

Advisory Council on Alzheimer's Research, Care, and Services

April 29, 2013

Materials available at

<http://aspe.hhs.gov/daltcp/napa/>


Commissioning Board
A special health authority

Responding to the Dementia Challenge in England

Alistair Burns

National Clinical Director for Dementia


The University of Manchester


MAHSC

 Department
of Health

Dementia Timeline

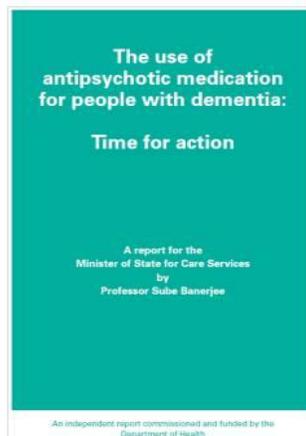
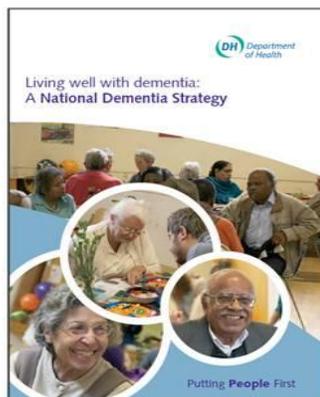
- **National Dementia Strategy February 2009**
- **Antipsychotics Report “Time for Action” November 2009**
- **Public Accounts Committee January 2010**
- **National Clinical Director (NCD) appointed February 2010**
- **General Election May 2010**
- **Prime Minister’s Challenge March 2012**
- **Reorganisation of the NHS April 2013**

Dementia

National Dementia Strategy: 17 objectives (February 2009)

Anti-psychotic Report - 11 recommendations (November 2009)

Public Accounts Committee – 10 conclusions (January 2010)



Dementia

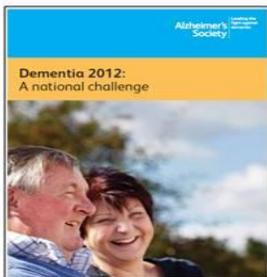
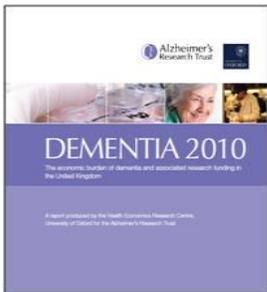
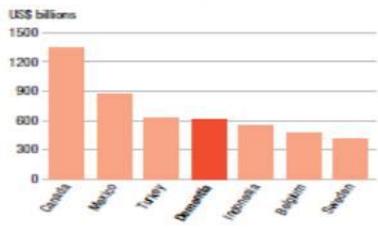
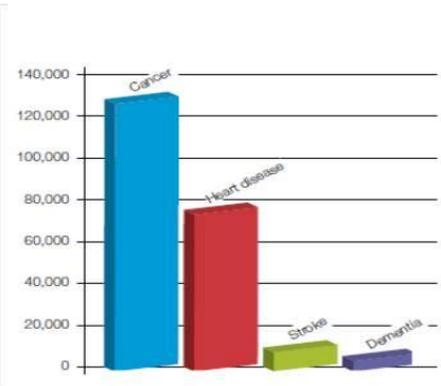
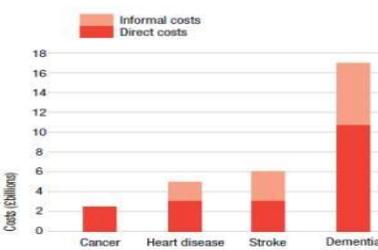


Figure 3 Cost of dementia compared to national economies



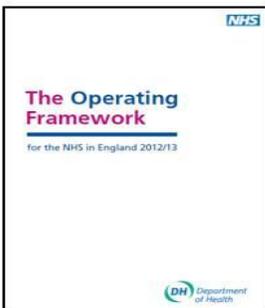
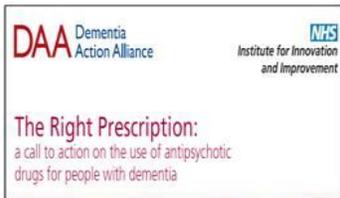
The comparative societal costs of cancer, ischaemic heart disease, stroke and dementia in the United Kingdom



Research spend

Dementia

dementiachallenge.dh.gov.uk/





designcouncil.org.uk



Change attitudes/raise awareness

From

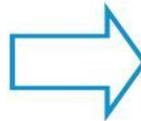


Lonely, isolated,
people in care homes

To



Engaged & alive
individuals actively
involved in life



*I have dementia
I also have a life.*

Dementia is caused by diseases of the brain such as Alzheimer's. It can happen to anyone and there is currently no cure. But the more support you can give someone, the better life with dementia can be, especially in the early years. For a free information pack on simple ways to help someone living with dementia, visit or call: nhs.uk/dementia 0300 123 1911

Dementia.
The more we understand
the more we can help.

NHS

Social Care

Alzheimer's Society

Timely diagnosis and support in primary care

Dementia in the General Hospital

Dementia in Care homes

Reduction of antipsychotics

Support for carers

DH Department of Health

Quality outcomes for people with dementia: building on the work of the National Dementia Strategy

Outcomes for people with dementia

By 2014, all people living with dementia in England should be able to say

I was diagnosed in a timely way

I understand, so I make good decisions and provide for future decision making

I get the treatment and support which are best for my dementia, and my life

Those around me and looking after me are well supported

I am treated with dignity and respect

I know what I can do to help myself and who else can help me

I can enjoy life

I feel part of a community and I'm inspired to give something back

I am confident my end of life wishes will be respected. I can expect a good death

ite

Timely diagnosis and support in primary care

Dementia in the General Hospital

Dementia in Care homes

Reduction of antipsychotics

Support for carers



All-Party
Parliamentary Group
on Dementia

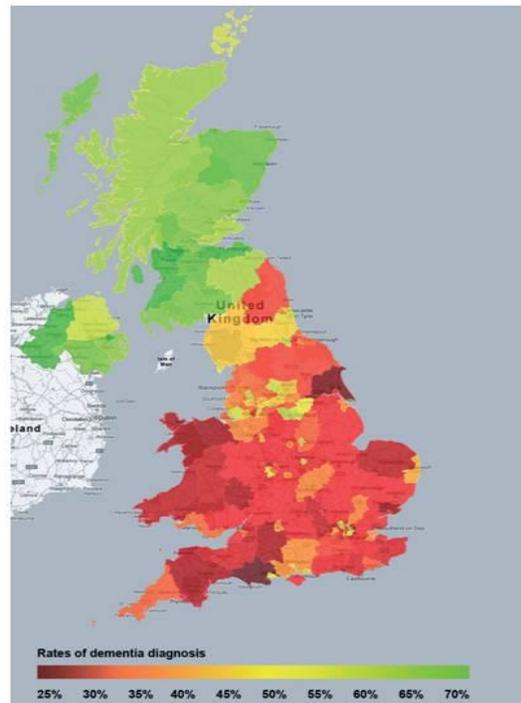
Unlocking diagnosis

The key to improving the lives of people with dementia

July 2012

Rates of dementia diagnosis across the UK

alzheimers.org.uk/dementia-map



Dementia in primary care

- **Quality Outcomes Framework (QOF)**
 - Number of people with dementia
 - Review every 15 months
 - Blood tests
 - Care plans for carers of people with dementia
- **Directed Enhanced Service (DES)**
 - Case finding in people attending for a vascular risk check
 - In people with Learning Difficulties
 - In people with neurological conditions
 - ? People over age 75
- **Health Check**

NHS

Stroke
Dementia
Heart disease
Diabetes
Kidney disease

Pilot Material

Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes, kidney disease and dementia

“ Now I know that the risk factors for heart attacks and strokes also may affect the likelihood of getting dementia, I can make the lifestyle changes that may help to reduce my risk of these diseases. It was also great to hear that there are dementia services available should me or my family ever need them. ”

- Timely diagnosis and support in primary care
- Dementia in the General Hospital**
- Dementia in Care homes
- Reduction of antipsychotics
- Support for carers

DEMENTIA
Report of the National Audit of Dementia Care in General Hospitals 2011

Royal College of Physicians
Alzheimer's Society
Commissioned by:
HQIP
Health Quality Improvement Partnership

Acute awareness
Improving hospital care for people with dementia

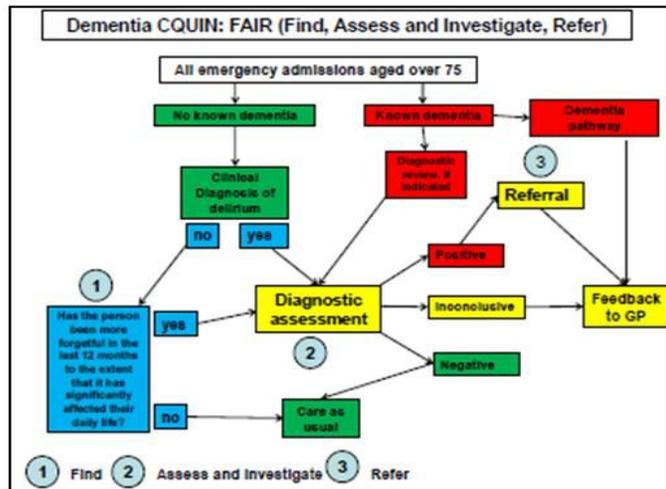
REPORT
Economic evaluation of a liaison psychiatry service

Hospital care in dementia



Using the Commissioning for Quality and Innovation (CQUIN) payment framework

Guidance on new national goals for 2012-13



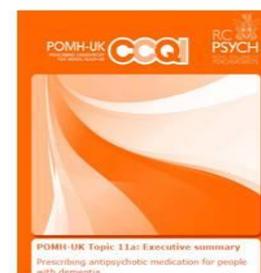
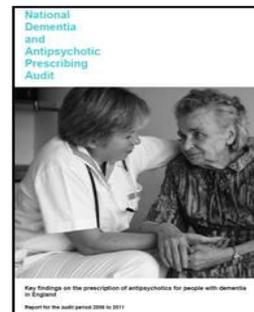
Early diagnosis and intervention in primary care

Dementia in the General Hospital

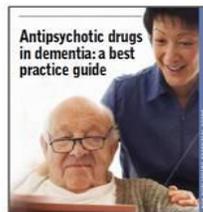
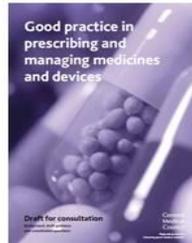
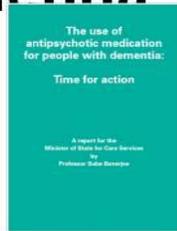
Dementia in Care homes

Reduction of antipsychotics

Support for carers



Antipsychotics in dementia



Define the challenge

Get the evidence

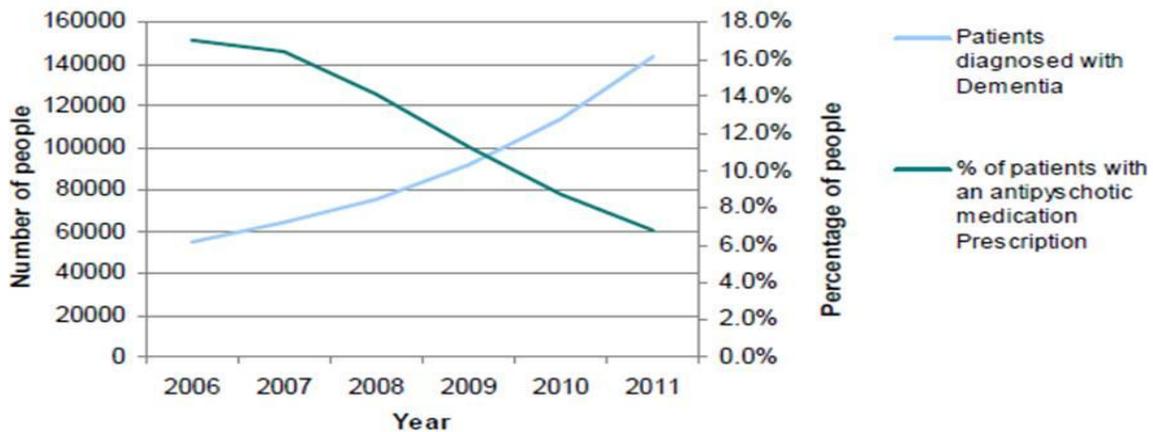
Talk about it

Get political support

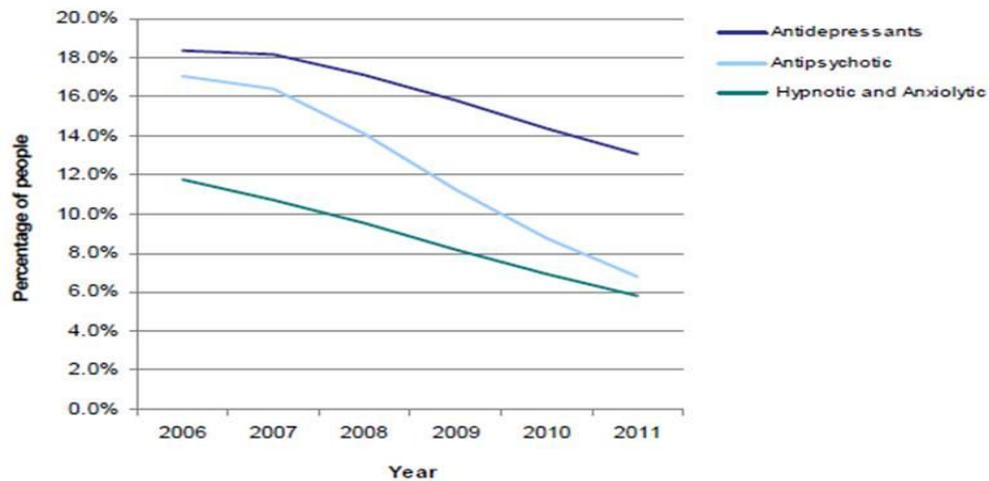
Come up with a solution

Measure the change

National Audit of antipsychotics in dementia 2012



Other medications prescribed



Timely diagnosis and support in primary care

Dementia in the General Hospital

Dementia in Care homes

Reduction of antipsychotics

Support for carers



Timely diagnosis and support in primary care

Dementia in the General Hospital

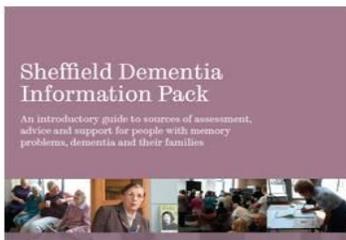
Dementia in Care homes

Reduction of antipsychotics

Support for carers



Information

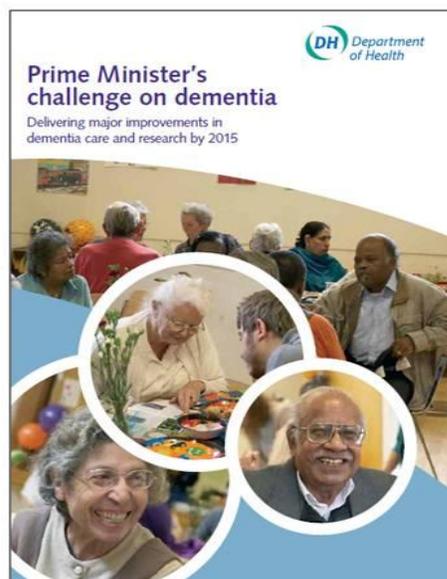
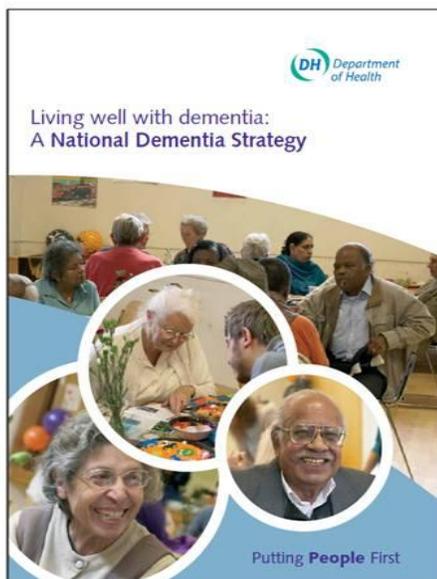


Dementia Prevalence Calculator

Guideposttrust.org.uk

Dementia Timeline

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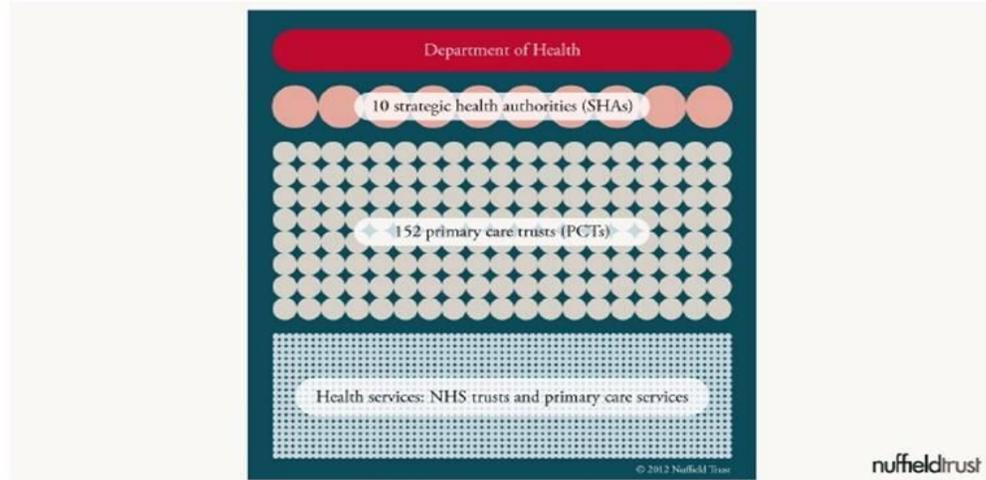


Key challenges

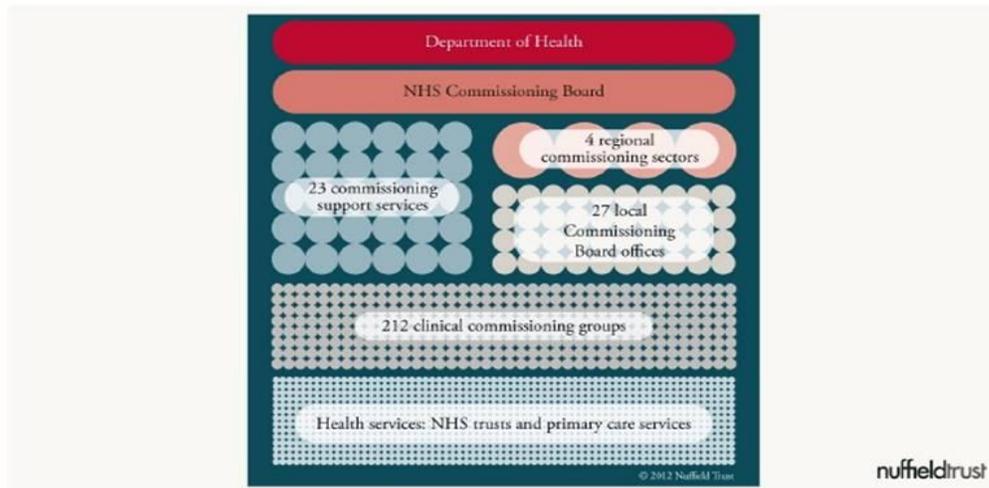
Improvements in health and care

Dementia friendly communities

Better research



The NHS in England before the reforms



The NHS in England after the reforms

outcomes, commissioning, patients

D	Diagnosis
E	Early identification
M	Management of symptoms
E	Effective support for carers
N	Non drug treatments
T	Treatment of medical conditions
I	Information
A	At, and towards, end of life

Responding to the Dementia Challenge in England



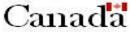

CIHR IRSC
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Providing the Evidence to Face the Canadian and Global Challenges of Dementia

Yves Joanette, PhD, FCAHS
Scientific Director, CIHR Institute of Aging
Executive Director, ICRSAD

U.S. Advisory Council on Alzheimer's
Research, Care, and Services
Washington , 2013

www.cihr-irsc.gc.ca



Some Facts ...



Rising Tide: The Impact of Dementia in Canada, ASC, 2010



Global Context

January 2012
2012
NAPA (USA)

**National Plan
to Address
Alzheimer's Disease**

U.S. Department of Health and Human Services

February 2012

JPND (Europe)
JPND Research Strategy
Tackling the challenge of Alzheimer's and other neurodegenerative diseases in Europe
Executive Summary

JPND research

March

WHO
DEMENTIA
A PUBLIC HEALTH PRIORITY

World Health Organization



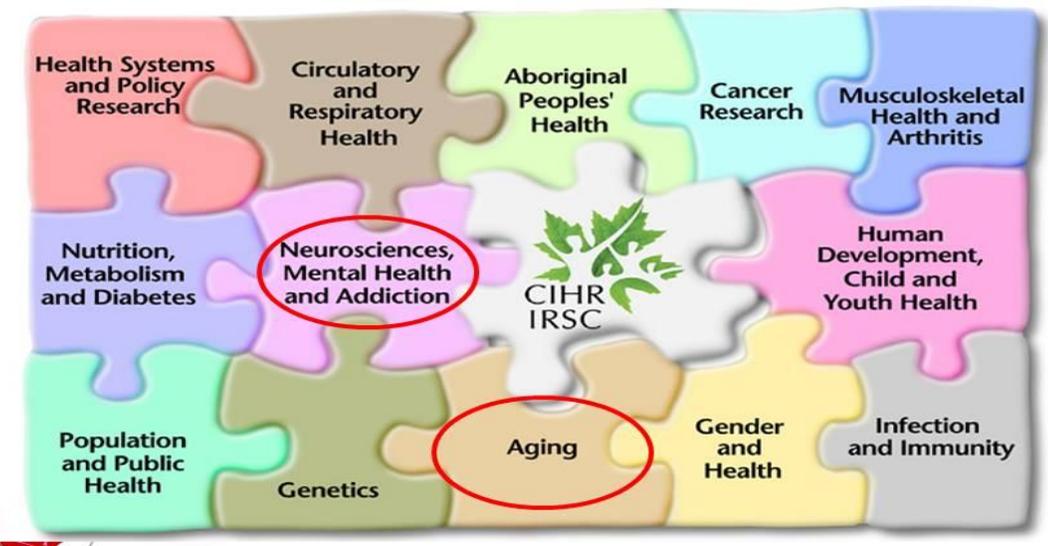
Canada: 10 Provinces & 3 Territories 13 Provincial Health Systems



Provincial Plans on Dementia

- **Quebec**
 - « Meeting the Challenge of Alzheimer's Disease and Related Disorders - A Vision Focused on the Individual, Humanism, and Excellence » – May, 2009.
- **British-Columbia**
 - « The Provincial Dementia Action Plan for British Columbia - Priorities and Actions for Health System and Service Redesign » – April 2012
- **Ontario**
 - « 10 by 20 : Ontario action plan for dementia » – 2010
- **Alberta**
 - « Strategic directions in healthy aging and continuing care in Alberta - Alzheimer disease and other dementias » – 2002
- **Manitoba**
 - « A strategy for Alzheimer disease and related dementias in Manitoba » – 2002
- **Newfoundland and Labrador**
 - « Provincial strategy fo Alzheimer disease and other dementias : a plan of action » – 2001

Canadian Institutes of Health Research

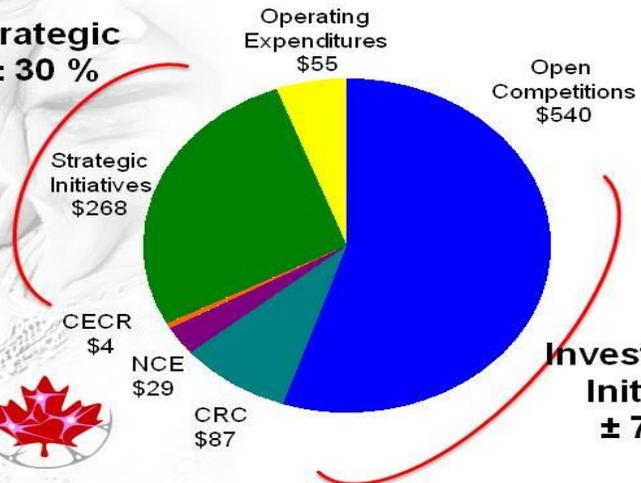


Canada

CIHR Expenditures 2009- 2010

TOTAL EXPENDITURES for 2009-10
\$984 M

Strategic
± 30 %



Open Competition Investments in Alzheimer's Disease and related Disorders:
2011-12 : 27,1 M\$

Investigator-Initiated
± 70 %

Canada

CIHR Strategic Investments Roadmap Signature Initiatives

Enhance Patient-Oriented Care and Improve Clinical Results through Scientific and Technological Innovations

Support a High-Quality, Accessible and Sustainable Health-Care System

Reduce Health Inequities of Aboriginal Peoples and other Vulnerable Populations

Prepare For and Respond To Existing and Emerging Threats to Health

Promote Health and Reduce the Burden of Chronic Disease and Mental Illness

1. Patient-Oriented Research SUPPORT Units (SPOR)
2. Personalized Medicine
3. Community Based Primary Health-Care
4. Pathways to Health Equity for Aboriginal Peoples
5. **International Collaborative Research Strategy for Alzheimer's Disease**
6. Canadian Epigenetics, Environment and Health Research Consortium
7. Inflammation in Chronic Disease
8. Evidence Informed Health-Care

+ Canadian Longitudinal Study on Aging

Canada

3

Cognitive Impairment in Aging

- Canadian Dementia Knowledge Translation Network
 - Education and Training
 - Information, education and tools

<http://www.lifeandminds.ca>

- Cognitive Impairment in Aging partnership (20+ partners)



The screenshot shows the website for Life and Minds, which is the web publication of the Canadian Dementia Knowledge Translation Network (CDKTN). The navigation menu includes: LIFEANDMINDS.CA, MEDIA, RESEARCH, NEWS, EVENTS, CONTACT. The main content area features the CDKTN logo (a red maple leaf with the text 'CDKTN Canadian Dementia Knowledge Translation Network' and 'www.lifeandminds.ca') and a photograph of an elderly woman with her hand to her head, suggesting cognitive impairment. Below the logo, there are sections for 'ABOUT US' and 'RECENT ARTICLES'. The 'ABOUT US' section states: 'Life and Minds is the web publication of the Canadian Dementia Knowledge Translation Network, or CDKTN. Established on March 31, 2008 through a 5-year CIHR grant, the CDKTN is a network for knowledge translation (KT) and exchange (KE) of research in Alzheimer's disease and dementia. In a nutshell, KT is the adaptation of research findings into effective treatments, services, and products. KE is collaborative information sharing and problem solving between researchers, caregivers, and policy makers.' The 'RECENT ARTICLES' section includes: 'Canadian Dementia Knowledge Translation Network Member Survey: What are your thoughts on being a CDKTN member? Please take the time to answer our survey.' and 'Life and Minds User Survey: We would appreciate if you would take the time to provide us with your feedback about Life and Minds. Please take the time to answer our survey.' At the bottom of the screenshot, it says: 'World Alzheimer's Day: The Canadian Dementia Knowledge Translation Network is proud to support world Alzheimer's Day.'

Canada



ICRSAD
International Collaborative Research Strategy for Alzheimer's Disease

SIRGMA
Stratégie internationale de recherche concertée sur la maladie d'Alzheimer

Canada

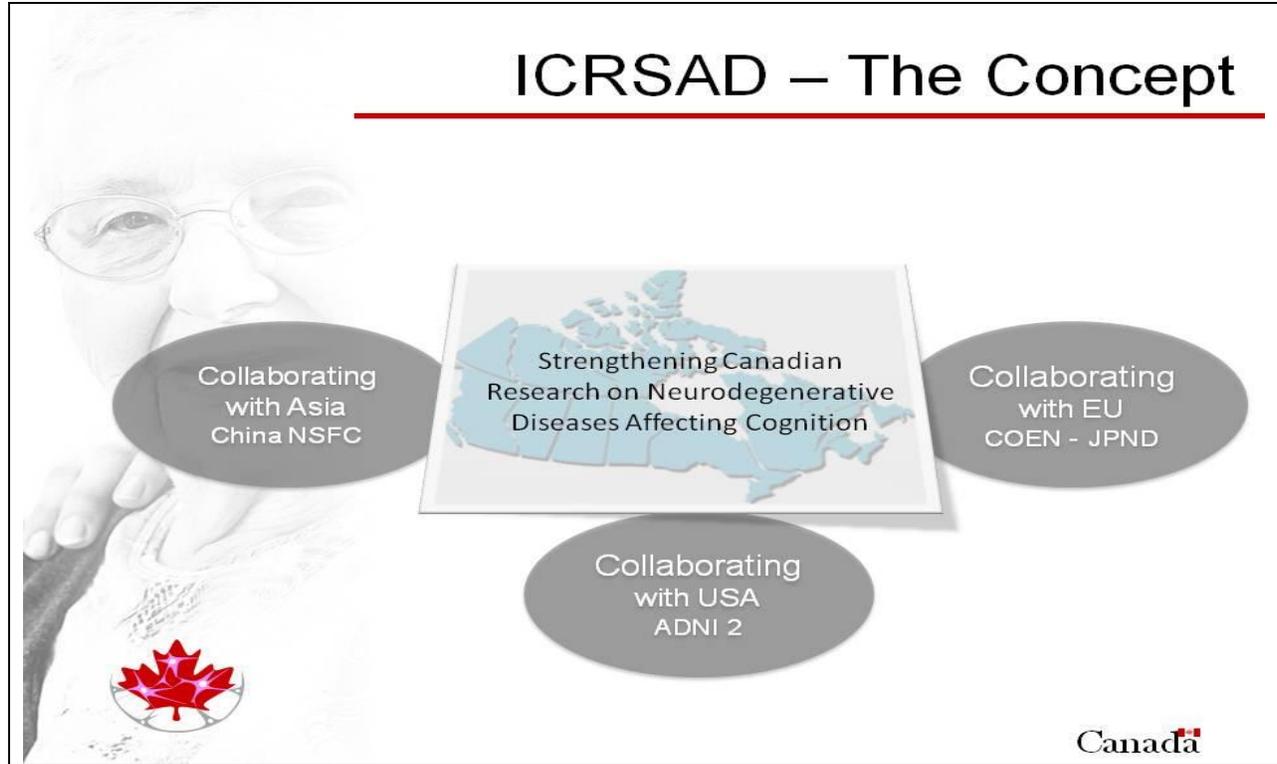
ICRSAD in a Nutshell ...

The International Collaborative Research Strategy for Alzheimer's Disease (ICRSAD)

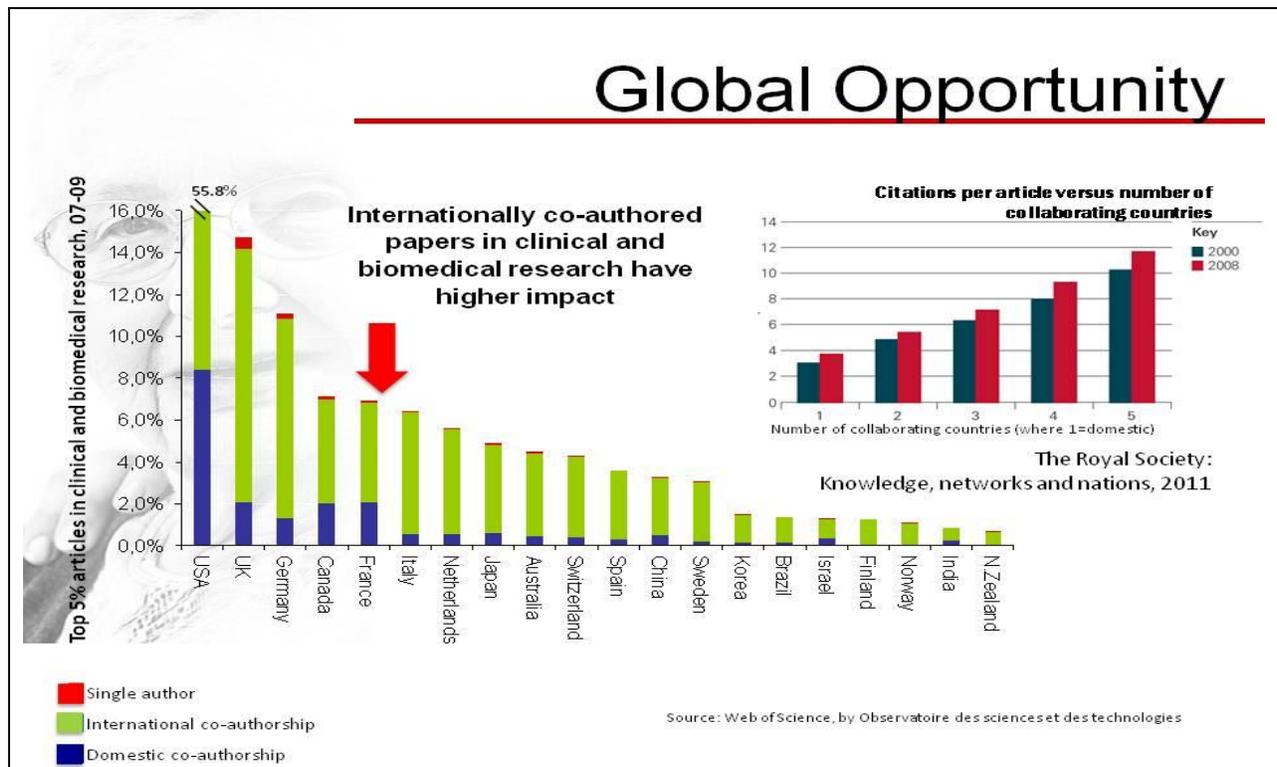
- Is one of CIHR's Major Initiatives (RSI)
- Covers Alzheimer's Disease and related neurodegenerative disorders
- Focuses on two complementary objectives:
 - Strengthen the Canadian innovative and collaborative research efforts on neurodegenerative diseases through the CCNA
 - Support international leadership and the insertion of Canadian research in international collaboration

Canada

ICRSAD – The Concept



Global Opportunity



International Component



- Wellcome Trust Neurodegeneration Program
- Team Grant: Alzheimer's Disease (France-Quebec-Canada)
- Centres of Excellence in Neurodegeneration
- Canada-China Team Grants in Alzheimer's Disease and Related Disorders
- ADNI Canadian Program
 - Canadian ADNI Centers
 - ADNI Secondary and Methodological Analyses

Canada

Centres of Excellence in Neurodegeneration



Gemeinsam Lösungen finden
Finding solutions together
Trouver la solution ensemble
Scoprendo soluzioni insieme
Samen oplossingen vinden

SE TR 365



Canada

Centres of Excellence in Neurodegeneration



Standards for determining the vascular contribution to neurodegeneration

Joanna Wardlaw (MRC), Martin Dichgans (DZNE), Eric Smith (CIHR)

Integrated approach to identify novel genes for frontotemporal lobar degeneration

Marc Cruts (VIB), Christian Haass (DZNE), Dieter Edbauer (DZNE)

Mitochondrial dysfunction and susceptibility to Parkinson's disease: New models of pathogenetic interactions

Donato A. Di Monte (DZNE), David S. Park (CIHR), Fabio Blandini (MDS), Anthony H.V. Schapira (MRC)

Early synaptic plasticity and network dysfunction in transgenic (tg) rat models of

Alzheimer's disease (AD)

Michael Rowan (HRB/SFI), Claudio Cuello (CIHR), Martin Fuhrmann (DZNE)

Immune subtype in Parkinson disease

Thomas Gasser (DZNE), Antonio P. Strafella (CIHR)

C. elegans models of mitochondrial deficiency in the nervous system

Daniele Bano (DZNE), Siegfried Hekimi (CIHR), Mario de Bono (MRC)

The GENetic Frontotemporal Dementia Initiative (GENFI): a new multi-centre platform

for the study of frontotemporal lobar degeneration

Martin Rossor (MRC), Giovanni B. Frisoni (MDS), Torik Ayoubi (VIB), Mario Masellis (CIHR)

Identification of generic suppressors of proteinopathies

David Rubinsztein (MRC), Joerg Gsponer (CIHR)

JPND

EU Joint Programme Neurodegenerative Disease Research



JPND
research

EU Joint Programme - Neurodegenerative Disease Research

[Sitemap](#) [Accessibility](#) [Twitter](#) [RSS Feed](#)

4 May 2012

Canada has joined JPND as the first ever Third Country member. Israel joins as full member to bring total number of countries participating in JPND to 27.

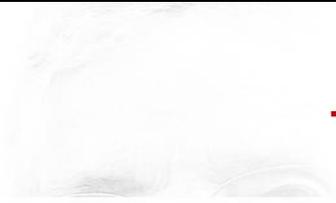
At the twelfth JPND Management Board meeting on May 4th, 2012, two countries' applications for membership of JPND were accepted:

Israel becomes the 26th full member country of JPND, following the applications of Austria and Croatia earlier in 2012. Full membership of JPND is open to EU Member States and EU-Associated Countries.

In a first for JPND, Canada's application for Third Country membership of JPND was also accepted. Canada now participates in JPND according to the recently published JPND [Policy on Third Country Participation](#).

This brings the total number of countries participating in JPND to 27.



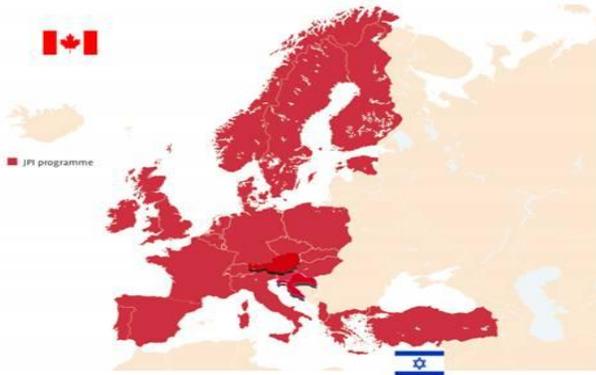


JPND

EU Joint Programme
Neurodegenerative Disease Research



Governance



JPND

EU Joint Programme
Neurodegenerative Disease Research



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- Improve the scientific understanding of the disease.
- Improve the medical tools available to doctors to identify and treat the disease.
- Improve the social care and structures available to assist patients, their families, and health service providers so that patients can receive optimum care at all stages of their illness.



Canada



JPND

EU Joint Programme Neurodegenerative Disease Research



JPND
research

EU Joint Programme - Neurodegenerative Disease Research

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- To add value to national investments through coordinated action
- To encourage the development of national research strategies in ND
- To engage in partnership to reach the full potential of JPND

Implementation Plan

A first-phase JPND Implementation Plan has been agreed for the period of 2012-2014. The plan has three major action areas:

- **Annual Calls for Proposals**
- **Action Groups to determine research needs and opportunities**
- **Action Groups to promote engagement, commitment and partnerships**



JPND

EU Joint Programme Neurodegenerative Disease Research



JPND
research

EU Joint Programme - Neurodegenerative Disease Research

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USA conference

On November 9, 2012, at the headquarters of the American Association for the Advancement of Science (AAAS) in Washington, DC, a conference was held to explore the potential of enhanced transatlantic research collaboration in the area of neurodegenerative diseases. The conference was organized by JPND in close collaboration with the science counselors from the Embassies of France, Poland, Austria, Finland, Germany, Ireland, Italy, Spain, and Sweden, and the American Association for the Advancement of Science.

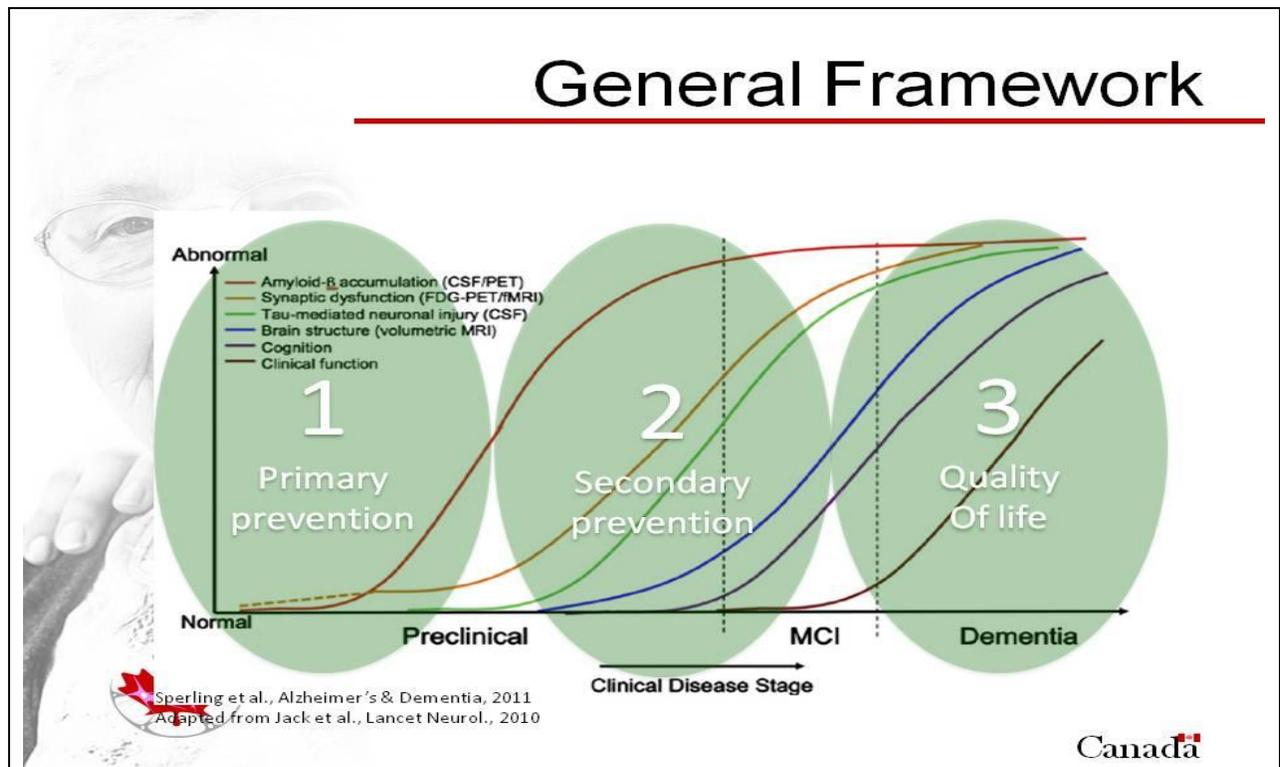


The aim of the conference was to showcase JPND and to attract the attention of potential American partners in order to achieve their possible future affiliation. The event was well attended, with approximately 40 participants from scientific institutes, universities, industry, NGOs, European embassies, and US government departments and agencies.

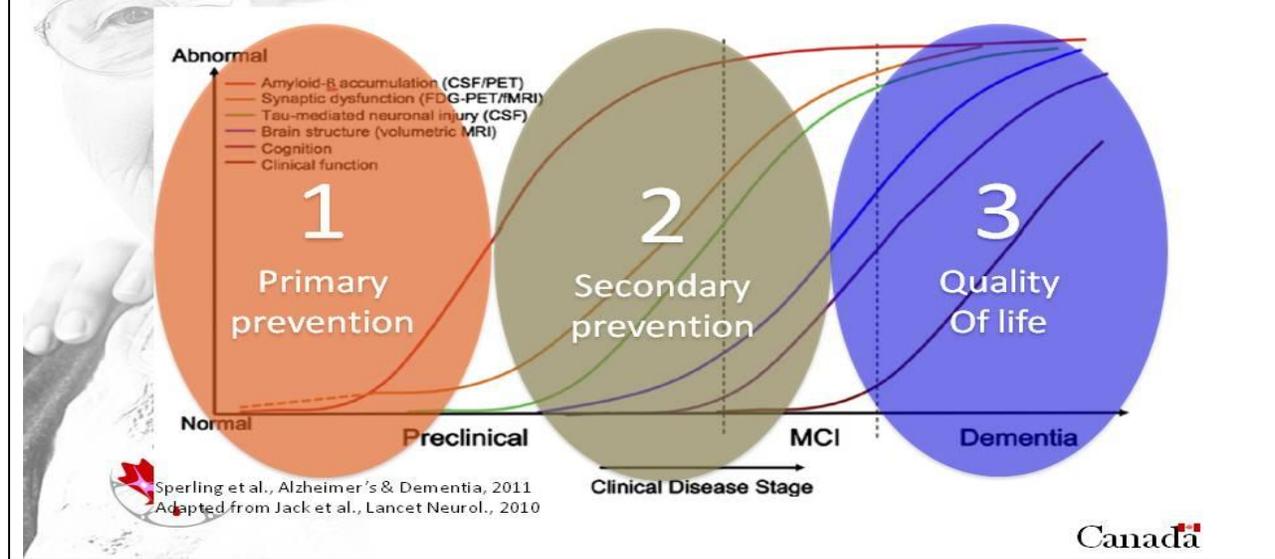
ICRSAD – The Concept



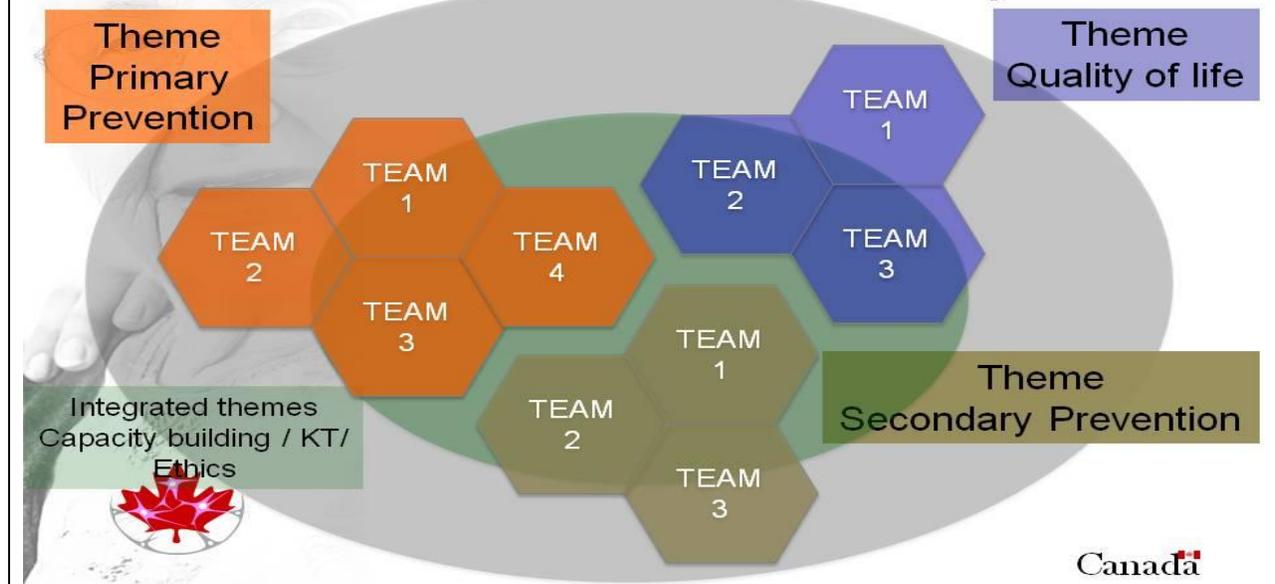
General Framework



CCNA Framework



CCNA – Bringing Together Canadian Expertise



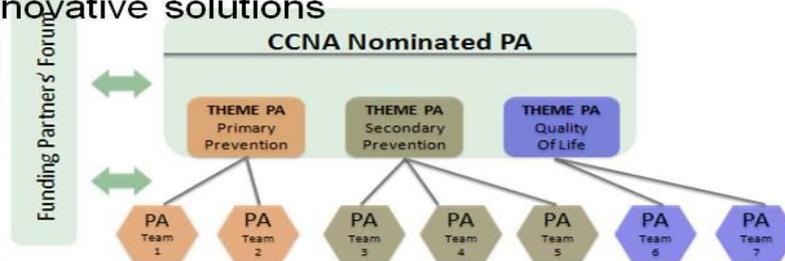
CCNA – The Vision

The vision of the CCNA is to bring together the **best of** Canadian research in the field of neurodegenerative diseases affecting cognition -- supported by CIHR as well as by other partners -- in a **collaborative** and **synergistic** space to work on **bold, innovative** and **transformative** research that will ultimately **impact** the quality of life and the quality of services for those having to live with the effects of **neurodegenerative diseases affecting cognition** and their caregivers

Canada

CCNA - Characteristics

- **Excellent governance** - The Nominated Principal Applicant (NPA) and the three Theme Principal Applicants (PA) will together play a crucial role in creating a **interactive research space**, with the necessary **common resources**, where interdisciplinarity and distinct perspectives of various neurodegenerative diseases will lead to potential **innovative solutions**



CCNA - Characteristics

- Excellent research teams within each of the three themes (Primary Prevention, Secondary Prevention and Quality of Life) – Each of these teams will submit an innovative, out-of-the-box research program for five years meant to have a significant impact



Canada

CCNA - Qualifiers

- CCNA will be
 - **Comprehensive** – All three themes and cross-cutting topics (Ethics, KT and training)
 - **Inclusive** - Canada's excellence in this area of research; established and new investigators; knowledge users
 - **Innovative** – Focus on out-of-the-box high-impact research
 - **Connected globally** – In synergy with the best groups in the world

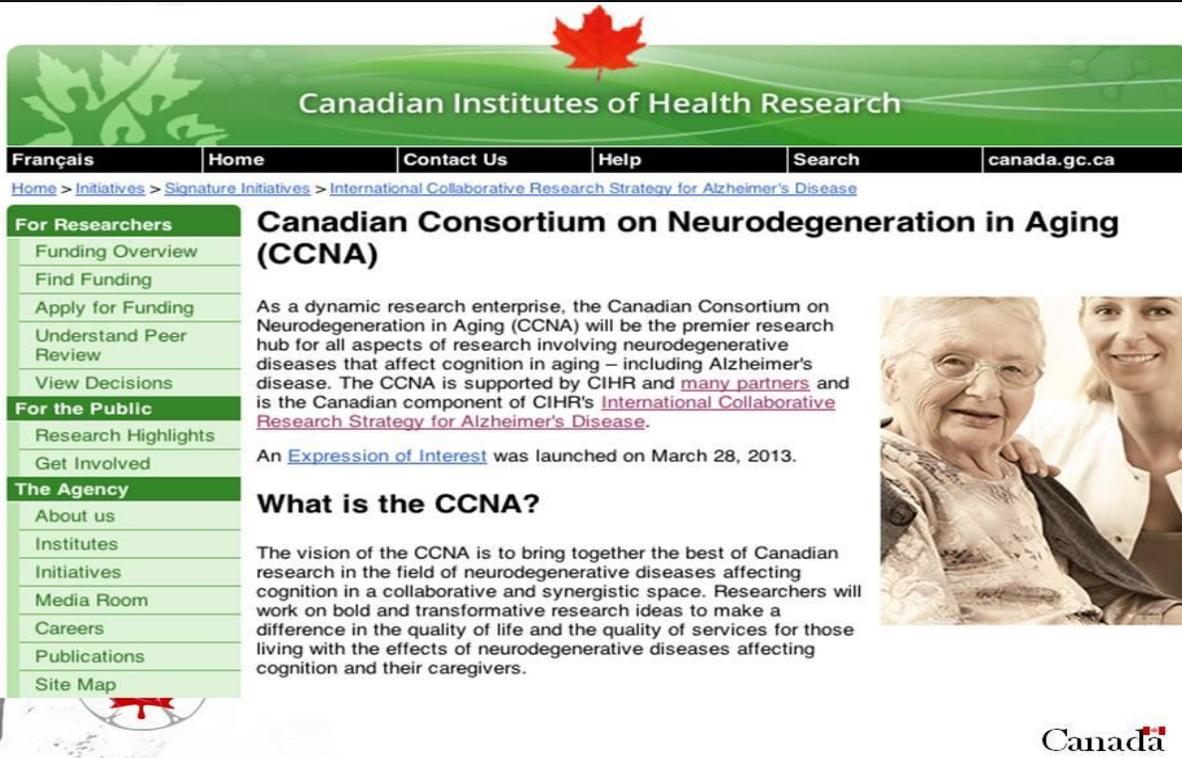
Canada

CCNA - Partners

A unique role for CCNA Partners

- Highly interested groups or organizations involved in the transformation of discoveries into impactful solutions
- Partners will not only bring extra resources to the CCNA, but will also:
 - Contribute to the shaping of the research program (1st Partners' Forum)
 - Represent a privileged source of transformation of discoveries into impactful measures
 - Be in constant synergy with the CCNA teams and leaders (Yearly Partners' Forum)

Canada



Canadian Institutes of Health Research

Home > Initiatives > Signature Initiatives > [International Collaborative Research Strategy for Alzheimer's Disease](#)

For Researchers

- Funding Overview
- Find Funding
- Apply for Funding
- Understand Peer Review
- View Decisions

For the Public

- Research Highlights
- Get Involved

The Agency

- About us
- Institutes
- Initiatives
- Media Room
- Careers
- Publications
- Site Map

Canadian Consortium on Neurodegeneration in Aging (CCNA)

As a dynamic research enterprise, the Canadian Consortium on Neurodegeneration in Aging (CCNA) will be the premier research hub for all aspects of research involving neurodegenerative diseases that affect cognition in aging – including Alzheimer's disease. The CCNA is supported by CIHR and [many partners](#) and is the Canadian component of CIHR's [International Collaborative Research Strategy for Alzheimer's Disease](#).

An [Expression of Interest](#) was launched on March 28, 2013.

What is the CCNA?

The vision of the CCNA is to bring together the best of Canadian research in the field of neurodegenerative diseases affecting cognition in a collaborative and synergistic space. Researchers will work on bold and transformative research ideas to make a difference in the quality of life and the quality of services for those living with the effects of neurodegenerative diseases affecting cognition and their caregivers.

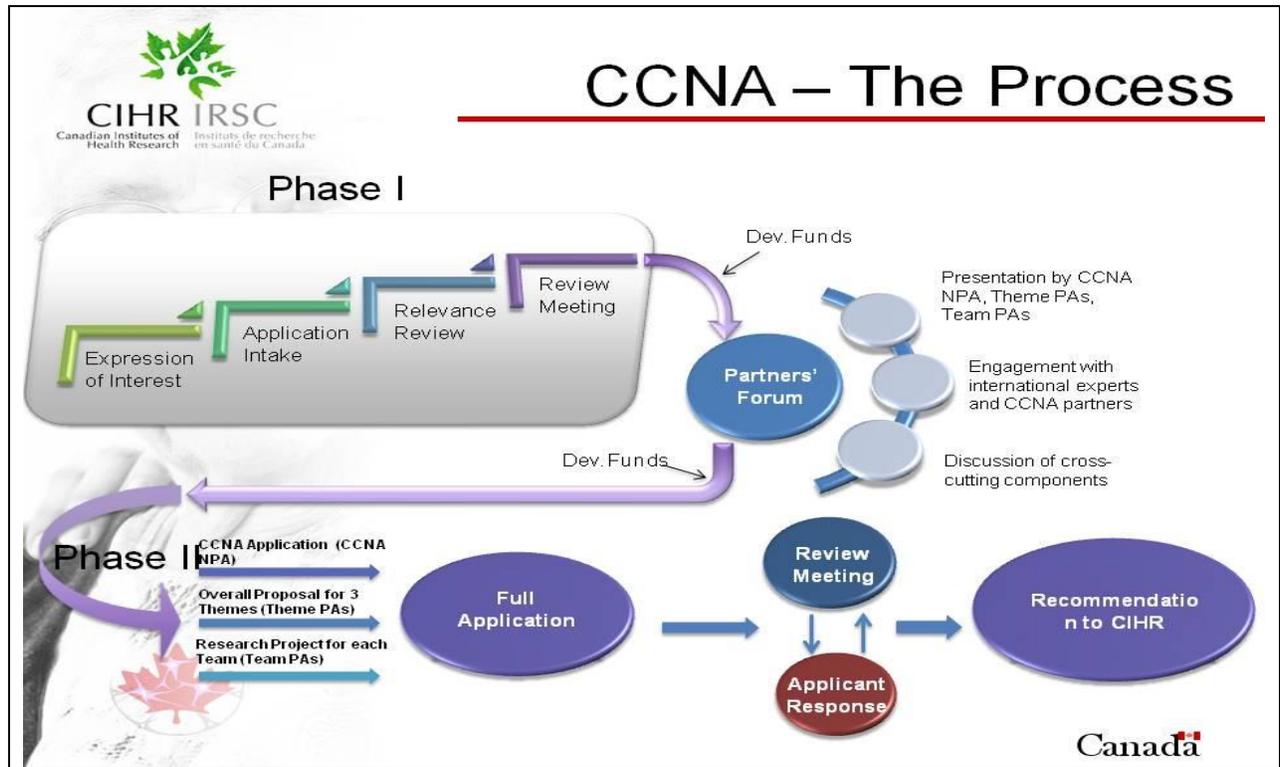


Canada

CCNA – The Timeline



CCNA – The Process



Canada: a Node of Innovation in a Global network



Discussion

Break

NAPA Federal Research Update

NAPA Advisory Council Meeting

Richard J. Hodes, M.D.
Chair, Federal Research Subcommittee

April 29, 2013



Establishing Research Milestones and Tracking Progress

NAPA Plan Goal 1: Prevent and Effectively Treat AD by 2025

Public Input through AD Research Summit 2012

Milestones to Implement Summit Recommendations

Special Initiatives to Focus Research on Needs and Opportunities

International Alzheimer's Disease Research Portfolio (IADRP) and Links to Publications to Assess and Track Progress

Annual Progress Reports to Inform Plan Updates

Alzheimer's Disease Research Summit Recommendations

- **Session 1:** Interdisciplinary Approach to Discovering and Validating the Next Generation of Therapeutic Targets for AD
- **Session 2:** Challenges in Preclinical Therapy Development
- **Session 3:** Whom to Treat, When to Treat, and What Outcomes to Measure
- **Session 4:** Drug Repurposing and Combination Therapy
- **Session 5:** Nonpharmacological Interventions
- **Session 6:** New Models of Public Private Partnerships

<http://www.nia.nih.gov/newsroom/announcements/2012/05/alzheimers-disease-research-summit-offers-research-recommendations>

Alzheimer's Research Summit Recommendations May 2012

Recommendations related to Drug Trial Milestones

- 3.A. Initiate treatment trials in asymptomatic, at-risk individuals using uniform biomarkers and cognitive outcomes informed by data from Alzheimer's disease trials using patients with more advanced disease.
- 3.B. Collect DNA and other biosamples from these studies to enable subsequent interrogation based on treatment response and predictors of decline in the groups receiving placebo.
- 3.F. Develop treatments for patients with symptomatic Alzheimer's disease and support proof of concept studies to validate novel targets for cognitive and neuropsychiatric symptoms across all disease stages.
- 5.E. Develop standard outcome measures to enable data comparisons across studies. These include but are not limited to ecologically valid measures of real world function, quality of life, and physical and cognitive function.

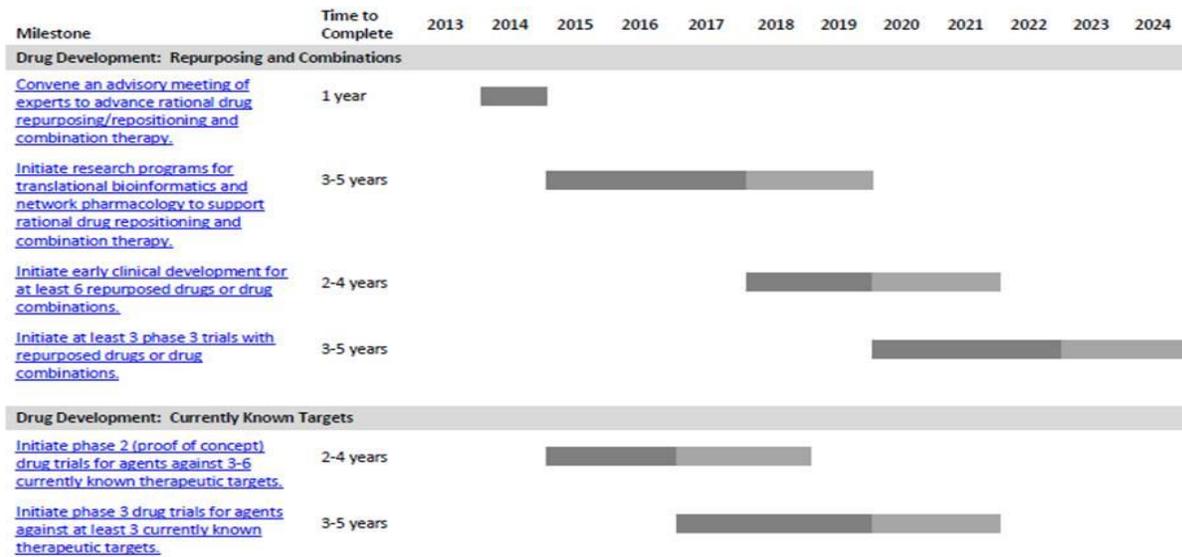
Milestones to Implement Recommendations of the NIH 2012 AD Summit

- Drug Development: Repurposing and Combinations
- Drug Development: Currently Known Targets
- Drug Development: Novel Targets
- Development of Non-Pharmacological Interventions
- Biomarkers of Disease Progression
- Epidemiology
- Research Resources
- Partnerships to Accelerate AD Drug Development
- Infrastructure
- Study Recruitment and Participation

aspe.hhs.gov/daltcp/napa

Example

Milestone Chart



Example

Drug Development: Currently Known Targets	
Milestone	Success Criteria
<ul style="list-style-type: none"> Initiate phase II (proof of concept) drug trials for agents against 3-6 currently known therapeutic targets. Of these at least 2 will be for targets involved in asymptomatic stages of disease. These trials will be designed to provide or confirm proof of mechanism and/or evidence of target engagement for the therapeutic agent being tested. [Summit 3.A, 3.B, 3.F, and 5.E] 	Completion of 3-6 phase II drug trials for agents against currently known targets, providing conclusive evidence of therapeutic mechanism/target engagement.
<ul style="list-style-type: none"> Initiate phase III drug trials for agents against at least 3 currently known therapeutic targets. Of these at least one trial will be asymptomatic, at risk populations. These trials will incorporate a combination of biomarkers (fluid and imaging) and cognitive measures as outcomes and include collection of DNA and other bio-samples for interrogation of responsiveness. [Summit 3.A, 3.B, 3.F, and 5.E] 	Comprehensive success/failure analysis of data from at least 3 phase III trials.

Search found 35 Phase II and III Drug Trials in IADRP, 2008-2011

Grant Number	Grant Title	PI First Name	PI Last Name	Grant Institution	Funding Organization	Funding Year(s)
R01AG030048	A PHASE 2 TRIAL OF AAV-NGF GENE DELIVERY IN ALZHEIMER'S DISEASE	PAUL	AISEN	UNIVERSITY OF CALIFORNIA SAN DIEGO	NATIONAL INSTITUTES OF HEALTH (NIH)	2008-11
20101209	A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED PHASE 2 STUDY TO EVALUATE THE EFFECT OF PBT2 (ONCE DAILY FOR 52 WEEKS) ON ABETA DEPOSITION IN THE BRAIN OF PATIENTS WITH ALZHEIMER'S DISEASE	DIANNE	ANGUS	PRANA BIOTECHNOLOGY LTD.	ALZHEIMER'S DRUG DISCOVERY FOUNDATION	2010
20101202	SAFETY/TOLERABILITY AND EFFECTS ON COGNITIVE IMPAIRMENT, IMPAIRED CEREBRAL CORTICAL METABOLISM AND OXIDATIVE STRESS OF R(+)-PRAMIPEXOLE ADMINISTERED TO SUBJECTS WITH EARLY ALZHEIMER'S DISEASE	JAMES	BENNETT	VIRGINIA COMMONWEALTH UNIVERSITY	ALZHEIMER'S DRUG DISCOVERY FOUNDATION	2010
281206 AFTD	A PILOT CLINICAL TRIAL OF NAP (AL-108) FOR CORTICOBASAL DEGENERATION AND FRONTOTEMPORAL LOBAR DEGENERATION WITH PREDICTED CORTICOBASAL DEGENERATION PATHOLOGY	ADAM	BOXER	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	ALZHEIMER'S DRUG DISCOVERY FOUNDATION	2008
K23AG026752	EFFECT OF STATINS ON PATHOBIOLOGY OF ALZHEIMER'S DISEASE	CYNTHIA	CARLSSON	UNIVERSITY OF WISCONSIN MADISON	NATIONAL INSTITUTES OF HEALTH (NIH)	2008
R01AG031790	STATIN EFFECTS ON BETA-AMYLOID AND CEREBRAL PERFUSION IN ADULTS AT RISK FOR AD	CYNTHIA	CARLSSON	UNIVERSITY OF WISCONSIN MADISON	NATIONAL INSTITUTES OF HEALTH (NIH)	2009-11
R01AG027156	TESTOSTERONE SUPPLEMENTATION IN MEN WITH MCI	MONIQUE	CHERRIER	UNIVERSITY OF WASHINGTON	NATIONAL INSTITUTES OF HEALTH (NIH)	2008-09

<http://iadrp.nia.nih.gov/cadro-web/>

International Alzheimer's Disease Research Portfolio - Participating Funders

Current Members

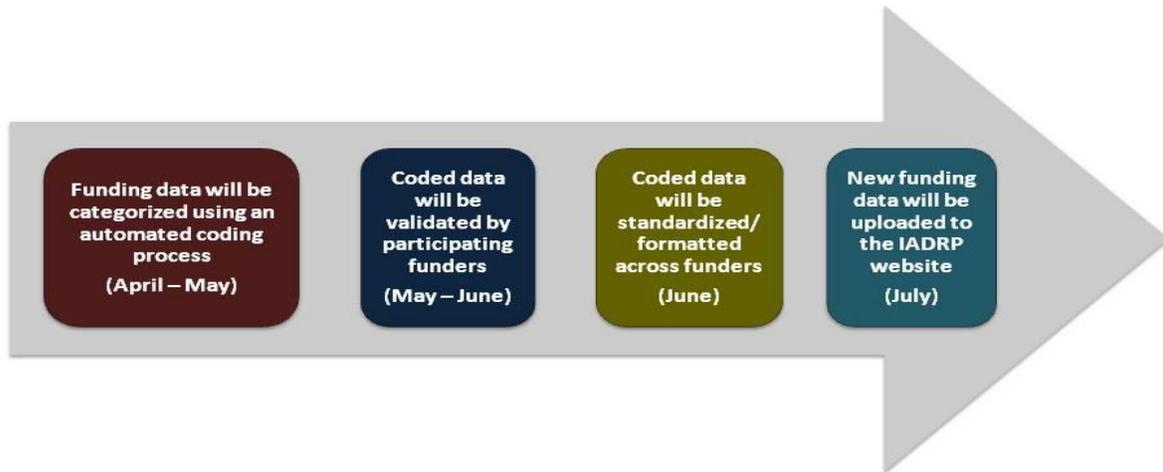
- US Federal Agencies – NIH, CDC, HRSA, AHRQ, AoA, VA, DoD
- Alzheimer's Association
- Alzheimer's Drug Discovery Foundation
- Alzheimer's Research UK

Recent Commitments

- Bright Focus
- Alzheimer's Society UK
- Alzheimer's Australia
- Alzheimer's Society Canada

Actively encouraging submissions from AD funders – IADRP contacts:
 Nina Silverberg (silvebergn@mail.nih.gov), Charlene Liggins (ligginsc@mail.nih.gov) and Heather Snyder (hsnyder@alz.org)

International Alzheimer's Disease Research Portfolio – Upcoming Coding and Validation Process



FY 2013 Alzheimer's Disease Request for Funding Announcements

RFAs	\$s in 2013 – up to
<u>Interdisciplinary Approach to Identification and Validation of Novel Therapeutic Targets for Alzheimer's Disease (R01)</u>	\$23 M
<u>Alzheimer's Disease Therapeutics Program (U01)</u>	\$1 M
<u>Alzheimer's Disease Prevention Trials (R01)</u>	\$45 M
<u>Alzheimer's Disease Phase I Clinical Trials (R01)</u>	\$4 M
	Total - \$73 M

New AD Research Findings – FY 2013

- **Genetics of AD May Vary Among Different Populations:
Risk of Late Onset AD in African Americans**

- **The Monetary Costs of Dementia in the United States**

Genetics of AD May Vary Among Different Populations: Risk of Late Onset AD in African Americans

- African Americans have a higher incidence of late-onset AD than Caucasians.
- Genome wide association study included 1968 African American AD cases and 3928 African American controls.
- Genotypes with strongest association with risk of LOAD among African Americans were *ABCA7* (odds ratio 1.8) and *APOE* (odds ratio 2.3).
- Association with *ABCA7* was 60 percent stronger among African Americans than among individuals of European ancestry.
- Identification of disease associated variants helps identify targets for genetic testing, prevention, and treatment. A variety of detection, treatment and prevention strategies will be needed.

Reitz, C. et al. *JAMA*. 2013;309(14):1483-1492

The Monetary Costs of Dementia in the U.S.

New England Journal of Medicine, April 4, 2013
M. Hurd, P. Martorell, A. Delavande, K. Mullen, K. Langa

- Used Health and Retirement Study (HRS)
- Diagnosis of dementia in ADAMS sub study
 - Estimate of national prevalence: 14.7% in population 71 or older in 2010
- HRS data on use and cost of health care services; amount and type of informal care
- Adjusted for co-morbidities and demographics
 - Want cost **attributable** to dementia

Total (Population) Costs

- In 2010
 - Actual spending: Paid health care services, nursing home, in home paid help etc.
 - \$109 billion = \$28,000 per year per individual

 - Adding in informal care: \$159 - \$215 billion = \$42,000 - \$56,000 per individual
- In 2040
 - Sharply increased fraction of population in their late 80s or early 90s...Baby boom
 - Actual spending: \$259 billion (in 2010\$)
 - Adding in informal care: \$379 - \$511 billion (in 2010\$)

Down Syndrome Research Update

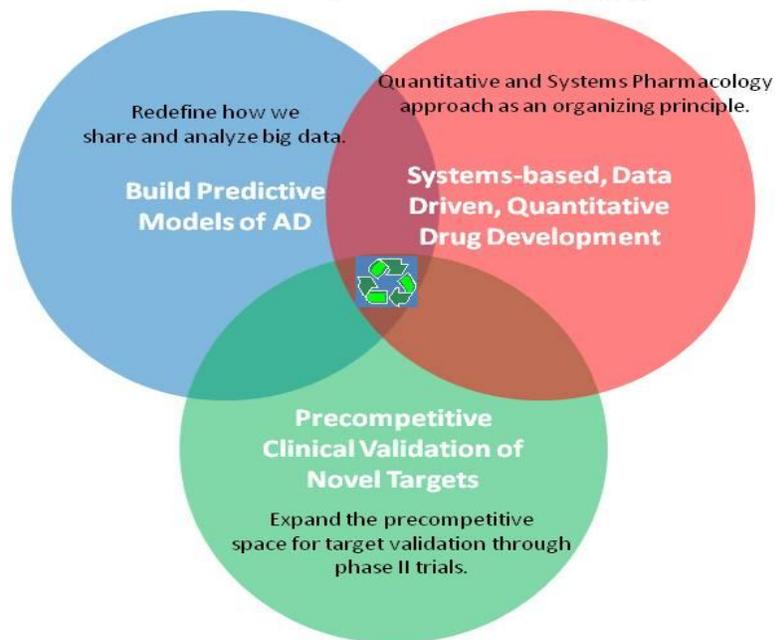
- On April 16-17, 2013, the ***Advancing Treatments for Alzheimer's Disease in Individuals with Down Syndrome meeting*** was held.
- Over 40 leading researchers in these fields attended
- Meeting summary and recommendations will be posted soon at: <http://www.nia.nih.gov/>
- **Meeting sponsors included:** Eunice Kennedy Shriver National Institute of Child Health and Human Development, the National Institute of Neurological Disorders and Stroke, and the National Institute on Aging, the Down Syndrome Research and Treatment Foundation and Research Down Syndrome



April 10, 2013
North Bethesda Marriott Conference Center
Rockville, MD



Facilitate Partnerships for Open Innovation Engaging all Stakeholders



Alzheimer's Disease-Related Dementias Workshop

May 1-2, 2013, Natcher Auditorium, NIH Campus, Bethesda, MD

NINDS, together with NIA, will host a workshop to solicit input and develop recommendations on research priorities and timelines for AD-Related dementias.

Outline of Workshop Topics:

- FTD and AD-Related Tauopathies
- Lewy Body Dementias
- Vascular Contributions to AD-Related Dementias
- Mixed Dementias
- Clinically Important Diagnostic Challenges in Dementias
- Health Disparities in AD-Related Dementias

The workshop will define the state of the science and identify the critical opportunities and barriers in each of the dementias, whether basic, translational, or clinical.

Register at: <https://meetings.ninds.nih.gov/index.cfm?event=registration&ID=4077>

Discussion

Public Comments

napa@hhs.gov

*Richard and Betty
April 2013*

