

Department of Epidemiology, School of Public Health and Community Medicine, University of Washington

NACC Neuropathology (NP) Data Form

(Version 9.1, September 2008)

NOTE: Version 9 is NOT the most current version of the NP form and is not to be used for autopsies conducted on or after January 27, 2014. For the current version of the form, please visit http://www.alz.washington.edu.

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NACC Neuropathology Data Form

Center:	Completed by:
1. MDS/UDS Patient ID	
2. Date form completed	month day year
3. Neuropath ID	
4. Gender	(M or F)
5. Age at death	years
6. Date of death	month day year
	ross or microscopic pathology (including any Alzheimer type plaques and neurofibrillary tangles)?

 \Box 2 No

(Note: For either response, items 8A through 24 must also be answered.)

Alzheimer's Disease. For all brains in which there is any degree of Alzheimer type pathology (ranging from a few senile plaques and neurofibrillary tangles to advanced Alzheimer's Disease), please indicate the nature of the pathology according to commonly used pathologic criteria.				
8A.				
	$(mark \square 1)$	<i>one box)</i> High likelihood of dementia being due to Alzheimer's disease		
		Intermediate likelihood of dementia being due to Alzheimer's disease		
		Low likelihood of dementia being due to Alzheimer's disease		
	4	Criteria not met		
	□ 5	Not done		
	□ 9	Missing/unknown		
8B.	CERAD	neuropathological criteria used:		
	(mark	one box)		
	□ 1	Definite Alzheimer's disease		
	\Box 2	Probable Alzheimer's disease		
	\Box 3	Possible Alzheimer's disease		
	4	Criteria not met		
	5	Not done		
	□ 9	Missing/unknown		
8C.	8C. ADRDA/Khachaturian neuropathological criteria used:			
	(mark	one box)		
	\Box 1	Alzheimer's disease		
	\Box 2	Criteria not met		
	□ 3	Not done		
	9	Missing/unknown		
8D.		r unspecified neuropathological criteria used (e.g., Tierney, etc.):		
		one box)		
	□ 1	Alzheimer's disease, unspecified		
	$\square 2$	Criteria not met		
	\Box 3	Not done		
	□ 9	Missing/unknown		

Neurofibrillary Pathology. For all brains in which topographic staging of neurofibrillary degeneration was done, please indicate the stage with a number from 1–7. If Braak staging was not done, use number 8.

9. Braak & Braak Neurofibrillary Stage.

(mark one box)

- □ 1 Stage I
- □ 2 Stage II
- □ 3 Stage III
- \Box 4 Stage IV
- □ 5 Stage V
- □ 6 Stage VI
- □ 7 Neurofibrillary degeneration not present
- \Box 8 Not assessed
- \Box 9 Missing/unknown

Plaque Score. For the most severely affected cortical region, please indicate the plaque score. Please use the Consortium to Establish a Registry of Alzheimer's Disease (CERAD) standards for sparse, moderate, and frequent.

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

(mark one box)

- \Box 1 Frequent neuritic plaques
- \Box 2 Moderate neuritic plaques
- \Box 3 Sparse neuritic plaques
- \Box 4 No neuritic plaques
- \Box 5 Not assessed
- \Box 9 Missing/unknown

11.	Diffuse plaques (plaques with non-companent neurites).	act amyloid and no apparent dystrophic
	(mark one box)	
	\Box 1 Frequent diffuse plaques	
	\Box 2 Moderate diffuse plaques	
	\Box 3 Sparse diffuse plaques	
	\Box 4 No diffuse plaques	
	\Box 5 Not assessed	
	□ 9 Missing/unknown	
12.	Is ischemic, hemorrhagic or vascular pat	hology present?
	(mark one box) \Box 1 Yes	
	\square 2 No	
	\Box 3 Not assessed	
	□ 9 Missing/unknown	
	(Note: Items 12A through 12L must also b	e answered.)
12A	Are one or more large artery cerebral infa	arcts present?
	(mark one box)	
	\Box 1 Yes	
	\Box 2 No	
	\Box 3 Not assessed	
	□ 9 Missing/unknown	
12B	Are one or more cortical microinfarcts (ir (mark one box)	ncluding "granular atrophy") present?
	\square 1 Yes	
	□ 2 No	
	\Box 3 Not assessed	
	9 Missing/unknown	
		CONTINUE with 12C on the next page.

12C. Are one or more	lacunes (small artery infarcts and/or hemorrhages) present?
(mark one box)	
\Box 1 Yes	
□ 2 No	
\Box 3 Not asse	ssed
\Box 9 Missing/	/unknown
-	Itiple hemorrhages present?
(mark one box)	
\Box 1 Yes	
□ 2 No	
\Box 3 Not asse	ssed
\Box 9 Missing/	/unknown
12E. Is subcortical art	teriosclerotic leukoencephalopathy present?
(mark one box)	
\Box 1 Yes	
□ 2 No	
\Box 3 Not asse	ssed
\Box 9 Missing/	/unknown
12F. Is cortical lamina	ar necrosis present?
(mark one box)	
\Box 1 Yes	
□ 2 No	
\Box 3 Not asse	ssed
\Box 9 Missing/	/unknown
12G. Is medial tempor	al lobe sclerosis (including hippocampal sclerosis) present?
(mark one box)	
\Box 1 Yes	
□ 2 No	
\Box 3 Not asse	ssed
□ 9 Missing/	unknown CONTINUE with 12H on the next page
L	

12H. Is ather	rosclerotic vascular pathology (of the circle of Willis) present?
(mark	one box)
□ 1	None
\Box 2	Mild
□ 3	Moderate
□ 4	Severe
□ 5	Not assessed
□ 9	Missing/unknown
12I. Is arter	iosclerosis (small parenchymal arteriolar disease) present?
(mark	one box)
	None
□ 2	Mild
□ 3	Moderate
□ 4	Severe
□ 5	Not assessed
□ 9	Missing/unknown
12J. Is amyl	oid angiopathy present?
(mark	one box)
□ 1	None
□ 2	Mild
□ 3	Moderate
□ 4	Severe
□ 5	Not assessed
□ 9	Missing/unknown
12K. Is anot	her type of angiopathy (e.g., CADASIL or arteritis) present?
(mark	one box)
\Box 1	Yes
□ 2	No
□ 3	Not assessed
□ 9	Missing/unknown
	CONTINUE with 12L on the next page

12L. Is there other pathology related to ischemic or vascular disease not previously specified present?				
(mark	one box)			
\Box 1	Yes			
\Box 2	No			
	Not assessed			
□ 9	Missing/unknown			

Lewy Body Pathology. For all brains in which Lewy bodies are detected, indicate the presence and distribution of Lewy-related pathology. This classification is independent of the clinical presentation, which may be variable and include Parkinsonism, dementia, psychosis, sleep disorders, etc.

13A. Pathology is consistent with criteria of Consortium on Dementia with Lewy Bodies for: (select only one) □ 1 Lewy body pathology, brainstem predominant type □ 2 Lewy body pathology, intermediate or transitional (limbic) type \Box 3 Lewy body pathology, diffuse (neocortical) type □ 4 Lewy body pathology, unspecified or not further assessed \Box 5 No Lewy bodies 6 Not assessed \Box 9 Missing/unknown 13B. Likelihood that DLB Clinical Syndrome due to DLB Pathology: (select only one) 1 Low 2 Intermediate \Box 3 High \Box 6 N/A (not applicable)

 \Box 9 Missing/unknown

commonly hav cortical and sul	ral Degenerations (FTD). Use this for non-Alzheimer degenerative disorders that e the brunt of cortical changes in frontal and temporal lobes, but may involve other bcortical regions and have variable clinical presentations, including frontal lobe ressive aphasia, progressive apraxia, etc.
14A. Pick's Di	sease:
(mark o	one box)
	Yes
\Box 2	No
□ 3	Not assessed
□ 9	Missing/unknown
14B. Corticob	asal degeneration:
(mark o	one box)
	Yes
□ 2	No
□ 3	Not assessed
□ 9	Missing/unknown
14C. Progress	sive supranuclear palsy:
(mark o	one box)
	Yes
\Box 2	No
□ 3	Not assessed
□ 9	Missing/unknown
14D. Frontote	mporal dementia and Parkinsonism with tau-positive or argyrophilic inclusions:
(mark o	one box)
□ 1	Yes
□ 2	No
□ 3	Not assessed
□ 9	Missing/unknown
	CONTINUE with 14E on the next page.

14E. Tauopathy, other (e.g., tangle-only dementia and argyrophilic grain dementia):		
(mark one box)		
□ 1	Yes	
□ 2	No	
□ 3	Not assessed	
□ 9	Missing/unknown	
14F. FTD wit	th ubiquitin-positive (tau-negative) inclusions:	
(mark	one box)	
□ 1	FTD with motor neuron disease	
□ 2	FTD without motor neuron disease	
□ 3	None present	
□ 4	Not assessed	
□ 9	Missing/unknown	
14G. Is there FTD with no distinctive histopathology (tau-negative, ubiquitin-negative, and no argyrophilic inclusions)?		
argyro		
argyroj (mark	bhilic inclusions)?	
argyroj (mark	one box)	
argyrop (mark □ 1	one box) Yes	
argyrop (mark □ 1 □ 2	one box) Yes No	
argyrop (mark 1 2 3 9 14H. Was FT not dor	one box) Yes No Not assessed Missing/unknown D "not otherwise specified" present (e.g., "immunostaining for ubiquitin and tau	
argyrop (mark 1 2 3 9 14H. Was FT not dor	one box) Yes No Not assessed Missing/unknown D "not otherwise specified" present (e.g., "immunostaining for ubiquitin and tau	
argyrop (mark 1 2 3 9 14H. Was FT not dor	one box) Yes No Not assessed Missing/unknown D "not otherwise specified" present (e.g., "immunostaining for ubiquitin and tau	
argyrop (mark 1 2 3 9 14H. Was FT not dor	one box) Yes No Not assessed Missing/unknown D "not otherwise specified" present (e.g., "immunostaining for ubiquitin and tau he")? one box)	
argyrop (mark 1 2 3 9 14H. Was FT not dor (mark 1	one box) Yes No Not assessed Missing/unknown D "not otherwise specified" present (e.g., "immunostaining for ubiquitin and tau he")? one box) Yes	

Prion-related Disorders:				
15A. Is Creutzfeldt-Jakob disease or variant CJD present?				
(mark one box)				
\Box 1 Yes				
\Box 2 No				
\Box 3 Not assessed				
□ 9 Missing/unknown				
15B. Are other prion diseases present (e.g., Gerstmann-Straussler syndrome)?				
(mark one box)				
\Box 1 Yes				
\Box 2 No				
\Box 3 Not assessed				
□ 9 Missing/unknown				
Other Major Pathologic Disorders (e.g., infectious, immunologic, metabolic, neoplastic, toxic or degenerative).				
16A. Are other major pathologic disorders present (not addressed by questions 8–15)?				

	-	-	-	-	
(mark one	box)			

- \Box 1 Yes
- □ 2 No
- \Box 3 Not assessed
- Missing/unknown □ 9

SKIP: If 2, 3 or 9, go to #17A.

16B. If 16A is yes, specify below (one disorder per line):		
]	1	
2	2	
	3	

followin	history information relevant to neuropathologic diagnosis. Choose one of the ag categories that most accurately describes the family information available: <i>one box</i>)
	Family history of similar neurodegenerative disorder
\Box 2	Family history of other (dissimilar) neurodegenerative disorder
	No family history of similar or dissimilar neurodegenerative disorder
□ 4	Family history of both similar and dissimilar neurodegenerative disorder
□ 9	Family history unknown/not available/missing
SKIP: Į	f 1, 3 or 9, go to #18A.
17B. If 17A is	s 2 or 4, specify disorder:
	ants or Polymorphisms. For each of the following three common genetic variants or ns, choose the patient's genotype, if known; select "not available or not assessed" if
18A. Apolipo	protein-E:
	one box)
\Box 1	e3, e3
\Box 2	e3, e4
	e3, e2
□ 4	e4, e4
□ 5	e4, e2
□ 6	e2, e2
□ 9	Missing/unknown/not assessed
18B. Tau hap (<i>mark</i>	one box)
\Box 1	H1, H1
\Box 2	H1, H2
	H2, H2
□ 4	Other polymorphism (e.g., A0)
□ 9	Missing/unknown/not assessed
	CONTINUE with 18C on the next page.

18C. PRNP	codon	129:
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(mark one box)

- □ 1 M, M
- □ 2 M, V
- □ 3 V, V
- 9 Missing/unknown/not assessed

19.	Genetic or chromosomal abnormalities. Choose below the <u>one</u> known genetic or
	chromosomal abnormality that best describes the subject:

(mark one box)

- \Box 1 APP mutation
- \Box 2 PS1 mutation
- \Box 3 PS2 mutation
- \Box 4 Tau mutation
- \Box 5 α -Synuclein mutation
- \Box 6 Parkin mutation
- \Box 7 PRNP mutation
- \Box 8 Huntingtin mutation
- 9 Notch 3 mutation (CADASIL)
- □ 10 Other known genetic mutation (e.g., ABri, neuroserpin)
- \Box 11 Down syndrome
- \Box 12 Other chromosomal abnormality
- \Box 13 No known genetic or chromosomal abnormality
- \Box 50 Not assessed
- □ 99 Missing/unknown

20.	to be resp	onsible for	and contributing pathologic diagnoses or features which you judge the subject's cognitive status? diagnosis as "primary"; any number may be marked as "contributing".
	Primary	<u>Contributing</u>	
	□ A1	\Box A2	Normal brain (NC)
	□ B1	□ B2	AD pathology present but insufficient for AD diagnosis
	\Box C1	\Box C2	Alzheimer disease (AD)
	□ D1	\Box D2	Lewy body disease, with or without AD
	□ E1	\Box E2	Vascular disease
	□ F1	□ F2	FTLD
	□ G1	\Box G2	Hippocampal sclerosis
	□ H1	\Box H2	Prion-associated disease
	□ I1	□ I2	Other (specify):
	□ J1	□ J2	Other (specify):
	□ K1	□ K2	Other (specify):

Brain Tissue and Post Mortem CSF. Use this section to record information related to the storage and accessibility of brain tissue and post mortem CSF at your Center.

21. Is banked frozen brain tissue accessible?

(mark one box)

- \Box 1 Yes
- □ 2 No

22. Is formalin-fixed brain tissue accessible?

(mark one box)

- \Box 1 Yes
- □ 2 No

23.	-	affin-embedded blocks of brain tissue accessible?
	\Box 1	Yes
	\Box 2	No
24.	ls banke	ed postmortem cerebrospinal fluid (CSF) accessible?
24.		ed postmortem cerebrospinal fluid (CSF) accessible?
24.	(mark o	