

Longitudinal pathways of cerebrospinal fluid and positron emission tomography biomarkers of amyloid- β positivity

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Abstract:

Mismatch between CSF and PET amyloid- β biomarkers occurs in up to $\approx 20\%$ of preclinical/prodromal Alzheimer's disease individuals. Factors underlying mismatching results remain unclear. In this study we hypothesized that CSF/PET discordance provides unique biological/clinical information. To test this hypothesis, we investigated non-demented and demented participants with CSF amyloid- $\beta 42$ and [18F]Florbetapir PET assessments at baseline ($n = 867$) and at 2-year follow-up ($n = 289$). Longitudinal trajectories of amyloid- β positivity were tracked simultaneously for CSF and PET biomarkers. In the longitudinal cohort ($n = 289$), we found that participants with normal CSF/PET amyloid- β biomarkers progressed more frequently toward CSF/PET discordance than to full CSF/PET positivity ($\chi^2(1) = 5.40$; $p < 0.05$). Progression to CSF+/PET+ status was ten times more frequent in cases with discordant biomarkers, as compared to csf-/pet- cases ($\chi^2(1) = 18.86$; $p < 0.001$). Compared to the CSF+/pet- group, the csf-/PET+ group had lower APOE- $\epsilon 4\epsilon 4$ prevalence ($\chi^2(6) = 197$; $p < 0.001$; $n = 867$) and slower rate of brain amyloid- β accumulation ($F(3,600) = 12.76$; $p < 0.001$; $n = 608$). These results demonstrate that biomarker discordance is a typical stage in the natural history of amyloid- β accumulation, with CSF or PET becoming abnormal first and not concurrently. Therefore, biomarker discordance allows for identification of individuals with elevated risk of progression toward fully abnormal amyloid- β biomarkers, with subsequent risk of neurodegeneration and cognitive decline. Our results also suggest that there are two alternative pathways ("CSF-first" vs. "PET-first") toward established amyloid- β pathology, characterized by different genetic profiles and rates of amyloid- β accumulation. In conclusion, CSF and PET amyloid- β biomarkers provide distinct information, with potential implications for their use as biomarkers in clinical trials.

Published: 11 December 2020

Molecular Psychiatry

<https://doi.org/10.1038/s41380-020-00950-w>

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