

ALZHEIMER'S DISEASE-RELATED DEMENTIAS SUMMIT 2022

Recap

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Professorship

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*It's All
MED*

NIH ADRD Summits Shape ADRD Research Priorities

2011 NAPA Law, Goal 1: Prevent and Effectively Treat AD/ADRD by 2025

Triennial AD, ADRD
& Care Summits



Research
Recommendations



Milestones



Scientific Advances
Toward Goal 1

**ADRD Summits:
2013, 2016, 2019, 2022**

- ☐ NIA leads NIH response to the National Plan* to Address AD/ADRD
- ☐ NINDS leads LBD, FTD, VCID, MED portfolios & ADRD Summits
- ☐ NINDS and NIA collaborate closely
 - Funding opportunities
 - Supplement program to expand the field
 - Paylines
 - Triennial Summits



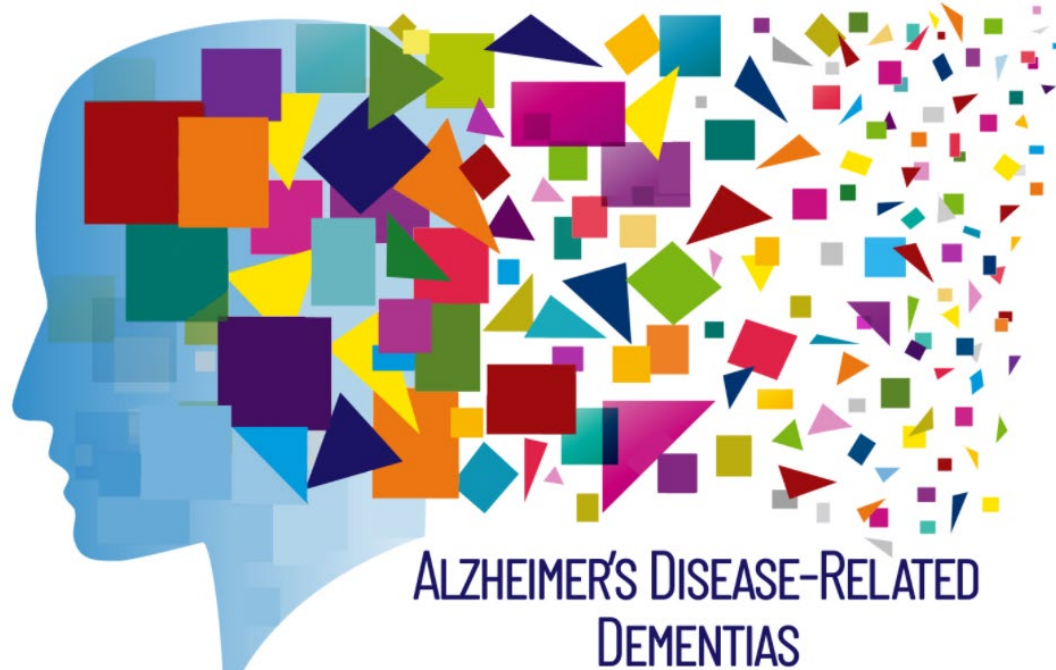
National Institute
on Aging



National Institute of
Neurological Disorders
and Stroke

*<https://aspe.hhs.gov/reports/national-plan-2021-update>

NIH ADRD Summits Shape ADRD Research Priorities



ALZHEIMER'S DISEASE-RELATED
DEMENTIAS

March 22-23, *virtual*

SUMMIT 2022

Scientific Chair: ***Dr. Natalia Rost, MGH***
NIH Lead: ***Dr. Roderick Corriveau, NINDS***

<http://www.adrdsummit2022.net/>

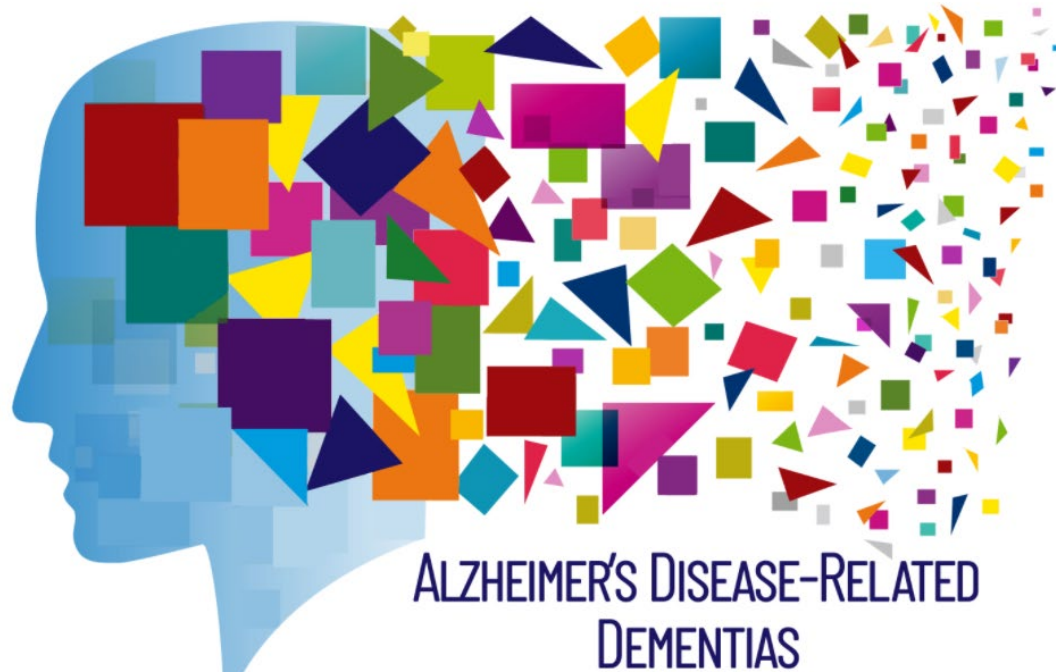
ADRD Summit Topics

- ☐ Health Equity in AD/ADRD
- ☐ Frontotemporal Degeneration (FTD)
- ☐ Vascular Contributions to Cognitive Impairment and Dementia
- ☐ Lewy Body Dementias (LBD)
- ☐ Multiple Etiology Dementias (MED)
 - Post-TBI AD/ADRD
 - LATE (TDP-43 Pathology in Common, Late-Onset Dementias)
 - COVID-19 and AD/ADRD

Planning Efforts

- ✓ Develop draft research milestones via a think tank process with broad stakeholder input
- ✓ Present draft milestones at the Summit for open forum discussion and further public input
- ✓ Finalized milestones to DHHS for the National Plan
- ✓ Inform AD Bypass Budgets delivered by NIH to Congress

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Summary

- Registration = 1,527 attendees (400-700 during most sessions)
- Academic, Clinical, Government, Industry, Nonprofit, & Public
- 2 days, 8 scientific sessions, 128 panelists, 44 individual talks
- 210 minutes of open mic discussions – fantastic engagement
- Strong voice of patients and caregivers – broad input

Common Themes

- Achieving health equity in AD/ADRD is a major unmet need.
- Need for research & implementation of pragmatic approaches and solutions in ADRD. Includes pragmatic clinical trials.
- Precise biomarkers are needed to identify underlying disease processes in individuals.
- Personalized approaches to prevention and treatment are needed that by design address health equity and diverse populations.
- In clinical research, concerted attention should be paid to the immediate needs of individuals living with dementia.
- In basic research, needs include novel strategies and tools (models, biology paradigms) and/or seeking synergies.



Multiple Etiology Dementias (MED)

Subcommittee Members:

Kate Possin, PhD, Chair, University of California, San Francisco

Jeffrey Burns, MD, University of Kansas Medical Center

Peggye Dilworth-Anderson, PhD, University of North Carolina, Chapel Hill

Lea Grinberg, MD, PhD, University of California - San Francisco

Bradley Hyman, MD, PhD, MGH & Harvard Medical School

Ozioma Okonkwo, PhD, University of Wisconsin, Madison

Heather Snyder, PhD, Alzheimer's Association

Malu Tansey, PhD, University of Florida

Michael Wolf, PhD, MPH, Northwestern Feinberg School of Medicine

NIH Program Staff:

Linda McGavern, PhD, Staff Lead, NINDS

Lawrence Fine, MD, Dr.PH, FAHA, NHLBI

Nina Silverberg, PhD, NIA



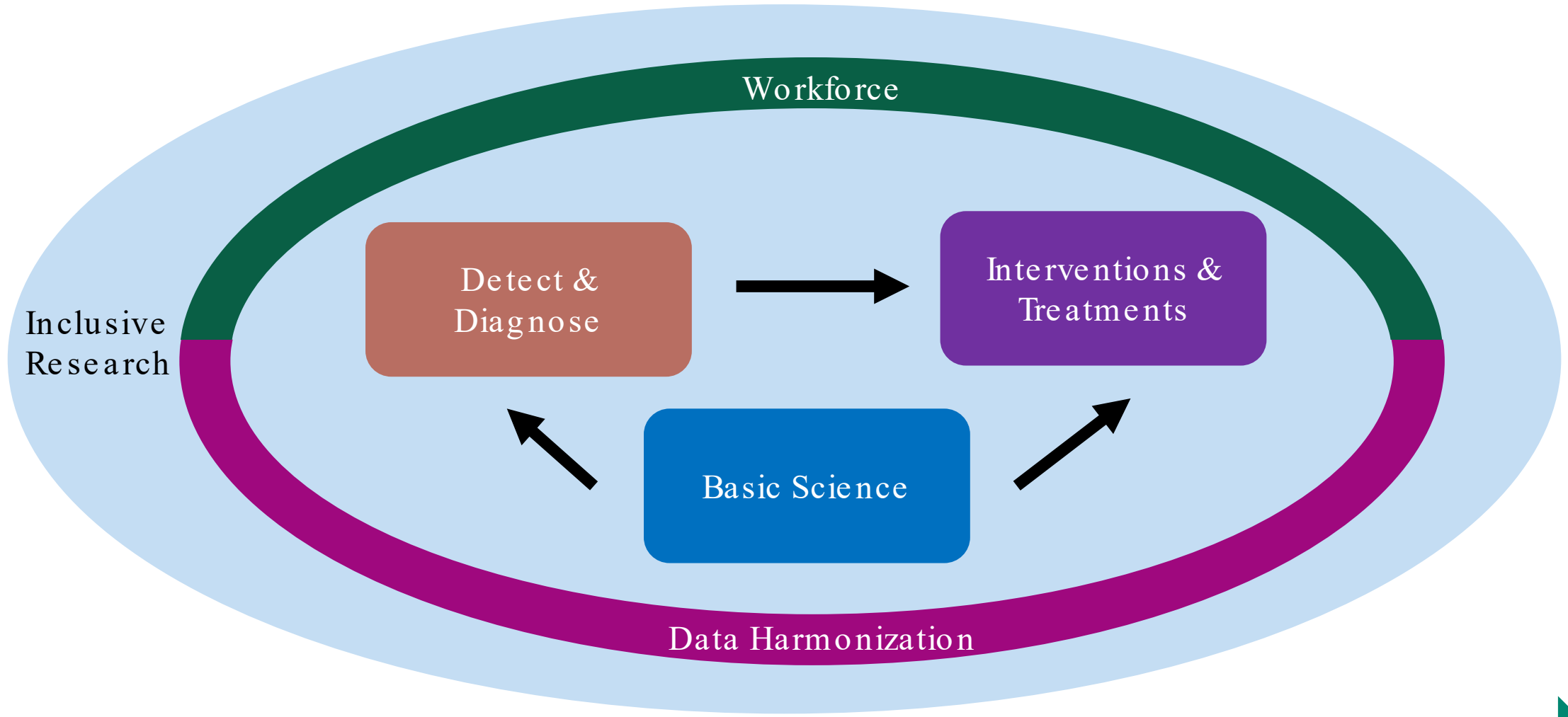
Multiple Etiology Dementia (MED):

What is MED? Its all MED!

- In dementia, **multiple (mixed) underlying etiologies** is the norm
 - >50% of people diagnosed with AD who were studied at AD Research Centers have pathologic evidence of more than one cause of dementia. (Brenowitz, Hubbard et al., 2017).
 - The likelihood of mixed dementia is higher in community settings, and in the oldest old. (Kapasi, DeCarli et al., 2017; De Reuck, Maurage et al., 2018; James, Bennett et al., 2012).
 - Our Committee recommends research to elucidate and address MED.
- In the AD/ADRD field, some **critical research gaps apply across all etiologies** and are subsumed within the MED Session
 - Eg, early detection, caregiver support, data harmonization



MED Focus Areas



Advancing towards NAPA Goal #1: Prevent and Effectively Treat AD/ADRD



Multiple Etiology Dementias Draft *Top Priority* Recs

- Evaluate pragmatic approaches to objectively detect cognitive impairment and link to quality care when a patient, care partner or clinician reports cognitive, behavioral, or functional changes. (3-5 y)
- Conduct clinical studies on approved or promising interventions and treatments to mitigate risk for cognitive decline. (5-10 y)



Consortium for Detecting Cognitive Impairment, Including Dementia

- Since 2017, a collaborative network of research programs validating paradigms that include cognitive, functional assessment tools and protocols
- **Overall Goal:** increase the frequency and improve the quality of patient evaluations for detecting cognitive impairment in primary care and other everyday clinical settings, as well as community screenings
- Address barriers to detecting cognitive impairment associated with health disparities



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Dementia prevention, intervention, and care: 2020 report of the *Lancet* Commission

Gill Livingston, Jonathan Huntley, Andrew Sommerlad, David Ames, Clive Ballard, Sube Banerjee, Carol Brayne, Alistair Burns, Jiska Cohen-Mansfield, Claudia Cooper, Sergi G Costafreda, Amit Dias, Nick Fox, Laura N Gitlin, Robert Howard, Helen C Kales, Mika Kivimäki, Eric B Larson, Adesola Ogunniyi, Vasiliki Orgeta, Karen Ritchie, Kenneth Rockwood, Elizabeth L Sampson, Quincy Samus, Lon S Schneider, Geir Selbæk, Linda Teri, Naaheed Mukadam

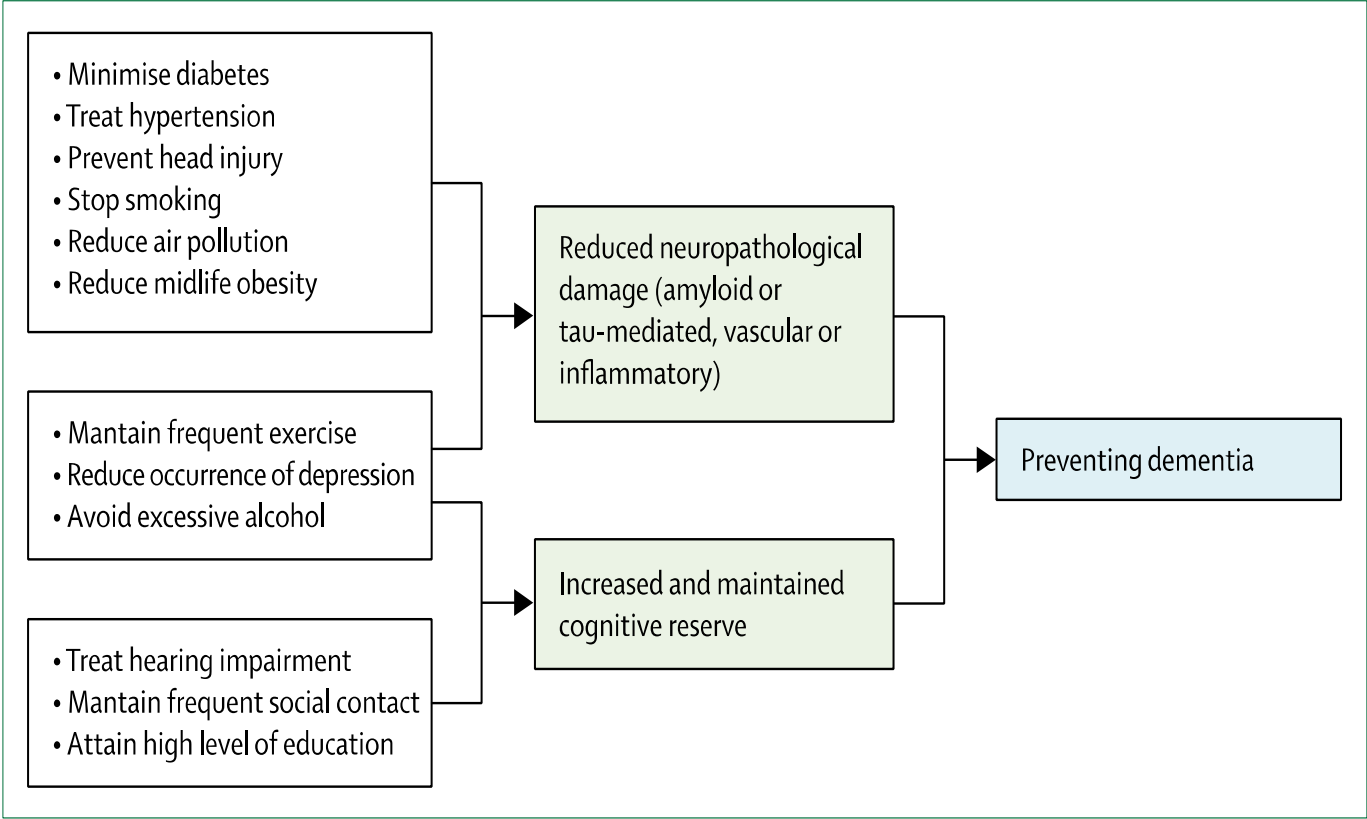


Figure 2: Possible brain mechanisms for enhancing or maintaining cognitive reserve and risk reduction of potentially modifiable risk factors in dementia

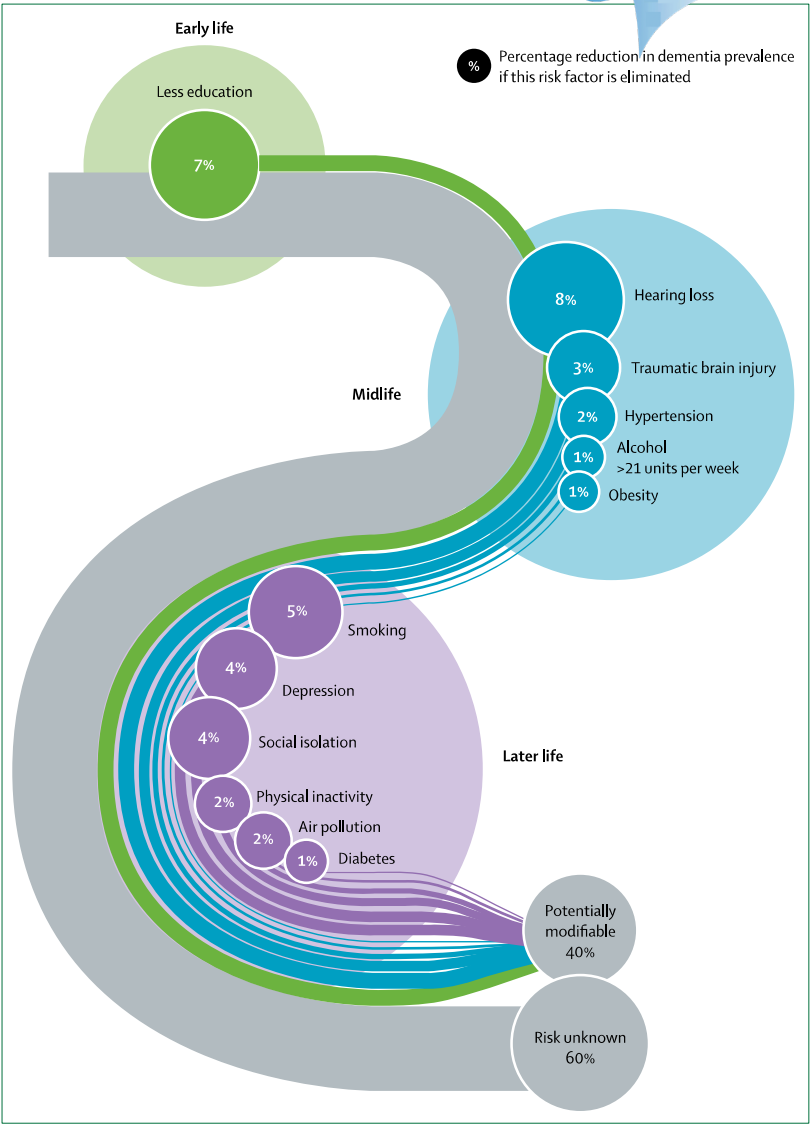


Figure 7: Population attributable fraction of potentially modifiable risk factors for dementia

ADRD Summit and Funding: Where can I learn more?

- **ADRD Summit Recommendations**

<https://www.ninds.nih.gov/news-events/events/adrd-summit-2022>

- **ADRD Funding Opportunities**

<https://www.ninds.nih.gov/Current-Research/Focus-Disorders/Alzheimers-Related-Dementias>

- **ADRD Payline**

<https://www.nia.nih.gov/research/grants-funding/nia-interim-funding-line-policy-fy-2022>

