

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

Alzheimer's Tennessee Annual Alzheimer's Disease Management & Research Symposium

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

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## Disclosures

(Only those related to A $\beta$  treatments listed here)

- 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

- 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

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**VIVA-MIND**

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**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**	0.59	↓ moderate

CSF: cerebrospinal fluid; EEG: Electro Encephalogram; ITT: Inten 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, 2x per week; Low <30 min, 2x per week; High

**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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**Tauriel study results...**

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- As with A $\beta$  antibodies, the field is looking at unique targets
- Time will tell if this is a path forward...

Group	0	25	49	73
Placebo	0	-0.5	-1.0	-1.5
Semorinemab, 1500 mg	0	-0.5	-1.0	-1.5
Semorinemab, 4500 mg	0	-0.5	-1.0	-1.5
Semorinemab, 8100 mg	0	-0.5	-1.0	-1.5

Group	0	25	49	73
Placebo	0	-1.5	-3.0	-4.5
Semorinemab, 1500 mg	0	-1.5	-3.0	-4.5
Semorinemab, 4500 mg	0	-1.5	-3.0	-4.5
Semorinemab, 8100 mg	0	-1.5	-3.0	-4.5

Group	0	25	49	73
Placebo	126	123	115	105
Semorinemab, 1500 mg	86	86	79	77
Semorinemab, 4500 mg	126	126	120	113
Semorinemab, 8100 mg	84	84	81	74

Teng et al. JAMA Neurol. 2022 Aug 1;79(8):758-767

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**Tau antisense oligonucleotides?**

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- This study sought to inhibit MAPT expression with a tau-targeting antisense oligonucleotide (MAPTRx) and reduce tau levels in patients with mild AD
- A randomized, double-blind, placebo-controlled, multiple-ascending dose phase 1b trial evaluated the safety, pharmacokinetics and target engagement of MAPTRx

Mummery et al. Nat Med. 2023 Jun;29(6):1437-1447.

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**Anti-brain aging?**

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Advanced age is the major risk factor for the development of Alzheimer's disease and other types of neurodegenerative dementia

Age (Years)	Percentage of Patients with AD
65-69	~1%
70-74	~2%
75-79	~4%
80-84	~8%
85-89	~15%
90-94	~25%
95-99	~45%

Ritchie K, Kildea D. Lancet. 1995;346:931-934.

Age Group	Telomere Length (kb)
15,000 (100 years)	~15,000
10,000 (70 years)	~10,000
7,000 (50 years)	~7,000
4,000 (30 years)	~4,000

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**GEM-VAX**

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- GV1001 is a vaccine targeting telomere effects that protects neural cells against neurotoxicity, apoptosis, and reactive oxygen species (ROS) induced by A $\beta$  and oxidative stress
- Phase 2, double-blind, parallel-group, placebo-controlled, 6-month randomized clinical trial (n=96)

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**Targeting abnormal protein folding: Cassava's simufilam**

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**Focused on correcting altered Filamin A to treat MCI/AD**

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**The Cassava Controversy?**

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- August 2021: Citizen Petition filed on behalf of a few investors who accused Cassava of manipulating Western blot data
- Links to a "short sell" financial plot have been suggested for the investors filing this petition
  - short sellers have reportedly made over \$100,000,000 on this drug
- Feb 2022: FDA rejects the petition and allows the drug to move forward in clinical trials
- Legal actions and investigations continue at present...

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**Simufilam data?**

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• Phase 2 data looks promising  
• Major differences seen after 24 weeks of treatment

• Phase 2 OLE data promising compared to historical data of other drugs  
• No placebo group

Study	N	Pharmacokinetic	CI
Early AD	545	3.26	(2.94, 3.58)
Intermediate Mild-MOD	548	3.47	(3.12, 3.82)
Intermediate MOD-SEVERE	551	3.70	(3.32, 4.07)
Severe/Phase 3	200	3.17	(2.81, 3.53)
Intermediate-MOD	247	3.28	(2.89, 3.67)
Intermediate-Severe	459	3.7	(3.31, 4.09)
SEVERE	338	3.24	(2.84, 3.64)
Intermediate-SEVERE	325	3.27	(2.84, 3.70)
Intermediate-SEVERE	463	3.3	(2.91, 3.69)
ADHD	2019	3.07	(2.82, 3.32)
ADHD	274	4.47	(3.97, 4.97)
ADHD	188	3.66	(3.15, 4.17)
ADHD	1023	3.68	(3.17, 4.19)
ADHD	733	3.73	(3.21, 4.25)

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**Metabolic malfunction?**

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• Hypercholesterolemia may drive AD through dysregulation of metabolic pathways  
• ApoE is the major AD risk gene for AD and functions as a regulator of lipid transport

- Insulin resistance drives A $\beta$  through negative effects on IDE (prevents clearance)
- Insulin resistance drives A $\beta$  through activation of BACE (increases production)
- Insulin resistance drives tau pathology through GSK-3 $\beta$  hyperphosphorylation of tau

Drug screening: Familial AD iPSC-derived neurons, FDA/EMA approved drug library, Chemical libraries, 42 drugs, pTau.

Pathway mapping: pTau, Insulin, Cholesterol, ATP, AD, Metabolism, Cholesterol, Esters, Lipid degradation, 24-Hydroxycholesterol, Estrogen (CYP19A1 activator).

Validation: Metabolic AD, Simvastatin, pTau, Non-degraded, pTau.

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**EVOKE & ELAD may be able to power up the brain in just 26 weeks & slow AD progression**

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Epidemiologic data from across the globe show reduced rates of dementia in those on a GLP-1 agonist

No. at risk	0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5
GLP-1 RA	7907	7852	7783	6479	6094	4441	4373	4312	1716	483
Placebo	7913	7843	7740	6438	6016	4394	4321	4251	1700	460

Nargard et al. Alzheimers Dement (N Y). 2022 Feb 23;8(1):e12268

Geij et al. Front Aging Neurosci. 2016 May 24;8:108.

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**Vascular Cognitive Impairment & Dementia: "Hardening of the arteries"**

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- > We have been studying VCID for over 12 years
- > We know that:
  - > Hypertension is the #1 risk for this hardening of the arteries
  - > It is just as devastating as Alzheimer's disease
- > Much active work is being done to gear up for clinical trials in this area
- > Let's take a look...

Prevalence

Age

50%

40 50 60 70 80 90 100

Newer data: Dementia reflects multiple pathologies

Cerebrovascular Disease

Hippocampal Sclerosis

Autopsy-confirmed AD

Other: FTD, pure DLB, etc.

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**How does hardening of the arteries affect AD risk and progression?**

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- This remains largely unknown although links between the two are clear!

healthy brain

ischemic change and vascular amyloid

amyloid

advanced Alzheimer's

CSVD

Aβ deposition

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**WMH cause/accelerate AD and not the other way around!**

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Figure 3C

Figure 3D

- WMH affect cognitive decline through an Aβ mediated pathway!
- Axonal injury appears to be associated with increased amyloid accumulation but can also act independently to a lesser extent

Baseline EF

Follow-up EF

WMH

Aβ

Cognitive decline

A Independent

B Synergistic

C Direct effect

D

Alf et al. Brain Behav. 2023 Aug 3:e3209.

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**Why do we need to have targets other than A $\beta$ ?**

**1. Treating only A $\beta$  only slows AD by ~30% and that is not enough**

**2. We are only treating the A $\beta$  & 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**

Pathologic State	A $\beta$	Tau	Neuroinflammation
AD	High	High	High
MCI	High	High	High
AD + MCI	High	High	High
AD + MCI + Neuroinflammation	High	High	High
MCI + Neuroinflammation	High	High	High
AD + Neuroinflammation	High	High	High
MCI + AD + Neuroinflammation	High	High	High
MCI + AD + Neuroinflammation + Tau	High	High	High
MCI + AD + Neuroinflammation + Tau + A $\beta$	High	High	High
MCI + AD + Neuroinflammation + Tau + A $\beta$ + LATE	High	High	High
MCI + AD + Neuroinflammation + Tau + A $\beta$ + LATE + VCD	High	High	High
MCI + AD + Neuroinflammation + Tau + A $\beta$ + LATE + VCD + TDP-43	High	High	High

Karath et al., JAMA Neurol. 2020;e203741

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**What if we slow or stop A $\beta$ ?**

**If we can slow or stop:**

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

Legend: ■ A $\beta$  ■ Tau ■ Aging ■ Metabolic ■ Lifestyle ■ Toxic shape ■ LBD ■ VCD ■ LATE

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**What if we could slow or stop tau too?**

**If we can slow or stop:**

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

Legend: ■ A $\beta$  ■ Tau ■ Aging ■ Metabolic ■ Lifestyle ■ Toxic shape ■ LBD ■ VCD ■ LATE

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**What if we could slow or stop aging too?**

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Make Alzheimer's a preventable disease

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**If we can slow or stop:**

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

Dementia now      Dementia in the future

■ Ab ■ Tau ■ Aging ■ Metabolic ■ Lifestyle ■ Toxic shape ■ LBD ■ VCD ■ LATE

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**What if we could slow or stop metabolic dysfunction too?**

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**If we can slow or stop:**

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

Dementia now      Dementia in the future

■ Ab ■ Tau ■ Aging ■ Metabolic ■ Lifestyle ■ Toxic shape ■ LBD ■ VCD ■ LATE

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**What if we could slow or stop negative lifestyle impacts too?**

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**If we can slow or stop:**

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

Dementia now      Dementia in the future

■ Ab ■ Tau ■ Aging ■ Metabolic ■ Lifestyle ■ Toxic shape ■ LBD ■ VCD ■ LATE

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**Anti-psychotics?**

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- 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

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?**

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- 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	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

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

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

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5-HT<sub>6</sub> Agonist  
 ↑ GABA Levels  
 ↓ DA & 5-HT

5-HT<sub>6</sub> Antagonist  
 (data from published reports)  
 ↑ Glutamate Levels  
 Frontal cortex  
 Hippocampus

- SUVN-502 is an orally available, brain-penetrant, selective antagonist of the 5-HT<sub>6</sub> serotonin receptor

● Placebo (n=183)  
 ● Masupirdine 50 mg (n=194)  
 ● Masupirdine 100 mg (n=178)

p < 0.004

- 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!

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**The end-stage of dementia...**

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- 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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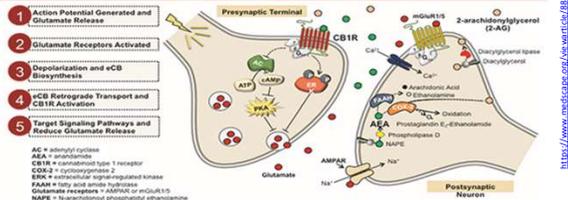
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**Cannabinoids?**

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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 = acetylcholinesterase  
AEA = anandamide  
CB1R = cannabinoid type 1 receptor  
COX-2 = cyclooxygenase 2  
ERK = extracellular signal-regulated kinase  
FAAH = fatty acid amide hydrolase  
Glutamate Receptors = AMPAR or NMDA/LS  
NAPE = N-arachidonyl phosphatidylethanolamine

[https://www.mdscapes.com/view.html?id=88483&\\_3](https://www.mdscapes.com/view.html?id=88483&_3)

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**LIBBY (Life's end Benefits of CannaBidol 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

- 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!

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