

# Clinical profile of high risk for AD

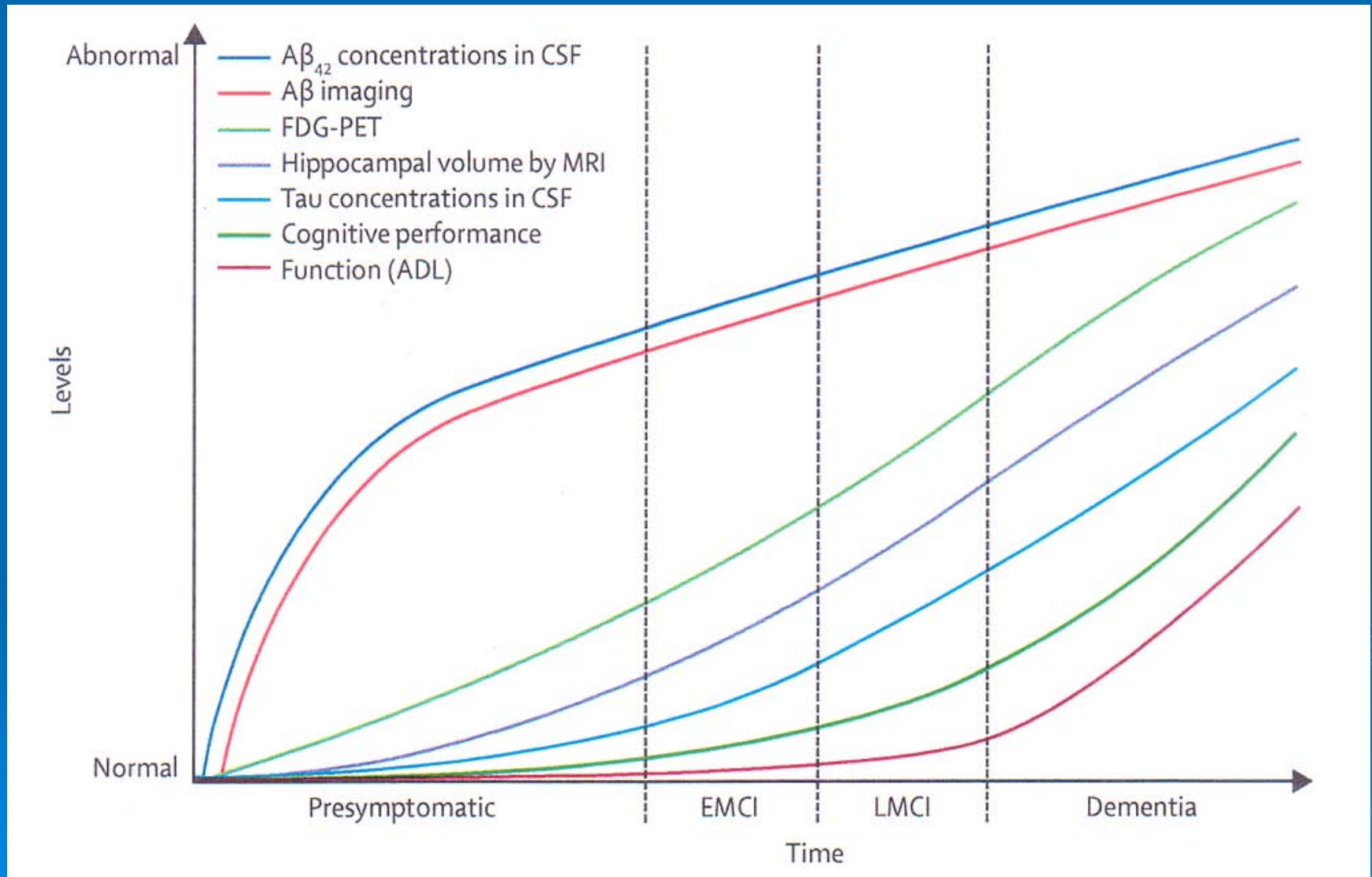
- Advanced age
- Family history of a known AD-causative gene mutation
- APOE  $\epsilon$ 4 genotype
- Family history of AD in 1<sup>st</sup> degree relatives
- History of repeated head injuries with loss of consciousness
- Diagnosis of MCI
- Reluctance to drink Bordeaux wine

# Biologic measures to detect pre-symptomatic AD

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- CSF signature of low  $A\beta_{1-42}$ , high total tau and high phosphotau
- MR brain scan – hippocampal atrophy
- fMRI – changes in the default network
- PET FDG scan – hypometabolism in temporal & parietal regions
- PET amyloid scans – increased uptake, but some unsolved issues regarding predictive value in normal individuals

# Hypothetical progression of events in the course of aging to AD, and the imaging techniques, functional measures & biomarkers to detect them



# Pre-symptomatic screening for disease is a common practice in medicine

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- Predicated on there being a treatment for the detected condition
- Many screening tests are simple; some are more elaborate
- Examples:
  - Hypertension – blood pressure cuff
  - Diabetes – blood sugar,  $A_{1c}$
  - Hypercholesterol – blood lipid profile

# Challenges for AD pre-symptomatic screening

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- Currently available symptomatic treatments are weak, and we lack curative or even neuroprotective therapies; and
- The potential screening measures identified this morning are more elaborate and costly than a simple blood test.

The tools are at hand to implement the screening measures if we can develop therapies that delay or retard onset of AD and its subsequent course.

# An analogy to colon cancer and a proposal for screening AD

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- Many individuals harboring colon cancer are asymptomatic
  - Millions of adults – some with risk factors for cancer
    - undergo colon endoscopies every 5-10 years
  - The procedure takes two days, is unpleasant and costly
  - Procedure is accepted because....
  - Pre-cancerous adenomas are removed before cancer invades and spreads
  - Most individuals entering the age danger zone for AD are asymptomatic/presymptomatic
  - CSF A $\beta$  & tau characteristic alterations, and PET amyloid uptake identify individuals destined to develop AD
  - Lumbar puncture takes <1 hour, is not that unpleasant, and costs a fraction of what an endoscopic exam or a PET brain scan costs
- A routine LP every \_\_\_\_ years would be accepted if preventive treatments were available for pre-symptomatic AD.