

FTD ADVOCACY, EDUCATION AND SUPPORT

ADC – ORE Core Fall Meeting

Sharon S. Denny, Program Director, AFTD | October 19, 2018

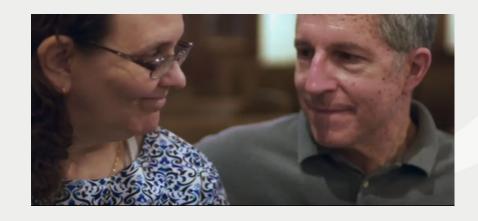
Help & Hope

AFTD works to bring help for those affected today – and to bring hope for a future without this disease.

Support | Education | Research | Advocacy | Awareness

Less common dementia

- Affects estimated 50,000-60,000 in U.S. ¹
- No treatments to slow or stop progression



¹ Knopman, D., Roberts, O. (2011); CurePSP

Poorly understood symptoms

- Behavior, language or motor symptoms; not memory
- Avg 3.6 years to diagnosis¹
- Primary impact on "social brain" alters social contract

¹ Diehl & Kurz 2002; Zanto & Gassally, 2013

Most common dementia under age 60

- Employed, often peak of career
- Physically robust and active
- Family dynamics
- Financial impact





Poorly understood symptoms

Rare

Younger onset

Higher stress, isolation & "care burden"

Impact on the family system

- Coping long before diagnosed
- Symptoms not recognized as illness
- Role changes (loss of employment; child/young adult caregivers, household tasks)
- Behaviors intrusive, embarrassing
- Financial and legal issues
- Isolation magnifies challenges

Care & Support

Alzheimer's approaches are not sufficient

- Eligibility issues under 65
- AD meds not indicated
- Falls to families to educate, advocate & provide care

Need

- Peer support and FTD education
- Individualized beh. & environ. strategies
- Creative problem-solving

Resources

Behavioral Variant FTD (bvFTD)

Know the Signs...Know the Symptoms

that are performed over

Behavioral variant FTD, the most common form of FTD, is responsible for about half of all cases of this disease. BvFTD is also frequently referred to as frontotemporal dementia or Pick's disease.

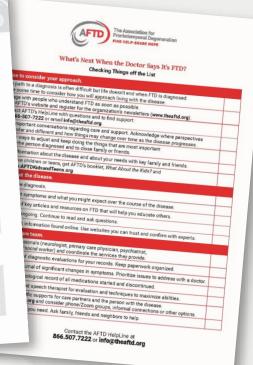
The halimarks of bo'll are personality changes, apathy, and a progressive decline in socially appropriate behavior, judgment, self-control, and empathy. Unlike in Alzheimer's disease, memory susually relatively spared in bo'll. People with bo'll Dypacle on to recognize the changes in their own behavior, or exhabit wavenesses or ouncern for the effect their behavior has on the people around them. The following are possible symptoms of bo'll.

POSSIBLE SIGNS

Re-reading the same book over and over again

Walking to the same place at the same time every day

SYMPTOMS	etlus comm
Disinhibition A loss or lack of restraint based on social norms, leading to inappropriate behavior and impulsivity.	Making uncharacteristic rude or offensive comm Ignoring other people's personal space Shoplitting, reckless spending Touching strangers or mappropriate sexual beha Aggressive outbursts
Apathy Indifference or lack of interest in previously meaningful activities.	Loss of interest in work, hobbies, and personal relationships Neglect of personal hygiene Loss of initiative
Emotional blunting Loss of warmth, empathy, or concern for others.	Indifference to important events (e.g., death of member or friend); Failure to recognize that loved ones are upset.
Compulsive or	Repeating words or phrases



The Association for Frontotemporal Degeneration FIND HELP-SHARE HOPE

WHAT IS FTD?*

LIVING WITH FTD+

RESEARCH & CLINICAL TRIALS+

GET INVOLVED+

DONATE+

ON AFTD is with you every step of the way, with reliable information, valuable resources and support from others who understand.

WHAT IS FTD?

NEWLY DIAGNOSED

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Support



2278 HelpLine cases in 2017

80

AFTD-affiliated support group leaders in 31 states

AFTD-affiliated phone/internet groups

180

Comstock grants awarded (136 respite, 44 travel)

New!

Quality of Life Grant for persons affected

10

Partners in FTD Care

In-depth education on care challenges Case-stories, concise strategies & tips

- Challenges in Diagnosis
- ALS / FTD
- Family Participation in FTD Research
- Managing Apathy
- Comfort Care and Hospice



Research Landscape

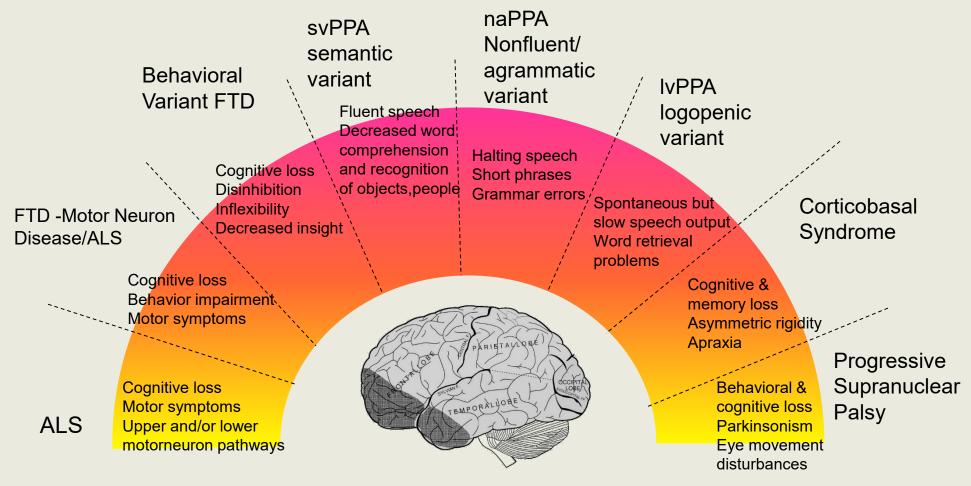
FTD is a spectrum of diseases

- Diagnosis by clinical syndrome: bvFTD, PPA, CBS, PSP
- Underlying pathology: TAU, TDP-43, FUS
- Approximately 10-20% familial: MAPT, TAU, C9ORF72

FTD can inform other neurodegenerative diseases

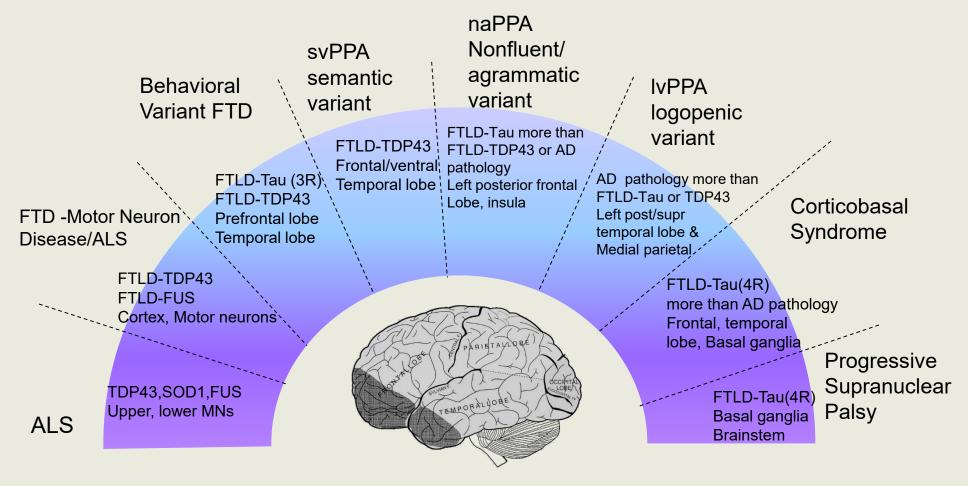
- Tauopathies: PSP, CBD, bvFTD
- C9 in ALS/FTD

FTD is a spectrum of diseases





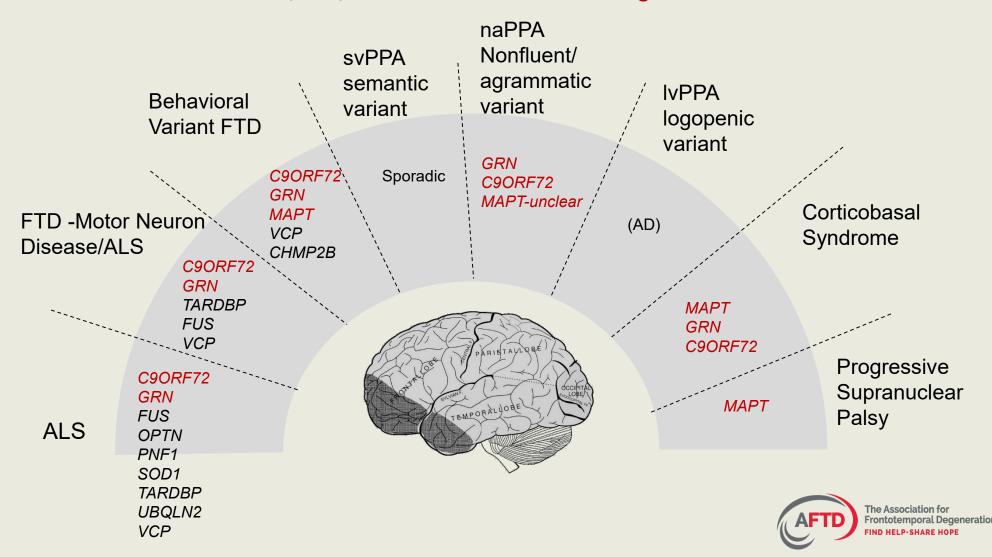
The FTD spectrum shares proteinopathies and anatomic loci





And A Spectrum of Genetic Causes* *approximately half of all FTD cases have a hereditary component

C9ORF72,GRN, MAPT are the most common gene mutations



Engaging the FTD Community

AFTD's role in research outreach & recruitment

- Co-founded FTD Disorders Registry
 <u>www.FTDRegistry.org</u>; >1950 joined to date
- Strong, unique relationship with those affected
- Flexibility to support recruiting efforts

FTD Disorders Registry Update

17% of enrolled FTD diagnosed persons report having genetic testing for genes associated with FTD.



20% of FTD diagnosed persons in the Registry are enrolled in other FTD research studies.

We asked registrants if they are interested in participating in future research:



92% said

YES!



Greater than half of all the FTD diagnosed registrants, enrolled in the Registry independently.

Not enrolled? Join today! www.ftdregistry.org



Economic Burden Study*

Twelve months before an FTD diagnosis, most families reported a household income in the \$75,000-\$99,000 range. Twelve months after diagnosis, income fell as much as 50 percent.



Overall, families dealing with FTD face an economic burden of around

\$120,000

each year — roughly twice the economic burden of Alzheimer's.

37%

of FTD caregivers said they stopped working post-diagnosis.

58%

of respondents said that FTD caused their loved ones to make poor financial decisions.

Engaging Persons with FTD

Education Conference
Advisory Think Tank
Quality of Life Grants
Medical and Scientific Collaboration

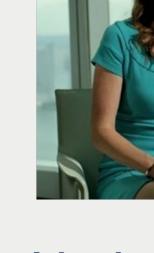
- Educating pharma lived experience
- Inform study design





Advocacy













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Research Grant Programs

Portfolio of Active Grants: > \$3 million

- Postdoctoral Fellowships
- Pilot Grants
- Biomarkers
- AFTD-ADDF Drug Discovery
- TreatFTD



Haakon Nygaard, MD, PhD University of British Columbia



Kathryn Bowles, PhD Icahn School of Medicine at Mt. Sinai



Steven Finkbeiner, MD, PhD
1. David Gladstone Institutes

New in 2018! Non-Pharmacological Pilot Grant

Focus is on innovations in disease management

New Opportunities

- Listed with Department of Defense on CDMRP 2018 & 2019 grants for FTD disorders
- Membership in FNIH Biomarkers Consortium
- FTD Education Days with industry
- Patient Focused Drug Development meeting with FDA (externally led), submit LOI 2018

A Community Committed to Change



theaftd.org | HelpLine: 1-866-507-7222 | info@theaftd.org