



# INTRODUCTION

Age is the single largest risk factor for Alzheimer's Disease (AD). After age 65 the risk of AD doubles every five years, and by age 85, the prevalence is ~31%. Yet progression of AD etiology is hypothesized to begin decades earlier.

is a growing emphasis to identify There molecular changes that underlie the agerelated increase in AD patjogenesis.

Aim: Use computational Approaches to identify epigenetic aging signatures in brain that relate to AD neuropathology.

## **MATERIALS & METHODS**

Datasets

GSE74193: DLPFC DNA methylation (DNAm) data n=399 ages 20-97

ROSMAP: DLPFC DNAm data n=718 ages 65-108

#### **Statistical Analysis**

DNAm Data was available for just over ~450,000 CpGs

PCA was used as a data reduction tool

Elastic Net (Penalized Regression) was used to train a DNAm age predictor in DLPFC

The predictor was evaluated against AD clinical and pathological diagnostic variables

Figure 1: Screeplot of PCA run on ~450,000 CpG variables in DLPFC

200 150 100

50

Figure 3: Elastic Net 10-fold cross-validation. Optimized lambda produced a predictor based on 65 PCs

# Age-Related Alterations in DNA Methylation are Associated with AD Neuropathology Morgan E. Levine, PhD Dept. of Pathology, Yale School of Medicine

## RESULTS



variables, including predicted cell proportions, age, and sex





ROSMAP cohort

Figure 2: Associations between DNAm PCs in DLPFC and phenotypic

### cor=0.61, p=2.2e-74





clinical diagnosis of AD.

Age-associated alterations in DNAm that are even apparent early in the life course, relate to AD neuropathology and cognitive functioning/dementia. There is evidence that these changes do not simply reflect changes in cell proportions, but may signal something about cellular aging or responses to aging. In moving forward it will be important to uncover mechanisms linking DNAm and AD and determine whether non-invasive biomarkers can be developed from these findings.

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## **RESULTS CONT.**

Figure 5: Associations between DNAmAge (adjusted for age, sex, study) and neuropathological and

# CONCLUSION

## ACKNOWLEDGEMENT