

Longitudinal amyloid PET changes by cerebrospinal fluid amyloid and tau profiles in individuals with normal cognition: Role of APOE ϵ 4

Marianna Rizzo, Julie E. Oomens, on behalf of the AMYPAD consortium

Abstract:

Background: Identifying factors associated with early progression of cortical amyloid deposition is crucial for understanding Alzheimer's disease (AD) pathophysiology, yet these remain unclear.

Objective: To investigate the associations of AD cerebrospinal fluid (CSF) biomarkers with early longitudinal amyloid deposition on positron emission tomography (PET), and the impact of APOE ϵ 4 carriership.

Methods: We selected cognitively unimpaired participants with baseline data on CSF amyloid and p-tau181, APOE ϵ 4 carriership, and ≥ 2 consecutive amyloid PET assessments from the AMYPAD-PNHS cohort. Linear mixed models were used to investigate the associations of combinations of amyloid abnormality (A+) and tau abnormality (T+) in CSF (A+T+, A+T-, A-T+, A-T-), without and with stratification for APOE ϵ 4 carriership, with longitudinal global cortical amyloid deposition on PET, measured in Centiloids.

Results: We included 329 individuals (mean age 63.5 [SD 6.1], 58% female, 49% APOE ϵ 4 carriers). Longitudinally, CSF profiles with abnormal amyloid levels (A+T+, A+T-) showed greater increases in cortical amyloid deposition than profiles with normal amyloid levels (A-T+, A-T-), irrespective of CSF tau abnormality (all $p < 0.001$). Only for CSF profiles with normal amyloid levels, longitudinal amyloid deposition depended on APOE ϵ 4 carriership, with both A-T+ and A-T- showing increased deposition among APOE ϵ 4 carriers (carriers versus non-carriers: A-T+ $p = 0.006$, A-T- $p = 0.016$).

Conclusions: In cognitively unimpaired individuals, longitudinal increase in cortical amyloid deposition was mainly associated with abnormal baseline CSF amyloid rather than tau. APOE ϵ 4 carriership was associated with increased longitudinal cortical amyloid deposition only in individuals with normal baseline CSF amyloid. These findings inform early AD pathological progression and trial design.

30 May 2026 – Journal of Alzheimer's Disease

<https://doi.org/10.1177/13872877261453099>