

Risk and Resilience of Alzheimer's Disease in African Americans

CSF and imaging biomarkers of Alzheimer's disease in African Americans



William Hu, MD, PhD, FAAN

Chief of Cognitive Neurology, Rutgers-Robert Wood Johnson Medical School
Director, Center for Innovation in Health and Aging Research, Rutgers Institute for Health,
Health Care Policy, and Aging Research
Director, Rutgers Asian Resource Center for Minority Aging Research
Rutgers Biomedical and Health Sciences

6/22/2023

Disclosure

- WTH has been supported by R01 AG054046, RF1 AG054991, R01 AG066203, RF1 AG079521, P30 AG059304, R24 AG063729, R21 AG043885, K23 AG042856, RBHS, TMCity Foundation, Rutgers BHI Pilot, Patterson Family Foundation, Bobbie Bailey Foundation, Dementia Spotlight Foundation, Georgia McCurley Memorial Fund, AFTD/ADDF
- WTH has received research support from Fujirebio
- WTH has consulted for AARP, Biogen Inc, Fujirebio, Hoffman-LaRoche
- WTH has patent on CSF-based diagnosis of FTLD-TDP; prognosis of MCI due to AD; prognosis of SMA on gene replacement therapy; licensed SARS-CoV-2 serological assays to Millipore-Sigma



RUTGERS HUMLAB

Robert Wood Johnson Institute for Health, Health Care
Medical School Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Acknowledgements

HU^{LAB}

Milota Kaluzova, PhD
Ashima Nayyar, PhD
Karthik Kota, MD, MPH
Alice Dawson, MS
Victor Sotelo
Quawntashea Bailey
Umesh Gangishetti, PhD
Dominika Swieboda, PhD
Megan Niedzwiecki, PhD
Melissa Chan, MD
Kathleen McKee, MD
Trung Nguyen, MD, PhD
Cecilia Rice, MD
Tugba Ozturk, MS
Shama Pirmohammed
Samsara Upadhyay
Prashant Tailor
Patricia Herrera
Matthew Shelnutt, DO

Kelly Watts, MS
J. Christina Howell, BS
Maria Misiura, PhD
Alex Kollhoff, MD

Emory/GT/GSU

Whitney Wharton
Robert Swerlick
Don Bliwise
Marla Gearing
Monica Parker
Thomas Wingo
Malu Tansey
Mark Goodman
David Rye
Jess Turner
Jonathan Glass
Eva Lee
William Tyor
Bert Anderson
Chad Hales
Stewart Factor
Allan Levey
James Lah
Douglas Walker
Deqiang Qiu
Nicholas Seyfried

Rutgers

Tobias Gerhard
Suhayl Dhib-Jalbut
Xinqi Dong
Hilary Grosso
Mini Jomartin
Stephanie Bergren
Lisa Lanza Lopez
R24 & NJ Cohort Teams

RCMAR

Bei Wu
Melissa Simon
Chau Trinh-Shevrin
Stephen Crystal
Don Hoover
Cui Yang

Penn

Murray Grossman
John Trojanowski
Les Shaw
Vivianna Van Deerlin
John Detre

WUSTL

John Morris
Dave Holtzman
Anne Fagan
Richard Perrin
Tammie Benzinger

Mayo

Keith Josephs
Bradley Boeve/ALLFTD

MGH

Steve Arnold

UCSF

Adam Boxer
Bruce Miller
Aimee Kao

Columbia

Adam Brickman

All our patients, families, and healthy
volunteers without whom this work
would not be possible.

NIH

afar

american federation for aging research



DEMENTIA
SPOTLIGHT
FOUNDATION



Patterson Family
Foundation

Bobbie Bailey
Foundation

Georgia McCurley
Memorial Fund

TMCity



RUTGERS HU^{LAB}

Robert Wood Johnson Institute for Health, Health Care
Medical School Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Clinical diagnostic accuracy for AD remains poor

	Community sample of 134 patients with dementia, 1987-1996		National Alzheimer's Disease Coordinating Center, 2005-2010	
	Clinical AD (probable or possible)	Not clinically AD	Clinical AD (probable or possible)	Not clinically AD
AD pathology	80	14	511	107
No AD pathology	20	20	137	164

Sensitivity=85%
 Specificity=50%
 Accuracy=74%

Sensitivity=83%
 Specificity=54%
 Accuracy=73%

"5.8 million with AD"

Clinical AD (probable or possible)	Not clinically AD
4.6 m	0.9 m
1.2 m	1.5 m

Default accuracy is ~70% if you assume everyone walking through the door has AD; thus diagnostic algorithm improves PPV by 5-10%



RUTGERS HUMANS LAB

Robert Wood Johnson Institute for Health, Health Care
 Policy and Aging Research
 DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Lim, 1999; Beach, 2012

Biomarkers can lead to early & accurate diagnosis

1. Reflects underlying biology (normal, pathogenic process, response to intervention)

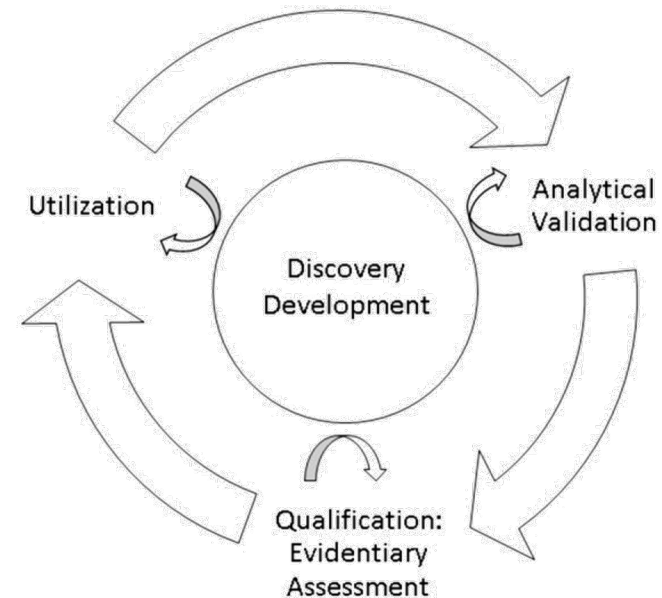
- Distinct from how a person feels, functions, or survives (clinical outcome assessments or COA)

2. Can be objectively measured

3. Associated with COA – “mark”

4. Different classes

- Diagnostic
- Monitoring
- Pharmacodynamic/response
- Predictive
- Prognostic
- Safety
- Susceptibility/risk



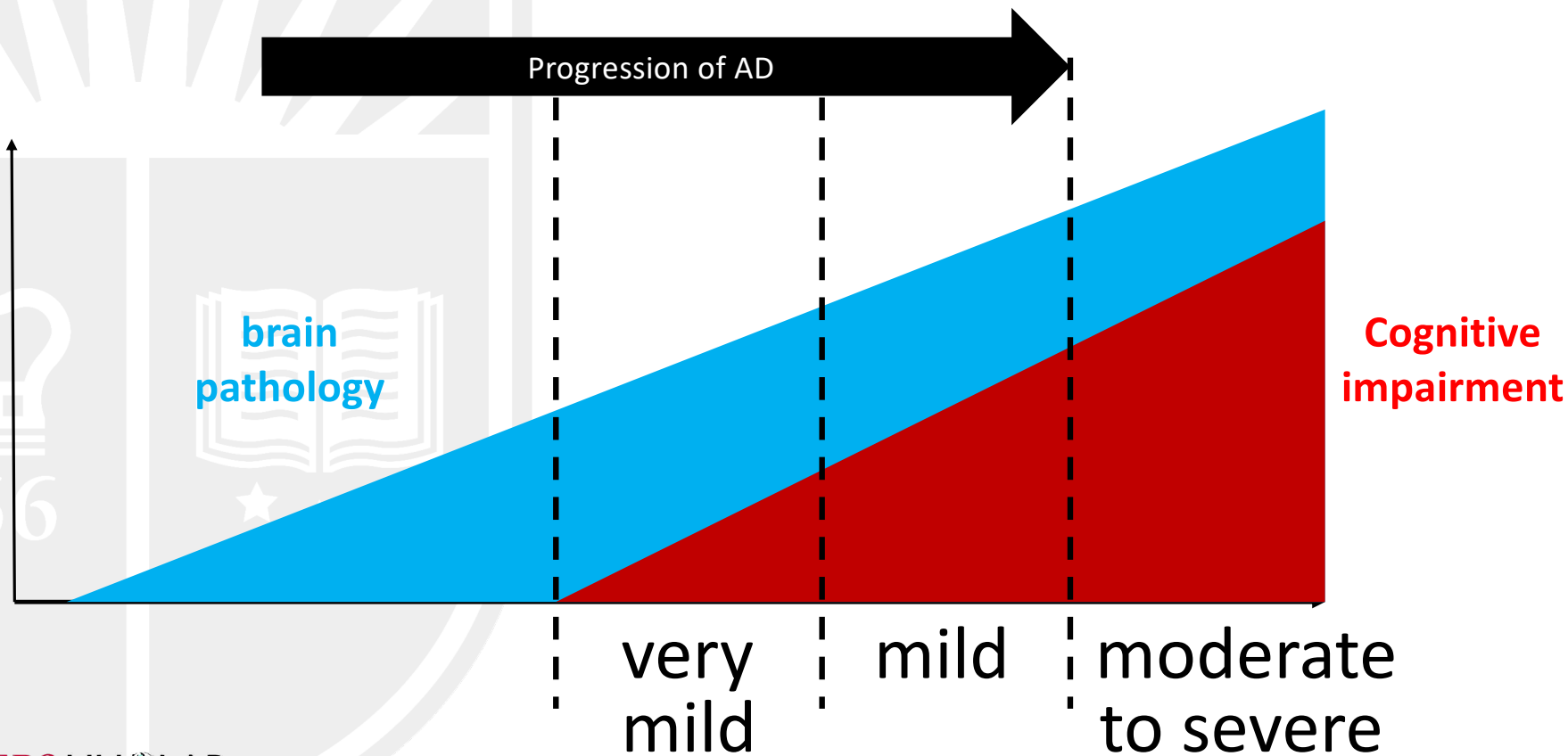
Califf, *Exp Biol Med*, 2018.



RUTGERS HUMAN LAB

Robert Wood Johnson Medical School
Institute for Health, Health Care Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

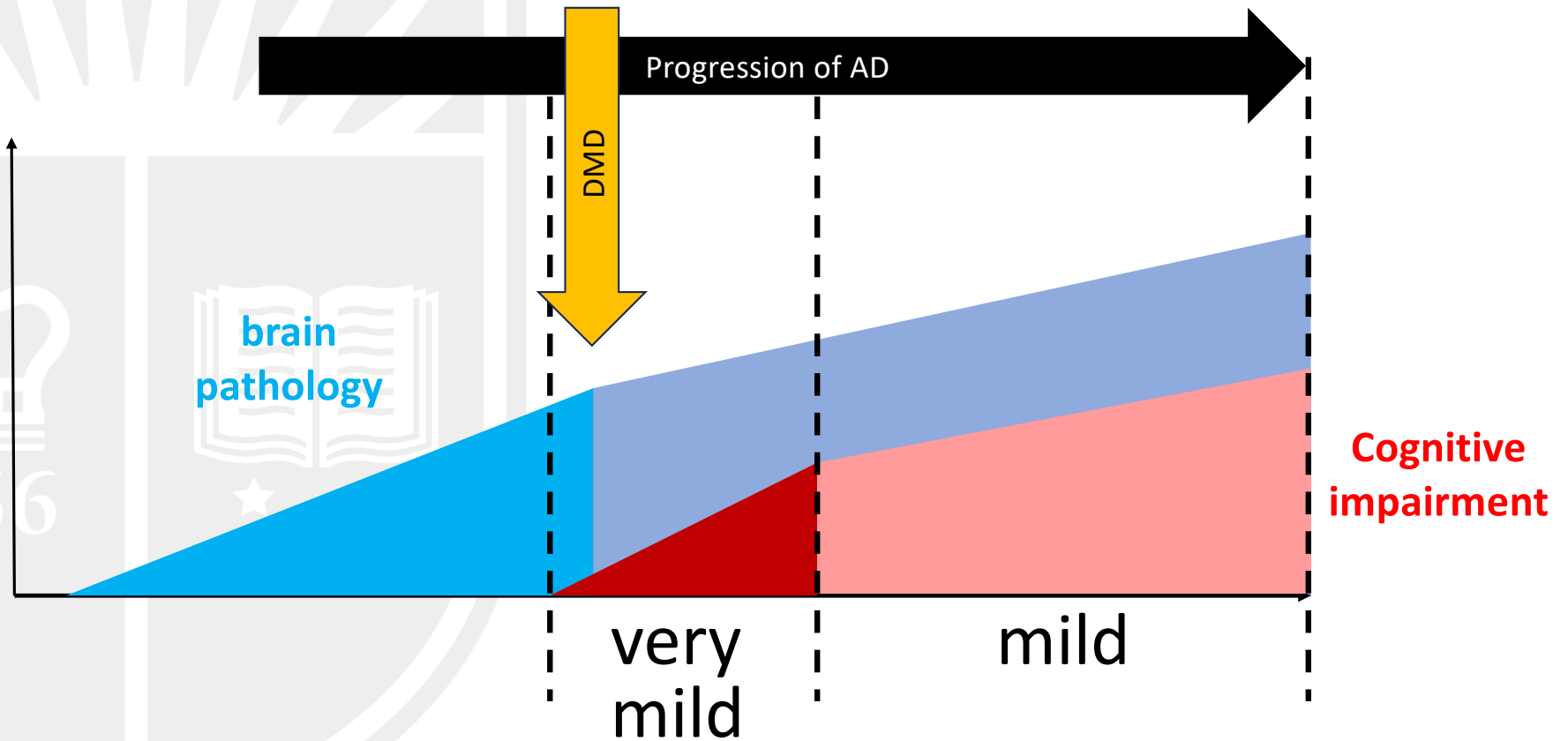
A role of diagnostic biomarkers



RUTGERS HUMAN LAB

Robert Wood Johnson Medical School
Institute for Health, Health Care Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

A role of diagnostic biomarkers



RUTGERS HUMLAB

Robert Wood Johnson Medical School
Institute for Health, Health Care Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Clinical observation & ADNI led to the study of CSF AD biomarkers in African Americans

Table 1
Baseline characterization of ADNI 1 cohorts

Characteristic	Controls (n = 229)	MCI (n = 398)	Mild AD (n = 192)
Age, mean ± SD, yr	75.8 ± 5.0	74.7 ± 7.4	75.3 ± 7.5
Education, mean ± SD, yr	16.0 ± 2.9	15.7 ± 3.0	14.7 ± 3.1
Sex (% Female)	48.0	35.4	47.4
Apolipoprotein E ε4, % carriers	26.6	53.3	66.1
MMSE Score	29.1 ± 1.0	27.0 ± 1.8	23.3 ± 2.1
CDR Global Score	0.0 ± 0.0	0.5 ± 0.0	0.7 ± 0.3
CDR Sum of Boxes	0.0 ± 0.1	1.6 ± 0.9	4.3 ± 1.6
GDS Score	0.8 ± 1.1	1.6 ± 1.4	1.7 ± 1.4
ADCS MCI-ADL (FAQ) Score	0.1 ± 0.6	3.9 ± 4.5	13.0 ± 6.9
ADAS-cog total	6.2 ± 2.9	11.5 ± 4.4	18.6 ± 6.3
ADAS word list delayed recall	2.9 ± 1.7	6.2 ± 2.3	8.6 ± 1.6
AVLT Trials 1–5	43.3 ± 9.1	30.7 ± 9.0	23.2 ± 7.7
AVLT delayed recall	7.4 ± 3.7	2.8 ± 3.3	0.7 ± 1.6
AVLT DR/Trial 5%	65.8 ± 27.6	32.1 ± 31.3	11.2 ± 22.0
Trails A (s)	36.5 ± 13.2	44.9 ± 22.8	68.0 ± 36.9
Trails B (s)	89.2 ± 44.3	130.7 ± 73.5	198.9 ± 87.2

Table 1. Demographic and CSF profiles of AA in ADNI (n=9) and Emory (n=16), compared with Caucasians in ADNI. Low Aβ42 is less than 192 pg/mL. * p < 0.05 and ** p = 0.065 compared with NHW.

	AA (Emory + ADNI)			NHW (ADNI)		
	Normal	MCI	AD	Normal	MCI	AD
N (% men)	6 (50%)	9 (44%)	10 (40%)	51 (53%)	179 (66%)	98 (57%)
Age	64.7 (14.6)	65.8 (9.3)*	59.6 (7.3)*	75.6 (5.8)	74.6 (7.4)	75.0 (7.8)
EDU	13.7 (2.6)	14.8 (2.3)	14.8 (2.2)	16.0 (2.7)	15.8 (3.0)	15.3 (3.1)
Low CSF Aβ42	0%	44%**	80%	0%	70%	89%

~2% of ADNI-1 participants were African American

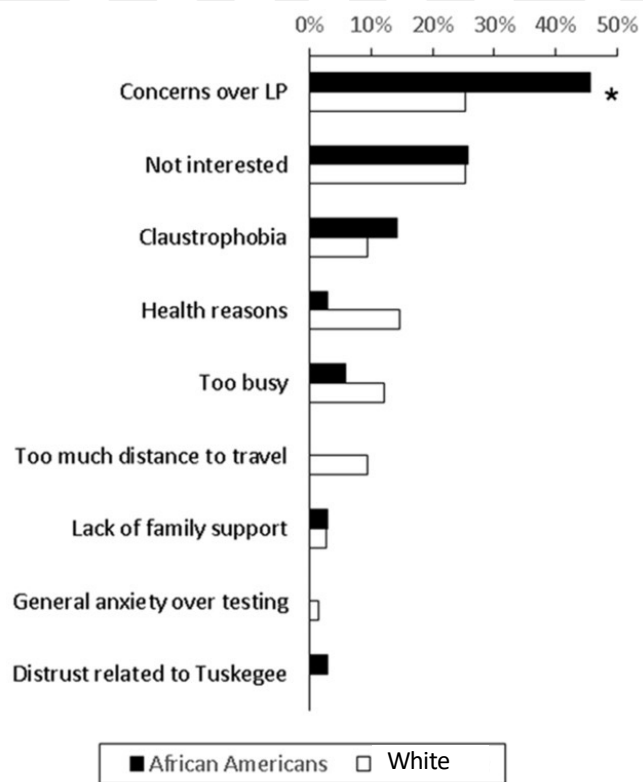


RUTGERS HUMAN LAB

Robert Wood Johnson Institute for Health, Health Care
Medical School Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Aisen, *Alzheimers Dement*, 2010; Hu, R21 AG043885, 2012.

What made African Americans say no to our research?



	Black (n=48)	White (n=38)
Atraumatic needle was used	40 (83%)	34 (89%)
Views LP as a frightening invasive procedure	3 (6%)	3 (8%)
Reluctant or somewhat reluctant	5 (10%)	8 (21%)
Needle injection site pain	7 (15%)	6 (16%)
Back pain/stiffness	3 (6%)	1 (3%)
Any headache	7 (15%)	4 (10%)
Post-LP headache		
Mild	4 (8%)	3 (8%)
Moderate or more		

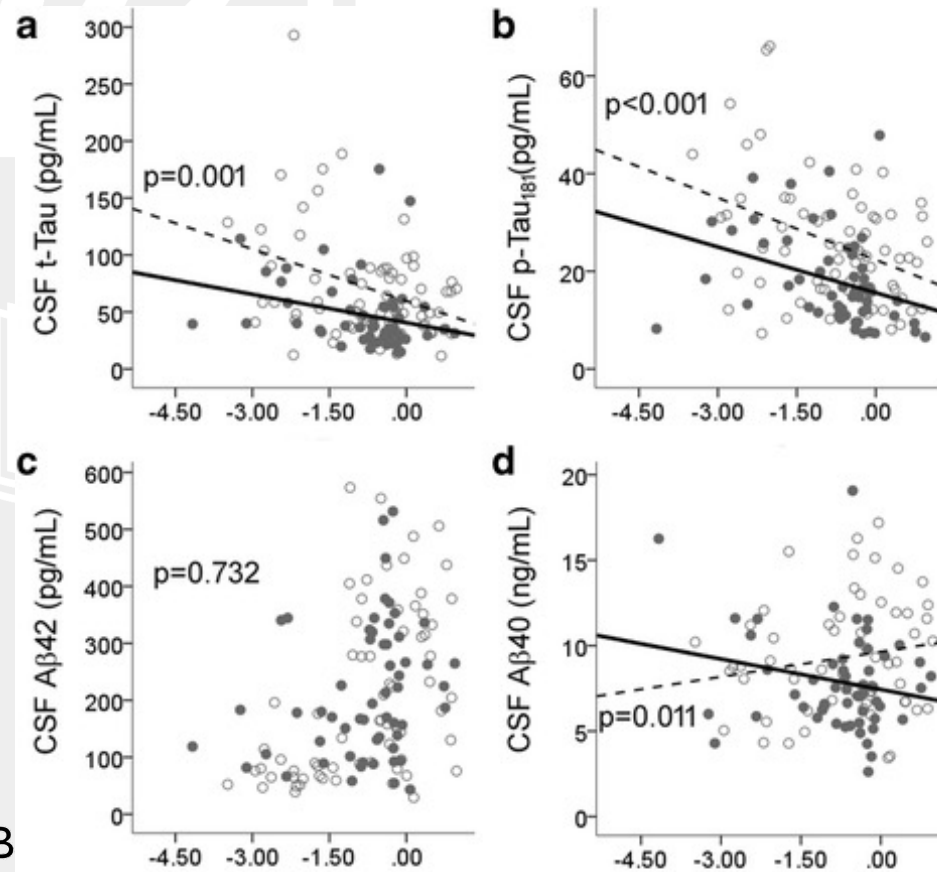


RUTGERS HUMLAB

Robert Wood Johnson Medical School
 Institute for Health, Health Care Policy and Aging Research
 DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Howell, *Alz Res Ther*, 2016.

CSF t-Tau and p-Tau₁₈₁ levels differed between Black and White Americans

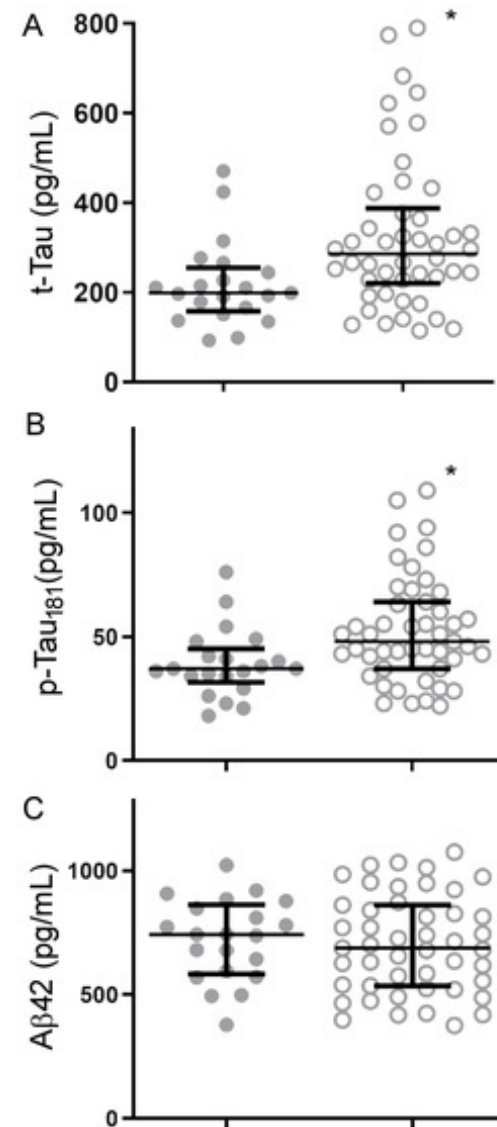


RUTGERS HUMLAB

Robert Wood Johnson Medical School
Institute for Health, Health Care Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Howell, *Alz Res Ther*, 2017.

This observation extends to people with normal cognition in mid-life & early life...



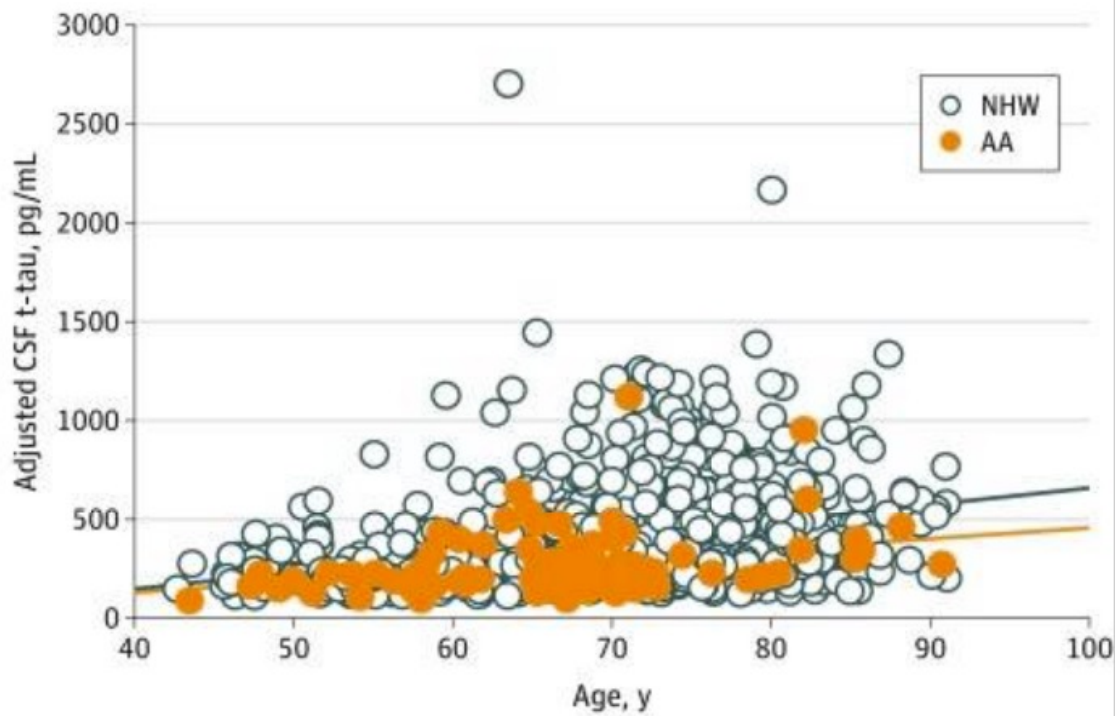
RUTGERS HUMLAB

Robert Wood Johnson Medical School
Institute for Health, Health Care Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Wharton, *Ann Neurol*, 2019;
Ozturk, *Sci Rep*, 2019.

from Atlanta to St. Louis...

B Cerebrospinal fluid t-tau

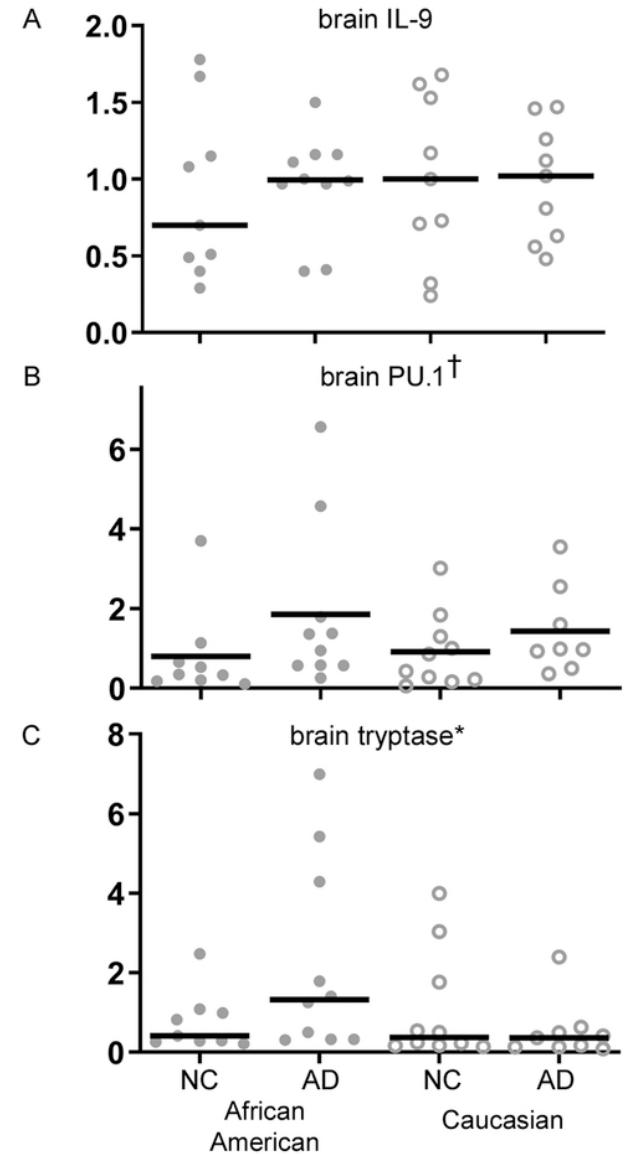
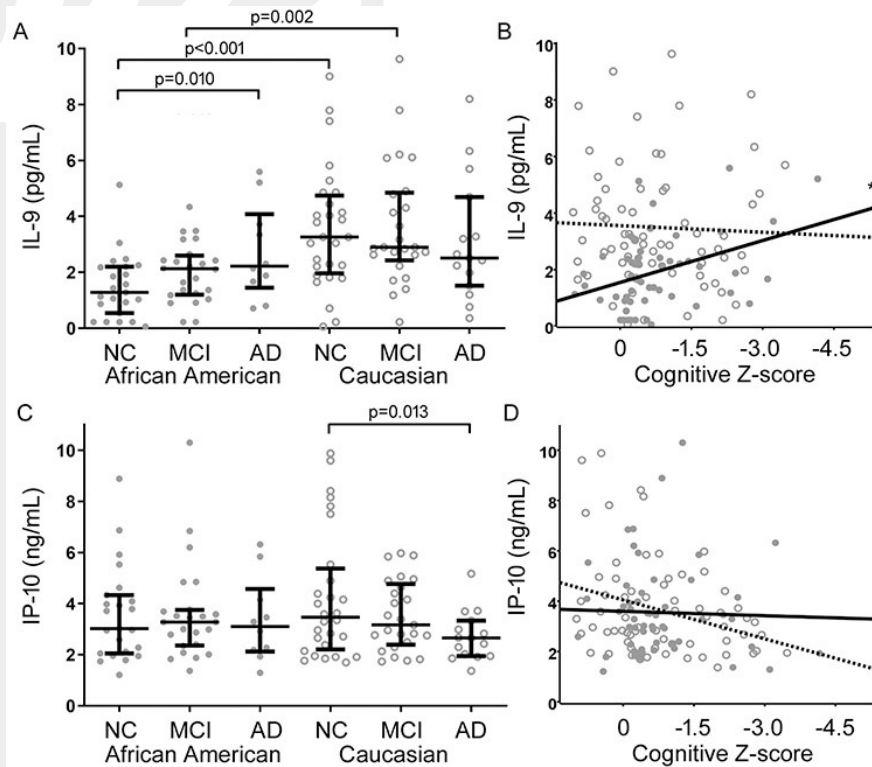


RUTGERS HUM LAB

Robert Wood Johnson Medical School
Institute for Health, Health Care Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Morris, *JAMA Neurol*, 2019.

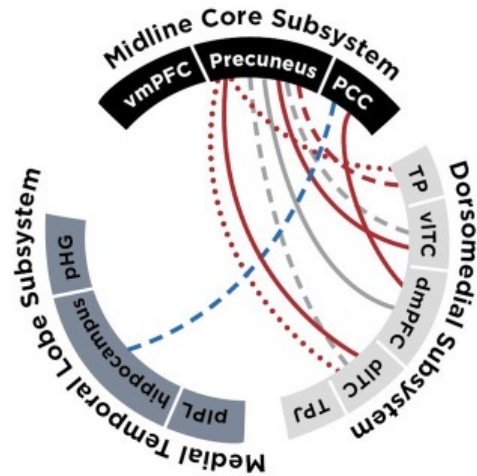
is associated with different inflammatory cascades in CSF & brain...



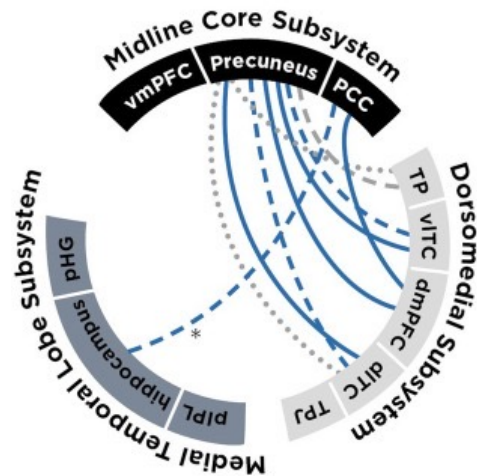
Wharton, *Ann Neurol*, 2019.

and may be associated with different **aging-associated patterns** of brain functional network connectivity

A) African American connectivity and biomarker relationships



B) Non-Hispanic White connectivity and biomarker relationships



Misiura, *Trans Neurodegen*, 2020

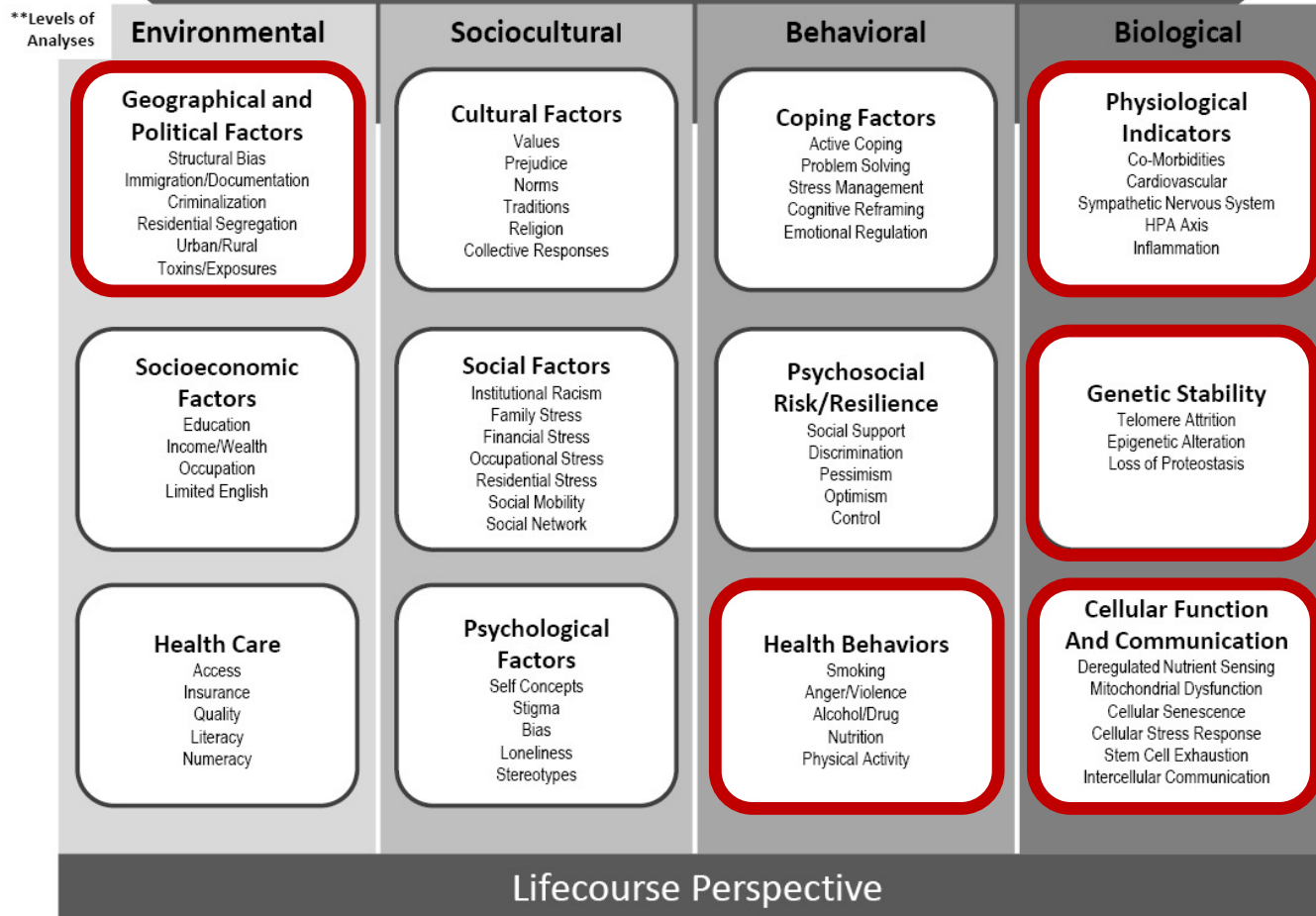


RUTGERS HUMLAB

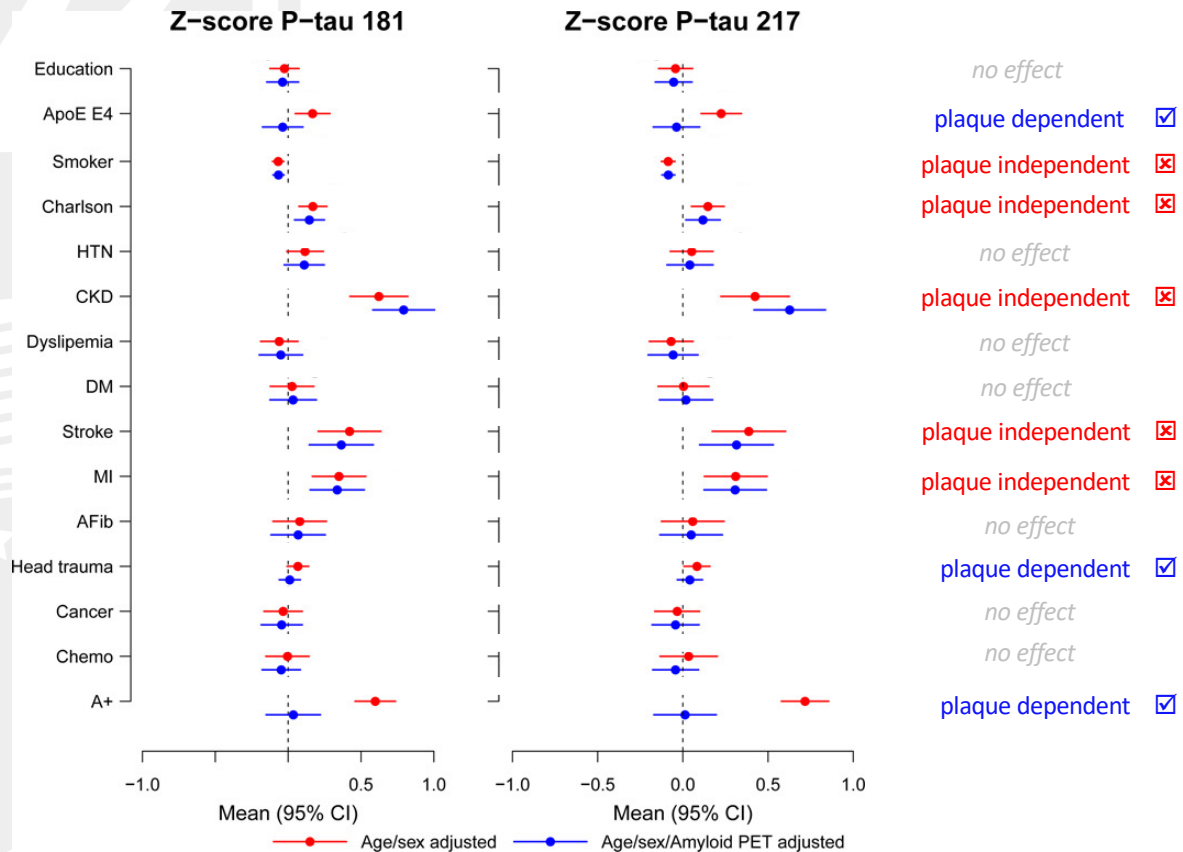
Robert Wood Johnson Medical School
 Institute for Health, Health Care Policy and Aging Research
 DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Where does this variability come from?

FUNDAMENTAL FACTORS: Ethnicity, Gender, Age, Race, Disability Status, Identity*



and this likely can't be resolved by blood biomarkers



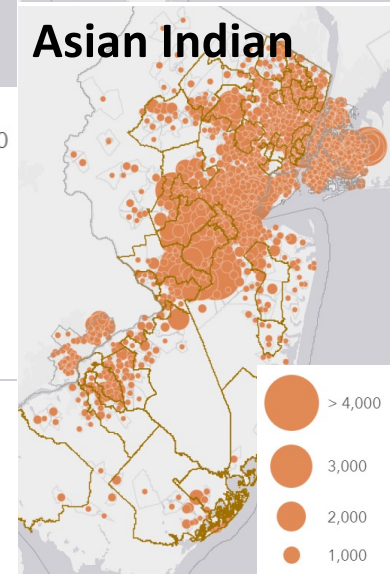
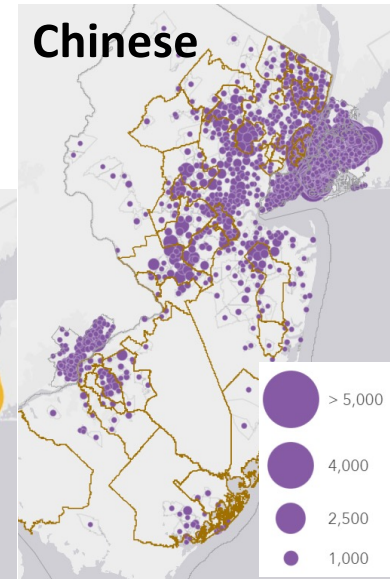
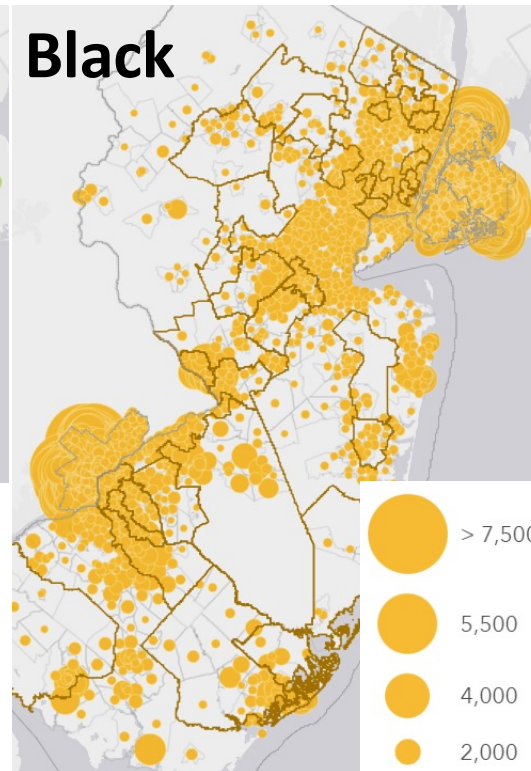
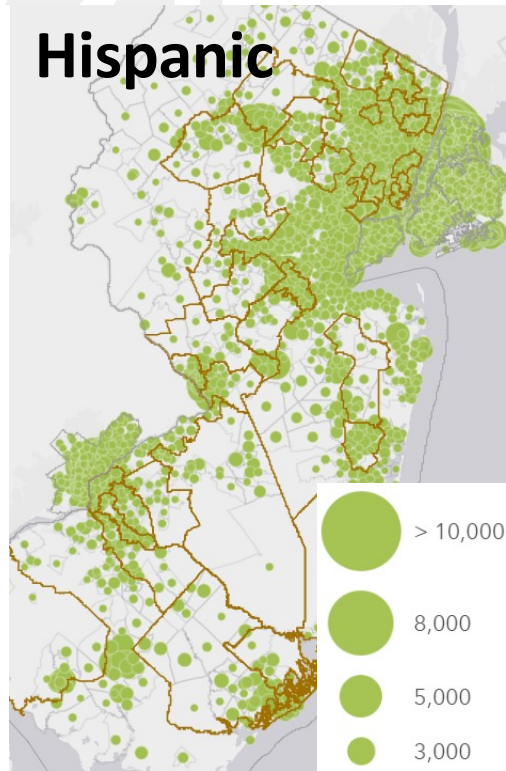
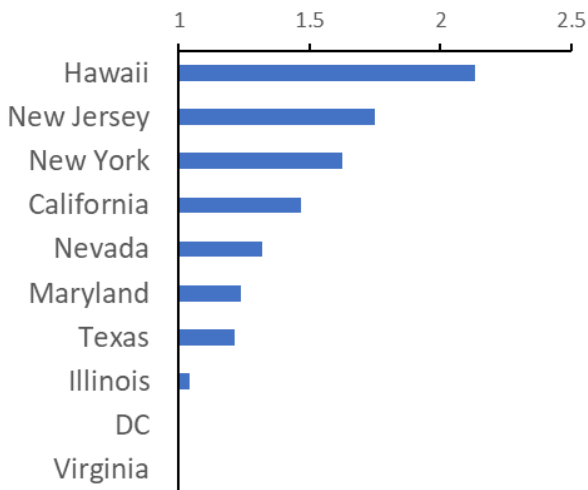
RUTGERS HUMAN LAB

Robert Wood Johnson Medical School
 Institute for Health, Health Care Policy and Aging Research
 DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING

Modified from Mielke, *Nat Med*, 2022.

New Jersey: 2nd most diverse US state

Odds of 4 randomly selected residents belonging to 4 different racial/ethnic groups relative to national odds



RUTGERS HUMLAB

Robert Wood Johnson Medical School | Institute for Health, Health Care Policy and Aging Research
 DIVISION OF COGNITIVE NEUROLOGY | CENTER FOR HEALTHY AGING

New Studies



罗 Rutgers
新 Stanford
花 Chinese
甲 Older
研 Adult
究 Study

South
Asian
Aging
Brain



NJ Population
Cohort Study

African
American
ADBiomarker
Initiative



RUTGERS HUMLAB

Robert Wood Johnson Medical School Institute for Health, Health Care Policy and Aging Research
DIVISION OF COGNITIVE NEUROLOGY CENTER FOR HEALTHY AGING