GETTING TO KNOW DR. KOO

Dr. Eddie Koo is the Co-Director of our Shiley-Marcos ADRC and wears many hats as a clinical neurologist, administrator, and laboratory scientist. He has been with our ADRC since 1996.

Dr. Koo, could you please tell us about your background?

I was born in Hong Kong and came to California for high school. From there, I went to Amherst College where I caught the research bug and stayed for a year after graduation to do more biology research. Then it was medical school at Duke University, followed by residency in anatomic pathology for one year at Duke, one year of medicine at University of North Carolina, Chapel Hill, neurology residency at University of California, San Francisco, and neuropathology fellowship at Johns Hopkins University. I was on the faculty at Hopkins briefly before moving off to Brigham and Women's Hospital and Harvard Medical School. I was one of Leon Thal’s first faculty recruits to UCSD in 1996. (Continued on Page 2)

Participating in a Clinical Trial

An Important Part of Alzheimer’s Disease Research

Rapid advances in our knowledge about AD have led to the development of many new drugs and treatment strategies. However, before these new strategies can be adopted, they must be shown to work in patients. This means that clinical trials—studies in people to rigorously test how well a treatment works—have become an increasingly important part of AD research. Advances in treatment are only possible through the participation of patients and family members in clinical trials.

Participating in a clinical trial is a big step for people with AD and their caregivers. That’s why physicians and clinical trials staff spend time talking with participants about what it’s like to be in a trial and the pros and cons of participating. Here are some things that potential participants might want to know about clinical trials. (Continued on Page 4)
How did you become interested in neurology and molecular biology?

I went through all the basic medical school rotations, but didn’t really like any of them. I liked neuroscience because it was the most challenging and I felt it was the final frontier. My most influential teachers in medical school were two neuropathologists, Steve Vogel and Peter Burger. At that time they were working on a project that described the similarities between Down’s syndrome and Alzheimer’s disease (AD). Al Heyman, who headed the CERAD project, was also a big influence. CERAD standardized procedures for the evaluation and diagnosis of patients with AD. Some of their tests are still being used by our ADRC. I participated in a small AD project with Dr. Heyman and the rest is history.

After I started neuropathology fellowship, I became interested in molecular biology. Molecular biology looks at the interactions between DNA, RNA, and proteins. I decided that bringing cell and molecular biology approaches to AD research could be very useful.

Do you have specific areas of interest?

I am interested in the pathology of AD and other related disorders. I want to understand on a molecular and cellular level, what causes the formation of the pathological hallmarks of AD, plaques and tangles.

Who has inspired you personally or professionally?

I have been lucky to have been taught by many influential and priceless teachers at all stages of my education. I went to a small boarding school in California, The Thacher School, (where Howard Hughes was a student at one time) where I learned my independence. In college, the most influential person was Oscar Schotte, a retired embryologist. We spent hours talking about science and life over many beers and Dubonnet (always kept in the lab refrigerator, much against the rules). I mentioned the people at medical school already. And too many to mention at the other fine schools I trained at: UCSF, Hopkins [Don Price and Sam Sisodia], Harvard [Dennis Selkoe and David Teplow]. Finally, all the colleagues at UCSD and the ADRC.

Tell us about a typical day in your research lab.

There’s lots of emailing, manuscript reviews, talking to the great people in my lab, looking at their data, talking to collaborators, trouble shooting, dealing with administrative issues at the ADRC and worrying about my grant funding. I have up to 9 persons in my lab, comprised of postdoctoral fellows, graduate students, and sometimes visiting foreign scholars. My role as their mentor is to help them achieve their professional goals, whether continuing research at an academic institution, or pursuing a career in the industrial sector. Our lab is currently involved in three main areas of research: NSAIDs [anti-inflammatory drugs], the APP-caspase story [cell death molecules], and synaptic injury [our newest area of interest]. Far and away the biggest challenge we are facing is the shortage of funding for our research. This affects both my work and the futures of my lab personnel. Grant applications at the National Institute on Aging are currently funded at a 10% rate, meaning we have to submit 10 applications to receive one award. When we finally receive a grant award we find our budget has been cut. You have to be very committed to stay in research right now.

What directions do you find most encouraging or exciting in the field of AD research?

Two things: we are understanding more and more about the cause of AD and we are at the cusp of the next generation of AD therapy that promises to be more than symptomatic treatment. I truly hope these treatments will be successful.

What are your research goals for the next five years?

I want to find out more about why synapses are injured in AD and hope we can contribute to AD therapeutics. A synapse is the gap between two neurons; communication between neurons through this synapse is critical to brain function. Synapse injury precedes the loss of neurons. We hope that by understanding synapse injury we can learn how to prevent it and in turn, prevent AD. The significance of the synapse was first illustrated by Dr. Robert Terry, our founding ADRC neuropathologist.

What do you do for leisure and fun?

I spend time with my wife and two teenage children. My son will begin his first year of college next year and my daughter is a high school junior. We also have a 5 year-old Chow Chow, “Indigo”. For fun, I like to work around the yard and if I have time (rarely), duff around the golf course, playing poorly but enthusiastically. I also enjoy listening to classical music, cooking, and appreciating wine and fine dining.
On April 16th, the Alzheimer’s Association coordinated an historic event at the Capital in Sacramento. Over 1500 Alzheimer’s disease advocates gathered in protest of the proposed budget cuts that would greatly impact Alzheimer’s disease (AD) patients and their caregivers. At least 100 advocates flew in from San Diego alone to attend the rally.

Senators, Members of the Assembly, CEOs and staff from various Alzheimer’s Association chapters, Miss California, Alzheimer’s patients, caregivers, and health professionals all gathered together for the cause. There was a brilliant, well-spoken 14 year-old advocate whose father was diagnosed with AD in his forties and is presently in a nursing facility. Our Shiley-Marcos Alzheimer’s Disease Research Center (ADRC) was represented by Dr. John Daly, Judith Rivera, Nurse Practitioner, and a number of our wonderful ADRC participants and caregivers. The day’s agenda included legislative hearings of the Assembly Budget Subcommittee on Health and Human Services and the Senate Health Committee, as well as testimony from the Alzheimer’s Association.

Presently, the proposed 2008-2009 state budget cuts aim to decrease funds to Alzheimer’s services and Medi-cal community-based providers by up to 10%. This would reduce access to care in the underprivileged communities ultimately resulting in an increase in hospitalizations, nursing home placement, or both. The programs targeted include the Alzheimer’s Day Care Resource Center, Alzheimer’s Research Centers (ARCC), Caregiver Resource Centers, In-Home Supportive Services, and Adult Day Health Care. In essence, 10% in each program calculates to a 50% cut across the board which ultimately affects the same people utilizing these services. The Alzheimer’s Association emphasizes that the proposed cuts are an assault on family caregivers, who provide the bulk of long-term care. Five of the proposed cuts in health and human services programs will reduce respite, education, and support for family caregivers.

It is estimated that the number of those affected with AD will double by 2030 with over 11,000 new cases a year in California. The greatest risk is among Baby Boomers who will begin turning 65 in 3 years. Statistics indicate 1 in 8 Baby Boomers (up to one million in California alone) will develop AD. More importantly, people are being diagnosed earlier, thus requiring more years of health care. One objective of Advocacy Day’s was to address these vital facts and have the California legislators reconsider these cuts by establishing a California plan to address AD.

Hundreds of advocates organized into teams and flooded the halls of the Capital to speak with legislators, express their concerns, and deliver this powerful message to hear our voices! We truly believe we made a tremendous impact on Alzheimer Disease Advocacy Day in Sacramento as we rallied against the budget cuts. We shouted loudly and clearly to please reconsider the budget and develop a “California Alzheimer’s Plan” for the future of families living with Alzheimer’s.
WHAT KINDS OF TRIALS ARE THERE?

- Treatment trials with existing drugs assess whether an already approved drug or compound is useful for other purposes. For example, some trials have tested whether anti-inflammatory drugs already used to treat arthritis might help to prevent AD.
- Treatment trials with experimental drugs or strategies find out whether a brand new drug or treatment strategy can help prevent, lessen symptoms, or slow the progression of AD. These compounds are rigorously tested in tissue culture and in animals for safety before the compounds are tested in humans.

WHAT ARE THE PHASES OF CLINICAL TRIALS?

- During Phase I trials, a study team gives the treatment to a small number of volunteers and examines its action in the body, its safety, and its effects at various doses. Phase I trials generally last only a few months.
- If results show that the treatment appears safe, it will be tested in Phase II and Phase III clinical trials. These trials involve larger numbers of people over longer periods of time. In these trials, the study team wants to know whether the treatment is safe and effective and what side effects it might have.

After these phases are complete and investigators are satisfied that the treatment is safe and effective, the study team may submit its data to the Food and Drug Administration (FDA) for approval. The FDA reviews the data and decides whether to approve the drug or treatment for use in patients.

WHAT HAPPENS WHEN A PERSON SIGNS UP FOR A CLINICAL TRIAL?

First it is important to learn about the study. Study staff explain the trial in detail to potential research participants and describe possible risks and benefits. Staff also talk about the participants’ rights as research volunteers, including their right to leave the study at any time. Participants and their family members are entitled to have this information repeated and explained until they feel they understand the nature of the study and any potential risks.

Once all questions have been answered and if there is still interest in being a part of the study, a patient participant is asked to sign an informed consent form. Laws and regulations regarding informed consent differ across states and research institutions, but all are intended to ensure that patient participants are protected and well cared for. If a patient participant is no longer able to provide informed consent because of problems with memory and confusion, it is still possible for an authorized representative (usually a family member) to give permission for the patient to participate.

Adapted from: Alzheimer’s Disease: Unraveling the Mystery, 2002.
**WHAT HAPPENS DURING A TRIAL?**

If participants agree to join the study and the screening process shows they are eligible, they have a "baseline" visit with the study staff. This gives the study team information against which to measure future mental and physical changes. As the study progresses, participating patients and family members usually must follow strict medication or treatment instructions and keep detailed records of symptoms.

Every so often, participants visit the clinic or research center to have physical and cognitive exams, give blood and urine samples, and talk with study staff. These visits allow the investigators to assess the effects of the test drug or treatment, see how the disease is progressing, and see how the participant and the caregiver are doing.

In most clinical trials, participants are randomly assigned to either a treatment or placebo group. Having the two different groups is important because only by comparing them can researchers be confident that changes in the test group are the result of the experimental treatment and not some other factor. In many trials, no one—not even the study team—knows who is getting the experimental drug and who is getting the placebo or other drug and are "blind" to the treatment being received.

**WHAT SHOULD PEOPLE CONSIDER BEFORE PARTICIPATING IN A CLINICAL TRIAL?**

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<tr>
<th>Expectations and Motivations</th>
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<td>Clinical trials generally don’t have miraculous results. The test drug or treatment may relieve a symptom, change a clinical measurement, or alter the progression of disease. With a complex disease like AD, it is unlikely that one drug will cure or prevent the disease. Some people choose not to participate or drop out of a study because this reality doesn’t meet their expectations. Others participate because they realize that even if the benefit to them may be slight, they are making a valuable contribution to knowledge that will help future patients.</td>
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<th>Uncertainty</th>
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<td>Some families have a hard time with the uncertainties of participation - not knowing whether the person is on the test drug or the placebo, not being able to choose which study group to be in, not knowing for a long time whether the study was successful or not. Ongoing and open communication with study staff can help to counter this frustration.</td>
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<th>Finding the Right Clinical Trial</th>
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<td>Some clinical trials want participants who are cognitively healthy or have only mild symptoms because they are testing a drug that might delay the decline in cognitive function. Other trials are interested in working with participants who have more advanced AD because they are testing a drug that might lessen behavioral symptoms, or they are testing new strategies to help caregivers. Even though a participant may not be eligible for one trial, another trial may be just right.</td>
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<th>The Biggest Benefit of All</th>
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<td>Many families find that the biggest benefit of participating in a clinical trial is the regular contact with the study team. These visits provide an opportunity to get state-of-the-art AD care and also to talk on an ongoing basis with experts who have lots of practical experience and a broad perspective on the disease. The study team understands and can provide advice on the emotional and physical aspects of the person with AD and the caregivers’ experience. They can suggest ways to cope with the present and give insights into what to expect in the future. They also can share information about support groups and other helpful resources.</td>
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There are many new clinical trials and research protocols enrolling at the Shiley-Marcos ADRC.

If you are interested in participating or would like more information, please contact the Study Coordinator listed with each trial.
- They can all be reached at the Shiley-Marcos ADRC - (858) 622-5800
- There is no cost to participate in any of these research protocols
- The Shiley-Marcos ADRC is under the direction of Douglas Galasko, M.D.

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**STUDY DIRECTOR**
Mary Margaret Pay, G.N.P.

**TIME INVOLVED**
Monthly, Quarterly, or Annual visits over the course of 4 years

**DESCRIPTION**
Currently, in order to participate in a research study, volunteers must visit a clinic to meet with a health care professional who collects important information for the study. Such visits are time-consuming and limiting. This study will evaluate three in-home types of information gathering and will determine the practicality of each method. The final analysis will compare these methods to the traditional way of collecting information in a clinic.

**REQUIREMENTS**
- Age 75 or older
- Normal mental function
- Fluent in English
- Able to live independently
- Willing to take multi-vitamins provided by the study
- Able to answer and dial a telephone, have access to secure mail, and possess minimal computer skills or a willingness to learn

**CONTACT**
Sigfrido Urtecho, B.A.
at (858) 622-5800 and ask for the "Home-Based Assessments Study" surtecho@ucsd.edu

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**STUDY DIRECTOR**
Jody Corey-Bloom, M.D., Ph.D.

**TIME INVOLVED**
22 Months

**DESCRIPTION**
Basic research studies found that blocking the interaction of amyloid beta protein and a receptor called Receptor for Advanced Glycation Endproducts (RAGE) led to a decrease in amyloid deposits. In this study, researchers will test whether a novel drug that acts as a RAGE inhibitor (RI) slows the progression of Alzheimer’s disease as well as behavioral problems that may occur. Participants will be randomly assigned to one of three groups: one group will receive a high dose of RI, a second group will receive a lower dose of RI, and the third group will receive an identical placebo (inactive pill).

**REQUIREMENTS**
- Age 50 or older
- Have mild-to-moderate AD
- Are not diabetic (Type 1 or 2) and do not have a history or symptoms of autoimmune disorders
- Able to see and hear well
- Able to read and write in English or Spanish
- Have a reliable caregiver

**COMPENSATION**
Participants will receive up to $200 per year of the study for undergoing the lumbar punctures.

**CONTACT**
Karen Wetzel, M.P.A.S., PA-C.
at (858) 622-5800 and ask for the "RAGE Inhibitor Study" kwetzel@ucsd.edu

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**STUDY DIRECTOR**
Douglas Galasko, M.D.

**TIME INVOLVED**
Two visits per year for 5 years

**DESCRIPTION**
This study will measure levels of a number of different proteins in cerebrospinal fluid (CSF) and in blood in order to compare these biomarker levels amongst people who have normal cognitive ability, mild memory problems, or early Alzheimer’s disease (AD). Participation involves a lumbar puncture and bloodwork.

**REQUIREMENTS**
- 40-to-90 years of age with no memory problems
- 60-to-90 years of age with Mild Cognitive Impairment (MCI)
- 60-to-90 years of age with Early AD
- In general good health
- No major lower back problems
- Have a reliable study partner

**COMPENSATION**
Participants will receive up to $200 per year of the study for undergoing the lumbar punctures.

**CONTACT**
Helen Vanderswag, R.N.C., B.S.N.
at (858) 622-5800 and ask for the "Biomarkers Study" hvanderswag@ucsd.edu

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**PRINCIPAL INVESTIGATOR:** James Brewer, MD, PhD

**TIME INVOLVED:** 18 months with at least 15 visits.

**DESCRIPTION:** Passive Immunization is a Phase 3 study to evaluate the safety and effectiveness of an investigational drug, Bapineuzumab, for controlling progression of AD. Most current therapies for Alzheimer’s treat the symptoms associated with it and not the disease itself. Bapineuzumab is an antibody (a type of protein usually produced by white blood cells to destroy other substances) that may help to clear beta amyloid from the brain. Beta amyloid is a protein that accumulates in brain tissue to form plaques, which are believed to play a major role in the development of AD.

Bapineuzumab is given as a series (a total of 6) of intravenous infusions, delivering antibodies to beta-amyloid. This approach is called “passive immunization,” since the body is receiving the antibodies via the drug, rather than generating the antibodies itself. This drug is being tested in individuals with mild-to-moderate Alzheimer’s. Approximately 4,000 subjects at more than 350 sites worldwide (include 200 sites in the United States and Canada) are expected to participate. Study participants will be randomly assigned to receive Bapineuzumab or a placebo, so there is a 60% chance of receiving Bapineuzumab and a 40% chance of receiving a placebo.

The clinical assessments visits will take place at the Shiley-Marcos Alzheimer’s Disease Research Center. The infusion visits will take place at the General Clinical Research Center at the UCSD Medical Center in Hillcrest. The infusion visits will occur every 13 weeks.

**REQUIREMENTS:** Participants for the Passive Immunization study must:
- Be between 50 and 88 years of age
- Have a mild memory problem
- Be diagnosed with early-to-moderate Alzheimer’s
- Be able to have a MRI

**CONTACT**
Helen Vanderswag, R.N.C., B.S.N.
at (858) 622-5800 and ask for the "Passive Immunization Study" hvanderswag@ucsd.edu

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Clinical Trials Registry
Are you interested in clinical trials but don’t find one that suits you? You can now join our Shiley-Marcos ADRC registry to be placed on a list for future studies.

**PARTICIPANTS CAN BE:**
- Normal Controls
- Have a mild memory problem
- Be diagnosed with early-to-moderate Alzheimer’s

**Call the Shiley-Marcos ADRC at (858) 622-5800**
The hallmark symptom of Alzheimer’s disease (AD) is problems with short-term memory – that is, memory for things that have happened in the recent past. It is common to remember events that happened long before the onset of AD because these memories are already stored in the complex filing system of your brain. In the early stages, AD primarily affects the memory center of the brain known as the hippocampus. Some of the first effects of the disease begin in the hippocampus and account for the brain’s difficulty with storing new information. The disease begins to interfere with the steps necessary to get events, information, or experiences into storage and eventually, into long-term memory.

Sometimes people with AD do manage to remember certain current events or facts, but not others. There is some evidence that information or experiences that have significant feelings associated with them —either strongly positive or negative feelings—may be stored differently in the brain. These memories could receive an additional boost from the amygdala, a region of the brain involved with feelings. The memory may be strengthened by the additional processing of the amygdala and as a result, have more likelihood of getting into the brain’s storage system. In general, however, memory is complex and variable, and it is quite common for people with AD to have inconsistencies in short-term memory abilities.

The term “sundowning” is used to describe the restless, confused, or anxious feelings some persons with AD experience during the late afternoon or early evening. This time of the day when the sun goes down and darkness sets in can be particularly disorienting or unsettling. A number of factors can contribute to the problem: Alzheimer’s can affect a person’s ability to interpret what he or she sees. Changes in light can produce shadows or dim conditions. Shapes may look like people or dimly lit rooms may look unfamiliar in the fading light. This can be frightening or disorienting. End-of-the-day fatigue can also increase irritability and confusion for people with AD.

If we think about our previously familiar routines, the time around sundown may have been a time of transition. Many people were accustomed to leaving work and heading home or may have been busy preparing a meal for a family coming in from a day at work or school. Although activity changes over the years, memories of these patterns can be deeply ingrained and lead to a feeling of increased restlessness or anticipation at sundown. Some days may be just fine, while others bring on anxious feelings. The following suggestions may be helpful:

- Try to keep your home well-lit as evening approaches. This can help with the transition from daytime to nighttime.
- Do not take on challenging activities in the late afternoon or evening. A quiet visit with a friend, soft music, or helping to prepare the evening meal may help to pass this transition time more smoothly.
- Some people find that an evening walk or slow drive around the neighborhood eases restless feelings. It is important for the person with AD to be accompanied on any outing during this time.
- If problems persist, contact your doctor. Sometimes medicine can be helpful for severe sundowning symptoms.
Our Hispanic program held its 9th annual open house and luncheon at the Chula Vista Yacht Club on February 27, 2008, to thank our Hispanic participants for their involvement in our research.

Doug Galasko, MD, David Salmon, Ph.D, and our Hispanic nurse practitioner, Judith Rivera, MSN, FNP were our main presenters. We extend a special note of appreciation to colleague, Alicia Booth, for kindly rendering on-the-spot Spanish translation for two of our presenters.

Judith Rivera began the program by thanking our participants for being in the longitudinal and clinical trial studies that are integral to our program. She presented information about stem cell research that will help us to study diseases of the brain including hereditary and non-hereditary forms of Alzheimer’s, and various different behaviors of brain cells.

Dr. Galasko provided an “Update on Clinical Trials.” He reviewed promising medications that can improve thinking and daily functioning with fewer side-effects. He discussed Dimebon, an antihistamine used in Russia that is promising for treatment of Alzheimer’s and may be tested in upcoming clinical trials.

Dr. David Salmon spoke on “Bilingualism and Alzheimer’s Disease” stating that bilingualism may have a protective effect and may be associated with a later age of dementia onset. Lifelong use of two languages requires increased mental activity and may produce a “cognitive reserve” that delays symptoms of dementia in bilinguals who develop Alzheimer’s. Have you been thinking of learning a second language? This might be the time to sign up for that Spanish class!

Sigfrido Urtecho, one of our research study coordinators, asked those in attendance to consider participating in a new study that is looking at exercise and cognition. Some studies have indicated a correlation between a moderate exercise program and a slower deterioration in health status.

Fabiola Manriquez, whose beloved father is in our program, spoke passionately about the importance of following through with the autopsy consent when the time comes. She encouraged those who have not yet signed the consent form to do so. She avidly supports research and hopes participants become increasingly proactive in the search for answers on how Alzheimer’s affects our Hispanic community. It was an inspiring sight immediately after her presentation when an array of hands went up in unison, holding autopsy consent cards and saying, “I’ve donated my brain to research!” It was apparent that our Hispanic community does want to know how we differ from others with respect to Alzheimer’s. Through each and every person’s involvement in research, we will work together to find answers to these questions.

A number of participants have remained in our program for well over 8 and up to 15 years indicating an impressive retention record. We certainly value and appreciate our participant’s dedication and interest in research!
Physicians have historically been one of the Shiley-Marcos Alzheimer’s Disease Research Center’s (ADRC) most valuable sources of participant referrals. We have recently launched a new physician outreach initiative to spread the word about ADRC referral benefits to community physicians in the greater San Diego area. We hope that the newly developed referral toolkit for physicians will promote collaboration between care providers and our research community through demonstration of mutual benefit to patients, providers, and researchers alike. We aim to improve physician confidence in making referrals to our ADRC by helping physicians recognize how their patients’ involvement in research can complement the medical care they provide.

Compelling findings from a recently published study (Hinton et. al., 2007) outline a number of challenges for physicians in meeting the needs of their patients with dementia, including: limited time, difficulty accessing and communicating with specialists and in connecting with community and social service agencies, and limited availability of treatment options. The new Shiley-Marcos ADRC ‘Referral Toolkit for Physicians’ addresses the many ways in which patient participation in our programs offers solutions to these identified challenges.

The referral toolkit is comprised of the Referral Guide for Physicians, a ‘referral prescription pad’, a laminated pocket card, and a description of incentives for making successful referrals. The Referral Guide for Physicians outlines research and non-research opportunities for patients diagnosed with Mild Cognitive Impairment (MCI) or Alzheimer’s disease and related disorders, and provides information about who we are, what we offer, how patients participate in our ADRC, and the benefits of referral to all involved. It offers practical information about whom to consider referring and methods of making the referral. The laminated pocket card summarizes inclusion/exclusion criteria for appropriate referral. A sheet from the ‘referral prescription pad’ containing ADRC contact information may be handed directly to patients preferring to initiate contact themselves rather than having their physician initiate referral.

We thank ADRC staff members Christina Gigliotti, Ph.D., Frances Martinez-Goodrich, MSW, and Cecily Jenkins, Ph.D for their work in developing the referral toolkit for physicians. The contributions of other ADRC-affiliated scientists and health care experts ensured the guide’s accuracy, relevance, and ease of understanding and use by members of the medical community. A professional polish was achieved with the help of the Alzheimer’s Disease Cooperative Study’s graphic designer, Larry Janus.

We are currently disseminating physician referral guides to San Diego area physicians. If you or someone you know is a medical provider working with dementia patients and would like to receive a free copy of the referral toolkit, please contact Christina Gigliotti, Ph.D., Community Health Program representative for the center at (858) 622-5800. We look forward to hearing from you!
Gifts made by bequest play a vital role in fulfilling the mission of the Shiley-Marcos Alzheimer’s Disease Research Center (ADRC). When you remember the ADRC in your will or trust, you leave a legacy for the future, becoming an active partner dedicated to investigating the cause, treatment, and prevention of Alzheimer’s disease at UC San Diego.

Your bequest may reduce or eliminate your federal estate taxes. In addition, you are able to make a significant contribution without depleting your current assets.

Bequests can take various forms to suit your goals. For more information and
Memories at the Museum

A collaboration between The San Diego Museum of Art and The UCSD Shiley-Marcos Alzheimer’s Disease Research Center

Join us on Friday, October 24th from 2:00-3:00pm at the San Diego Museum of Art, Balboa Park

San Diego Museum of Art docents guide visitors with memory loss through the painting and sculpture exhibits. They facilitate discussions to engage their visual, verbal, and mental abilities, and provide a fun interactive experience. A separate simultaneous tour is provided for an accompanying friend or family member. This program is entirely free of charge to both participants with memory loss and their companions, and is offered quarterly.

Pre-registration is required.
If you would like to participate please contact Lisa Snyder at (858) 622-5800.