



# Adding the “I” and “V” to “ATN” Challenges and Opportunities

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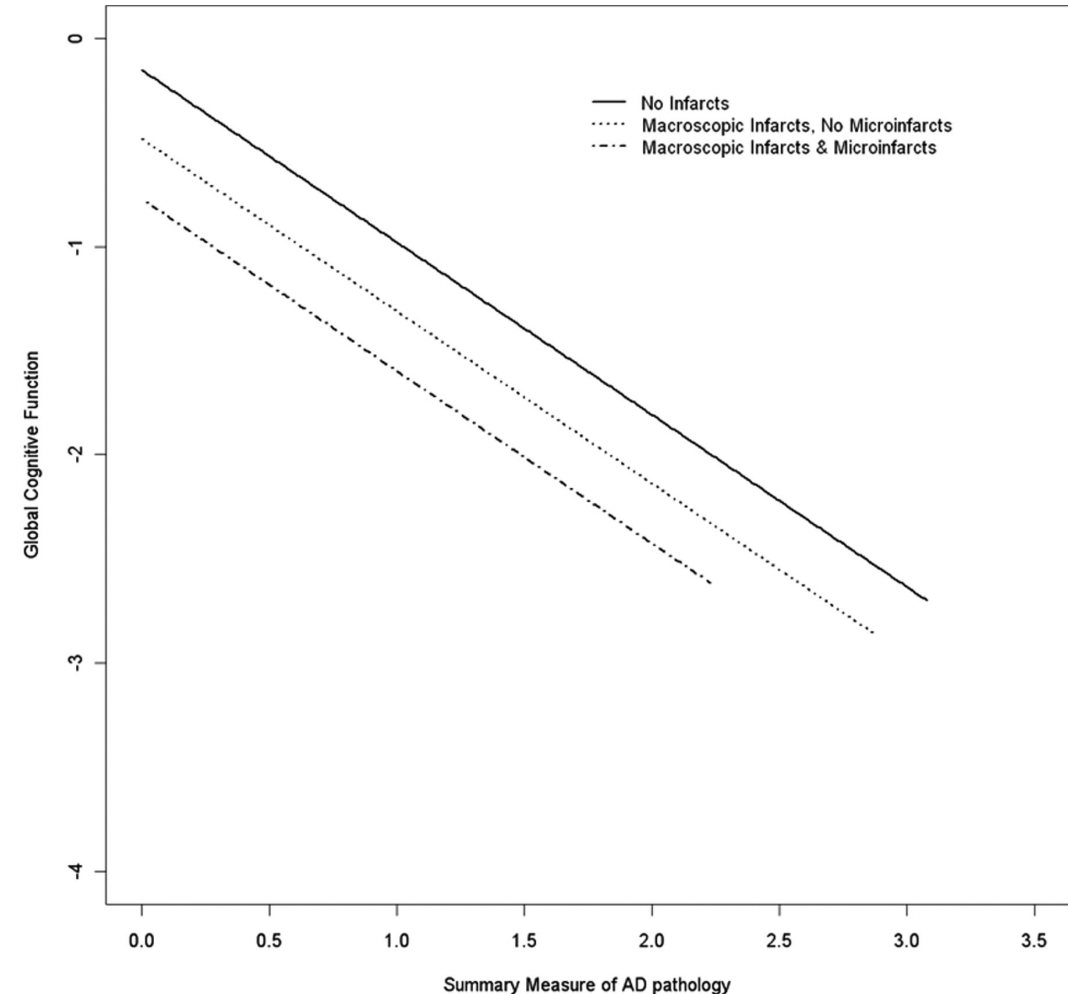
Indiana University

# Disclosures

- Paid consultant Biohaven.
- Collaborator – Eli Lilly and InMune Bio

# Why is it important to consider “Inflammation” and “Vascular” contributions

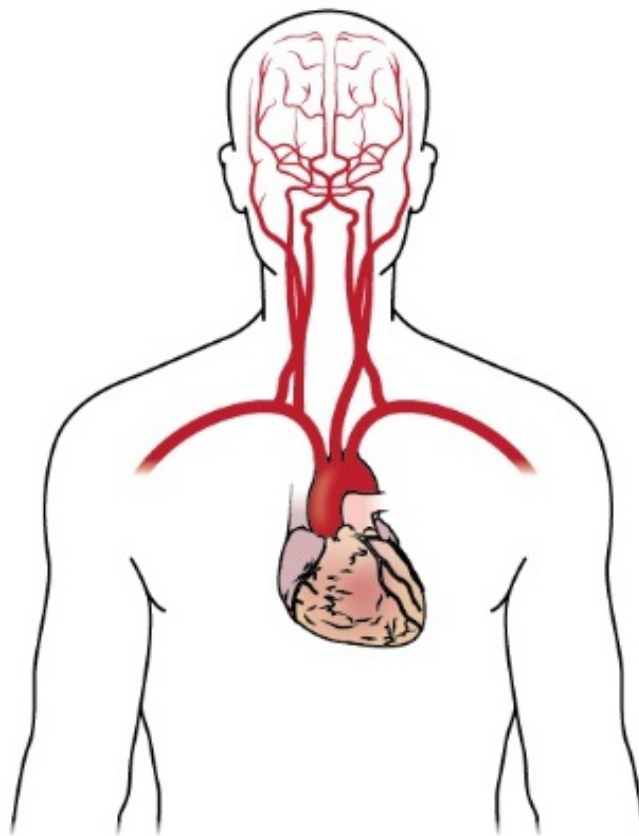
- Increasing evidence supports inflammation has a significant role to play in Alzheimer’s disease:
  - Genetic risk factors from GWAS analyses identified key inflammation-related genetic SNPs in TREM2, CR1 and CD33.
  - IL6 is elevated in CSF and serum of AD patients.
- Cerebral small vessel disease has an additive effect on cognition when co-morbid with AD.



# The challenge with adding “V”

- VCID reflects varied vascular pathologies, and therefore mechanisms

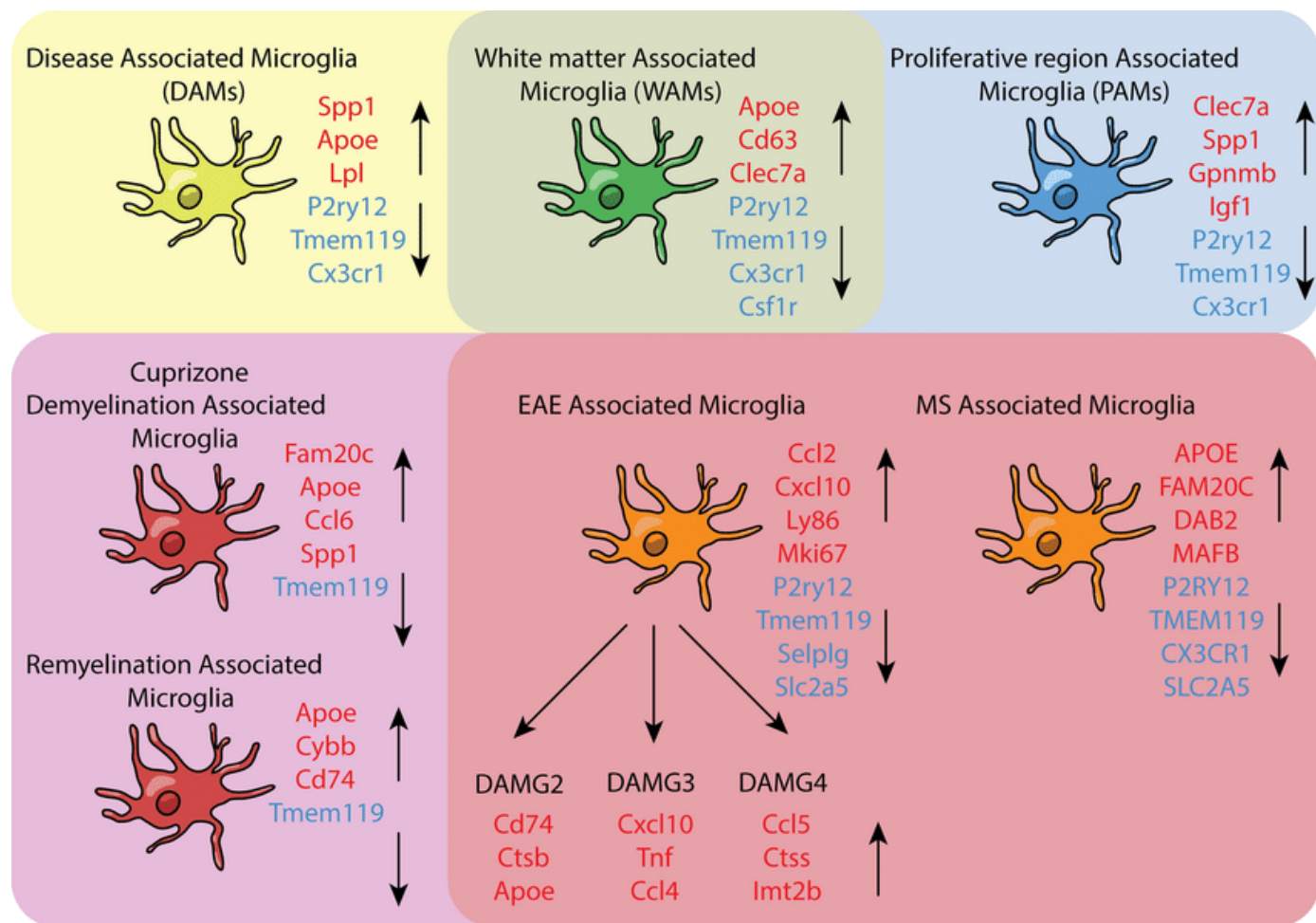
Cognitive impairment	Micro-infarct
	Micro-bleed
	Silent stroke
	Cardiac disease
	Transient ischemic attack (TIA)
	Small vessel ischemic stroke
	CADASIL
	Small vessel hemorrhagic stroke
	Cerebral amyloid angiopathy (CAA)
	Large vessel ischemic stroke
Large vessel hemorrhagic stroke	
Dementia	



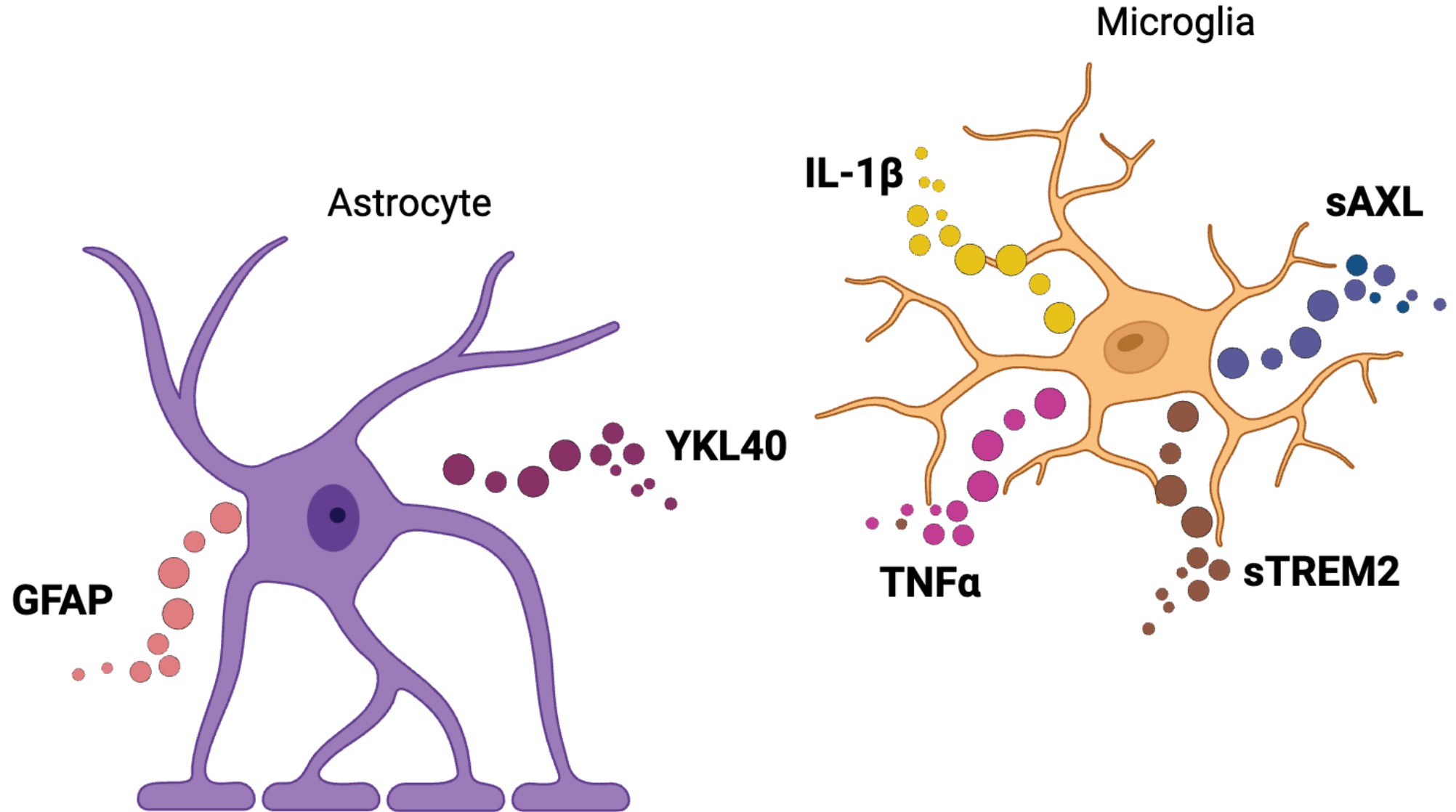
**Absolutely critical:** Develop clinical outcomes & biomarker measures, and interventions, that match the targeted vascular injuries/disease.

# The challenge with adding “I”

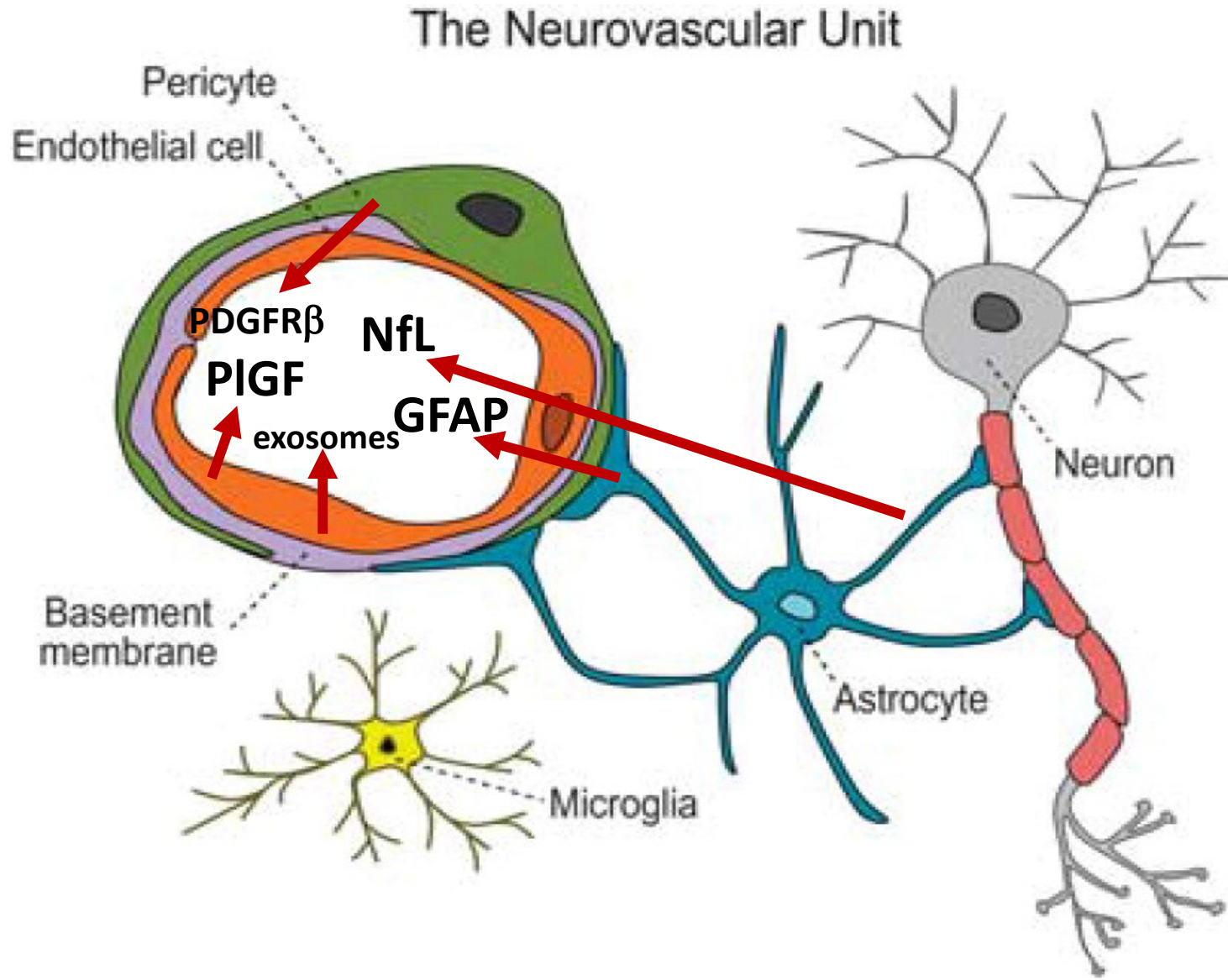
- There are multiple states of microglial “activation”.
- Mouse studies and limited human autopsy studies suggest some “states” are beneficial at early stages of disease but detrimental late in disease.
- GFAP and YKL-40, the front-runners of “inflammation” fluid biomarkers are astrocyte derived.
- Unclear what “state” these are associated with



# Potential fluid biomarkers of neuroinflammation



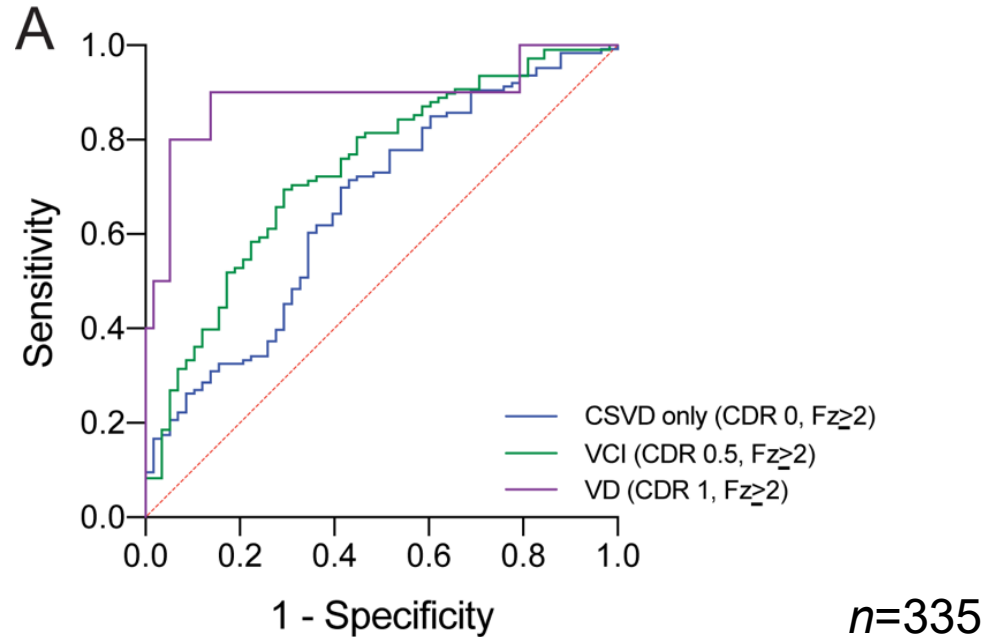
# Potential fluid biomarkers of VCID



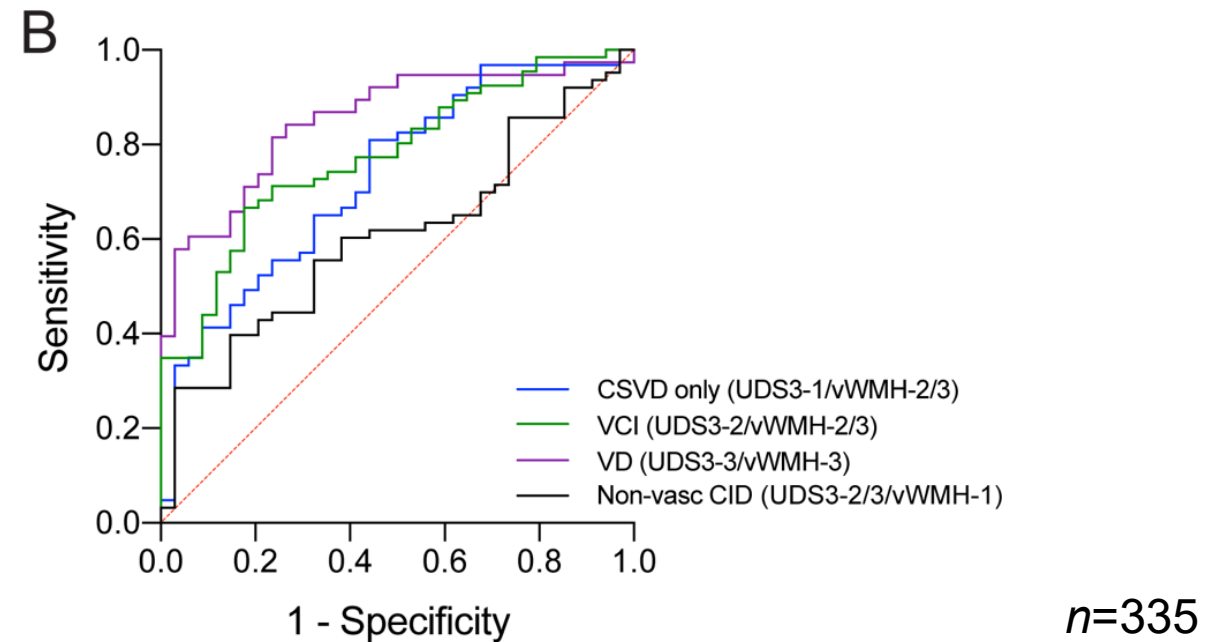


# Plasma Placental Growth Factor may be Diagnostic for VCID

ROC Curves Using CDR/Fazekas



ROC Curves Using UDS3-EF/vWMH



Diagnostic accuracy of Plasma PIGF:

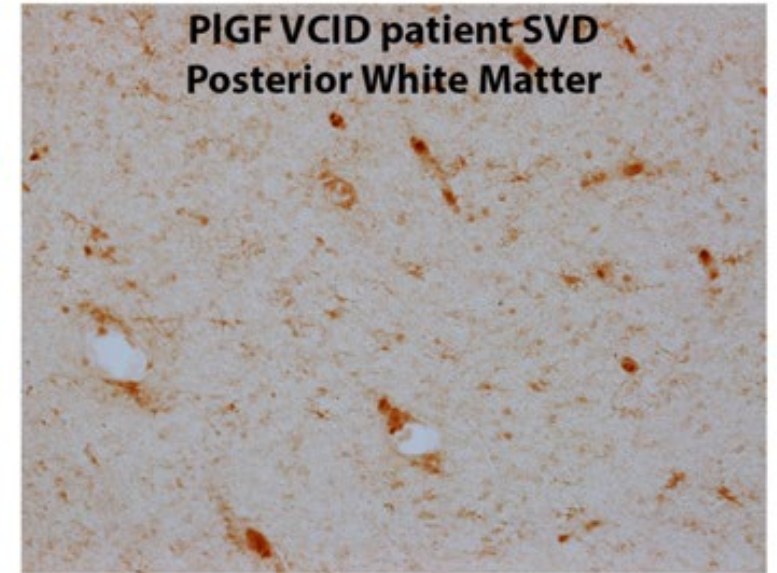
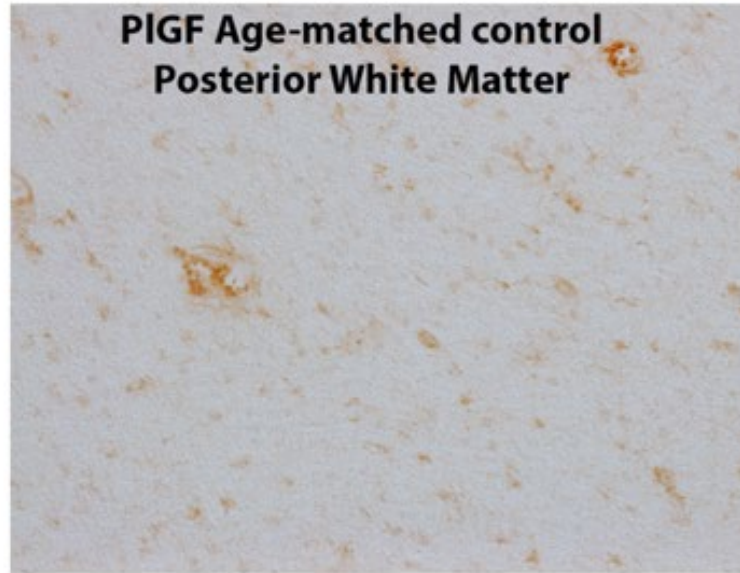
- Vascular Dementia (CDR 1, Fazekas  $\geq 2$ ) = 0.89
- Vascular Cognitive Impairment (CDR 0.5, Fazekas  $\geq 2$ ) = 0.74

Diagnostic accuracy of PIGF is retained using continuous clinical (UDS3) and radiographic (vWMH) measures:

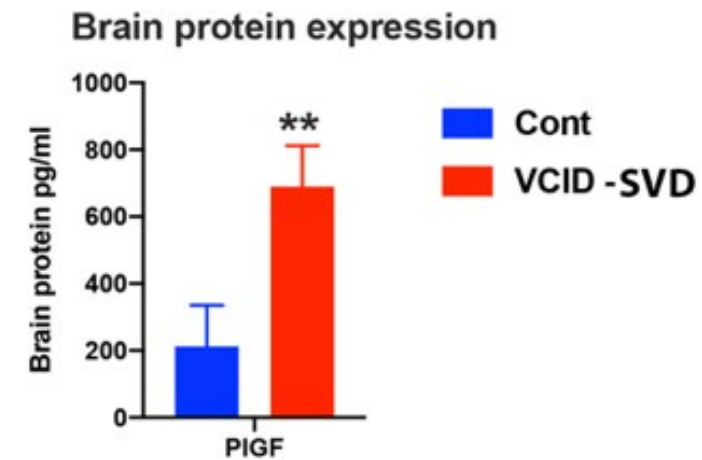
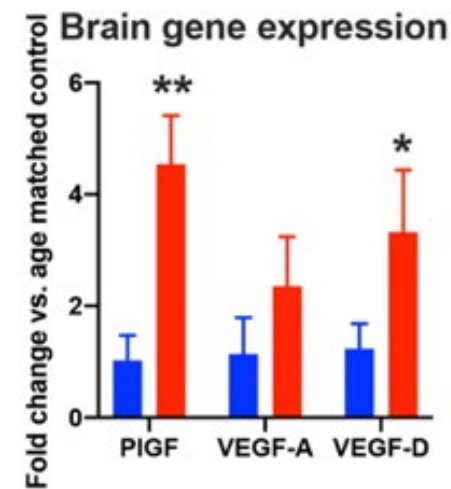
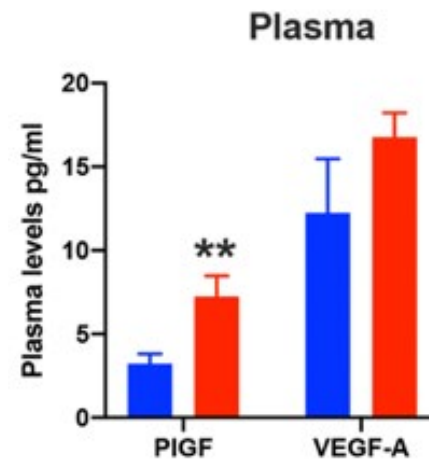
- CSVD only = 0.73
- VCI = 0.78
- VD = 0.85
- Non-vasc CID = 0.61 (n.s.)



# PIGF in the human brain



- N=12 / group matched for age, sex, and ApoE status



# Solutions?

- Autopsy studies with matched antemortem biofluids.
- Mouse model and iPSC studies to identify fluid biomarkers that match specific subtypes of inflammation and cerebrovascular pathologies.
- Identification of CNS-derived fluid biomarkers of inflammation like GFAP and YKL-40.
- Improved technologies to optimize brain-derived exosome approaches that will broaden the potential biomarkers that can be assessed.
- Better PET ligands for glial reactivity.
- Better MRI sequences to detect small vessel pathologies.



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Paul Territo PhD  
Shannon Risacher PhD



**MODEL-AD**

Model Organism Development & Evaluation for Late-Onset Alzheimer's Disease



**TREAT-AD**

TaRget Enablement to Accelerate Therapy Development for AD



National Institute on Aging



National Institute of Neurological Disorders and Stroke

## Collaborators

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Dave Morgan PhD: Michigan State  
Carol Colton PhD: Duke Univ  
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