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# Background

While the association between tau deposition on PET and brain atrophy on MRI is well documented in the literature, between amyloid deposition and the relation neurodegeneration in the earliest stages of Alzheimer's disease is less studied. We investigated this relationship in a large cohort of non-demented individuals.

# Aim

Assess the effect of cortical amyloid presence at baseline, as measured by quantitative PET amyloid imaging, on longitudinal cortical and subcortical atrophy in nondemented individuals.

# **Materials and Methods**

**Data.** We included 1383 participants from the AMYPAD Prognostic & Natural History study (PNHS) with available MRI and amyloid-PET. Among those, 789 had longitudinal MRI, with a mean follow-up time of 3.47 years (SD=1.55).

**Image-Derived Phenotypes.** The FreeSurfer 7.0.1 longitudinal pipeline was used to measure gray matter (GM) thickness and volumes in 40 regions (Figure 1; Reuter et al., 2012; Desikan et al., 2006). From PET scans, cortical



Figure 1. Illustration of the 34 Cortical ROI's & 6 Subcortical ROI's



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# Amyloid predicts longitudinal atrophy in non-demented individuals: Results from the AMYPAD Prognostic & Natural History study



Cohort characteristics are shown in **Table 1**. Decreasing cortical thickness and volumes were observed over time in most regions, apart from a longitudinal increase in cingulate areas. At baseline, higher amyloid burden was related to smaller volumes of the hippocampus and amygdala; and lower volume and thickness especially of temporal regions.

Over time, subjects with higher baseline amyloid burden showed greater loss of volume and thickness in mainly temporal and parietal regions, as well as caudate, putamen, amygdala and hippocampal volume (Figure 2). In selected regions such as the hippocampus and precuneus, participants with GZ status had significantly larger volume at baseline in comparison to participants with A- status, while volumes of participants with A+ status declined significantly faster than those of participants with A- or GZ status (Figure 3).

### Table 1.

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Baseline Characteristics of the included Participants.					
	Overall	A-	GZ	A+	<i>P</i> -
	(N=1383)	(N=786)	(N=276)	(N=321)	Value
Sex					
Female	778 (56.3%)	463 (58.9%)	144 (52.2%)	171 (53.3%)	0.072
Male	605 (43.7%)	323 (41.1%)	132 (47.8%)	150 (46.7%)	
CDR, global score					
0 - Normal	1070 (77.4%)	660 (84.0%)	231 (83.7%)	179 (55.8%)	< 0.001
0.5 - Very mild	259 (18.7%)	97 (12.3%)	37 (13.4%)	125 (38.9%)	
Age, years (mean ± SD)	68.2 (8.74)	66.3 (8.31)	67.6 (7.86)	73.1 (8.69)	< 0.001
Follow-up time, years (mean ± SD)	3.73 (1.87)	3.85 (1.97)	3.55 (1.57)	3.45 (1.79)	0.051
MMSE, score (mean $\pm$ SD)	28.8 (1.57)	29.0 (1.29)	29.0 (1.35)	28.0 (2.08)	< 0.001
Education, years (mean ± SD)	14.6 (3.95)	14.7 (3.85)	14.8 (4.15)	14.1 (3.96)	0.031
PET Centiloid (mean ± SD)	19.9 (32.8)	-0.162 (6.66)	17.2 (5.26)	71.2 (29.4)	< 0.001
Estimated Total Intracranial Volume, cm <sup>3</sup> (mean ± SD)	1.48 (0.178)	1.47 (0.178)	1.50 (0.180)	1.47 (0.174)	0.023
Abbreviations: A- = Amyloid negative; GZ = Amyloid grey-zone; A <sup>+</sup> = Amyloid positive;					
CDR = Clinical Dementia Rating; MMSE = Mini-Mental State Examination; PET =					
Positron emission tomography.					

In the largely asymptomatic AMYPAD PNHS cohort, we show that amyloid burden at baseline is predictive of future neurodegeneration, especially affecting temporal and parietal areas. Cortical thickness was slightly more sensitive towards amyloid burden at baseline, while loss of cortical volume was greater than loss of thickness. Volumetric differences at baseline and of rate of decline between amyloid status groups suggest non-linear rate of atrophy trajectories.

- [1] Desikan et al., NeuroImage, 2006
- [3] Reuter et al., NeuroImage, 2012







# Results

## Conclusion

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