

**Teleconference Minutes
December 2010****I. Attendance**

Maria Carrillo, Bill Thies, Michael Weiner, Astrid Eberhart, Chris Rowe, Collin Masters, Deb Gustafson, Dirk Wouters, Dorothy Yen, Hong Zheng Wang, Jia Jianping, Jin-Sheng He, Joan Shen, Jun Wang, Zhang Zhen-xin, Jun Xu, KeeHyung Park, Heather Snyder, Les Shaw, Mei Ping, Kung Chung Lee, Chin He Lee, Michelle Collins, John Lawson, Ara Khachaturian, Ken Marek, Gustavo Sevlever

II. Progress Updates – Reports from each of the projects will be given.

- NA-ADNI, ADNI GO, ADNI2
 - i. GO, 200 early MCI, 40-50 subjects have been enrolled, have been having difficulties with enrollment, early MCI window is small window and hard to find patients that fit. GO ADNI and ADNI2 require LP and AV45 scans so subject burden is more substantial which is discouraging some subjects. Also some studies in US where there are clinical trials with treatments in MCI, CDR .5 with LP and or amyloid scans to include the subjects so they are completing, and people prefer a treatment trial to a natural history trial. So we are doubling our efforts to enroll.
 - ii. Les Shaw, John Trojanowski, Holly Soares and team have completed proteomics study RBM analysis, results have been uploaded onto LONI website.
 - iii. Amyloid imaging network from AVID is in place and all ADNI sites are able to do amyloid imaging. Many SS have already had scans.
 - iv. ADNI2 have funded for \$69M, only have \$62M secured and going ahead, protocol written, IRB sent out and enroll in January with new NC, new AD and new IMCI and new eMCI.
- E-ADNI/NEUGRID
 - i. See attached PPT slide (Attachment A)
 - ii. Hippocampal volumetry harmonization project was funded by the Alzheimer's Association this year. There will be holding an update meeting at the AAN conference in April, 2011 for anyone interested.

- J-ADNI
 - i. J-ADNI is completing the 4th year. ~450 individuals (150 NC, 210 aMCI and 85 AD) have been enrolled and under longitudinal follow-up. Coverage by LP: 38%, FDG-PET: 69%, amyloid PET: 41%. MRI; correction of distortion/signal inequity underway and some morphometric analysis being started.
 - ii. The NEDO grant, which covers 2/3 of J-ADNI budget, will terminate next (5th) year, and we are starting to propose a follow-up program, covering the J-ADNI1 longitudinal observation. We may have to focus more on the development of new technology and devices, so far as we depend on the NEDO grant that supports innovation in industry. We also are interested in the preclinical intervention study (using anti-Abeta drug), screening amyloid positive normals by PET, based on the J-ADNI structure.
 - iii. J-ADNI and NA-ADNI are working together to determine how data will be compared. J-ADNI is different in that data is being analyzed internally and they will share their data.

- AIBL
 - i. 1.5 year follow up will finish in March of this year. Now have funding for 3 - 5 year follow up studies – from ADDF, Alzheimer's Association, anonymous donor, and govt donors in Australia.
 - ii. Hoping to incorporate F18 amyloid imaging for 3 year follow on those individuals that did not have scans initially. Also will be recruiting an additional 300 new patients to renew the cohorts. New phase will incorporate an exercise intervention arm in the subjective memory complaint subjects.
 - iii. Images are loaded but not accessible b/c of database issues – working to resolve a move to a new database for clinical data. Anticipate all 18 month follow up will be released in February. Planning to incorporate F-18 data on the website, after the moratorium (6-12 month moratorium before data release).
 - iv. Progressing in parallel with the ADNI studies. There are some issues with QC but working through and results are promising. Will hear more during 2011. Now in a position to focus on cardiovascular risk factors and differentiate between white matter hyper intensities and other anomalies within AD. Will help give better natural history story regarding AD progression.
 - v. Over 50 applications to access baseline data – JADNI to AIBL to NA ADNI abstract for the AD/PD meeting. Example of the benefit of data sharing – and how this allows to cross

examine and cross collaborate the data to advance our understanding.

- K-ADNI
 - i. Update about K-ADNI by Keeyoung Park. Working to prepare research proposal for National Health Corporation to support launch of K-ADNI. Can start in March, if funding comes through.

- T-ADNI
 - i. Taiwan did receive funding from government, although not as much as they hoped. Working to secure funding from other organizations – non-profits, industry, etc.
 - ii. Dr. Dorothy Yen presented updates. Issues with T-ADNI are the inclusion criteria. In the initial planning of the project, T-ADNI wanted to incorporate early MCI and early AD patients. Criteria in ADNI 2 are not in their culture and are working on this conversion. Second problem, this is a small window for enrollment and the competition from the other industry for early AD for therapeutic drugs in Taiwan. Find difficulty in recruitment.
 - iii. Importance of having a unified set of criteria in other languages for the entire ADNI network – action item for the ISAB to follow up and to ensure we have organized integrated set of tests for use throughout the WW-ADNI sites.
 - iv. Joan Shen from Pfizer is conducting validation studies to harmonize scales on AD. Would like to expand to include other languages. This is joint effort with AJnsen. Data is not in drug treatment, but may be confidential. She will follow up.
 - v. T-ADNI will start enrollment soon (January 2011 – December 2012), will enroll with the 5 hospitals in Taipei for 200 subjects to be enrolled (50 Healthy Controls; 50 early AD; 50 early MCI; 50 late MCI) and will then expand to 15 hospitals and will add in another 200 patients. Will continue this study.

- C-ADNI
 - i. Dr. Hong Zheng Wang gave update for C-ADNI. Have been working on securing funding and setting up centers and training clinicians. Funding will be issued around January 2011, and they will start in 2011. Thank you to the US-ADNI for the many professors assistance.
 - ii. Preparation work is going forward. Clinical, PET, and biomarker core are established with individual PIs. There

have been several meetings regarding the procedures across different hospitals and centers around China (clinicians, researchers, physicians). Also discussed suitable individuals to participate in these tests – make sure there are the appropriate resources in Chinese language.

- iii. Enrollment will start in April, 2011. Enrollment will be 1,000 – MCI will be 400-600 people. There will be 50-80 sites around China. Will start with hospitals around the Beijing area, and as they secure more funding will expand throughout China.
- iv. Obtained some information from US cores – including training discs – that will be helpful and are working on bioinformatics and pathology cores for the next phase. Also C-ADNI is working on establishing committees of experts around China.

- Argentina-ADNI

- i. In processing of establishing imaging protocols. Have agreement with Innogenetics to provide kits. Had some customs issues but think it is worked through. Think they will be up and running at the beginning of 2011. Mike (NA-ADNI) discussed the resources in Spanish-language for most of the materials.

III. Parkinson's Progression Markers Initiative – Ken Marek

- The successes of ADNI have led to other diseases to want or identify a similar effort. The Parkinson's network is among these areas – working to enroll around 600 subjects in total. Focusing on standardization of the data and will have data shared through web-portal (using LONI). Designed to be 3-5 year longitudinal study of both the PD and NC individuals. Assessments will include CSF longitudinal – taking the various successes of global ADNIs, they are requiring CSF assessment with study entry and each subsequent year. So far, has not been a major impediment to recruitment. Also doing MRI Diffusion Tensor Imaging, etc. Designed to be public-private partnership. Major funding is the Michael J. Fox Foundation and are also seeking industry partnership (Pfizer, Genetech, GE) and also seems that NIH will be supporting a PD biomarker initiative.
- Incorporating cognitive assessment – similar to those being done in ADNI. Imaging assessments (diffusion imaging, amyloid imaging may be included) and also working with Les Shaw and John Trojanowski – also assessing beta amyloid, pTau, tau and also alpha synuclein, DJ1 and other biomarkers associated with PD. Have identified 22 sites in the US and Europe.

- Have smaller number of sites – each site is committed to recruit larger number of individuals. Anticipate will end up with 25 sites. Much like in ADNI, we are working to identify individuals as early as possible – using dopamine transport imaging to enroll individuals as early stage/ possible PD.
- Launched in June. Have 10-12 sites recruiting. Encouraged with early recruitment. Looking for ways to continue to interact with ADNI as data is being developed. Website is www.ppmi.org
- Collin Masters -- Australia is also seeking funding to do a similar project in Australia. About 6 months behind, depending on funding. Potential opportunities to harmonize data between Australia's project and the PPMI project.
- PPMI are interested in expanding PPMI around the world, if there is interest. Delighted to share methods, help in any way possible.

IV. Global Effort for CSF Standardization – Kaj Blennow, Les Shaw

- The QC standardization project recognizing the need for better harmonization across centers around the world for SOPs, procedures, sample collection, storage, etc.. Alzheimer's Association funded this project.
- Now in its second year - more than 60 centers worldwide. Detailed manuscript regarding this data is being prepared and will be submitted in the next few days. Will be available to everyone with data.
- Alzheimer's biomarkers standardization initiatives, ADNI, and other initiatives dove tail and support these efforts. Most important principle is that all are collaboratively working together to the same set of goals: standardization of data collection and harmonization of the data.
- Next meeting will be ICAD meeting – will bring together those involved in the biomarkers to enable additional cross talk across these efforts.

V. Open Discussion and WW-ADNI Website Information Request

- Future Meetings
 - i. AAICAD 2011 Paris: Working on pulling together longer meeting at Paris for a full day – longer presentations from all the WW-ADNI participants. July15 – save the date. We do not have this confirmed but we are working on this and will hope to get you more information soon.
 - ii. ADNI meeting in LA in spring, morning of April 8th – all are welcome to attend.
- Minutes to this meeting will be distributed and uploaded onto the WW-ADNI website.