





Alzheimer's
Disease Center
at the Sanders-Brown Center on Aging




Alzheimer's
Tennessee
State Alzheimer's Initiative

**Advances in Alzheimer's & Dementia
Research (non-amyloid)**

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University of Kentucky ADRC

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Disclosures
(Only those related to A β
treatments listed here)



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- Grants**
 - NIH P30 AG072946, U24 AG057437, R01 AG053798, R01 AG063689, U19 AG010483, R01 AG054029, R01 AG061848
- Contract Research**
 - Cassava, Cycleron, Eisai, Lilly, Vivoryon, Suven, Cognision
- Educational Programming**
 - Medscape, CEConcepts, AAFP, Mid-America Institute on Aging and Wellness
- Leadership Roles**
 - Alzheimer's Association ALZ-NET, ACTC, ADCS, AAN Education, ADRC Clinical Task Force

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Learning Objectives



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- Identify key targets for disease identification & modification in Alzheimer's disease
- Discuss research participation with interested persons at risk for or with Alzheimer's disease
- Analyze clinical trial results for new experimental medicines designed to treat Alzheimer's and related dementias

Phases of Clinical Trials



Phases of Clinical Trials

Time: Preclinical, Phase I, Phase II, Phase III, Phase IV

Number: 10,000, 250, 5, 1

Regulatory approval

Phases:

- Phase I: Safety, efficacy, dose-toxicity
- Phase II: Safety, efficacy, dose-toxicity
- Phase III: Safety, efficacy, dose-toxicity
- Phase IV: Post-marketing surveillance

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Why do we need to have targets other than A β ?

1. Treating only A β only slows AD by ~30% and that is not enough

2. We are only treating the A β & most cases of MCI and dementia are mixed disease states

3. "Pure" AD is only 27% to 40% of the pathology found in most MCI and or dementia cases at autopsy

Karath et al., JAMA Neurol. 2020;e203741

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ALZHEIMER'S DISEASE PREVALENCE DIAGNOSIS & TREATMENT BY STAGE

Number of Patients (thousands)

Legend: (1) Prevalence, (2) Diagnosed, (3) Treated, (4) Treated w/ AChEI

- Far less than half of all AD patients are even treated!
- This is most true for early and late stage patients!

In part this is due to the facts that:

- Only 25% are diagnosed early
- Only 2/3 are diagnosed at the moderate stage of disease
- Only 1/2 are diagnosed even at the severe stage of impairment

Sources: (1) Brookmeyer et al. AJPH. 1998; (2) PDDA. 1998; (3) & (4) Market Measures. 1998.

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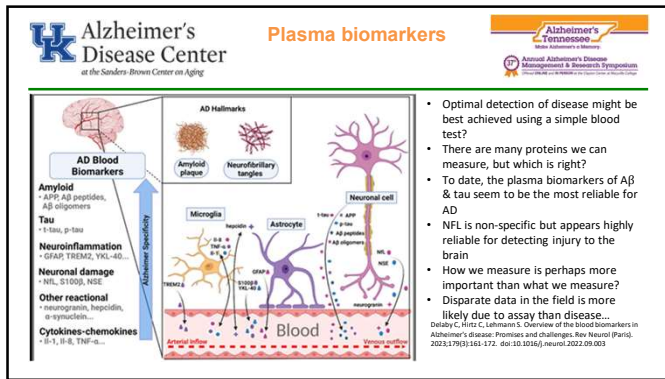
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- Early diagnosis and treatment improves outcomes
- This is clear from all studies done to date
- Why do we consistently fail at even diagnosing this disease?

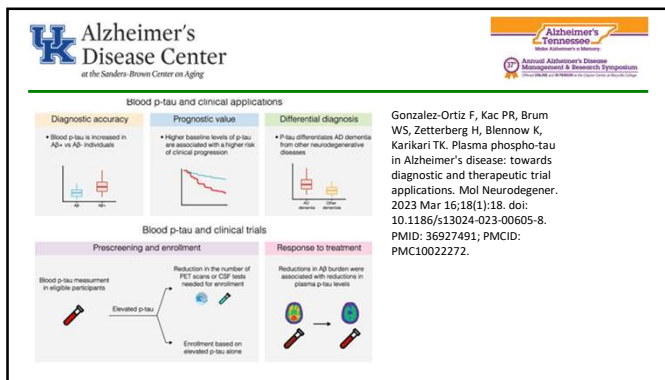
HOW DO WE TURN THIS AROUND AND MAKE DIAGNOSIS AN IMPORTANT PART OF OUR CARE?

A simple blood test might help?

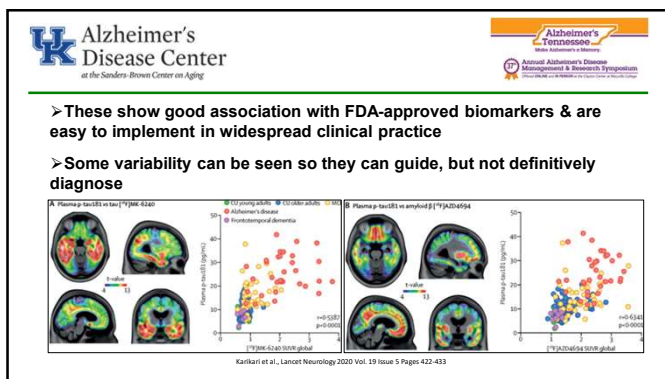
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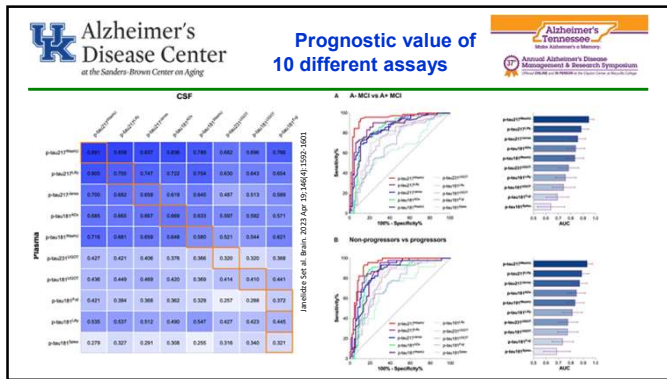
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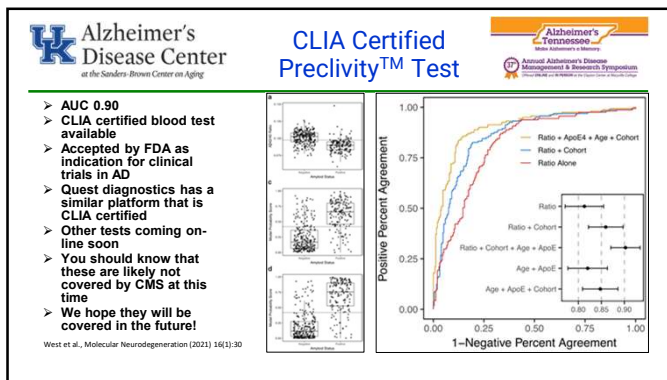
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This section transitions to work on treatment rather than diagnosis...

It will focus on therapies in development that are not anti-amyloid antibodies as we will speak about that later today

RESEARCH ADVANCES...

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VIVA-MIND

Alzheimer's Tennessee
State Alzheimer's Association

Annual Alzheimer's Disease Management & Research Symposium
October 20-21, 2018 at the University of Tennessee

Focused on eliminating harmful amyloid without an antibody!

Targeting posttranslationally modified Abeta – pGlu Abeta

Oligomers Plaques

Abeta pGlu-Abeta

Scheltens et al. *Alzheimers Res Ther*. 2018 Oct 12;10(1):107

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EEG, Cognition, and Biomarkers show positive effects

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Table 4 Cohens'D Effect Size for Significant Efficacy parameters

Domain	Parameter	ITT	mITT	PP	Effect Size
NTB	One Back test	0.23*	0.23x	0.20	↓ small
CSF	QC activity	1.25***	1.28***	1.68***	↓ large
	Neurogranin	0.16x	0.20*	0.12	↓ small
	YKL40	0.16x	0.16x	0.20*	↓ small
EEG	Relative theta power	0.29**	0.32***	0.37**	↓ small-moderate
RSMRI	MEC curvature	0.58**	0.60**	0.39	↓ moderate

CSF: cerebrospinal fluid; EEG: Electro Encephalogram; ITT: Intent to Treat population; mITT: modified ITT population; MEC curvature: Mean Eigen Vector centrality cuneus and lateral occipital regions; NTB: Neuropsychological Test Battery; PP: Per Protocol population; RSMRI: Resting State functional Magnetic Resonance Imaging; QC: glutamyl cyclase. The arrow indicates the direction of the treatment effect.
x = 0.05 < p ≤ 0.10
* = 0.01 < p ≤ 0.05, ** = 0.001 < p ≤ 0.01, *** = p ≤ 0.001

Scheltens et al. *Alzheimers Res Ther*. 2018 Oct 12;10(1):107

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Exercise?

Exercise reduces risk of dementia in a dose-dependent fashion!

Cummings et al., *Primary Psychiatry*, 2008;15(2(suppl 1):1-24

High >30 min, 3x per week; Low <30 min, 3x per week

BDNF released by exercise is like "Miracle-Grow" for your brain!

Lazarov et al., *Trends Neurosci*. 2010 Dec;33(12):569-79

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EXERT results

- This was an exercise trial for MCI to prevent AD
- Persons did either aerobic exercise or stretching/breathing exercises for 2 years
- No differences were seen between groups
- The data was then compared to ADNI and showed that stretching/breathing was most effective in warding off decline
- First off, this was a clearly negative trial
- Second, it shows that social engagement & any kind of exercise is what is really important
- It does not have to be high intensity aerobic workouts!

ADNI vs. EXERT-SBR:
 $p=0.0005$

ADNI EXERT SBR

Worse
No Change
Better

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Once tangles start, they take on a life of their own!

- Tangles are most closely associated with memory problems
- Once tangles start, they take on a life of their own and are not influenced by later removal of amyloid

AD
Control

0.75 1.50

de Calignon et al., Neuron, 2012 Feb 23;73(4):685-97
Liu et al., PLoS One, 2012;7(12):e31302.

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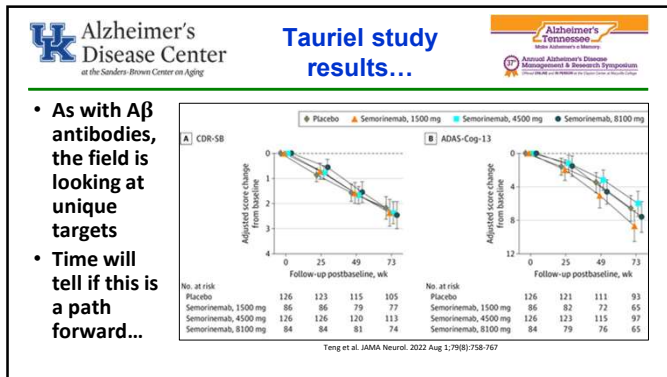
Anti-tau antibodies?

Untreated Treated

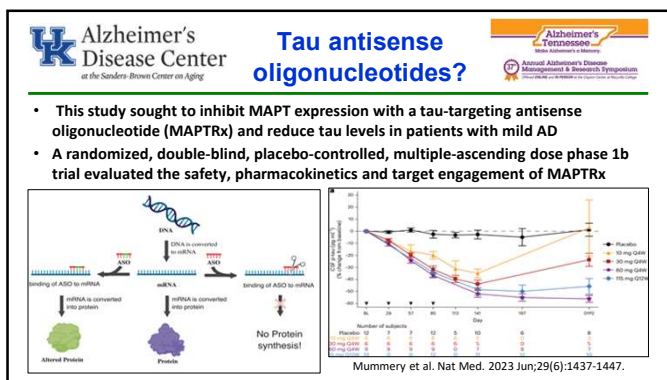
It works in mouseheimer's disease!

- 282 clinical trials of tau on clinicaltrials.gov, with 71 of these currently recruiting
- Yet several early Phase II studies have failed
 - Biogen TANGO, AbbVie AWARE, AC Immune (all n-terminal antibodies)
 - They all decreased CSF tau but no effect on tau-PET or clinical benefit
- We need to know if this is a path forward...

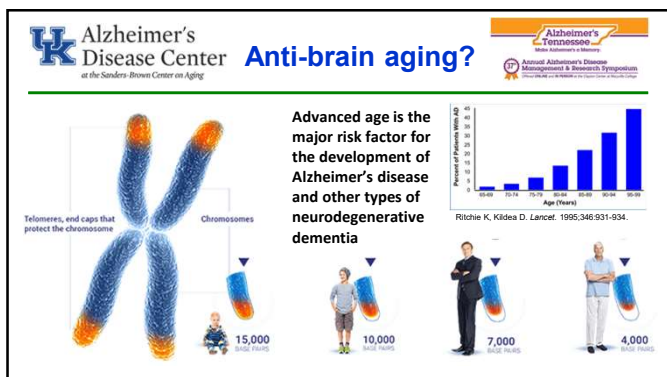
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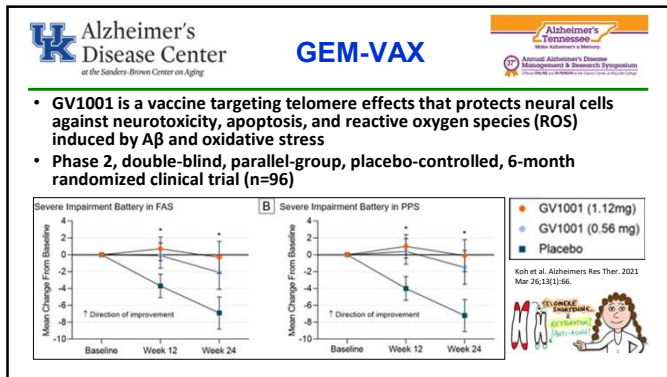
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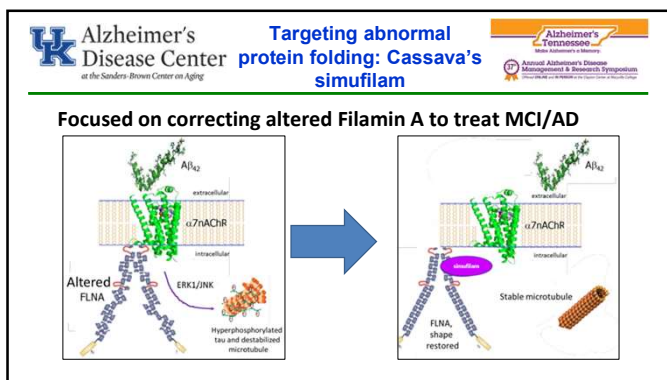
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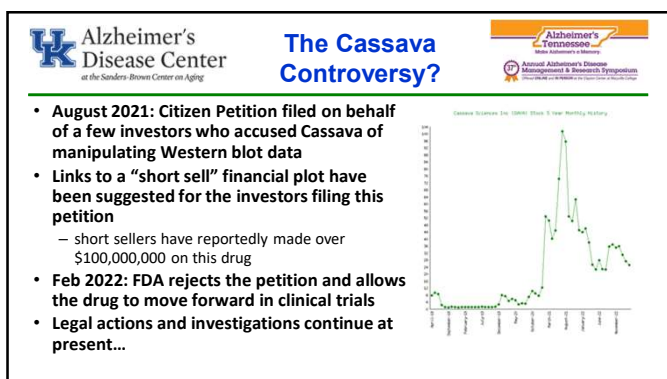
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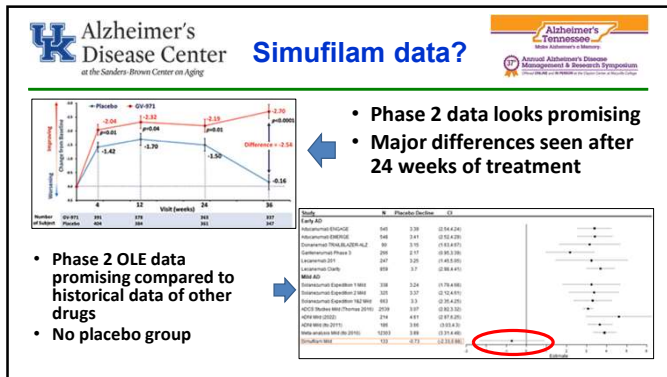
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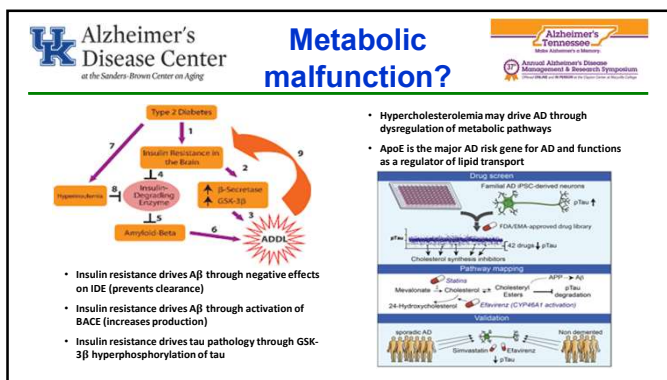
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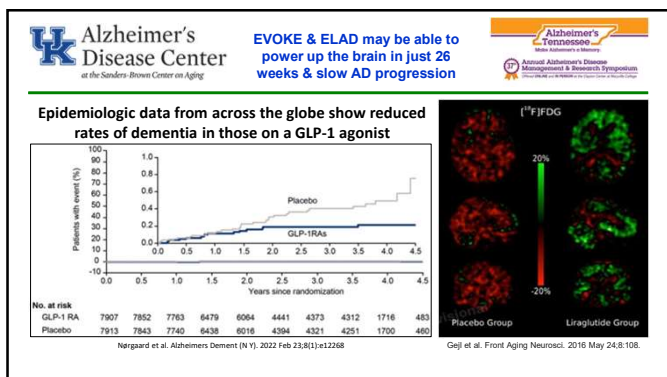
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Of note, GLP-1 agonists are also being investigated for..

Cerebrovascular disease

Stroke risk reduced by 32% with semaglutide

Strain et al. Stroke. 2022 Sep;53(9):2749-2757.

Parkinson's disease
– 12 week clinical trial (n=62)

Althaus et al. Lancet. 2017 Oct 7;390(10103):1664-1675.

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Other approaches for DLB...

PRESENCE Study (n=344)

- Mevidalen (LY3154207) is a novel modulator of the dopamine D1 receptor
- While negative results were seen overall, there was a positive dose-effect relationship

Biglan et al. Mov Disord. 2022 Mar;37(3):513-524.

AscenD-LB study (n=91)

- Neflamapimod (NFMD) is a specific p38a kinase inhibitor, that can restore cholinergic function
- CDR-SB and TUGO test results suggest cognitive and motor benefit

Outcome measure	Number of patients	Mean baseline value	Change from baseline	95% CI	p-value	Effect size (Cohen's d)
CDR-SB Composite	30	37	0.24	0.04	0.04	0.02
CDR-SB Subscale	30	36	0.24	0.04	0.04	0.02
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Jiang et al. Nat Commun. 2022 Sep 21;13(1):5308.

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New approaches to the treatment of DLB: SHIMMER

SHIMMER is looking at a new medicine that may help slow or stop DLB

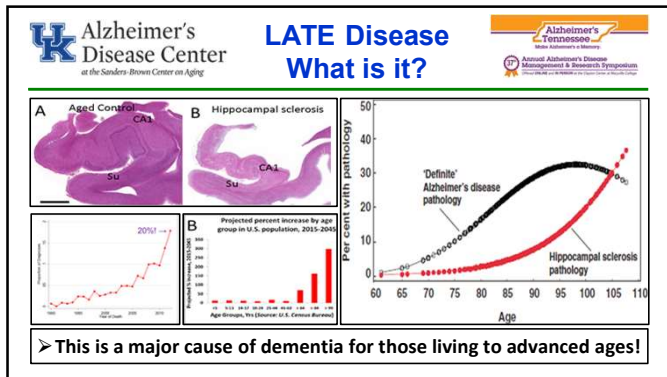
This same medicine is being tested for use in slowing or stopping Alzheimer's

This is a completely new way to treat these diseases!

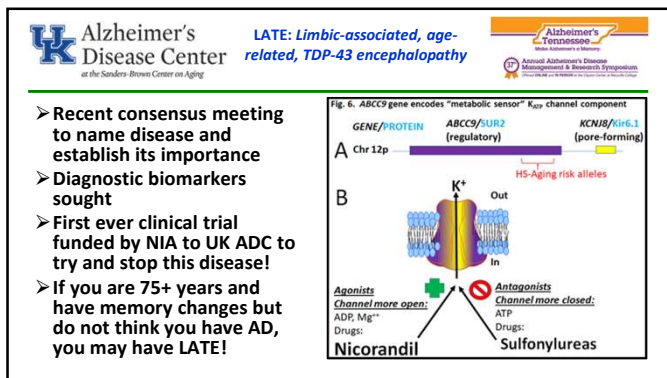
CT1812 binds to the sigma 2 receptor preventing toxic Aβ & α-synuclein from injuring nerve cells

Izzo et al. Alzheimers Dement. 2021 Aug;17(8):1365-1382.

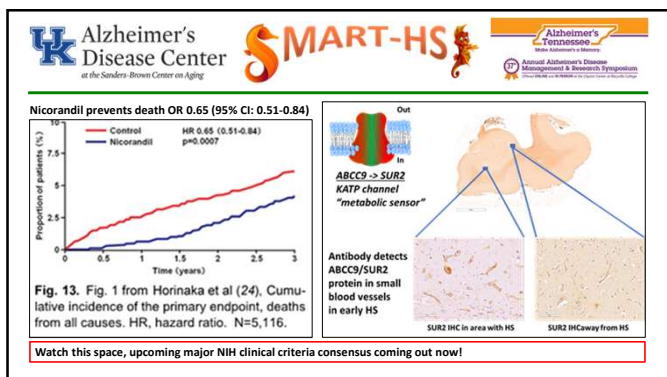
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Karath et al., JAMA Neurol. 2020;e203741

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What if we slow or stop A β ?

If we can slow or stop:

- A β
- Tau
- Aging
- Metabolic dysfunction
- Lifestyle impacts
- Toxic protein shapes
- Lewy Bodies
- Cerebrovascular disease
- LATE/TDP-43

Dementia now Dementia in the future

■ Aβ ■ Tau ■ Aging ■ Metabolic ■ Lifestyle ■ Toxic shape ■ LBD ■ VCID ■ LATE

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What if we could slow or stop tau too?

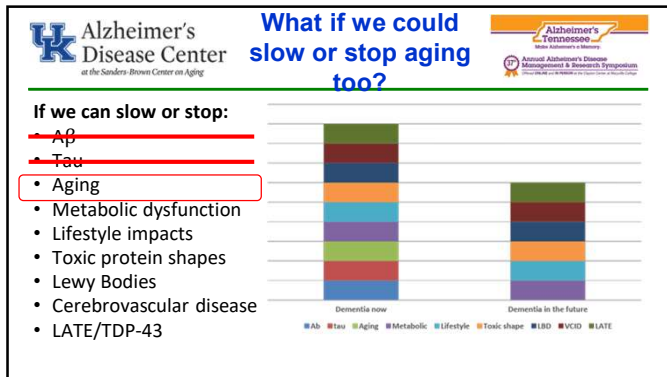
If we can slow or stop:

- ~~A β~~
- Tau
- Aging
- Metabolic dysfunction
- Lifestyle impacts
- Toxic protein shapes
- Lewy Bodies
- Cerebrovascular disease
- LATE/TDP-43

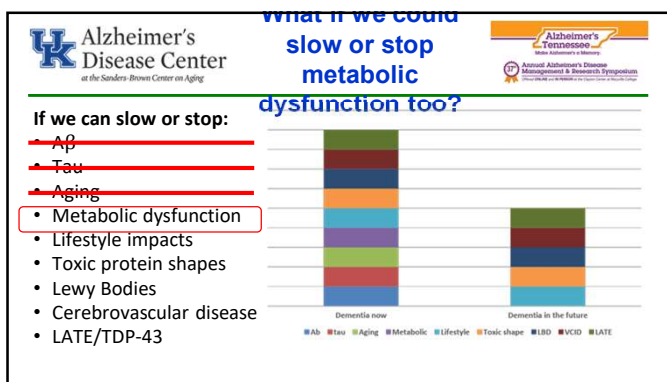
Dementia now Dementia in the future

■ Aβ ■ Tau ■ Aging ■ Metabolic ■ Lifestyle ■ Toxic shape ■ LBD ■ VCID ■ LATE

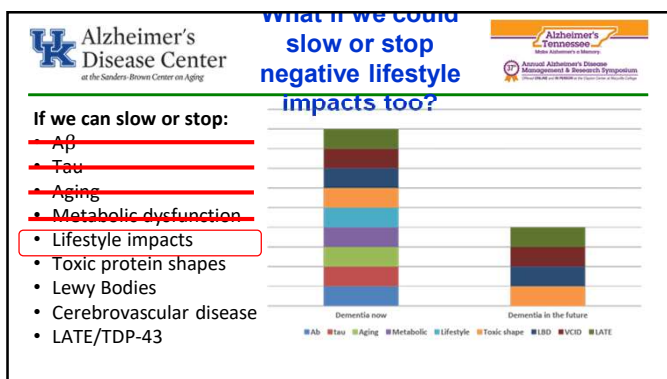
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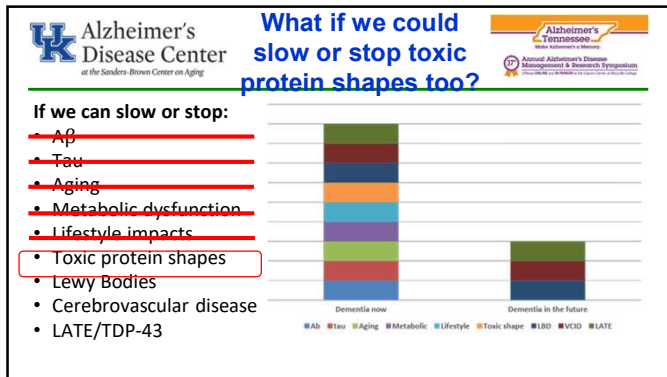
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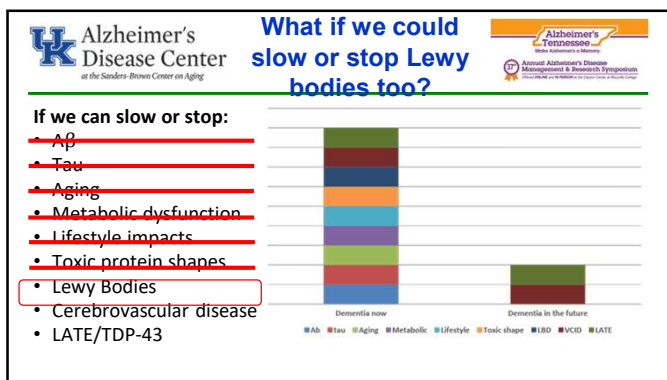
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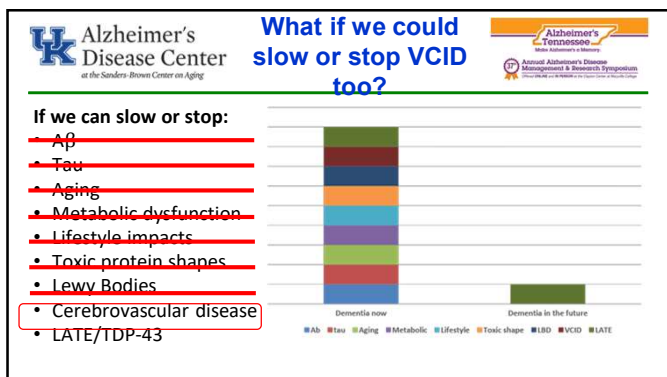
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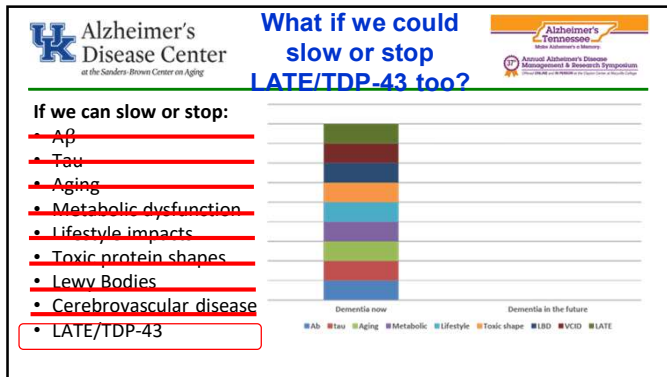
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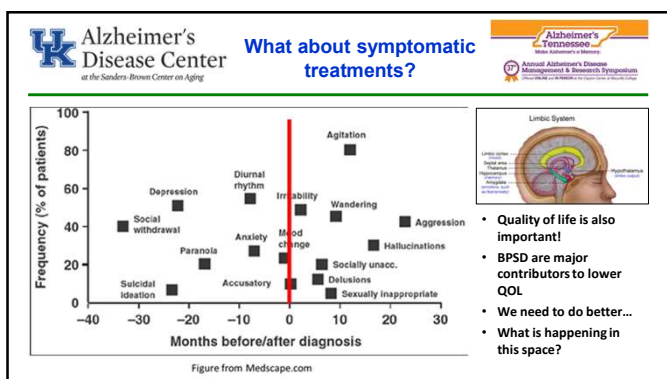
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Anti-psychotics?

We all know that these meds have risks and that we need to do better

Do newer agents have the effectiveness needed to justify the risks?

no meds

■ risk of stroke
■ no stroke

Antipsychotic

■ risk of stroke
■ no stroke

- Sometimes, safety risks of BPSD are greater than 1.9%
- Sometimes the risk of 1 in 50 is worth bringing some peace to someone living in a never ending nightmare

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**Pimavanserin:
Can we do better?**

Hazard ratio for time to relapse, 0.35; 95% confidence interval [CI], 0.17 to 0.73; P=0.005

Risk for serious adverse events were not statistically different in the treatment group

A. Relapse of Psychosis

No. at Risk

Weeks since Randomization	0	2	4	8	12	16	20	24	26
Pimavanserin	95	93	87	81	63	53	45	34	34
Placebo	99	94	89	73	56	47	39	22	22

Tarrier et al. N Engl J Med 2021; 385:309-319

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**Don't we have anything new?
Masupirdine (SUVN-502)**

SUVN-502 is an orally available, brain-penetrant, selective antagonist of the 5-HT₆ serotonin receptor

5-HT₆ Agonist

5-HT₆ Antagonist (data from published reports)

Side effects were mostly GI including nausea & diarrhea

Benefits were also possible in the psychosis domain of the NPI

Phase 3 trials are underway currently!

Mean Change from Baseline

Weeks of treatment


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The end-stage of dementia...

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State Alzheimer's Resource
Annual Alzheimer's Disease Management & Research Symposium
October 26-28, 2023 at the Nashville Marriott Hotel

- Joan is 82 years old and is in the end-stage of dementia
- She no longer walks, talks or engages in the world around her
- She frequently moans and grimaces as if she is in pain
- All we can do is keep her comfortable and be there for her as this disease slowly takes her life



> It's impossible to know what she is feeling...
 > We can give her opiates and benzodiazepines to make her more comfortable, but then she is less aware and cannot even smile when her son gently kisses her forehead
 > There must be more we can do?

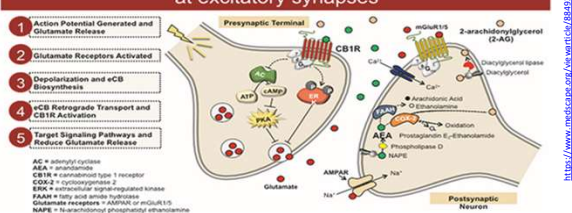
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Cannabinoids?

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Endocannabinoid signaling induces synaptic depression at excitatory synapses



- Action Potential Generated and Glutamate Release
- Glutamate Receptors Activated
- Depolarization and eCB Biosynthesis
- eCB Retrograde Transport and CB1R Activation
- Target Signaling Pathways and Reduce Glutamate Release

AC = adenylyl cyclase
 ARA = arachidonic acid
 CB1R = cannabinoid type 1 receptor
 COX-2 = cyclooxygenase 2
 DAG = diacylglycerol
 ERK = extracellular signal-regulated kinase
 FAAH = fatty acid amide hydrolase
 GABA_A = gamma-aminobutyric acid type A receptor
 NMDA = N-methyl-D-aspartate receptor
 NRE = N-arachidonyl ethanolamine


https://www.medscape.com/viewarticle/884933_3

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LIBBY (Life's end Benefits of CannaBidiol and TetraHydrocannabinol (LIBBY) Trial)

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- 12-week, phase 2, multicenter, randomized, double-blind, parallel-group, placebo-controlled study
- 150 hospice-eligible agitated AD patients over a 2-year period
- A total daily dose of 8 mg of THC and 400mg of CBD dissolved in digestible oil will be administered 3 times per day
- Following the 12-week randomized phase, all participants are eligible for a 6-month open-label extension

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So why would you, or your patients/clients/friends/family want to get involved?

- Most of these are still experimental
- There is always the chance that:
 - They won't work...
 - That you could get the placebo...
 - That this could make things worse...

Is CLINICAL RESEARCH right for me?

Clinical research is medical research that involves people.

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Why indeed?

- These medicines are based on state-of-the-art science
- Even in the placebo arm there is benefit of enhanced care & patients do better
- Safety is always first and foremost

MMSE

Years

- Pure AD, AChEi+
- Pure AD, AChEi-
- AD+DLB, AChEi+
- AD+DLB, AChEi-

- My patient X has been receiving lecanumab for 10 years now
- Let's look at where he is now?
- He did this for himself!
- He did this for his children!
- Where would he be if he had waited for drug approval?
- Maybe its just a fluke?

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What's next? Other experimental therapies?

- There are over 100 potential new treatments including possible cures being investigated
- The UK ADC is at the leading edge of this research
- Right here! Right now!
- The time to get involved is now!

Experimental drug

Placebo

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