

2024 Fall ADRC Meeting *October 15-17, 2024, Boston, MA*

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**Wisconsin Alzheimer's
Disease Research Center**
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Disclosure

- I have received funding from the NIA/NIH, Department of Veterans Affairs, State of Wisconsin, and UW-Madison to support my research program
- UW-Madison has received funding from pharmaceutical companies for me to serve as a site PI to conduct treatment trials involving patients with MCI and dementia
- I have no conflicts of interest for this presentation



Overarching Scientific Theme

Biomarkers of non-AD Coexisting Pathologies

- The scientific theme permeates many sessions of this 2-day meeting
- Theme aligned with the Spring ADRC meeting that focused on TDP-43

Biomarkers of Co-existing Pathologies: Rationale as a Scientific Theme

Coexisting pathologies in people with AD dementia are common and reportedly occur in both early (EOAD) - and late-onset (LOAD) AD

Frequently reported coexisting pathologies include vascular lesions, Lewy body disease, TDP-43, Cerebral amyloid angiopathy (CAA), α synuclein, Hippocampal sclerosis, argyrophilic grain disease (AGD), aging-related tau astrogliopathy (ARTAG), etc.

Mixed brain pathologies account for most cases of dementia in community-dwelling older persons (*Schneider et al. Neurology 2007:69; 2197-2204*)

In early- and late-onset AD, at least one coexisting pathology is seen between 98-100% of patients, respectively (*Salvatore Spina et al. Brain 2021:144;2186-2198*)

Biomarkers of Coexisting Pathologies: Rationale as a Scientific Theme

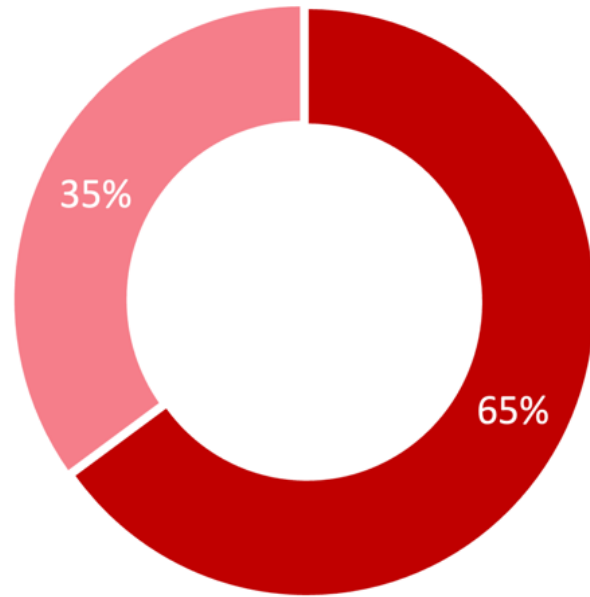
Coexisting pathologies are **not “innocent bystanders”**, they have a major impact on clinical phenotype, including a) severity of symptoms, b) disease progression, c) response to treatment, and d) overall mortality

Effective treatment of AD **must include** treatment of coexisting pathologies

The distribution of coexisting pathologies and their interactions among themselves and with AD proteinopathies has major impact on disease course
(*Thal et al. Brain 2021:144; 700-711*)

How common are mixed causes of dementia?

Multi-proteinopathy

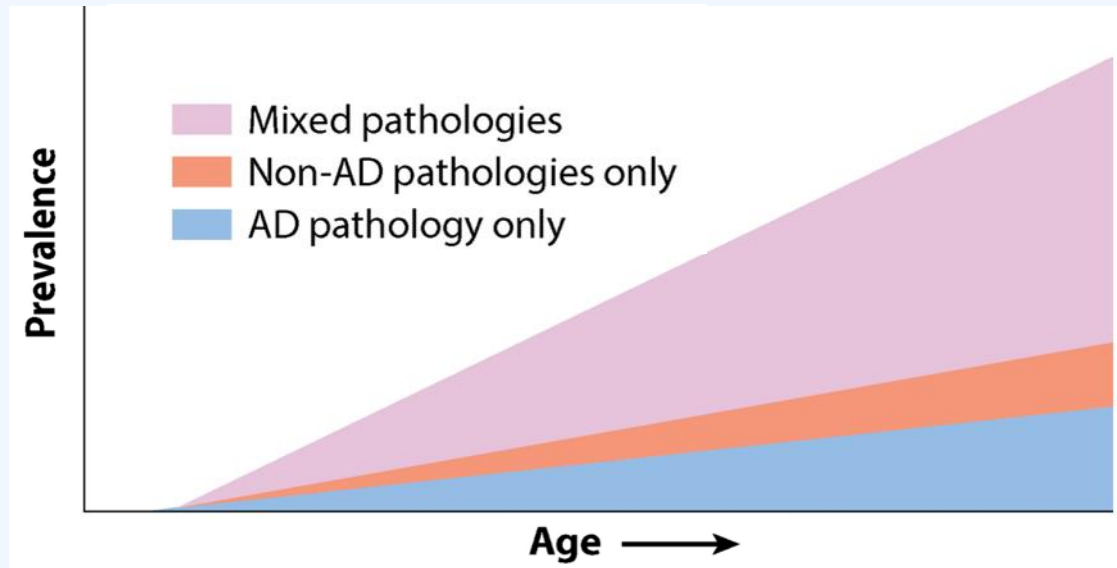


■ AD plus ■ AD only

- AD only = 35%
- AD with [TDP43, or LB, or both] = 65%
- AD with Lewy Body disease = 46%
- AD with TDP43 = 36%
- AD with both TDP43 and LB = 20%

CLARiTI Focuses on Mixed Causes of Dementia

Mixed Etiology Dementia is Common



Common co-occurring pathologies

- Cerebrovascular disease
- Lewy Body or Neuronal Synuclein Disease (NSD)
- Frontotemporal lobar degeneration (FTLD)
- LATE (TDP-43)

65% of people with autopsy proven Alzheimer's also have another proteinopathy

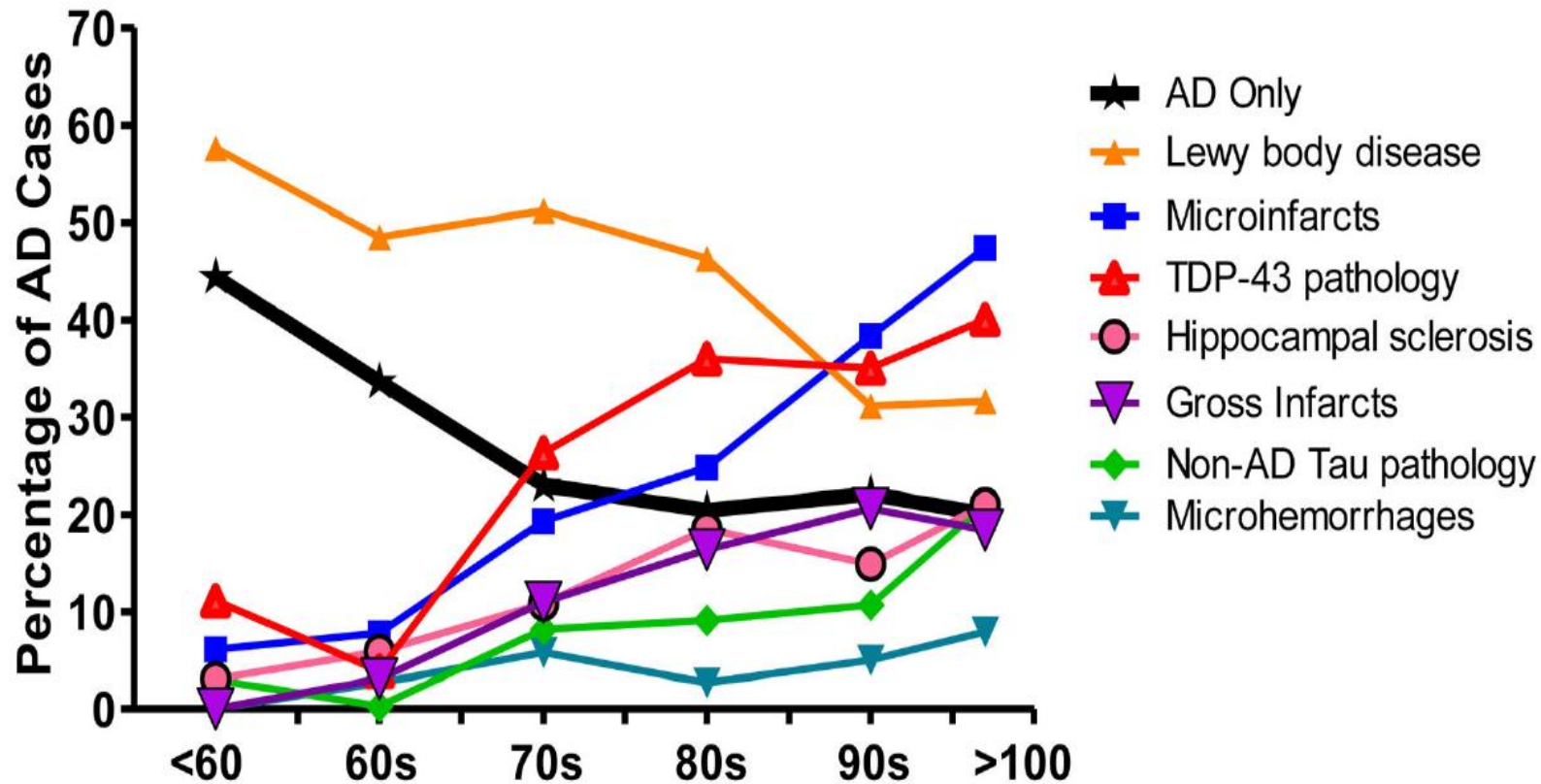
75% of people with proven AD also have vascular changes

GOAL

Detect the presence of other diseases that may co-occur with Alzheimer's disease

Enroll 2000 participants from across the ADRCs in the US

Age-Associated Prevalence of AD and Non-AD Coexisting Pathologies



Younger Patients (<65)

- Lewy body disease

Older Patients (>65)

- Hippocampal sclerosis
- TDP-43
- Microinfarcts and gross infarcts
- Non-AD Tau pathology

Biomarkers of Coexisting Pathologies: Relevant Presentations

A) SCIENTIFIC PRESENTATIONS

- **Pathology Validation of AD Biomarkers Vs. Neuropathology**
 - Speaker: Dr. Renaud La Joie, UCSF ADRC
- **Significance of Diversifying ADRC Cohorts**
 - Speaker: Dr. Rosie Curiel Cid, 1Florida ADRC
- **Advances in Biomarkers of Alpha Synuclein**
 - Speaker: Dr. Kathleen Poston, Stanford ADRC

B) PANEL DISCUSSION

Title: Understanding Mixed Pathologies: Translation to Clinical Practice

Chair: Dr. Gil Rabinovici

Panel members: Drs. Renaud Lo Joie, Rosie Curiel Cid, Kathleen Poston, Ganesh Babulal, Astrid Suchy-Dicey, Edward Lee