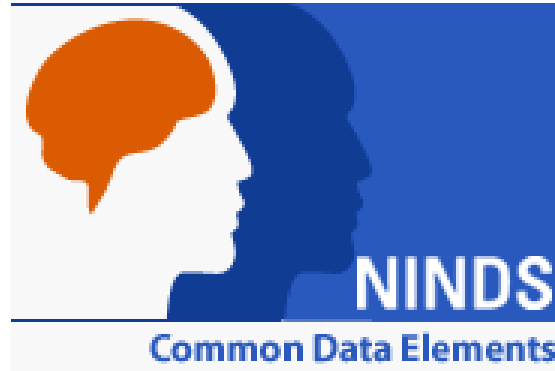


Proposed NACC Neuropathology Database Changes

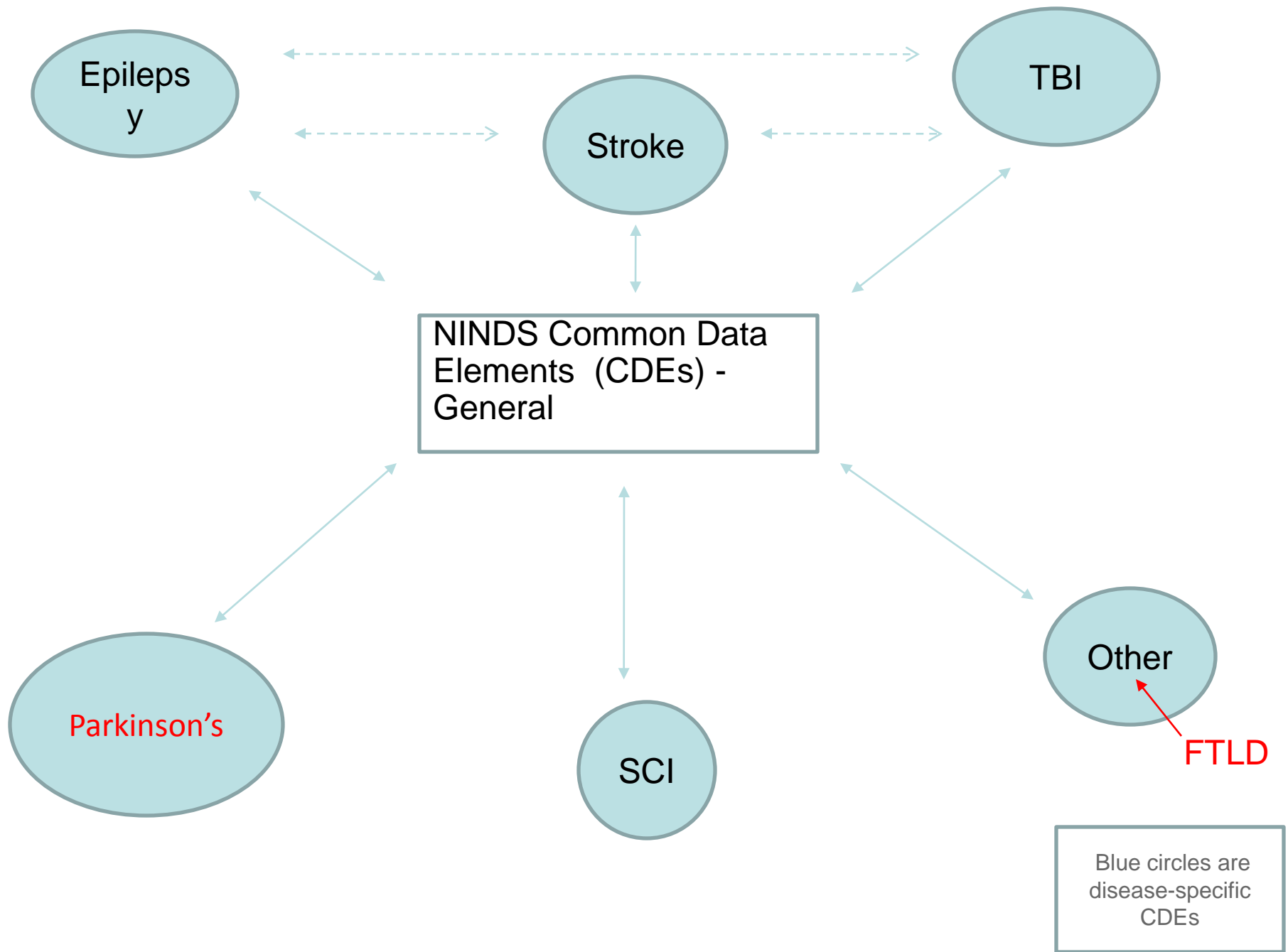
NIA/NINDS Common Data Element
Initiatives for Frontotemporal Dementia
and Parkinson Disease



NINDS Common Data Element (CDE) Project

<http://www.nindscommondataelements.org/>

NINDS CDE Project Team



What do we hope to gain from CDEs?

- Create system-independent data elements ⇒ Facilitate data sharing
- Increase overall data quality
- Encourage parsimonious data collection ⇒ reduce burden on investigators and participants

Parkinson's Disease CDE Working Group

Chairs: Drs. Karl Kieburtz and Carlie Tanner

General and Motor subgroup:

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Piu (Bill) Chan, MD
Stan Fahn, MD
Chris Goetz, MD
Werner Poewe, MD

Psychiatry:

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Laura Marsh, MD
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Imaging subgroup:

Ken Marek, MD - Chair
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Andrew Feigin, MD
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Epidemiology/Environment subgroup:

Web Ross, MD – Chair
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Functional Neurosurgery subgroup:

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Other Non-motor subgroup:

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Ron Postuma, MD
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Quality of Life subgroup:

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Operations subgroup:

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Matt Farrer, PhD
Andy Singleton, PhD

Scale Metrics and Statistics subgroup:

Jordan Elm, PhD - Chair
Gary Cutter, PhD
Bruce Levin, PhD
Pablo Martinez-Martin, MD, PhD
David Oakes, PhD

NIA, NINDS & AFTD Initiative on Common Data Elements for FTD

- **Neuropathology working group**
 - Dennis Dickson, Mayo Clinic - Chair
 - Eileen Bigio, Northwestern University
 - Nigel Cairns, Washington University
 - Bernadino Ghetti, Indiana University
 - Ian MacKenzie, University of British Columbia
 - John Trojanowski, University of Pennsylvania
- **Propose changes to NACC database to accommodate advances in FTLD**
 - Refined classification of tauopathies
 - TDP-43
 - FUS

Tauopathies

3R TAUOPATHIES

Pick's Disease

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

4R TAUOPATHIES

Corticobasal degeneration

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

Progressive supranuclear palsy

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

Argyrophilic grain dementia (including diffuse AGD)

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

Other 4R tauopathy (e.g., multisystem tauopathy)

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

3R+4R TAUOPATHIES

Tangle-predominant dementia, including Parkinson dementia complex

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

OTHER TAUOPATHIES

Tauopathy, not otherwise specified or incompletely characterized)

- 1 = Yes (describe: _____)
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

TDP-43 proteinopathies

IS ABNORMAL TDP-43 PATHOLOGY PRESENT?

TDP-43 associated with pathology consistent with frontotemporal degeneration (FTLD-TDP)*

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

** No need to subtype at this time given poor interrater reliability and lack of generally accepted subtyping scheme.*

TDP-43 associated with other well defined neurodegenerative pathology (e.g., Alzheimer disease)

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

TDP-43 associated with hippocampal sclerosis of the elderly

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

TDP-43 associated with motor neuron disease or amyotrophic lateral sclerosis (ALS)

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

Other FTLD

IS ABNORMAL FUS PATHOLOGY PRESENT?

FUS associated with pathology consistent with frontotemporal degeneration (FTLD-FUS)*

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

** Includes neuronal intermediate filament inclusion disease (NIFID) and dementia with basophilic inclusions*

FUS associated with familial amyotrophic lateral sclerosis (ALS-FUS)

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

IS ANOTHER TYPE OF FTLD PRESENT?

FTLD-UPS (ubiquitin-positive inclusions, but tau, TDP-43 and FUS negative)

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

FTLD-NI (No inclusions)

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

FTLD-NOS (not otherwise specified or incompletely characterized)

- 1 = Yes
- 2 = No
- 3 = Not assessed
- 9 = Missing/unknown

Neuropathology CDE for PD

- Start with NACC forms and definitions – refine and add elements
- Additions
 - Final clinical diagnosis
 - Other banked specimens (e.g., blood, spinal cord, nerve, muscle)
 - Macroscopic photographs
 - Brain weight (type of tissue weighed)
 - Hydrocephalus
 - Amyloid phase
 - Lewy body distribution
 - Substantia nigra neuronal loss
 - Multiple system atrophy
 - Spinocerebellar degeneration
 - FTD/ALS module (as above)
 - Final pathologic diagnosis for 1) cognitive status & 2) motor (i.e. extrapyramidal) status

Additions

Brain weight

Record brain weight: _____

Type of tissue weighed

- 0 = Whole fresh brain
- 1 = Whole fixed brain
- 2 = Fixed hemibrain (calculated whole brain weight)
- 9 = Missing/unknown

Hydrocephalus

- 0 = Absent
- 1 = Mild
- 2 = Moderate
- 3 = Severe
- 5 = Not assessed
- 9 = Missing/unknown

Amyloid phase (Thal et al., 2002)

- 1 = Phase 1 (cortex)
- 2 = Phase 2 (cortex & hippocampus)
- 3 = Phase 3 (cortex, hippocampus & basal ganglia)
- 4 = Phase 4 (cortex, hippocampus, basal ganglia & brainstem)
- 5 = Phase 5 (cortex, hippocampus, basal ganglia, brainstem & cerebellum)
- 6 = Amyloid plaques not present
- 7 = Not assessed
- 9 = Missing/unknown

Density of “Lewy related pathology.”

For each region record: 0 = Absent; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very severe; 5 = Not assessed; 9 = Missing/unknown

- a. Sympathetic ganglia (paravertebral)
- b. Parasympathetic ganglia (GI, GU)
- c. Spinal cord
- d. Olfactory bulb
- e. Dorsal motor nucleus/glossopharyngeal
- f. Locus ceruleus
- g. Raphe nucleus
- h. Substantia nigra, pars compacta
- i. Amygdala
- j. Basal nucleus/diagonal band
- k. Hypothalamus
- l. Caudate/putamen
- m. Entorhinal cortex
- n. Cingulate cortex
- o. Hippocampus
- p. Temporal cortex
- q. Frontal cortex
- r. Parietal cortex
- s. Primary cortex (motor and/or visual)

Lewy body type

- 1 = Brainstem predominant type
- 2 = Intermediate or transitional (limbic) type
- 3 = Diffuse (neocortical) type
- 4 = Amygdala predominant
- 5 = Lewy body pathology, unspecified or not further assessed
- 6 = Not assessed
- 9 = Missing/unknown

Likelihood that pathology is consistent with Lewy related cognitive syndrome

- 1 = Low (brainstem LBs & NIA-Reagan low, intermediate or high; transitional LBs & NIA-Reagan high)
- 2 = Intermediate (transitional LBs & NIA intermediate; diffuse LBs & NIA-Reagan high)
- 3 = High (diffuse LBs & NIA-Reagan low or intermediate; transitional LBs & NIA-Reagan low)
- 4 = Lewy body pathology, unspecified or not further assessed
- 6 = Not assessed
- 9 = Missing/unknown

Estimate degree of substantia nigral neuromelanin-containing neurons neuronal loss

- 0 = None
- 1 = Mild
- 2 = Moderate
- 3 = Severe
- 4 = Not assessed
- 9 = Missing/unknown

Alpha-synuclein pathology consistent with multiple system atrophy (MSA)

- 1 = Striatonigral predominant
- 2 = Olivopontocerebellar predominant
- 3 = Mixed striatonigral and olivopontocerebellar
- 4 = MSA (not specified or incompletely characterized)
- 5 = Not assessed
- 9 = Missing/unknown

What are the primary and contributing pathologic diagnoses or features which you judge to be responsible for the subject's extrapyramidal signs, if present?

Primary (1 only; code as 1); Contributing (no limit; code as 2)

No significant pathology

Lewy body disease

Multiple system atrophy

Progressive supranuclear palsy

Corticobasal degeneration

FTLD-TDP

Vascular Parkinsonism

Normal pressure hydrocephalus

Idiopathic nigral degeneration

Other (specify):