QUESTIONS TO NIA

ELECTRONIC SUBMISSION
PUBLICATIONS SUBMISSION
PUBLIC ACCESS POLICY
PROGRESS REPORTS

Nina Silverberg, NIA

Electronic Submission

- SF424 (R&R) Application and Electronic Submission Information http://grants.nih.gov/grants/funding/424/index.htm
- http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-161.html put out in Sep 2012 announcing transition to electronic application; ADC P50 RFA – pilot for multi-project electronic submission
- Pilot project submission will remain the same (via email following award)
- Paper PHS398 applications will **NOT** be accepted

ADC Publication Guidelines

Please be sure to read the progress report guidelines developed and maintained by the Administrators' Steering Committee (in consultation with NIA)

https://www.alz.washington.edu/NONMEMBER/progrep.html

Public Access Policy

- Compliance with the NIH Public Access Policy is a legal requirement and a term and condition of all NIH awards. NIH awardees are responsible for ensuring that evidence of compliance is included in all NIH applications, proposals and reports.

- For non-competing continuation grant awards with a start date of July 1, 2013 or beyond:

  1) NIH will delay processing of an award if publications arising from it are not in compliance with the NIH public access policy.

  2) Investigators will need to use My NCBI to enter papers onto progress reports. Papers can be associated electronically using the RPPR, or included in the PHS 2590 using the My NCBI generated PDF report.

  http://grants.nih.gov/grants/guide/notice-files/NOT-OD-13-042.html

- If you have questions about the Policy, please check the NIH Public Access Website or send a note to PublicAccess@nih.gov.

Public Access Policy

- "Directly" funded means costs that can be specifically identified with a particular project or activity.

- Anyone submitting an application, proposal or report to the NIH must include the PMC reference number (PMCID) when citing applicable papers that they author or that arise from their NIH-funded research.
  - **Example:** Three authors collaborate on a paper that falls under the public access policy. Author A has no NIH support, Author B worked on the paper using salary support from his mentor's NIH award, and Author C used her NIH award to support the research reported in the paper. If any of the four scientists (the authors and Author B's mentor) cite the paper when *they* apply for an NIH award, they must include the PMCID in the citation. However, when another scientist (anyone other than the three authors or Author B's mentor) cites this paper in their NIH research application, they are not required to include the PMCID. In addition, when Author B's mentor and Author C next report on the progress of their respective awards to NIH, they must cite the paper and include the PMCID.

What does “direct” mean for ADCs

- Many pubs that cite center grants are the result of EXTERNAL (i.e., no authors are center personnel) utilization of center resources. These are INDIRECTLY supported by the center. (personal communication, Robin Barr)
- Many centers are concerned with “credit” for these successful uses of center resources. This can be expressed in summary form, both in progress reports as well as in competitive renewals.

Public Access Policy

- To comply with the policy, provide the **PMCID** at the end of each citation.
- Here's help on locating the PMCID. *Note that a PMCID is not the same as a PubMed ID (PMID).*
- The PMCID is the *only* way to show compliance for a paper that was published more than three months ago.
- If a PMCID is not available because the paper is *in press* or was published within the last three months:
  - Indicate **"PMC Journal - In Process"** at the end of the citation if the journal will be submitting directly to PMC. (Check this list of journals or confirm your arrangements with these publishers to be sure.)
  - OR, provide an **NIHMSID** for a manuscript that is still in process in the NIH Manuscript Submission (NIHMS) system. (Be sure to complete the submission process promptly to obtain the PMCID!)
  - NIHMSIDs will become invalid three months after a paper is published
- If you believe the paper does not fall under the Policy, please provide a brief explanation.

Public Access Policy

- **Reporting to the NIH just got easier!** The "*My Bibliography*" feature of My NCBI is now integrated with the eRA Commons. *Link your Commons account to a My NCBI account* for
- 1) easy linking of citations to NIH grants,
- 2) automatic prescreening and support for NIH Public Access Policy compliance,
- 3) auto-uploading of citations into NIH eSNAP Progress Reports with PMCIDs and NIHMSIDs displayed. And much more!

My NCBI

- Linking a Commons account to a new or existing My NCBI account allows bibliography information saved in My Bibliography to automatically appear in users' Commons accounts.
- PD/PIs can use the My Bibliography tool in My NCBI to save and organize bibliographical information. My Bibliography allows users to store and manipulate references for any number of uses, even those not related to NIH grants.
- My Bibliography also allows users to manually enter and save bibliography entries that are not indexed in PubMed.
- PD/PIs can assign delegates to maintain the information in their My Bibliography account.
- My Bibliography maintains a consistent citation format and warns users of duplicate bibliography entries, which ensures uniform and accurate data. The improved data quality resulting from the My NCBI – eRA Commons integration enhances the ability of the NIH to manage and monitor the results of its research portfolio
- In My Bibliography, PD/PIs can associate grant awards to one or more citations. In eRA Commons, PD/PIs can associate citations saved in My Bibliography to an eSNAP progress report.
- http://era.nih.gov/ncbi/ncbi_overview.cfm

My NCBI

- Within My Bibliography, PD/PIs can track compliance with the NIH Public Access Policy.
  - My Bibliography's handy key assigns a color code (indicating the compliance status of) to each citation.
  - PD/PIs can initiate, or an author can continue, the manuscript submission process through My Bibliography's direct link to the NIH Manuscript Submission System (NIHMS).
  - Citations entered and stored in My Bibliography will automatically update with PMCIDs when they become available.
- http://www.ncbi.nlm.nih.gov/books/NBK53595/#mybibliography.Managing_Compliance_to_th

My NCBI

- The icon  verifies that an eRA account has been linked to a My NCBI account.
- Checking your Publications Compliance Status
- Initiating the Compliance Process
- Associating Funding to your Publications
- Filtering your Citations by Publication Year, Awards, Publication Type and Paper-Grant Associations
- Creating a Compliance Report PDF for your Bibliography
- Confirming a My Bibliography Connection for Delegates

- http://www.ncbi.nlm.nih.gov/books/NBK53595/#mybibliography.Managing_Compliance_to_th

ADC Progress report Guidelines

5. Public Access Policy information is required for all publications resulting from work **directly supported by the ADC.**

6. Publications resulting from work **indirectly** supported by the ADC (i.e. ADC tissue samples were used) should be included in a single subsection of the Publications list and labeled "Publications supported by resources of the ADC". Public Access Policy information is **not** required for publications indirectly supported by the ADC.

7. PDFs are only needed if the publications cannot easily be retrieved through PubMed identifiers. In that case, provide the PDF in the Appendix (See pg 1 of Instructions for Appendices). Examples of articles not easily retrievable include:

   a. publication in a journal that is not listed in PubMed

   b. online access to the publication

Progress Reporting – NIA process

- Paper progress reports are scanned and filed into IMPACII and available to Program Officers
- Program Officers are responsible for review
- CDs are filed and available for review
- At this time, RPPR is still *not available* for complex mechanisms (P50, P30); continue using PHS 2590 forms and submit paper progress reports as usual
- Guidelines available
  - https://www.alz.washington.edu/NONMEMBER/progrep.html

Underrepresented/Minority Groups

- Underrepresented Group - Used as an eligibility requirement for diversity supplements, fellowships (F31), and other NIH programs.
  - Group underrepresented in the biomedical, clinical, behavioral, and social sciences, such as people with disabilities, people from disadvantaged backgrounds, and underrepresented racial and ethnic groups such as blacks or African Americans, Hispanics or Latinos, American Indians or Alaskan Natives, and Native Hawaiians and other Pacific Islanders.

- Minority group - Human subject term indicating a subset of the U.S. population distinguished by racial or ethnic origin or descent.
  - Categories are: American Indian or Alaska Native, Asian, black or African American, Hispanic or Latino, and Native Hawaiian and other Pacific Islander.

    Inclusion of a group should be determined by the scientific questions under examination and their relevance. Not every study will include all minority groups or subpopulations

- http://grants.nih.gov/grants/glossary.htm#M10

  http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm

Internet Links

- Public Access Policy **http://publicaccess.nih.gov/submit_process.htm**
- Public Access Training **http://publicaccess.nih.gov/communications.htm**
- Locating the PMCID **http://www.ncbi.nlm.nih.gov/pmc/about/public-access-info.html#p3**
- PMC Journals **http://publicaccess.nih.gov/submit_process_journals.htm#journals**
- PMC Publishers **http://publicaccess.nih.gov/select_deposit_publishers.htm**
- NIHMS System **http://www.nihms.nih.gov/**
- Determining paper eligibility **http://publicaccess.nih.gov/determine_applicability.htm**
- My Bibliography http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=helpmyncbi&part=MyNCBI#MyNCBI.My_Bibliography
- Linking you eRA Commons to MyNCBI http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=helpmyncbi&part=MyNCBI#MyNCBI.Getting_Started
- Managing Compliance http://www.ncbi.nlm.nih.gov/books/NBK53595/#mybibliography.Managing_Compliance_to_th
- More MyNCBI Info **http://era.nih.gov/ncbi/ncbi_overview.cfm**
- PubMedCentral http://www.ncbi.nlm.nih.gov/pmc/
- Public Access Webinar http://grants.nih.gov/grants/webinar_docs/webinar_20130115.htm
- Public Access Compliance Monitor http://grants.nih.gov/grants/guide/notice-files/NOT-OD-13-020.html
- ASSIST https://public.era.nih.gov/assist
- Online help **http://era.nih.gov/erahelp/ASSIST**

Common Alzheimer's Disease Research Ontology (CADRO) and International Alzheimer' Disease Research Portfolio (IADRP)

National Institute on Aging – Alzheimer's Association Collaboration

Project History and Goals

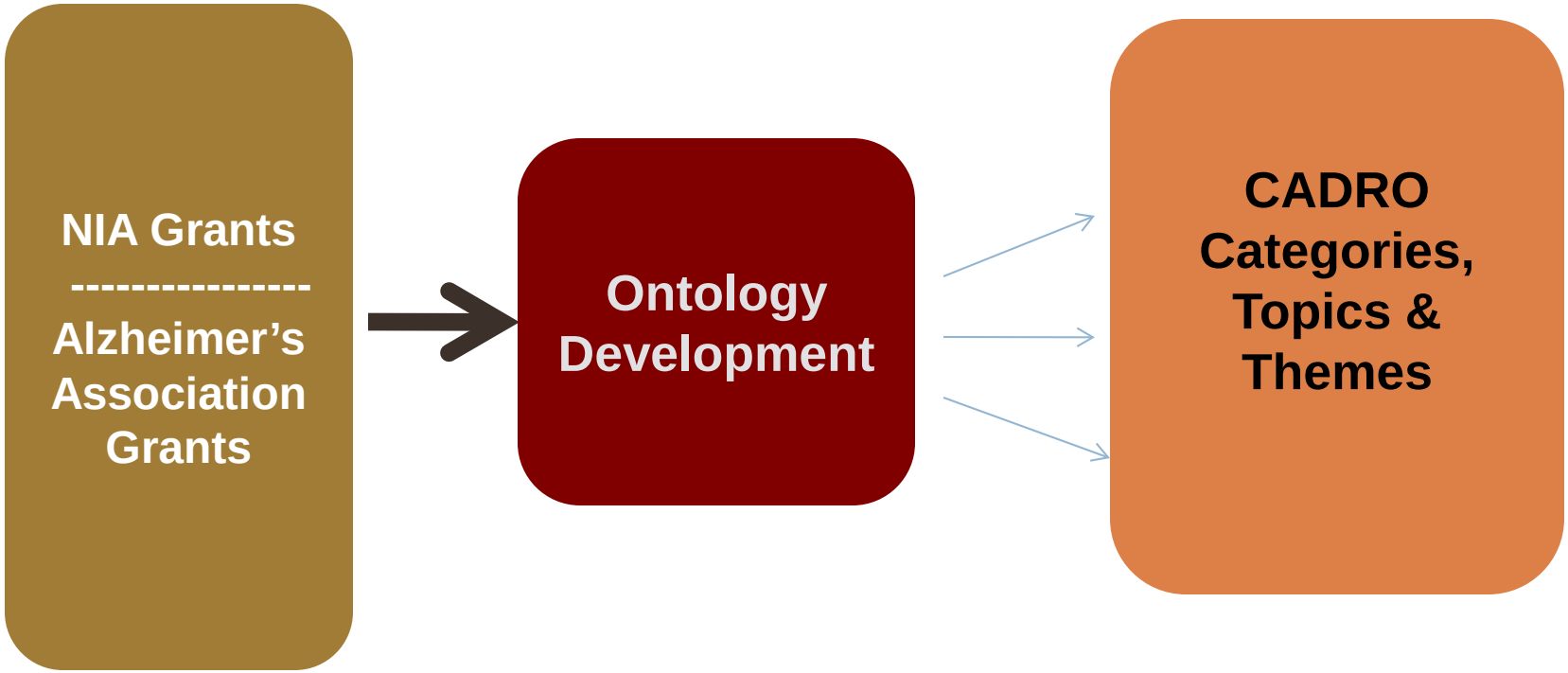
- CADRO (Common Alzheimer Disease Research Ontology): collaborative effort between the National Institute on Aging (NIA) and the Alzheimer's Association (AA).
  - Began in May 2010
  - First Iteration – published July 2012

- Unified classification system to enable comparative analysis of research portfolios, strategic planning, and coordination by federal and non-federal agencies supporting AD research in the United States and internationally.

Project History and Goals

- The CADRO is meant to be a dynamic portfolio analysis tool that can be used to:
  - Track changes in the AD research landscape over time
  - Identify research gaps and areas of overlap within and across AD-funding agencies
  - Identify collaborative opportunities aimed at advancing AD research and alleviating the socioeconomic burden of this devastating disease.
- The ultimate goal of this project is to expand the use of the CADRO across federal and non-federal agencies that support AD research in the US and internationally through a publicly available database.

Ontology Development Process



Common Alzheimer's Disease Research Ontology (CADRO) Structure

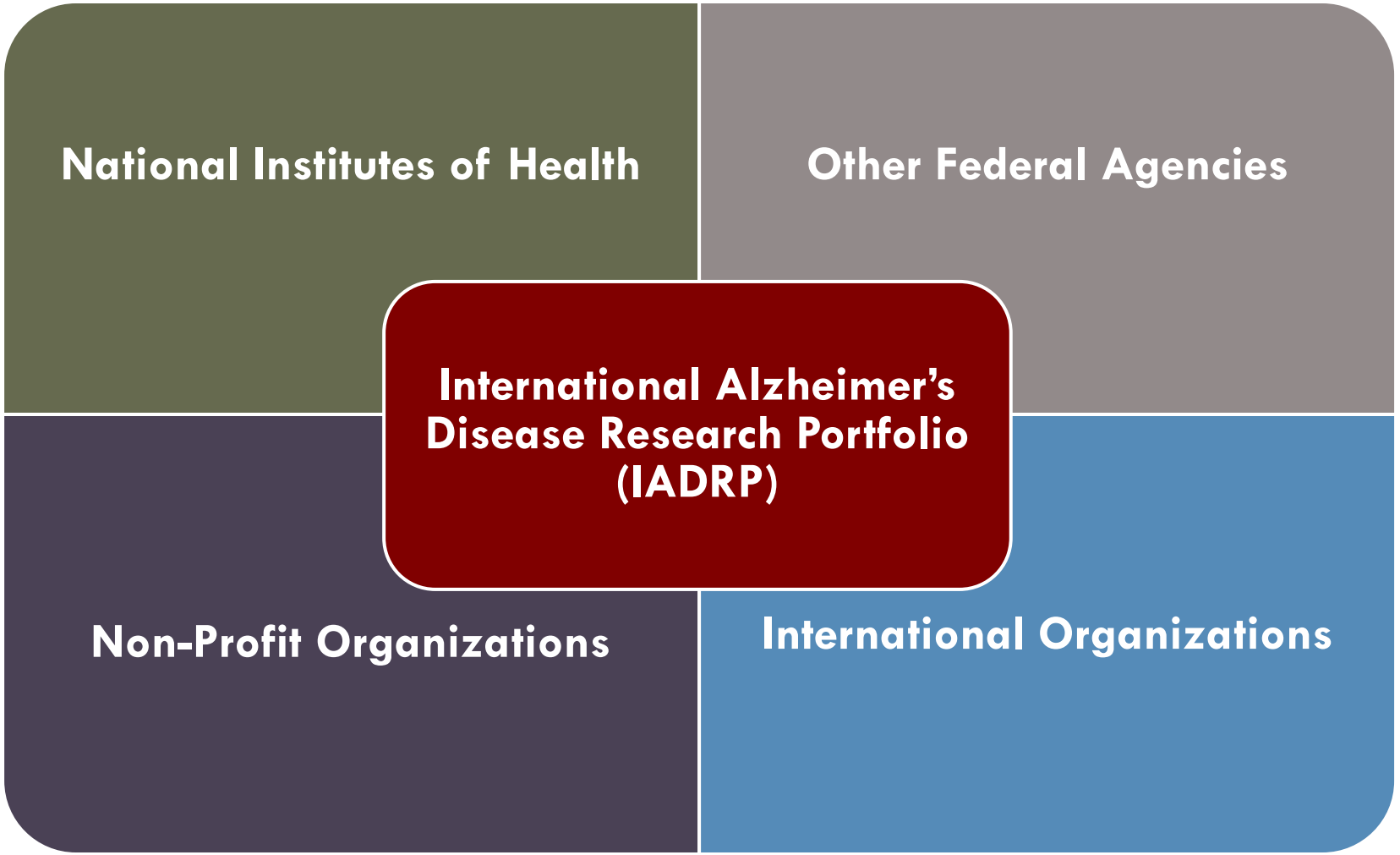
- **The CADRO is *a three-tier classification system* created to capture the complete range of AD research and AD research-related resources.**

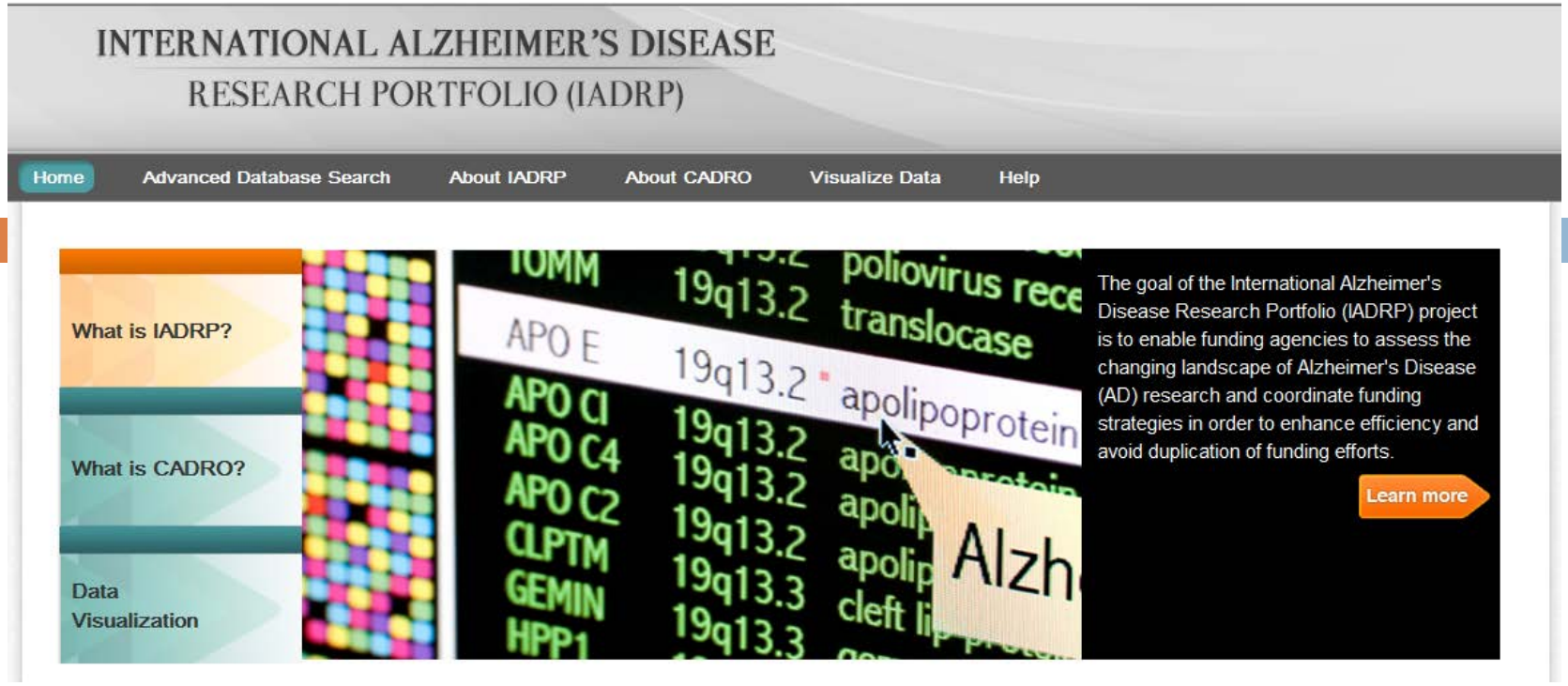
- **The first level of classification consists of seven categories: five research and two research resources-related:**

  - Category A – Molecular Pathogenesis and Physiology of Alzheimer's Disease
  - Category B – Diagnosis, Assessment and Disease Monitoring
  - Category C – Translational Research and Clinical Interventions
  - Category D – Epidemiology
  - Category E – Care, Support and Health Economics of Alzheimer's Disease
  - Category F – Resources for the research community
  - Category G – Consortia and Public Private Partnerships

- **Each category is divided into research "topics"; many of the topics are further divided into "themes".**

- **This detailed classification will enable funders to identify research gaps, areas of overlap/duplication of effort and opportunities for collaboration with much greater specificity.**


National Institutes of Health
Other Federal Agencies
International Alzheimer's Disease Research Portfolio (IADRP)
Non-Profit Organizations
International Organizations



- **The IADRP database is a web-based portal that will enable funding agencies to identify gaps and redundancies in their respective portfolios.**

- **This information can be used for strategic coordination and leveraging of resources.**

http://www.nia.nih.gov/research/dn/international-alzheimers-disease-research-portfolio

IADRP Capabilities - Overview

- Search projects using the CADRO classification alone or in combination with keywords search
- Provide searchable data fields based on information related to the research project, principal investigator and funding agency
- Export data to Excel and data visualization using motion charts and figures

Advanced Database Search

Scientific Categories & Keywords

Common Alzheimer's Disease Research Ontology (CADRO)

- All
  - Category A. Molecular Pathogenesis and Physiology of Alzheimer's Disease
  - Category B. Diagnosis, Assessment, and Disease Monitoring
  - Category C. Translational Research and Clinical Interventions
  - Category D. Epidemiology
  - Category E. Care, Support and Health Economics of Alzheimer's Disease
  - Category F. Research Resources
    - AD-related

Keywords

Multiple keywords may be entered, separated by either *AND* or *OR*. Do not use both *AND* and *OR* in the same search.

Project & Funding Information

Project Number

Project Title

Funding Organization

Select Funding Organzations

Funding Year

Select Funding Years

Funding Organization Country

Select Funding Org Countries

Activity Code details

Select Activity Codes

Institute or Center (NIH Only)

Select Institutes and Centers

Type (Federal Only) details

Select Types

Funding Opportunity Announcement

Select Funding Opportunity Announcements

Advanced Database Search

Scientific Categories & Keywords

Common Alzheimer's Disease Research Ontology (CADRO)

- [ ] All
  - [ ] Category A. Molecular Pathogenesis and Physiology of Alzheimer's Disease
  - [x] Category B. Diagnosis, Assessment, and Disease Monitoring
    - [x] 1. Fluid Biomarkers
    - [x] 2. Imaging Biomarkers
    - [x] 3. Cognitive, Behavioral and Functional Assessment
    - [x] 4. Multimodal Biomarkers
    - [x] 5. Novel Biomarkers
    - [x] 6. Novel Methodologies and Techniques
    - [x] 7. Other
  - [ ] Category C. Translational Research and Clinical Interventions
  - [ ] Category D. Epidemiology
  - [ ] Category E. Care, Support and Health Economics of Alzheimer's Disease
  - [ ] Category F. Research Resources
  - [ ] Category G. Consortia and Public Private Partnerships
  - [ ] Category H. AD-related

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Project & Funding Information

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    - ☑ 3. Cognitive, Behavioral and Functional Assessment
    - ☑ 4. Multimodal Biomarkers
    - ☑ 5. Novel Biomarkers
    - ☑ 6. Novel Methodologies and Techniques
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  - ☐ Category F. Research Resources
  - ☐ Category G. Consortia and Public Private Partnerships
  - ☐ Category H. AD-related

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    - [x] 4. Multimodal Biomarkers
    - [x] 5. Novel Biomarkers
    - [x] 6. Novel Methodologies and Techniques
    - [x] 7. Other
  - [ ] Category C. Translational Research and Clinical Interventions
    - [ ] 1. Drug Discovery (small molecules and biologics)
    - [ ] 2. Preclinical Drug Development (small molecules and biologics)
    - [x] 3. Preclinical Proof of Concept for Non-Pharmacological Interventions
      - [x] a. Exercise
      - [x] b. Diet
      - [x] c. Enrichment
      - [x] d. Combination therapy
      - [x] e. Other
    - [ ] 4. Clinical Trial Design
    - [ ] 5. Early-stage Clinical Drug Development (Phase I and Phase II Clinical Tr
    - [ ] 6. Late-stage Clinical Drug Development (Phase III Clinical Trials)
    - [ ] 7. Non-pharmacological Interventions

Keywords

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Scientific Categories & Keywords

Common Alzheimer's Disease Research Ontology (CADRO)

- [ ] All
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  - [x] Category B. Diagnosis, Assessment, and Disease Monitoring
  - [ ] Category C. Translational Research and Clinical Interventions
  - [ ] Category D. Epidemiology
    - [ ] 1. Genetic/Epigenetic Risk
    - [ ] 2. Cardiovascular and Metabolic Factors
    - [ ] 3. Nutrition and Other Environmental Factors
    - [ ] 4. Multimodal Risk Factors
      - [ ] a. Hispanics
      - [ ] b. African-Americans
      - [ ] c. Japanese-Americans
      - [ ] d. Multi-Racial/Cross-Cultural
      - [ ] e. International (Israel, Sweden, China, India)
      - [ ] f. Women
      - [ ] g. Oldest Old
      - [ ] h. Other
    - [ ] 5. Other
  - [ ] Category E. Care, Support and Health Economics of Alzheimer's Disease
  - [ ] Category F. Research Resources
  - [ ] Category G. Consortia and Public Private Partnerships
  - [ ] Category H. AD-related

Keywords

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Scientific Categories & Keywords

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  - ☐ Category C. Translational Research and Clinical Interventions
  - ☐ Category D. Epidemiology
  - ☐ Category E. Care, Support and Health Economics of Alzheimer's Disease
    - ☐ 1. Care Interventions and Quality of Life
      - ☐ a. Cognitive Training Interventions
      - ☐ b. Health and Wellness
      - ☐ c. Behavioral Interventions
      - ☐ d. Hospice and End-of-Life Care
      - ☐ e. Staff Training and Professional Development
      - ☐ f. Assessment and Metrics
      - ☐ g. Neuropsychological Interventions
      - ☐ h. Other Interventions
    - ☐ 2. Technology Assisted Care
    - ☐ 3. Caregiver Support
    - ☐ 4. Cultural Values and Beliefs
    - ☐ 5. Economic Burden of Alzheimer's Disease
    - ☐ 6. Other
  - ☐ Category F. Research Resources
  - ☐ Category G. Consortia and Public Private Partnerships
  - ☐ Category H. AD-related

Keywords

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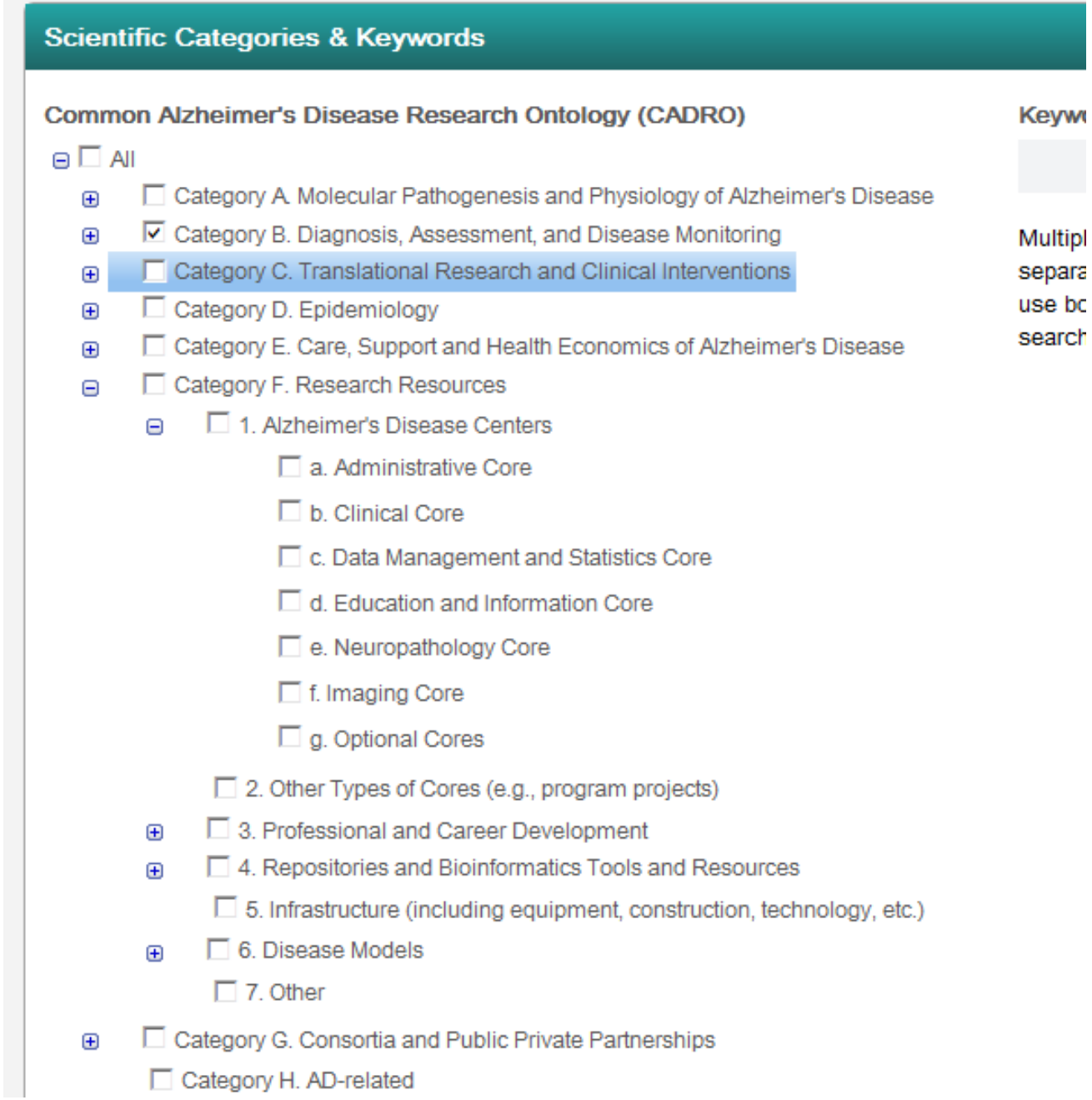
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Common Alzheimer's Disease Research Ontology (CADRO)
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Category B. Diagnosis, Assessment, and Disease Monitoring
Category C. Translational Research and Clinical Interventions
Category D. Epidemiology
Category E. Care, Support and Health Economics of Alzheimer's Disease
Category F. Research Resources
1. Alzheimer's Disease Centers
a. Administrative Core
b. Clinical Core
c. Data Management and Statistics Core
d. Education and Information Core
e. Neuropathology Core
f. Imaging Core
g. Optional Cores
2. Other Types of Cores (e.g., program projects)
3. Professional and Career Development
4. Repositories and Bioinformatics Tools and Resources
5. Infrastructure (including equipment, construction, technology, etc.)
6. Disease Models
7. Other
Category G. Consortia and Public Private Partnerships
Category H. AD-related
Multipl
separa
use bc
search

IADRP Participants and Features

Participating Organizations (to date):	Database Search Features	Database Visualization
Federal Funding Organizations: ▪ National Institutes of Health ▪ Agency for Healthcare Research and Quality ▪ Centers for Disease Control and Prevention ▪ Administration on Aging ▪ Department of Veterans Affairs ▪ Department of Defense **Non-Federal Funding Organizations**: ▪ Alzheimer's Association ▪ Alzheimer's Research UK	**Search projects by (alone or in combination with)**: ▪ Keywords ▪ CADRO category, topic and theme ▪ Funding organization ▪ Institute or Center (NIH Only) ▪ Grant Type and Mechanism ▪ Principal Investigator and Awardee Organization ▪ Geographic location (including state and country) ▪ Funding year	**Interactive motion chart:** ▪ Year-by-year comparison of funding across CADRO categories and topics for participating funding organizations (including individual NIH ICs).

CADRO/IADRP Development Team

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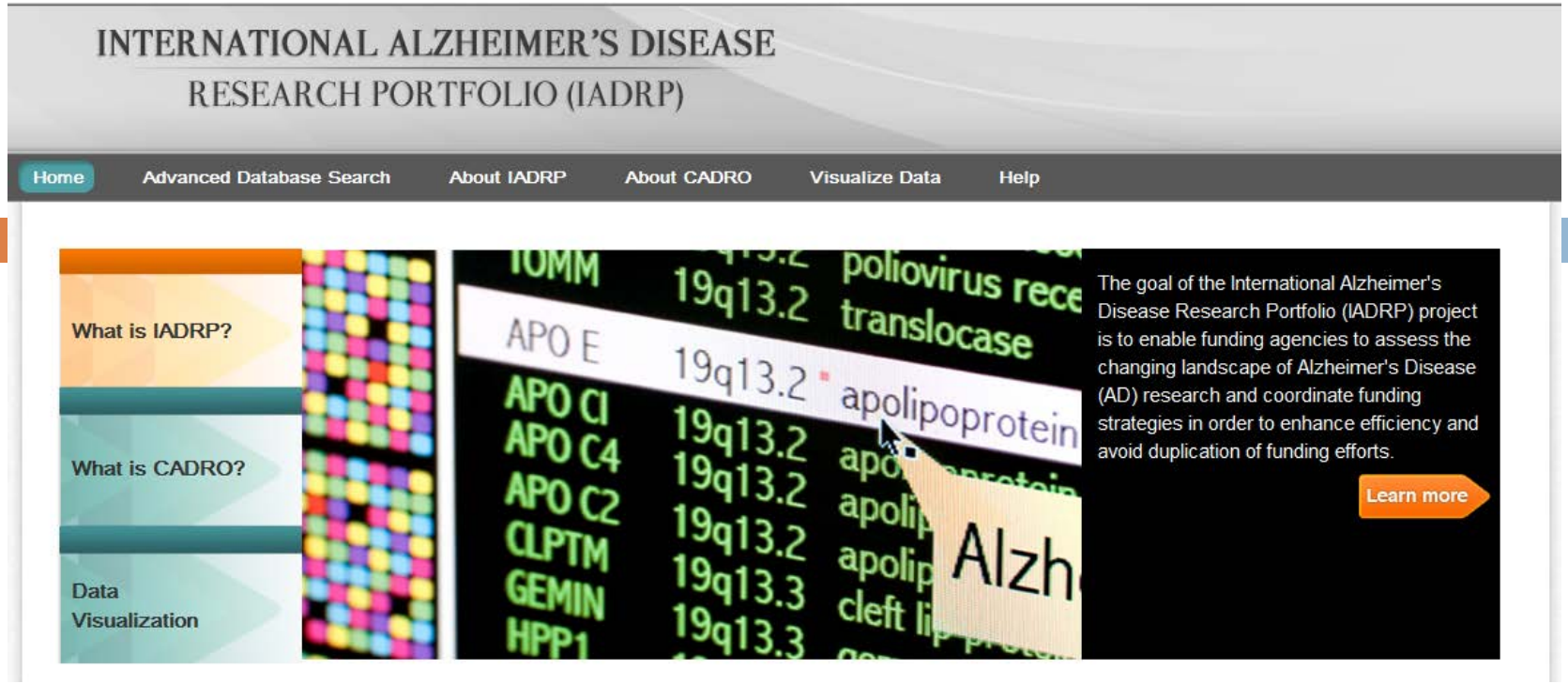

http://www.nia.nih.gov/research/dn/international-alzheimers-disease-research-portfolio

PUBMEDCENTRAL

April 9, 2010

Letter to Investigator

Dear Principal Investigator,

The following citations in your recent progress report/competing continuation application do not appear to be in compliance with the NIH Public Access Policy, and need to be addressed:

To bring your award into compliance, reply to all on to this email, and provide the PMCID after each paper listed above. Please note that the PMCID (the PubMed Central reference number, with a "PMC" prefix) is not the same as the PMID (the PubMed number).

If the paper has been published more than three months ago, only a PMCID can be used as evidence of compliance with the Policy. To obtain a PMCID, please review the submission instructions at http://publicaccess.nih.gov/submit_process.htm.

If the PMCID is not available for papers in press, or published within the last three months:

When using Submission Method A or B, indicate "PMC Journal - In Process" at the end of the full citation.

When using Submission Method C or D, provide a valid NIH Manuscript Submission System reference number (NIHMSID) at the end of the full citation.

If the paper does not fall under the Policy, please provide a brief explanation of why the manuscript is not covered by the Policy (see To what papers does the NIH Public Access Policy apply?).

Compliance with the NIH Public Access Policy is a legal requirement and a term and condition of all NIH awards. NIH awardees are responsible for ensuring that all steps of the NIHMS submission process are complete within three months of publication, and that evidence of compliance is included in all NIH applications, proposals and reports.

If you have any questions about the Policy, please check the NIH Public Access Website or send a note to PublicAccess@nih.gov.

Making published research funded by NIH accessible to everyone, including health care providers, patients, educators and scientists, helps advance science and improve human health. We all have a role to play in this goal, and we appreciate your efforts to make the NIH Public Access Policy successful.

U.S.Department of Health & Human Services

National Institutes of Health Public Access

The Public Access Policy ensures that the public has access to the published results of NIH funded research to help advance science and improve human health.

Home
1. Determine Applicability
2. Address Copyright
3. Submit Papers
4. Include PMCID in Citations
Policy Details
Info on Journals
Training/Communications
FAQ/Glossary
For Sponsored Programs
For NIH Employees
- For NIH Employee Authors
- For NIH Extramural Staff (NIH Access Only)

Contact Us

Overview

The NIH Public Access Policy ensures that the public has access to the published results of NIH funded research. It requires scientists to submit final peer-revie that arise from NIH funds to the digital archive PubMed Central *upon acceptance for publication*. To help advance science and improve human health, the Polic papers are accessible to the public on PubMed Central no later than 12 months after publication.

How to Comply

All of your papers that fall under the NIH Public Access Policy, whether in press or in print, must include evidence of compliance in all of your NIH applications a

1. **Determine Applicability**
   Does the NIH Public Access Policy apply to your paper?
2. **Address Copyright**
   Ensure your publishing agreement allows the paper to be posted to PubMed Central in accordance with the NIH Public Access Policy.
3. **Submit Paper**
   Submit papers to PubMed Central and approve public release.
4. **Include PMCID in Citations**
   Include the PMCID at the end of the full citation in your application or report.

Submission Methods

There are four methods to ensure that an applicable paper is submitted to PubMed Central (PMC) in compliance with the NIH Public Access Policy. Authors may use whichever method is most appropriate for them and consistent with their publishing agreement. Click on the method in the table for details.

	Method A Journal deposits final published articles in PubMed Central without author involvement	**Method B** Author asks publisher to deposit specific final published article in PMC	**Method C** Author deposits final peer-reviewed manuscript in PMC via the NIHMS	**Method D** Author completes submission of final peer-reviewed manuscript deposited by publisher in the NIHMS
Version of Paper Submitted	Final Published Article	Final Published Article	Final Peer-Reviewed Manuscript	Final Peer-Reviewed Manuscript
Task 1: Who starts the deposit process?	Publisher	Publisher	Author or designee, via NIHMS	Publisher
Task 2: Who approves paper for processing?	Publisher	Publisher	Author, via NIHMS	Author, via NIHMS
Task 3: Who approves paper for Pub Med Central display?	Publisher	Publisher	Author, via NIHMS	Author, via NIHMS
Participating journal/publisher	Method A Journals	Make arrangements with these publishers	Check publishing agreement	Check publishing agreement
Who is Responsible?	NIH Awardee	NIH Awardee	NIH Awardee	NIH Awardee
To cite papers, from acceptance for publication to 3 months post publication	PMCID or "PMC Journal- In Process"	PMCID or "PMC Journal- In Process"	PMCID or NIHMSID	PMCID or NIHMSID
To cite papers, 3 months post publication and beyond	PMCID	PMCID	PMCID	PMCID

Method A: Publish in a journal that deposits *all* final published articles in PubMed Central (PMC) without author involvement.

Some journals automatically deposit all NIH-funded final published articles in PubMed Central, to be made publicly available within 12 months of publication, without author involvement. See the list of these journals at http://publicaccess.nih.gov/submit_process_journals.htm#journals.

Method B: Make arrangements to have the publisher deposit a *specific* final published article in PubMed Central.

Some publishers will deposit an individual final published article in PubMed Central upon author request, and generally for a fee. See the list of publishers at

Reply all

- Program Officer
- Sponsored Research Office
- NIA eRA Notifications
  ageranotifications@mail.nih.gov

Publication List

*PubMed Central embargoed publications will link to PubMed and display the PMC availability date between parentheses.

Pub Date	Source Identifier *(embargoed until)	PA Compliance	Pub Title	Journal (Impact)	Pub Authors
2010 Apr 5	PMID19908235 - -	Questionable Compliance	Psychological symptoms correlate with reduced hippocampal volume in fragile X premutation carriers.	American journal of medical genetics. Part B, Neuropsychiatric genetics : the official publication of the International Society of Psychiatric Genetics	Adams, P E; Adams, J S; Nguyen, D V; H Brunberg, J A; Tassone, F; Zhang, W; Ko K; Rivera, S M; Grigsby, J; Zhang, L; Dec Hagerman, P J; Hagerman, R J
2010 Jan 19	PMID20042704 PMCID2809036 -	PA Compliant	Alzheimer's Disease Neuroimaging Initiative (ADNI): clinical characterization.	Neurology	Petersen, R C; Aisen, P S; Beckett, L A; D M C; Gamst, A C; Harvey, D J; Jack Jr, C Jagust, W J; Shaw, L M; Toga, A W; Troja Q; Weiner, M W
2009 Dec 15	PMID20007524 PMCID2790222 -	PA Compliant	Association of parental dementia with cognitive and brain MRI measures in middle-aged adults.	Neurology (7.043)	Debette, S; Wolf, P A; Beiser, A; Au, R; Hi Pikula, A; Auerbach, S; Decarli, C; Sesha
2009 Dec	PMID19726595 PMCID2777470 -	PA Compliant	Metabolic evidence of vitamin B-12 deficiency, including high homocysteine and methylmalonic acid and low holotranscobalamin, is more pronounced in older adults with elevated plasma folate.	The American journal of clinical nutrition (6.74)	Miller, Joshua W; Garrod, Marjorie G; Alle Lindsay H; Haan, Mary N; Green, Ralph
2009 Nov	PMID19901172 - -	Questionable Compliance	Differences in brain volume, hippocampal volume, cerebrovascular risk factors, and apolipoprotein E4 among mild cognitive impairment subtypes.	Archives of neurology	He, Jing; Farias, Sarah; Martinez, Oliver; Bruce; Mungas, Dan; Decarli, Charles
2009 Nov 24	PMID19846830 PMCID2788808 -	PA Compliant	Regional pattern of white matter microstructural changes in normal aging, MCI, and AD.	Neurology (7.043)	Lee, D Y; Fletcher, E; Martinez, O; Ortega Zozulya, N; Kim, J; Tran, J; Buonocore, M Carmichael, O; DeCarli, C
2009 Sep	PMID19752306 - -	Questionable Compliance	Progression of mild cognitive impairment to dementia in clinic- vs community-based cohorts.	Archives of neurology	Farias, Sarah Tomaszewski; Mungas, D Bruce R; Harvey, Danielle; DeCarli, Char
2009 Jun	PMID19403891 PMCID2774231 NIHMS136203	PA Compliant	Do tests of executive functioning predict ability to downregulate emotions spontaneously and when instructed to suppress?	Cognitive, affective & behavioral neuroscience (3.132)	Gyurak, Anett; Goodkind, Madeleine S; M Anita; Kramer, Joel H; Miller, Bruce L; Le Robert W
	PMID19437501				Xie, Jing; Alcantara, Dan; Amenta, Nina;

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The emotional brain: combining insights from patients and basic science.

1. Rosen HJ, Levenson RW.
Neurocase. 2009 Jun;15(3):173-81.
PMID: 20183547 [PubMed - in process]
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Common variants at 7p21 are associated with frontotemporal lobar degeneration with TDP-43 inclusions.

2. Van Deerlin VM, Sleiman PM, Martinez-Lage M, Chen-Plotkin A, Wang LS, Graff-Radford NR, Dickson DW, Rademakers R, Boeve BF, Grossman P, van Swieten JC, Murrell JR, Ghetti B, Spina S, Grafman J, Hodges J, Spillantini MG, Gilman S, Lieberman AP, Kaye JA, Woltjer RL, Bigio EH, Me Ferrer I, Lladó A, Neumann M, Kretzschmar HA, Hulette CM, Welsh-Bohmer KA, Miller BL, Alzualde A, de Munain AL, McKee AC, Gearing M, Levey Feldman HH, Hamilton RL, Dekosky ST, van der Zee J, Kumar-Singh S, Van Broeckhoven C, Mayeux R, Vonsattel JP, Troncoso JC, Kril JJ, Kwok J McLean CA, DeCarli C, Ellis WG, Freeman SH, Frosch MP, Growdon JH, Perl DP, Sano M, Bennett DA, Schneider JA, Beach TG, Reiman EM, Wo I, Hartikainen P, Seilhean D, Galasko D, Masliah E, Cotman CW, Tuñón MT, Martínez MC, Munoz DG, Carroll SL, Marson D, Riederer PF, Bogdan VM.
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Common variants at 7p21 are associated with frontotemporal lobar degeneration with TDP-43 inclusions.

Van Deerlin VM, Sleiman PM, Martinez-Lage M, Chen-Plotkin A, Wang LS, Graff-Radford NR, Dickson DW, Rademakers R, Boeve BF, Grossman M, Arnold SE, Mann DM, Pickering-Brown SM, Seelaar H, Heutink P, van Swieten JC, Murrell JR, Ghetti B, Spina S, Grafman J, Hodges J, Spillantini MG, Gilman S, Lieberman AP, Kaye JA, Woltjer RL, Bigio EH, Mesulam M, Al-Sarraj S, Troakes C, Rosenberg RN, White CL 3rd, Ferrer I, Lladó A, Neumann M, Kretzschmar HA, Hulette CM, Welsh-Bohmer KA, Miller BL, Alzualde A, de Munain AL, McKee AC, Gearing M, Levey AI, Lah JJ, Hardy J, Rohrer JD, Lashley T, Mackenzie IR, Feldman HH, Hamilton RL, Dekosky ST, van der Zee J, Kumar-Singh S, Van Broeckhoven C, Mayeux R, Vonsattel JP, Troncoso JC, Kril JJ, Kwok JB, Halliday GM, Bird TD, Ince PG, Shaw PJ, Cairns NJ, Morris JC, McLean CA, DeCarli C, Ellis WG, Freeman SH, Frosch MP, Growdon JH, Perl DP, Sano M, Bennett DA, Schneider JA, Beach TG, Reiman EM, Woodruff BK, Cummings J, Vinters HV, Miller CA, Chui HC, Alafuzoff I, Hartikainen P, Seilhean D, Galasko D, Masliah E, Cotman CW, Tuñón MT, Martínez MC, Munoz DG, Carroll SL, Marson D, Riederer PF, Bogdanovic N, Schellenberg GD, Hakonarson H, Trojanowski JQ, Lee VM.

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Frontotemporal lobar degeneration (FTLD) is the second most common cause of presenile dementia. The predominant neuropathology is FTLD with TAR DNA-binding protein (TDP-43) inclusions (FTLD-TDP). FTLD-TDP is frequently familial, resulting from mutations in GRN (which encodes progranulin). We assembled an international collaboration to identify susceptibility loci for FTLD-TDP through a genome-wide association study of 515 individuals with FTLD-TDP. We found that FTLD-TDP associates with multiple SNPs mapping to a single linkage disequilibrium block on 7p21 that contains TMEM106B. Three SNPs retained genome-wide significance following Bonferroni correction (top SNP rs1990622, P = 1.08 x 10(-11); odds ratio, minor allele (C) 0.61, 95% CI 0.53-0.71). The association replicated in 89 FTLD-TDP cases (rs1990622; P = 2 x 10(-4)). TMEM106B variants may confer risk of FTLD-TDP by increasing TMEM106B expression. TMEM106B variants also contribute to genetic risk for FTLD-TDP in individuals with mutations in GRN. Our data implicate variants in TMEM106B as a strong risk factor for FTLD-TDP, suggesting an underlying pathogenic mechanism.

PMID: 20154673 [PubMed - in process]

PMCID: PMC2828525 [Available on 2010/9/1]

Am J Med Genet B Neuropsychiatr Genet. 2010 Apr 5;153B(3):775-85.

Psychological symptoms correlate with reduced hippocampal volume in fragile X premutation carriers.

Adams PE, Adams JS, Nguyen DV, Hessl D, Brunberg JA, Tassone F, Zhang W, Koldewyn K, Rivera SM, Grigsby J, Zhang L, Decarli C, Hagerman PJ, Hagerman RJ.

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Fragile X-associated tremor/ataxia syndrome (FXTAS) is a neurodegenerative disorder occurring in male and occasional female carriers of a premutation expansion (55-200 CGG repeats) of the fragile X mental retardation 1 gene assessed the relationship between hippocampal volume and psychological symptoms in carriers, both with and without FXTAS, and controls. Volumetric MRI measures, clinical staging, cognitive testing, molecular analysis, and r psychological symptoms were performed for female premutation carriers both with FXTAS (n = 16, age: 57.50 + or - 12.46) and without FXTAS (n = 17, age: 44.94 + or - 11.23), in genetically normal female controls (n = 8, age: 50.6 carriers with FXTAS (n = 34, age: 66.44 + or - 6.77) and without FXTAS (n = 21, age: 52.38 + or - 12.11), and genetically normal male controls (n = 30, age: 57.20 + or - 14.12). We examined the relationship between psychological s hippocampal volume, as well as correlations with molecular data. We found a significant negative correlation between total hippocampal volume and anxiety in female carriers, with and without FXTAS. This finding was mainly drive negative correlation between right hippocampal volume and anxiety. Other anxiety-related subscales also correlated with the right hippocampus in females. In male carriers with and without FXTAS, only paranoid ideation negativel hippocampal volume. Female premutation carriers demonstrated a negative association between hippocampal volume and the severity of anxiety-related psychological symptoms. Though the presentation of FXTAS symptoms is females, anxiety-related problems are common both prior to and after the onset of FXTAS, and may be related to hippocampal changes.

PMID: 19908235 [PubMed - in process]