The Alzheimer’s Disease Cooperative Study (ADCS) is a national consortium of academic medical centers and clinics set up by National Institutes of Health (NIH) in 1991 to collaborate on the development of Alzheimer’s treatments and diagnostic tools. The ADCS is coordinated by the University of California, San Diego and led by Paul Aisen, MD. It is made up of more than 70 research sites in the United States and Canada with a focus on advancing studies of interventions that might not otherwise be tested by industry (drug companies).

[CONTINUED ON PAGE 2]

Dr. Roberto Malinow joined UCSD in 2008 as a Professor in the Departments of Biology and Neurosciences. At that time, he was the recipient of the “Shiley Chair in Alzheimer’s Disease Research in honor of Dr. Leon Thal”. Dr. Malinow received medical training at New York University and completed his PhD at UC Berkeley. He has had an illustrious career in teaching and research with more than 100 publications in top scientific journals. In 2012, Dr. Malinow was elected to the National Academy of Sciences, one of the most prestigious acknowledgements a scientist can receive. [The National Academy of Sciences was created by an Act of Congress under Abraham Lincoln in 1863. Its mission is to provide advice to the nation on matters related to science and technology.]

[CONTINUED ON PAGE 4]
Looking Ahead to Hopeful New Clinical Trials

The National Institute on Aging (NIA), the lead institute within NIH for Alzheimer’s research, recently announced new research funding that will enable the ADCS to undertake four major studies aimed at finding new treatments for Alzheimer’s disease (AD). This round of studies will test drug and exercise interventions in people in the early stages of the disease, examine a medication to reduce agitation in people with AD, and test a cutting-edge approach to speed testing of drugs in clinical trials.

The ADCS and this latest round of studies are critical to accomplishing the research goals set forth in the National Plan to Address Alzheimer’s Disease announced by Health and Human Services Secretary Kathleen Sebelius in May 2012. The plan was developed under the National Alzheimer’s Project Act which calls for a coordinated care, and services for Alzheimer’s and related dementias. Its primary research goal is to prevent and effectively treat Alzheimer’s disease by 2025. Laurie Ryan, PhD, NIA Alzheimer’s disease clinical trials program director states, “With this newly funded work, the goal is to expand the range of individuals participating in ADCS clinical trials from those at risk for the disorder to those with Alzheimer’s dementia, so that the full spectrum of the disease is represented.”

The following four studies are made possible by this funding and will be available to eligible patients in our UCSD Shiley-Marcos Alzheimer’s Disease Research Center (ADRC) and our UCSD Comprehensive Alzheimer’s Program (CAP):

- **The A4 Trial**
  The development of plaques made up of amyloid protein fragments is a key feature of AD. So far, no clinical trial testing anti-amyloid agents has proven successful in people with mild-to-moderate AD. Because Alzheimer’s-related brain changes can take place years or even decades before symptoms appear, scientists are now aiming to test therapies earlier in the disease process or “asymptomatically”, even before outward symptoms may be present. The A4 (Anti-amyloid treatment in asymptomatic AD) prevention trial will test an amyloid-clearing drug in the pre-symptomatic stage of the disease, in 1,000 symptom-free older volunteers who have had positron emission tomography (PET) brain images that show abnormal levels of amyloid accumulation. Cognitive tests (tests of thinking abilities) over three years are designed to determine if the drug is effective in maintaining cognitive health; imaging tests will track structural and functional brain changes. The trial will provide important information about the effectiveness of clearing amyloid from the brain in the early stages of the disease in order to prevent symptom onset.

- **Exercise MCI Trial**
  Although exercise is widely recommended to maintain physical abilities and reduce risk of many age-related medical conditions like cardiovascular disease and diabetes, it has not been shown in a longer-term clinical trial to improve cognition or alter brain changes that occur in AD. This randomized, controlled trial seeks to find out if supervised aerobic exercise can influence cognitive decline, slow brain shrinkage, or lessen Alzheimer’s brain changes in older adults with mild cognitive impairment (MCI), a condition that often leads to Alzheimer’s. The trial will recruit sedentary older volunteers with MCI to participate in a year-long program in which one group will do high-intensity aerobic exercise and the other stretching. Cognitive testing, cerebrospinal fluid (CSF) biomarkers, and magnetic resonance imaging (MRI) results will help measure the efficacy of aerobic exercise on improving cognition and Alzheimer’s-related pathology.

- **Prazosin for Treating Agitation Trial**
  Recurrent agitation can be a troubling problem in people with Alzheimer’s and can significantly increase both caregiver burden and patient distress. Currently, drugs used to treat agitation are not very effective and may even cause
CONTINUED FROM PAGE 2

additional harm in older people, such as increased risk of stroke or excessive sedation. The ADCS will test the use of the generic drug prazosin as a treatment for agitation that may also be well-tolerated in frail and elderly people.

• **CSF Pharmacodynamic Trial**

  When testing potential new drug therapies for Alzheimer’s or related dementias, scientists use cerebrospinal fluid and blood plasma biomarkers as a way of knowing that the compound under study crossed the blood-brain barrier and reached the targeted area of the brain. To increase the efficacy and speed of drug development, the ADCS will use advanced methods that sample cerebrospinal fluid and plasma levels over time. These methods will track levels of several Alzheimer’s-related proteins to help researchers better understand how a drug influences Alzheimer’s pathology (brain changes) and to help guide decisions on whether a drug warrants further clinical testing. This year will also introduce a series of clinical trials funded by pharmaceutical companies that will also enroll eligible participants from the Shiley-Marcos ADRC and CAP programs. In upcoming issues of Currents, look for information on these additional hopeful studies.

The National Institute on Aging leads the federal government effort conducting and supporting research on aging and the health and well-being of older people. It provides information on age-related cognitive change and neurodegenerative disease specifically at its Alzheimer’s Disease Education and Referral (ADEAR) Center at http://www.nia.nih.gov/Alzheimers. For more information on Alzheimer’s care and resources, please visit the federal government’s website http://www.alzheimers.gov. Information on health and on aging generally can be found at http://www.nia.nih.gov. To sign up for e-mail alerts about new findings or publications, please visit either NIA website.

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**ENROLLING CLINICAL TRIALS**

**Alzheimer’s Disease Neuroimaging Initiative 2 (ADNI 2)**

**PRINCIPAL INVESTIGATOR:** James Brewer, MD, PhD  
**TIME INVOLVED:** 4 Years | **CONTACT:** Helen Vanderswag, RN - (858) 822-4800

The purpose of the study is to examine how brain imaging technology and biomarker tests, along with measurements of memory and daily functioning, can be used in the future conduct of studies that focus on the identification and treatment of AD at an early stage.

**REQUIREMENTS:**
- Early memory problems, a diagnosis of MCI or AD, and those without memory changes
- 55-90 years old; 65-90 for normal controls
- Have a study partner for all visits
- Able and willing to undergo MRI, PET scans, and lumbar puncture procedure (LP)
- MMSE score of 20 or above

**Roche WN25203B (SCarlet RoAD)**

**PRINCIPAL INVESTIGATOR:** Michael Rafii, MD, PhD  
**TIME INVOLVED:** 24 Months | **CONTACT:** Kacie Smith - (858) 246-1303

Randomized, double-blind, placebo-controlled, parallel-group two year study to evaluate the effect on cognition and function in prodromal Alzheimer’s disease of subcutaneous gantenerumab.

**REQUIREMENTS:**
- 50-85 years old
- Prodromal AD with MMSE greater than 24
- Have a study partner for all visits
- On no memory medications
Dr. Malinow’s research is aimed at understanding how the brain forms and stores memories. He focuses on the role of the connections between nerve cells, called synapses, in normal and abnormal memory function. This is an extremely important but difficult task because the brain contains about 100 billion nerve cells and around 100 trillion synapses. Dr. Malinow’s laboratory particularly studies “synaptic plasticity” which is the change in strength of the connection between two nerve cells due to the cell’s activity or inactivity.

Synaptic plasticity is known to be dependent on calcium moving into the postsynaptic nerve cell through special ion channels or molecular tubes that conduct molecules (like calcium) through the cell membrane. There are many different mechanisms that can underlie synaptic plasticity, including increased release of chemical signal (also called neurotransmitters), changes in the receptors of the chemical signals, and changes in gene expression. Some of these changes result in short-term plasticity and others in long-lasting plasticity. Dr. Malinow’s research is directed at the long-lasting forms of plasticity that underlie learning and memory. Using rodent models for his experiments, he concentrates on receptors on the postsynaptic side of the synapse. That is, the side that receives, rather than sends, the chemical signal. He has found that a change in the number of receptors or in the maintenance of those receptors is a critical mechanism underlying synaptic plasticity. More recently he identified a new function for one particular kind of ion channel known as the NMDA receptor. His research showed that even if an ion does not travel through it, a change in the shape of the receptor alone can modify the strength of the synaptic connection between two nerve cells. This novel finding has led to a better understanding of synaptic plasticity.

In the field of Alzheimer’s disease (AD), Dr. Malinow has examined the effect of beta-amyloid [a protein that is thought to be part of the cause of the disease] on synapses. His research has shown that over-activity of nerve cells increases the formation and release of beta-amyloid; in turn, beta amyloid depresses synapses by reducing the number of neurotransmitter receptors. This loss of signaling might contribute to cognitive decline in early AD. Normally, beta amyloid may form part of a negative feedback system: overly active neuronal activity produces beta amyloid, which reduces neuronal activity. Disruption of this feedback system might contribute to cell death and brain dysfunction in AD. These studies open up the possibility of a new therapeutic target for AD.

The UCSD Shiley-Marcos ADRC is honored to have Dr. Robert Malinow affiliated with our Center as the first recipient of the Shiley Chair. We congratulate him for his achievements during the first 5-year term of the Chair, and look forward to more exciting research from his laboratory in the future.
Learning About Lewy Body Dementias: A Rewarding Community Partnership to Benefit San Diego Caregivers

On Friday February 15th, the UC San Diego Parkinson’s Disease Research Consortium (PDRC) within the Shiley-Marcos Alzheimer’s Disease Research Center (ADRC) partnered with the Southern Caregiver Resource Center (SCRC) and the Parkinson’s Disease Association of San Diego to host the first caregiver conference on Lewy Body Dementias (LBD). The free half-day conference titled, “Diagnosis, Management, and Treatment of Lewy Body Dementia” was well-attended with over 100 caregivers and persons with LBD. A multitude of San Diego businesses and not-for-profit organizations that serve this community of caregivers were in attendance at exhibitor tables with information about their services and programs. Conference attendees received a continental breakfast, and free on-site respite care was provided by At Your Home Familycare.

Two of the three speakers were UC San Diego ADRC/PDRC faculty and researchers. Dr. Jody Corey-Bloom, MD, PhD presented as the keynote speaker with an overview discussion of Lewy Body Dementias (LBD). She provided the audience with an explanation about Lewy body pathology and where it occurs in the brain in persons with LBD, including Parkinson’s disease with dementia, and Dementia with Lewy Bodies. She described the clinical features of LBD and how they differ from Alzheimer’s disease (AD), the most common form of progressive dementia in older adults. The relative preservation of memory in LBD compared to AD was discussed and explained as a function of the area of the brain impacted by the pathology of the disease. Dr. Corey-Bloom went on to describe the core and suggestive clinical features in Lewy Body Dementias, including parkinsonism, fluctuations in alertness, well-formed and recurrent hallucinations, gait instability, and repeated falls. She helped caregivers to understand these symptoms along with many others that occur as a direct result of the disease process in the brain.

Following her presentation, Dr. David Salmon, PhD provided the audience with an overview of the cognitive (thinking) changes observed in LBD. He highlighted some of the research findings generated at UC San Diego that will be helpful in differentiating LBD from other dementias, such as AD, on the basis of neuropsychological testing. In particular, LBD participants showed much greater difficulty with visual spatial processing than participants with AD, even when the overall level of impairment was comparable between the two groups.

These presentations were followed by a very practical and uplifting presentation by Alejandra Ceja-Aguilar of Southern Caregiver Resource Center. She provided attendees with the caregiver’s bill of rights and discussed the importance of taking care of oneself in order to best care for a loved one with dementia. She proceeded with very practical tips for coping with the stress and demands of caregiving and provided the attendees with an extensive array of free local resources available in San Diego, including respite care, support groups, and educational workshops and classes. Many of these resources were represented in the exhibitor tables at the conference.

Attendees were given the opportunity to ask questions of each speaker and visit the information and resource tables at various times during the program. The success of this event paves the way for future collaborations of this kind, and we hope to partner again soon to provide more educational programs for the San Diego caregiver community.
Dr. Irene Litvan joined our UC San Diego team September 1, 2011. She is Director of the UC San Diego Movement Disorder Center, a Tasch Endowed Professor in Parkinson’s disease research, and a Professor of Neurosciences. We heartily welcome Dr. Litvan to our team!

Tell us about your background.
I was born in Montevideo, Uruguay, a middle-class, literate, tranquil and cosmopolitan country of South America, which was also then called the “Switzerland of South America.” I went to medical school at the University of Uruguay (Universidad de la República) and moved to Barcelona, Spain when I graduated. There I completed two years of Internal Medicine, a four-year Neurology residency, and a one-year training program in Behavioral Neurology at the Hospital de la Santa Creu i Sant Pau, Spain’s top-rated University Hospital Neurology Department. During this period I designed a series of experimental studies to evaluate the memory of patients with Multiple Sclerosis. I became interested in pharmacologic approaches to memory loss and served as co-investigator in a multicenter European drug trial with dementia patients at the Hospital Clínico de Barcelona. I moved to the United States to do research and worked at the Experimental Therapeutics Branch of the National Institutes of Neurological Disorders and Stroke, where I completed a fellowship on movement disorders and dementia.

Moving from one country to another was challenging. Since I was trained in Uruguay and Spain, I had to repeat my medical internship in Washington DC at Saint-Elizabeth Hospital and then a neurology residency at Georgetown University Hospital. During this time I continued working at the National Institutes of Health teaching, and during my last year of residency, I co-edited with Prof. Yves Agid the first book on Progressive Supranuclear Palsy (PSP) for Oxford University Press. After my residency, I went back to the National Institutes of Health where I became a Senior Staff Fellow and completed a fellowship in Neuroepidemiology.

What brought you to San Diego?
I was recruited by UCSD from the University of Louisville, KY, where I had built from scratch a movement disorder program and National Parkinson Disease Center of Excellence. There I was an endowed Professor from 2002-2011. I was offered the possibility of expanding the movement disorder program at UCSD, and I was very impressed with the strong basic science component. I thought it had all the elements to become one of the best programs in the world in movement disorders. My goal as the Director of the UC San Diego Movement Disorder Center is to develop a comprehensive state-of-the-art personalized program in movement disorders that will advance research and improve patients’ and caregivers’ quality of life and access to care, while training future clinicians and educators.

What hats do you wear day to day?
I wear multiple hats. As a clinician, I provide personalized state-of-the-art care for my patients so they can have the best possible quality of life. As an educator, I teach and mentor students, residents, and junior faculty to become the educators, researchers and clinicians of tomorrow. As a researcher, I work to advance the field so we can treat and ultimately prevent or cure neurodegenerative disorders.

What are your primary professional interests?
I am very interested in finding ways to diagnose neurodegenerative disorders with parkinsonism and/or dementia early and accurately, finding the cause of these neurodegenerative disorders, and eventually therapies that could prevent, slow or stop disease progression. I am also interested in development of therapies that could improve patients’ symptoms and improve their quality of life.

What is your greatest professional achievement thus far?
I have helped improve the diagnostic criteria for all the parkinsonian and dementia disorders. More accurate diagnostic criteria help us to better search for risk factors for these disorders, identify biologic markers for an earlier diagnosis, and hopefully find appropriate therapies that could slow down the course of these diseases.

What do you like to do for leisure and fun?
I love to read, go to the theater and movies, walk on the beach, travel, and experience other cultures.
Faculty and Staff Educate Others Near and Far

Many people associate the Shiley-Marcos ADRC with our research efforts. Fewer may know that our ADRC faculty and staff are highly regarded for their education of students, professionals, and the public in state-of-the-art science, care, and research advances. Here is a glimpse of the many educational contributions locally and internationally that our team will make this spring.

**Doug Galasko, MD** - Dr. Galasko is Co-Director of our ADRC. His areas of research include biological markers (such as cerebral spinal fluid or CSF), genetic risk factors for Alzheimer’s disease (AD), and sub-types and variants such as Dementia with Lewy Bodies (DLB). Dr. Galasko will speak to the American Academy of Neurology, in San Diego on “CSF Biomarkers in the Diagnosis of Alzheimer’s Disease.” He is also committed to caregiver and patient education and will provide an update on AD research this spring to early-stage families at the Alzheimer’s Association.

**Eddie Koo, MD** - Dr. Koo’s is Co-Director of our ADRC. He researches the cellular and molecular biology of AD and related disorders. His team investigates the biology of various proteins related to AD and how to translate basic science into hopeful treatments. Dr. Koo spoke at the 11th Annual Alzheimer’s and Parkinson’s Disease Congress in Florence, Italy on his team’s work on gamma-secretase modulators (an investigational approach to AD treatment.) He has also been invited to speak in Singapore this spring at the Singapore International Neurocognitive Symposium on “Anti-amyloid clinical trials: the current and future.”

**Jody Corey-Bloom, MD, PhD** - Dr. Corey-Bloom conducts a range of clinical studies and maintains a neurology practice in AD, Huntington’s disease, and Multiple Sclerosis. She has been a primary investigator in over 40 clinical trials for the treatment of AD and other dementias. Dr. Corey-Bloom will speak to the American Academy of Neurology, in San Diego on “Case Studies in Dementia” and will also provide “An Update in Dementia.” She recently translated complex medical concepts into practical information during her keynote address entitled “An Overview of the Diagnosis and Treatment of Lewy Body Dementia” at a local Lewy Body Dementia Caregiver Conference.

**David Salmon, PhD** - Dr. Salmon is the ADRC’s senior neuropsychologist. His research focuses on the memory and cognitive deficits caused by neurodegenerative diseases such as AD, Parkinson’s disease and DLB. Dr. Salmon spoke at the 11th Annual Alzheimer’s and Parkinson’s Disease Congress in Florence, Italy on “The Evolution of Cognitive Deficits in Prodromal Parkinson’s Disease with Dementia.” While in Italy, Dr. Salmon also gave a talk at the University of Padua entitled “The Neuropsychology of Dementia with Levy bodies.” Locally, Dr. Salmon recently educated local caregiver attendees of the Lewy Body Dementia caregiver conference on “Cognitive Changes in Lewy Body Dementia.”

**Lisa Snyder, MSW, LCSW** - Lisa has been a clinical social worker with our ADRC since 1987. Her research has focused on the subjective experience of AD and on the development of socially and mentally stimulating interventions to support individuals and families dealing with early-stage dementia. Lisa will travel to Indiana for the Alzheimer’s Association’s regional conference to give a keynote on: “Living Your Best with Early-Stage Alzheimer’s” and a separate talk on “Effective Communication with Persons with Alzheimer’s.” She has also been invited to Dublin, Ireland for their International Dementia Care Conference to give a keynote on “Understanding the Experiences of People with Dementia” and a separate interactive session specifically for conference attendees with dementia.

**Kelly Landy, Doctoral Candidate** - Kelly is a neuropsychology doctoral candidate with our Shiley-Marcos ADRC and is making valuable contributions to better understanding the changes in vision and perception that can accompany LBD. She recently gave a talk to peers at the Neurosciences Graduate Program Research Rounds on visuospatial deficits and cognitive decline in DLB. Through a generous donation from an ADRC research family, Kelly was also able to attend the conference in Florence, Italy where she presented her work on visuospatial deficits in Lewy Body dementia.
No Stone Left Unturned
BY MAURA SMITH

The following essay is written by Maura Smith, a Shiley-Marcos ADRC research participant who describes her experience with Posterior Cortical Atrophy (PCA). PCA is a rare disorder and is sometimes referred to as the visual variant of Alzheimer’s disease because regions of the brain controlling vision are the first to be affected. We are very grateful to Maura for sharing her experiences of PCA with readers and hope that her coping skills and referenced resources will be of help to all readers.

The pivotal moment in my fight with Posterior Cortical Atrophy (PCA) was the diagnosis. It was also the most frightening time when I learned I had an incurable condition that would slowly cause my brain to lose the ability to process what my eyes see. I’m the type of person who likes a direct approach and who likes to understand the challenges ahead. Knowing that my brain would be slowly degenerating was hard to accept and the first few weeks were the most frightening because of my inability to control the situation. However, I soon realized, like most other challenges in life, the best approach is to make sure no stone is left unturned. I was willing to do whatever I could to find out as much as I could about PCA and what to expect down the road. At that time there was very little information available.

My neurologist, Dr. Thal, was a great source of information, answering all my questions with patience, great insight and a sense of humor. In my research I came across Dr. Oliver Sacks, a world famous neurologist and author of the book “Awakenings,” upon which the movie was based. At this point I knew I needed an awakening, so I contacted his office and requested an appointment, and was informed that I needed a referral. It turned out that Dr. Thal and Dr. Sacks had known each other for years and were good friends. Dr. Thal wanted me to know there was no magic bullet, but also understood my need to learn all I could about PCA. He happily gave me the referral.

My husband, Jeff, and I headed to New York. We expected only about an hour with Dr. Sacks, but he gave us an entire afternoon, even going so far as to walk us out the door and suggest a good restaurant for dinner. Dr. Sacks, while not providing a cure, helped expand my expectations for what was to come and in a way we were buoyed by having this additional knowledge. The single most important thought that stayed with me for the next few days was that I had to move beyond the negative aspects of my condition and to start taking positive action. While there wasn’t a cure, I had the ability to manage my reactions to, and expectations of, what lay ahead, and to start putting a plan in place that would allow me to live my life as fully as possible. The next day Jeff and I decided to take a trip to Montauk, Long Island. It was the perfect decision, because as we stood at the tip of the ocean we realized how spectacular our life is and that together we could get through anything.

After we got home, I found one of the biggest challenges I faced was asking others for help. I had always prided myself on my independence, however I realized that I would soon be unable to drive or read, and as the PCA progressed I would need assistance in recognizing the clothes in my closet and even small things like finding my toothpaste. When the day came that I was no longer able to drive, I found an organization that would drive me for a small fee. I also found in reaching out to friends and acquaintances for rides that so many of them were eager to help and would often call asking if I needed to go anywhere. In reaching out to people I had considered acquaintances, I had opened myself up to an extended group of true friends that have become an integral part of my life.

One thing I had a lot of trouble accepting was my growing inability to read. I loved the feel of a book in my hand, but I couldn’t process even large print books. When I finally reluctantly stepped into the world of audio books, it brought back cherished memories of my mother reading to me as a child and sharing her love of books. It also reminded me of trips with her to the library. I decided it was time to introduce myself to our local librarian. Over the years, she has developed an amazing understanding of what books will interest and delight me. She has often sur-
prised me with books I wouldn’t have selected on my own. She has opened up a world to me that could have been lost to PCA.

I continued my research into finding tools and organizations to help me live my life to the fullest. Some of the resources I found include programs for the blind or visually impaired; community transportation services; senior centers and other centers for classes and continued learning; public radio programs because TV is too difficult to see; telephone services for the disabled; and the UCSD Alzheimer’s Research Center support group. Some of the resources I found are listed below. And finally, some simple ideas with amazing results. I found someone to come organize my closet to make it easier to find my favorite clothes. Get Pen Friend to label your music, book CDs, clothes and whatever else makes sense to you. Use a hand held recorder to keep phone numbers, addresses, and important notes. Take a class, learn something new. Try something different. All these tools can be very effective, but the key to your overall health and well being is daily exercise. Something as simple as a good walk. No excuses, find a friend or hire a “dog walker” to go walking with you. With all of that said, keep your sense of humor. Stay on the sunny side of life.

Seven years into my diagnosis I cannot say that I’ve beaten PCA, but I can definitely say it hasn’t beaten me. With the help of my incredible husband and wonderfully supportive friends, I have an amazing life, a life I would never have anticipated when I was first diagnosed.

“SEVEN YEARS INTO MY DIAGNOSIS I CANNOT SAY THAT I’VE BEATEN PCA, BUT I CAN
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WONDERFULLY SUPPORTIVE FRIENDS, I HAVE AN AMAZING LIFE, A LIFE I WOULD NEVER
HAVE ANTICIPATED WHEN I WAS FIRST DIAGNOSED.”

1 The Braille Institute’s Program for Independent Living
http://brailleinstitute.org
or 800-272-4553

2 The UCSD Shiley-Marcos Alzheimer’s Research Center Support Group
Contact: Lisa Snyder, LSW at 858-822-4800

3 San Diego Center for the Blind
(Various tools available)
http://www.sdcb.org
or 619-583-1542

4 TELL Service (411 information and call dialing)
888-247-2425

5 Transportation Services
http://www.gonctd.com/lift
or 760-726-1111 (LIFT)
http://www.factsd.org
or 888-924-3228 (FIND A RIDE)

6 Telephones for the Disabled
http://ddtp.cpuc.ca.gov/homepage.aspx
or 800-806-1191

7 Osher Lifelong Learning Institute at UCSD Extension
http://olli.ucsd.edu/
or 858-534-3409

8 KPBS Radio Service
http://kpbsreadingservice.org
or 619-594-8170
Ask the Doctor: The Amyvid Decision

Question:
I’m concerned about my memory and I’ve heard that there is a brain scan that can diagnose Alzheimer’s disease. Should I get one?

Answer:

Although the FDA approved florbetapir (Amyvid) in April 2012 as a tracer for PET scans in detecting brain amyloid, Medicare has not covered it. The test costs about $3,000 in total and some patients have been paying out of pocket for it.

Just recently, a Medicare advisory panel voted against medicare coverage for amyloid brain PET scans. Although the technology has been around for 8 years, and numerous studies have shown its accuracy in detecting amyloid plaques, the committee felt that it did not improve health outcomes in patients. One major concern has been what to do with a positive result from the scan given that no current therapy exists to alter the progression of the disease.

It is expected that such a test would be used not for patients who have clear-cut Alzheimer’s dementia, but rather to identify those who are at greatest risk for developing the disease. There have been many studies that have shown the connection between amyloid and the brain and subsequent development of memory problems and Alzheimer’s dementia. However, the question still remains as to what to do once the scan is found to be positive. I would submit that there is much to be gained, not only from a positive scan, but even more so from a negative scan.

The test may in fact be most useful in patients with Mild Cognitive Impairment (MCI). About 50% of patients will progress to full-blown AD dementia within five years. This scan would help us determine to which group a patient belongs: MCI due to AD or not due to AD. Such early detection would allow patients and families to plan for the future as opposed to the cases I see routinely in clinic where the first manifestation of memory impairment is something such as a medication overdose, financial mistakes, and other functional issues with potentially serious complications. As a clinician, I see great benefits not only in being able to accurately inform my patients about the cause of their cognitive impairment, but also being able to tell a patient with MCI that he or she does not have amyloid in the brain. That is, not on the path towards Alzheimer’s dementia. In these cases, we would initiate other studies as part of the work up to evaluate the cause of the patient’s cognitive impairment. In fact, just one day prior to the medicare advisory panel meeting, the Alzheimer’s Association and the Society for Nuclear Medicine published guidelines specifying in which patients amyloid scans would have greatest impact on outcome.

Until such coverage is available, we will rely on clinical history, neurological and cognitive evaluation, blood tests and volumetric MRI for evaluating patients with cognitive complaints. As disease modifying treatments become available, the coverage of such scans will no longer be in question.
February 21, 2013 marked the 14th Hispanic Open House and Thank You luncheon for the Shiley-Marcos ADRC Hispanic component held at the Chula Vista Yacht Club. Forecast for the day was possible rain, yet we were fortunate enough to have beautiful weather for the event. David Salmon, PhD, Co-Director of the Clinical Core of the ADRC and our steadfast presenter since the event’s inception was scheduled to be our sole presenter until Irene Litvan, MD, kindly accepted our invitation to join in assisting us with the question and answer segment of our program.

Dr. Salmon provided information on treatment aims at Alzheimer’s disease such as Bapineuzumab, an antibody that may help to remove plaques from the brain and Solanezumab, an antibody that binds to the amyloid protein in the blood and the brain. While bapineuzumab showed no clinical benefits, Solanezumab had small clinical benefits in Alzheimer’s disease and will be tested in future prevention studies. Two other antibodies, Crenezumab and Gantenerumab, are still being tested against amyloid. Antibodies against tau (which causes tangles) are also in early stages of testing. Dr. Salmon also listed new clinical treatment studies in 2013.

Tests are affected in preclinical AD in elderly Hispanic adults. Dr. Litvan provided additional clarifications (in Spanish) for those who had questions about current and future studies relating to Alzheimer’s disease. Her contribution was greatly appreciated by all in attendance.

While some people may believe research studies are only for those diagnosed with Alzheimer’s disease, our research center strives to maintain an equal balance of participants who have been diagnosed, as well a group that we in research call Normal Controls. In which case, if you are age 65 or over and want to be considered as a potential participant, call me. Together we’ll figure out if you qualify to be enrolled. You may reach me, Frances, at 1-800 251-2495.
Shiley-Marcos Alzheimer’s Disease Research Center

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2013 SERIES

**Memories at the Museums**

- **San Diego Museum of Art**
  - January 11, May 10, September 13

- **Mingei International Museum**
  - February 8, June 14, October 11

- **Timken Museum of Art**
  - March 8, July 12, November 8

- **Museum of Photographic Arts**
  - April 12, August 9, December 13

Join us on the second Friday of each month from 2:00 - 3:00 at one of these exceptional San Diego museums for a unique docent-led discussion and tour. Museum docents engage people with mild-to-moderate Alzheimer’s or a related disorder and an accompanying family member or friend in discussions about the artwork to stimulate visual and verbal abilities and to spark memory. Memories at the Museums alternates between the four co-sponsoring museums that are all located in central Balboa Park. Museum admission and tours are free of charge to participants.

Each monthly tour is limited to 8 pairs (16 participants total). Pre-registration is required. Please call Lisa Snyder, LCSW at the Shiley-Marcos Alzheimer’s Disease Research Center at (858) 822-4800 to register for a tour.