



Candidate ADRD fluid biomarkers and their challenges and opportunities

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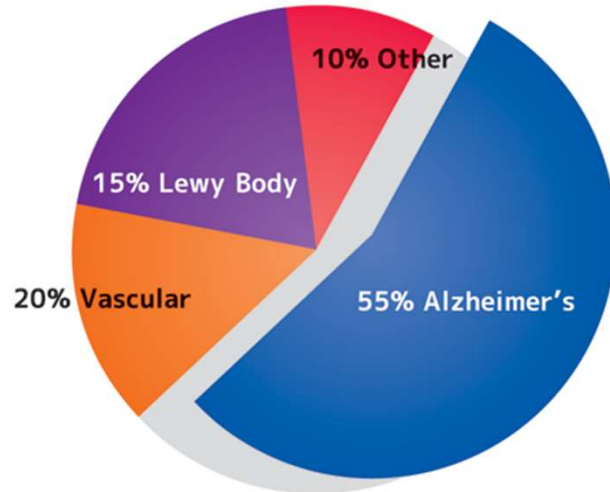
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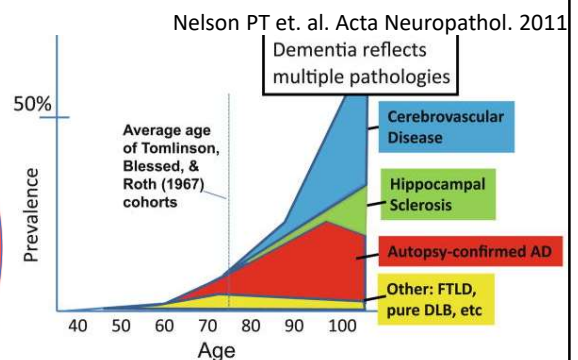
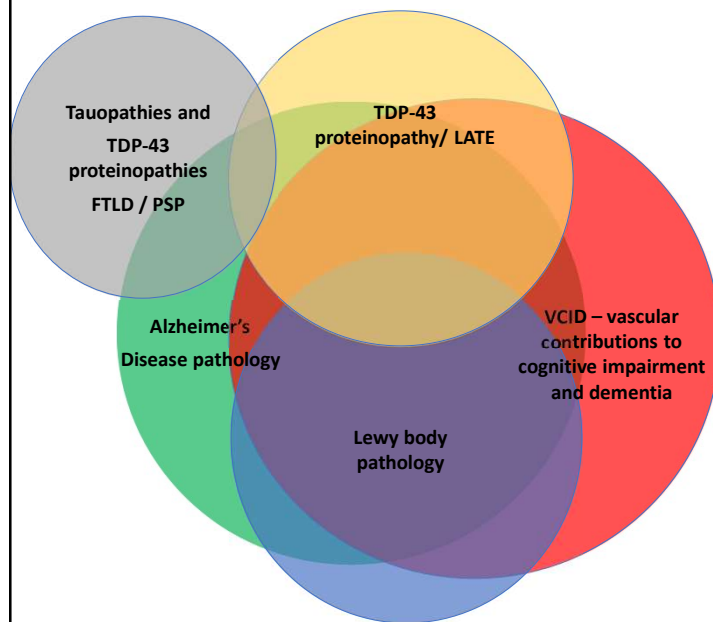
Reductionist view of dementia



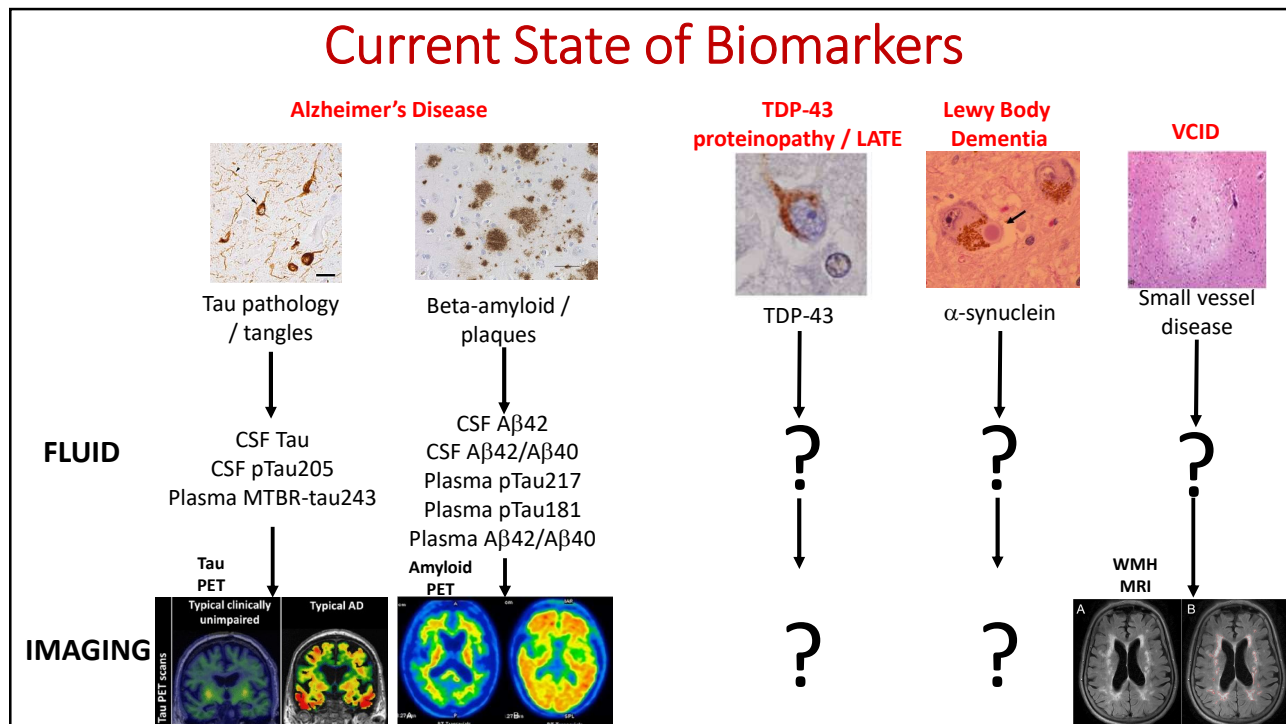
- This is the traditional view of the dementia breakdown.
- Second most common cause of dementia is vascular dementia.
- This is not a true reflection of what we see in the brains of dementia patients.

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The real picture of dementia



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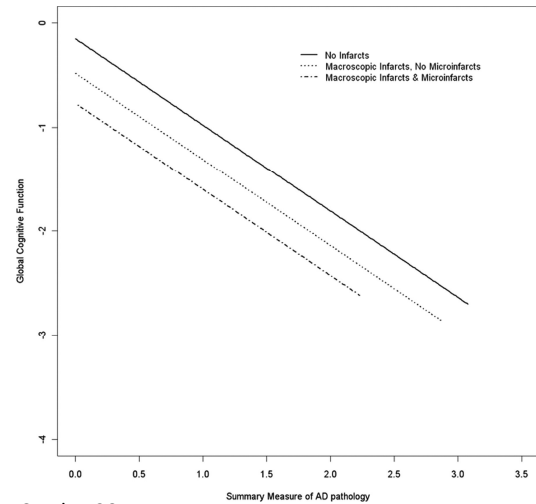
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VCID, Inflammation, and the need for more sensitive biomarkers for these

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Why is it important to consider “Inflammation” and “Vascular” contributions

- Increasing evidence supports inflammation has a significant role to play in Alzheimer’s disease:
 - Genetic risk factors from GWAS analyses identified key inflammation-related genetic SNPs in TREM2, CR1 and CD33.
 - IL6 is elevated in CSF and serum of AD patients.
- Cerebral small vessel disease has an additive effect on cognition when co-morbid with AD.

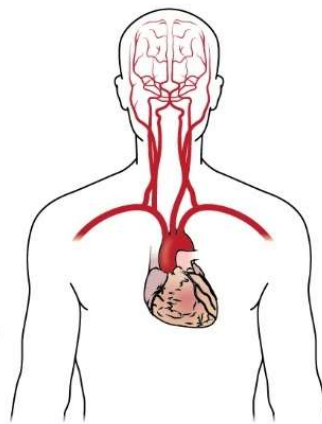
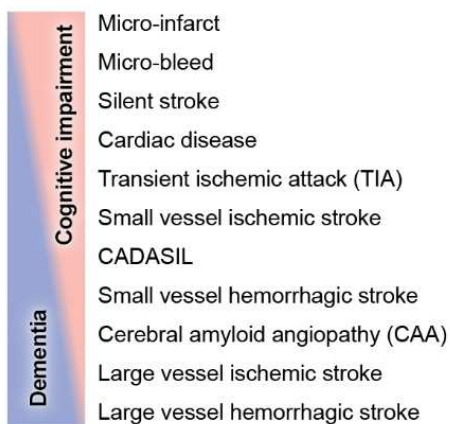


Arvanataki.....Schneider. Stroke. 2011

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The challenge with vascular biomarkers

- VCID reflects varied vascular pathologies, and therefore mechanisms

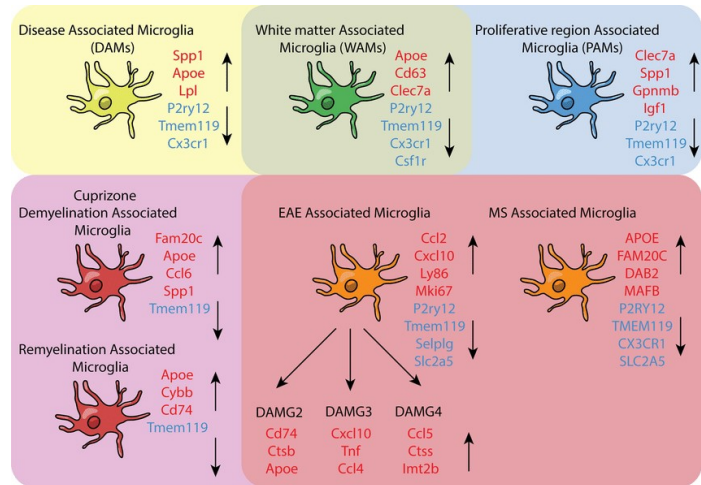


Absolutely critical: Develop clinical outcomes & biomarker measures, and interventions, that match the targeted vascular injuries/disease.

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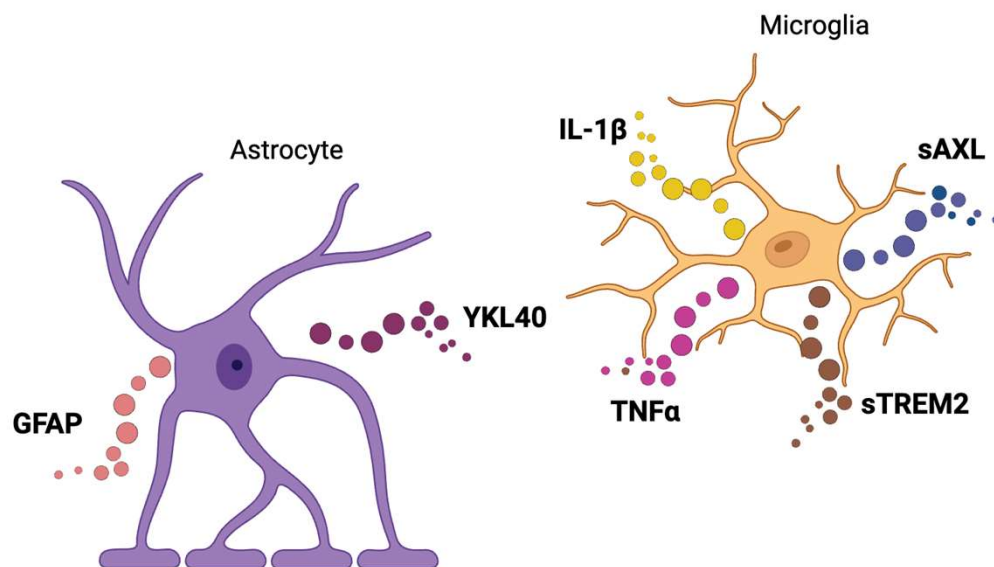
The challenge with adding “I”

- There are multiple states of microglial “activation”.
- Mouse studies and limited human autopsy studies suggest some “states” are beneficial at early stages of disease but detrimental late in disease.
- GFAP and YKL-40, the front-runners of “inflammation” fluid biomarkers are astrocyte derived.
- Unclear what “state” these are associated with



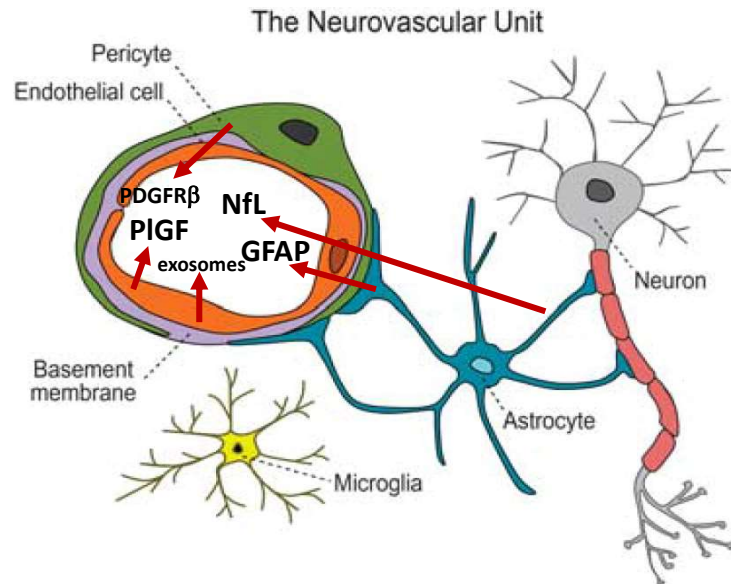
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Potential fluid biomarkers of neuroinflammation



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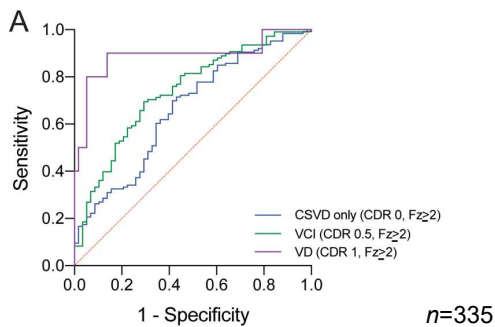
Potential fluid biomarkers of VCID



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Plasma Placental Growth Factor may be Diagnostic for VCID

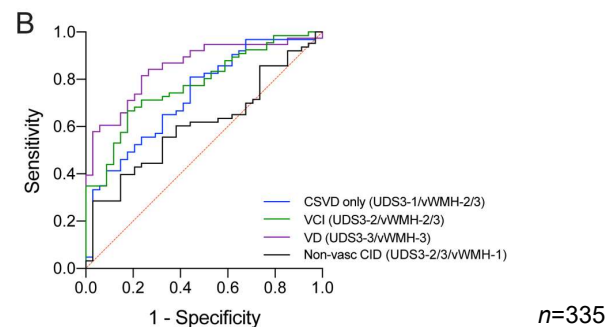
ROC Curves Using CDR/Fazekas



Diagnostic accuracy of Plasma PIGF:

- Vascular Dementia (CDR 1, Fazekas ≥ 2) = 0.89
- Vascular Cognitive Impairment (CDR 0.5, Fazekas ≥ 2) = 0.74

ROC Curves Using UDS3-EF/vWMH



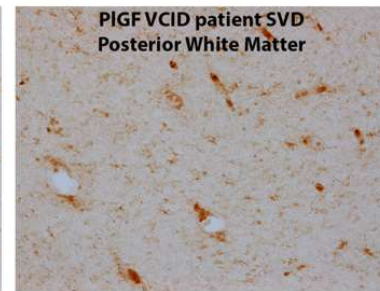
Diagnostic accuracy of PIGF is retained using continuous clinical (UDS3) and radiographic (vWMH) measures:

- CSVD only = 0.73
- VCI = 0.78
- VD = 0.85
- Non-vasc CID = 0.61 (n.s.)

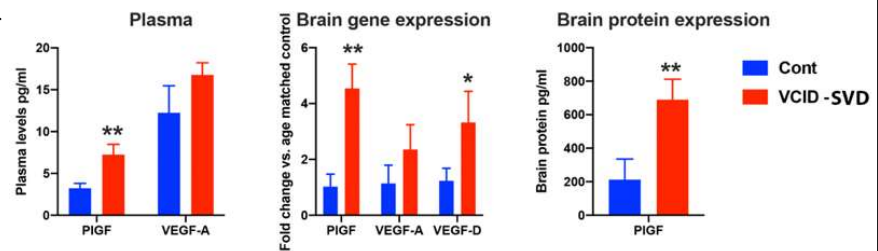
Hinman et al. *Alz & Dement* 2023

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PIGF in the human brain



- N=12 / group matched for age, sex, and ApoE status



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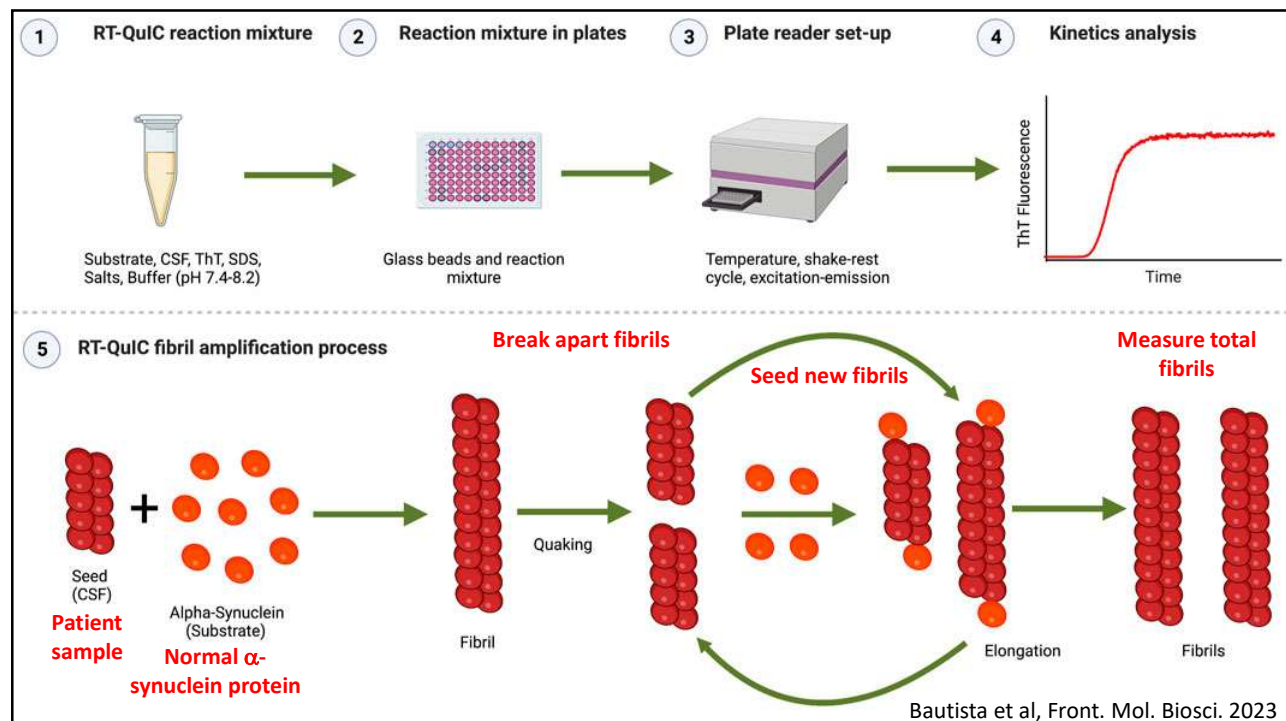
Other ADRDs – DLB and LATE
(α -synuclein and TDP-43)

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RT-Quic for detection of α -synuclein pathology

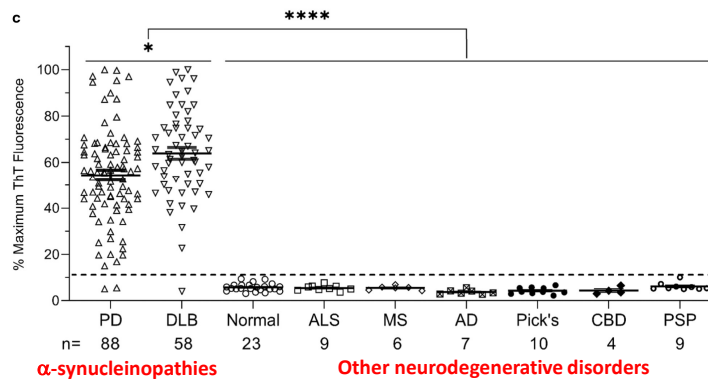
- Real-time quaking induced conversion (RT-QuIC) method, originally developed to diagnose prion diseases.
- Pathogenic protein can induce the conversion of a “normal” protein into a pathogenic one, where the former acts as a seed that promotes conversion and aggregation.
- By using CSF, if pathogenic proteins are present (in this case pathologic α -syn) they will convert “normal” α -synuclein into the pathogenic form.
- By breaking these assemblies up and then cycling them you can amplify the pathogenic protein, similarly to a PCR reaction.
- Thioflavin-T is included in the substrate mixture and it is the intensity of this signal that is read by a plate-reader.
- CSF or skin biopsy seems to be the most reliable tissue for RT-Quic.

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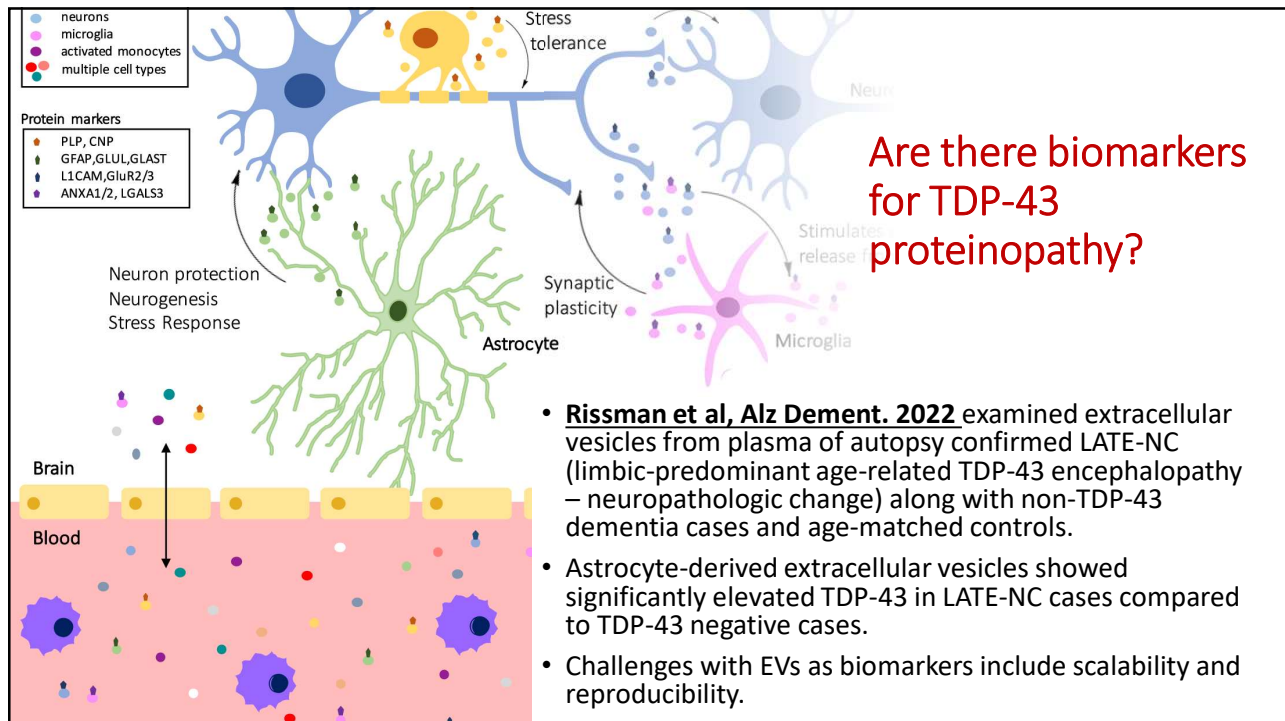
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RT-Quic is specific and quite sensitive



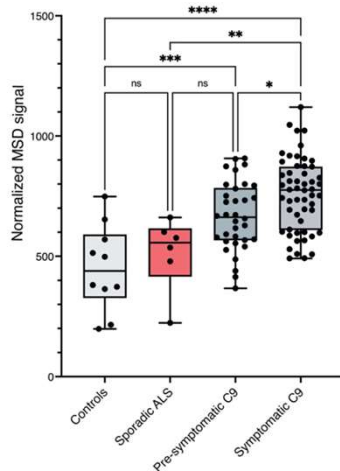
- **Bargar et al, Acta Neuropath. Comm. 2021.**
- Showed that Parkinson's and Lewy body dementia patients have increased signal over age-matched controls and other neurodegenerative diseases.
- RT-Quic seems to be specific and sensitive, but does not appear to indicate disease severity.

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Candidate biomarker for TDP-43 proteinopathy



- TDP-43 normally binds to RNA regulating the translation of RNA to protein.
- Dysregulation of TDP-43 through aggregation and phosphorylation can lead to disruptions in protein translation and what are called “cryptic exon-encoded peptides”.
- Irwin et al have a paper in review that describes the detection of cryptic exon-encoded peptides in CSF of familial and sporadic ALS, which involved TDP-43.
- The authors found that cryptic HDGFL2 is elevated in CSF of all cases of ALS but significantly so in *C9ORF72* carriers.
- This biomarker could have relevance to LATE and FTLD-TDP.

Irwin et al, bioRxiv, 2023

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How to advance biomarker discovery for ADRDs

- Autopsy studies with matched antemortem biofluids.
- Mouse model and iPSC studies to identify fluid biomarkers that match specific subtypes of inflammation and cerebrovascular pathologies.
- We need “ground truth” for ADRDs, and while ideally this would be autopsies, that will not achieve the sample size required.
- PET ligands for TDP-43 aggregation and α -synuclein pathology would provide “ground truth” and significantly advance biomarker discovery for these ADRDs.
- Improved technologies to optimize brain-derived exosome approaches that will broaden the potential biomarkers that can be assessed.

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MODEL-AD

Model Organism Development &
Evaluation for Late-Onset
Alzheimer's Disease



National Institute
on Aging



TREAT-AD

TaRget Enablement to Accelerate
Therapy Development for AD



National Institute of
Neurological Disorders
and Stroke

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