

Alzheimer's Disease Neuroimaging Initiative Neuropathology Core

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Low CDR 0

High CDR 0



Distribution of Pittsburgh Compound-B (PIB) in three subjects as viewed by positron emission tomography (PET) and magnetic resonance (MR) images.

(Fagan AM, et al. Ann Neurol 2006;59:512-9)





Convergence and hypothetical relationships across molecular, structural, and functional measures



(Buckner RL, et al. J Neurosci 2005;25:7709-17)



ADNI Neuropathology Core

Rationale:

- Neuropathological examination is essential to validate the clinical diagnoses in the ADNI study groups (normal=200; MCI=400; mild AD=200).
- Variability in methods and interpretation of lesions among individual neuropathologists require a central laboratory, using state-of-the-art methods and current criteria, to establish uniform and standard neuropathological diagnoses.
- Clinical-neuroimaging-neuropathological correlations in any ADNI participant who comes to autopsy will be of exceptional value.
- The archiving of fixed and frozen brain tissue will facilitate biomarker studies of the earliest stages of AD.



Predicted Minimum Number of Deaths and Autopsies During ADNI-NPC Study Period

Clinical Staging	Normal CDR = 0	MCI/ CDR = 0.5	DAT/ CDR = 1	Total
No. participants	200	400	200	800
Conservative annual death rate (%)	1%	1%	5%	-
Predicted deaths in 5 years	10	20	50	80
Predicted autopsies in 5 years	5	10	25	40

CDR, Clinical Dementia Rating; MCI, Mild Cognitive Impairment; DAT, dementia of Alzheimer type



Administrative Structure

ADNI Executive Committee

- Michael Weiner, UC San Francisco
- Arthur Toga, UC Los Angeles
- Laurel Beckett, UC Davis
- William Jagust, UC Berkeley
- John Trojanowski, Univ. of Pennsylvania
- Ron Thomas, UC San Diego
- Clifford Jack, Mayo Clinic
- Peter Snyder, Industry (Pfizer)
- Ron Petersen, Mayo Clinic

ADNI Neuropathology Core Tissue Committee

- John Morris, Washington University
- Nigel Cairns, Washington University
- Eileen Bigio, Northwestern University
- Dennis Dickson, Mayo Clinic
- John Trojanowski, Univ. of Pennsylvania





Specific Aims

- 1. Provide and implement training materials and protocols to assist clinicians at ADNI sites in obtaining voluntary consent for brain autopsy in ADNI participants.
- 2. Establish a central laboratory to provide uniform neuropathological assessments in all autopsied ADNI participants and promote clinical-neuroimaging-neuropathological correlations.
- 3. Maintain state-of-the-art resource for fixed and frozen brain tissue obtained from autopsied ADNI participants to support biomarker studies.
- 4. Interact with ADNI's data Co-ordinating Center to assure appropriate entry of ADNI-NPC data into ADNI database, promote data sharing and collaborative research, and integrate ADNI-NPC with all ADNI components to support administration and operations.



Provide and implement training documents and protocols in obtaining voluntary consent for brain autopsy in ADNI participants

 Use documents and protocols developed at Washington University ADRC

Clinician-led discussion at initial assessment
Convey importance/value of autopsy
Consideration of participant's wishes
Address questions, misconceptions or concerns
Support materials available at https://adni.ucsd.edu



Obtaining Autopsy Consent





ADNI Sites

- Identify/establish autopsy co-ordinator;
- Process consent;
- Develop/implement autopsy procedures;
- Notify ADNI-NPC of death;
- Send required tissue samples to ADNI-NPC.

ADNI-NPC

- Provide training to sites;
- Offset costs of body transportation, autopsy procedure, and shipment of materials;
- Available via radiopager 24/7.



ADNI Site Autopsy Consent Rates





To provide central, uniform neuropathologic diagnoses to validate clinical assessments

Why necessary?

CERAD and BrainNet Europe both found significant intercenter variation in methods of tissue preservation, processing, staining, antigen retrieval, and different antibodies to demonstrate molecular neuropathology.

ADNI-NPC Workflow







Tissue for Quality Control and Research

Frozen tissue : Coronal slices/blocks

- Frontal lobe to include striatum
- Frontal and temporal lobe at the level of the mamillary body
- Temporal and parietal lobes at the level of the lateral geniculate nucleus
- Occipital lobe to include calcarine sulcus

Protocol at https://adni.ucsd.edu

16 Standard Paraffin Wax Blocks/ Sections

- Middle frontal gyrus
- Superior and middle temporal gyri
- Inferior parietal lobe
- Occipital lobe
- Anterior cingulate gyrus
- Posterior cingulate gyrus and precuneus
- Amygdala and entorhinal cortex
- Hippocampus (LGN)
- Striatum (NBM)
- Pallidum
- Thalamus and subthalamic n.
- Midbrain
- Pons
- Medulla oblongata
- Cerebellum with dentate n.
- Spinal cord



Histology

HE, Modified Bielschowsky

IHC

Ubiquitin (Dako), tau (PHF1), β-amyloid (10D5), α-synuclein (LB509).
Other: TDP-43 (ProteinTech), α-Internexin, neurofilament (SMI31), prion (3F4).

Histology Review (NACC NP Protocol) Neuropathologic Assessment and Diagnostic Criteria

- Khachaturian
- CERAD
- NIA-Reagan Institute
- DLB
- FTLD



Maintain a state-of-the-art brain tissue resource

- Forward samples to ADNI Biospecimens Core
- Centralize tissues to be used in collaborative studies
- Generate sufficient number of samples to undertake clinico-pathologic and biochemical studies



Interact with ADNI's Data Co-ordinating Center to ensure data entry, data sharing and collaborative research

- Neuropathology, clinical, biological and imaging data accessible online at https://adni.ucsd.edu
- Online tissue request available at http://alzheimer.wustl.edu/Research/ResourceRequest.htm
- Tissue requests processed through WU ADRC Tissue committee and receive final approval from ADNI-NPC Tissue Committee



Frequently Asked Questions

- What materials do you want us to send? A. See online protocol.
- Do you want our blocks or separate blocks for yourselves? A. Send separate blocks or slides.
- Do you want our slides? A. No.
- Many of our subjects are harvested between 6-12 hours- a time too long for biochemistry? Please advise as to extent of acceptable post-mortem interval. A. Ideally <24h.</p>
- Are funds available to pay for removal and processing of the brain according to the protocol? A. Yes, if requested.
- Is there an ADNI-specific Consent Form that we can use to submit to our IRB? A. No.
- Is there an award statement we need?

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- *former member



