Molecular Biomarkers vs Neurodegeneration Biomarkers

Neurodegeneration

Indicative of brain damage
Non-specific (as to cause)
May be complex to interpret
Correlation with symptoms
**Questionable utility for
therapeutic testing**

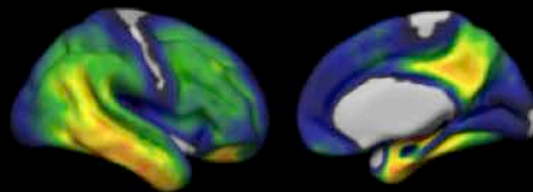
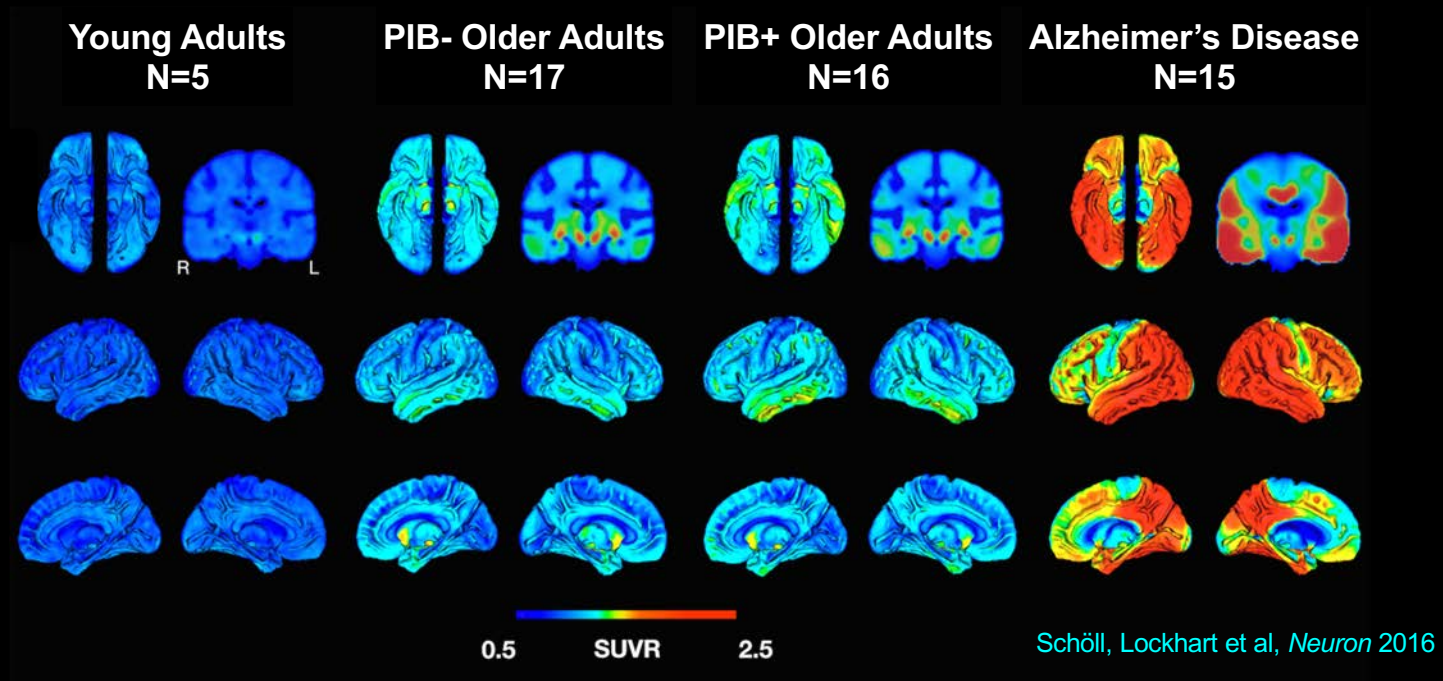
Molecular

Indicative of pathology
Specific
Relatively straightforward
**May or may not correlate
with symptoms**
**Should be useful for
therapeutic testing**



**Multiple tau
radiopharmaceuticals
are now available for
PET imaging**

Tau Imaging with Flortaucipir

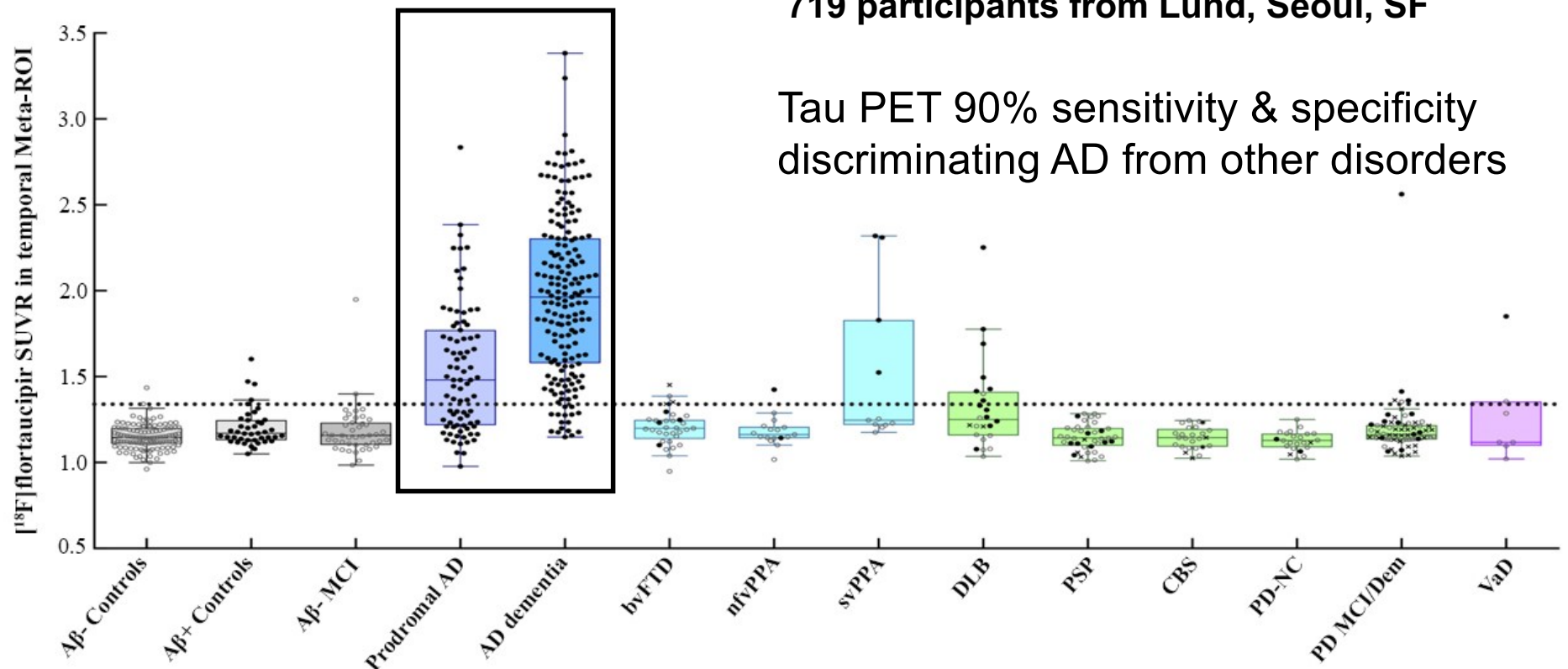


Topography of tau deposition in the AD continuum reflects Braak Pathological staging

Utility of Tau PET in Differential Diagnosis

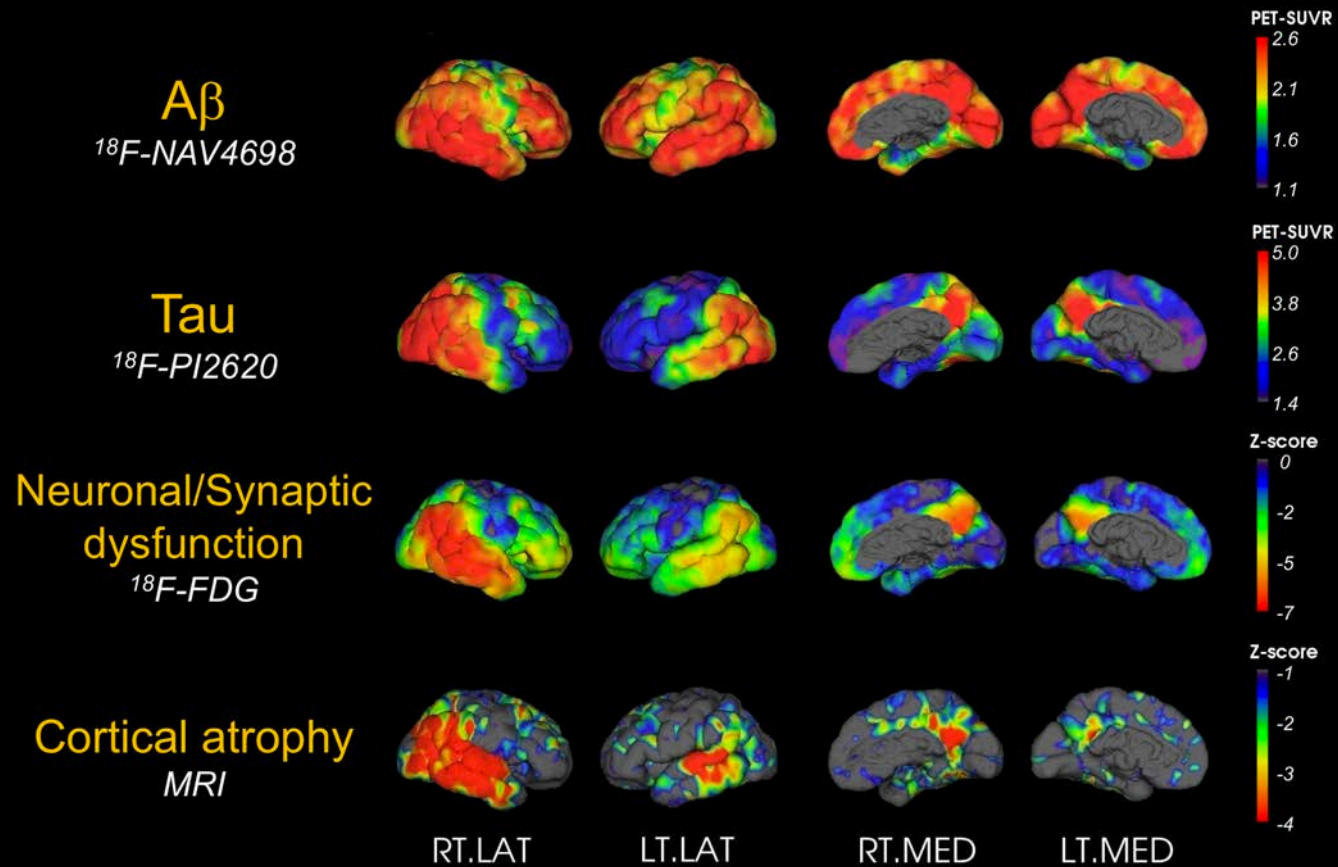
719 participants from Lund, Seoul, SF

Tau PET 90% sensitivity & specificity
discriminating AD from other disorders



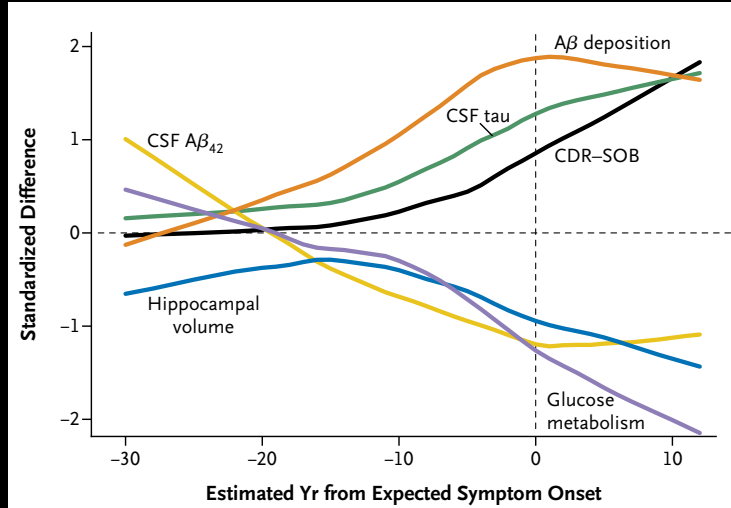
Ossenkoppele et al *JAMA* 2018

Biomarker Patterns: Similarities and Differences



Biomarker Measurement in Autosomal Dominant AD Supports the Amyloid Hypothesis

The Dominantly Inherited Alzheimer's Disease (DIAN) Study



Bateman et al, NEJM 2012

Cross-sectional data on biomarkers from autosomal dominant, symptomatic and asymptomatic family members

Because age-at-onset is preserved across generations, biomarker values in relation to age-at-onset can be calculated

Results show that the earliest biomarker change is elevation of $A\beta$ in brain, about 20 years before expected onset

The Amyloid Hypothesis: Amyloid deposition is the initiating event in AD, leading to NFTs-tau, brain degeneration, and dementia

NIA-AA Research Framework

Alzheimer's disease defined by 3 pathological processes: β -amyloid deposition (A), tau deposition (T), and neurodegeneration (N)

AT(N) profiles	Biomarker category	
A-T-(N)-	Normal AD biomarkers	
A+T-(N)-	Alzheimer's pathologic change	Alzheimer's continuum
A+T+(N)-	Alzheimer's disease	
A+T+(N)+	Alzheimer's disease	
A+T-(N)+	Alzheimer's and concomitant suspected non Alzheimer's pathologic change	
A-T+(N)-	Non-AD pathologic change	
A-T-(N)+	Non-AD pathologic change	
A-T+(N)+	Non-AD pathologic change	

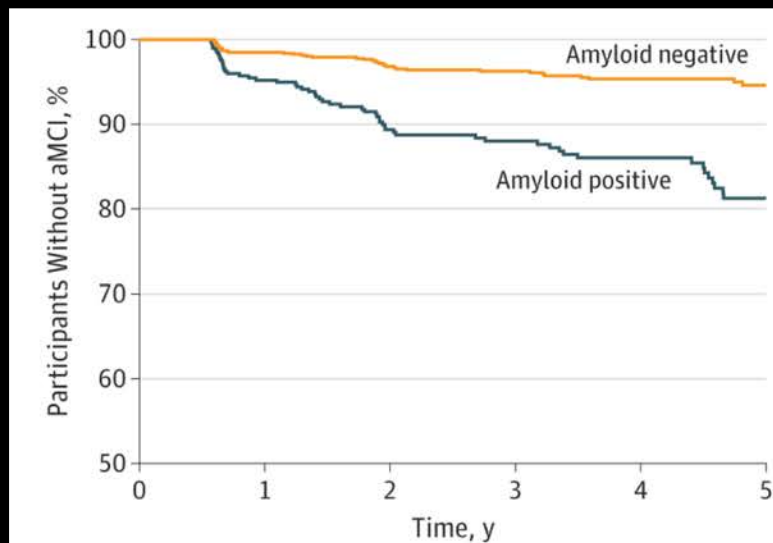
Alzheimer's Continuum:
Amyloid Positivity (A+)

Alzheimer's Disease:
Amyloid and tau positivity (A+T+)

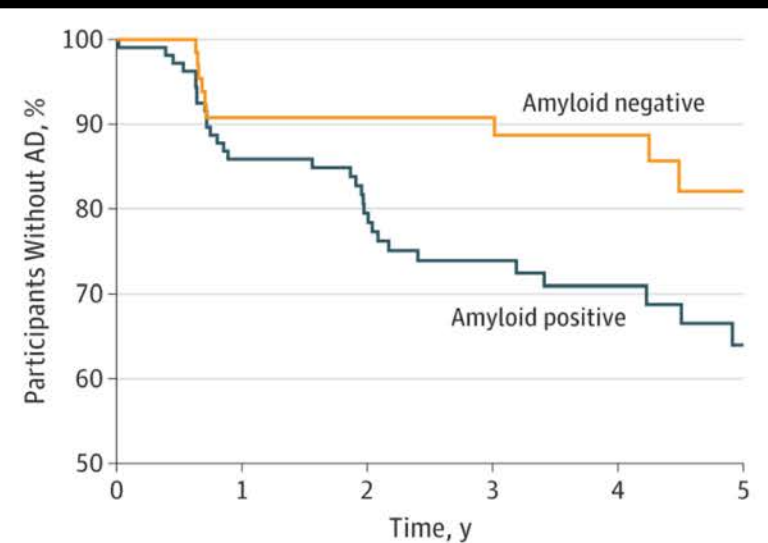
This is currently a framework meant only for research, not clinical care

Amyloid Status Predicts Clinical Conversion

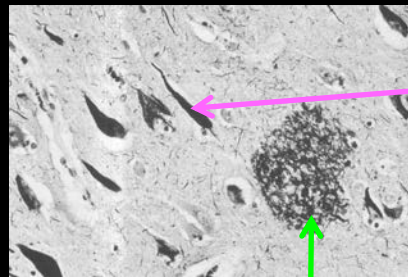
Normal → MCI conversion



MCI → AD conversion



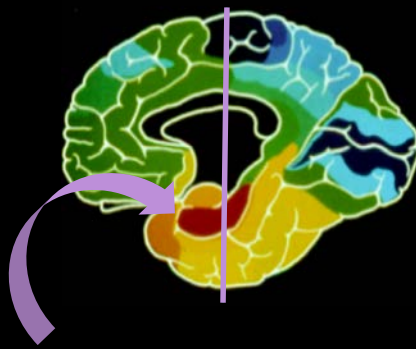
AD Neuropathology in Normal Cognitive Aging



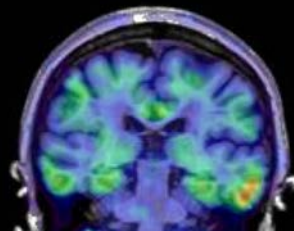
Neurofibrillary
Tangles (NFTs)
Tau Protein

β -amyloid plaques (A β)

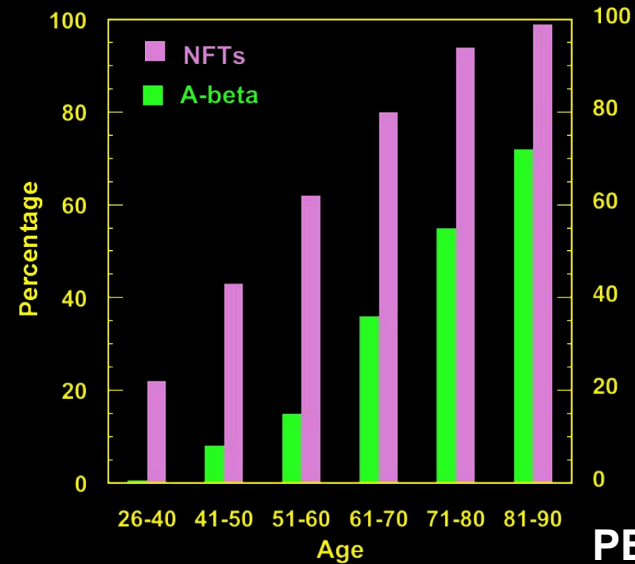
MRI: Neurodegeneration



Tau-NFTs in aging
accumulate in the medial
temporal lobe
(atrophy on MRI, tau with
PET)



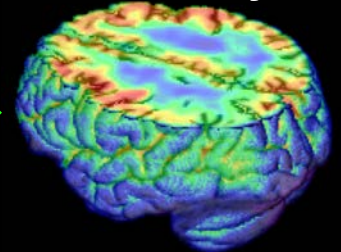
PET: Tau



PET: Amyloid

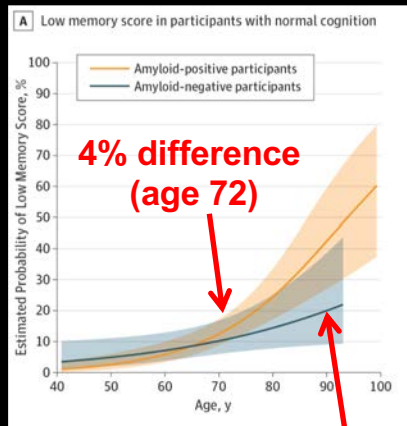


A β plaques appear diffusely
throughout the brain
(visible with PET)



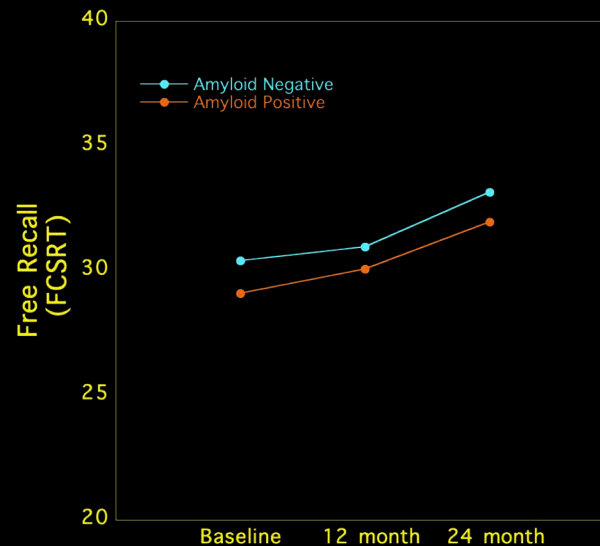
How Well Does A β Predict Cognition in Normal Aging?

Cross-sectional meta-analysis



N = 2908

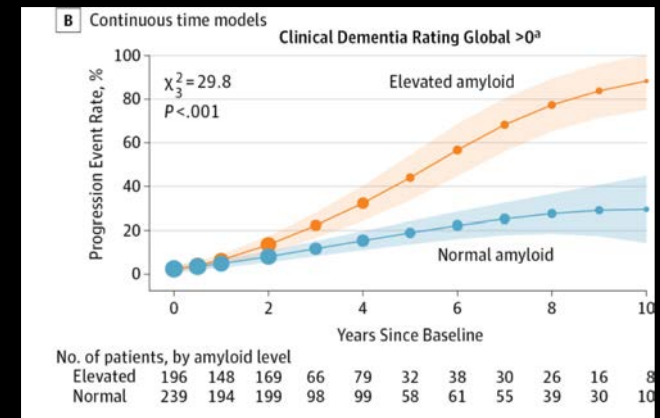
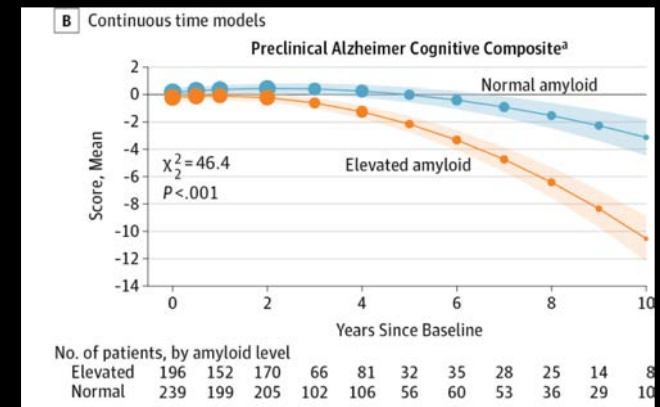
Jansen et al *JAMA Psychiatry*, 2018



No A β effect for: FCSRT, MMSE, Trails, Frontal Assessment Battery

N = 313

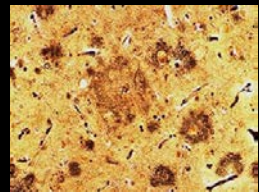
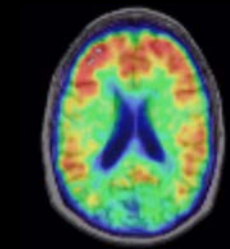
Dubois et al *Lancet Neurology* 2018



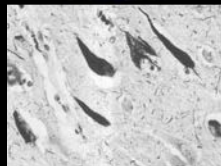
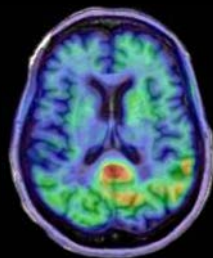
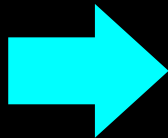
N = 445

Donohue et al *JAMA* 2017

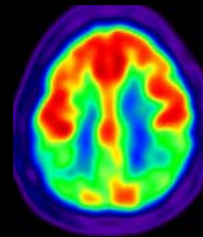
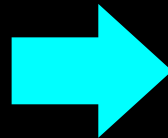
Weak!!



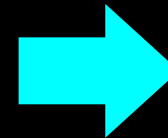
β -amyloid



Tau

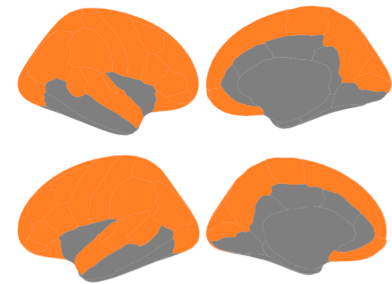
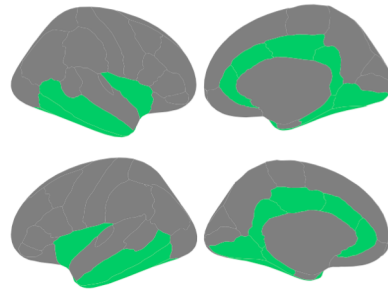
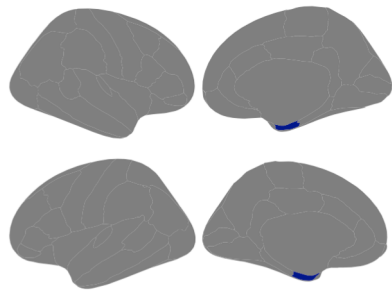
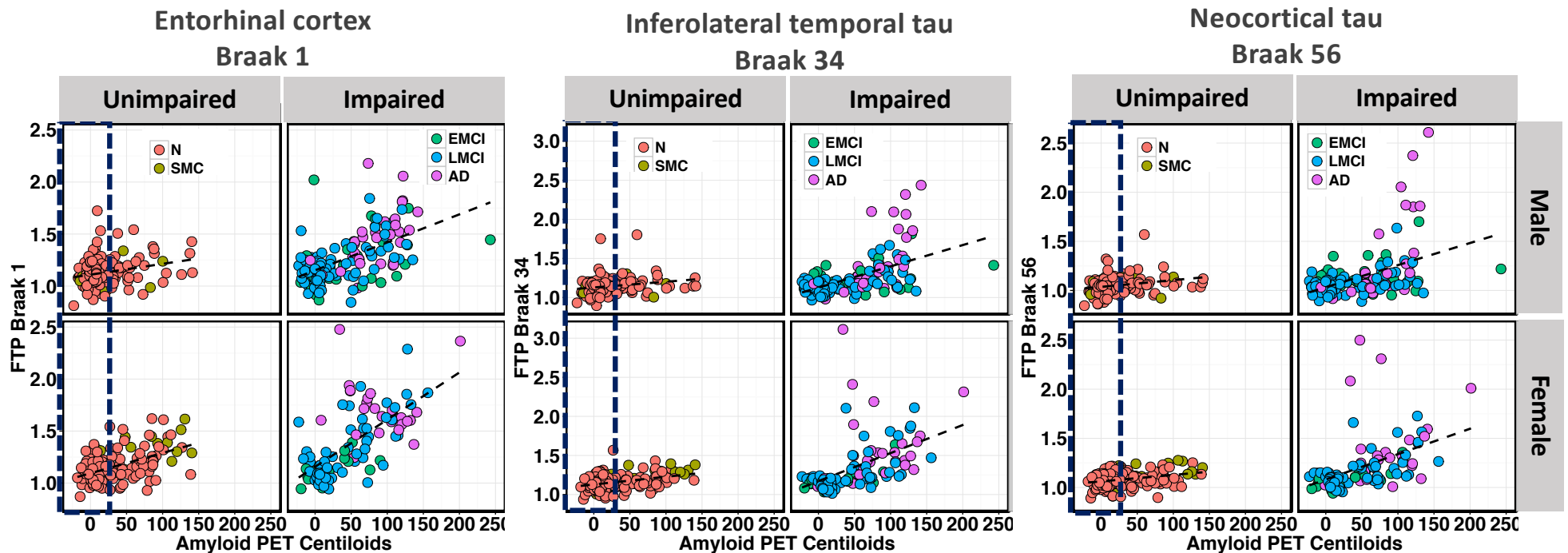


Neurodegeneration



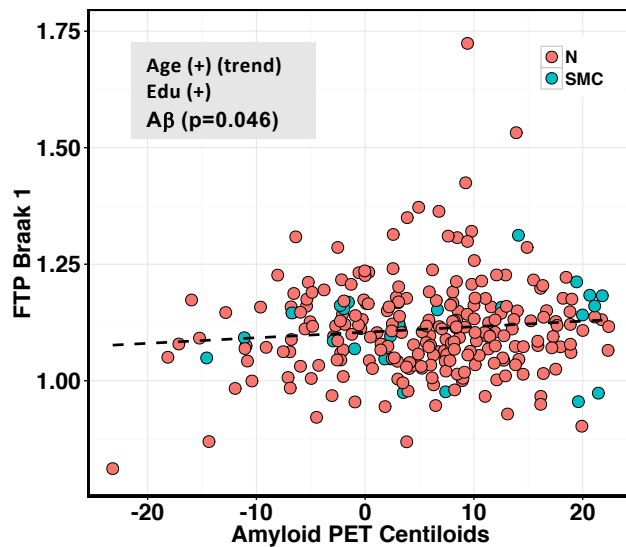
Amyloid (FBP/FBB) is Associated with Tau (FTP)

N = 646

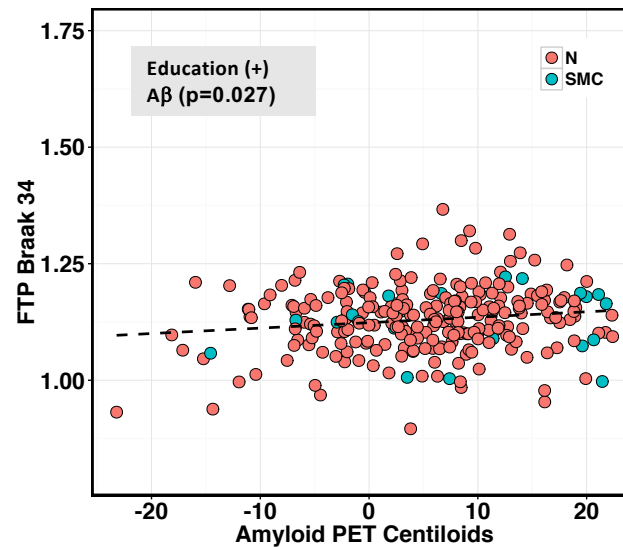


$A\beta$ within the Negative Range Affects FTP Control Subjects

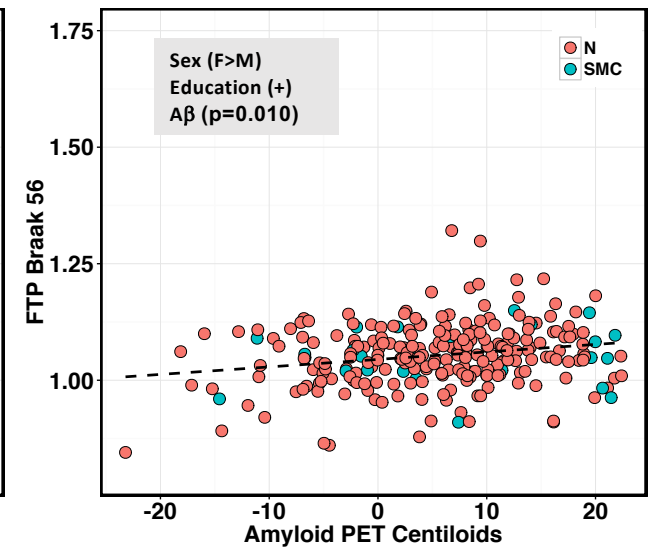
Entorhinal cortex
Braak 1



Inferolateral temporal tau
Braak 34

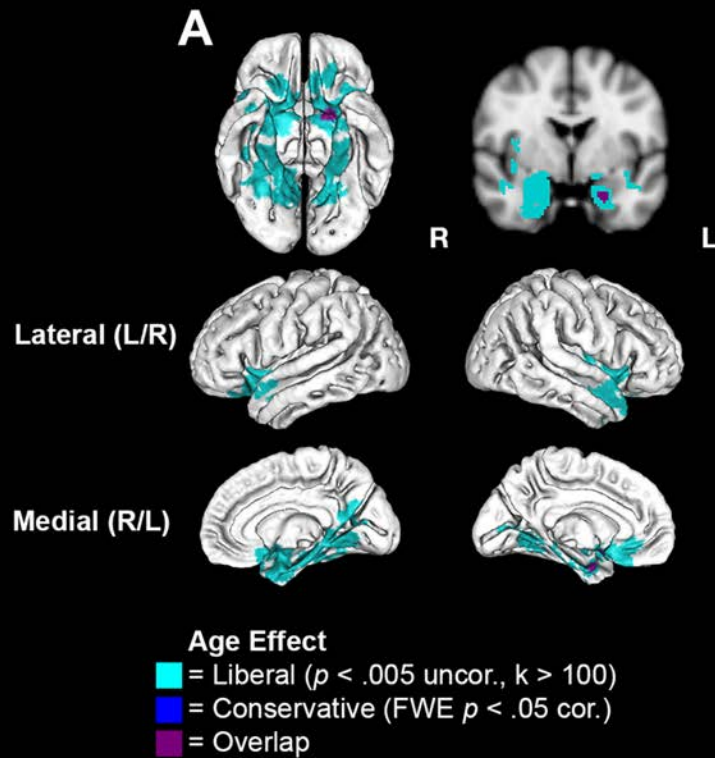


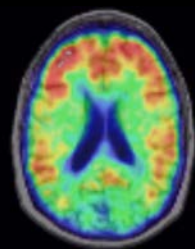
Neocortical tau
Braak 56



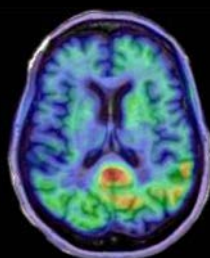
Predictors: Age, Sex, Edu, APOE4, FTP, $A\beta$ (continuous)

Age, A β , and tau associations among healthy elderly

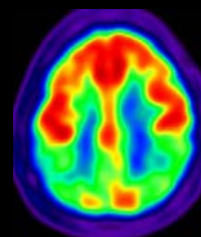




β -amyloid



Tau

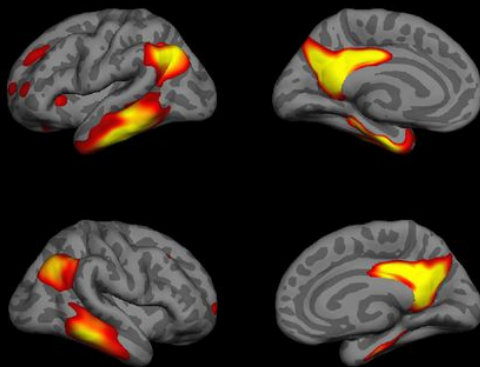


Neurodegeneration

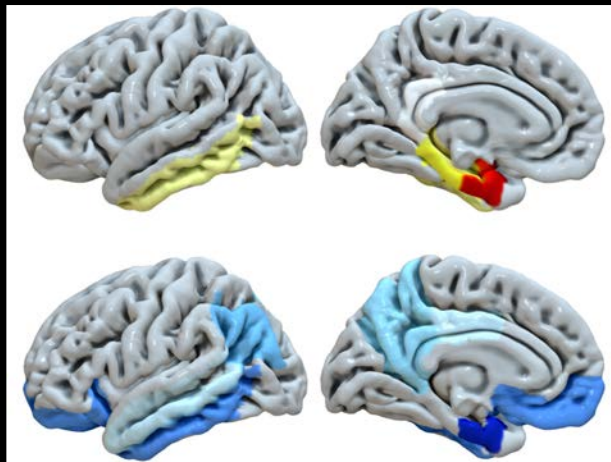


Medial Temporal Lobe tau is Associated with Reduced Glucose Metabolism in Amyloid+ Aging

Glucose Metabolism in AD



21 Cognitively normal amyloid positive older people (78 years)



Increases of tau
in MTL regions

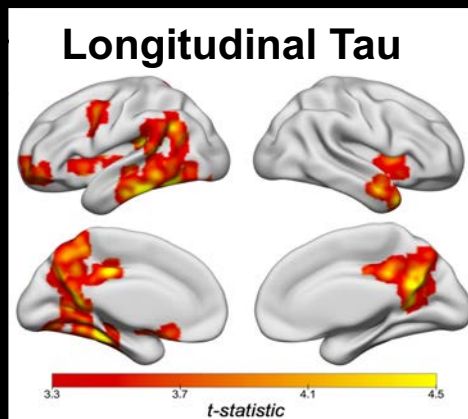
are associated with

decreases of FDG
in temporal, parietal, and
orbitofrontal regions

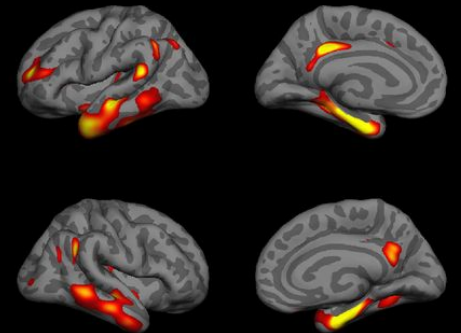
The hypometabolic brain regions reflect downstream neural targets in medial temporal lobe pathways and are also the brain regions affected by Alzheimer's disease

Tau Accumulates Over Time and Parallels Brain Atrophy in Cognitively Normal Older People

42 Cognitively normal adults followed for ~2 years



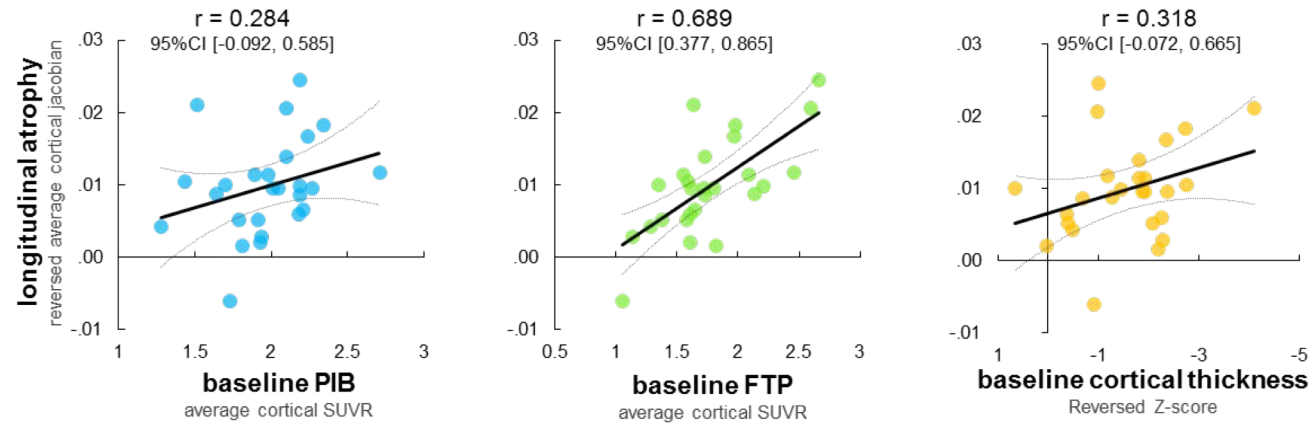
Cortical Thinning in AD



Baseline Tau Predicts Longitudinal Atrophy in AD

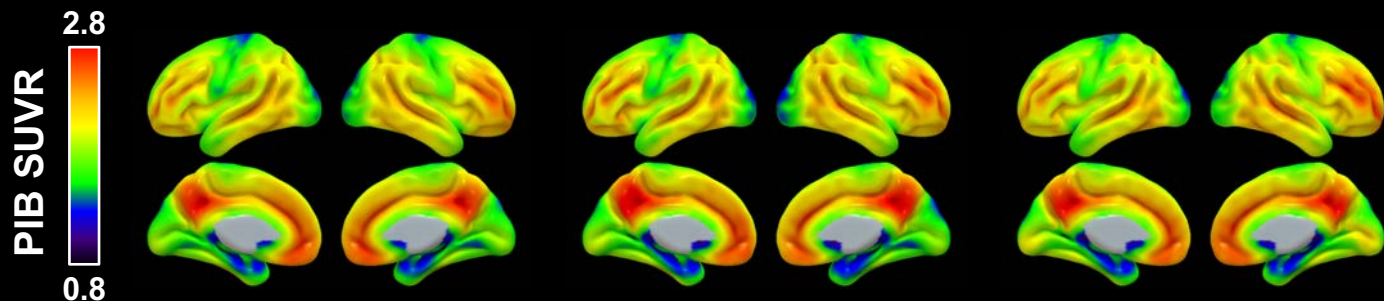
(N = 26 PIB+ AD)

A. Global associations



Tau Correlates with AD Phenotypes ($A\beta$ does not)

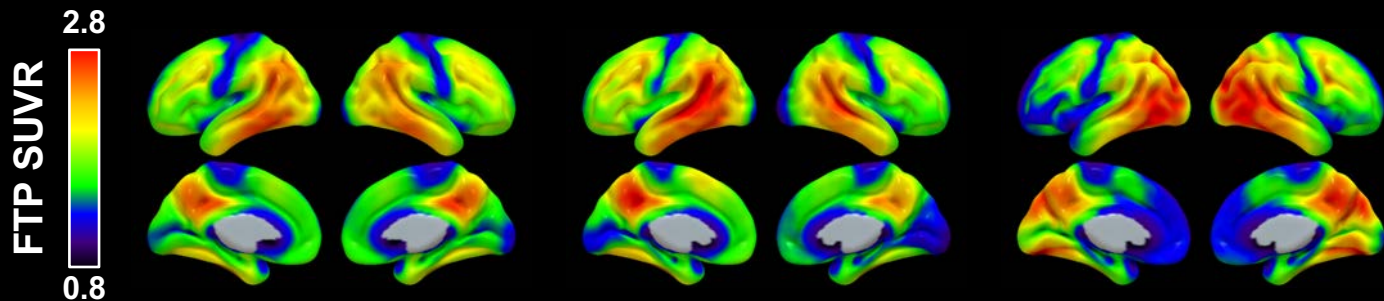
Marginal mean maps | centered for age (~65yo), CDR-SB (~4), and global cortical SUVR



AD
(N=60)

IvPPA
(N=19)

PCA
(N=18)

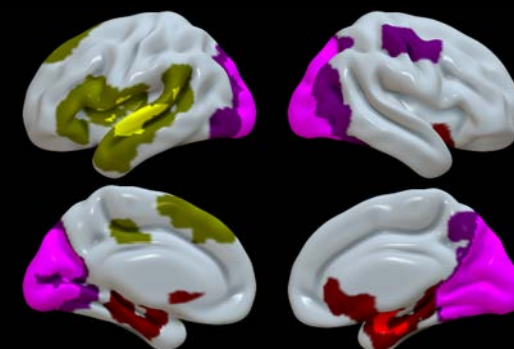


Group comparison

cov: age, CDR-SB + cortical SUVR



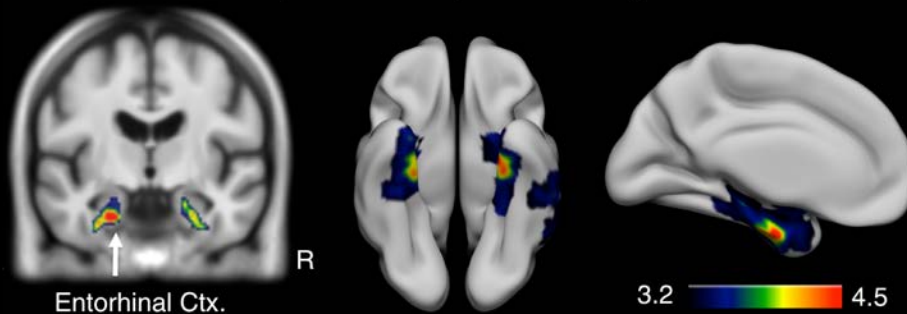
	$p_{unc} < 0.001$	$p_{FWE} < 0.05$
PCA > others		
IvPPA > others		
AD > others		



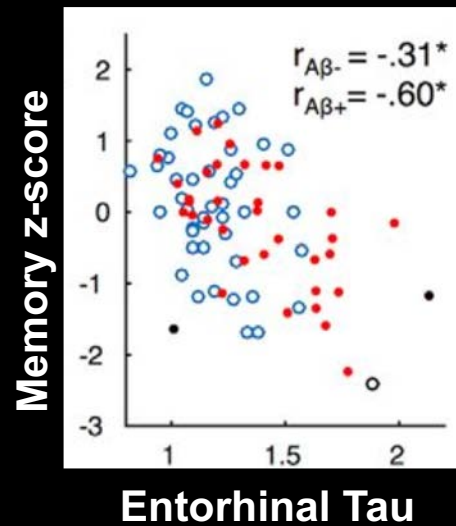
Renaud La Joie/Gil Rabinovici

Tau and Memory in Normal Older People

Episodic Memory vs. tau PET signal



Cognitively normal individuals with more tau in these brain regions (entorhinal cortex) show worse performance on memory tests

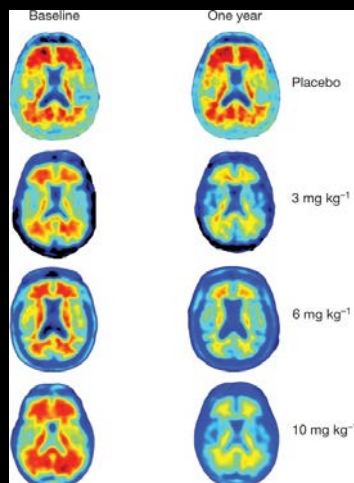


Clinical Trials:

Biomarkers for subject selection and target engagement

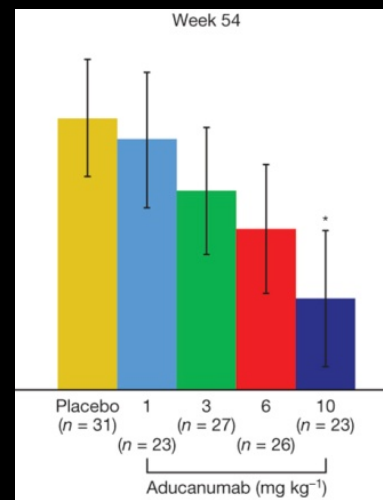
Aducanumab: Mild AD and MCI

Amyloid PET Scans:
Reductions in A β



Antibodies directed at β -amyloid lowered PET scan measurements after 26 and 54 weeks of treatment – dose effect

Cognitive Testing:
Dose-Related Improvement



Clinical benefit by 1-year: less cognitive decline with higher doses

The Future?

Therapeutic trials of amyloid lowering therapies

Asymptomatic people with genetic risks

Asymptomatic individuals with positive amyloid biomarkers

Other targets

Tau lowering therapies

Lifestyle interventions (POINTER study)

Biomarkers will play a major role in subject selection and treatment monitoring

Thanks



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Tau Consortium**