

β -amyloid PET imaging:

improving understanding, diagnosis and management of Alzheimer's disease

the AMYPAD Consortium

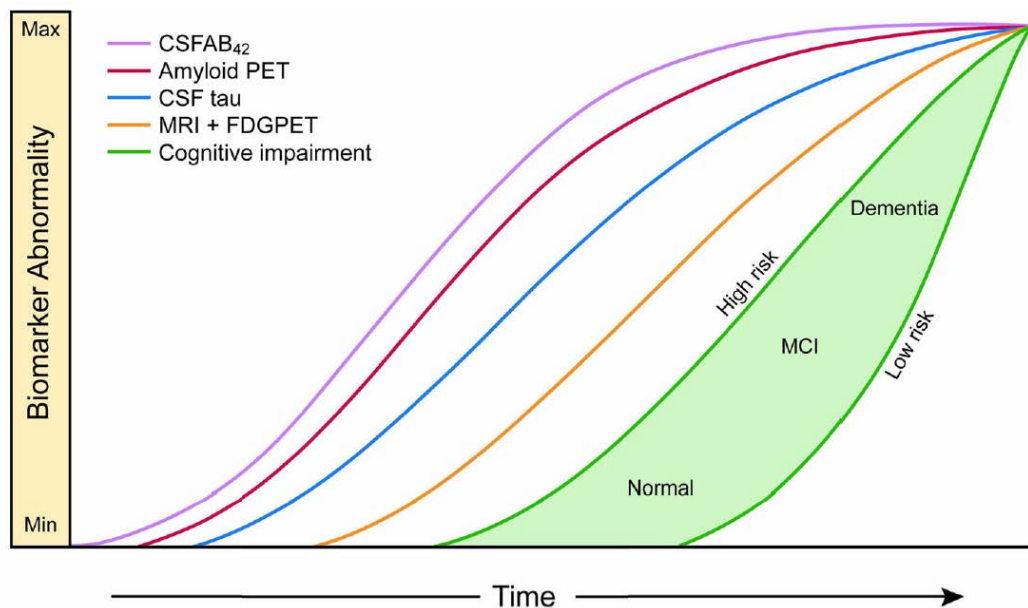
I. Lopes Alves

Alzheimer Europe 2018, Barcelona

www.amypad.eu



β -amyloid imaging – the added value



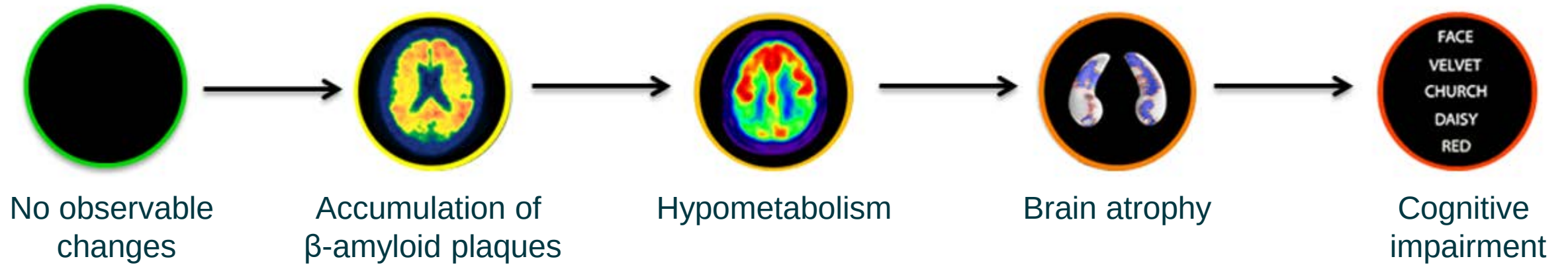
Jack et al., Lanc Neurology 2014

*Amyloid is an **early and necessary** step in the development of AD dementia*

- Clinical practice -> supporting physicians in diagnostic confidence / exclusion of AD
- Clinical trials -> slowing or modifying the course of the disease

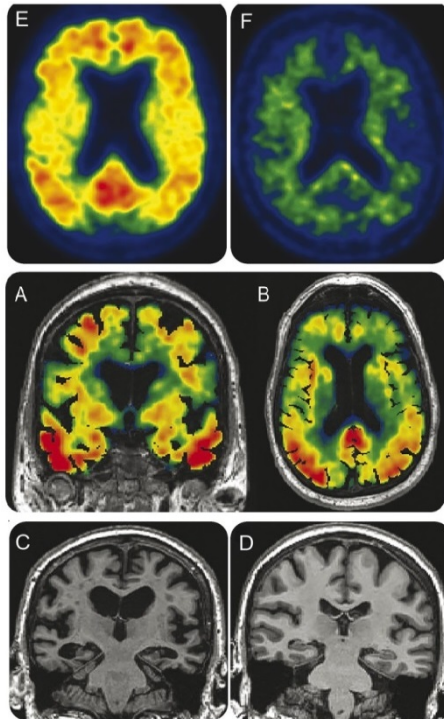
What about prevention?

Why AMYPAD?



Earlier detection [Diagnostic and Prognostic value]

Clinical routine
diagnosing AD disease
to prevent AD dementia



Clinical trials
of biomarker-modifying
therapies

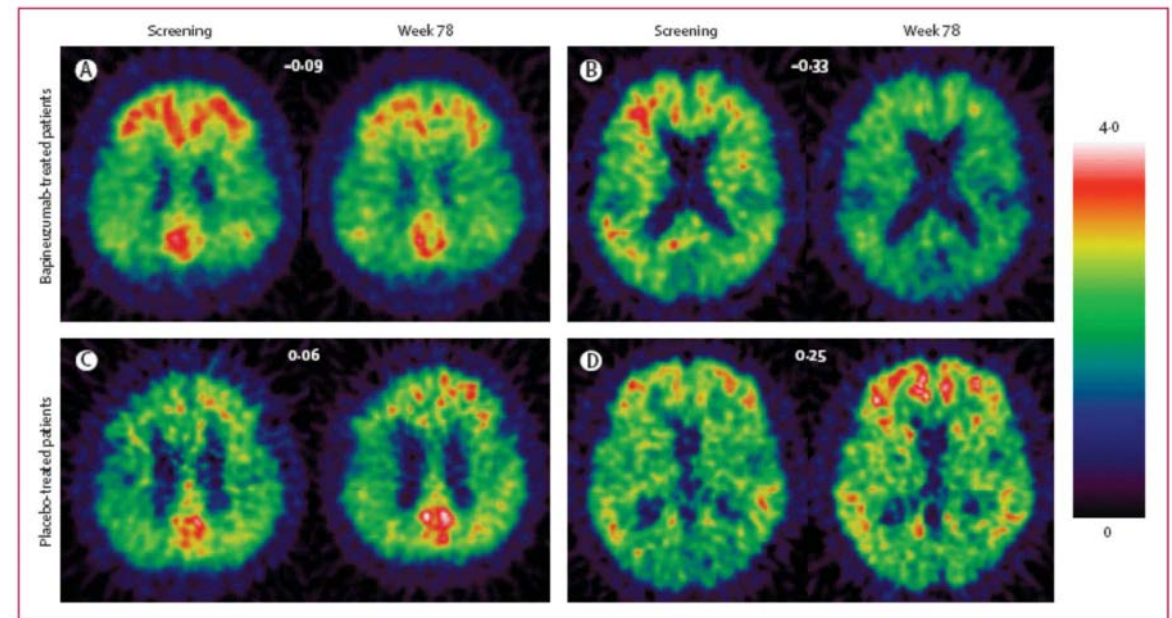


Figure 4: ^{11}C -PIB PET images from patients treated with bapineuzumab and those given placebo. Changes from screening to week 78 in patients treated with bapineuzumab (A, B) and in patients treated with placebo (C, D). Mean ^{11}C -PIB PET changes are shown at the top centre of each panel for each patient. The scale bar shows the PIB uptake ratios relative to cerebellum by colour. The scans before and after treatment are from MRI co-registered images in the same plane. PIB=Pittsburgh compound B.

How AMYPAD?

Study 1: Diagnostic and Patient Management Study

- ❖ Usefulness of amyloid PET imaging in the clinic
- ❖ Impact of this technique in patient management
- ❖ Crucial information to payers

Study 2: Prognostic and Natural History Study

- ❖ Natural history Alzheimer's disease
- ❖ Enrich and empower secondary prevention trials
- ❖ Complement characterization of EPAD LCS

	Cohort	Baseline PET	Repeat PET (2 yr)	Total scans
Study 1: Diagnostic and Patient Management Study	Memory clinics	900	300	1200
Study 2: Longitudinal Cohort Study (EPAD) Supports PoC studies	Natural history cohorts	2000	1000	3000
	Total subjects	2900	1300	4200

Diagnostic and Patient Management Study (DPMS)





- **Medical Management Changes post-PET:**
 - 67.8% of MCI patients (47.8% change in AD drugs, 36.0% change in other drugs, 23.9% changes in counseling)
 - 65.9% of dementia patients (47.7% change in AD drugs, 32.2% change in other drugs, 15.3% change in counseling);
- **Need for additional testing post-PET:**
 - Reduced need when amyloid PET scans were made from 26.3% to 11.0% in neuropsychological testing and from 10.5% to 1.0% in spinal fluid testing



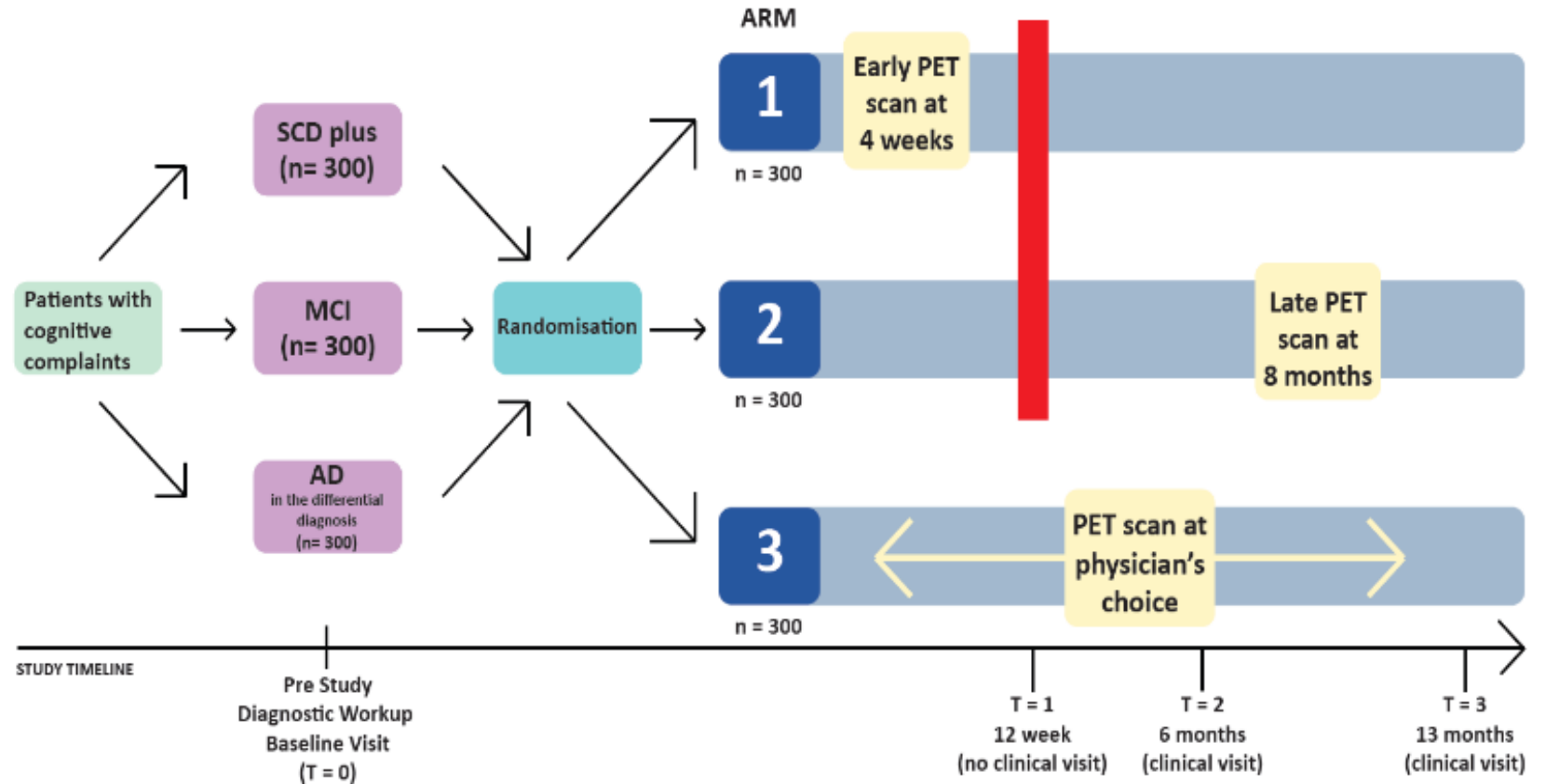
	Dementia		MCI		SCD	
	AD	non-AD	AD	non-AD	AD	non-AD
<i>n</i>	164	70	72	42	16	143
Amyloid PET, positive (%)	128 (78%)	23 (33%)	45 (63%)	10 (24%)	6 (38%)	30 (21%)
Change in syndrome	4 (2%)	0 (0%)	2 (3%)	6 (14%)	1 (6%)	4 (3%)
Change in etiology	36 (22%)	14 (20%)	27 (38%)	11 (26%)	10 (63%)	27 (19%)

Overall, 25% change in diagnosis. Due to negative amyloid PET in 66% Demented: 21% change. Non-demented: 27% change.

Study design and objectives

What is the effect of using amyloid PET imaging in the clinic for:

- ❖ Physicians confidence in etiological diagnosis
- ❖ Patient management
- ❖ Health-care resource utilization
- ❖ Patient-related outcomes

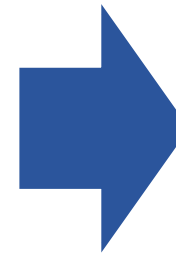
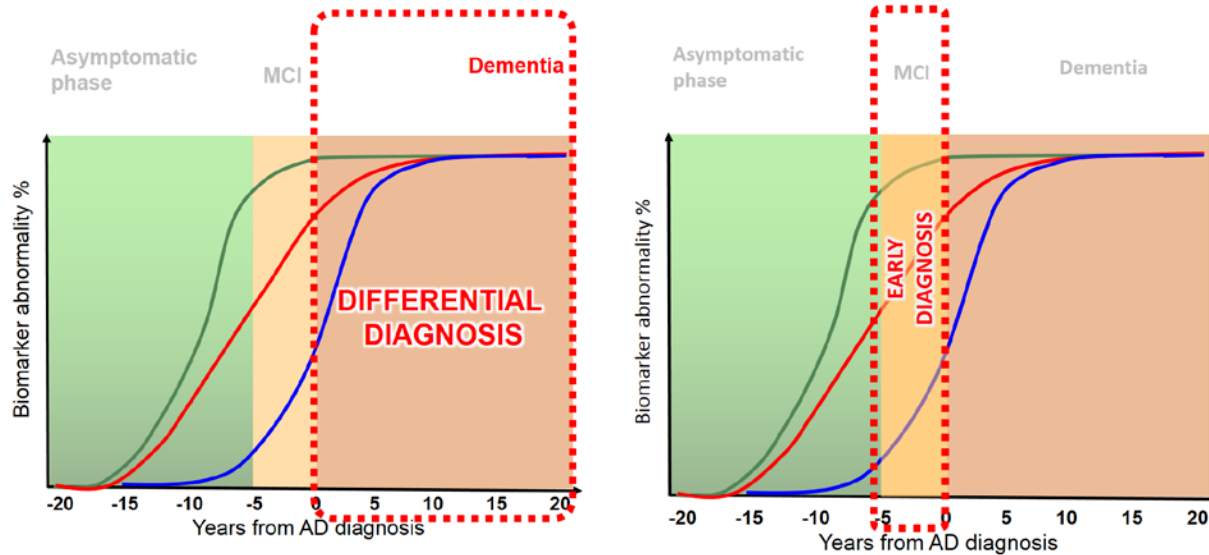


Prognostic and Natural History Study (PNHS)

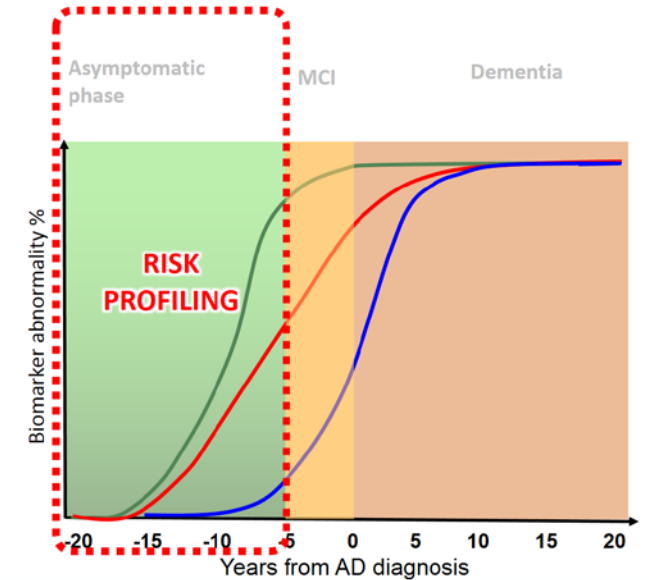


Risk profiling for secondary prevention

AMYPAD Diagnostic Study



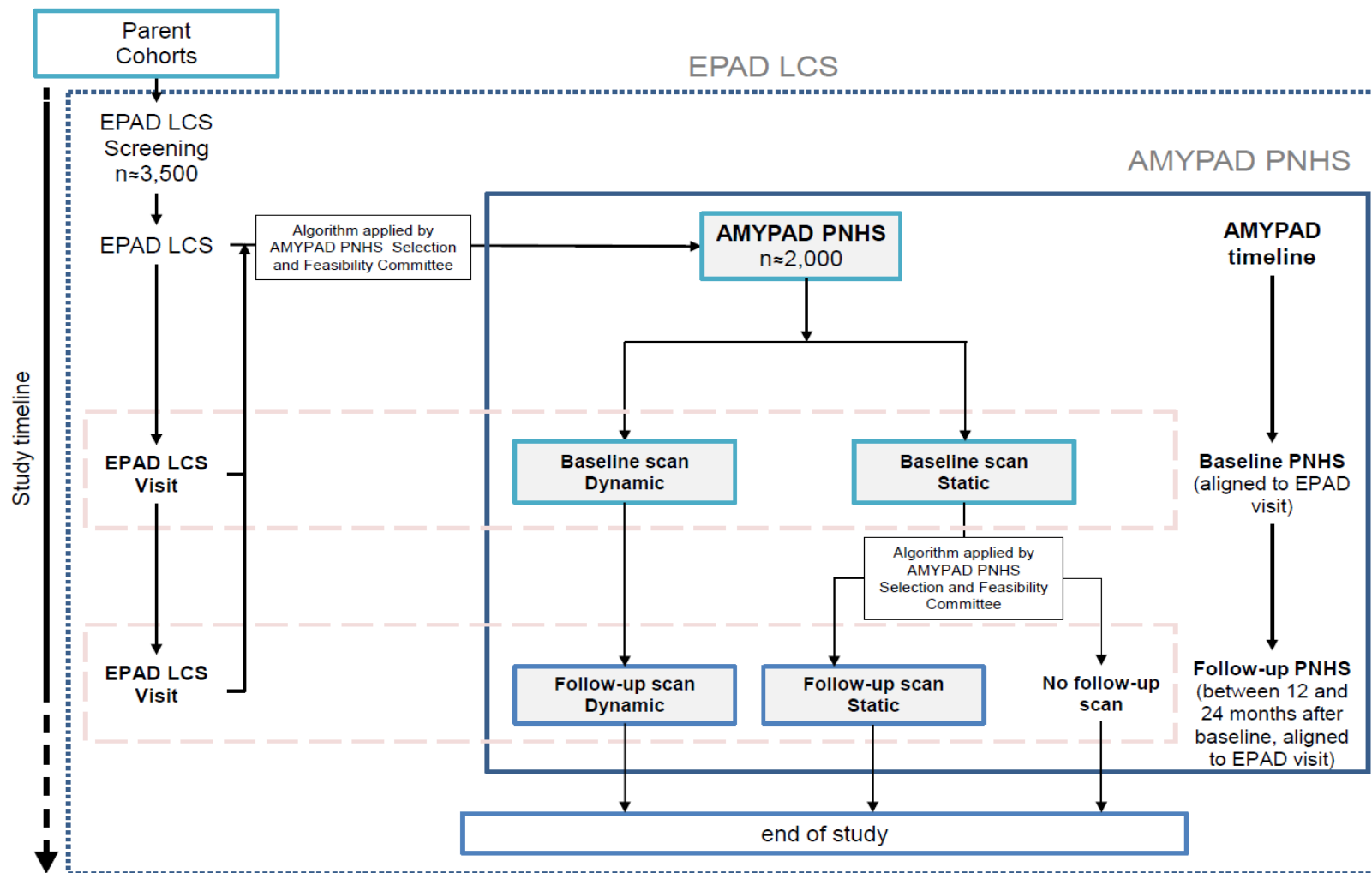
AMYPAD Prognostic Study



Study design and objectives

What is the value of amyloid PET imaging to:

- ❖ Determine a risk of progression to AD dementia
- ❖ Individualize that risk
- ❖ Understand the natural history of the disease
- ❖ Support preventive trials in accurate participant selection and measurement of treatment effects

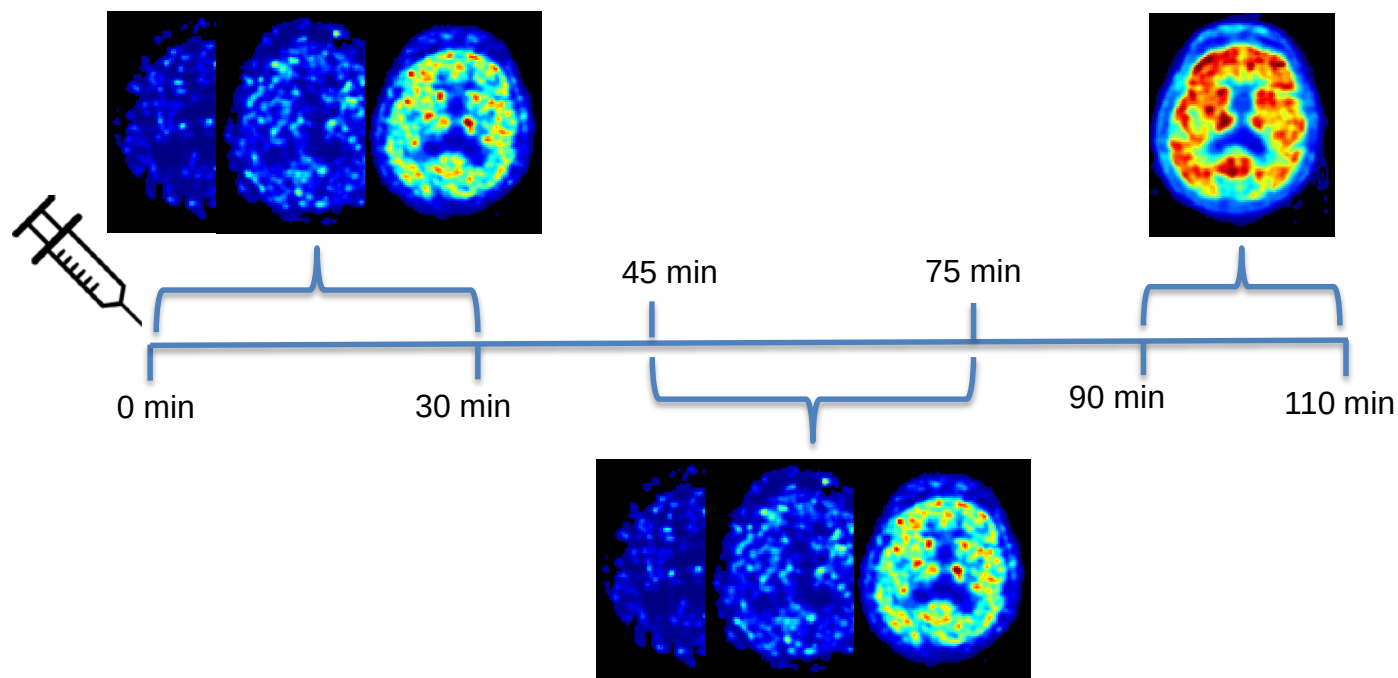


AMYPAD today

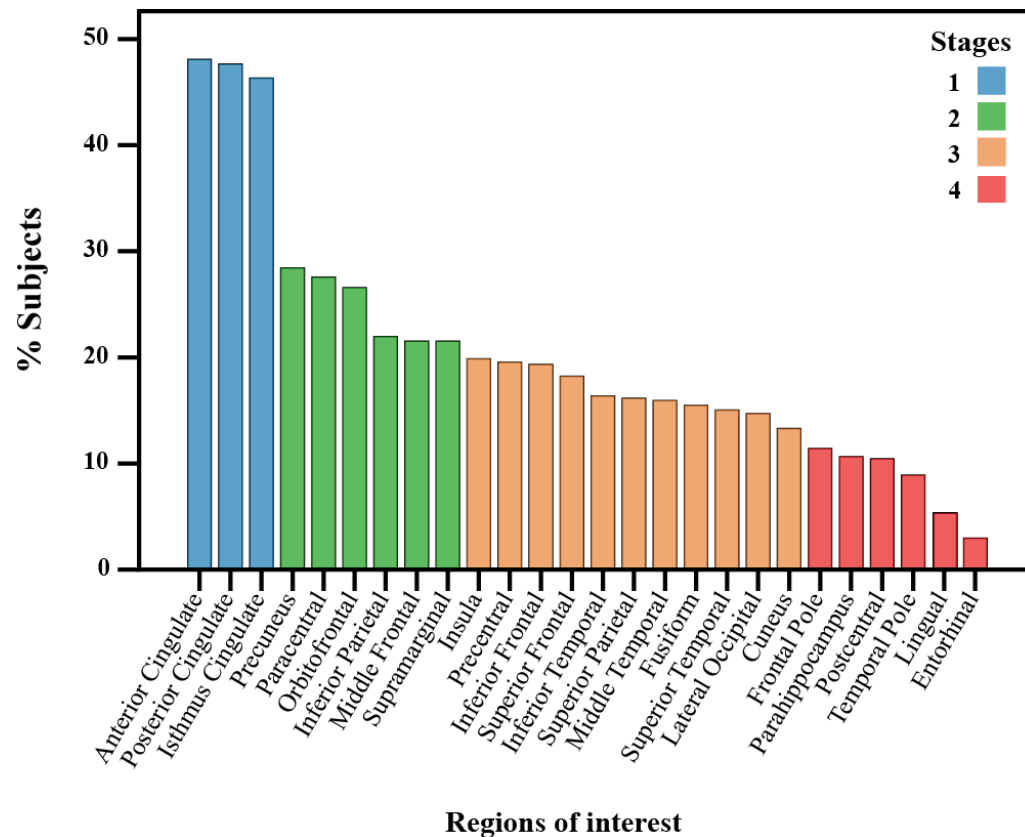


Delivering from the get-go!

An imaging protocol to deliver **high-quality**
efficiently and with comfort to the patient/participant



Collection of external data sets (RE-USE) to understand earliest stages of AD



Delivering from the get-go!

Collection of external data sets (RE-USE) to understand earliest stages of AD



Delivering from the get-go!

...both studies ongoing to deliver much more

**Diagnostic and
Patient Management Study
(DPMS)**



**UNIVERSITÉ
DE GENÈVE**



**Prognostic and
Natural History Study
(PNHS)**

58 patients randomized, 19 scanned

6 participants included, 1 scanned

3 sites recruiting, 5 more on board before spring

**1 site recruiting, 4 more on board before spring
and 6 more on board by summer**

**The addition of TWO sub-studies to understand the biomarker
disclosure process and its impact on patients**



Thank you!

