World Wide Alzheimer's Disease Neuroimaging Initiative
Teleconference Agenda
November 6 / November 7

Attendees

Laurel Beckett, UC Davis
Bill Billing, Pfizer
Sandra Black, Sunnybrook Research Institute
Renee Bullion, FNIH
Nigel Cairns, Washington U.
Rosa Canet-Aviles, FNIH
Maria Carrillo, Alzheimer's Association
Jang-Ho Cha, Merck
Susan DeSanti, Piramal
Steve Einstein, Janssen
Giovanni Frisoni, U. of Geneva & European ADNI
Lisa Gold, Merck
Salvador Guinjoan, FLENI & Argentina ADNI
Deborah Gustafson, U. of Gothenburg
Jim Hendrix, Alzheimer's Association
John Hsiao, NIA/NIH
Dorothy Jones-Davis, FNIH
Sarah Lee, Ixico
Rick Margolin, Cerespir
LaTonya Menzies, Alzheimer's Association
Marc Mercken, Janssen
Thomas Misko, Takeda
Leanne Munsie, Eli Lilly
Jerry Novack, Janssen
Ron Petersen, Mayo Clinic
Holly Posner, Pfizer
Bill Potter, NIMH
Nandini Raghavan, J&J
Chris Rowe, AIBL
Mary Savage, Merck
Gustavo Sevlever, FLENI & Argentina ADNI
Heather Snyder, Alzheimer's Association
David Verbel, Eisai
Mike Weiner, NA ADNI and UCSF
Robin Wolz, Ixico

I. **Welcome**
Jim Hendrix from the Alzheimer's Association welcomed attendees to the fall worldwide ADNI teleconference.

II. Progress Updates
a) NA-ADNI, Review of ADNI2, Plans for ADNI3
Michael Weiner shared an update on the efforts of North American ADNI. Mike began with a brief review of ADNI2 which is scheduled to end on July of 2016. There are about 1000 subjects enrolled with a ratio of 1:2:1 (CN : MCI : AD). The drop-out rate has been very low causing budget issues. As a result, follow-up is now done in alternate years and there is no follow-up for the AD subjects. A pilot study of the Cogstate computerized test battery as pioneered by AIBL, is in progress. The Cogstate battery for at home testing may be included for ADNI3. This is currently under discussion.

Mike then went on to describe the planning for ADNI3. Slides describing the ADNI3 plans are available on the WW ADNI website and were presented at the PPSB meeting in October. If funded, ADNI3 is scheduled to start on August of 2016. This means that

the grant needs to be submitted in about 1 year from now. The grant needs to be scientifically rigorous to satisfy the NIH but it must also meet the needs of pharma who is providing a third of the funding. There is currently no consensus among the potential pharma partners on the plan. Mike and the team are working with the PPSB to try to come to an agreement on a plan that can be supported by a majority of the PPSB members. ADNI3 will emphasize Tau PET so there is currently an effort to set up sites for pilot studies.

ADNI3 will continue to follow-up of ADNI subjects and will be organized in a similar way to ADNI2 with core groups focused on specific areas. The PET Core will continue to perform FDG and Amyloid in addition to Tau PET. For the MRI Core, Cliff Jack is exploring new, state-of-art approaches to the hippocampal subfields. For the Biomarker Core, the group is evaluating techniques for CSF measurements between luminex-immunoassays and Mass Spec. The Genetics Core will continue to do plasma and serum banking. Open data access will continue via Loni without embargo. For the Clinical Core there will be a greater emphasis on normal in order to help with prevention trials. The exact ratio of CN : MCI : AD was recently discussed with pharma stakeholders at the recent PPSB. A final decision has not yet been made.

ADNI3 appears to have the support of the NIH but it is not as clear for industry. There are economic and strategic factors at play with the pharma companies. For example, BMS recently exited AD R&D while Abbvie is coming into the AD field. Mike is cautiously optimistic that ADNI3 will be funded. Mike summarized his discussion of ADNI3 by requesting any input on the plans from the WW ADNI group; his email is mweiner@ucsf.edu.

Mike then shifted topics to discuss Japan ADNI. The issues with Japan ADNI began when one of the core leaders discussed concerns over scientific rigor with a newspaper reported. This resulted in a series of newspaper stories and prompted investigations by the University and the government. The investigations are nearly complete and there does not appear to be any integrity issues. The issues appeared to come from poor organization. An announcement on the successes of Japan ADNI is expected soon and there is hope for Japan ADNI2.

b) AIBL/Australia ADNI

Chris Rowe described the progress with AIBL. The 6 year follow-up has just completed with a variety of tracers. The retention was 54% overall and 45% in the imaged group. New subjects are being recruited and Tau imaging is starting. In addition, a spin-off study with 150 Vietnam veterans (AIBL VETS) is starting. The 4.5 year data release effort is on-going with about 2/3 of the data currently up-loaded to LONI. It is hoped that the rest of the data will be available in 2-3 months. Chris went on to describe a recent literature from AIBL data, one on the effects of BDNF on episodic memory and a second paper on the expression of mRNA in exosomes of AD patients. Chris then went on to describe the future plans for AIBL and discussed their current funding chanlleges which

has caused them to cut the MRI and blood analyses. They will use the AIBL infrastructure to support A4 and DIAN. Chris hope to recruit about 100 subjects for A4.

c) European ADNI/NEUGRID
Giovanni Frisoni summarized the recent progress in E-ADNI. Recruitment is going well and on schedule. Giovanni then described publications from E-ADNI. Four papers have been published, one has been accepted for publication and one is ready for submission to Alzheimer's and Dementia. Giovanni finished his discussion by describing work on Hippocampal Subfields protocols harmonized across multiple sites. The reproducibility was generally good. Exceptions were seen in the smallest regions (i.e. fimbria and HP_fiss) that had the highest errors. Posters on this work will be presented at CTAD later this month.

d) Korean ADNI
Seong Yoon Kim sends apologies for missing the meeting. The slides that were to be presented at the meeting can be found on the WW ADNI web-site.

e) Argentina ADNI
Salvador Guinjoan summarized the recent recruitment for Argentina ADNI. The initial recruitment of 56 subjects (15 CN, 28 MCI, 13 AD) is complete. Follow up has been completed with 40 of the subjects. The majority of the subjects (53) have had FDG PET while 46 subjects have had PiB PET. CSF samples have been collected from 40 subjects. Argentina ADNI will also participate in the DIAN trial. Recruitment will begin soon but three families have already been identified. A study of the children of people with sporadic AD is also being planned.

Gustavo Sevlever discussed the plans to begin Tau PET imaging studies. The team is looking for funding and is trying to obtain a Tau imaging agent from Spain. Chris Rowe suggested that the team consider a different agent from Japan (18F-THK-5117) that may have better properties. Chris will send information on THK-5117 to Gustavo.

f) Other Related ADNI Efforts
Sandra Black briefed the group on efforts in Canada. Sandra discussed the white matter disease project with subjects in Montreal and London. There are budget challenges with the project but she hopes that they can be solved soon. Funding from the Canadian Consortium on Neurodegeneration in Aging (CCNA) and Canadian ADNI is not yet been worked out. There are plans for an ambitious multi-site neurodegeneration study (PD, Lewy body, AD, etc.) with 1600 subjects but currently no funding for follow-up. The data will eventually be open access but may be exclusive initially. They will use LORIS to manage the data as has Korean ADNI. CCNA announced the funding of the project in September but will likely launch in early 2015.

III. Discussion: Are *WW-ADNI Meetings Useful? What can be improved?*
Jim Hendrix asked for feedback on the effectiveness of the WW ADNI meetings. A few people spoke up to express their support for the meeting. They commented that the

updates are very helpful, and the summaries after the meeting give a sense of what is happening between the meetings. The meeting is helpful to continue to stay on top of the global efforts. Despite the quiet, these meetings are extremely helpful.

IV. New Business

There was a suggestion that WW-ADNI could be taken to the attention of other world-wide efforts, such as the G7 efforts. Sandra Black mentioned the recent Ottawa Legacy meeting and other OECD/ Legacy events. Maria Carrillo mentioned that perhaps there could be some integration of WW-ADNI with the OECD/ WHO efforts and we can connect all the global principal investigators to discuss what the barriers are around data sharing that have been collected. There has been ADNI data collected, and we may want to explore what those barriers may be. First, get more global initiatives involved and second, how we can help move the standardization or harmonization of open access/ data. Maria will be reaching out to the PI to discuss this in more detail. Sandra commented that some of the Canadian initiatives benefitted from NA-ADNI so the efforts in Canada are to be complimentary and bring in other neurodegenerative conditions, etc.

IIV. Post Meeting Note

The date for the next WW ADNI meeting has not yet been set. However, it was agreed that the next meeting will be during the day in Asia and Australia.