

Neuroscience week 2021

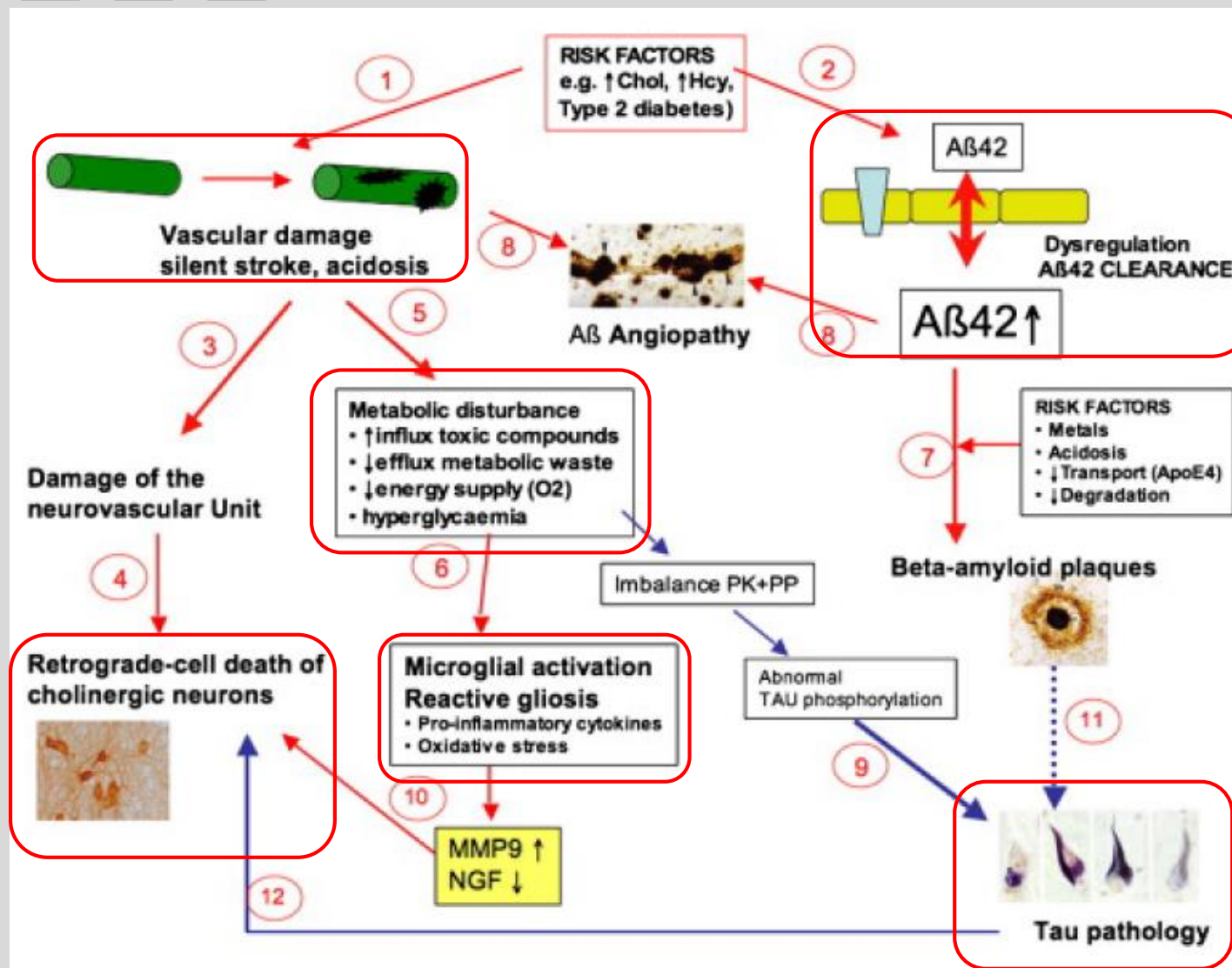


Biomarkers in Alzheimer's Disease and FrontoTemporal Dementia E. Salmon, MD, PhD



CYCLOTRON RESEARCH CENTRE
***IN VIVO* IMAGING**





APP-BASED MOUSE MODELS OF AD

Tg2576	APP mutation: Swedish	<ul style="list-style-type: none"> Intraneuronal Abeta (1.5 m) Inflammation (2 m) Memory deficits (4 m) Synaptic dysfunction (4 m) Plaques (11 m)
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APP AND PSEN DOUBLE TRANSGENIC MICE

TASTPM	<ul style="list-style-type: none"> APP mutation: Swedish PSEN1 mutation: M146V 	<ul style="list-style-type: none"> Plaques (6 m) Inflammation (6 m) Memory deficits (6 m)
APP/PS1	<ul style="list-style-type: none"> APP mutation: Swedish PSEN1 mutation: deltaE9 	<ul style="list-style-type: none"> Plaques (6 m) Inflammation (3 m) Synaptic dysfunction (4 m) Memory deficits (12 m) Neuron loss (8 m)
APPPS1-21	<ul style="list-style-type: none"> APP mutation: Swedish PSEN1 mutation: L166P 	<ul style="list-style-type: none"> Plaques (1.5 m) Phosphorylated tau, no mature tangles Neuron loss (17 m) Inflammation (1.5 m)
APP/PS2	<ul style="list-style-type: none"> APP mutation: Swedish PSEN2 mutation: N141I 	<ul style="list-style-type: none"> Plaques (6 m) Inflammation (6 m) Synaptic dysfunction (10 m) Memory deficits (8 m)
5XFAD	<ul style="list-style-type: none"> APP mutation: Swedish, Florida, London PSEN1 mutation: PSEN1, L286V 	<ul style="list-style-type: none"> Plaques (1.5 m) Synaptic dysfunction (4 m) Neuron loss (9 m) Inflammation (2 m) Memory deficits (4 m) Intraneuronal Abeta (1.5 m)

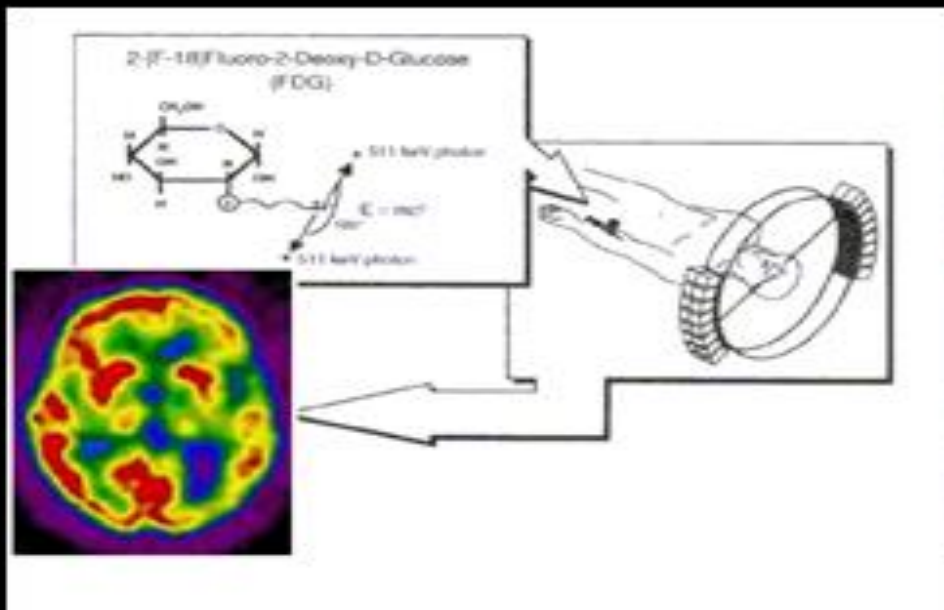
APP, PSEN AND TAU TRANSGENIC MICE

3xTg	<ul style="list-style-type: none"> APP mutation: Swedish PSEN1 mutation: M146V Tau mutation: MAPT P301L 	<ul style="list-style-type: none"> Plaques (6 m) Tau pathology (12 m) Intraneuronal Abeta (3 m) Synaptic dysfunction (6 m) Memory deficits (4 m) Inflammation (7 m)
PLB1 Triple	<ul style="list-style-type: none"> APP mutation: Swedish, London PSEN1 mutation: A246E Tau mutation: MAPT P301L, R406W 	<ul style="list-style-type: none"> Plaques (21 m) Hyperphosphorylated tau (6 m) Intraneuronal Abeta (12 m) Synaptic dysfunction (12 m) Memory deficits (12 m) Inflammation (12 m)

NON-APP-BASED MODEL

Tg4-42	Overexpressing A β 4-42 (no mutation)	<ul style="list-style-type: none"> Neuron loss (5 m) Synaptic dysfunction (2 m) Memory deficits (5 m) Inflammation (2 m) Intraneuronal Abeta (2 m)
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Cerebral metabolism at rest (FDG-PET)



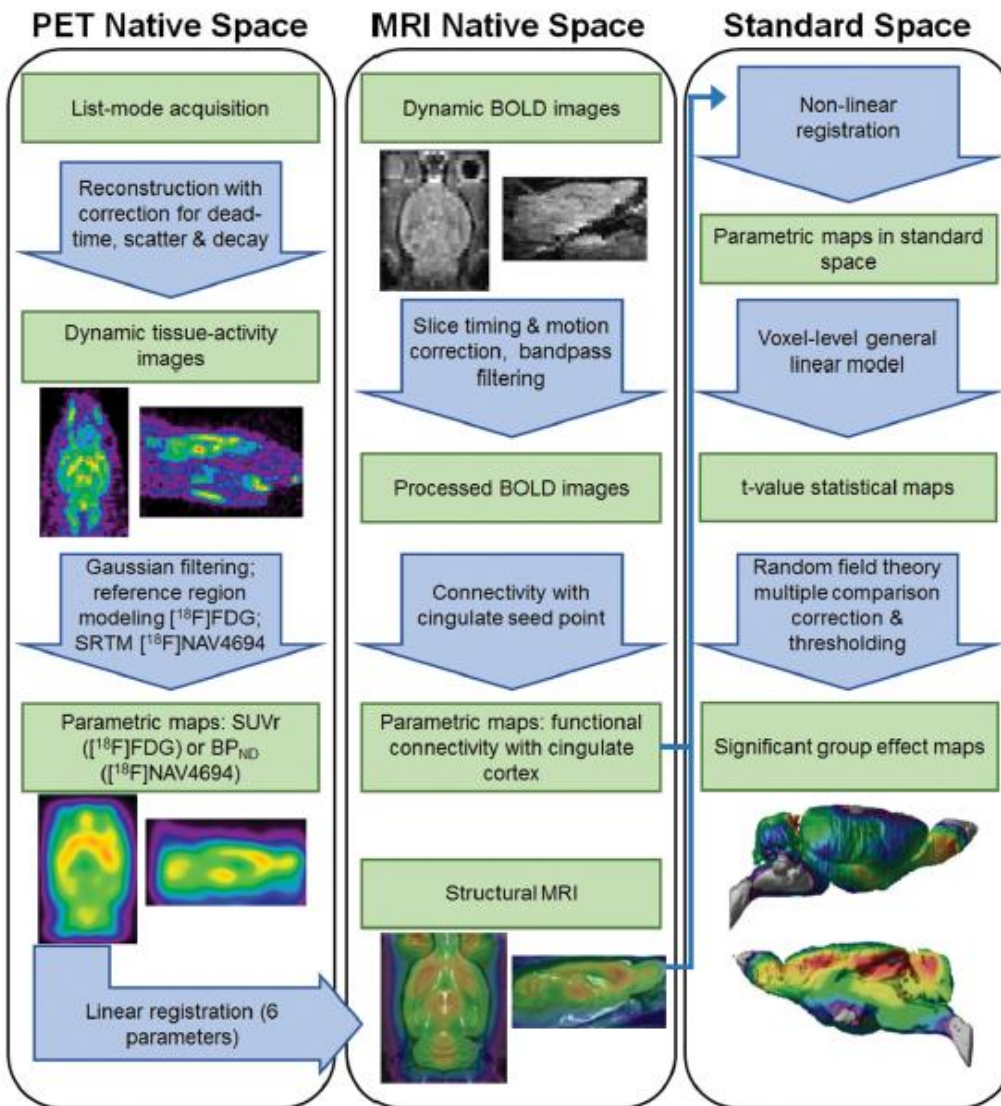
18F
11C
15O (H₂15O)

SPM: align, normalize, analyse

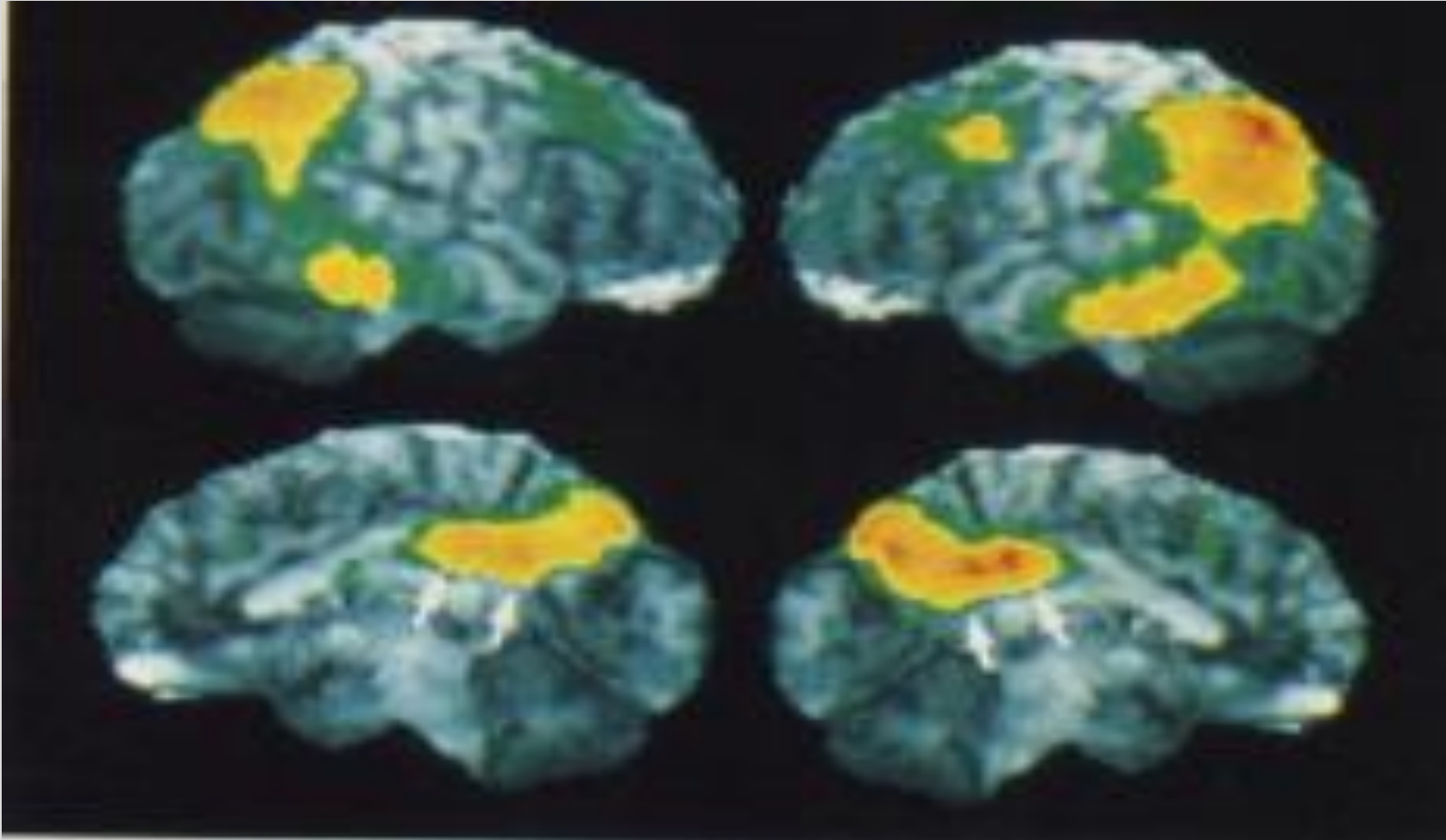


Rat: Factor ~ 600
←————→
Mouse: Factor ~ 2400



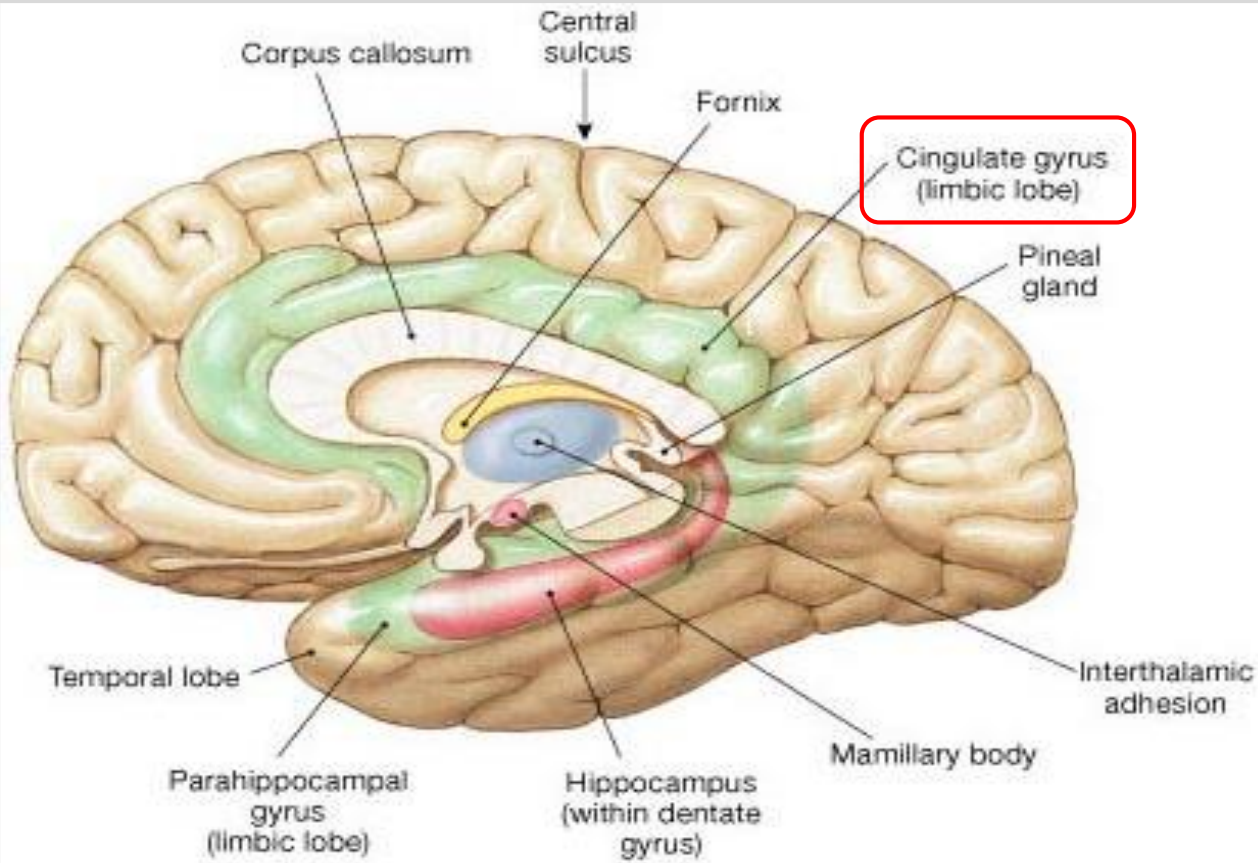


Decreased metabolism in PCC demonstrated by FDG-PET

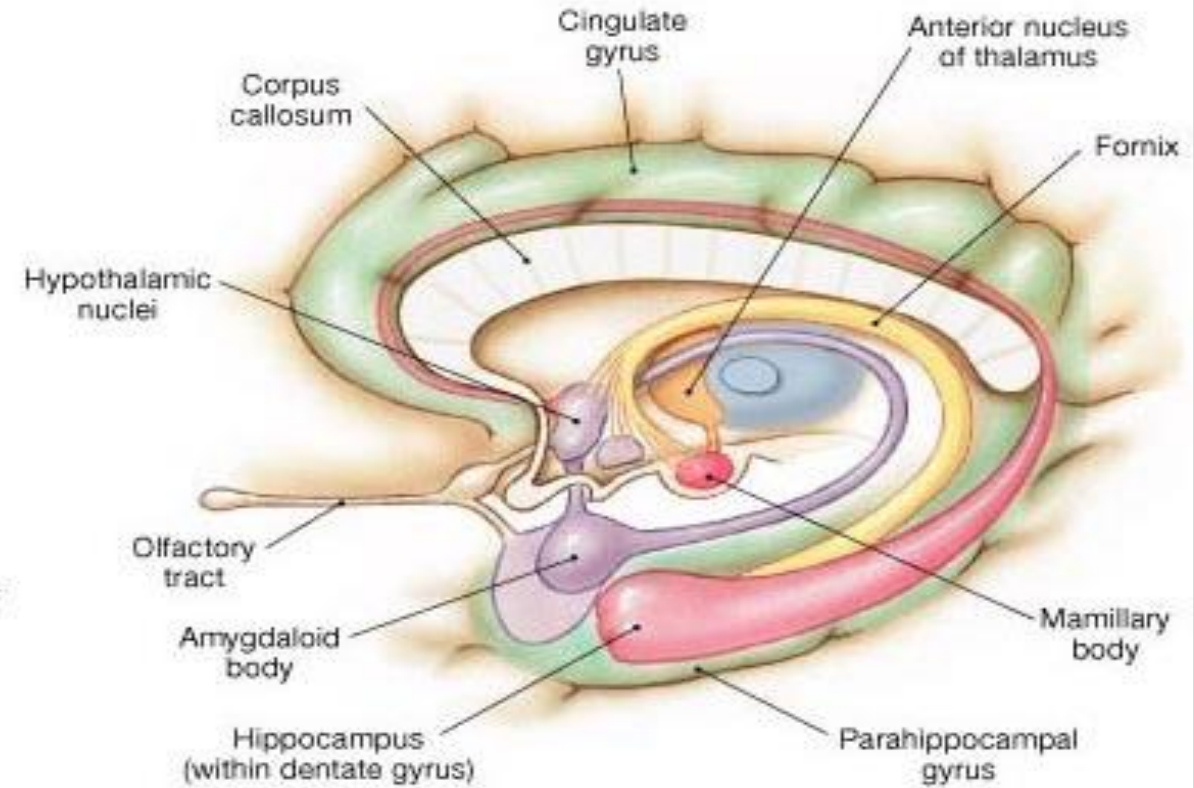


FDG-PET
Hypometabolism in
Posterior Cingulate Cortex

Minoshima et al, 1994

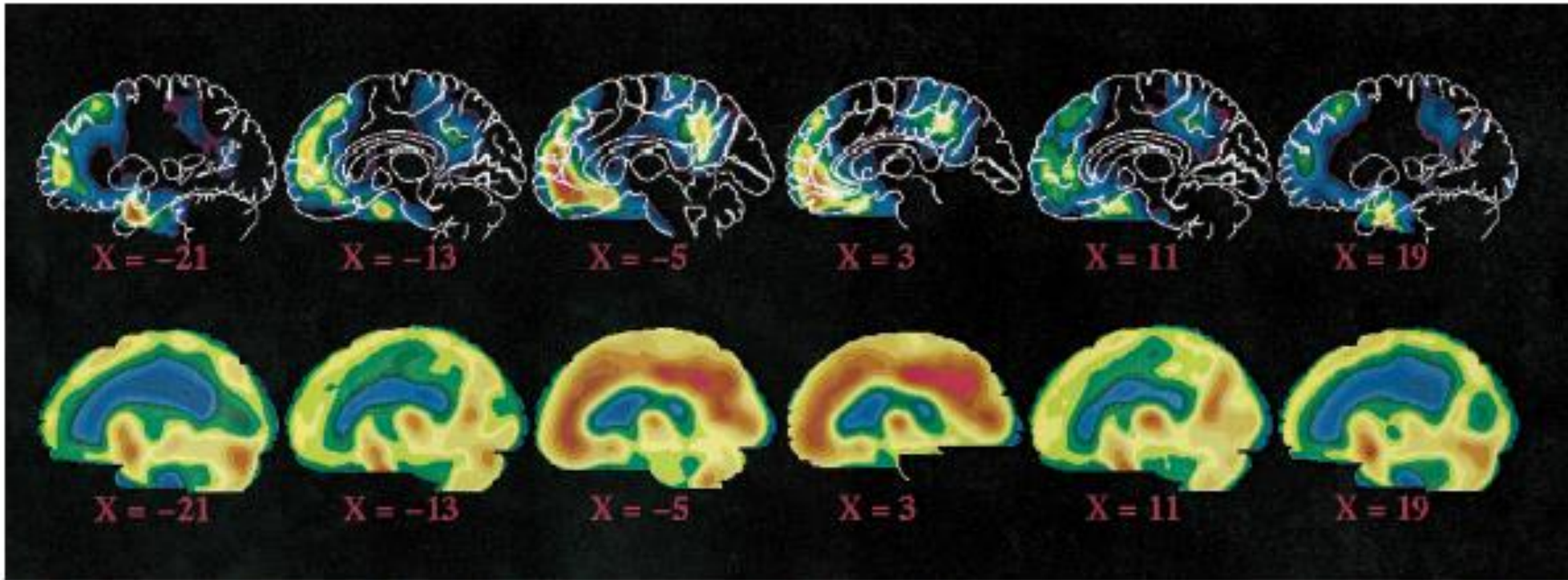


(a)



(b)

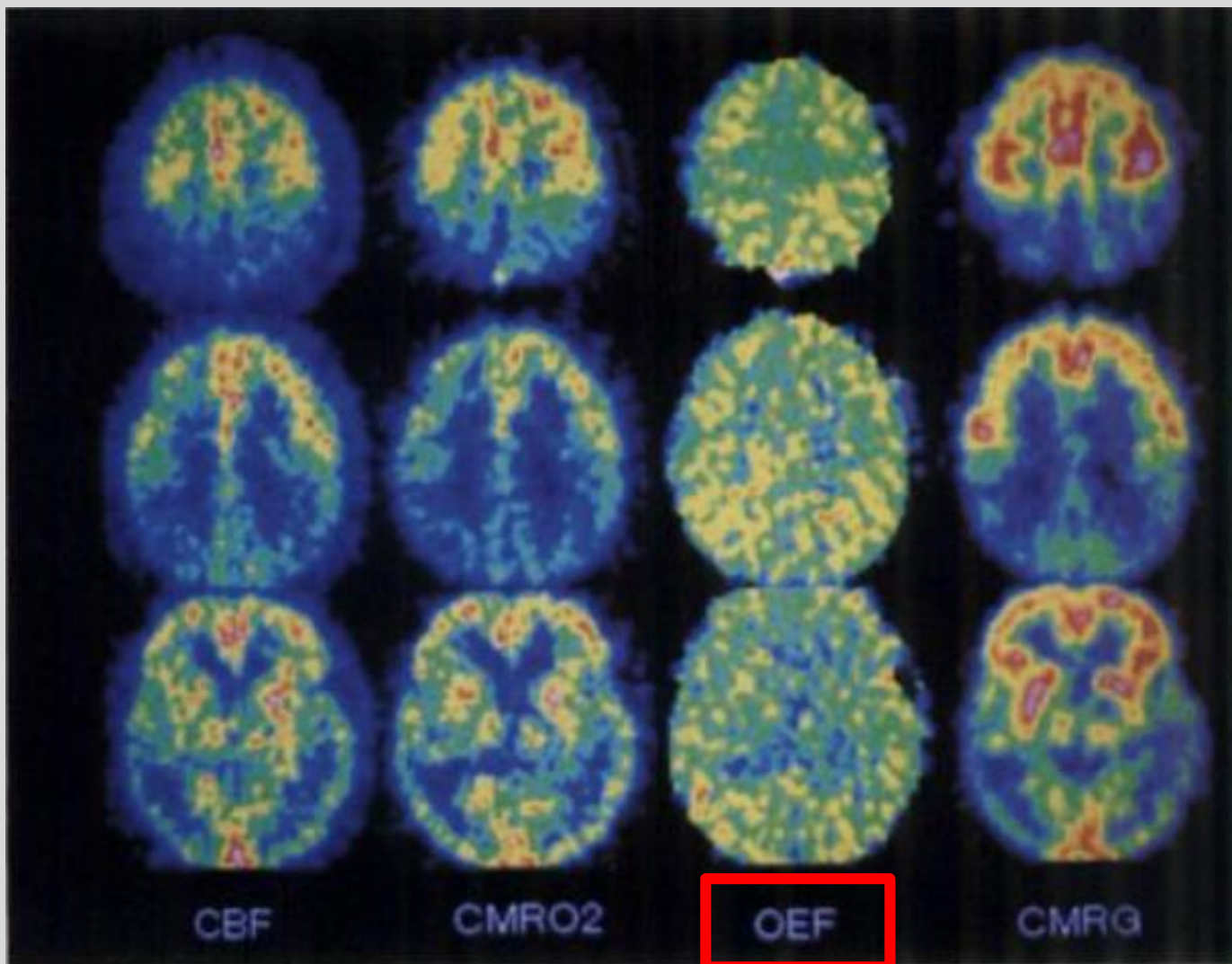
Papez circuit and episodic memory (memory for events, while remembering context and emotion)



Rest - Attention

CBF

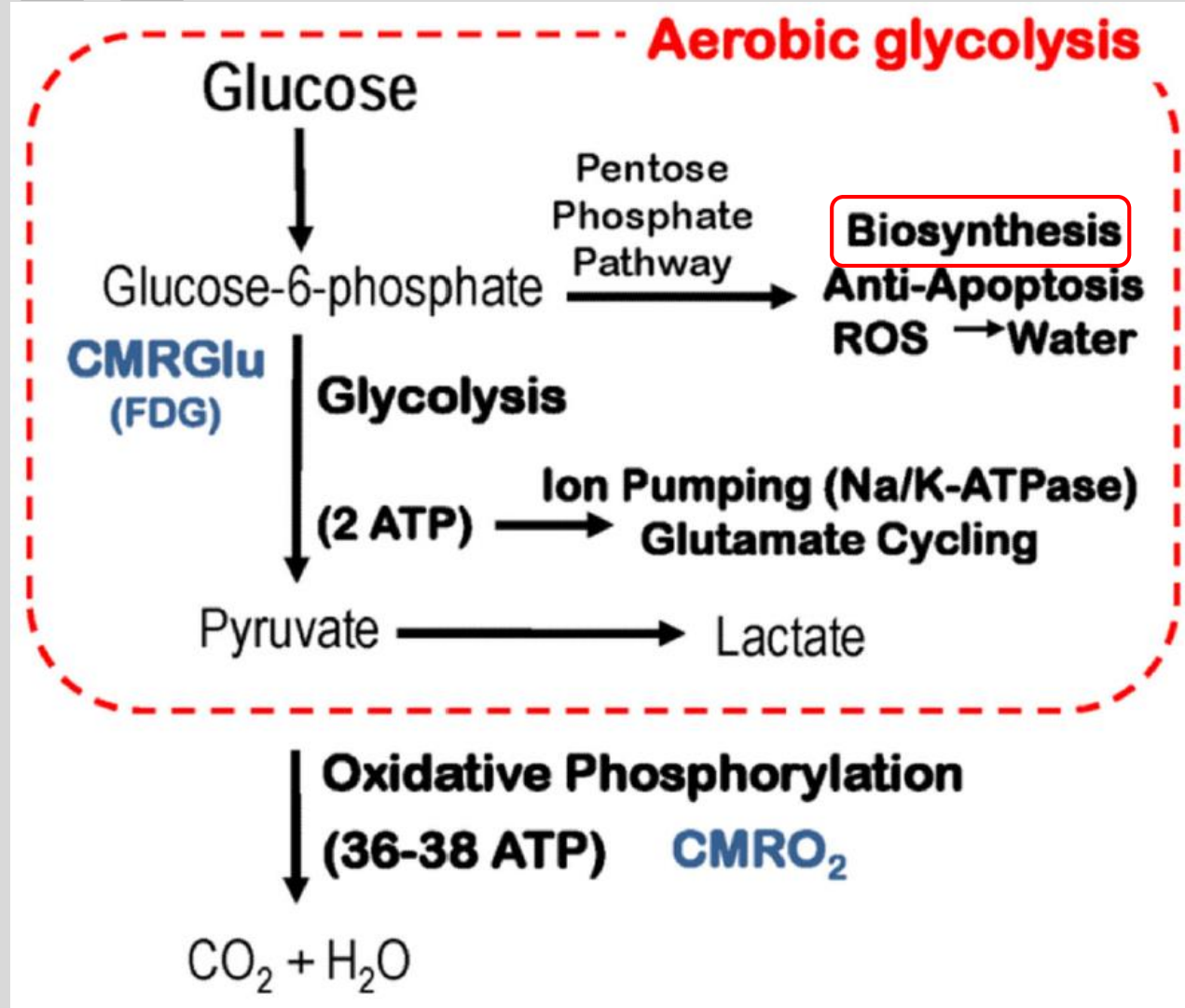
Fig. 5. Regions of the brain regularly observed to decrease their activity during attention-demanding cognitive tasks shown in sagittal projection (*Upper*) as compared with the blood flow of the brain while the subject rests quietly but is awake with eyes closed (*Lower*). The data in the top row are the same as those shown in Fig. 1, except in the sagittal projection, to emphasize the changes along the midline of the hemispheres. The data in the bottom row represent the blood flow of the brain and are the same data shown in horizontal projection in the top row of Fig. 2. The numbers below the images refer to the millimeters to the right (positive) or left (negative) of the midline.



(1) There is no ischemia
in AD

(2) CMRO2 versus CMRGlu

Fukuyama, 1994





Oxygen to Glucose Metabolic Index



Early studies reported that the whole-brain average oxygen-to-glucose index was around 5.5.

If glucose is entirely consumed via oxidative pathways, the index should be 6, as 6 moles of oxygen are required to oxidize 1 mole of glucose. An index of 5.5 indicates that nearly 10% of the brain's glucose consumption at rest does not undergo oxidative phosphorylation.

The lowest rates aerobic glycolysis were found in the cerebellum and medial temporal lobe, whereas the highest were found in the prefrontal and parietal cortices

The expression of genes related to synaptic plasticity and development is enriched in brain regions with high levels of aerobic glycolysis. This suggests that a portion of the brain's non-oxidative glucose metabolism is spent on synaptic plasticity and other biosynthetic processes



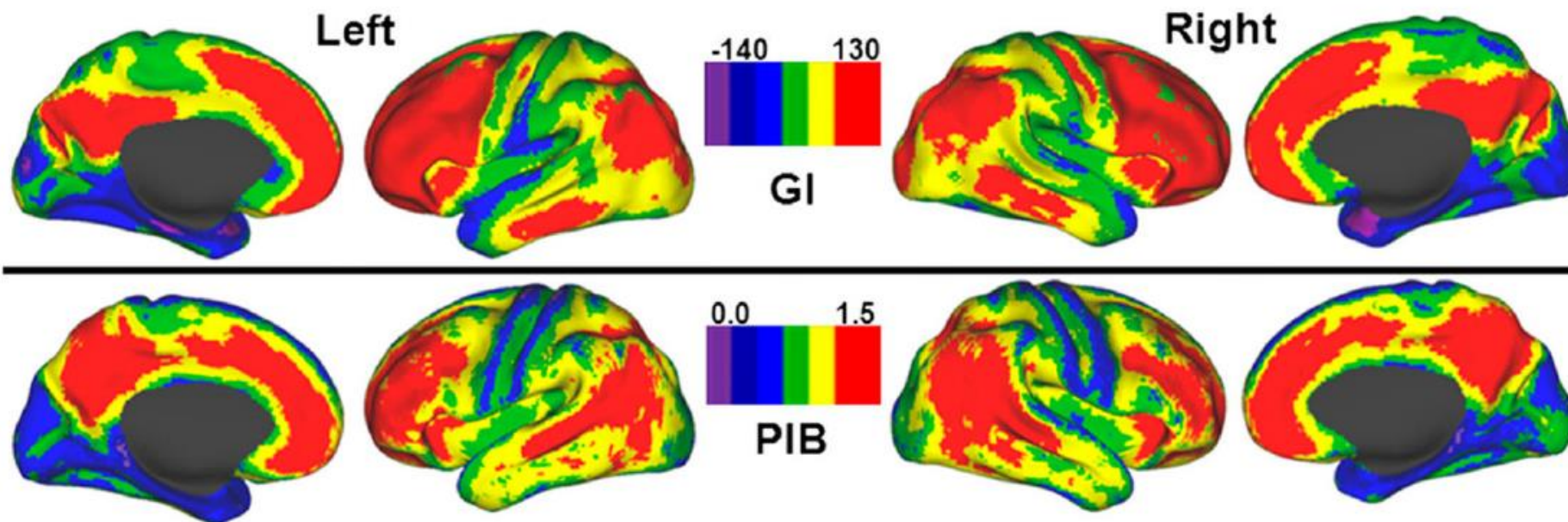
Oxygen to Glucose Metabolic Index



Some researches strongly suggest that physiological synaptic activity associated with aerobic glycolysis regulates interstitial fluid A β levels and A β plaque formation.

The highest rates of aerobic glycolysis were found in the prefrontal and parietal cortices
(Default Mode Network / DMN)

Data suggest that high rates of aerobic glycolysis may put a brain region at risk for developing amyloid plaques later in life



Aerobic Glycolytic
Index
in young controls

Amyloid-PET
in AD

Figure 7.

Maps showing lateral and medial cortical surfaces of the human brain on which are depicted the mean distribution of AG in units of the GI in 33 neurologically normal young adults and ^{11}C -PIB binding potentials in 11 individuals with DAT. Reproduced with permission from Vlassenko et al. [20].

Vlassenko &
Raichle, 2015



Oxygen to Glucose Metabolic Index



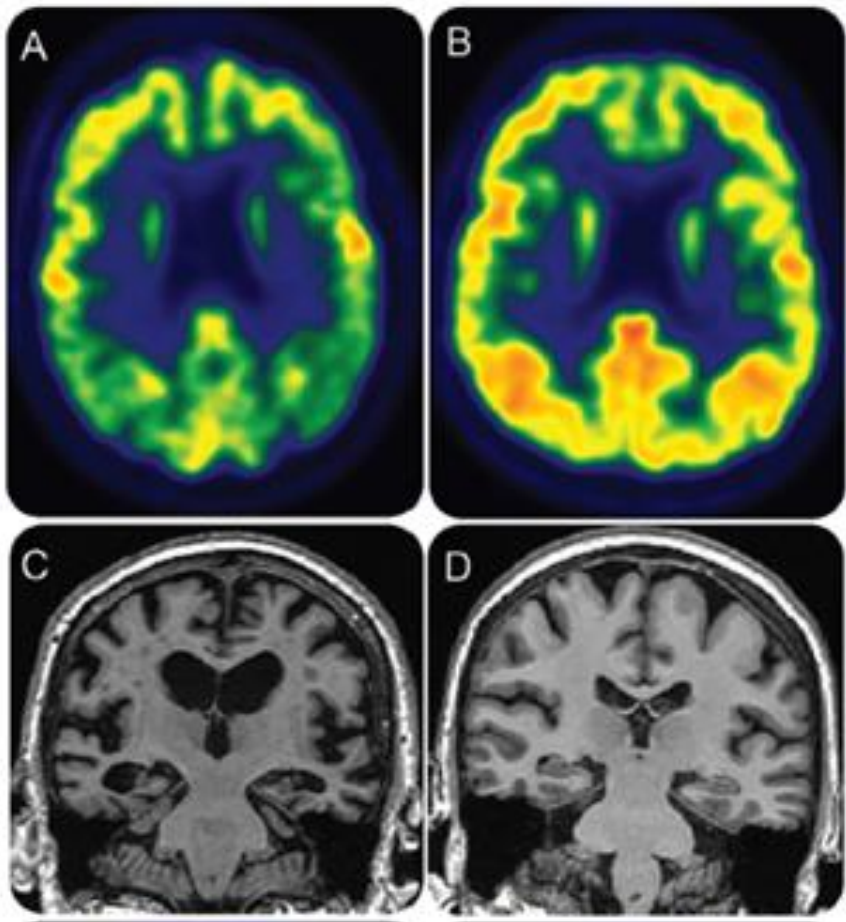
Some researches strongly suggest that physiological synaptic activity associated with aerobic glycolysis regulates interstitial fluid A β levels and A β plaque formation.

*The highest rates of aerobic glycolysis were found in the prefrontal and parietal cortices
(Default Mode Network / DMN)*

Data suggest that high rates of aerobic glycolysis may put a brain region at risk for developing amyloid plaques later in life

CMRglc has been shown to decrease to a greater extent than CMRO₂ in individuals with AD.

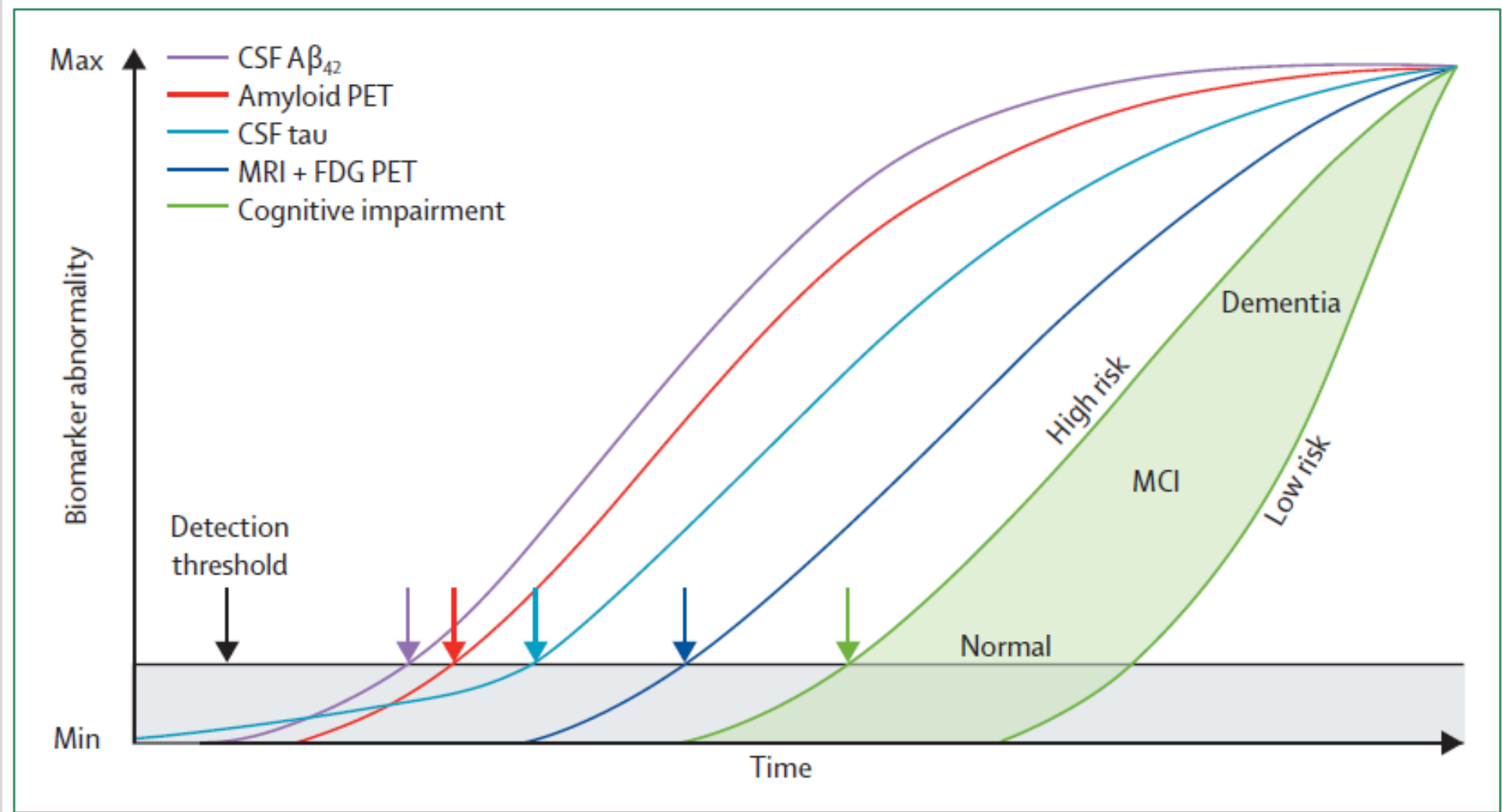
This indicates that aerobic glycolysis decreases in AD (at least in early stages)



Regional glucose metabolic abnormalities
are not the result of atrophy
in Alzheimer's disease
Ibanez et al, 1998

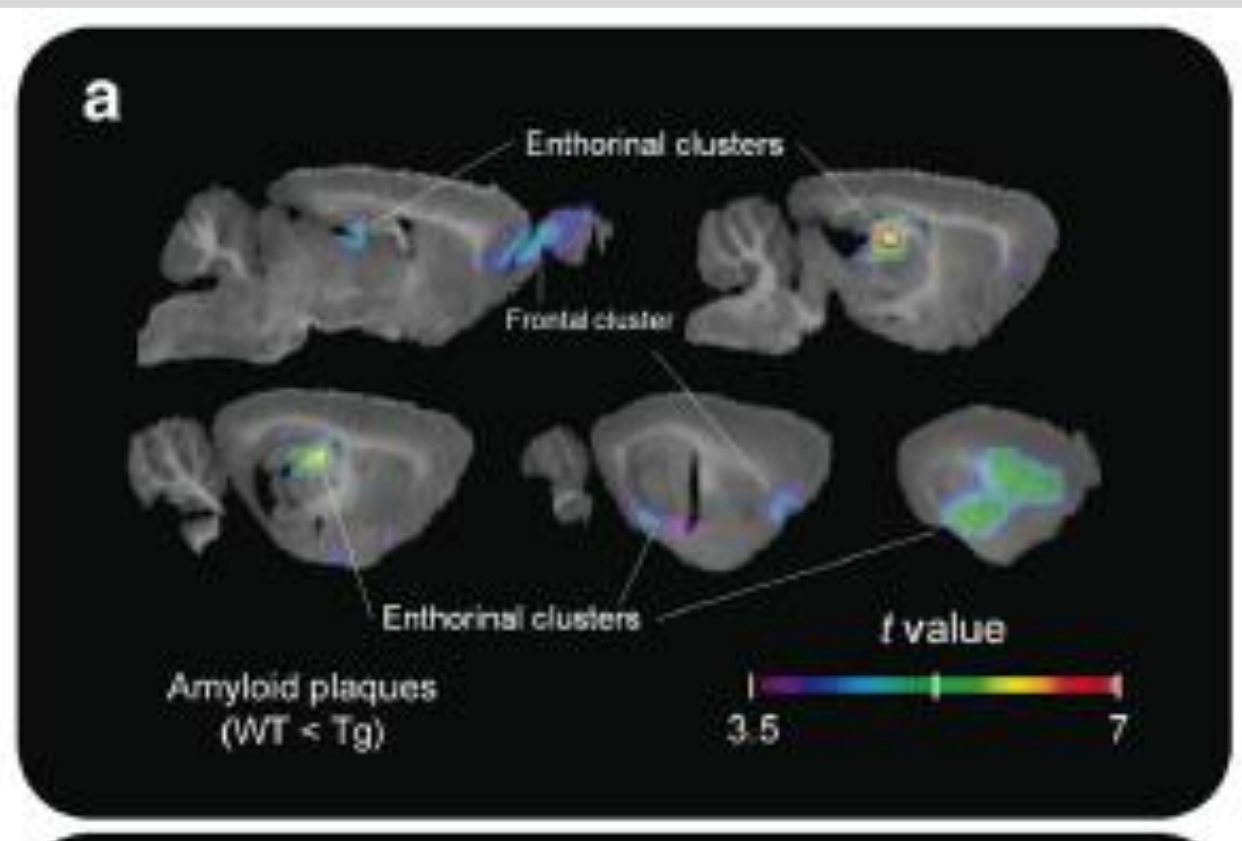
Correction of metabolic values for atrophy

- Hypothetical model of dynamic evolution of brain **biomarkers** in AD

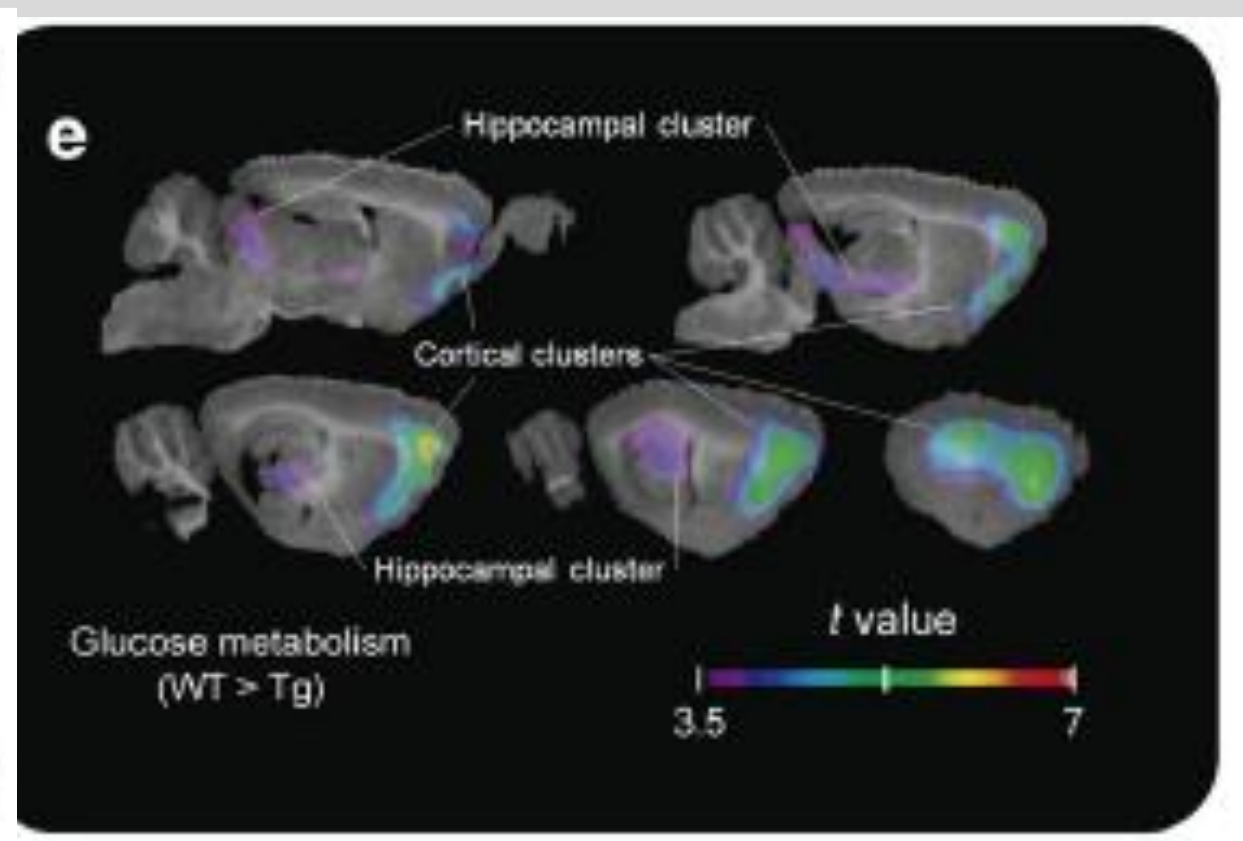




A biological model of AD: amyloid & glucose metabolism in transgenic (McGill R Thy1 APP) rat



PET-amyloid



PET-FDG

Stage 1

Asymptomatic amyloidosis

- High PET amyloid tracer retention
- Low CSF $A\beta_{1-42}$

Stage 2

Amyloidosis + Neurodegeneration

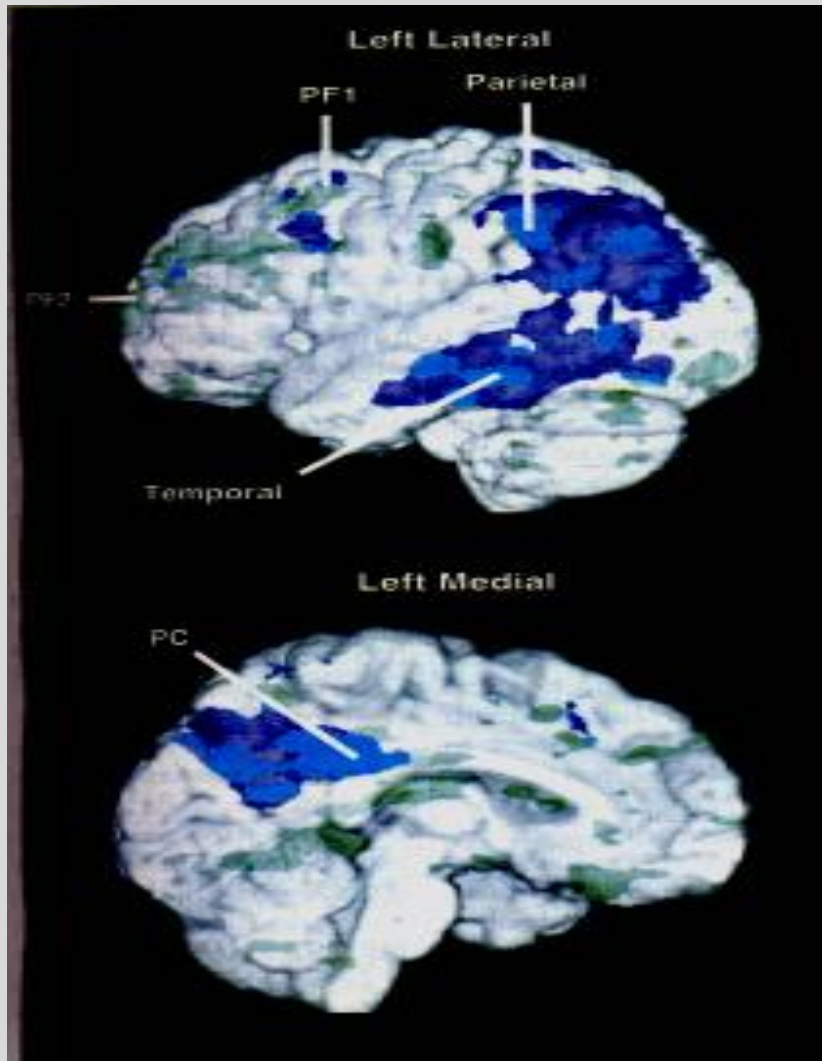
- Neuronal dysfunction on FDG-PET/fMRI
- High CSF tau/p-tau
- Cortical thinning/Hippocampal atrophy on sMRI

Stage 3

Amyloidosis + Neurodegeneration + Subtle Cognitive Decline

- Evidence of subtle change from baseline level of cognition
- Poor performance on more challenging cognitive tests
- Does not yet meet criteria for MCI

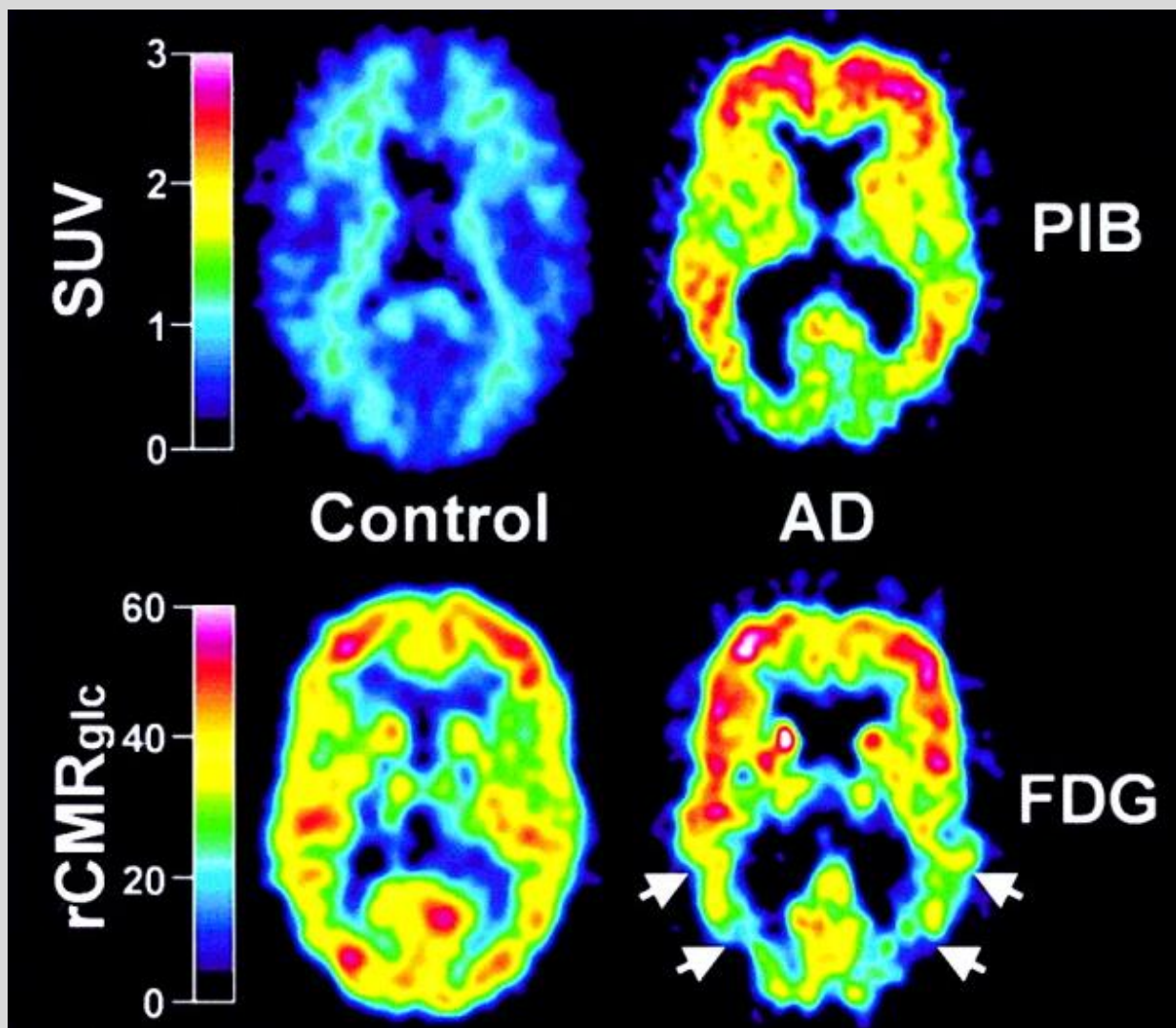
MCI → AD dementia



Characteristic metabolic pattern
in subjects at risk for AD:

family history and
e4 homozygotes

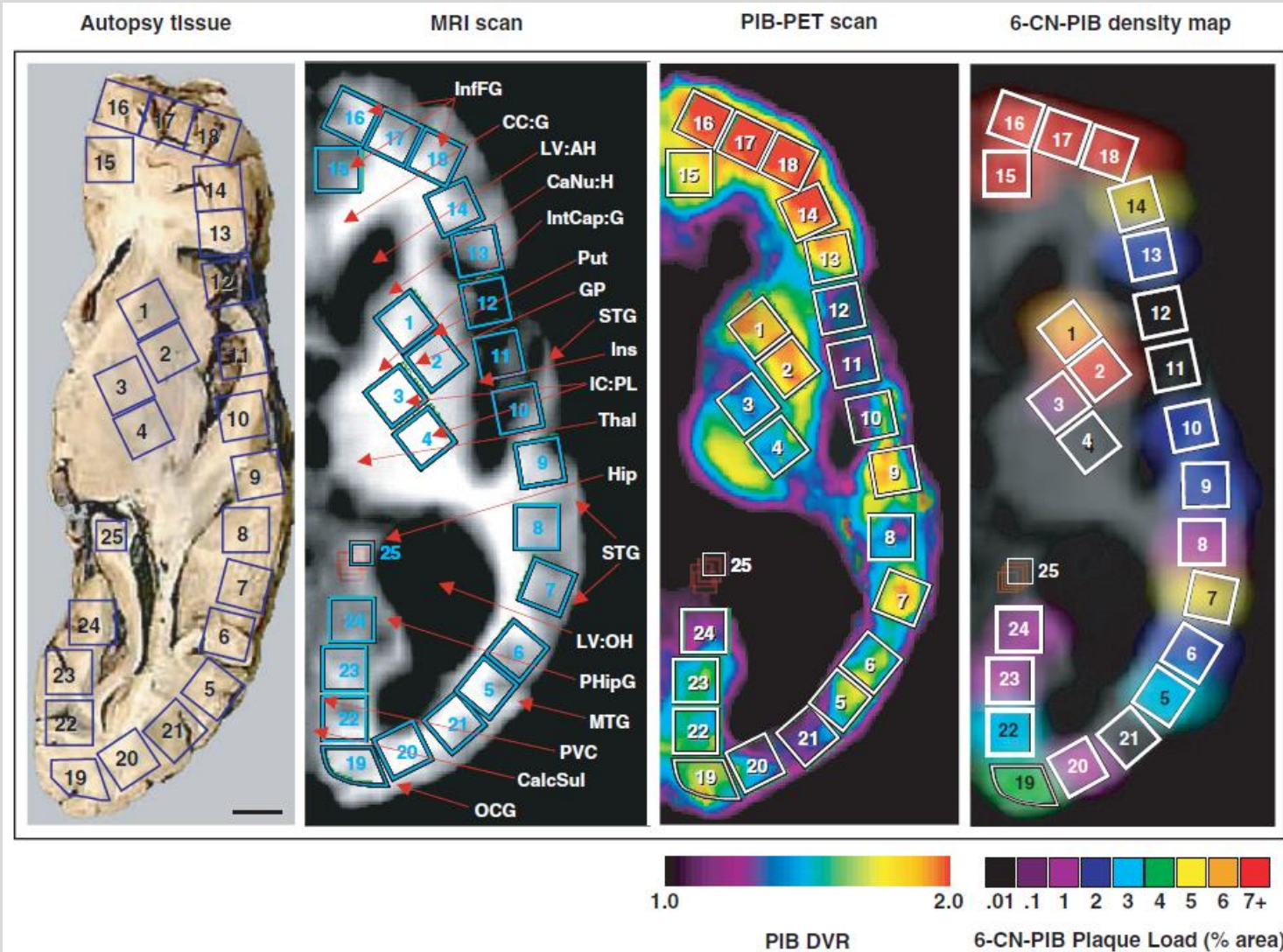
E.M. Reiman et al, 1996

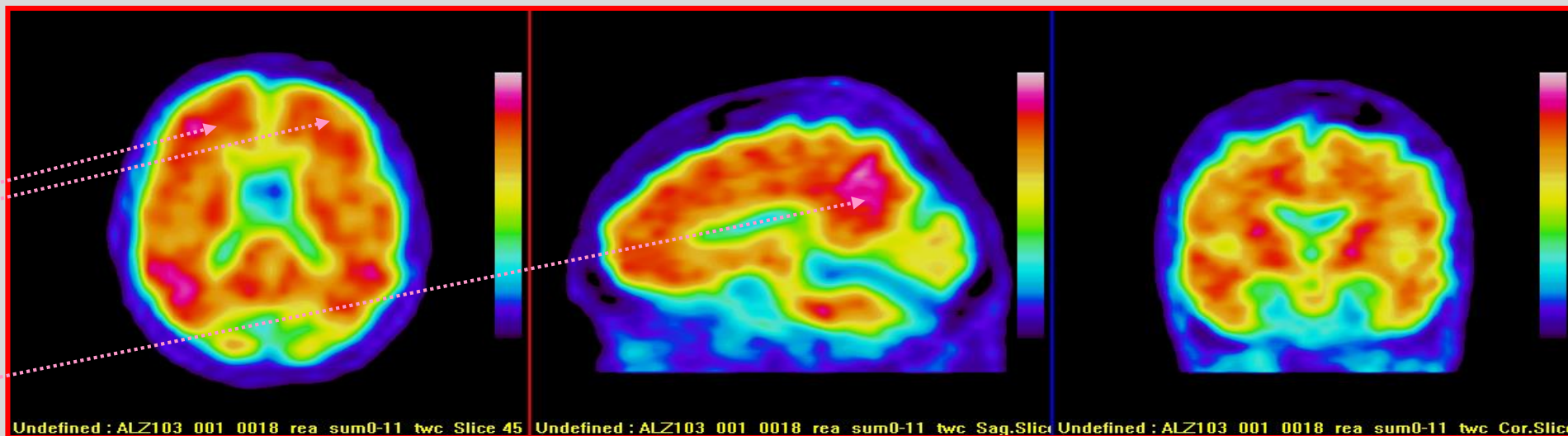
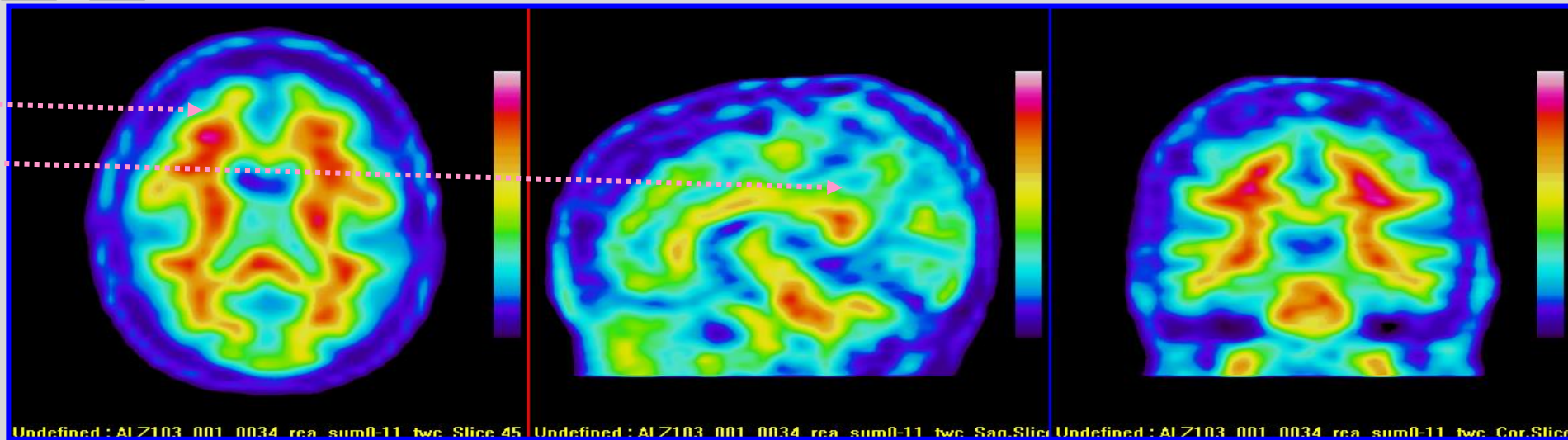
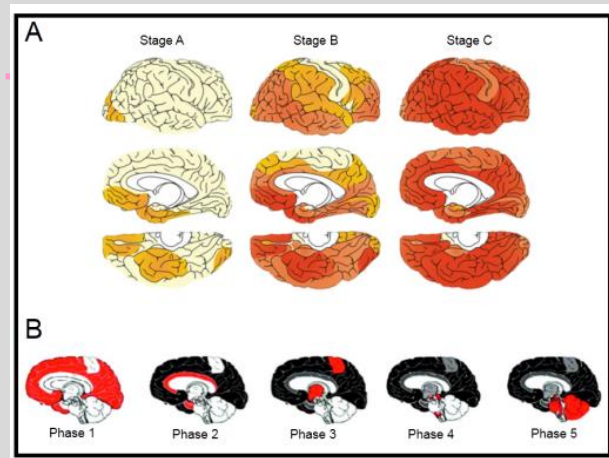


PiB is binding to β -pleated sheets

Klunk et al, 2004

Correlation between in vivo PiB-PET and post-mortem 6-CN-PiB



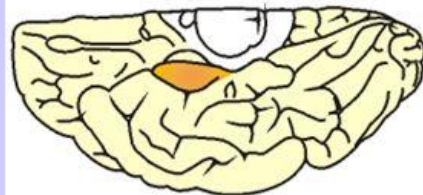
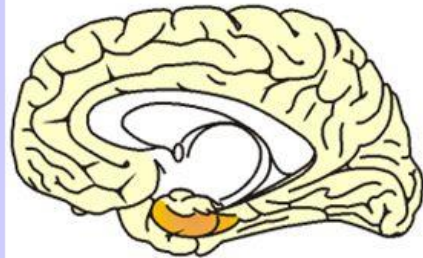
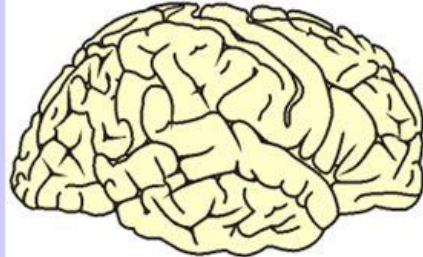


Frontal

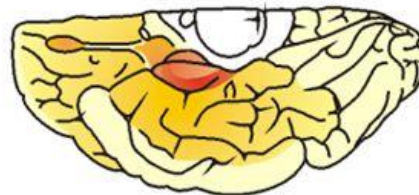
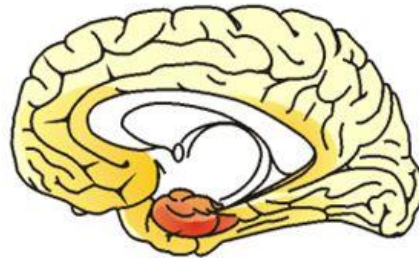
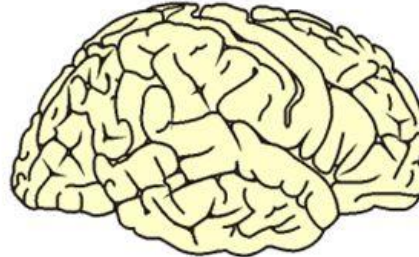
PCC

Neuropathological staging of AD II

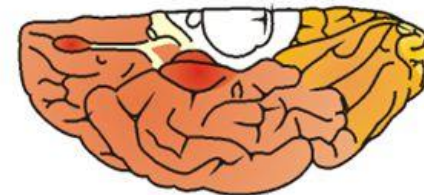
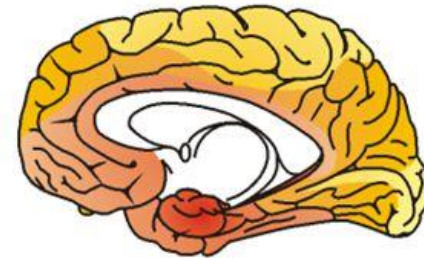
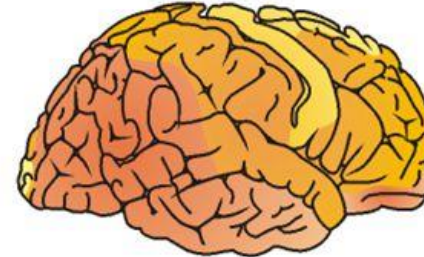
**NFT-Stages I-II
(Entorhinal stages)**



**NFT-Stages III-IV
(Limbic stages)**

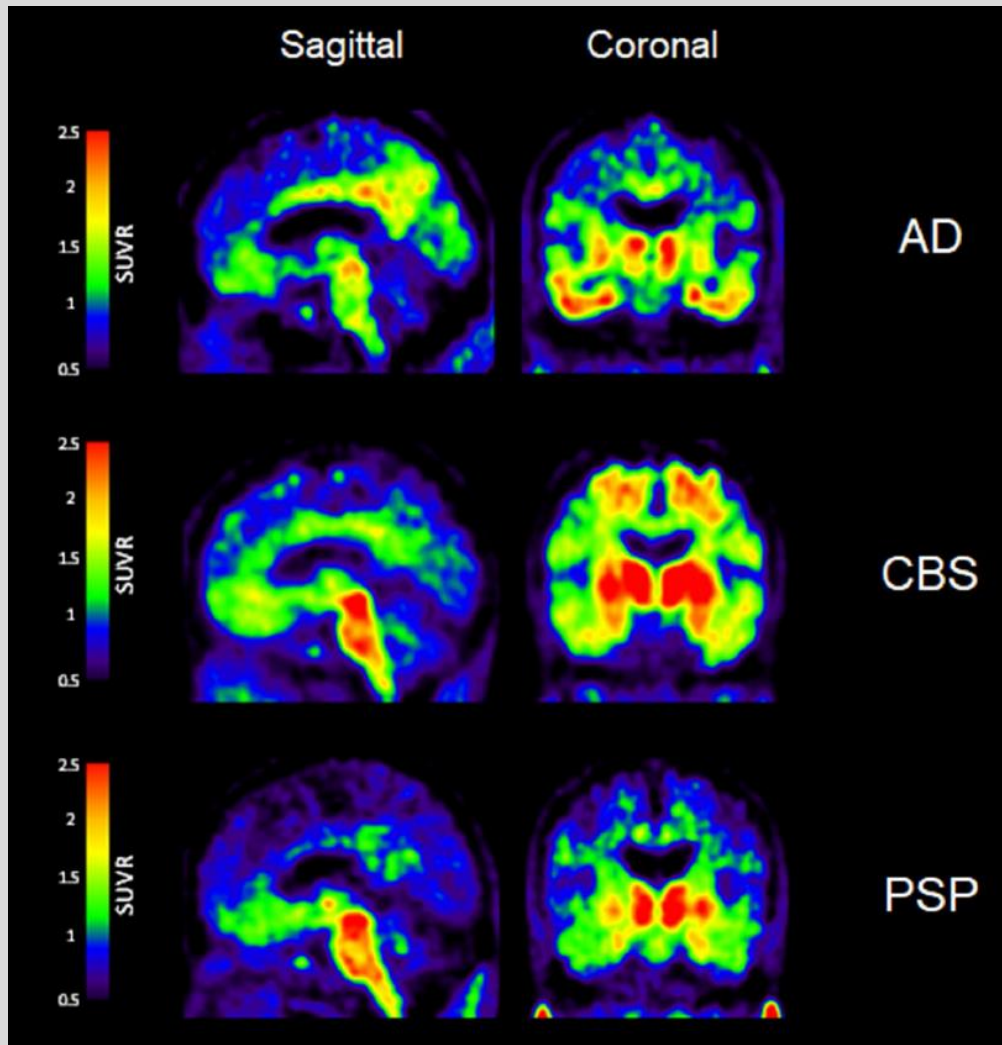


**NFT-Stages V-VI
(Neocortical stages)**



Neurofibrillary tangles = NFT

Braak and Braak 1991



β -sheet-binding compound;
Higher affinity for tau fibrils
than for $A\beta$ fibrils

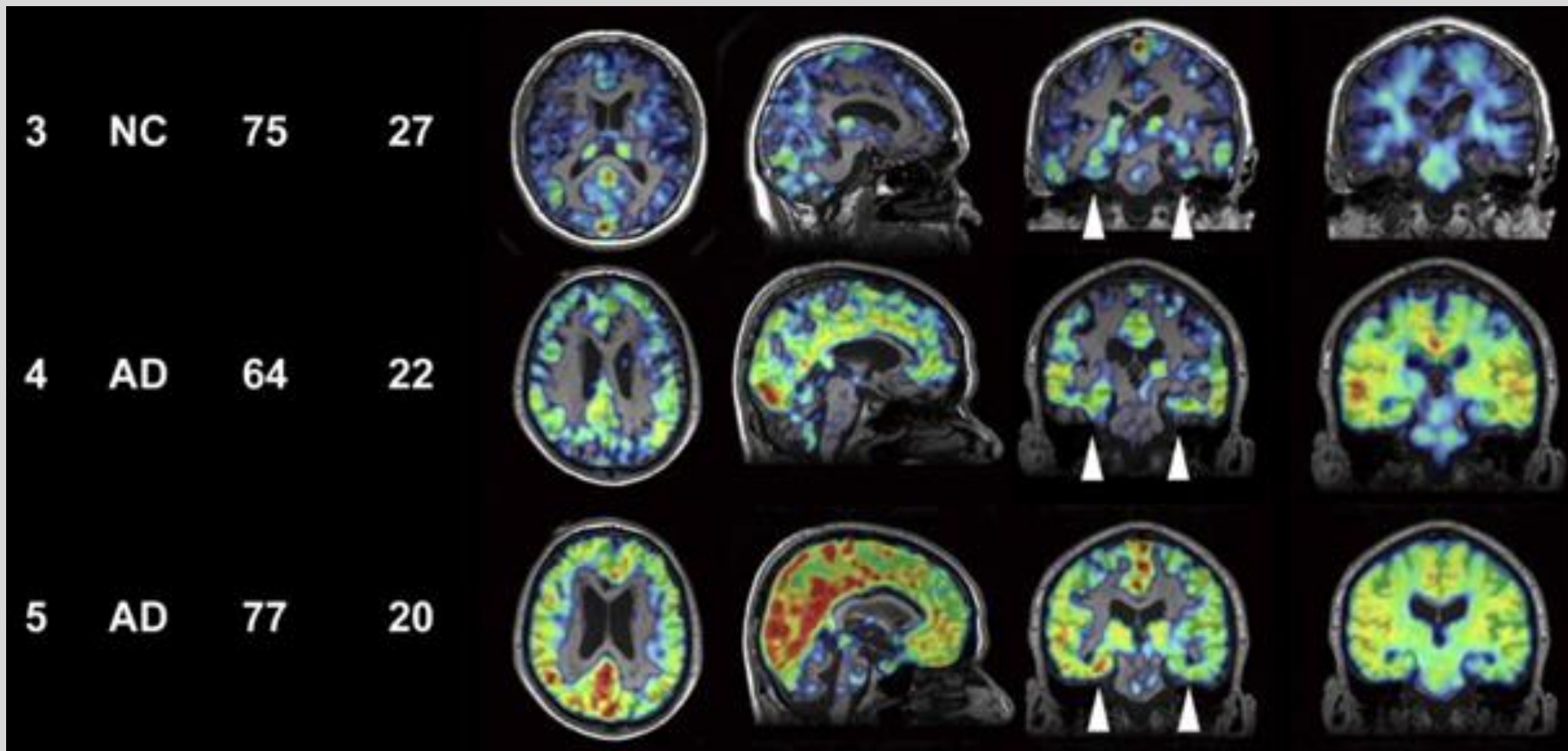
Amyloid +?

Okamura, 2018



[11C]PBB3

[11C]PiB





Neuroinflammation in AD

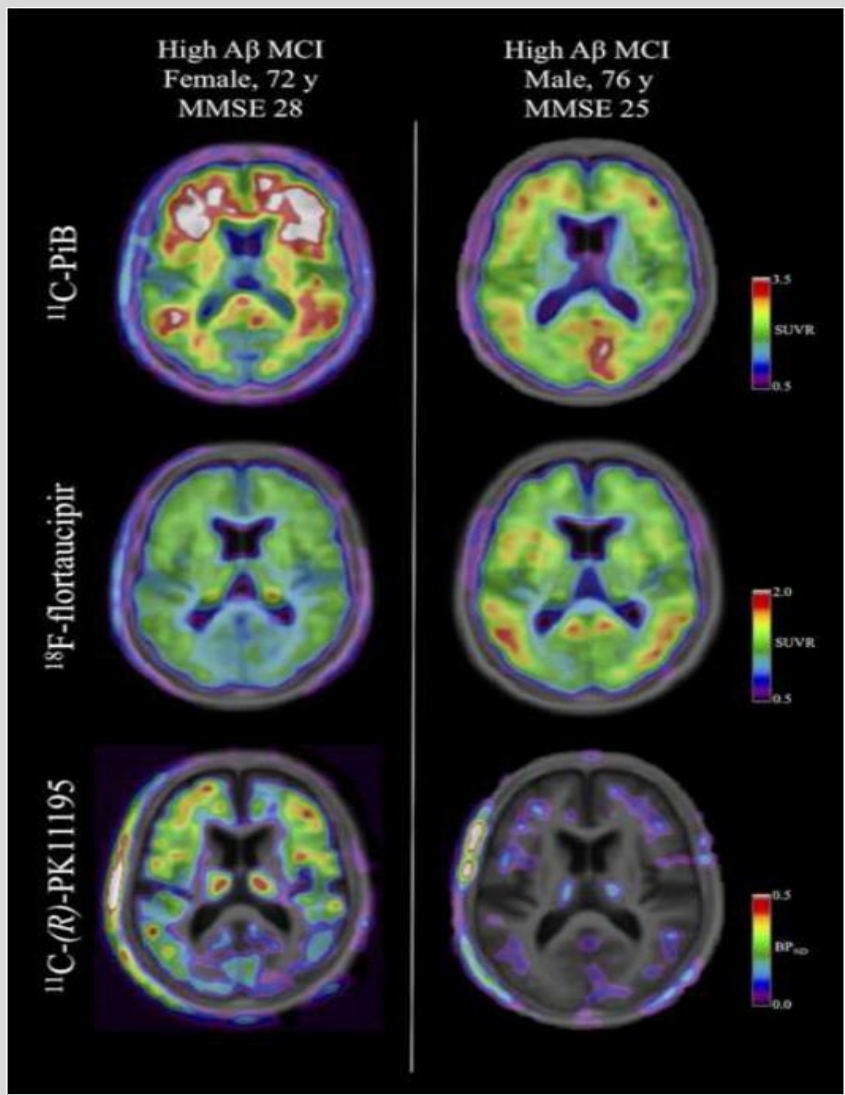


Neuroinflammation in the form of microglial and astrocyte activation has been recognised to be a component of AD pathological cascade.

Microglia may express a reparative phenotype, acting to clear cellular debris and remodel synapses or, alternatively, a cidal phenotype releasing cytokines which damage neurons (M2/M1 paradigm). **It remains unresolved which phenotype is preferentially expressed at different time points along the AD trajectory.**

Translocator Protein (TSPO) is expressed on microglia and positron emission tomography (PET) studies in humans have shown higher signals in prodromal Alzheimer's disease which could support an initially protective role of microglia

Inter-subject variability in binding affinity exists due to polymorphism in the TSPO gene

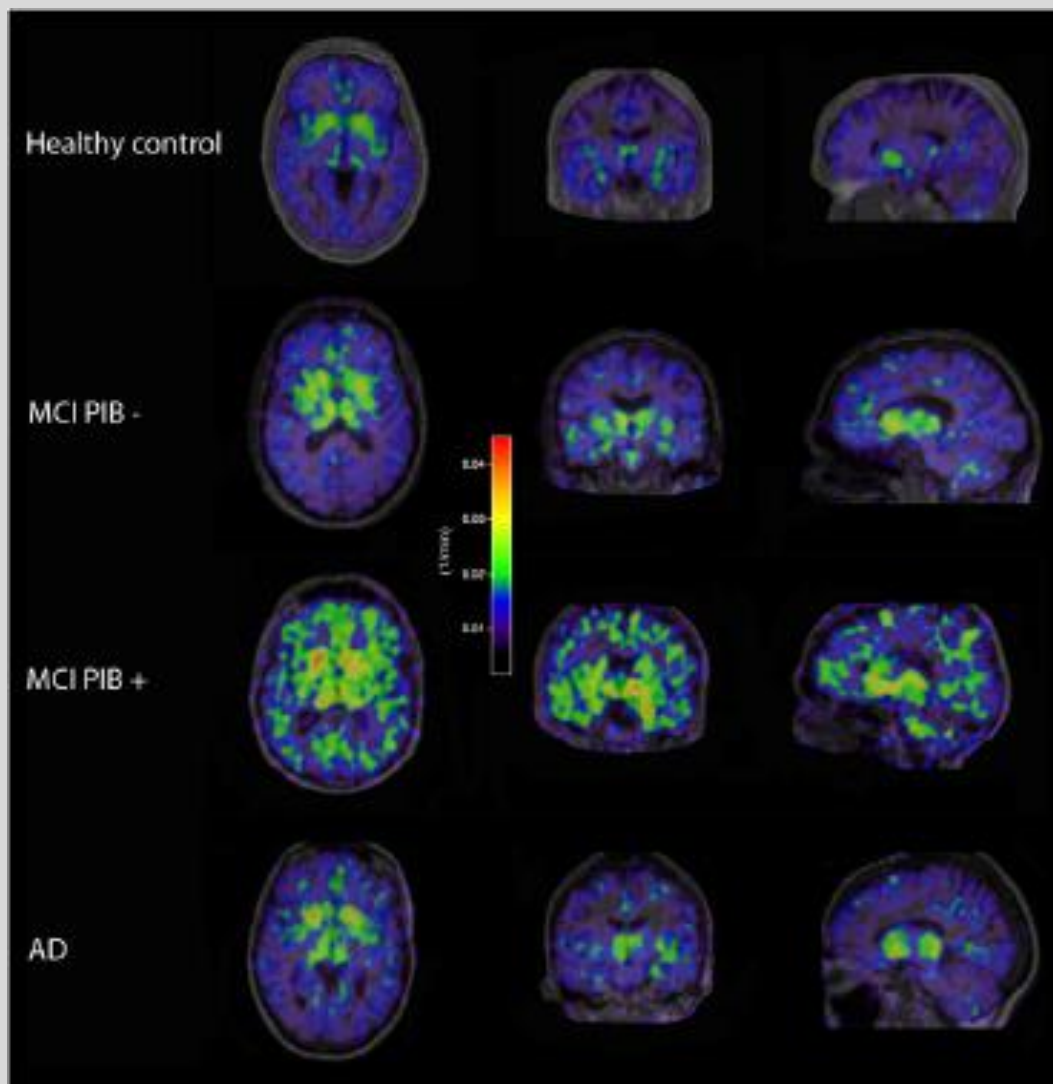


Amyloid

Tau

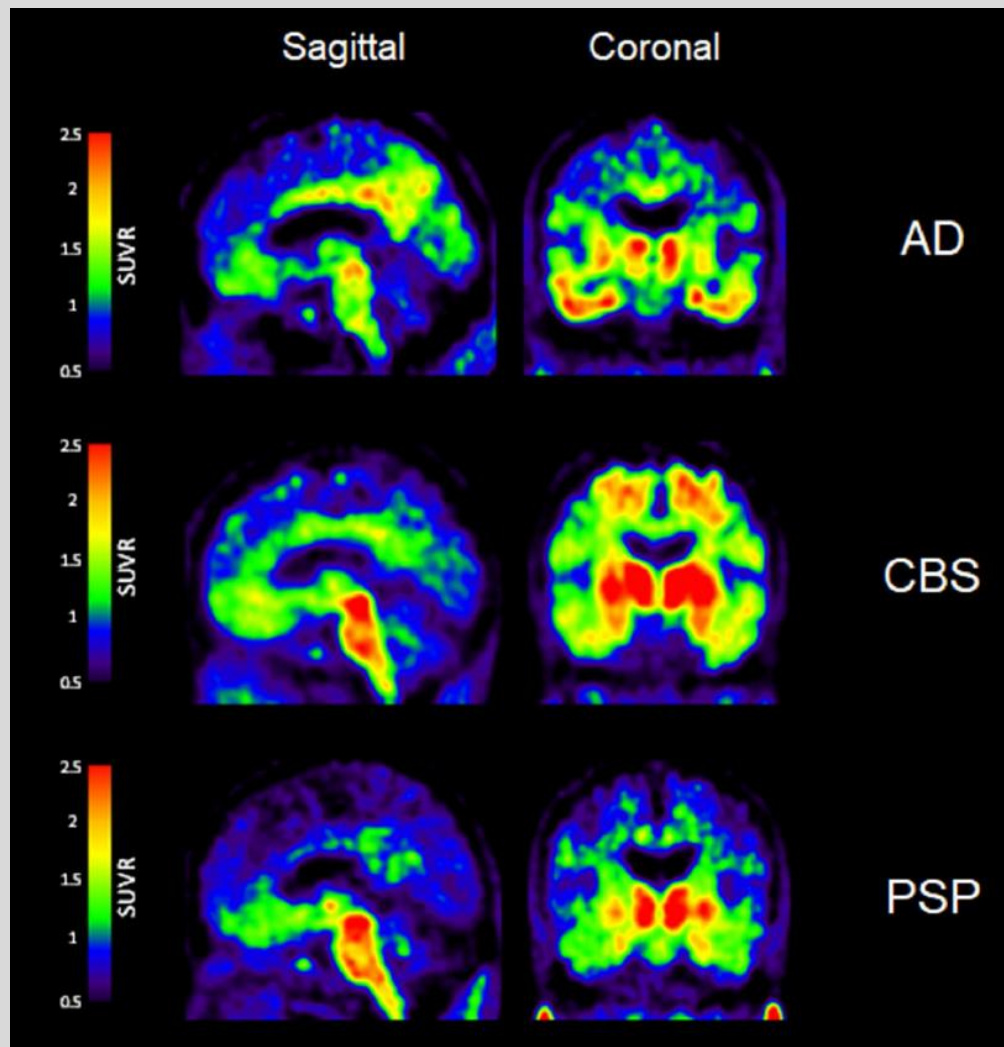
Inflammation (clearing amyloid?)

A biphasic course (reparative followed by cidal inflammation) was suggested in a longitudinal study
Ismael, 2020



[11C]-deuterium L
deprenyl
(binding to MAO-B)

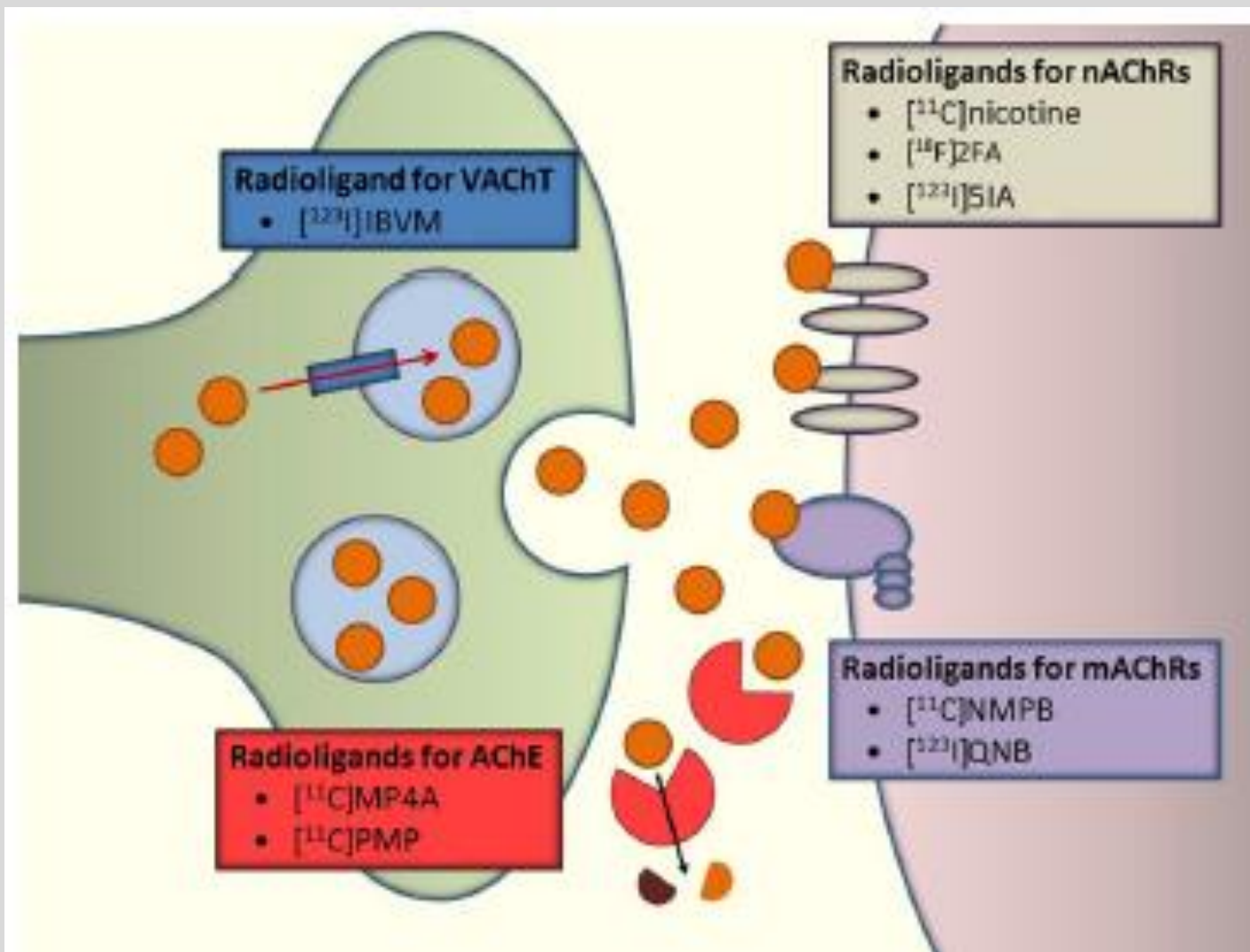
Carter, 2012

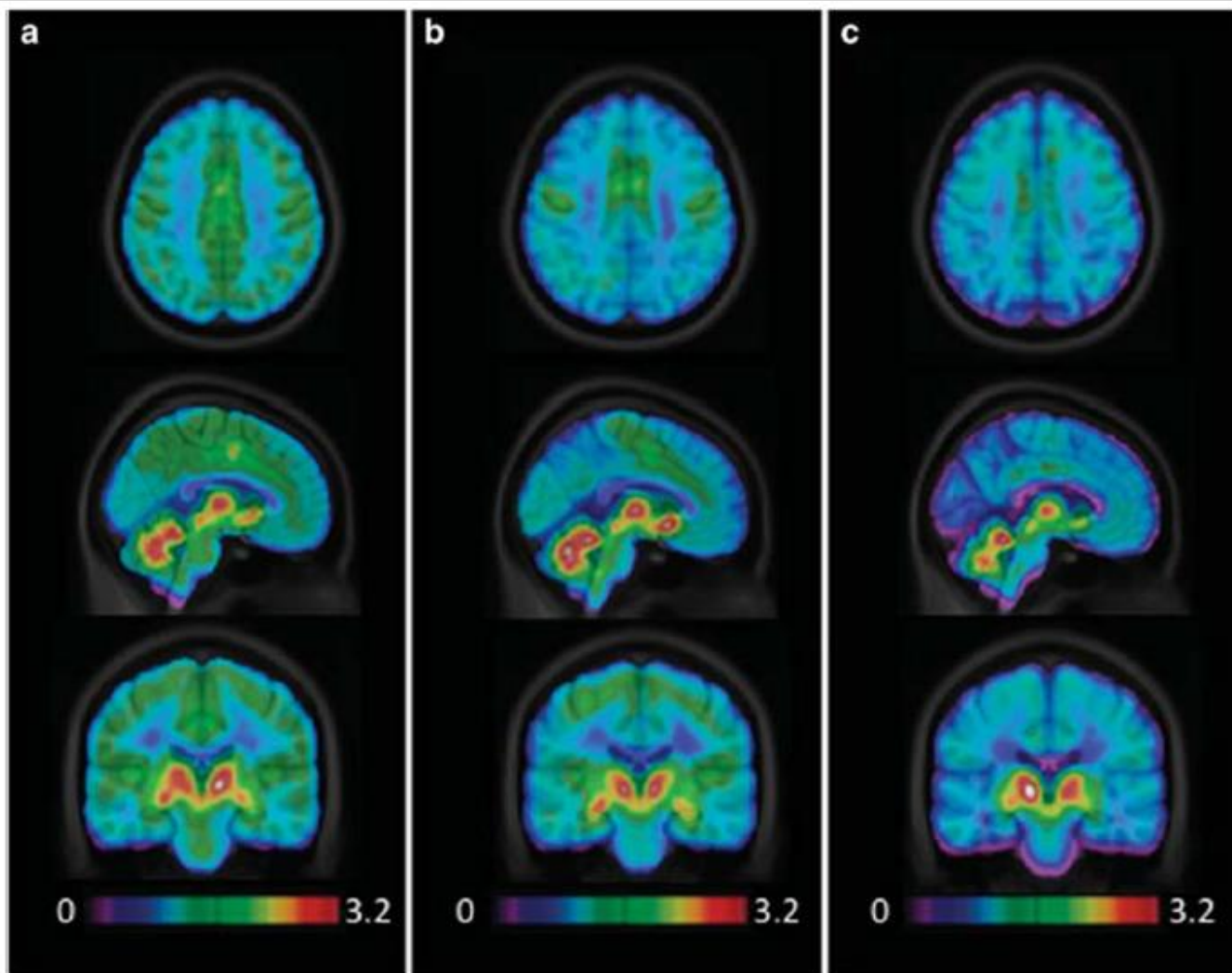


β -sheet-binding compound;
Higher affinity for tau fibrils
than for $A\beta$ fibrils

Amyloid +?

Okamura, 2018

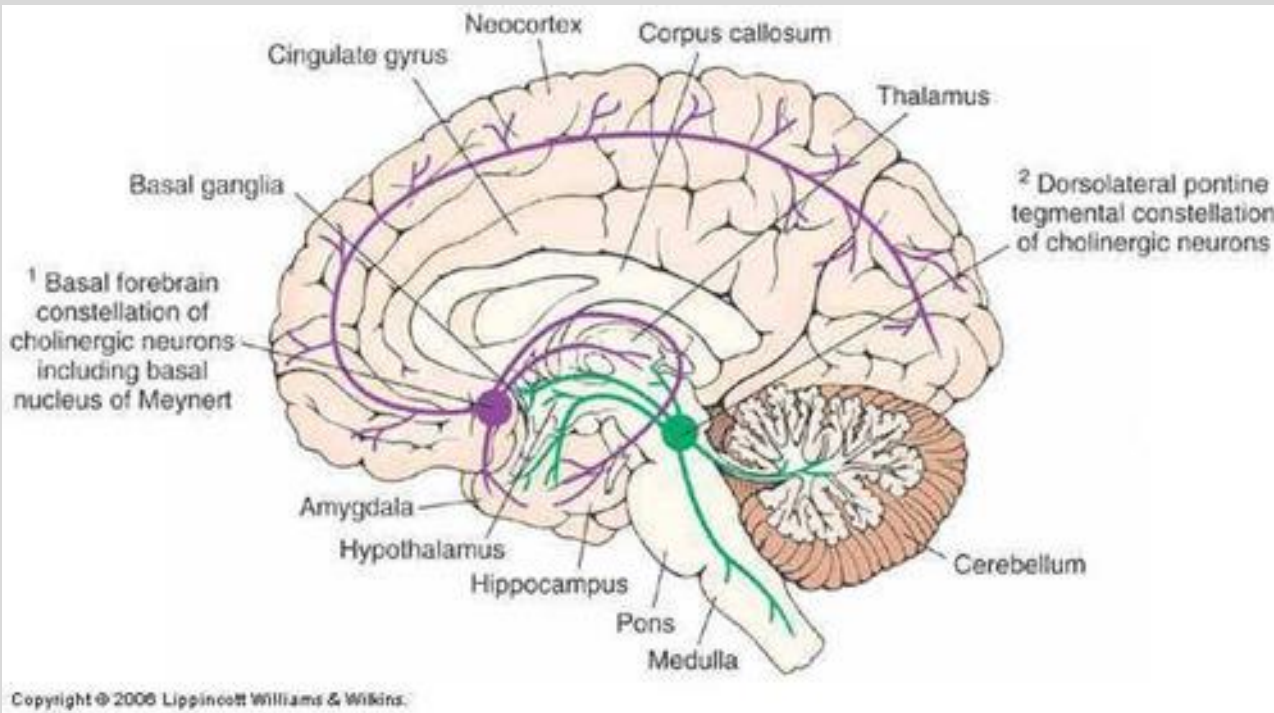




Decrease of cortical presynaptic Vesicular Acetylcholine transporter (VACHT) studied with [18F]FEOBV-PET in AD

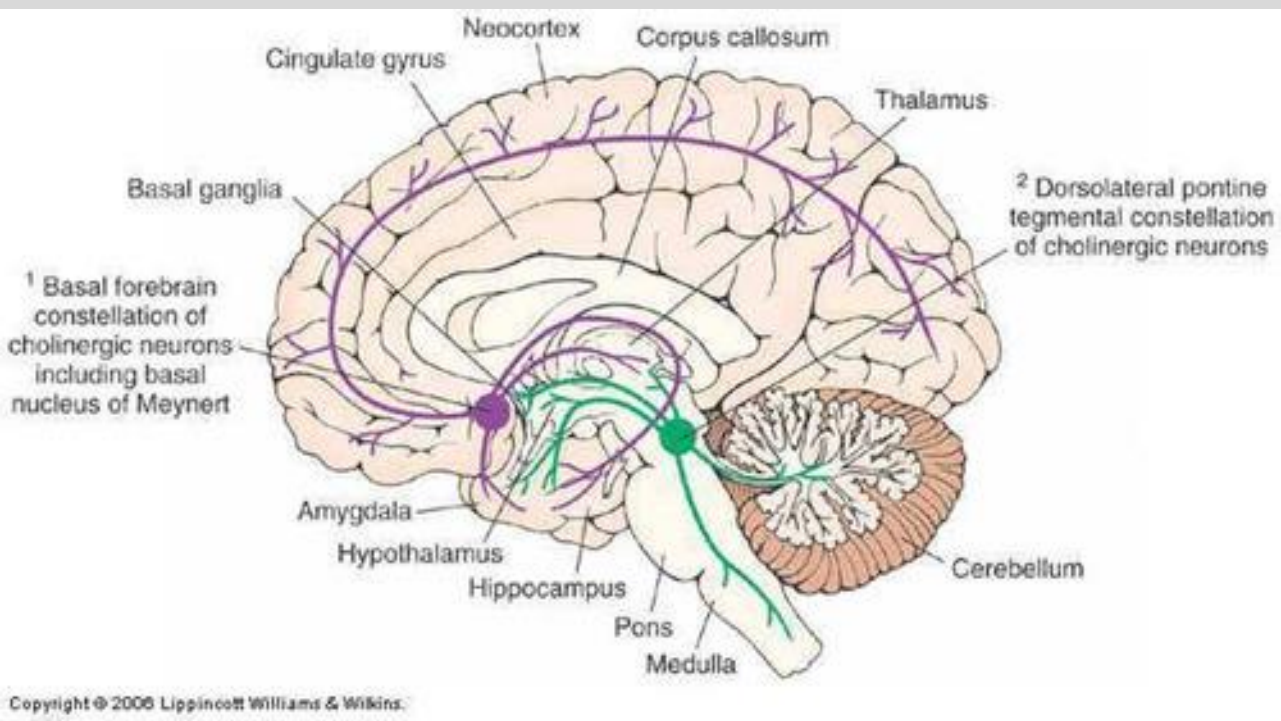
The hippocampus, innervated by septal cholinergic neurons, would be less affected.

Aghourian, 2017



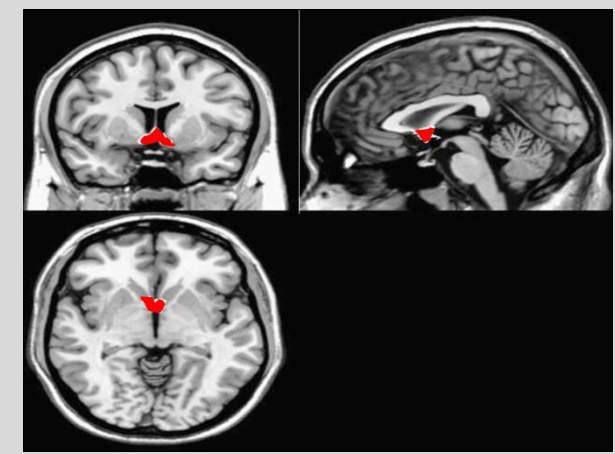
Neocortical and amygdaloid functional changes of the cholinergic system (using AchE radiotracer) are an early and leading event in AD, rather than the consequence of neurodegeneration of basal nuclei.

Herholz et al, 2004



Basal forebrain volume reliably predicts the cortical spread of Alzheimer's degeneration.

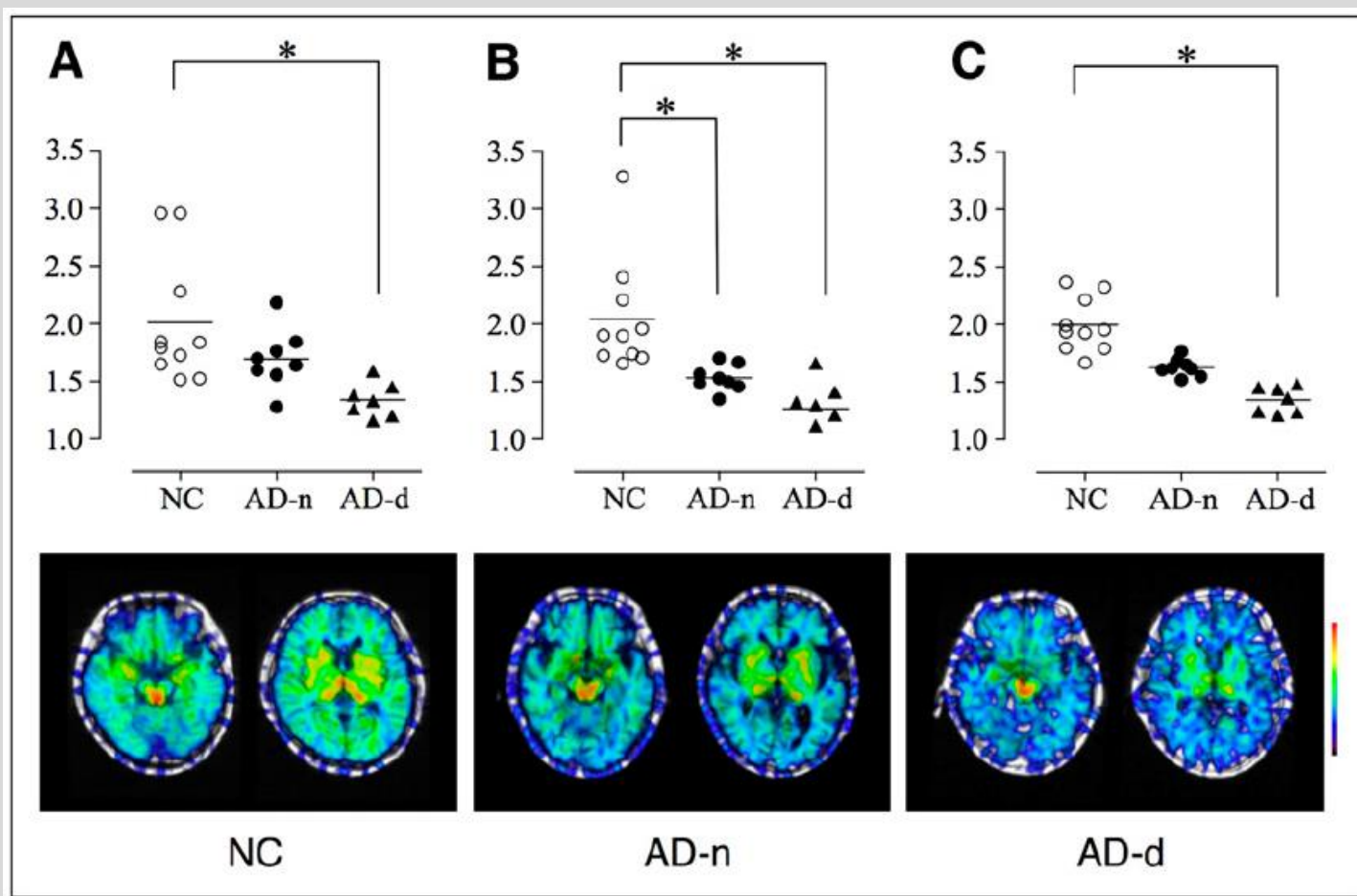
Fernandez-Cabello, 2020



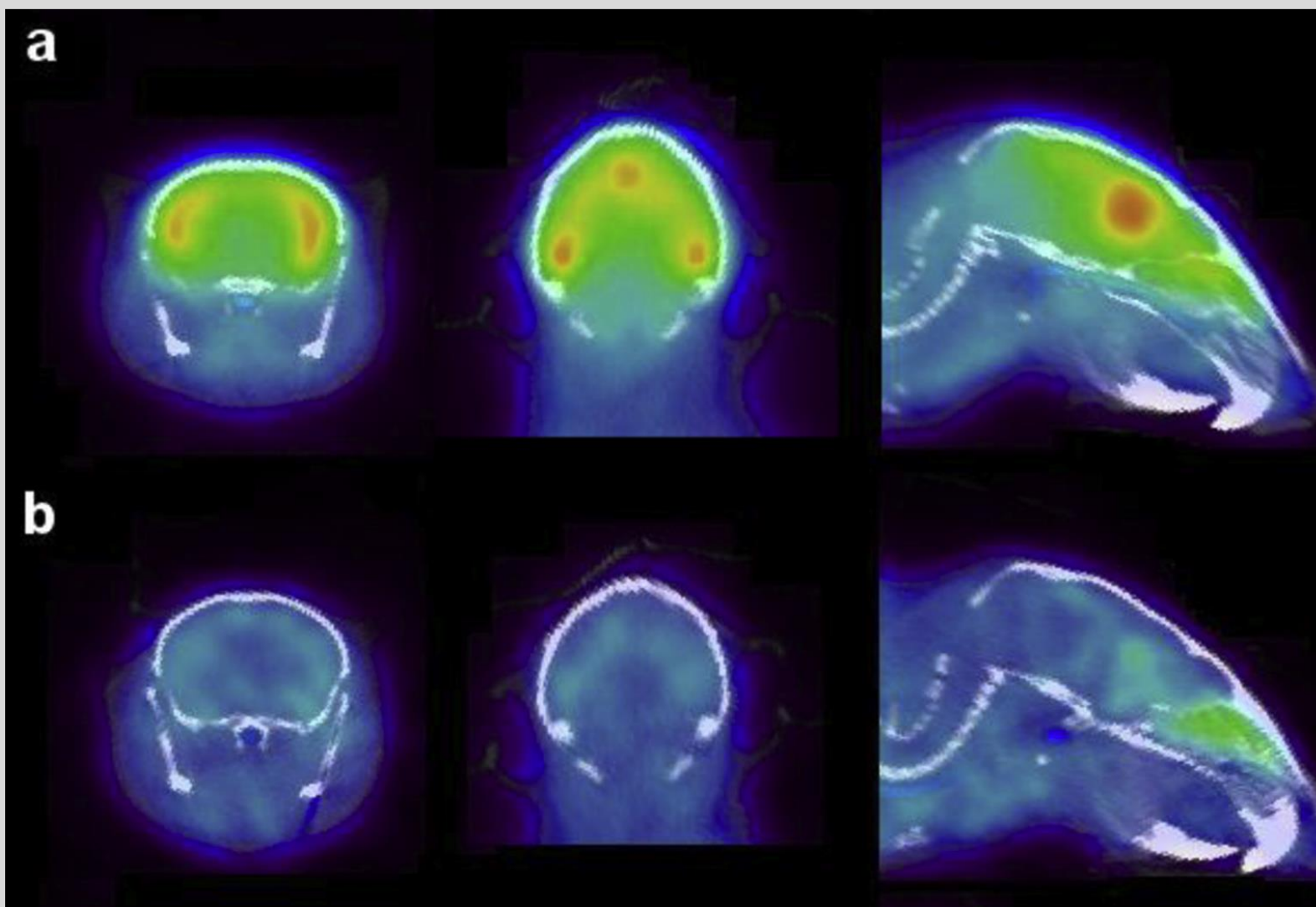
Midbrain

Putamen

Thalamus

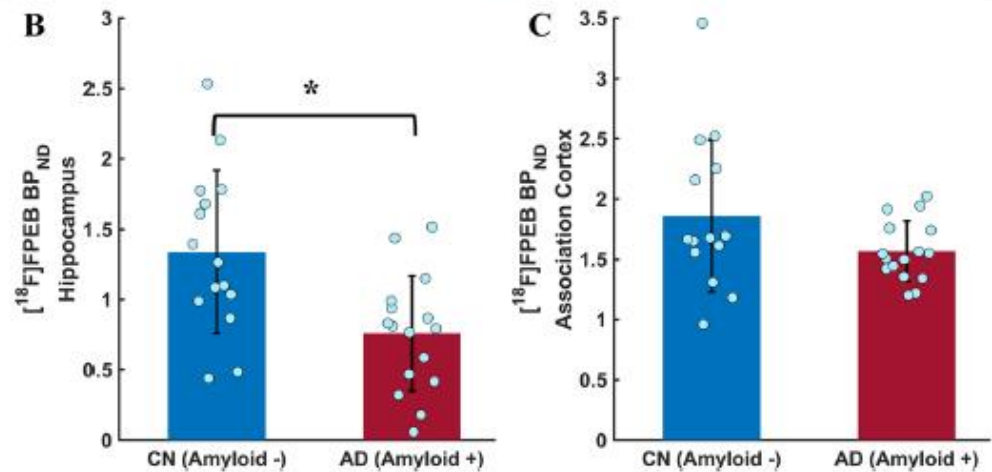
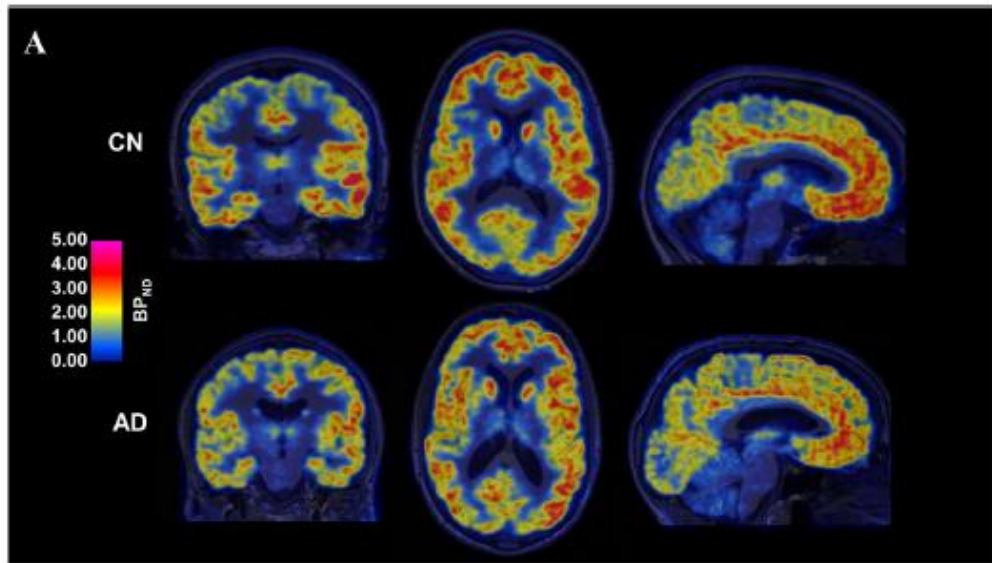


Assessment of
the Serotonin Reuptake
Transporter (SERT)
with [11C]DASB-PET
in depressed & non depressed
AD patients

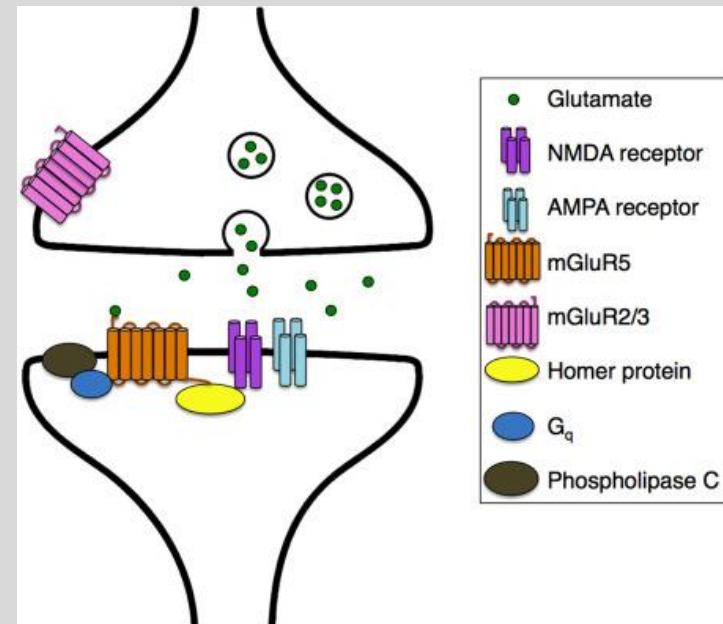


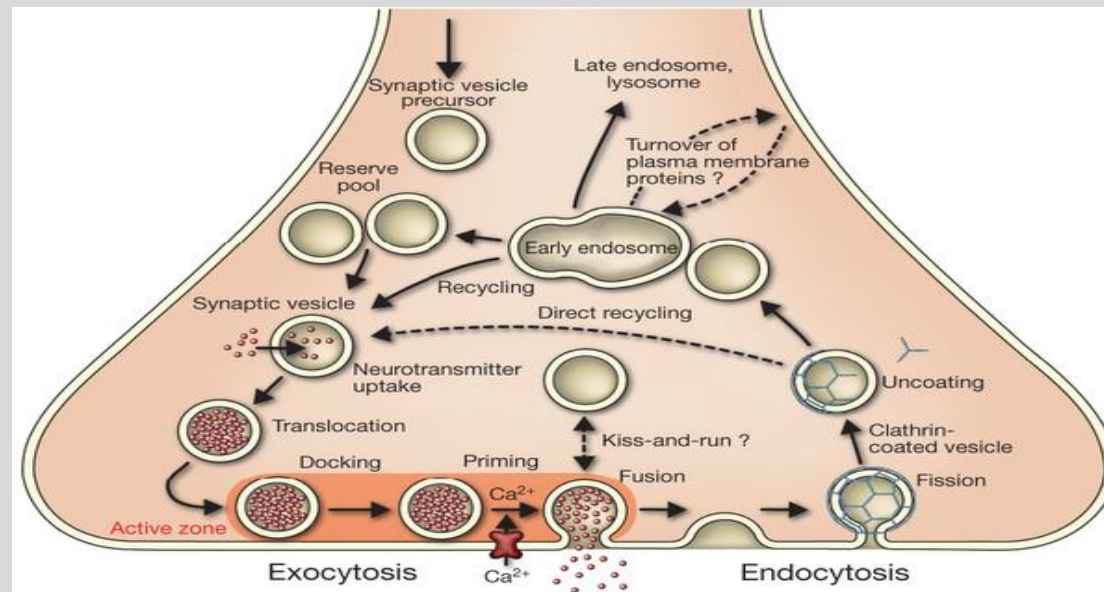
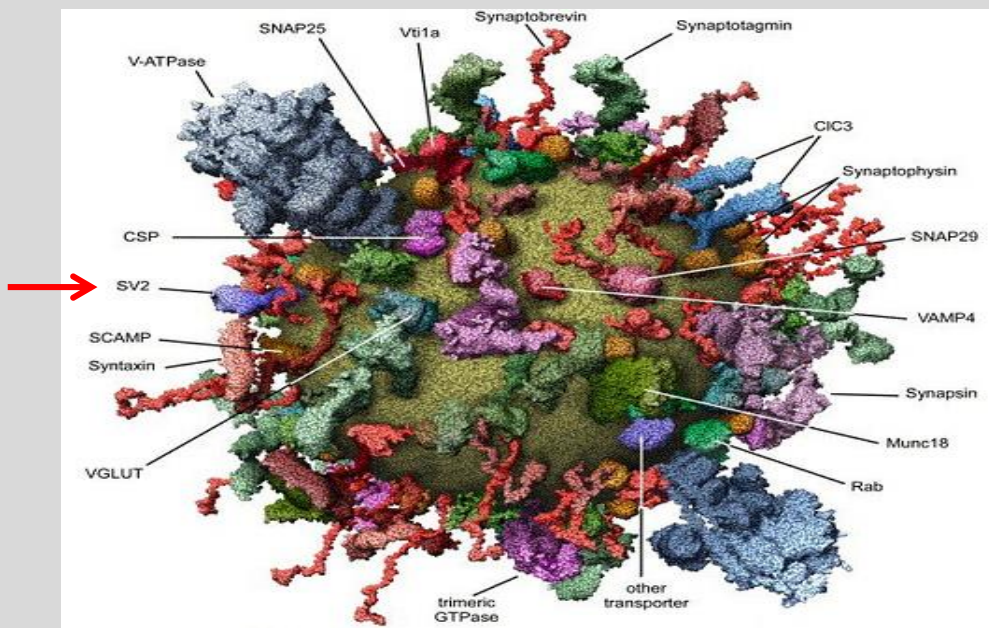
mGluR5 levels were found to decrease with age and tended to be higher in tg-ArcSwe compared with wt mice

Saturation with cold substance

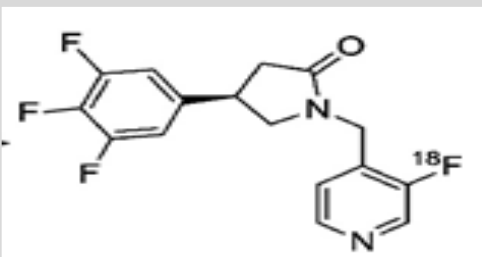


Decrease of hippocampal
Metabotropic Glutamate
Receptor5mGluR5 (both pre-
and post synaptic)





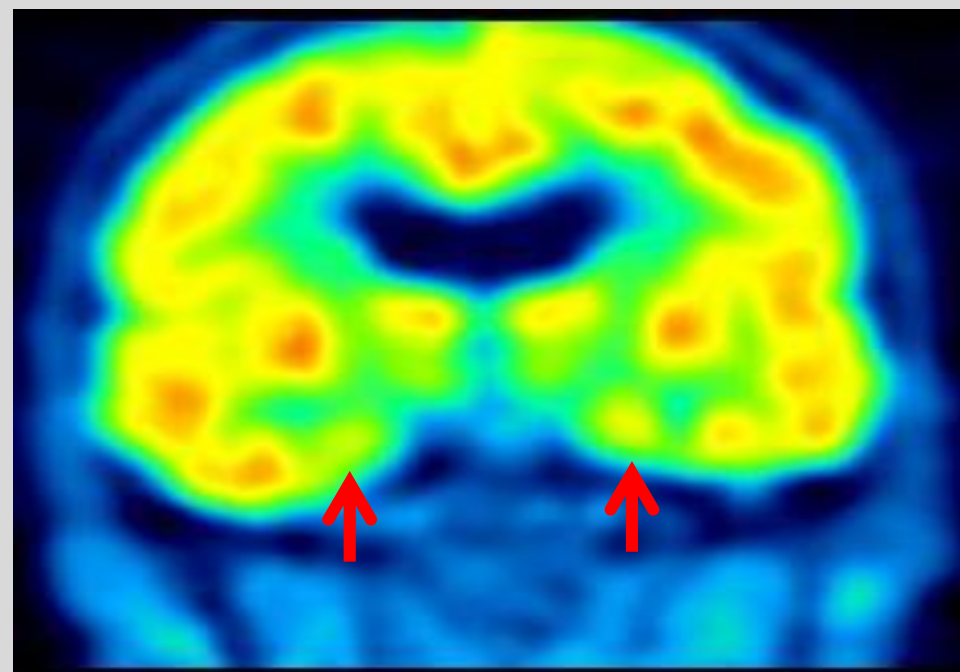
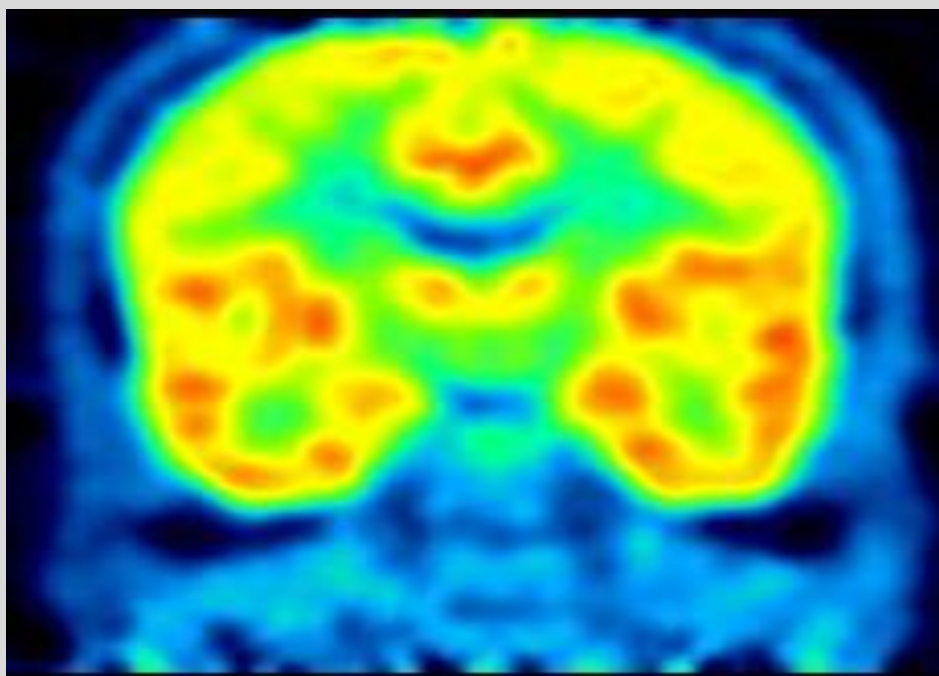
Radiotracer:
[¹⁸F]UCB-H



SV2A is involved in synaptic vesicle trafficking

SV2A is ubiquitous in the brain





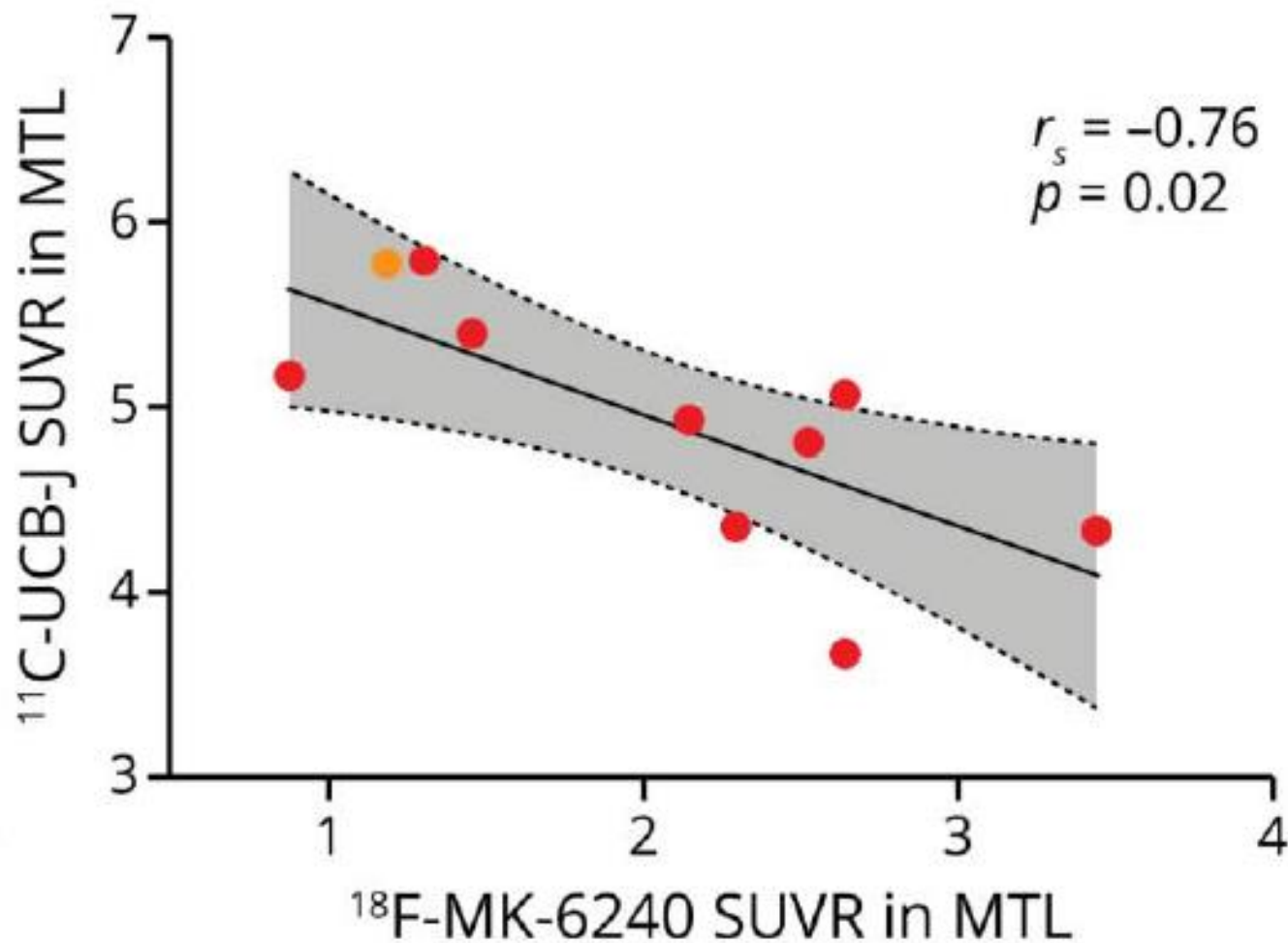
Control



Mild AD

Visual analysis suggest a decrease in SV2A binding in medial temporal structures

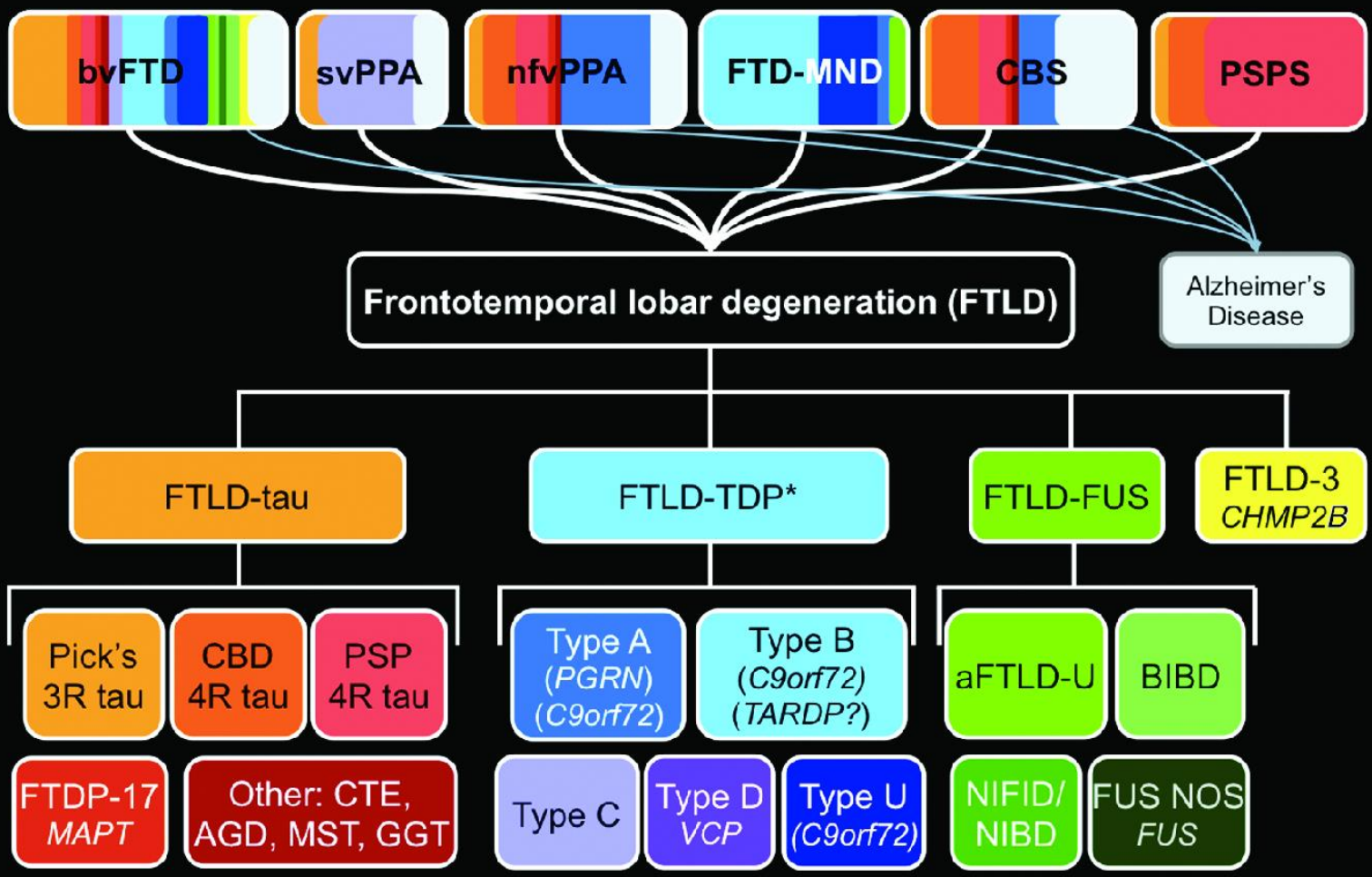




High correlation
(no causality)

Vanhaute et al, 2020

FTLD clinicopathologic spectrum



Slide courtesy of W. Seeley, UCSF

*Mackenzie harmonized scheme, 2011

MOUSE MODELS

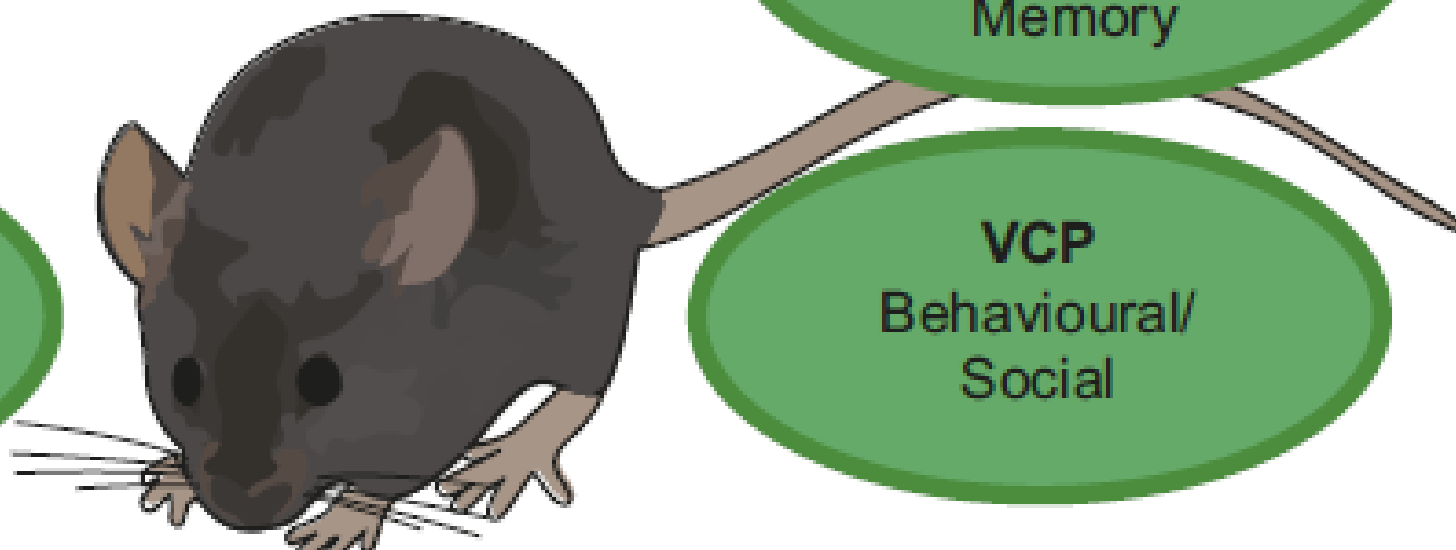
C9ORF72
Behavioral
Motor changes

TDP-43
Motor changes
Behavioural
Memory

TAU
Motor
Behavioural
Memory

PROGRANULIN
Behavioural changes

VCP
Behavioural/
Social





Disinhibition

Apathy

Loss of empathy

Stereotyped behavior

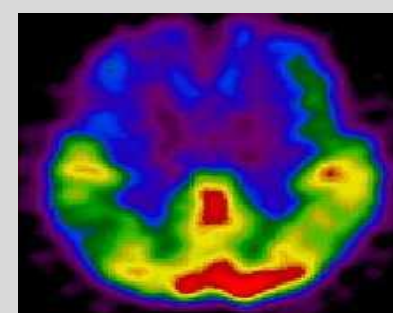
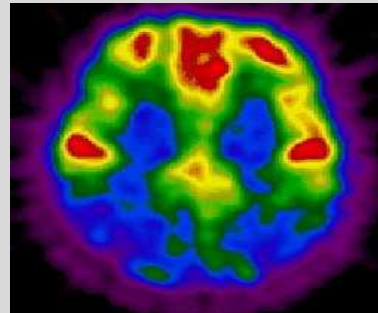
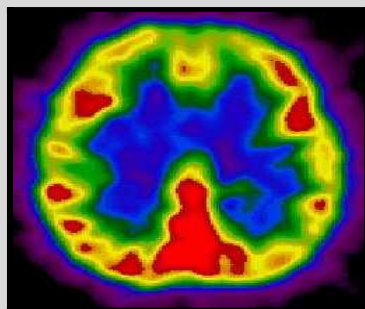
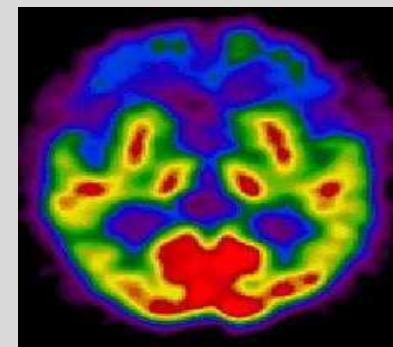
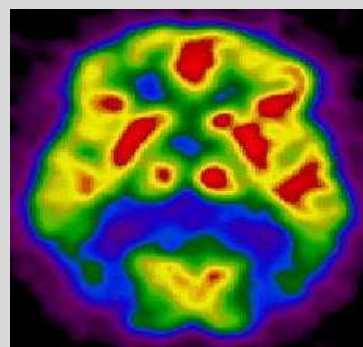
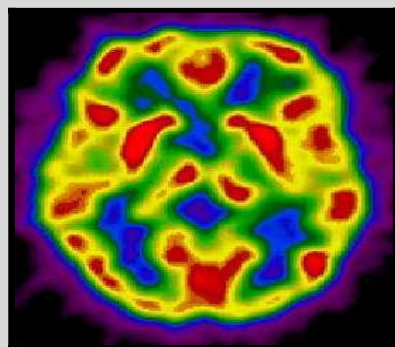
Hyperorality

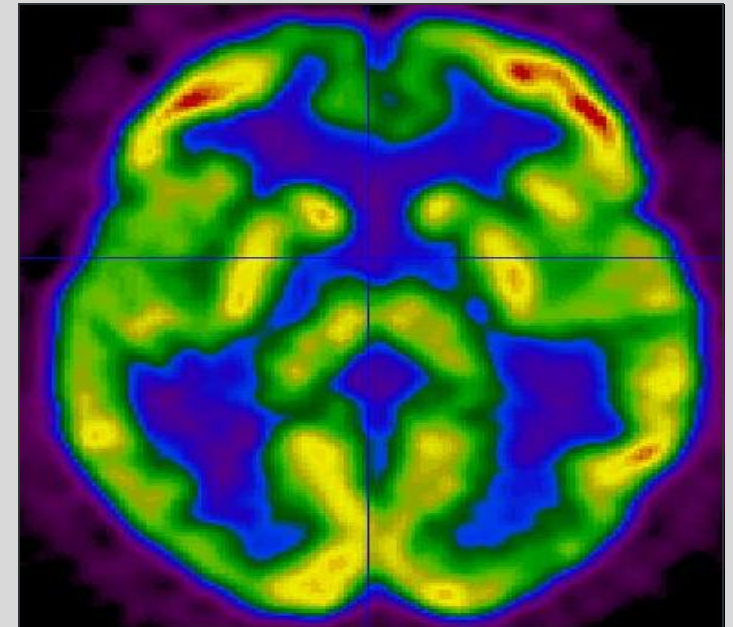
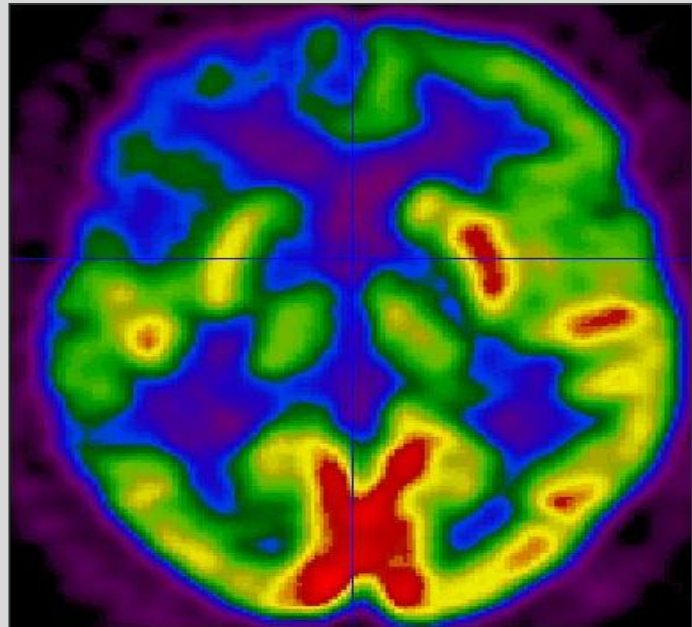
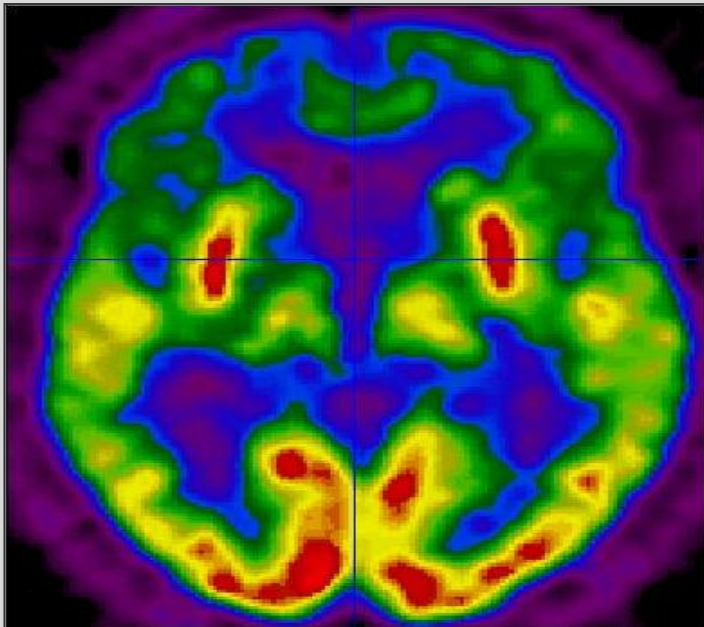
... and language in the other variants



AD

FTD

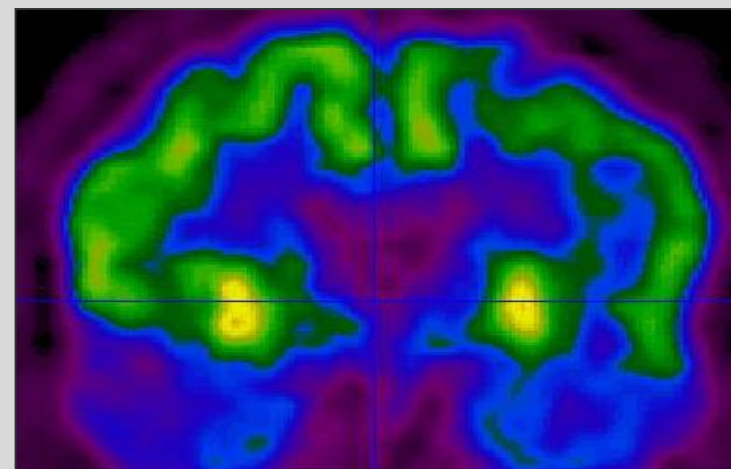
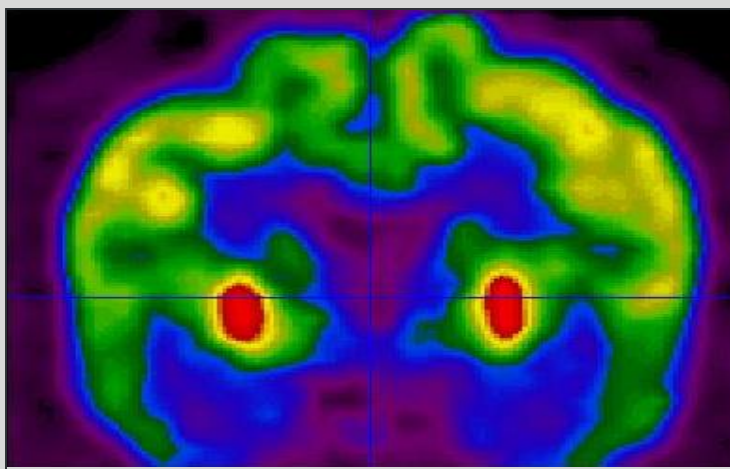
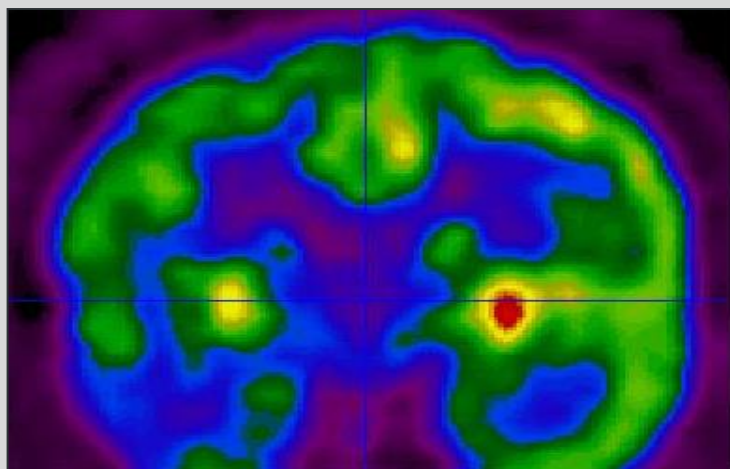
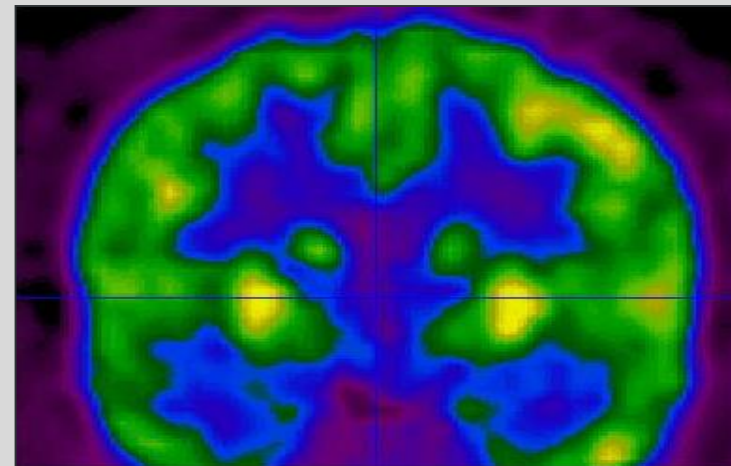
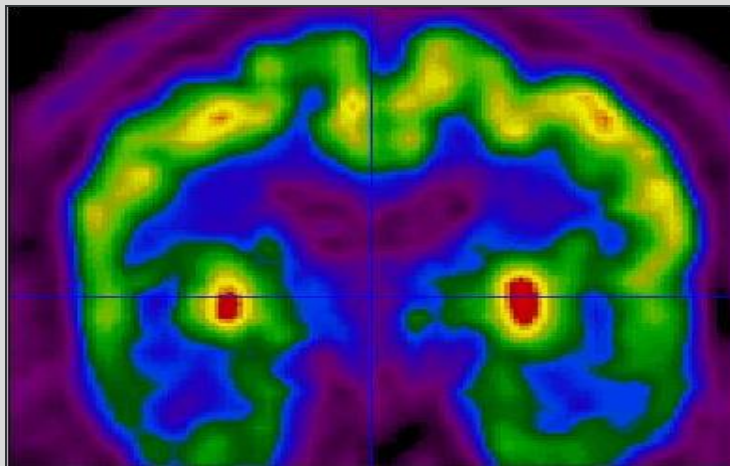
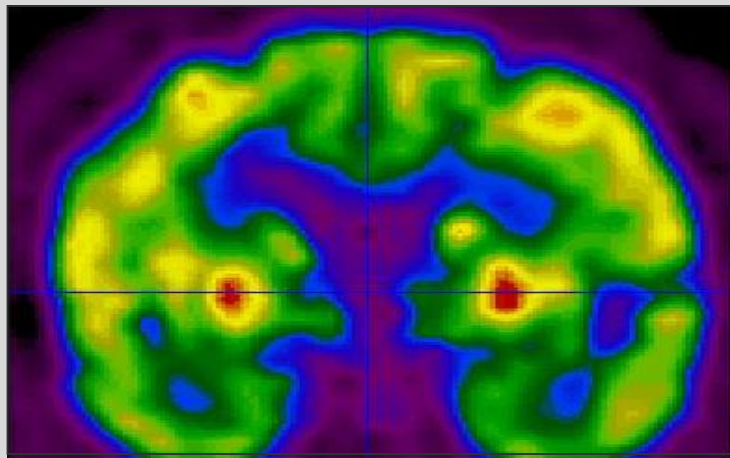


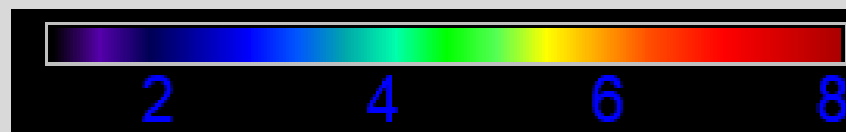
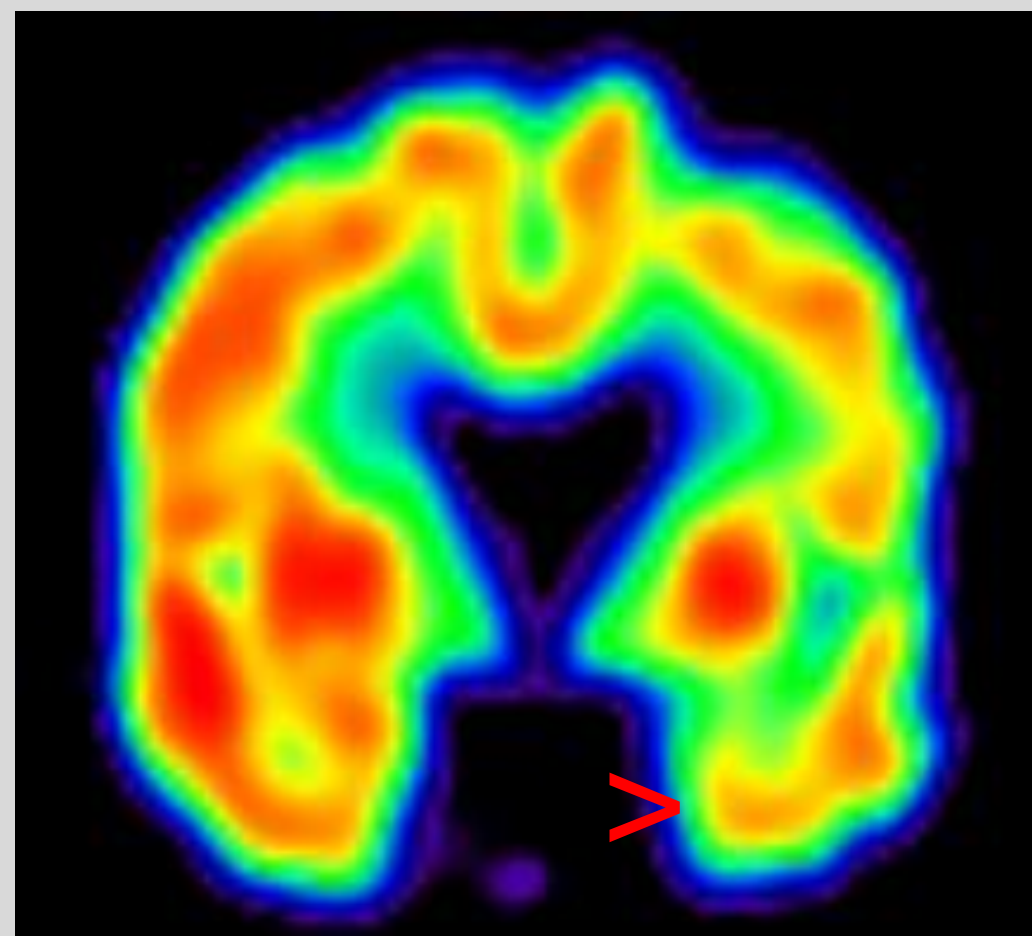
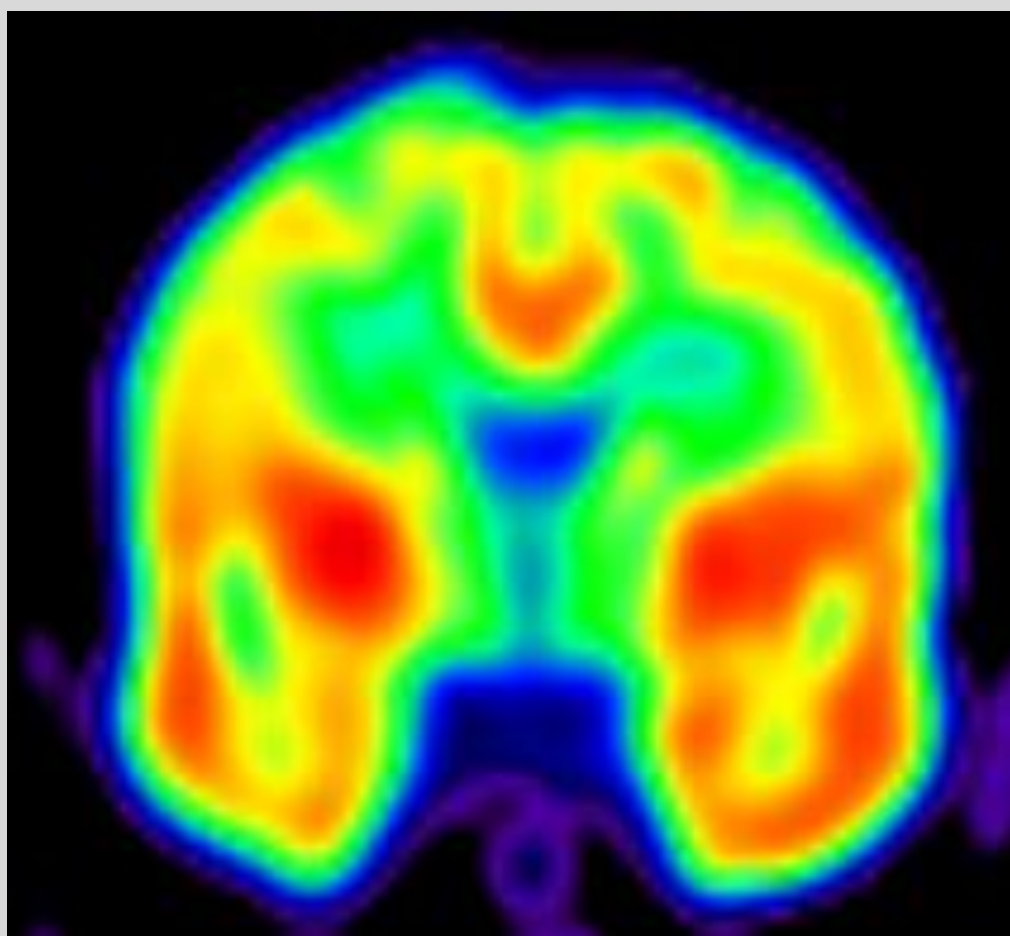


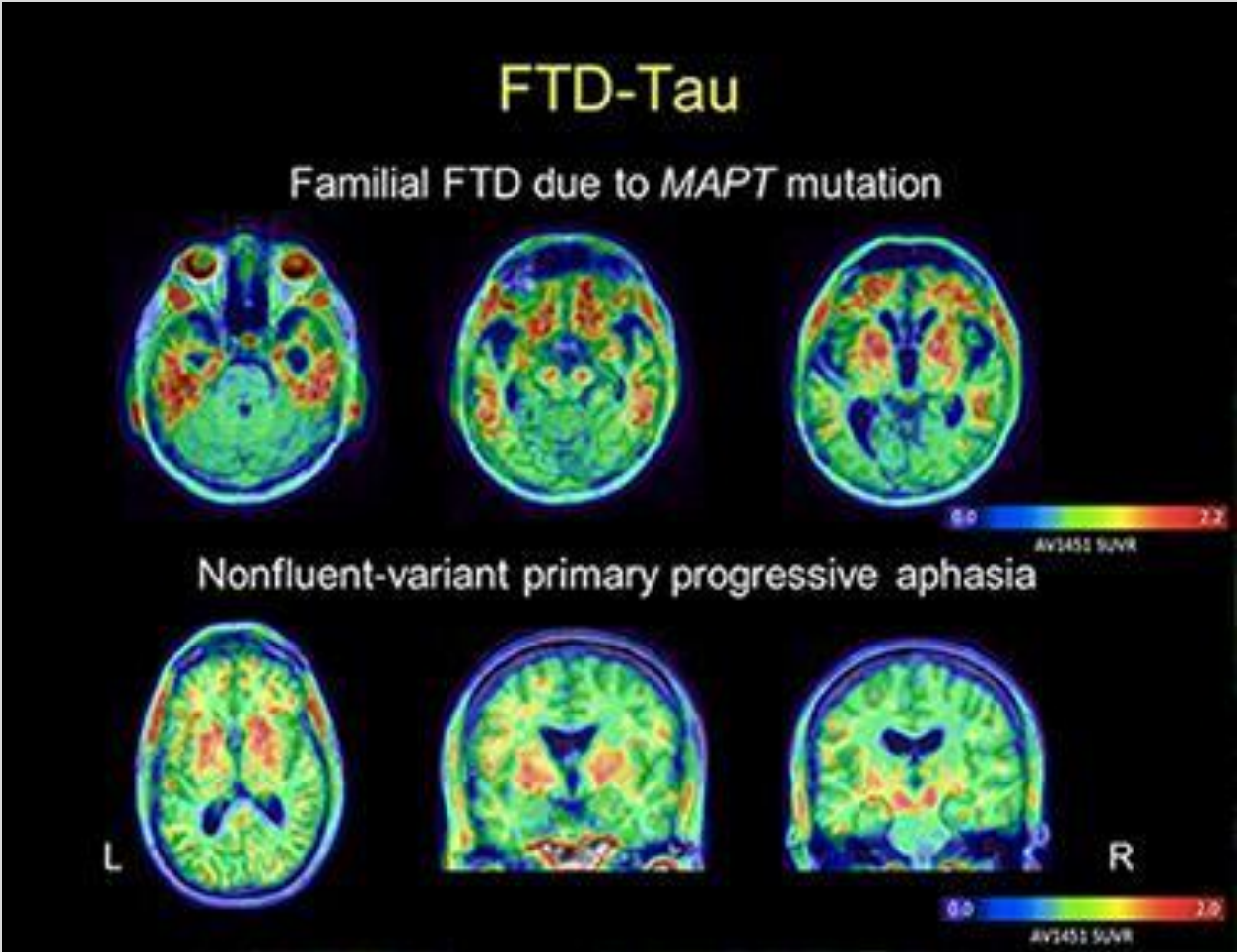
Variable involvement of frontal cortex



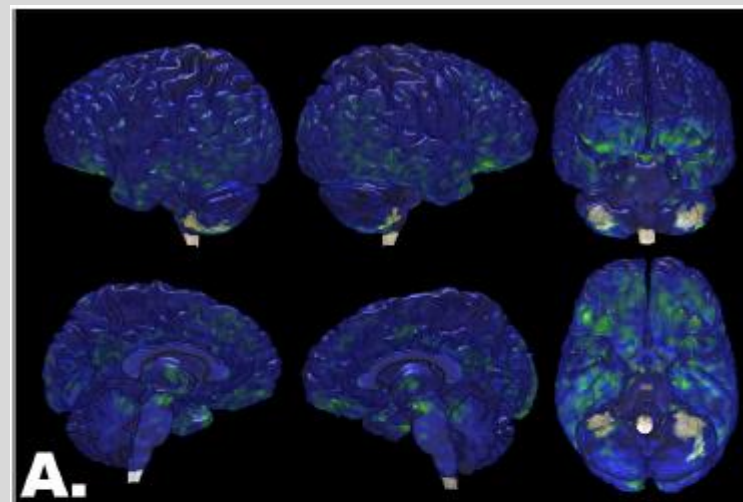
FDG-PET in temporal cortex of FTD



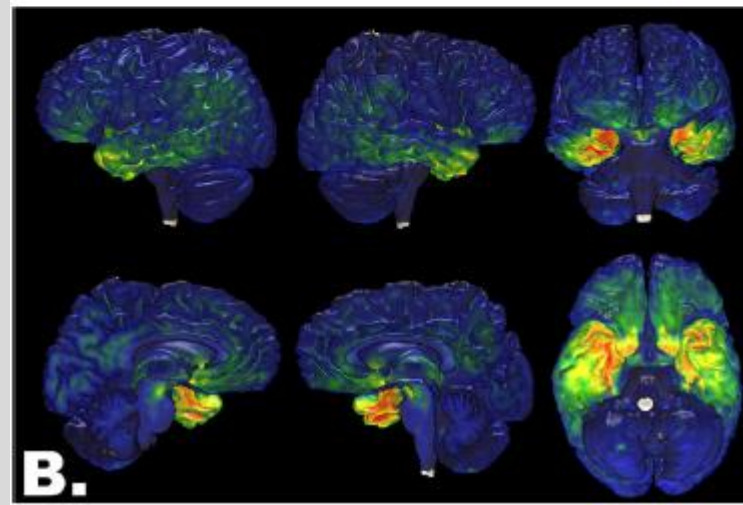




4R-
Microtubule
Associated
Protein Tau

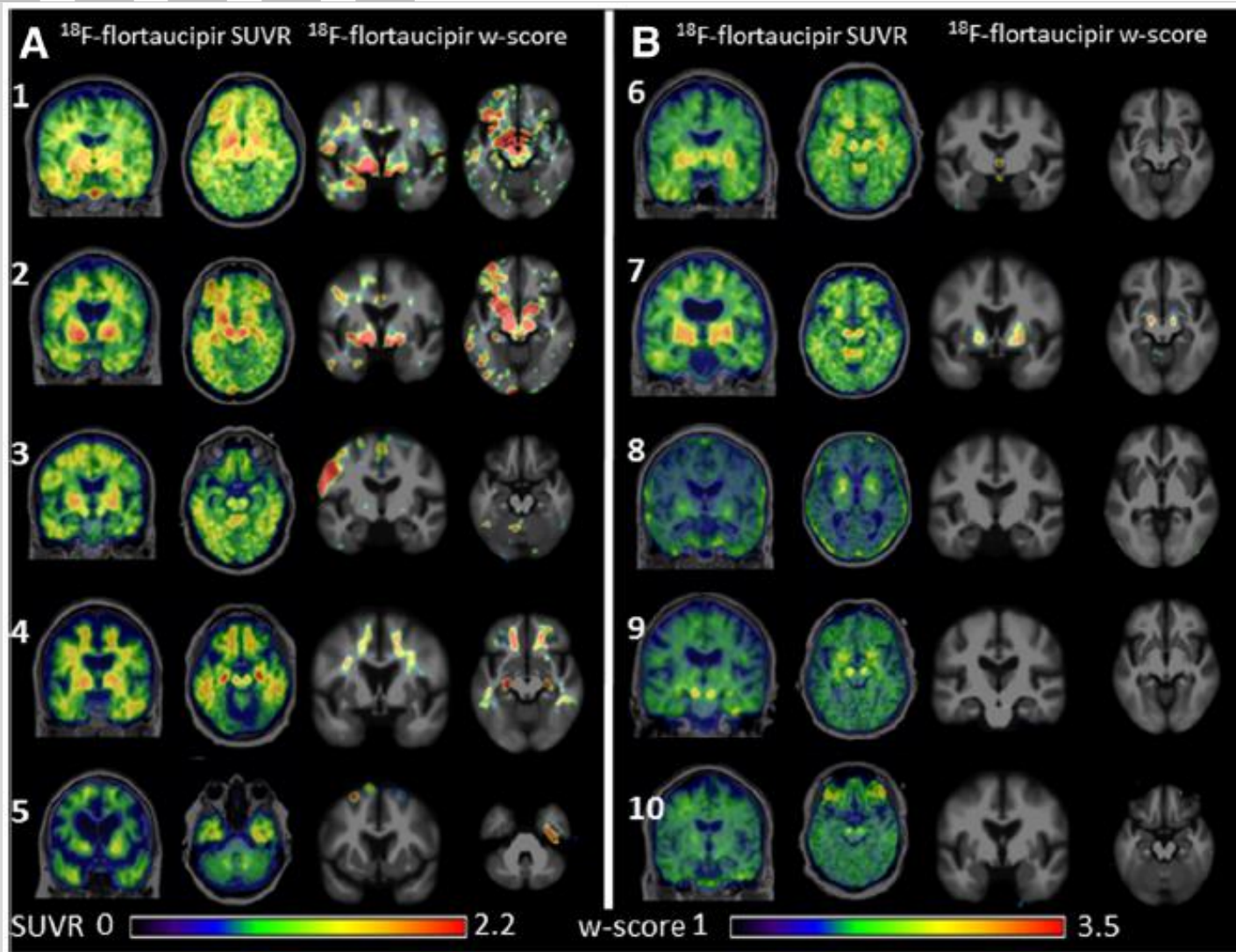


3R/4R-
Microtubule
Associated
Protein Tau



Whitwell, 2019

Tau-PET variability in bvFTD





Conclusion



Molecular imaging and biomarkers are key elements for new concepts of neurodegenerative diseases

