

2018 Spring ADC Meeting

DIRECTORS MEETING

Los Angeles, CA

April 21, 2018

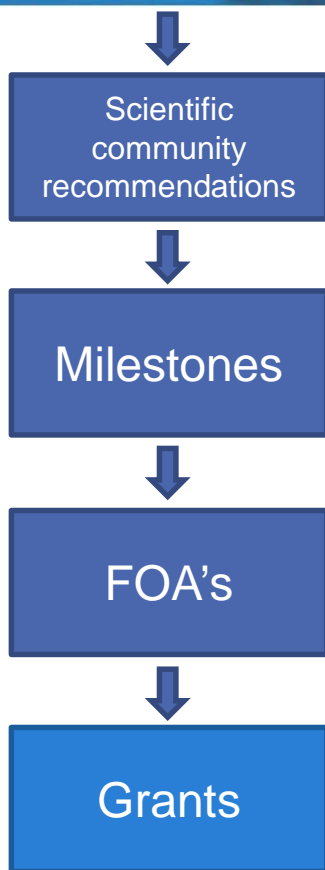
”NIA/Division of Neurosciences UPDATE”

Eliezer Masliah, M.D.

Director, Division of Neuroscience,
National Institute on Aging, NIH

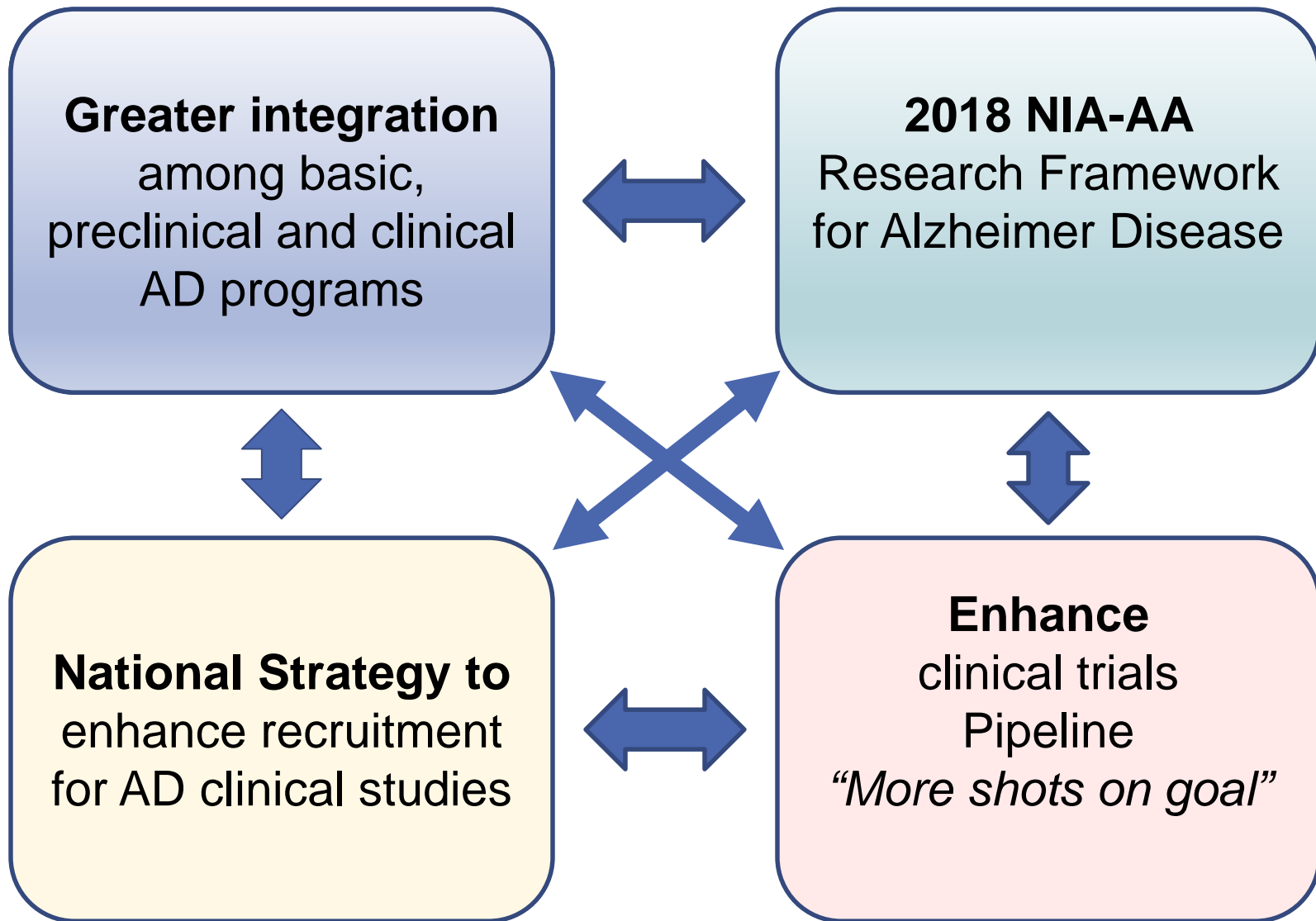
Key 2012/2015 AD Summits Recommendations

NAPA

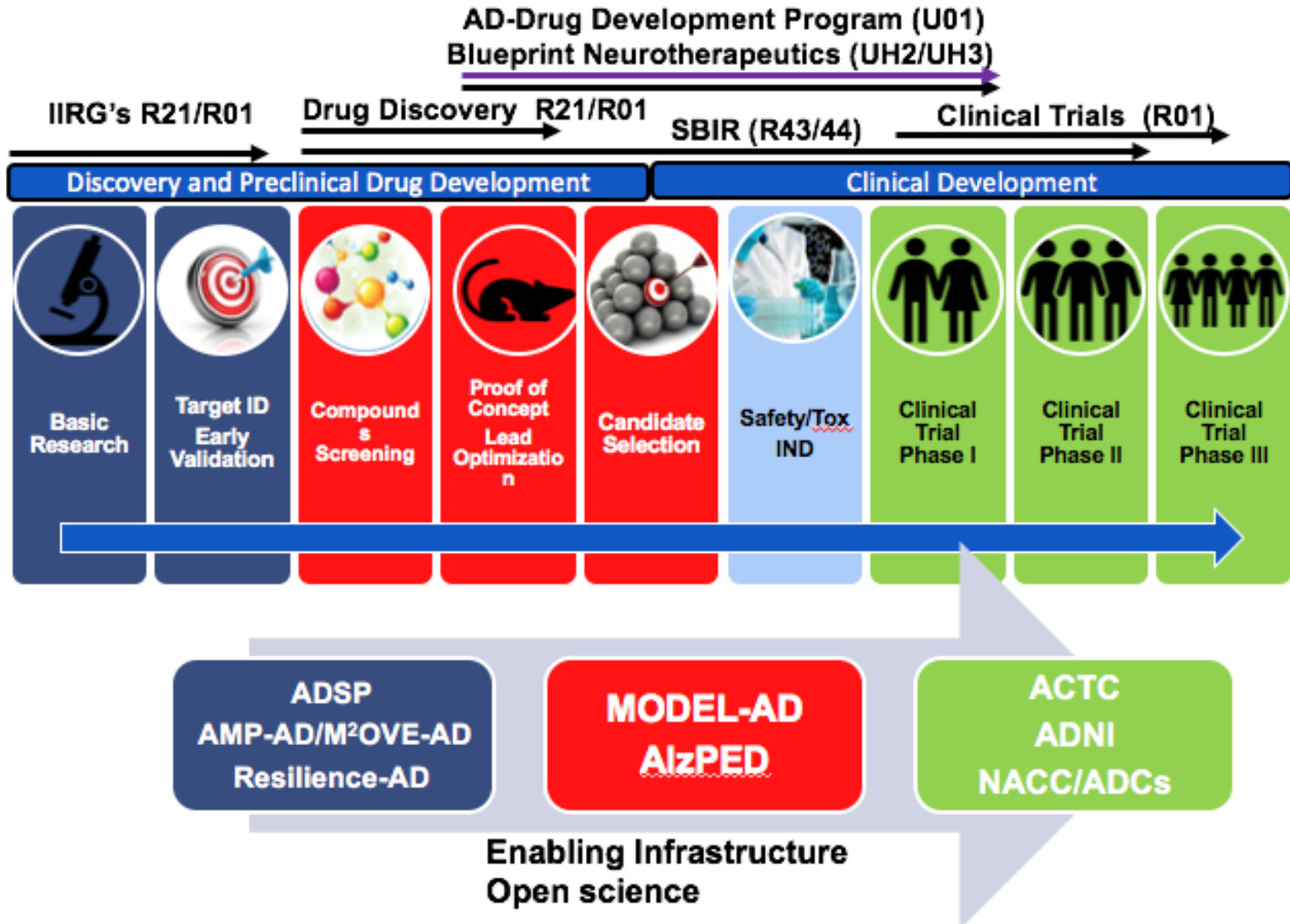


- ❑ Recognize the **heterogeneity and the multifactorial nature** of the disease.
- ❑ Support extensive molecular profiling of existing and establish new cohorts to **fill the gaps in large-scale human data** needed to **build predictive models** of disease and wellness.
- ❑ Employ **new research paradigms** such as systems biology and systems pharmacology.
- ❑ Enable **rapid and extensive sharing** of data, disease models, and biological specimens.
- ❑ Develop **computational tools and infrastructure** for storage, integration, and analysis of large-scale biological and other patient-relevant data.
- ❑ Build **new multidisciplinary translational teams** and create virtual and real spaces where these teams can operate.
- ❑ **Contribution of complex biology of Aging to AD.**
- ❑ Develop new **precompetitive public-private partnerships.**
- ❑ **Change** academic, publishing, and **funding incentives** to promote collaborative, transparent, and reproducible research.
- ❑ Engage **patients, caregivers** and citizens as **direct partners in research.**>>

NIA-AD Research Priorities



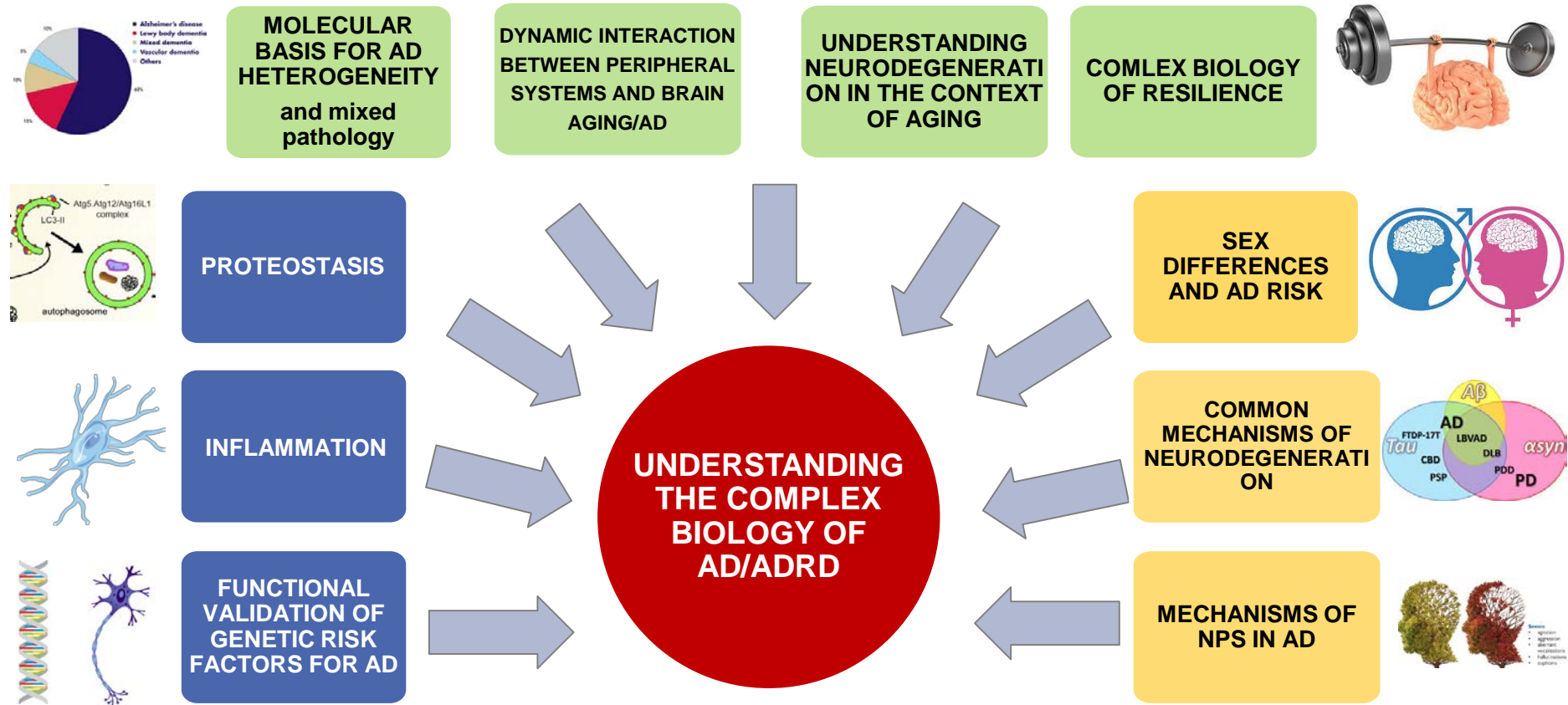
Greater integration of among AD programs



*NEW Funding opportunities (NOT-AG18-001)

- Disparities in Quality and Access to Dementia Care
- Improving the Lives of Persons with Dementia
- in vivo Synaptic Function in AD/ADRD
- Genetic Underpinnings of Endosomal Trafficking as a Pathological Hub in AD/ADRD
- *Collaborative Studies on AD/ADRD (NIA Contact; Nina Silverberg)*
- *Deciphering the Glycosylation Code of AD (NIA Contact; Austin Yang)*
- *Data-Driven Approaches to Understand the Molecular Mechanisms of NPS in AD/ADRD (NIA Contact; Laurie Ryan and Suzana Petanceska)*

NIA-AD current priority research areas



Initiatives in development:

- Microbiome in Aging;
- AD/Sleep and Circadian Rhythm;
- Selective neuronal vulnerability
- Amyloid fibril strains; glycobiology, endosome pathways,

New cryo-EM structure of amyloid fibrils might help develop new drugs and PET radioligands

RFA-AG-18-025 Consequences of amyloid protein polymorphisms in Alzheimer's disease (R01) NIA Contact; Austin Yang

Science

REPORTS

Cite as: L. Gremer et al., *Science* 10.1126/science.1250285 (2017).

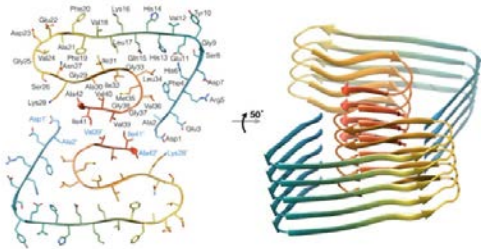
Fibril structure of amyloid- β (1-42) by cryoelectron microscopy

Lothar Gremer,^{1,3} Daniel Schützel,^{1,4} Carla Schenk,¹ Elke Reinartz,¹ Jörg Lahahn,^{1,4,5} Raimond B. G. Ravelli,¹ Markus Tusche,¹ Carmen Lopez-Iglesias,¹ Wolfgang Hoyer,^{1,6} Henrike Heise,^{1,6} Dieter Willbold,^{1,3*} Gunnar F. Schröder^{1,3*}

¹Institute of Complex Systems, Structural Biochemistry (ICS), Forschungszentrum Jülich, 52425 Jülich, Germany, ²Institut für Physikalische Biologie, Heinrich Heine Universität Düsseldorf, 40225 Düsseldorf, Germany, ³Centre for Structural Systems Biology (CSSB), DESY, 22607 Hamburg, Germany, ⁴The Max Planck Molecular Molecular Imaging Institute, Maastricht University, Universiteitsweg 50, 6229 ER Maastricht, Netherlands, ⁵Physics Department, Heinrich Heine Universität Düsseldorf, 40225 Düsseldorf, Germany

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Amyloids are implicated in neurodegenerative diseases. Fibrillar aggregates of the amyloid- β protein (A β) are the main component of the senile plaques found in brains of Alzheimer's disease patients. We present the structure of an A β (1-42) fibril composed of two intertwined protofibrils determined by cryoelectron microscopy (cryo-EM) to 4.0 Å resolution, complemented by solid-state nuclear magnetic resonance (NMR) experiments. The backbone of all 42 residues and nearly all sidechains are well resolved in the EM density map, including the entire N terminus, which is part of the cross- β structure resulting in an overall "LS"-shaped topology of individual subunits. The dimer interface protects the hydrophobic C terminus from the solvent. The unique staggering of the nonplanar subunits results in markedly different fibril ends, termed "groove" and "ridge," leading to different binding pathways on both fibril ends, which has implications for fibril growth.



A beta

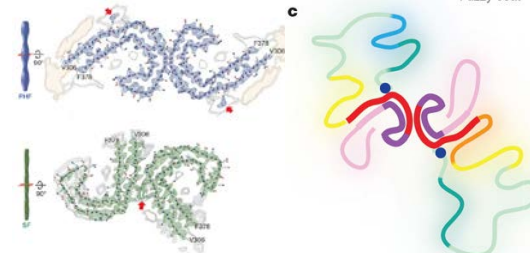
ARTICLE

doi:10.1038/nature23002

Cryo-EM structures of tau filaments from Alzheimer's disease

Anthony W. P. Fitzpatrick¹, Benjamin Falcon¹, Shaoda He¹, Alexey G. Murzin¹, Garib Murshudov¹, Holly J. Garringer², R. Anthony Crowther¹, Bernardino Ghetti¹, Michel Goedert¹ & Sjors H. W. Scheres¹

Alzheimer's disease is the most common neurodegenerative disease, and there are no mechanism-based therapies. The disease is defined by the presence of abundant neurofibrillary lesions and neuritic plaques in the cerebral cortex. Neurofibrillary lesions comprise paired helical and straight tau filaments, whereas tau filaments with different morphologies characterize other neurodegenerative diseases. No high-resolution structures of tau filaments are available. Here we present cryo-electron microscopy (cryo-EM) maps at 3.4–3.5 Å resolution and corresponding atomic models of paired helical and straight filaments from the brain of an individual with Alzheimer's disease. Filament cores are made of two identical protofilaments comprising residues 306–378 of tau protein, which adopt a combined cross- β / β -helix structure and define the seed for tau aggregation. Paired helical and straight filaments differ in their interprotofilament packing, showing that they are ultrastructural polymorphs. These findings demonstrate that cryo-EM allows atomic characterization of amyloid filaments from patient-derived material, and pave the way for investigation of a range of neurodegenerative diseases.



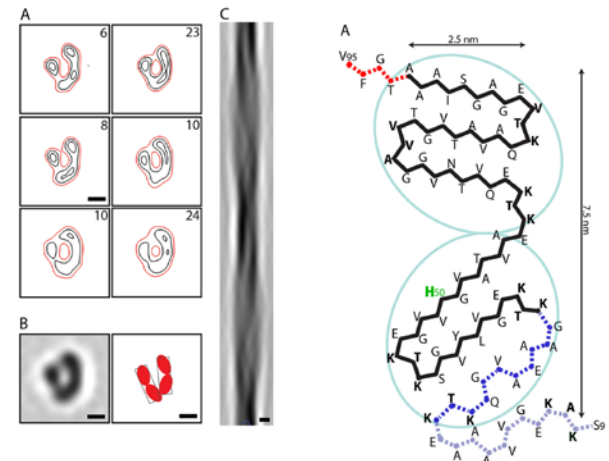
Tau

α -Synuclein Amyloid Fibrils with Two Entwined, Asymmetrically Associated Protofibrils*

Received for publication, October 20, 2015, and in revised form, November 24, 2015. Published, JBC Papers in Press, December 7, 2015, DOI:10.1074/jbc.M115.698787

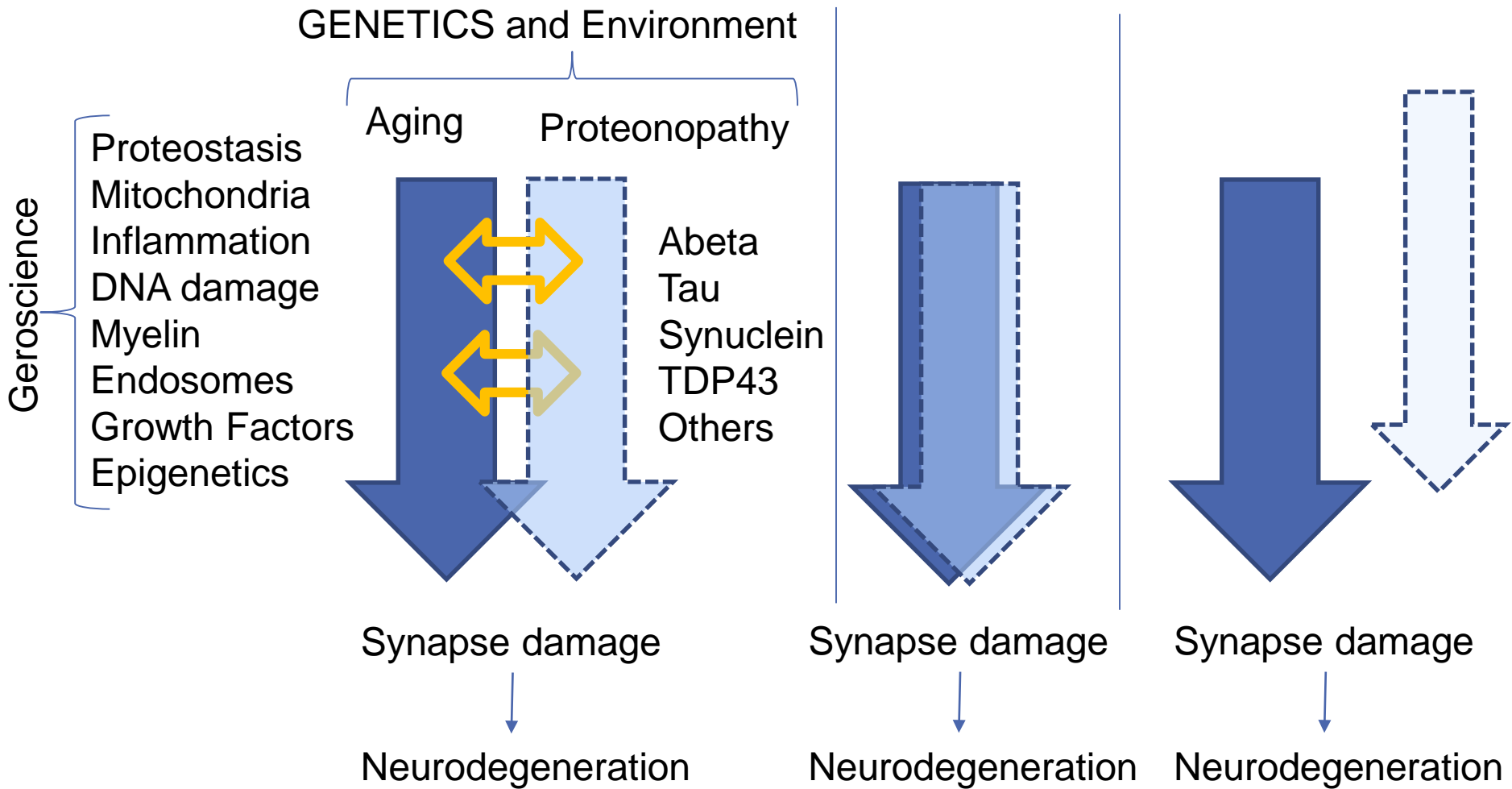
Altaira D. Dearborn¹, Joseph S. Wall¹, Naiqian Cheng¹, J. Bernard Heymann¹, Andrey V. Kajava¹, Jobin Varkey^{1,2,3}, Ralf Langen^{4,5}, and Alasdair C. Steven^{1*}

From the ¹Laboratory of Structural Biology Research, National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health, Bethesda, Maryland 20892, the ²Department of Biology, Brookhaven National Laboratory, Upton, New York 10973, the ³Centre de Recherches de Biochimie Macromoléculaire, CNRS, University of Montpellier, Montpellier 34172, France, the ⁴University ITMO, Institute of Bioengineering, 197101 St. Petersburg, Russia, the ⁵Zilkha Neurogenetic Institute, University of Southern California, Los Angeles, California 90033, and ⁶Karunya University, Coimbatore, Tamil Nadu 641 114, India

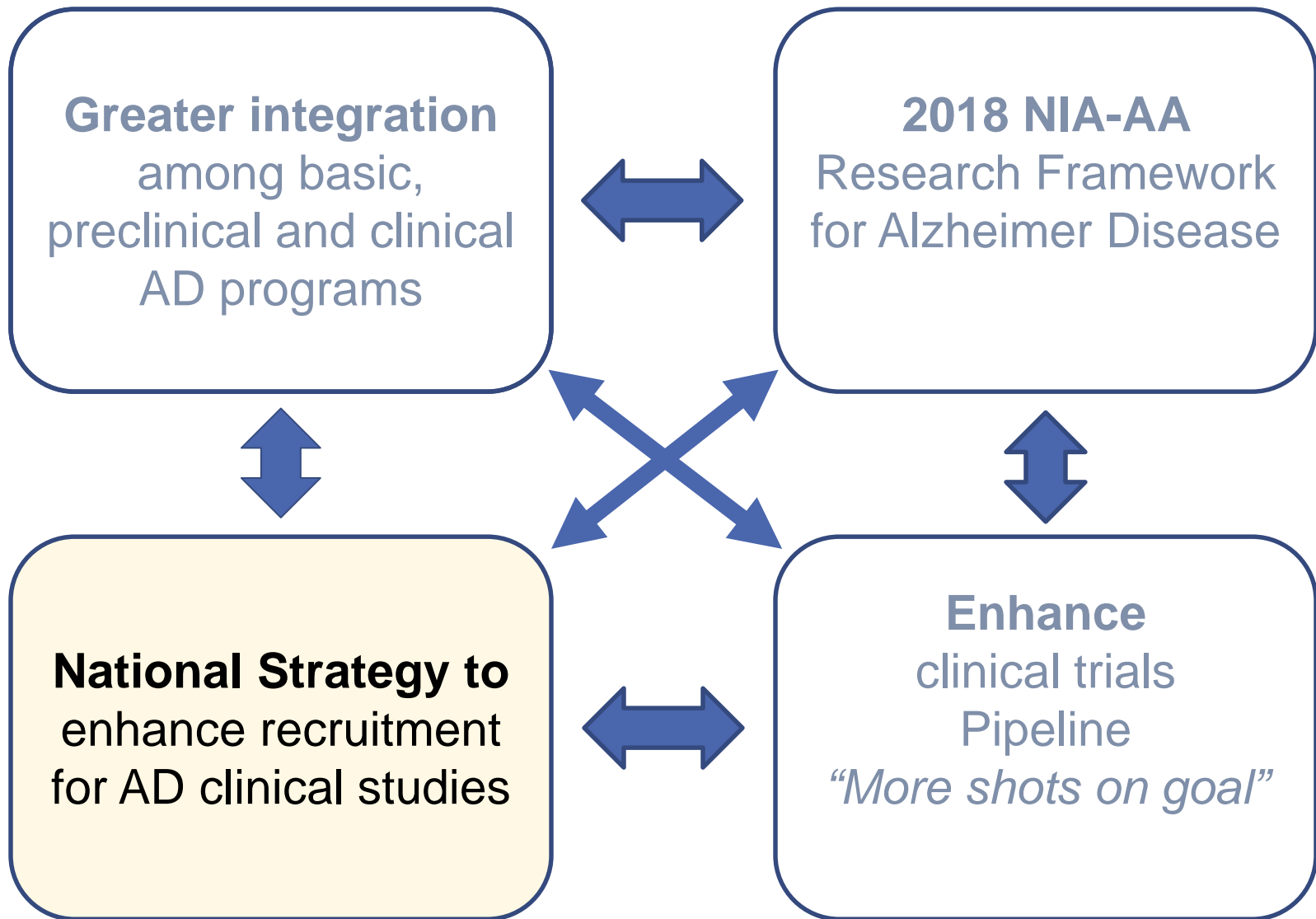


alpha-synuclein

Understanding AD in the context of Aging



NIA- AD Research Priorities



National Strategy for Alzheimer's Disease Recruitment and Participation in Clinical Research (ADRP)

- A. National Efforts**- strategies that can lead to successful recruitment
- B. Capacity building**- bolster infrastructure to enhance recruitment
- C. Connecting at the local level**- best practices to build trusting relations

Funding Opportunity Title	Examining Diversity, Recruitment and Retention in Aging Research (R24 Clinical Trial Not Allowed)
Activity Code	R24 Resource-Related Research Projects
Announcement Type	New
Related Notices	None
Funding Opportunity Announcement (FOA) Number	PAR-18-749

NIA Contact; Cerise Elliott

ALZHEIMER'S RESEARCH NEEDS YOU!

The number of older Americans 65+ with Alzheimer's disease is rapidly growing!

8.0 MILLION 2014
11.8 MILLION 2030

GOOD NEWS IMPORTANT ALZHEIMER'S RESEARCH IS MOVING FORWARD

BUT WE NEED YOUR HELP

More than **150** Alzheimer's and related clinical trials in the U.S. are looking for volunteers

At least **70,000** people with Alzheimer's, healthy volunteers, and caregivers are urgently needed

1 volunteer at a time is what it takes

YOU COULD BE THAT VOLUNTEER

YOU CAN MAKE A DIFFERENCE

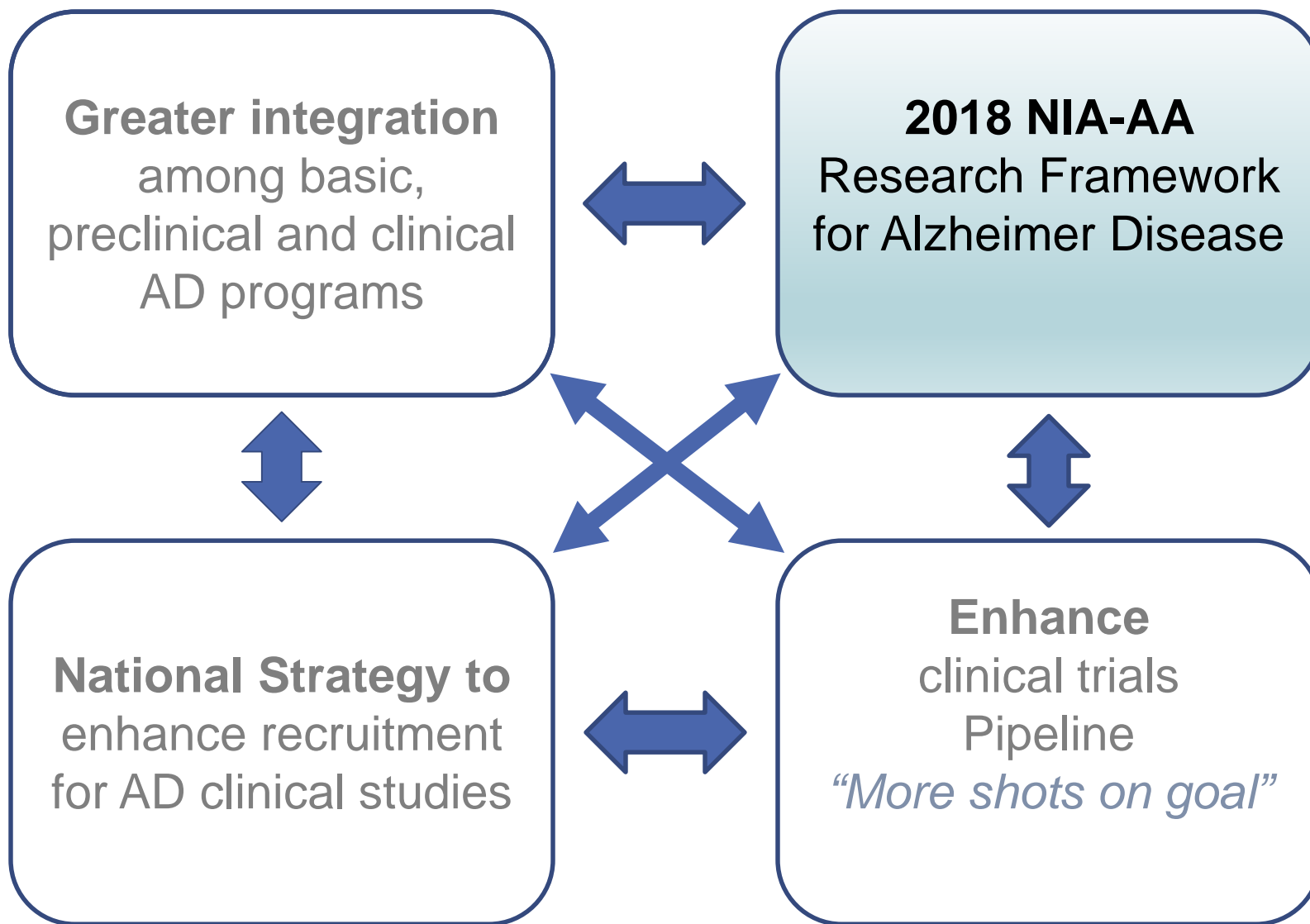
Join Us! TAKE THE FIRST STEP TODAY

Call 1-800-438-4380
Go to www.nia.nih.gov/alzheimers/volunteer

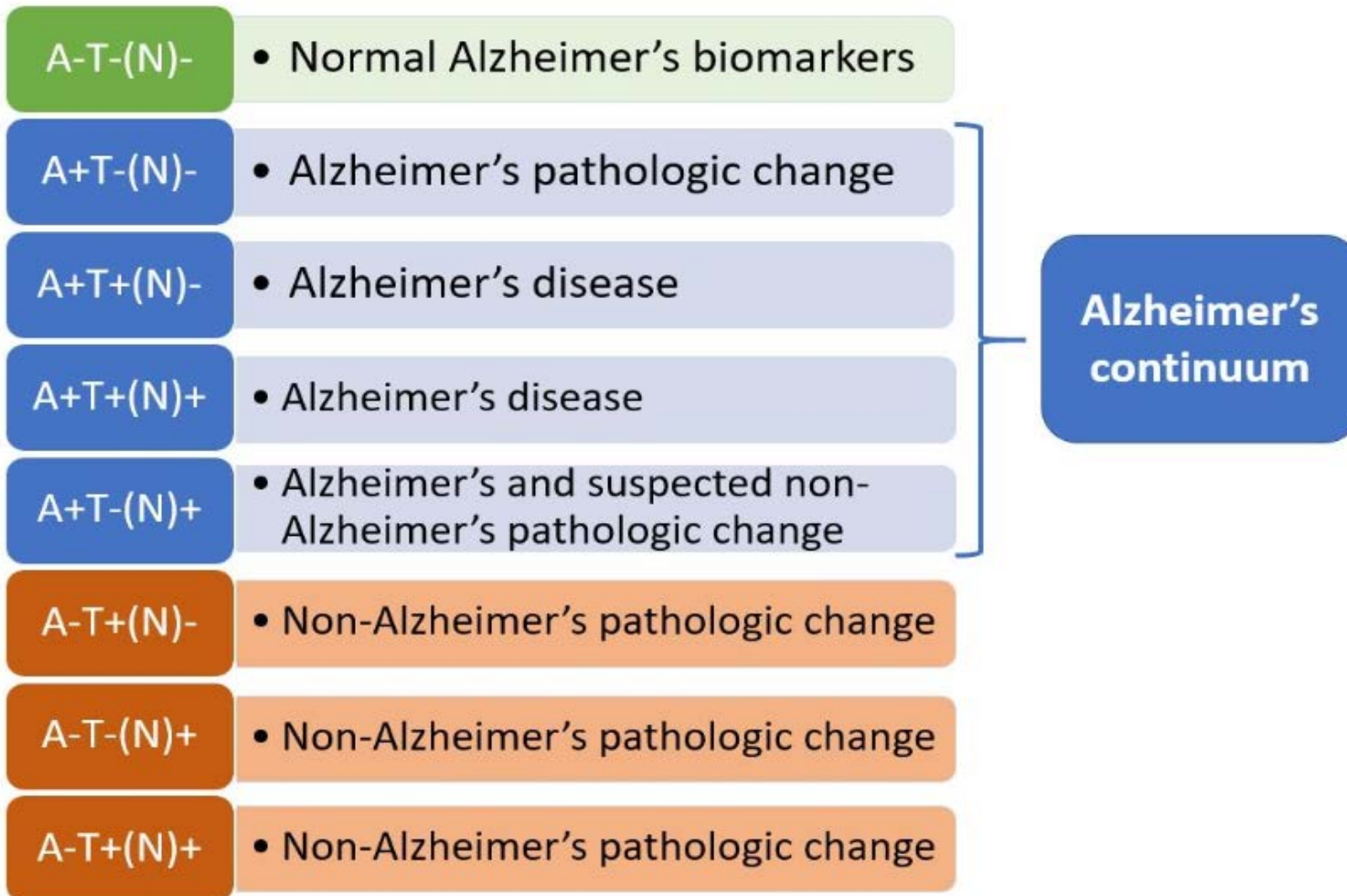
Alzheimer's Disease Education & Referral Center
NIH National Institute on Aging
Follow us on Twitter: @Alzheimers_NIH

†Holtzman L.B., Weisberg J., Cohen P.H., Evans G.M. Alzheimer disease in the United States. ©2010-201011 estimated using the 2010 census. Neurology. 2013;80(10):1176-1182.

NIA-AD Research Priorities



2018 NIA-AA Research Framework

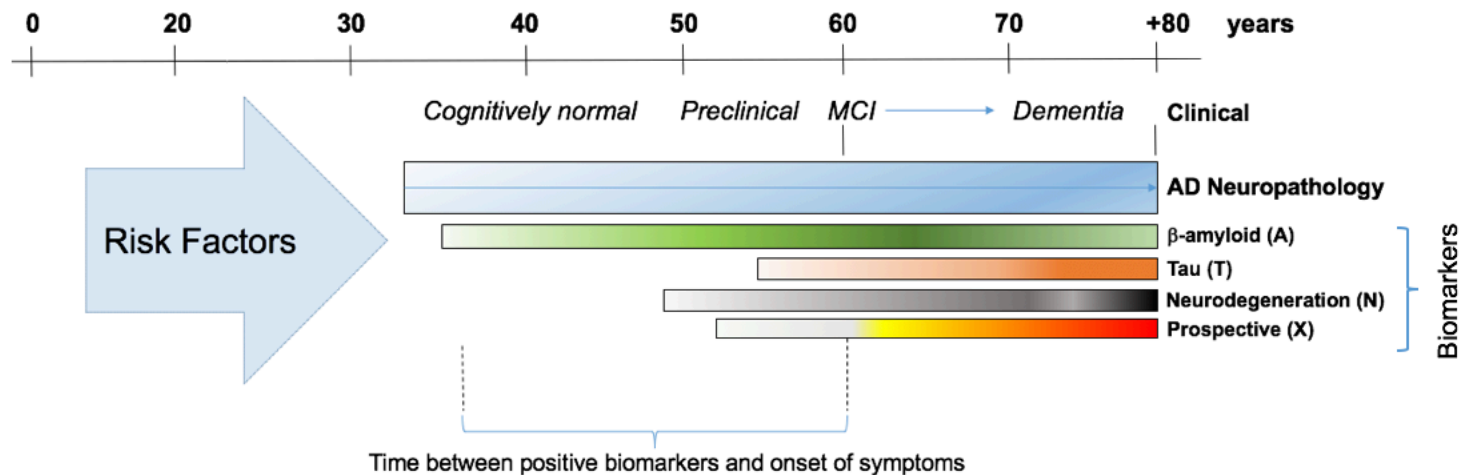


A = Amyloid; T = Tau;
N = Neurodegeneration

Adapted from Jack et al.,
Alzheimer's & Dementia (2018)
14(4): 535-562.

2018 NIA-AA Framework- Commentary

- Considers AD pathology separate from dementia
- Considers disease as a continuum including aging
- Very long incubation period between onset of pathology and cognitive impairment



The research framework is...	The research framework is NOT...
A testable hypothesis	A requirement for NIH grant submission
An approach that facilitates standardized research reporting	A statement about Alzheimer's pathogenesis or etiology
A common language and a reference point for researchers for longitudinal studies and clinical trials	An NIA policy, guideline or criterion for papers or grants
A welcome for other approaches	A disease definition for standard medical use
A welcome for other indicators of Alzheimer's and comorbidities	A fixed notion of Alzheimer's

**NEW
ADC's Biomarkers
Core**

X= NEW

*NEW Funding opportunities (NOT-AG18-001)

- Disparities in Quality and Access to Dementia Care
- Improving the Lives of Persons with Dementia
- *in vivo Synaptic Function in AD/ADRD (NIA Contact; John Hsiao) (PAR-18-596)*
- *Genetic Underpinnings of Endosomal Trafficking as a Pathological Hub in AD/ADRD (NIA Contact; Marilyn Miller)*
- Collaborative Studies on AD/ADRD,
- Deciphering the Glycosylation Code of AD,
- Geroscience Approaches to AD:
- Data-Driven Approaches to Understand the Molecular Mechanisms of NPS in AD/ADRD,

Live imaging of synapses in AD with the SV2A radioligand ^{11}C -UCB-J

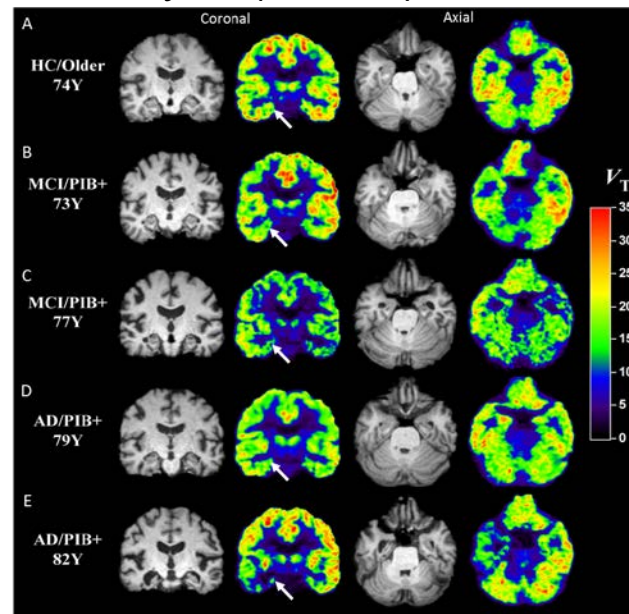
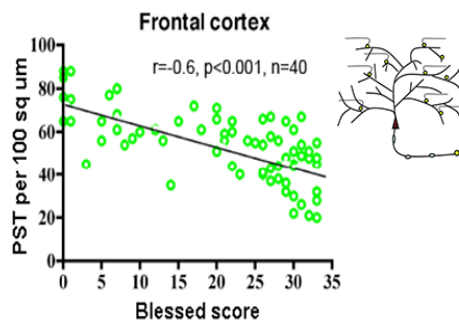
Chris Van Dyck (Yale U) CTAD 2017

Physical Basis of Cognitive Alterations in Alzheimer's Disease: Synapse Loss Is the Major Correlate of Cognitive Impairment

Robert D. Terry, MD,* Eliezer Masliah, MD,* David P. Salmon, PhD,* Nelson Butters, PhD,* Richard DeTeresa, BS,* Robert Hill, PhD,* Lawrence A. Hansen, MD,* and Robert Katzman, MD*

We present here both linear regressions and multivariate analyses correlating three global neuropsychological tests with a number of structural and neurochemical measurements performed on a prospective series of 15 patients with Alzheimer's disease and 9 neuropathologically normal subjects. The statistical data show only weak correlations between psychometric indices and plaques and tangles, but the density of neocortical synapses measured by a new immunocytochemical/densitometric technique reveals very powerful correlations with all three psychological assays. Multivariate analysis by stepwise regression produced a model including midfrontal and inferior parietal synapse density, plus inferior parietal plaque counts with a correlation coefficient of 0.96 for Mattis's Dementia Rating Scale. Plaque density contributed only 26% of that strength.

Terry RD, Masliah E, Salmon DP, Butters N, DeTeresa R, Hill R, Hansen LA, Katzman R. Physical basis of cognitive alterations in Alzheimer's disease: synapse loss is the major correlate of cognitive impairment. *Ann Neurol* 1991;30:572-580



RESEARCH ARTICLE

NEUROLOGY

Imaging synaptic density in the living human brain

Sjoerd J. Finnema,^{1*} Nabeel B. Nabulsi,¹ Tore Eid,² Kamil Detyniecki,³ Shu-fei Lin,¹ Ming-Kai Chen,¹ Roni Dhaher,² David Matuskey,¹ Evan Baum,¹ Daniel Holden,¹ Dennis D. Spencer,⁴ Joël Mercier,⁵ Jonas Hannestad,^{5†} Yiyun Huang,¹ Richard E. Carson^{1,6}

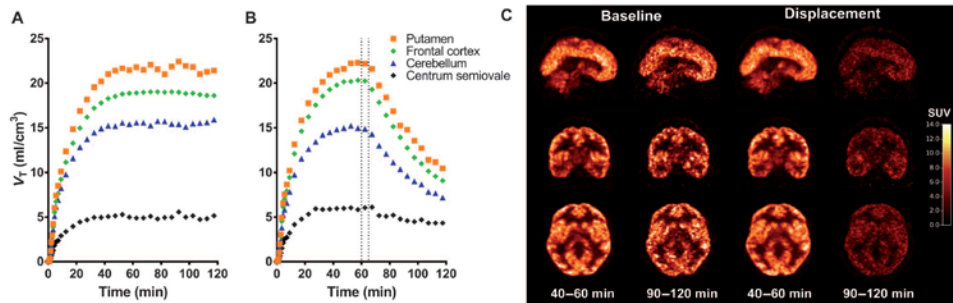
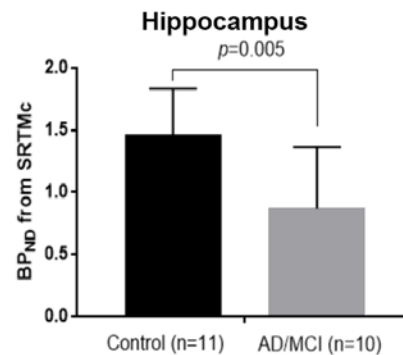
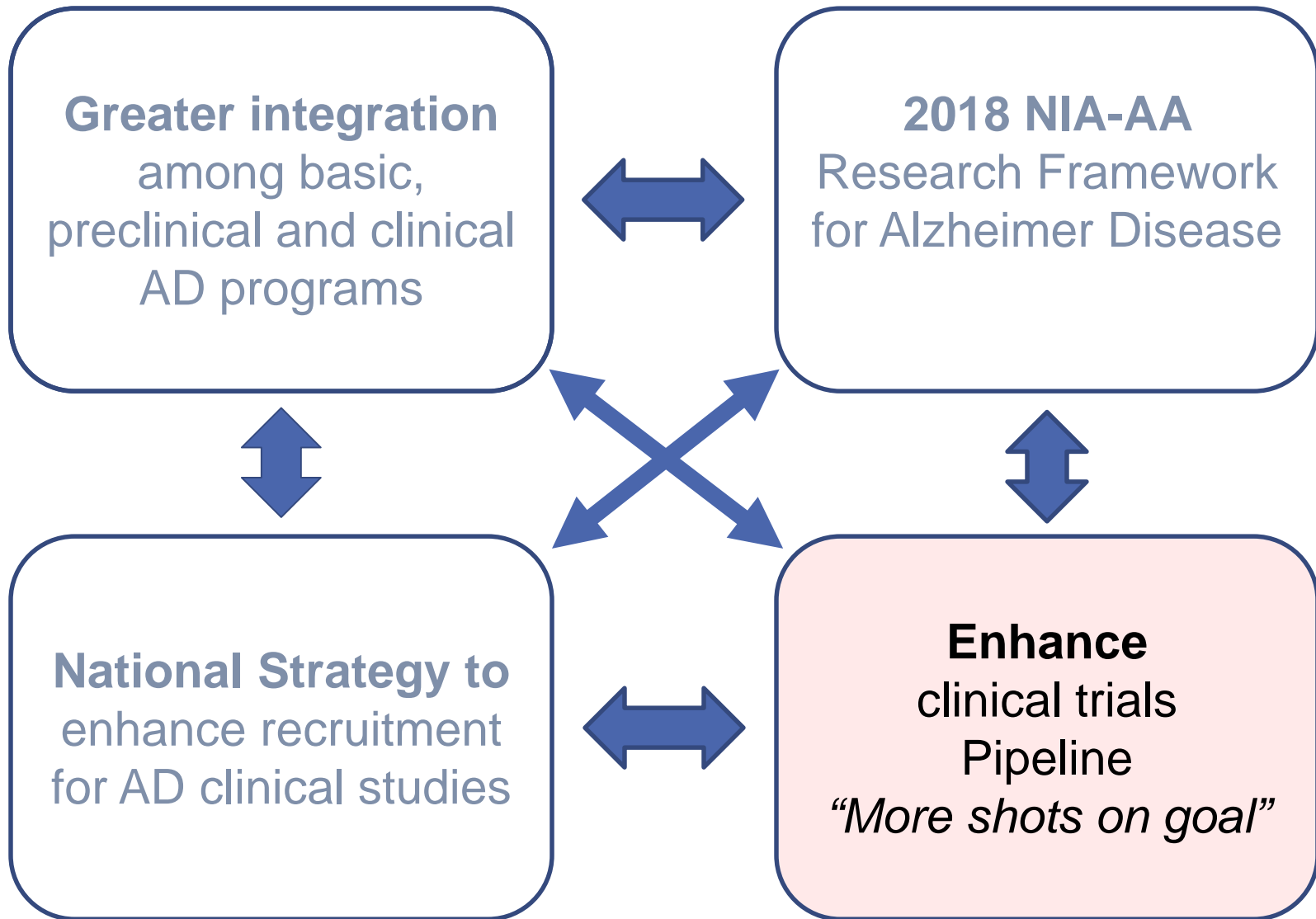


Fig. 3. ^{11}C -UCB-J binds to SV2A in the healthy human brain. (A and B) Regional TACs of V_T values in four brain regions after ^{11}C -UCB-J administration by a bolus plus constant infusion protocol in three control subjects under baseline (A) or displacement conditions in which levetiracetam (1500 mg) was intravenously infused 60 to 65 min after the start of ^{11}C -UCB-J infusion (B). Data are means ($n = 3$); the SD was not displayed for the sake of clarity. Individual subject data are shown in fig. S5. (C) PET summation images 40 to 60 min or 90 to 120 min after ^{11}C -UCB-J injection in subject 8. In the displacement study, levetiracetam (1500 mg) was intravenously infused 60 to 65 min after the start of ^{11}C -UCB-J infusion. Individual subject images are shown in fig. S6.



NIA-AD Research Priorities





PI: G. Schellenberg; L. San U Penn; NIA Lead: Marilyn Miller

Genetic Underpinnings of Endosomal Trafficking as a Pathological Hub in AD/ADRD (NIA Contact; Marilyn Miller) (PAR-18-596)

**PSD2
TCIRG1
RIN3
RUFY1**

JAMA Neurology | Original Investigation

Early-Onset Alzheimer Disease and Candidate Risk Genes Involved in Endolysosomal Transport

Brian W. Kunkle, PhD, MPH; Badri N. Vardarajan, PhD; Adam C. Naj, PhD; Patrice L. Whitehead, BS; Sophie Rolati, MS; Susan Slifer, MS; Regina M. Carney, MD; Michael L. Cuccaro, PhD; Jeffery M. Vance, MD, PhD; John R. Gilbert, PhD; Li-San Wang, PhD; Lindsay A. Farrer, PhD; Christiane Reitz, MD, PhD; Jonathan L. Haines, PhD; Gary W. Beecham, PhD; Eden R. Martin, PhD; Gerard D. Schellenberg, PhD; Richard P. Mayeux, MD, MSc; Margaret A. Pericak-Vance, PhD

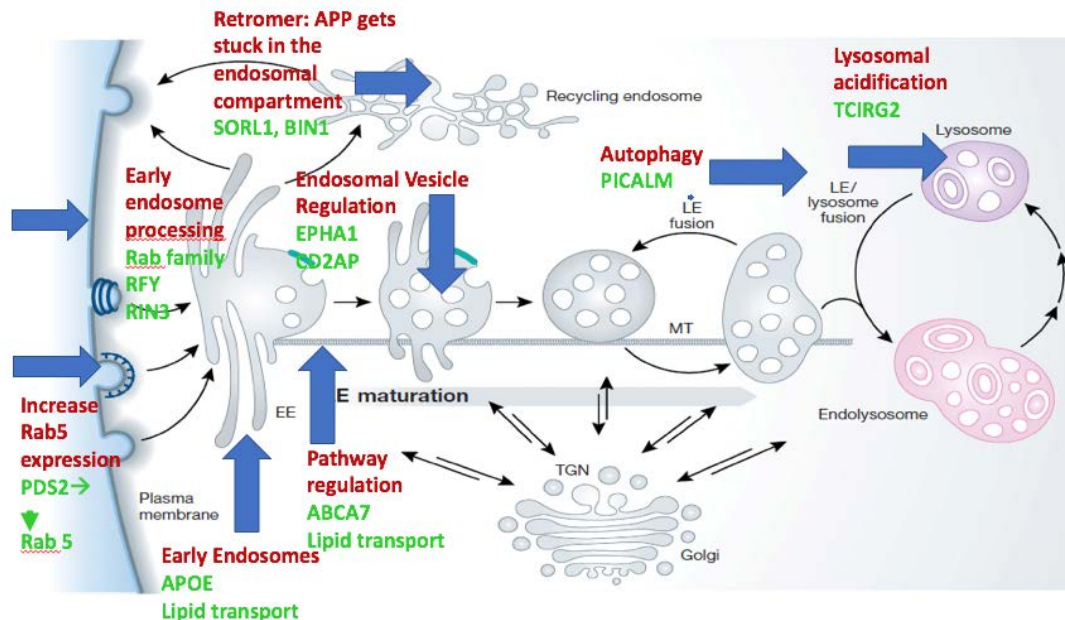
**PLCG2
ABI3
TREM2**

LETTERS

NATURE GENETICS VOLUME 49 | NUMBER 9 | SEPTEMBER 2017

1373

Rare coding variants in *PLCG2*, *ABI3*, and *TREM2* implicate microglial-mediated innate immunity in Alzheimer's disease



ACCELERATING MEDICINES PARTNERSHIP (AMP)

ALZHEIMER'S DISEASE - Target Discovery and Preclinical Validation Project

NIA Lead: Suzana Petanceska

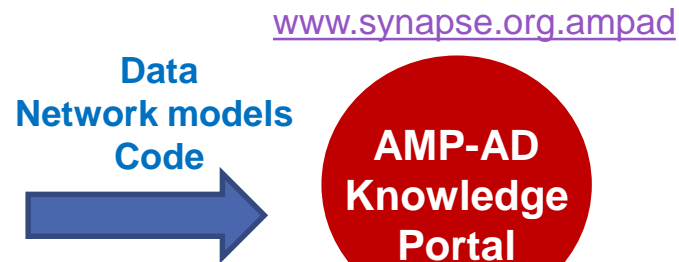
Generate

High-dimensional multi-omic data:
~2,500 human brains; ~1000 blood samples

Integrate

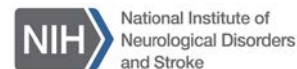
Molecular profiling
Predictive Modeling
Experimental validation

**6 Academic Teams
– NIA U01/R01 grants –**



- P. De Jager, D. Bennett
- E. Schadt, B. Zhang, S. Gandy, J. Zhu, M. Ehrlich
- T. Golde, N. Price, N. Ertekin-Taner, S. Younkin,
- A. Levey, T. Montine, J. Troncoso, D. Geschwind
- R. Kaddurah-Daouk
- B. Yakner, L. Huei Tsai

AMP-AD Partners



abbvie



ACCELERATING MEDICINES PARTNERSHIP (AMP)

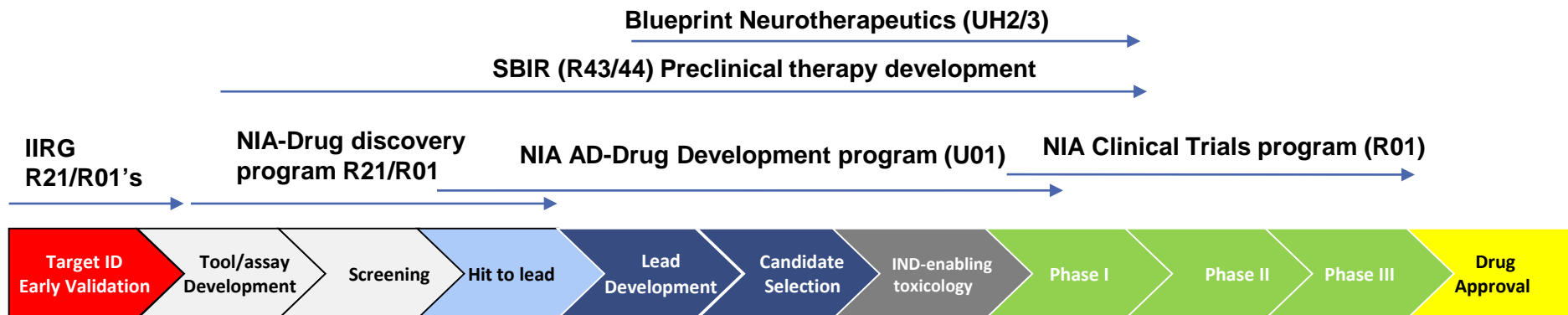
Progress over 4 years:

- Centralized data resource established- AMP-AD portal
- All data sharing deliverables met
- Over 100 candidate targets nominated; currently undergoing data-driven prioritization for further preclinical validation
- A variety of experimental validation models developed
- Novel biomarker discovery initiated

AMP-AD Teams Candidate Targets: preliminary list

SNRNP70	TGFBR1	CCDC85C	RGS4
U1-A	TGFBR2	CIC	SCN2A
U1-C	BMPR1A	CSRP1	OLFM3
SNRPN	BMPR1B	DAB2IP	SLC22A10
SNRPB	CRHR1	FAM63A	ENAH
PLCD1	TREM2	FURIN	WWTR1
PTRHD1	TYROBP	HMG20B	LRP10
SFRP1	S100A8	IGFBP5	SYP
PPP1R7	S100A9	ISYNA1	PCSK1
DNM3	P2RY2	KIF1C	KMO
RTN4	P2RX7	PADI2	PTTG1IP
EPB41L3	P2RY12	SLC38A2	MLIP
TUBB3	P2RY13	SNAP25	DLGAP1
PLEC	OSMR	STX1A	MOAP1
ANXA5	TLR4	STXBP3	PRKCB
MSN	CR1	SV2B	YAP1
CD44	CSF1R	SYT1	GNA13
LMNA	CX3CR1	SYT12	TRIM56
	SPI1	ZBTB47	
	TNFRSF10A	VGF	
	TNFRSF10B	PLXNB1	

NIA and Trans-NIH translational programs and infrastructure for AD



ADSP
AMP-AD
M²OVE-AD
Resilience-AD

MODEL-AD
AlzPED

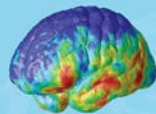
ACTC
ADC/NACC
ADNI

**ENABLING INFRASTRUCTURE FOR
DATA DRIVEN AND PREDICTIVE
DRUG DEVELOPMENT
OPEN SCIENCE**

NIA- AD clinical trials pipeline toward 2025

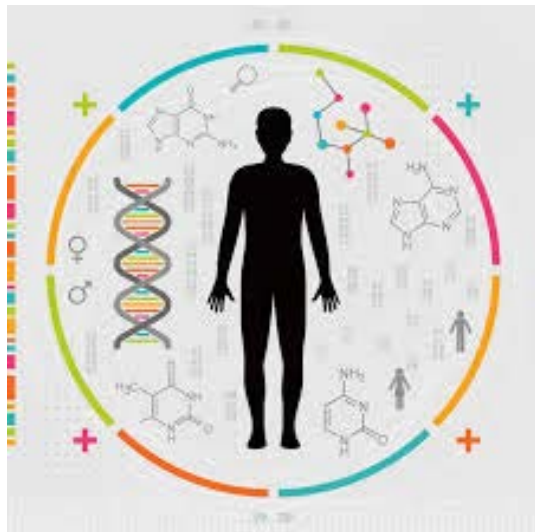
NIA contact: Laurie Ryan and Kristina McLinden

- **Over 140 active trials**
- **40 Early-stage Clinical Drug Development (Phase I and Phase II Clinical Trials)**
 - Amyloid (9)
 - Neurotransmitter Receptors (3)
 - Metabolism and Bioenergetics (4)
 - Vasculature (3)
 - Growth Factors and Hormones (1)
 - Multi-target (6)- **Tau, inflammation, ApoE4, MAPK, JNK1**
 - Oxidative Stress (1)
- **8 Late-stage Clinical Drug Development (Phase II/III and Phase III Clinical Trials)**
 - Amyloid (6)- **DIAN-TU, A4, API-ADAD, API-E4, others**
 - Vasculature (2)- **SPRINT-MIND, ASPREE**
- **62 Non-Pharmacological Interventions**
 - Exercise (16)
 - Diet (2)
 - Cognitive Training (20)
 - Combination Therapy (11)
- **7 Clinical Therapy Development for the Neuropsychiatric Symptoms of AD/ADRD**
 - Pharmacological (5)- **lithium, methylphenidate, escitalopram, dronabinol, others**
 - Non-Pharmacological (2)- CAP, PATH
- **37 Care and Caregiver Interventions**



2018 NIH
Alzheimer's Disease
Research Summit

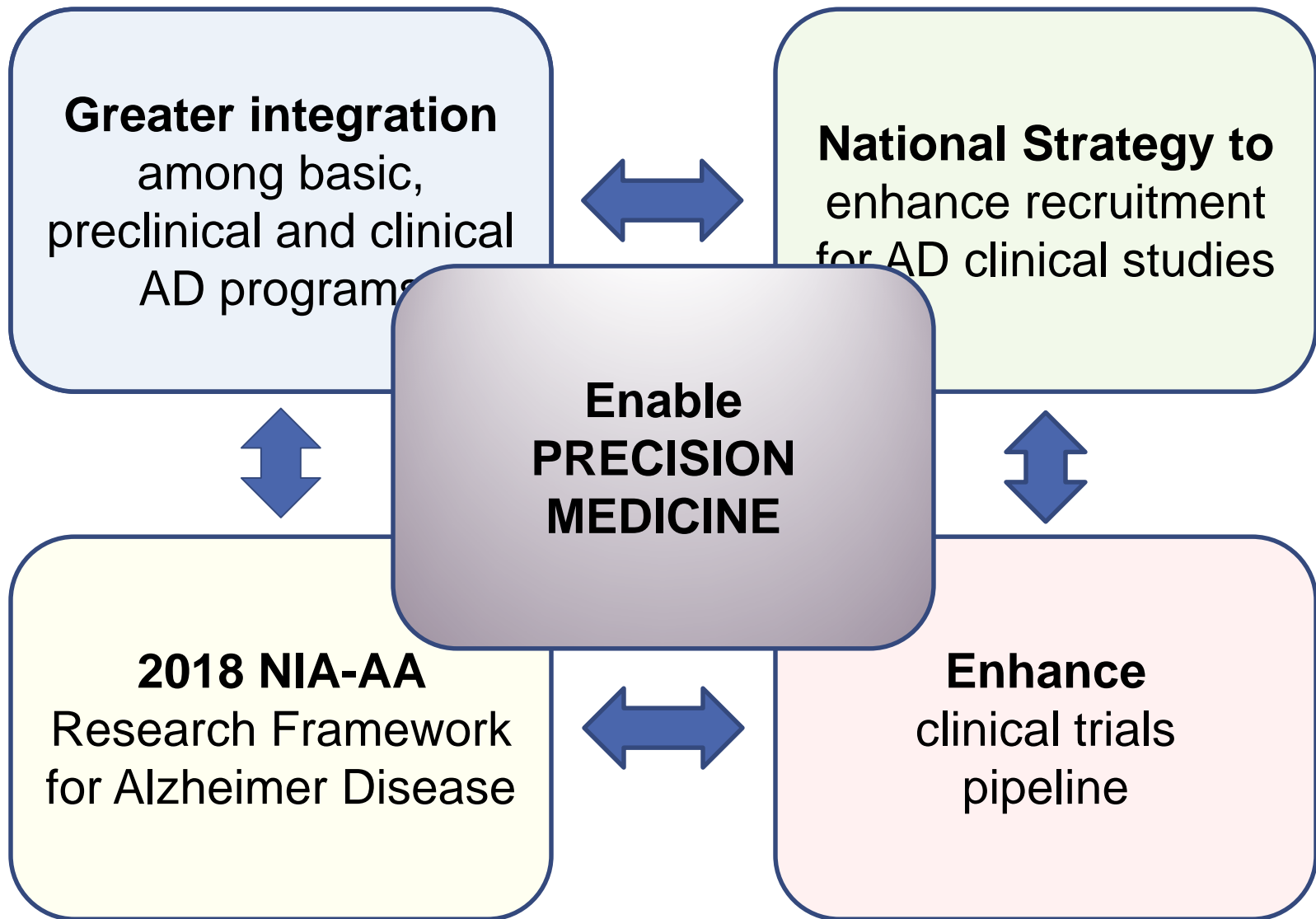
Plans for the Future



March 1-2, 2018

- ❑ Novel Mechanistic Insights into the **Complex Biology and Heterogeneity of AD**
- ❑ Enabling **Precision Medicine for AD**
- ❑ Translational Tools and Infrastructure to **Enable Predictive Drug Development**
- ❑ Emerging Therapeutics- **novel targets**
- ❑ Understanding the **Impact of the Gene-Environment to Advance AD Prevention**
- ❑ Advances in **Disease Monitoring, Assessment and Care**
- ❑ Building **Open Science Research Ecosystem to Accelerate AD Therapy Development**

Research Priorities following 2018 AD Summit



THANKS