

Wisconsin Alzheimer's Disease Research Center

Vascular contributions to cognitive impairment: Are we ready for a "V" in the AT(N) framework?

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Vascular risk factors interact with sex and AD pathology to increase risk for dementia



Vascular contributions to cognitive impairment and dementia (VCID)



4-D Flow MRI. Courtesy of Oliver Wieben, PhD, UW-Madison



Wisconsin Alzheimer's Disease Research Center Iadecola C. *Neuron.* 2017 Sep 27;96(1):17-42. doi: 10.1016/j.neuron.2017.07.030.

SPRINT-MIND STUDY Systolic Blood Pressure Intervention Trial – Memory and Cognition in Decreased Hypertension

 New cases of MCI were reduced by 19%; combined outcome of MCI and dementia was reduced by 15%





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JAMA. 2019;321(6):553-561. doi:10.1001/jama.2018.21442

Understanding VCID has important therapeutic implications

<u>Fin</u>nish <u>Ger</u>iatric (FINGER) study to Prevent Cognitive Impairment

- 2-year study
- 1260 adults ages 60–77 yrs
- Multi-domain intervention:
 - Diet
 - Exercise
 - Cognitive training
 - Vascular risk monitoring



U.S.POINTER alzheimer's R association





Wisconsin Alzheimer's Disease Research Center Ngandu et al. *Lancet* 2015; 385: 2255–63 https://alz.org/us-pointer/overview.asp



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Syndromal Cognitive Stage					
		Cognitively unimpaired	MCI	dementia	
	A- T- (N)-	normal AD biomarkers, cognitively unimpaired	normal AD biomarkers with MCI	normal AD biomarkers with dementia	

How can we collectively move the science toward adding a "V" to the AT(N) framework?

Biomar		concomitant suspected non Alzheimer's pathologic change, cognitively unimpaired	suspected non Alzheimer's pathologic change with MCI	concomitant suspected non Alzheimer's pathologic change with dementia
	$A^{+}T^{+}(N)^{-}$ $A^{+}T^{+}(N)^{+}$	Preclinical Alzheimer's disease	Alzheimer's disease with MCI (Prodromal AD)	Alzheimer's disease with dementia



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C.R. Jack Jr. et al. / Alzheimer's & Dementia 14 (2018) 535-562





Vascular Contributions to Cognitive Impairment and Dementia

- <u>Rec. 4 Priority 1.</u> Develop, validate & longitudinally track 1) cognitive, physical, functional assessment components that indicate the presence of VCID, & 2) biomarkers of key vascular processes (3-5 y).
- <u>Rec. 5 Priority 2.</u> Identify 1) interventions (medication, lifestyle or a combination) with proven efficacy for reducing cardiovascular and cerebrovascular risk and 2) care models to test their efficacy for prevention and treatment of VCID (3-5 y).
- <u>Rec. 6 Priority 4.</u> Determine interrelationships (cross-sectional & longitudinal) among cerebrovascular disease, cardiovascular disease, and VCID risk factors and aging, resilience, genetics, amyloid, tau, and neurodegeneration along the life-course (3-5 y).
- <u>Rec. 7 Priority 2.</u> Use existing and in-process biospecimens, genomics, and imaging data from largescale human studies to test hypothesized mechanisms of VCID derived from basic science animal/human studies (3-5 y).
- <u>Rec. 8 Priority 3.</u> Incorporate VCID mechanisms derived from basic science animal/human studies into the design of human trials targeting dementia/MCI as primary outcomes (5-7 y).

https://meetings.ninds.nih.gov/Home/Tab2/21149

NIA Alzheimer's Disease Centers

MarkVCID Consortium Centers





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https://markvcid.partners.org/about/consortium-overview

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- Clinical phenotyping of cerebrovascular contributions to cognitive impairment – Jeff Williamson, MD, MHS
- Neuroimaging of cerebrovascular disease Konstantinos Arfanakis, PhD
- Fluid biomarkers of cerebrovascular disease Donna Wilcock, PhD
- Genetics of cerebrovascular disease Christiane Reitz, MD, PhD

