The COVID-19 pandemic has profoundly impacted all facets of society in 2020, and clinical research has been no exception. Heightened concerns surrounding the safety of our participants have impacted all aspects of our program’s operations. Our dedicated team has been telecommuting since March, and has adapted all aspects of the SMADRC’s work to continue our mandate to conduct rigorous research about Alzheimer’s and related dementias, offer outreach and support to families living with the disease, develop resources for individuals in need, and provide training and education to the community.

We are incredibly grateful to our participants for their contributions to our research. They have continued to donate their time in telephone interviews and Zoom calls, providing important information about gathering data remotely and enabling us to continue to gather data that must be collected annually, due to the longitudinal design of our observational study. As COVID restrictions allow for more in-person assessment, we will use a conservative approach to resuming operations. The health and safety of our volunteers is of critical importance to us. We are monitoring space usage and density requirements to remain in compliance with university health system regulations.

Research Operations:

- For all follow-up visits, we will continue to conduct the annual longitudinal study assessment remotely (by telephone or Zoom). This remote visit entails two separate appointments that vary in length from 45 minutes to two hours each. The collected data will still be reviewed by our faculty, and feedback will still be provided in a written letter. Collecting data remotely is experimental and only a subset of the data typically used to make a research diagnosis and provide feedback is being gathered.

- New participants are being accepted into the research program and all referrals are welcome. For all year one visits, there will be a hybrid remote assessment and abbreviated in-person assessment to gather the most critical data points that cannot be collected remotely. These
CURRENTS

in-person visits will adhere to rigorous safety protocols to minimize risk to our participants and staff members. Pre-visit symptom screening, temperature checks, double masking, frequent handwashing and surface sanitization are several of the specific standard operating procedures that will be implemented.

• SMADRC-affiliated researchers that are studying brain imaging, biomarkers, and social determinants of health might reach out to you to discuss these opportunities. Participation in the longitudinal study will not be impacted by your willingness to agree to these additional studies, and participation may supplement the limited data collected during our remote assessment for the 2020 visit, as we have data-sharing agreements with these investigators.

• We continue to honor brain donations. Although we have had to restrict donations from COVID-positive individuals, we are once again able to accept brain donations from our participants due to obtaining new equipment to enhance safety for our diener and neuropathology team.

• We conducted a survey with our longitudinal cohort to assess internet access, access to video conferencing platforms (including smartphone), and willingness to engage in remote neuropsychological testing via video chat formats. A total of 369 responses were recorded, with 323 (87.5%) individuals reporting that they do have high-speed internet. A total of 285 (77.2%) individuals indicated that they had the equipment to conduct assessments using a webcam and a total of 267 (72.4%) individuals indicated a willingness to do some cognitive testing via video chat. This has helped to inform our decisions about data collection protocols and procedures.

• Our multidisciplinary clinical core continues to meet biweekly to review research diagnoses and provide important training to staff members. These meetings are now conducted remotely via Zoom.

Quality of Life Programs and Community Outreach:

The SMADRC staff understands the impact of COVID-19. Social distancing, anxiety, and fear of contracting the virus can affect the well-being of individuals, especially our older adults who are impacted by memory concerns. Thanks to technology, we can bring our older adults and their care partners together in a virtual format to respect social-distancing regulations and offer a safe space to stimulate conversations, support, and overall well-being. While we continue to operate remotely, we want you to be aware of our ongoing efforts to provide outreach, support, and education with the following resources: A COVID-19 webpage, including specific resource lists for seniors and those living with memory disorders.

• We have compiled a COVID-19 quarantine activity list to ease the tension while engaging in the community safely. We hope you will find this helpful and share it with others who may benefit. We are updating it regularly: http://adrc.ucsd.edu/COVID-19.html

• Support groups (available in English and Spanish) have resumed via Zoom virtual meetings. Please contact Tracey Truscott, LCSW (ttruscott@ucsd.edu) for information on how to join.

• Register for our Virtual Memories at the Museums program via Eventbrite.

Social workers are available if you need information, referrals, or support. Reach out to Tracey Truscott, LCSW (ttruscott@ucsd.edu) or Ivonne Arias, MSW (for Spanish, imarias@ucsd.edu) if you would like these services.

Thank you for your ongoing support, flexibility, and patience. We miss seeing you all in person, but we are grateful for the opportunity to stay connected using these remote options. You can continue to reach out by phone at (858) 822-4800, but we also welcome correspondence via e-mail at participate@ucsd.edu.
Dementia Care Partner Wishlist

Remember when you said, “Give me a call if you need anything…”

A well-intentioned offer can feel empty if you don’t know what to ask for. Here are a few specific ideas:

Can you call me at an arranged time each week? I don’t need advice; I just need someone to listen.

Would you volunteer to spend some time with them? They enjoy playing games and going for walks or drives.

Could you provide a meal for us? You could order take-out, bring meals, or provide meal delivery service.

Could you help with some home repairs or safety modifications?

Can I call you if there is an emergency or to work through a problem?

Can you help me with technology?

Can you provide transportation?

Can you invite us to join an activity? We feel isolated.

Reach out. Learn to ask for and accept help.

Funded by The UCSD Shiley-Marcos ADRC grant P30AG062429

Illustrator: Ryan Alexander-Tanner; Caregiver contributors: Joyce Camille and Jayne Slade
Natasha Josefowitz continued from page 1

home and moved to New York City, where she met her first husband, Sam Josefowitz. He started a mail-order business with a “book of the month club” and a “record of the month club,” which expanded to 22 countries and allowed the couple to travel globally. When asked about some of her favorite travel destinations, she responds, “My favorite place is wherever I am.”

Natasha’s love of education grew as she received her master’s degree in clinical social work at the age of 40. One of her greatest achievements was working in New York hospitals to study and assist in the placement of abandoned and neglected babies. Natasha performed home studies to find warm, loving women to foster these children. She understood the long-term neurological and psychological effects of infant neglect and by intervening at this early stage was able to save numerous children’s lives. Natasha says, “This was one of the most important things I’ve done in life.”

At 50, she received her PhD in social psychology and soon became a professor of business at the University of New Hampshire, where she met her second husband, Dr. Herman Gadon. She noticed that her female students had more obstacles in the world of work than her male students. This observation was the beginning of her most publicly acclaimed contribution.

In the 1970s, Natasha offered the first college course in the country for women in management. Her syllabus raised attention and she was contracted to write her first book, Paths to Power: A Woman’s Guide from First Job to Top Executive. It became a best-seller and was translated into a dozen languages. Natasha was a guest on many TV and radio shows such as The Larry King Show and The Dr. Ruth Show. She wrote books for women, minorities, and children. She traveled around the country speaking to corporations and running workshops, with the message: “The most powerful thing a woman can do is to empower other women.” Today, Natasha is the author of 21 books on business and poetry, she has been featured in hundreds of journals and magazines, and continues to write columns for La Jolla Village News.

Fifteen years ago, Natasha came to us at the Alzheimer’s Disease Research Center and enrolled as a control group participant for our longitudinal study to advance research in Alzheimer’s disease. Annually, she goes through a series of screenings to measure memory, executive functioning, language, visual spatial awareness, and other cognitive domains. Within these 15 years, she has shown no change or decline in function. Natasha states, “I’ve lived an intelligent life: I eat right, exercise, and stimulate my brain.” Today, she educates and inspires older adults to continue to thrive and delivers presentations at UCSD’s Stein Institute for Research on Aging. Natasha believes that the greatest gift you can give to others is to make them feel useful; she sums up the meaning of life in one word: “service.” In 2015, Natasha was inducted into the San Diego County Women’s Hall of Fame for her immense contribution to women, the workplace, and older adults. After meeting Dr. Natasha Josefowitz I was astounded by her drive, courage, and influence. As I left, I had a striking realization: I just met one of my greatest inspirations.

Virtual Open House Appreciation Event
Save the Date: Wednesday, January 27 at 10 a.m.

Each year, our SMADRC hosts an Open House event to demonstrate our gratitude to our research participants. This annual tradition was canceled in 2020 due to COVID-19. We are planning a virtual version of this event that will update our participants about recent advances in ADRD research, center operations during COVID, enrolling research projects, and give you the opportunity for questions and answers with our faculty. Please submit your questions via e-mail to participate@ucsd.edu, so we can incorporate them into the program. Save the date: We’re planning the virtual event for Wednesday, January 27, 2021.
Virtual Brain Blast Series

The UC San Diego Shiley-Marcos Alzheimer’s Disease Research Center Brain Blast Series is a virtual educational series for the community to access from the convenience of their homes. Presenters are all Shiley-Marcos ADRC colleagues with expertise in brain aging research that focuses on prevention, detection, diagnosis, and treatment of Alzheimer’s disease and related dementias. Each of the experts studies a unique aspect of brain aging and has developed a brief overview (less than 10 minutes each) of their current research to highlight the state-of-the-art science taking place at UCSD. We hope you will take advantage of this free resource to learn more about advances in studies of brain aging, the importance of research, and the multitude of opportunities to get involved and participate in research studies. Visit our SMARDC YouTube channel at https://www.youtube.com/channel/UCSciAm6uzYWUzET8CRRsWiQ/featured

New presentations are recorded and uploaded each month. Presentations currently available include the following:

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<thead>
<tr>
<th>Presenter</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Douglas Galasko, MD</td>
<td>Introducing Our Longitudinal Study</td>
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<tr>
<td>Erin Sundermann, PhD</td>
<td>Natural Language Ability as a Low-Cost, Non-Invasive Marker of Early AD</td>
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<tr>
<td>Raeanne Moore, PhD</td>
<td>Virtual Reality for Measuring Thinking Skills</td>
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<tr>
<td>Neil Swerdlow, MD, PhD</td>
<td>Biomarker Predictors of Memantine Sensitivity in Patients with Alzheimer’s Disease</td>
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<tr>
<td>Emilie Reas, PhD</td>
<td>The Blood-Brain Barrier in Alzheimer’s Disease</td>
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<tr>
<td>Alejandra Mortlett, PhD</td>
<td>Perceptions and Attitudes of Aging-Related Research in Older Latinos</td>
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<tr>
<td>Christine Smith, PhD</td>
<td>Remembering the Past and Risk for Alzheimer’s Disease</td>
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<tr>
<td>Irene Litvan, MD</td>
<td>Lewy Body Dementia: Markers for Diagnosis and Prognosis</td>
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<tr>
<td>Erin Sundermann, PhD</td>
<td>Women: Inflammation and Tau Study</td>
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We hope our virtual audience will take advantage of the opportunity to provide us with feedback about each presentation, make suggestions for future topics that should be recorded, and reach out if there is an interest in participation. Data collection is still underway for many research protocols, even though methods of data collection may be modified to minimize in-person appointment time. Please e-mail participate@ucsd.edu if you would like to be considered for inclusion in any of the enrolling projects.
Observational Studies

**COGNITIVE AGING LONGITUDINAL STUDY (ALSO AVAILABLE IN SPANISH)**

**PI:** Douglas Galasko, MD  
**CONTACT:** Tracey Truscott, LCSW (858) 822-4800 or ttruscott@ucsd.edu  
**TIME INVOLVED:** Annual visit until the end of life  
**DESCRIPTION:** The purpose of this study is to learn how the brain changes as we age. This is an observational study that collects behavioral, medical, and cognitive data and assesses neurological functioning. It does not involve an intervention. This is done annually from the time of enrollment to death. Information about strategies for healthy brain aging is provided, as is feedback about one’s annual performance on cognitive testing. We continue to obtain blood and cerebrospinal fluid (CSF) samples to compare changes detected in blood and CSF to changes in cognition and brain structure. **REQUIREMENTS:** Age 65 and older if normal cognition or diagnosis of MCI or early dementia due to Alzheimer’s, FTD, or DLB; study partner; lumbar puncture (LP) and magnetic resonance imaging (MRI) required; brain autopsy required.

**EVOKED RESPONSE POTENTIALS**

**PI:** James Brewer, MD, PhD  
**CONTACT:** Mollie Paster (858) 822-4800 or mrpaster@ucsd.edu  
**TIME INVOLVED:** Minimum 2 years  
**DESCRIPTION:** This study is to examine the utility of non-invasive measures of the brain’s electrical activity as an early marker of Alzheimer’s disease. Electroencephalogram recordings (EEG) and EventRelated Potentials (ERP) have shown promise in small studies, but no study has examined how they compare to other markers more commonly used in clinical trials of Alzheimer’s disease. We will collect EEG and ERP data along with brain imaging using magnetic resonance imaging (MRI) to assess brain atrophy and use positron emission tomography (PET) to assess for the presence of proteins associated with Alzheimer’s disease. We will determine whether EEG and ERP measures are powerful enough to serve as surrogates for these more expensive markers of disease. Clinical/cognitive, imaging (MRI and PET scans), biomarker, and genetic characteristics will be assessed across the three cohorts: Normal controls (NC), Mild Cognitive Impairment (MCI), and mild Alzheimer’s disease (AD). Visits will occur once every three years for all subjects with telephone contacts in-between visits. **REQUIREMENTS:** Age 60-90; fluent English speakers (as of age 12), with normal cognition or a diagnosis of MCI or AD; have corrected visual acuity of at least 20/50 for distant vision; have overall good general health. Subjects are required to undergo an MRI, PET scan, and EEG.

**ALZHEIMER’S DISEASE NEUROIMAGING INITIATIVE 3 (ADNI)**

**PI:** James Brewer, MD, PhD  
**CONTACT:** Mollie Paster (858) 822-4800 or mrpaster@ucsd.edu  
**TIME INVOLVED:** Minimum 5 years  
**DESCRIPTION:** The primary goal is to discover, optimize, standardize, and validate clinical trial measures and biomarkers used in ongoing Alzheimer’s disease research. The Alzheimer’s Disease Neuroimaging Initiative (ADNI) plays a central role in improving treatment trials. Since the study’s launch, ADNI investigators with regulators in both the US and abroad have facilitated the design of major completed and ongoing drug trials. ADNI 3 is a continuation of this work. ADNI 3 is a non-randomized, natural history, non-treatment study. Clinical/cognitive, imaging (MRI and PET scans), biomarker, and genetic characteristics will be assessed across the three cohorts: Normal controls (NC), Mild Cognitive Impairment (MCI), and mild Alzheimer’s disease (AD). Visits will occur annually for MCI and AD subjects and every two years for NC subjects. **REQUIREMENTS:** Age 55-90; normal cognition or a diagnosis of MCI or AD; a study partner; overall good general health. Subjects are required to undergo MRI and PET scans and a lumbar puncture.
## Intervention Trials for MCI and Early Alzheimer’s Disease, and Other Dementias

A clinical trial is a research study in which a human subject is assigned to one or more interventions (which may include an investigational drug, placebo or other control) to evaluate the effects of those interventions on health-related or behavioral outcomes. When you volunteer to take part in clinical research, you help doctors and researchers learn more about disease and improve health care for people in the future.

The ADRC Clinical Trials Unit has a variety of clinical trials available for participants with Alzheimer’s disease and related dementias. We add new studies to our portfolio regularly and encourage individuals who are interested in participating to reach out to the ADRC. Studies currently in the pipeline that will be starting recruitment in the near future include:

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<th><strong>JANSSEN</strong></th>
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<th><strong>BIOGEN EMBARK</strong></th>
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<td><strong>Phase 2 study aiming to slow the progression of prodromal and mild Alzheimer’s disease by preventing the propagation of tauopathy. The length of the trial is up to 4.5 years. MAIN REQUIREMENTS:</strong></td>
<td>Age 55-80; evidence of pathological tau on a screening PET scan</td>
<td><strong>Phase 3 study for individuals at risk for or with frontotemporal dementia due to mutations in the progranulin gene.</strong> This study will provide genetic testing for individuals with a family history who may be eligible to participate. The length of trial ranges from 48 to 96 weeks depending on the treatment condition. MAIN REQUIREMENTS:</td>
<td>Age 18-85; known carriers of heterozygous loss-of-function progranulin gene (GRN) mutations</td>
<td><strong>Phase 1b study of Posiphen, which may have a potential to delay the onset or slow the progression of Alzheimer’s disease via decreased amyloid production. This study will investigate whether Posiphen is safe and tolerated. This short-term study is up to two months and will require at least five study clinic visits, including a three-day stay at UCSD clinical research unit. MAIN REQUIREMENTS:</strong></td>
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Please contact Nobuko Kemmotsu, PhD at nkemmotsu@health.ucsd.edu or (858)-246-1267 to learn more about clinical trials.

**The SMADRC has a wide array of enrolling studies available to persons with and without memory concerns.**

The SMADRC has a wide array of enrolling studies available to persons with and without memory concerns. If you are interested in participating in a research study, we can add you to our research registry and help you find the study that is the best match for your preferences and profile. For English, contact Tracey Truscott, LCSW at (858) 822-4800 or ttruscott@ucsd.edu. For Spanish, contact Ivonne Arias, MSW at (858) 822-4800 or imarias@ucsd.edu. They can add you to our research registry and help you find the best research “match” for you.
Biomarkers are measures of what is happening inside the living body, revealed by the results of laboratory and imaging tests. Biomarkers can help doctors and scientists diagnose diseases and health conditions, find health risks in a person, monitor responses to treatment, and see how a person’s disease or health condition changes over time. Many types of biomarker tests are used for research on Alzheimer’s disease and related dementias. In Alzheimer’s disease and related dementias, the most widely used biomarkers measure changes in the size and function of the brain and its parts, as well as levels of certain proteins seen on brain scans and in cerebrospinal fluid (CSF) and blood.

Advances in biomarkers during the past decade have led to exciting new findings. Researchers can now see Alzheimer’s-related changes in the brain while people are alive, track the disease’s onset and progression, and test the effectiveness of promising drugs and other potential treatments. Researchers hope to further biomarker research by developing a full range of biomarkers, particularly those that are less expensive or less invasive. Such research could help test drugs while advancing the use of novel PET imaging, CSF, and blood biomarkers to identify specific changes in the brain related to Alzheimer’s and other neurodegenerative dementias. New MRI methods could measure brain structure, function, and connections, while developing and refining sensitive clinical and neuropsychological assessments to help detect and track early-stage disease using biomarkers in combination to build a model of Alzheimer’s disease progression over decades, from its earliest, presymptomatic stage through dementia.

The SMADRC has been at the forefront of Alzheimer’s biomarker research and continues to offer opportunities to contribute to this rapidly evolving important body of science.

**Neuroimaging Biomarkers Update**

*By Emilie Reas, PhD*

Rapidly advancing brain-imaging methods have revolutionized our ability to detect signs of Alzheimer’s disease at the earliest stages—even decades before symptoms emerge—and to better understand its mechanisms. Magnetic resonance imaging (MRI) is a noninvasive tool that allows precise measurement of brain size and shape. By measuring the thickness and volume of key brain regions, scientists have identified characteristic changes that occur in early Alzheimer’s disease and predict cognitive decline. Other MRI methods that visualize how water diffuses provide detailed information about the structure of brain connections and cell organization. Diffusion MRI studies of Alzheimer’s disease have shown degradation of the brain’s white matter pathways that transmit information across the “neural highways,” and that nuanced changes to brain cell structure precede brain shrinkage along the course of the disease. Positron emission tomography (PET), another imaging method that uses a radioactive tracer to visualize proteins in the brain, allows researchers to pinpoint the location and concentration of pathological amyloid and tau proteins. PET scans are growing in popularity because of their utility at identifying individuals with increased amyloid or tau who may be at higher risk for developing Alzheimer’s disease or experiencing brain atrophy.

Despite this marked progress, there is still much to learn about Alzheimer’s disease. It is becoming increasingly clear that diverse risk factors, including older age, genetics, vascular impairment, and metabolic dysfunction proceed along distinct pathways, but may converge on a common destination. Furthermore, the prevalence of such risk factors, and the consequences of disease markers on dementia progression, differ between men and women.

Here at the UC San Diego ADRC, researchers are employing various brain-imaging tools to better understand how these factors increase risk for Alzheimer’s disease. A new study by Dr. Emilie Reas, funded by the National Institute on Aging, combines several types of MRI to examine whether the blood-brain barrier becomes leaky prior to cognitive decline, and if this leakage relates to abnormal...
protein build-up or brain cell damage. The bloodbrain barrier serves as the interface between blood vessels and brain tissue, and its injury may explain why poor vascular health increases risk for dementia.

Another new study, led by Dr. Sarah Banks, is using tau PET to evaluate whether there are sex differences in how tau accumulates, and if this is related to cognitive changes. Dr. Banks’ earlier work suggests that women’s brains build up more tau than men, and in a follow-up study (currently recruiting) she will be finding out if this is related to modifiable risk factors such as exercise and sleep. Drs. Banks and Reas are collaborating on these projects to understand the interrelation among key Alzheimer’s disease biomarkers, and to probe the sequence in which vascular problems, brain pathology, and cell injury occur and lead to cognitive decline. Ultimately, these studies will optimize the timely diagnosis of Alzheimer’s disease to support the earliest and most effective treatment.

These studies are presently recruiting and seeking participants who are either free of cognitive complaints or are experiencing mild memory problems. To enroll or to learn more about these studies, please contact study coordinator Bailey Hoffman at bhofmann@health.ucsd.edu.

Blood Biomarkers Update

By Douglas Galasko, MD

Dr. Galasko is working with several groups of investigators who are aiming to develop different types of blood tests for Alzheimer’s disease and related disorders. Confirmation of the diagnosis of Alzheimer’s disease has relied on brain imaging or examination of cerebrospinal fluid. While these tests can confirm the buildup of amyloid and tau proteins in the brain, they are expensive and involve radiation (PET scans) or require a lumbar puncture (CSF). Recent advances have enabled amyloid and certain forms of tau to be detected in the blood. These blood tests correlate with brain pathology and show promise in supporting the diagnosis of Alzheimer’s even when symptoms are still mild.

The use of biomarkers is allowing scientists to make great strides in identifying potential new treatments and ways to prevent or delay dementia. These advances are possible because thousands of people have participated in clinical trials and studies. Clinical trials need participants of all different ages, sexes, races, and ethnicities to ensure that study results apply to as many people as possible, and that treatments will be safe and effective for everyone who will use them. Major medical breakthroughs could not happen without the generosity of research participants who become partners in these scientific discoveries.

Participant Reflections on MRI

When considering research participation, many potential volunteers express concerns about the requirements for biomarker procedures. Here, one of our current participants shares her experience during research participation at the SMADRC.

Marilyn: My father died from Alzheimer’s disease and I felt it was very important to be mindful of my own brain health. I’ve been a part of research for 12 years now. I really enjoy my annual visits because you get personal, attentive, and up-front care that you normally don’t receive in a doctor’s visit. All the procedures are free and monitor your brain health. Prior to getting my MRI, I had no previous experience with it, and I didn’t have many concerns. The only thing I was concerned about was whether it would be harmful for me to undergo multiple MRIs? This is something I was told I didn’t need to be concerned with.

The procedure was so easy, and I even found it to be relaxing. I have a very busy schedule and rarely have time to sit still, so it was like taking a rest. The technicians supply you with earplugs and will even play music or a movie if you need a comforting component. The procedure lasted around 30 to 45 minutes, and was not distressing at all. I don’t have claustrophobia, so I didn’t feel anxious. The technicians give you a cord with a button in case you experience anxiety or other issues, and they will pull you out of the tube at any time. They help you out and ask if you are dizzy; the technicians take great care of you. Following the procedure, I didn’t experience any side effects. I felt fine and would undergo another MRI. For anybody feeling apprehensive about participating in research due to certain procedures, I would emphasize that there is no need for concern with an MRI. It is something that helps yourself, helps others, and uncovers vital information for your health and future health discoveries.
The Alzheimer’s Dilemma: YMAA and the Youth’s Answer

By Gracie Chen, Campus Publicity Director of YMAA at UCSD

As Alzheimer’s disease (AD) has become an increasingly prominent issue in today’s society and as the medical community works toward a cure, what are the youth doing? Most young people in the past decade have not been involved, mainly because so many assume that AD does not or will not affect them or their families. When you ask the typical UCSD undergraduate student if they think that AD is a prominent issue that affects the youth population, many say “no” or lack accurate information about the disease. Nihal Satyadev noticed this trend in 2015 and with a group of friends, founded the Youth Movement Against Alzheimer’s, a nonprofit organization dedicated to creating a future where youth embrace aging as well as work to alleviate the impact of Alzheimer’s disease. Fast-forward to 2020, and YMAA has grown exponentially, reaching over 500 students in addition to providing over 3,000 hours of respite care through the YouthCare program.

Created in late 2018 by Susie Choi, YMAA at UCSD is one of many chapters of the national YMAA organization. Although our student organization is fairly new, we have gained over 100 members and contributed to YMAA’s vision through our efforts in philanthropy, service, and advocacy. In October 2019, our board members attended the Alzheimer’s Summit in Washington, D.C., and were given the opportunity to meet many prominent figures in the Alzheimer’s field as well as lobby for the CHANGE Act. Our organization wants to do more for those affected by AD. We are excited to announce our partnership with ADRC and look forward to extending a helping hand.

Ways to Give

Your support for the Shiley-Marcos Alzheimer’s Disease Research Center provides scientists with the vital resources to advance groundbreaking research into Alzheimer’s disease and make the leap from bench to bedside.

Gifts of all sizes to SMADRC’s Greatest Needs fund (2140) support researchers and clinical trials, vital research equipment and professional training, as well as specialized family programs designed for caregivers and families affected by the disease. To learn more about giving, please contact Emily Little at e2little@ucsd.edu or (858) 822-4800.

Consider making a planned gift. The UC San Diego Office of Gift Planning can help you discover creative ways to partner with us to support the UC San Diego Shiley-Marcos Alzheimer’s Disease Research Center while reaching your philanthropic goals. To learn more, please visit gift-planning.ucsd.edu or call Kim Wenrick at (858) 534-4132.

We are honored to welcome gifts in memory of your loved one. Reach out to us to learn more.

To give online, please visit giveto.ucsd.edu, search for 2140, and select Shiley-Marcos Alzheimer’s Disease Research Center.

Prefer to mail a check? Please make it payable to UC San Diego with a note indicating the gift is for the Shiley-Marcos Alzheimer’s Disease Research Center.

Mailing address:
UC San Diego Advancement
Attn: Emily Little
9500 Gilman Drive #0937
La Jolla, CA 92093
The San Diego Alzheimer’s Disease Resource Center for Minority Aging Research

UC San Diego, in collaboration with San Diego State University (SDSU), recently developed the San Diego Alzheimer’s Disease Resource Center for Minority Aging Research (AD-RCMAR). There are only eight of these centers across the United States. Established in 2018, the purpose of this center is twofold: 1) To enhance the diversity of researchers studying Alzheimer’s disease and related dementias (ADRD) by focusing on the recruitment and career development of scientists from underrepresented groups; and 2) To fill critical gaps in ADRD research focused on older Latinos.

Latinos are the largest ethnic/racial minority in the U.S., and the biggest ethnic group in California. Yet there has been very little study of factors explaining disparities in dementia research among Latinos. Better understanding of ADRD risk factors among older Latinos will lead to more precise interventions for improving Latino brain-aging health.

“We expect to have a meaningful impact on Alzheimer’s disease in the Latino population by fostering the success of the scientific workforce from Latino and other minority groups investigating this brain disease,” stated Dr. Alison Moore, Lead Project Investigator.

The San Diego AD-RCMAR brings together strengths of both UC San Diego and SDSU, including neurosciences and the ADRC, geriatrics, psychology, community and public health, addressing health disparities, and training of underrepresented minority students and faculty. The center is led by four outstanding faculty, including Alison Moore, MD, MPH (UCSD Geriatrics and Gerontology), our own Hector Gonzalez, PhD (UCSD Neurosciences/Alzheimer’s Disease Research Center), John Elder, PhD (SDSU Public Health), and Paul Gilbert, PhD (SDSU Psychology).

The center’s theme is to examine priority areas of social and behavioral science related to ADRD, including research on the epidemiology of ADRD, preventive interventions, and care challenges.

Each year, the center supports three or four early-stage and new scientists by funding a small research project focused on ADRD, and providing mentorship and career development. Projects supported by the AD-RCMAR vary, whether looking at biological pathways of stress and neurocognitive aging among Hispanics/Latinos, developing a tailored approach to investigating cognitive resilience focused on physical and mental activities, or evaluating perceptions and attitudes by Hispanic older adults about biomarkers and Alzheimer’s disease research.

The San Diego AD-RCMAR benefits from being able to offer data from multiple large data sets, including those from the ADRC, the Hispanic Community Health Study/Study of Latinos and Study of Latinos-Investigation of Neurocognitive Aging, and the Rancho Bernardo Study of Healthy Aging. The AD-RCMAR also works closely with the ADRC and community partners, and co-hosted the ADRC’s Neurodegenerative Diseases: Updates in Research and Community Resources workshop in November 2019.

Select AD-RCMAR scientists attend monthly seminars and receive individual assistance with writing and career development, and network with scientists in other training programs here in San Diego and at other AD-RCMAR centers. The AD-RCMAR is funded by the National Institute on Aging. To learn more about the San Diego AD-RCMAR, contact Jennifer Reichstadt, MSG, at jreichst@health.ucsd.edu.
Virtual Memories at the Museum

Live Zoom • 2 to 3 p.m.
First Tuesday of every month

Trained docents provide interactive tours to participants with memory disorders and their care partners at exceptional museums in Balboa Park.

Participants are given opportunities for meaningful engagement in developmentally appropriate activities that are carefully designed to support the varying experience and ability levels of each individual in a group setting to facilitate success and socialization.

- SMADRC trained facilitators
- No obligation to participate in research
- No cost to participate

in collaboration with the Alzheimer’s Association

San Diego Museum of Art
Mingei International Museum: Closed for renovation until 2021
Timken Museum of Art
Museum of Photographic Arts