

ADRC Consortium for Clarity in ADRD Research Through Imaging

NACC Spring Meeting Imaging Core Session May 6, 2024



Study Aims





mPI team: Johnson, Mormino, Foroud, Rabinovici, Okonkwo, Rivera-Mindt, Dickerson, Wolk, Kukull

Synopsis

<u>Vision</u>: Accurate and comprehensive biologic diagnoses and staging to treat the multiple intersecting causes of cognitive impairment within ADRD

GOAL: Create individual etiologic profiles from imaging and plasma

- ATN imaging and plasma study superimposed on existing longitudinal UDS
- 2,000 clinical core participants; 60% impaired, 40% unimpaired with risk factors
- Diverse representation for generalizable science
- Two time points [2-3 years apart]
- Heterogeneity is the focus: syndromes and multi-pathologies



Component Lead Investigators (partial list of 47 investigators)

Johnson/Mormino/Biber: Admin Rivera-Mindt/Okonkwo: Inclusion

Biber/Kukull/Toga: Image-Data informatics

Keene: Neuropath

Rabinovici: PET image reads

Shibata: MRI scoring

Rahman-Filipiak/Clark/Chin: Disclosure Rosen/Thompson: neuropath MRI templates;

Al classification

Jagust/Jack: SCAN

Villemagne: PET harmonization **Detre**: Advanced MRI methods

Dage/Foroud: Biofluid mgmnt, assays

Donohue: Stats

Betthauser: Biomarker time

Jones: FDG analysis

Hohman: Data harmonization

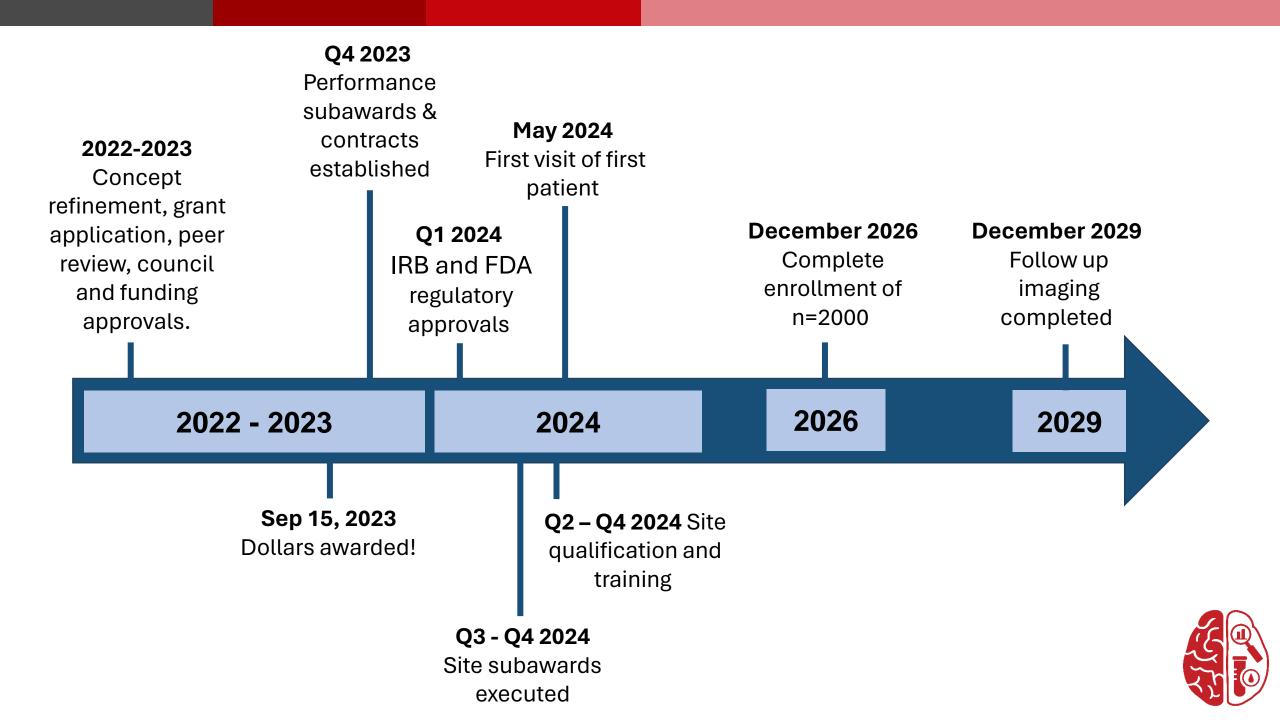
integration

Kantarci: LBD image analysis

Industry collaborators

- LMI
- Lantheus/Cerveau
- Enigma
- Lilly
- Flywheel
- GE
- Siemens
- Philips





Study status

- IRB approval (V2) and FDA IND permission to proceed
- Site sub-contracting underway in May 2024 (two phases)
- Site training (please don't start until your site is fully trained)
- NACC is building the database
- Tools being created to facilitate uploads

Cores/components:

- Inclusion Core: presenting today during CLARiTI breakout session
- Disclosure core: presenting today during CLARiTI breakout session and during Clinical Core session tomorrow

Update in the next few slides

- Advanced MRI
- FDG
- Biofluids
- Neuropath (fall 2024 ADC meeting)

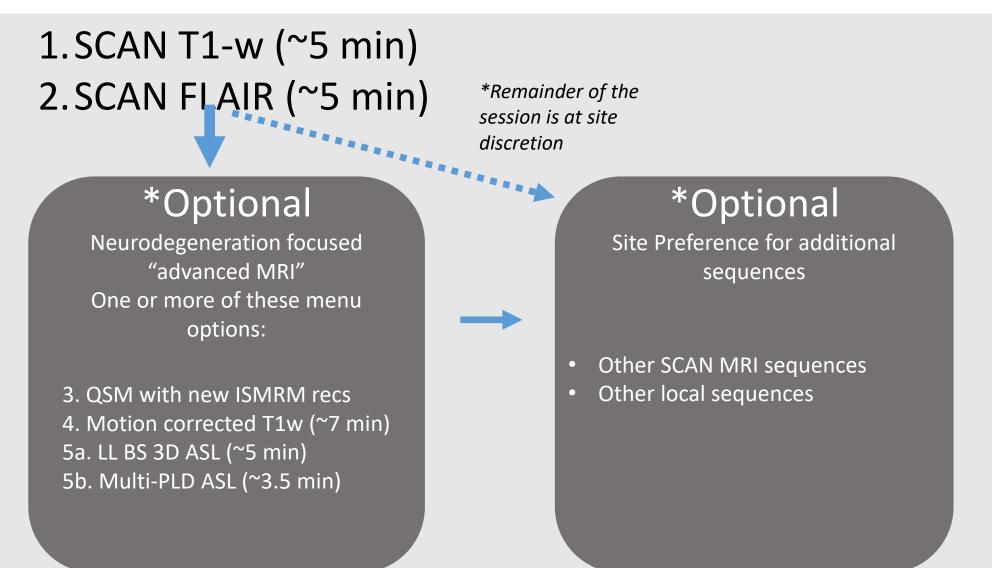


CLARITI MRI protocol

- All CLARiTI MRI studies:
 - SCAN T1w
 - SCAN FLAIR
- OPTIONAL neurodegeneration-focused 'advanced' MRI platform
 - QSM and SWI aligned with the new ISMRM guidelines (product sequences)
 - Quantify microhemorrhages (cSVD/amyloid angiopathy) and iron deposition (DLB, etc.)
 - Motion corrected T1w (research* sequences)
 - Assess the impact of participant motion and its correction on morphometry metrics
 - Long-label, long-PLD background-suppressed **3D ASL** (product or research* sequences)
 - High quality CBF maps to evaluate ADRD-related patterns of hypoperfusion
 - Evaluate synthetic FDG-PET based on ASL+T1w-MRI
 - Multi-PLD ASL
 - Evaluate potential for improved accuracy of CBF quantification
 - Sites may choose to do one or more or none of the advanced sequences
 - Additional 'advanced' sequences can be considered for future evaluation

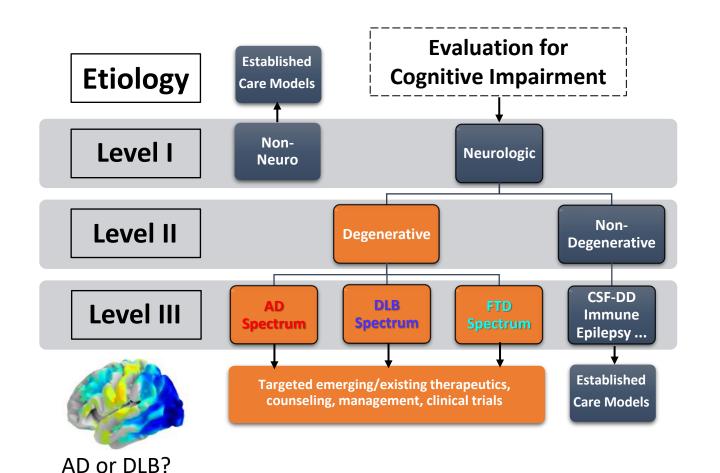


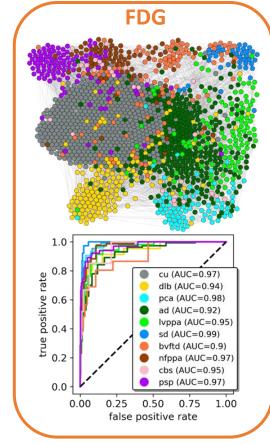
CLARITI MRI protocol



FDG can answer clinically relevant questions across AD/ADRD

Jones, D., Lowe, V., Graff-Radford, J. et al. A computational model of neurodegeneration in Alzheimer's disease. *Nat Commun* **13**, 1643 (2022).

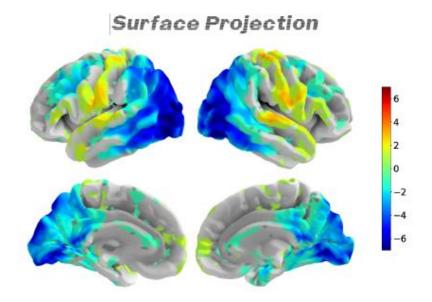




Automated vs. Visual Reading of Pathology Confirmed Cases

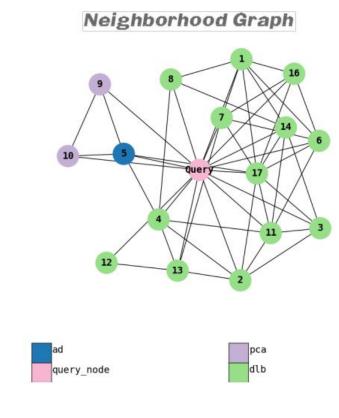
Path: AD

Clinical: PCA





Automated vs. Visual Reading of Pathology Confirmed Cases

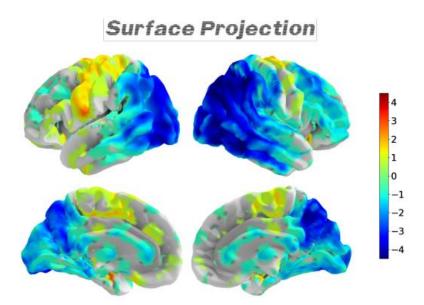


Node Label Associations

label	neighborhood	database	log_odds	p-value	direction
dlb	0.81	0.09	3.7	<0.0001	enriched
cu	0.0	0.33	-2.78	<0.01	depleted

Path: LBD

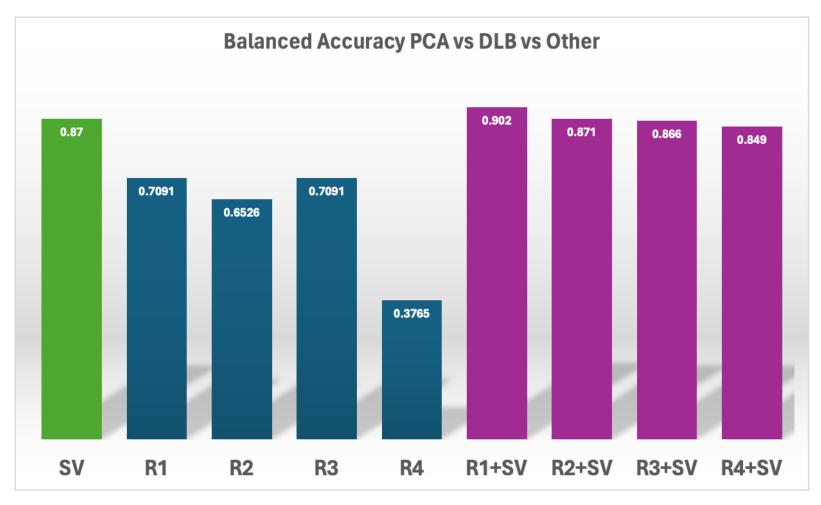
Clinical: DLB





Automated vs. Visual Reading of Pathology Confirmed Cases

Readings of N = 67 Autopsy Confirmed Cases

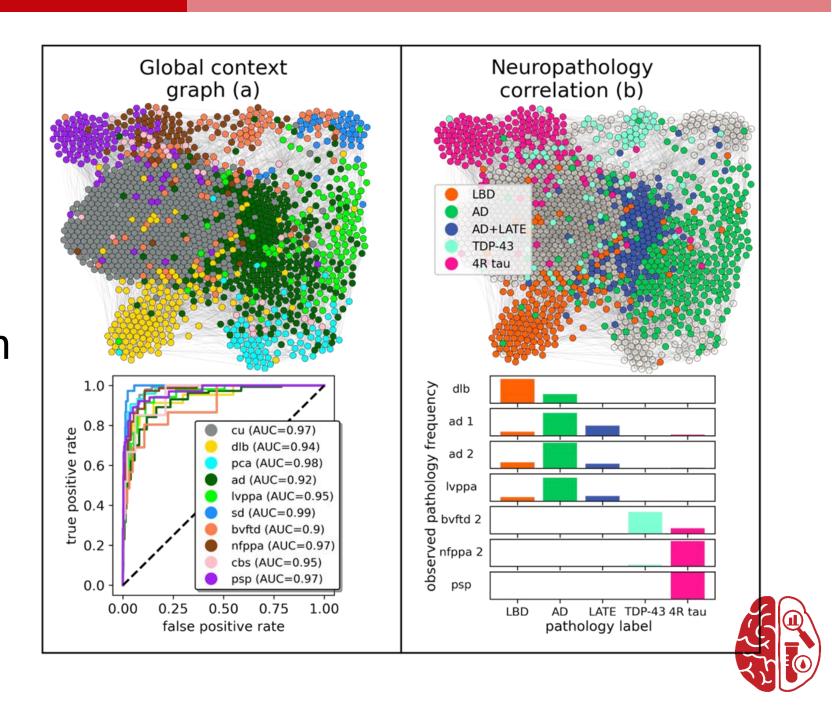




Radiologist with StateViewer



The entire AD/ADRD
Clinical and
Pathologic Spectrum
is Captured by
FDG-PET



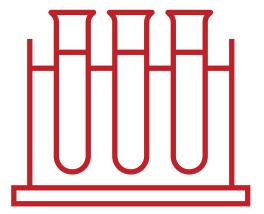
FDG

- Useful in people with symptoms
- Analyses are led by Dave Jones, MD and team at Mayo ADRC
 - Based on neuropathology ground truth
 - Image classification and probability of disease(s)
 - The intent is to make this output available to P30 sites via the dashboard.



Blood Collection

- 25/37 ADRC's are collecting blood using the NCRAD ADCFB protocol
- Some sites commented they need to take participant burden into consideration
- 30mL is ideal and requested
- Minimum accepted will be 10mL
- Blood is important for current and future assays
 - Ptau217, ab42/40, GFAP, NfL
 - TDP43
 - Alpha-synuclein
 - Other TBD assays
- Dried blood spots are in our future





Flortaucipir (FTP) and Florbetapir (FBP)

- A number of free doses from Lilly
- More sites are asking for FTP and FBP doses
- We likely will use free doses in year1
- Subsequent doses will be charged at commercial rate ~\$3,800/dose
 - (the net cost balances out comparable to other tracers)
- Now asking sites to consider using other tracers
- Think also about your site's tracer continuity (after CLARiTI) and whether you will have a dependency that you can sustain



Thank you

Stop by our booth—We are here to answer your questions!

- Next webinar is on June 20, 10 AM CT
 - Blood & Biomarkers/NCRAD
- Stay in touch
 - Email CLARITI Administrative Team: <u>clariti@medicine.wisc.edu</u>
 - Email CLARITI Inclusion Team: clariti-inclusion@medicine.wisc.edu
 - Website: https://naccdata.org/nacc-collaborations/clariti



THANK YOU!



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