



# MRI Biomarkers form Bench to Bedside and Back!



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Disclosure: Data Monitoring Safety Board Member; Takeda Global Research & Development Center, Inc., Pfizer and Janssen Alzheimer's Immunotherapy

# Biomarker versus Surrogate Marker

- **Biomarker:** Laboratory measurement that reflects the activity of a disease process
- **Surrogate marker:** Laboratory measurement that is used in therapeutic trials as a substitute for a clinically meaningful endpoint.

# Ideal Biomarker for Alzheimer's Disease

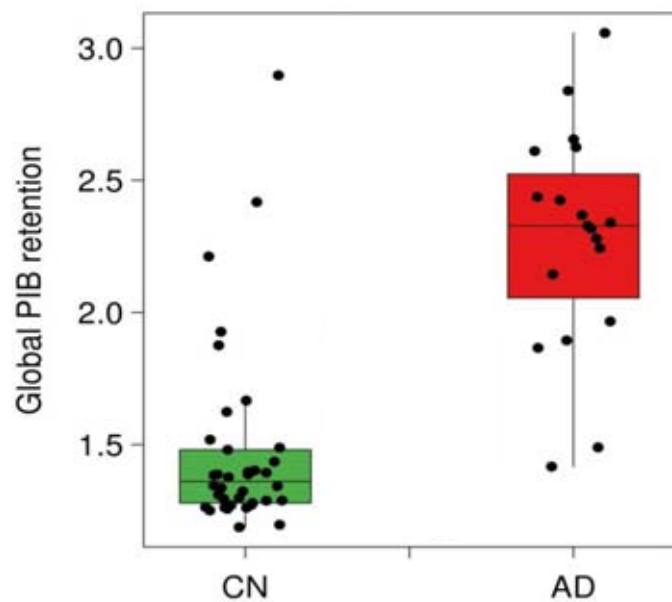
- **Accurate:** Sensitivity and specificity to the hallmarks of Alzheimer-related pathology
- **Precise:** Test-retest reproducibility  
longitudinal tracking of progression
- Surrogate marker in therapeutic trials targeting disease-specific pathology

# Imaging Biomarkers of AD

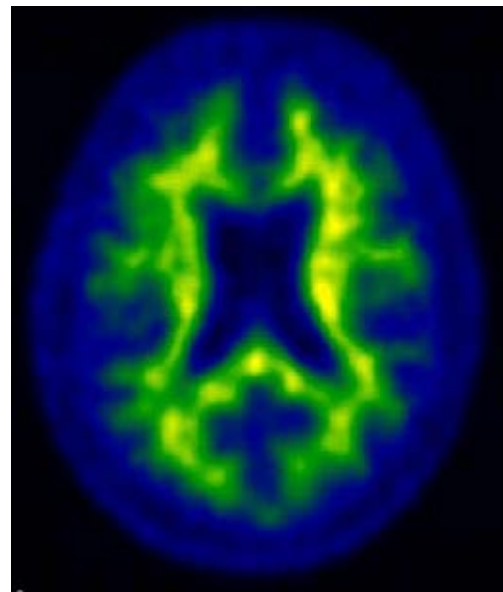
- Structural MRI: *macrostructure*
- ? ~~Q~~ Amyloid imaging PET: amyloid load
- FDG-PET: glucose metabolism
- $^1\text{H}$  MRS: biochemistry
- DTI: *microstructure*
- ASL-MRI: perfusion
- fMRI: function

# Imaging biomarkers associated with a specific aspect of Alzheimer's disease -related pathology

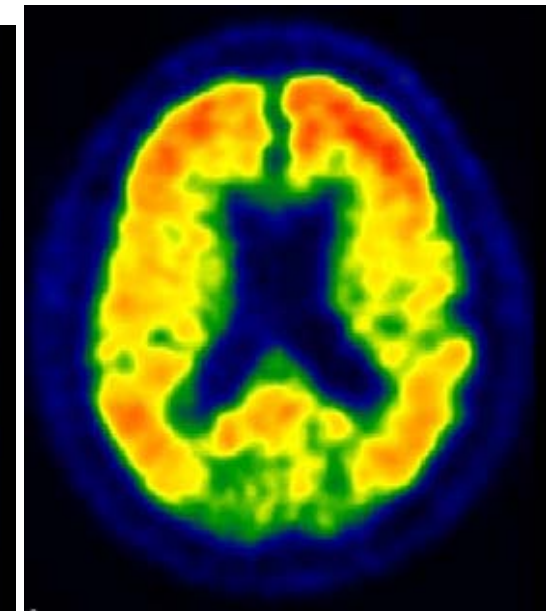
Case-control studies with autopsy confirmation



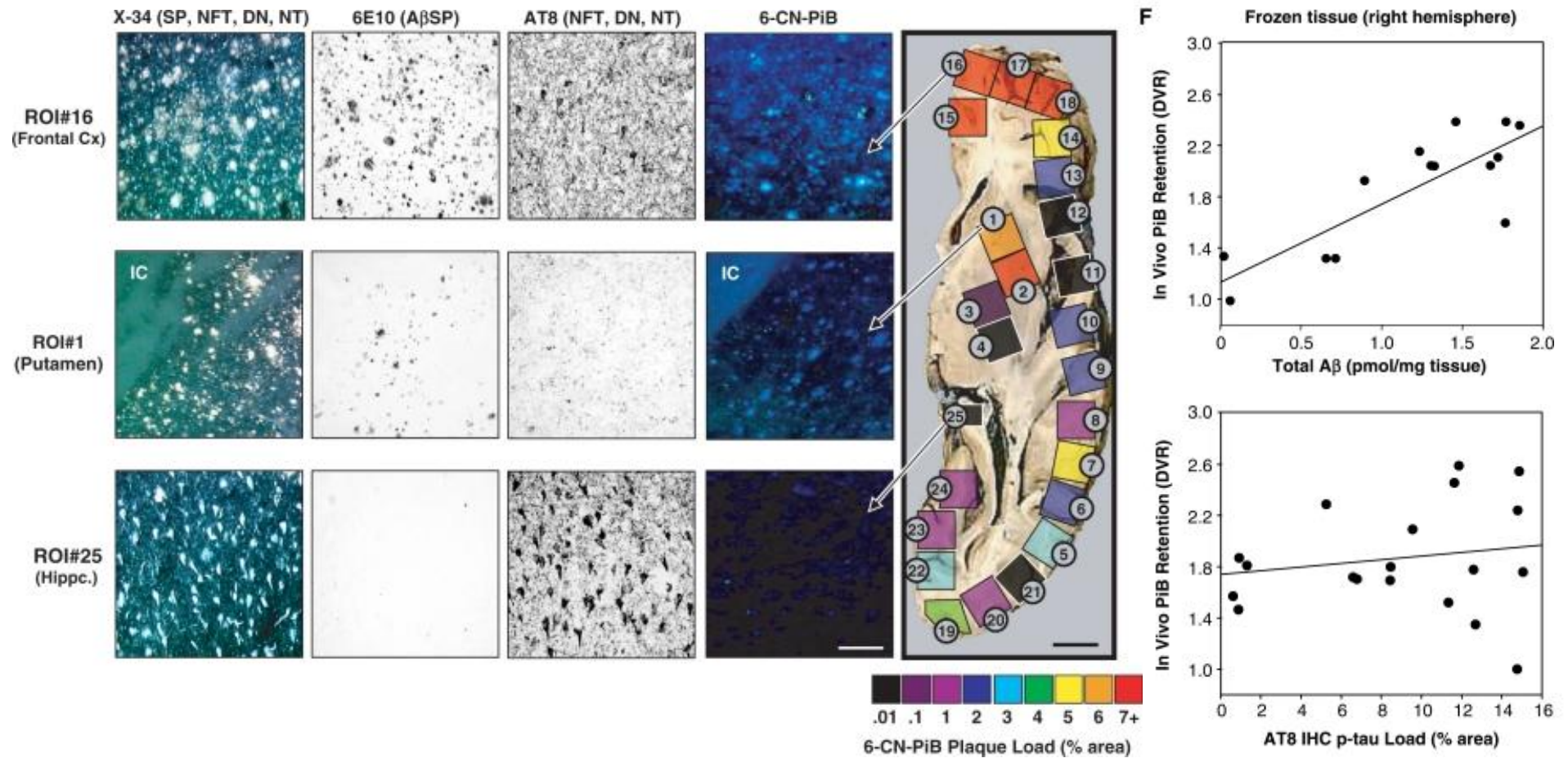
Normal



PiB -Positive



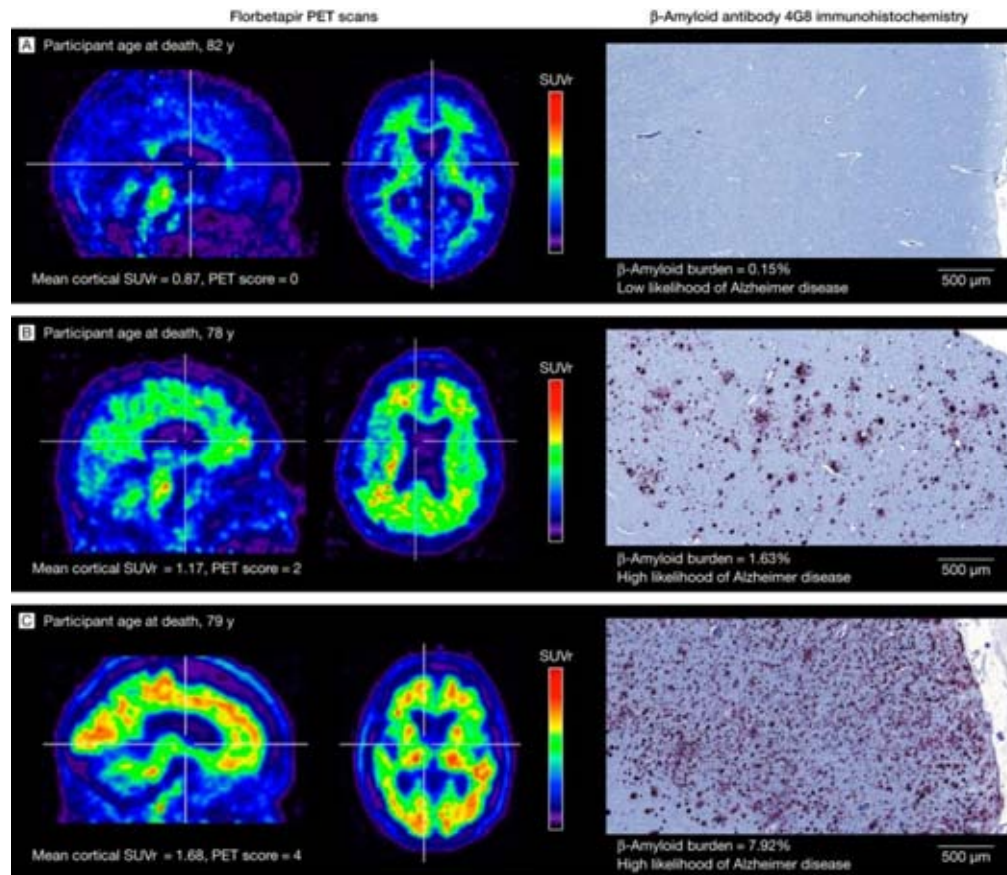
# ?áAmyloid PET Imaging with 11C-PiB





# Amyloid PET Imaging with 18F-Ligands

Florbetapir F 18 (18F-AV-45), 18F-flutemetamol (18F-GE067), florbetaben (18F-BAY94-9172), and 18F-FDDNP (Half life: 110 min)

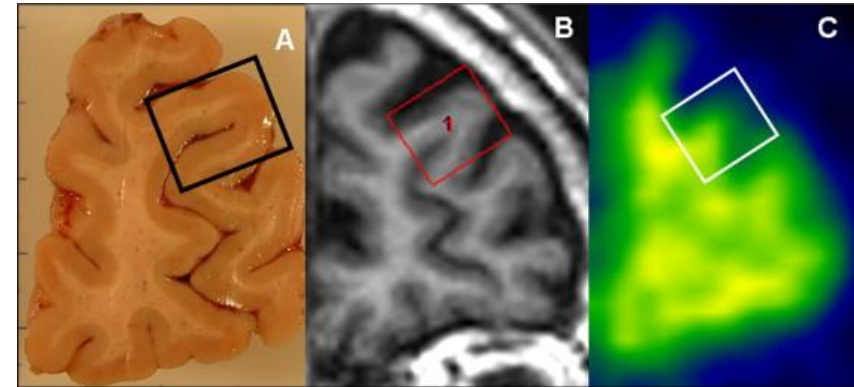


Florbetapir F 18

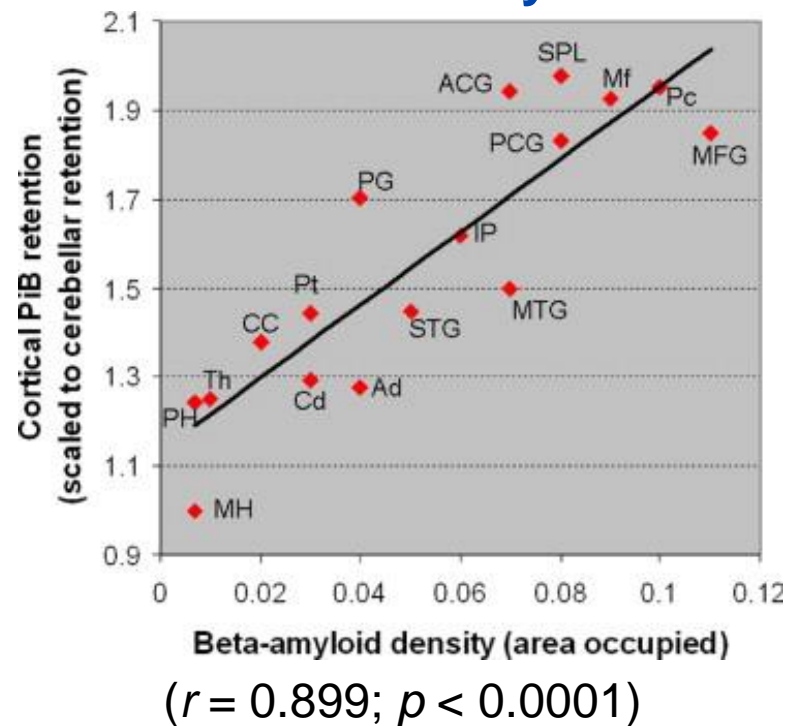
Sensitivity = 93%

Specificity = 100%

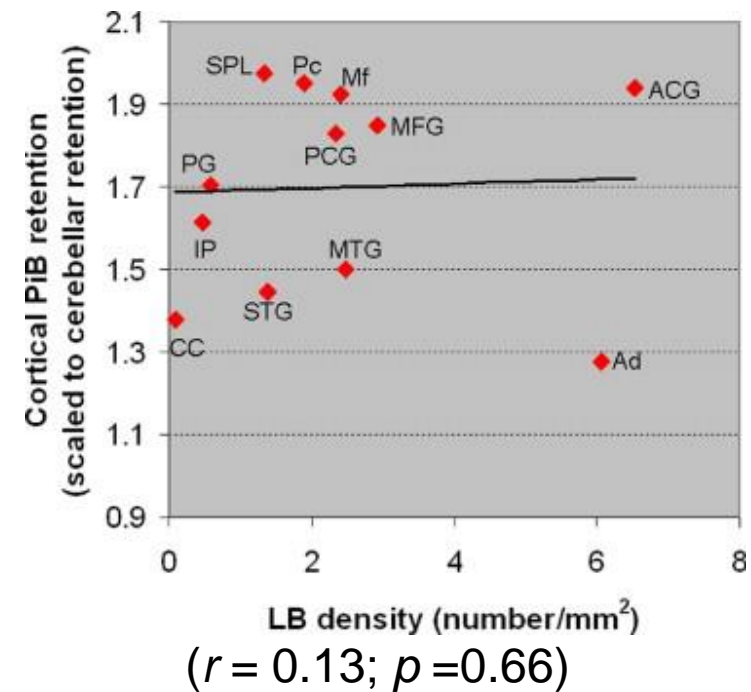
# Antemortem Amyloid Imaging with PET and Postmortem Pathologic Correlations in DLB



**A density**



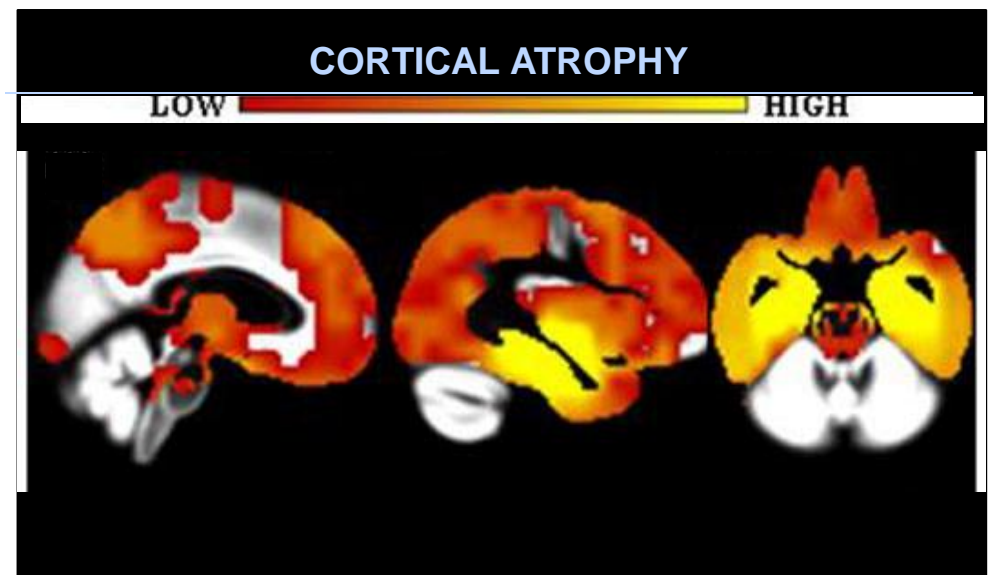
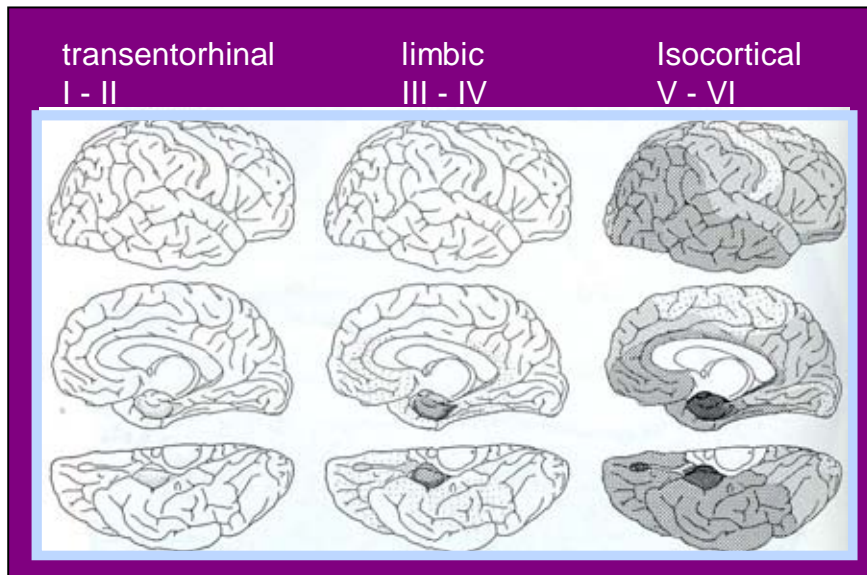
**Lewy body density**





# Structural MRI:

**Neurofibrillary Tangle Pathology is Associated with Atrophy on Volumetric MRI in AD**

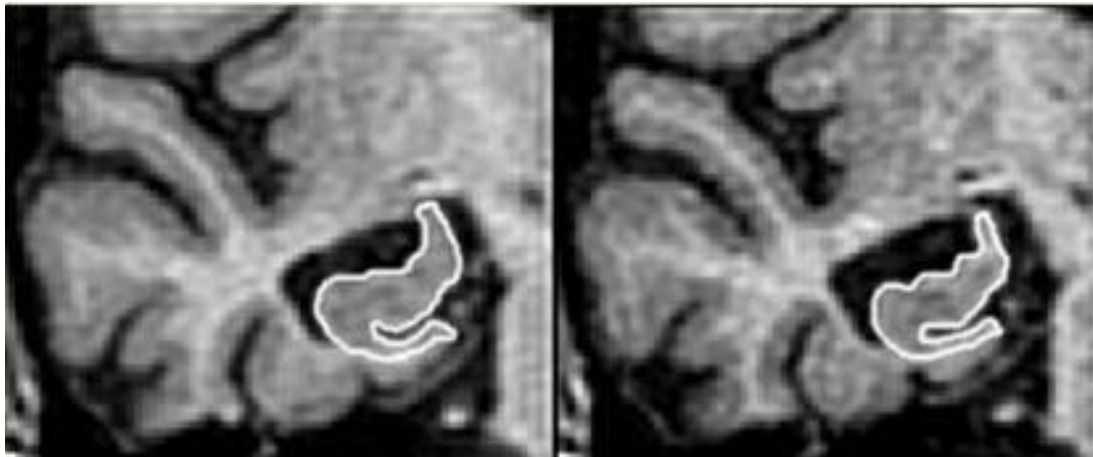


# Structural MRI: Hippocampal Volumes

## A Biomarker for structural integrity of hippocampal neurons

**Baseline**

**Follow-up**



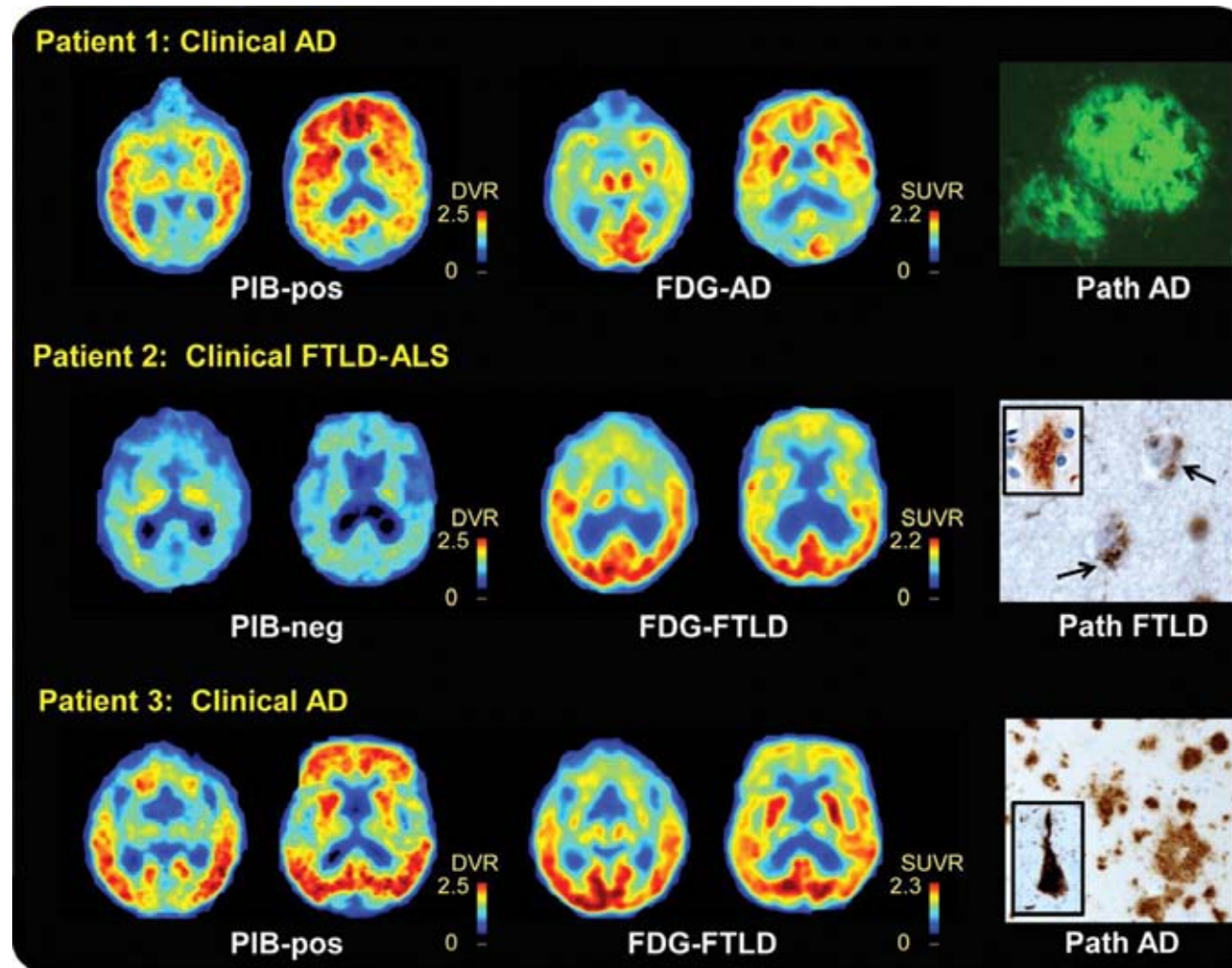
Range of Normal – AD pathology:

Hippocampal volumes on MRI correlate with the neurofibrillary tangle pathology and hippocampal neuronal density at autopsy

# Imaging biomarkers of Alzheimer's Disease

- Differential diagnosis
- Early diagnosis
- Tracking disease progression
- Treatment planning and assessment of efficacy

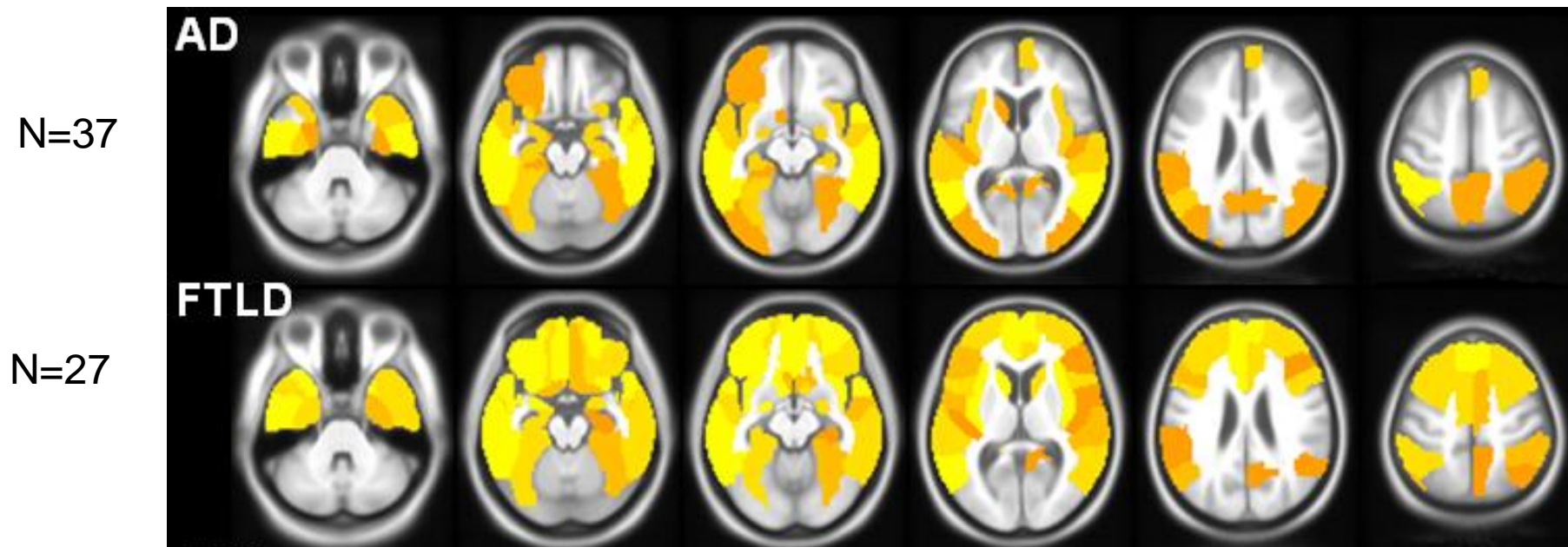
# Differential diagnosis of AD and FTLD



Sensitivity: 89%  
Specificity: 83%

Overall classification accuracy in autopsy-confirmed cases: 97%

# Structural MRI differences among autopsy confirmed AD and FTLD





# Alzheimer's Disease (AD) and Dementia with Lewy Bodies (DLB)

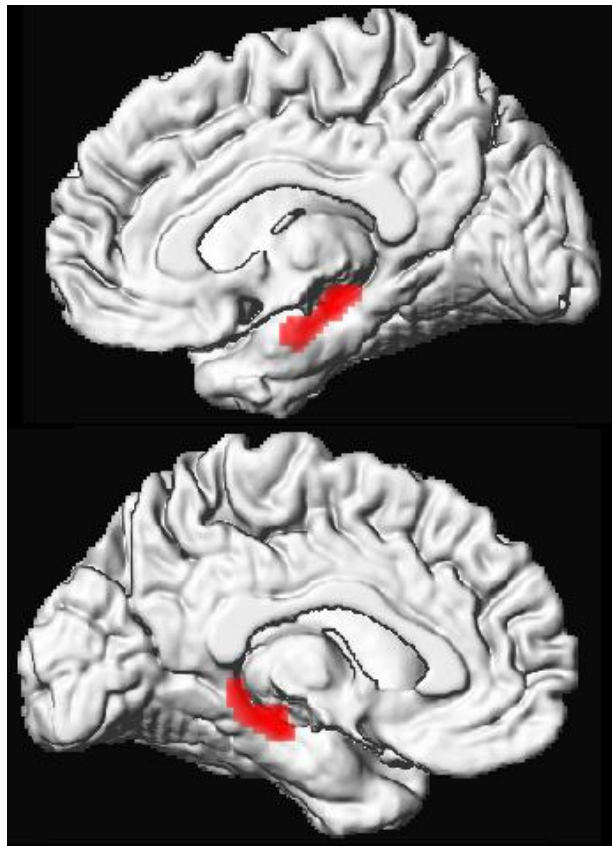
- DLB is the second most common cause of neurodegenerative dementia after Alzheimer's disease (AD).
- Many patients with DLB have a varying degree of AD in addition to Lewy body pathology.
- Imaging markers that predict the contribution of AD and pathology to the dementia syndrome in DLB would have an important role:
  - Treatment decisions
  - Responsiveness to disease-specific treatments

# Differential Diagnosis of Alzheimer's Disease and Dementia with Lewy Bodies using Multi-modality Imaging

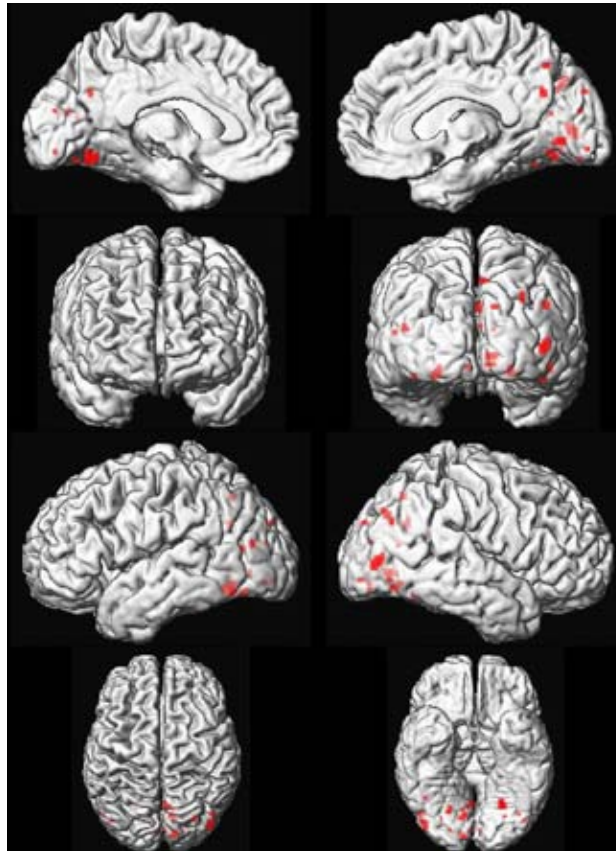
Atrophy (MRI)

Hypometabolism (FDG PET)

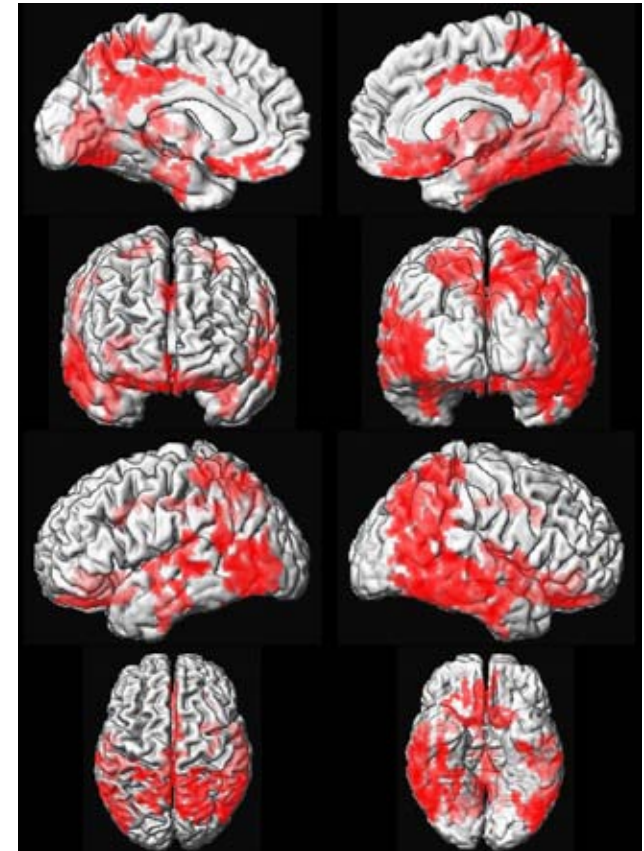
A $\beta$  load ( $^{11}\text{C}$  PiB PET)



**AD > DLB**



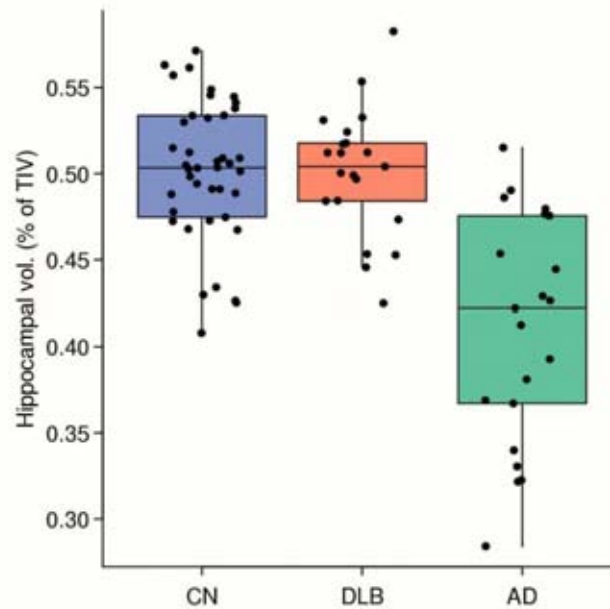
**DLB > AD**



**AD > DLB**

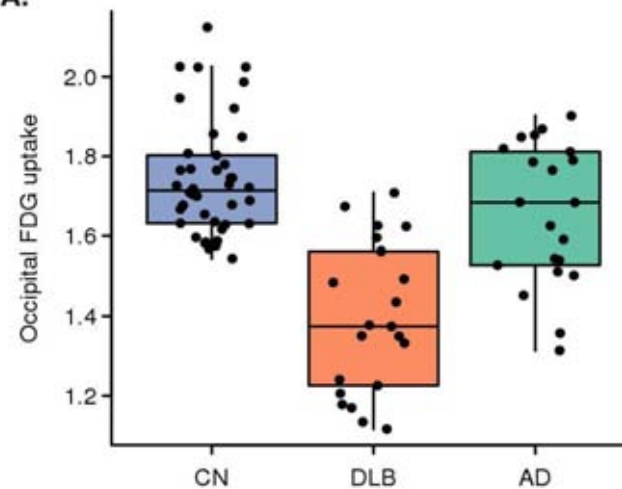
# Differential Diagnosis of Alzheimer's Disease and Dementia with Lewy Bodies using Multi-modality Imaging

Atrophy (MRI)

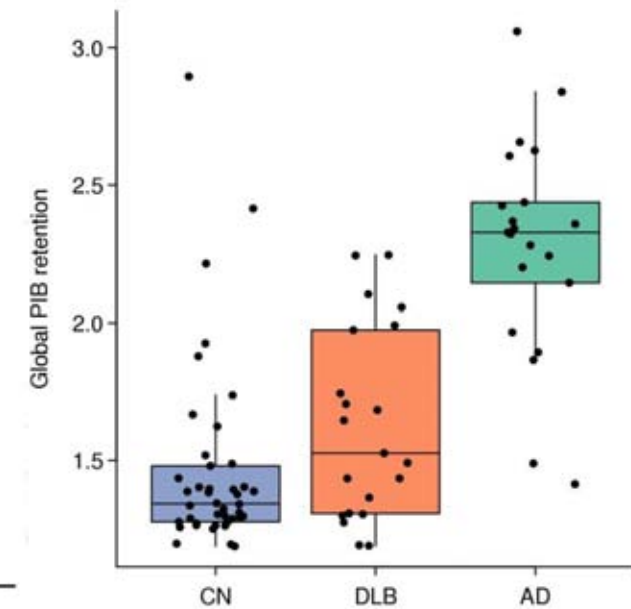


Hypometabolism (FDG PET)

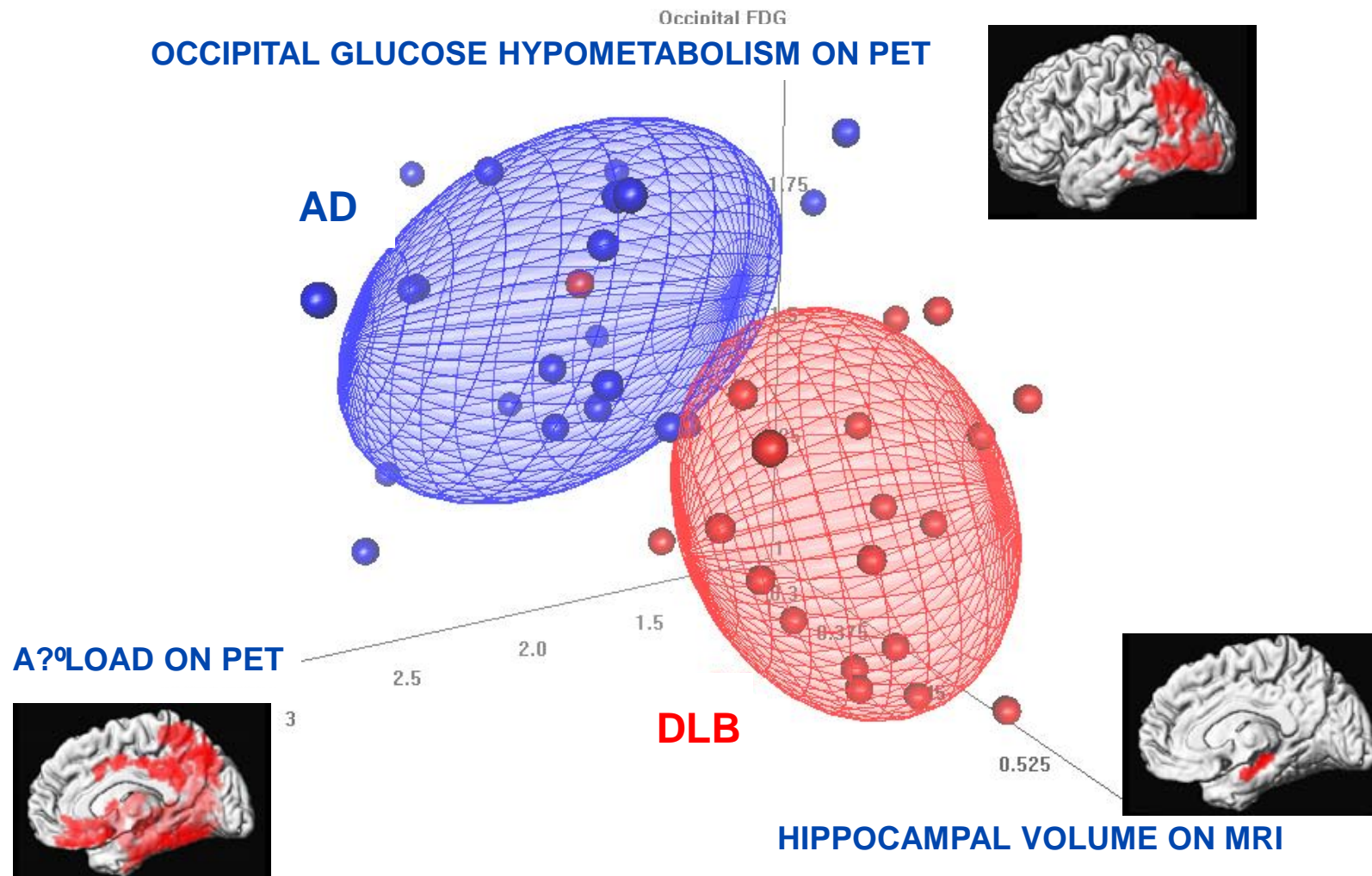
A.



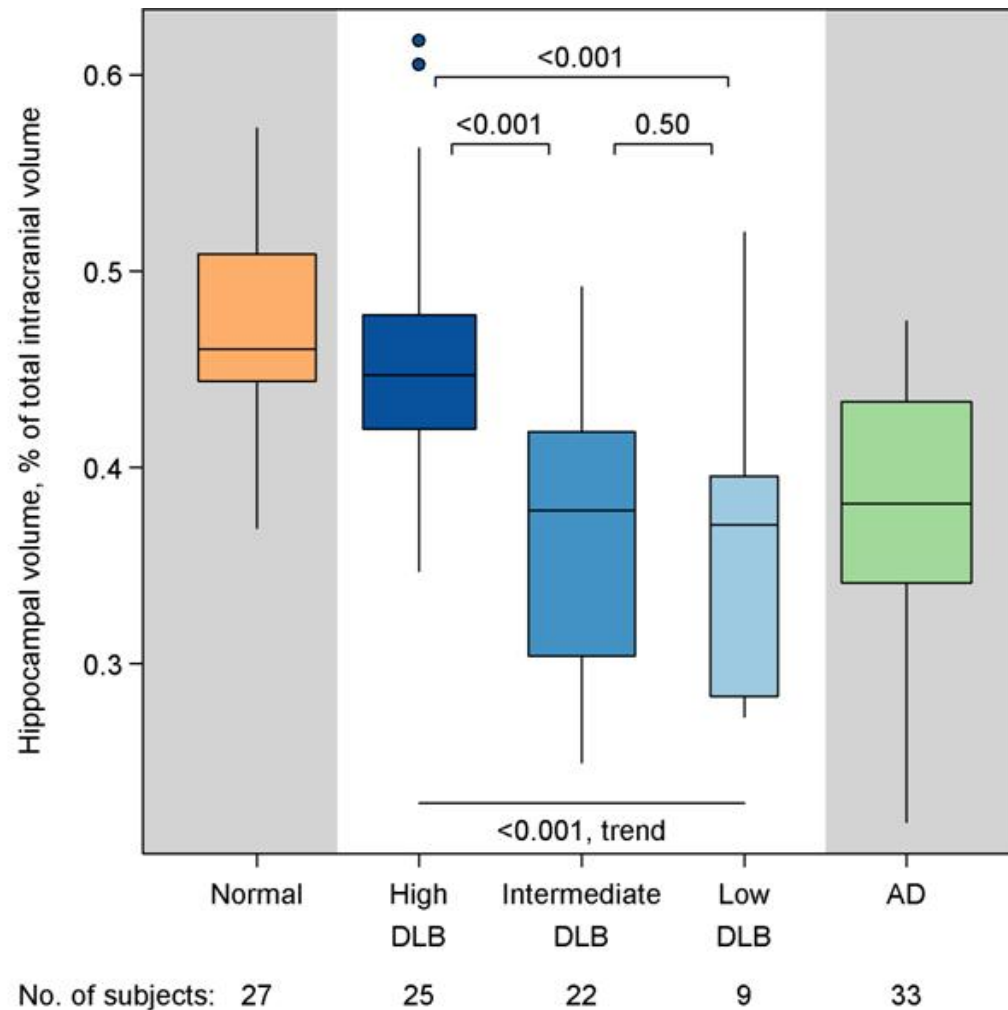
A $\beta$  load ( $^{11}\text{C}$  PiB PET)



# Multimodality Imaging Markers Distinguishing DLB and AD AUROC=0.98

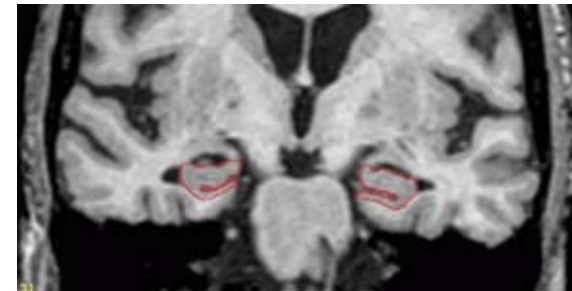


# Hippocampal Volumes and Pathologic Classification of DLB



Smaller hippocampal volumes were associated with a higher Braak NFT stage

( $r_p = -0.63$ ;  $p < 0.001$ )



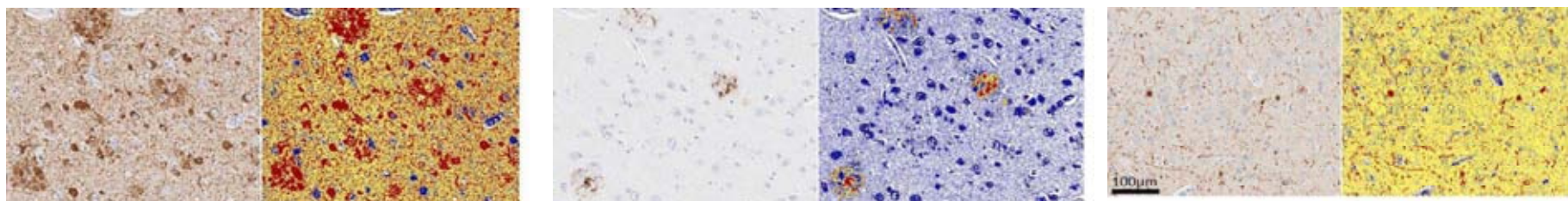


# Hippocampal Volumes and protein deposits in AD and DLB (n=72)

Phospho- tau

? $\alpha$ Amyloid

? $\bullet$ Synuclein



percent burden= % area of (red) positivity out of the total stained annotated area

	Rho (95% CI)	Univariate P-value	Multivariate P-value
Phospho-tau burden	-0.34 (-0.53, -0.10)	0.005	0.05
? $\alpha$ Amyloid burden	-0.31 (-0.51, -0.08)	0.009	0.13
? $\bullet$ Synuclein burden	-0.15 (-0.038, 0.09)	0.22	

# Imaging biomarkers of Alzheimer's Disease

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# National Institute on Aging and the Alzheimer's Association Workgroup on Diagnostic Guidelines for Alzheimer's Disease

- **Preclinical Stages of AD:** Biomarker positivity-based staging for research purposes
- **Mild Cognitive Impairment:** Biomarkers support the likelihood that mild cognitive impairment syndrome is due to the pathophysiological processes of AD
- **Alzheimer's Disease:** Biomarkers support the likelihood that the pathophysiological processes of AD underlies dementia

# Detecting preclinical AD pathology with $\beta$ pAmyloid PET:

## Preclinical AD in the community

	N	Age	% $\beta$ pAmyloid Positive
Aizenstein et al. 2008	43	74	21%
Morris et al. 2010	241	75	26%
Jagust et al. 2010	19	78	47%
Pike et al. 2011	177	72	33%
Kantarci et al. 2012	408	79	34%

# Staging of Preclinical AD

## National Institute on Aging and the Alzheimer's Association Workgroup Criteria

### 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

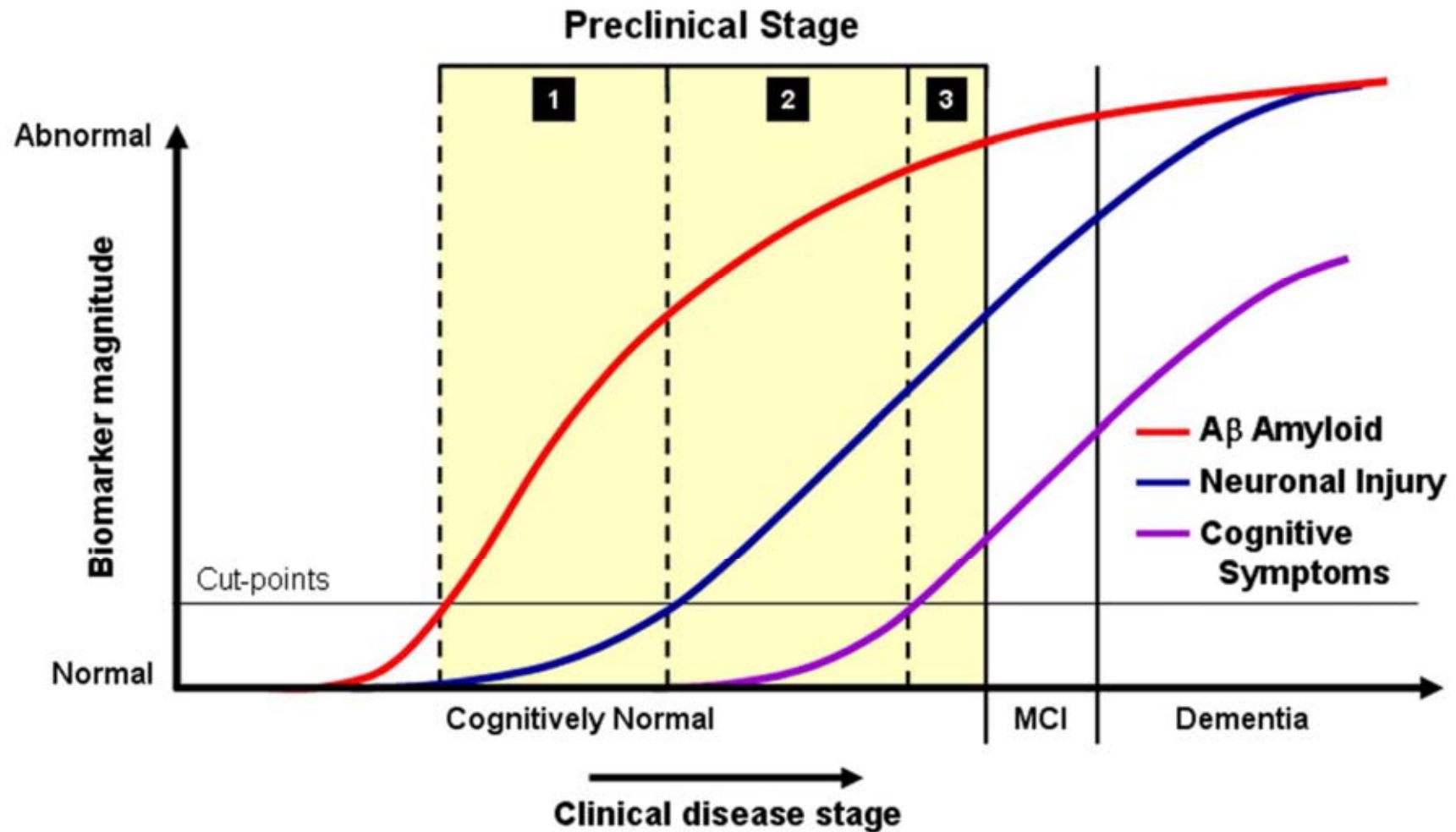
#### Amyloidosis + Neurodegeneration + Subtle Cognitive Decline

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

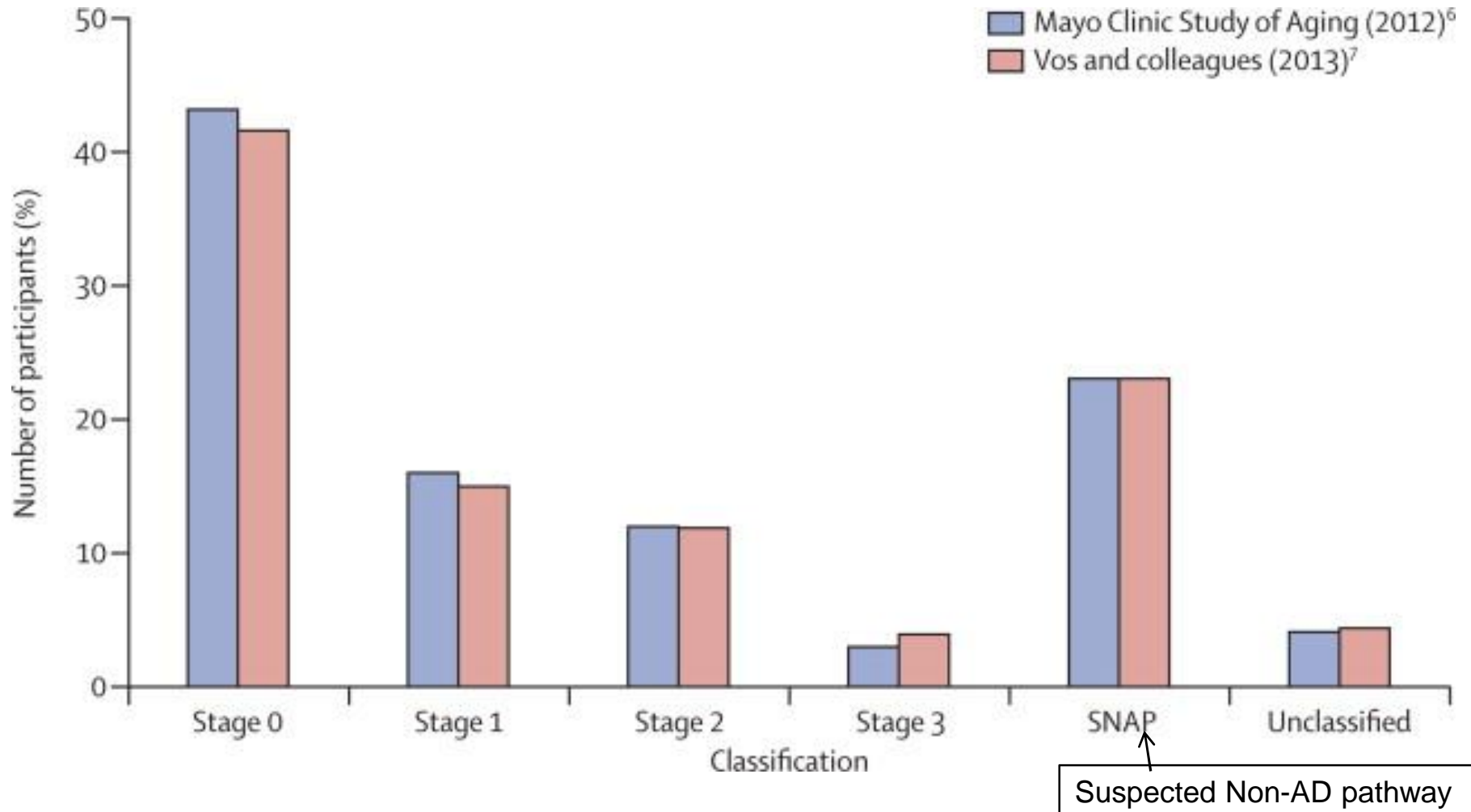
MCI → AD dementia



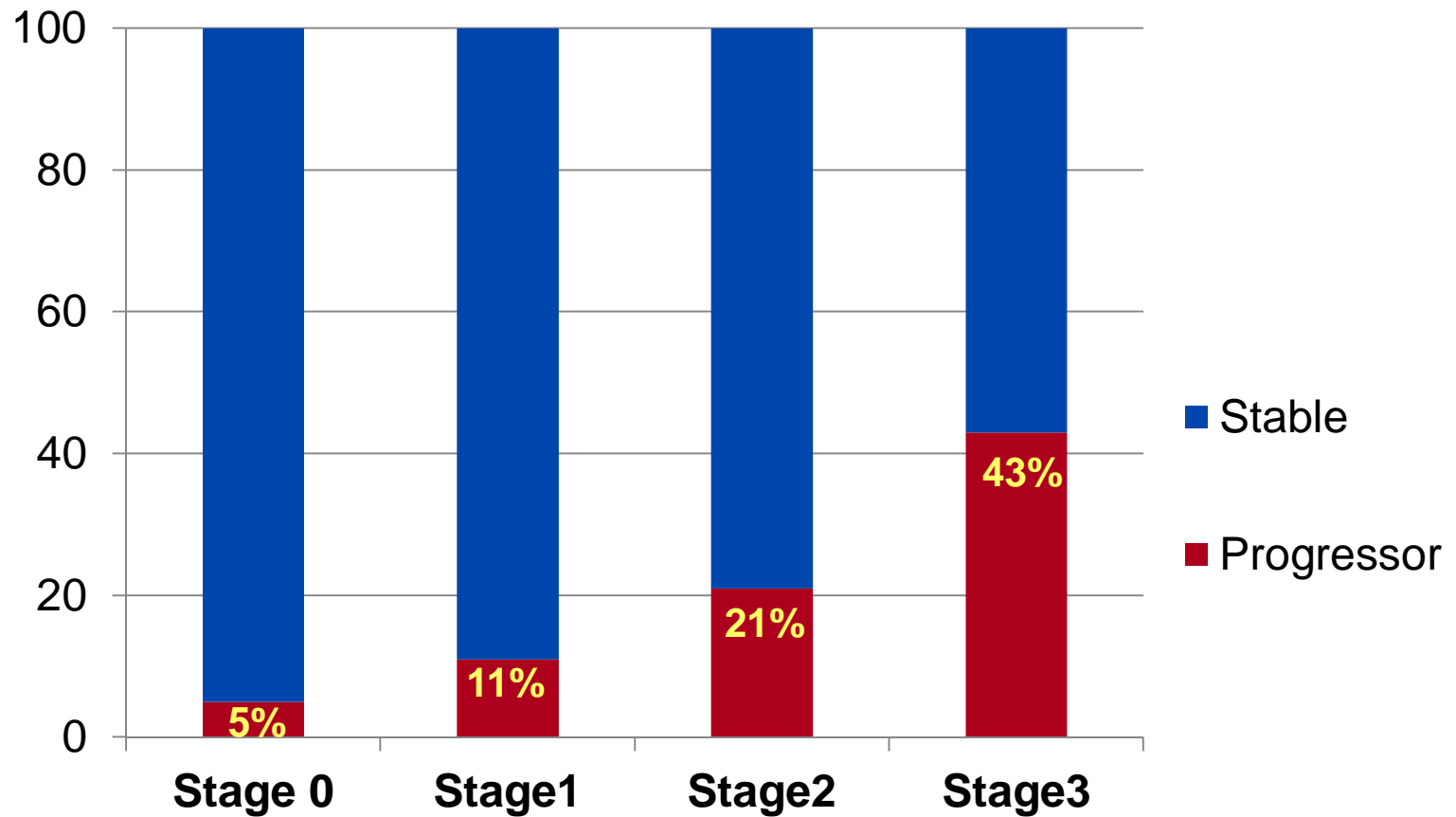
# Staging of Preclinical AD



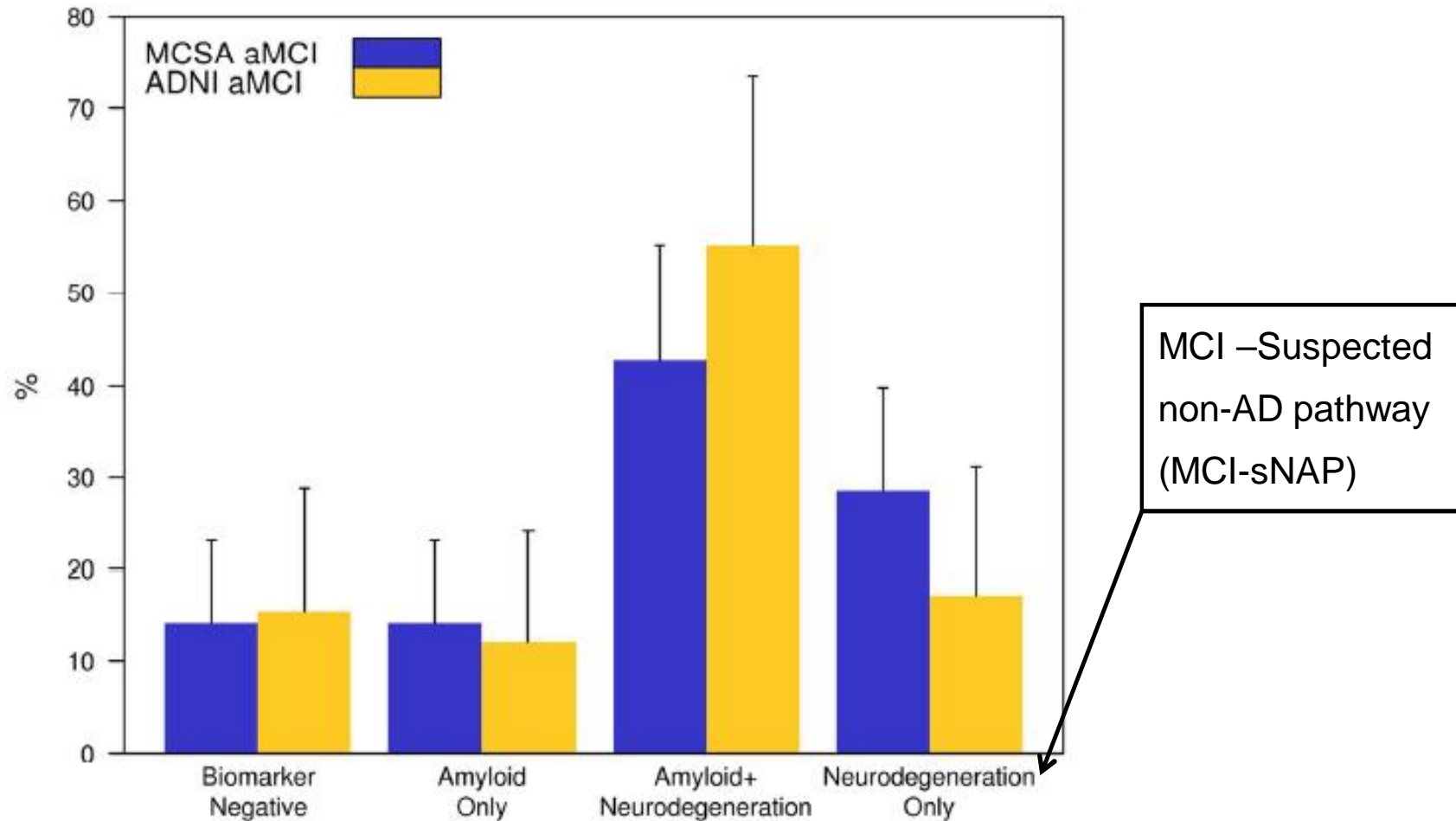
# Preclinical AD Staging



# Progression from Preclinical AD Stage to MCI within 15 months (n=296)



# MCI due to AD in the Community

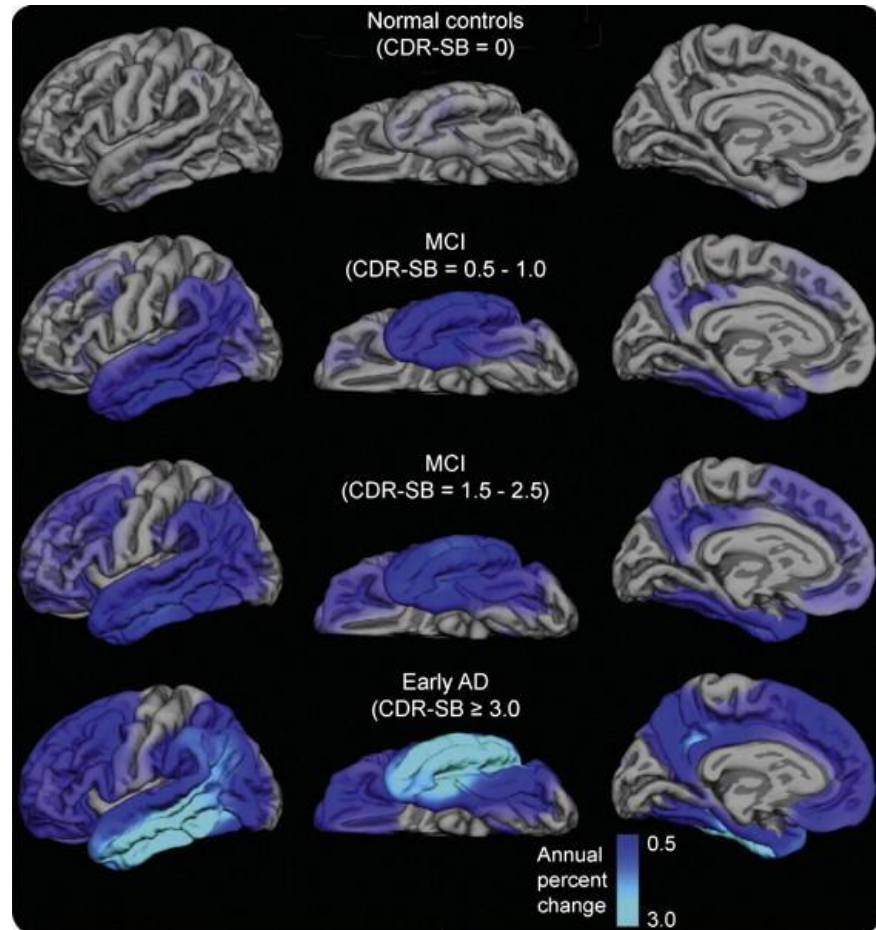
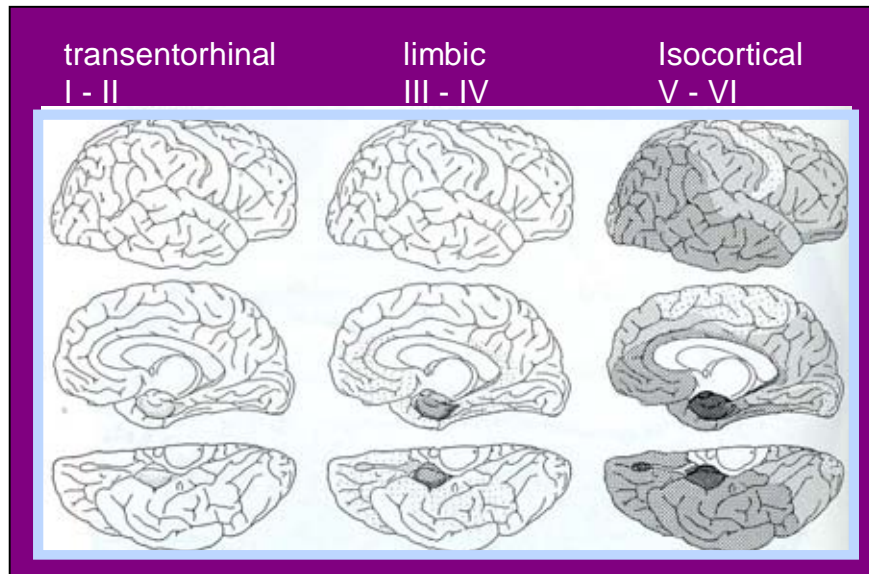


# Imaging biomarkers of Alzheimer's Disease

- Differential diagnosis
- Early diagnosis
- Tracking disease progression
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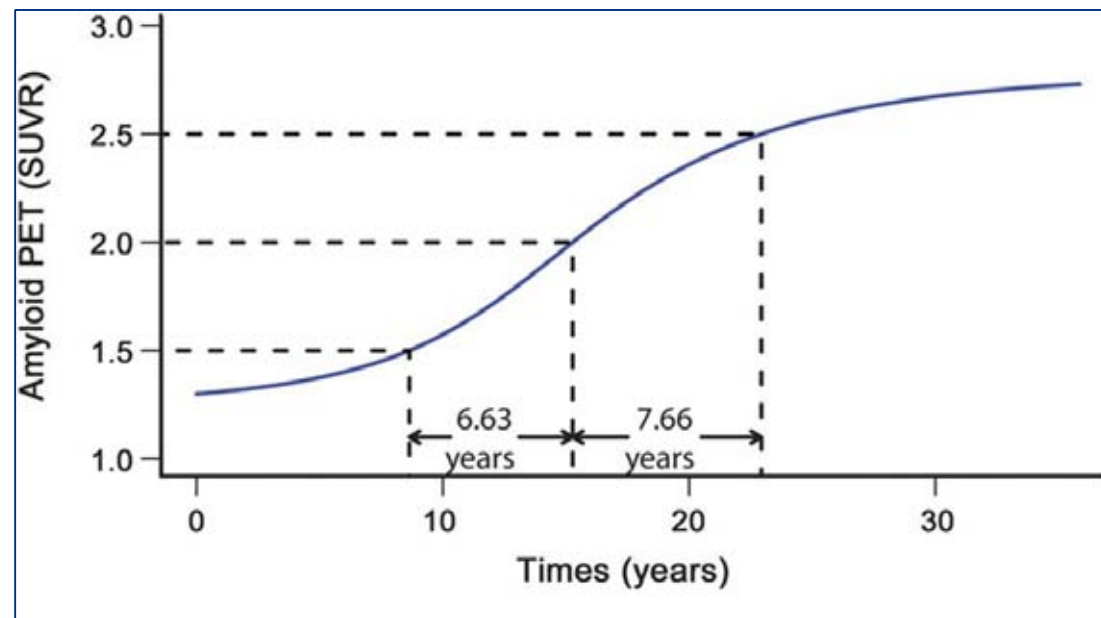
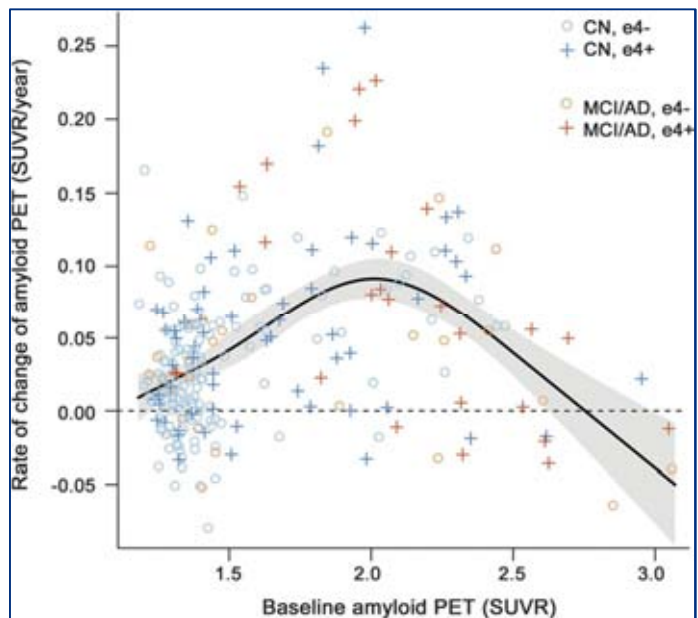
# Tracking Disease progression with Structural MRI





# Tracking Disease progression with $\beta$ -Amyloid PET

## Brain $\beta$ -amyloid load approaches a plateau



15-year interval where the slope of the amyloid SUVR vs time curve is greatest and roughly linear represents a large therapeutic window for secondary preventive interventions.

# Imaging biomarkers of Alzheimer's Disease

- Differential diagnosis
- Early diagnosis
- Tracking disease progression
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# Imaging Biomarkers in Treatment and Prevention of AD

- To determine who has the target pathology
- To determine whether a treatment is modifying the target pathology.



# Imaging and acetylcholinesterase inhibitor response in dementia with Lewy bodies

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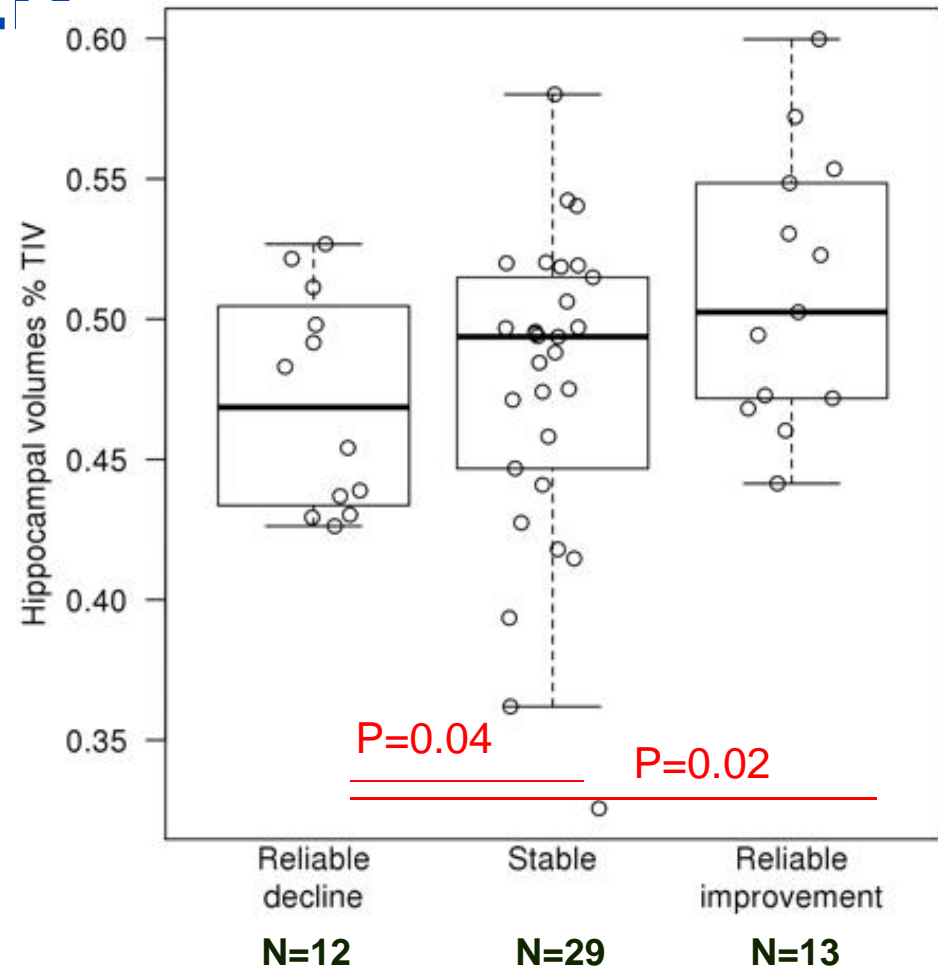
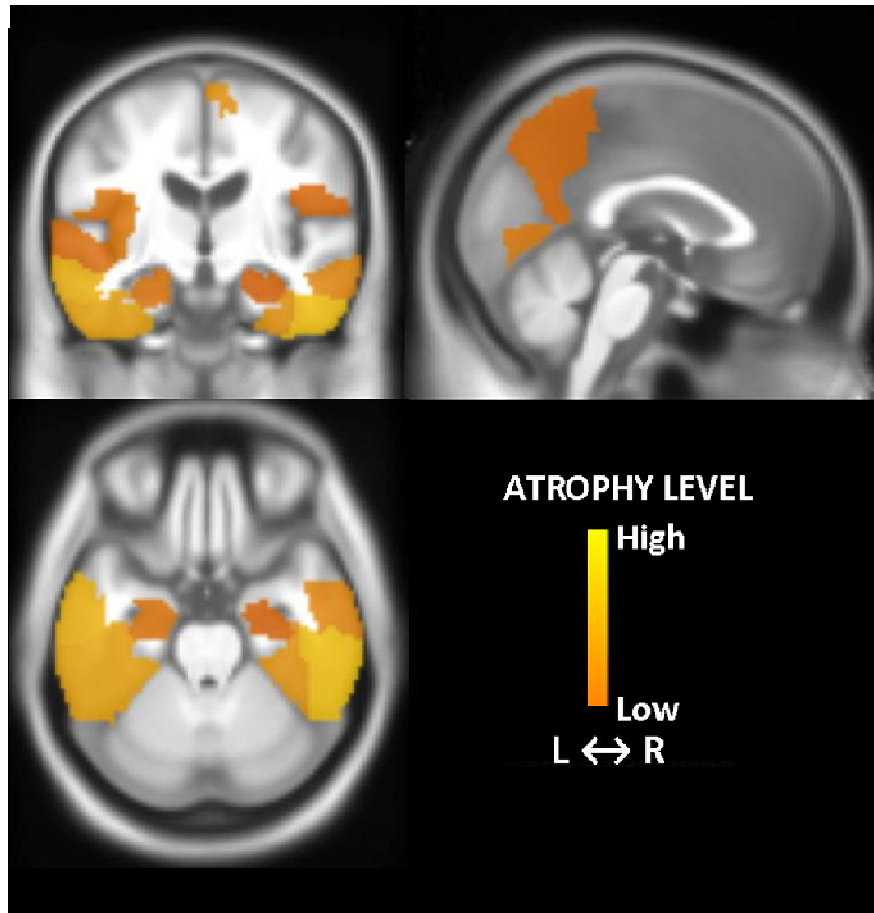
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- **Treatment naïve patients with DLB with baseline MRI (n=54)**
- **Normative rates of change on the Mattis dementia Rating Scale (DRS) to determine reliable change**

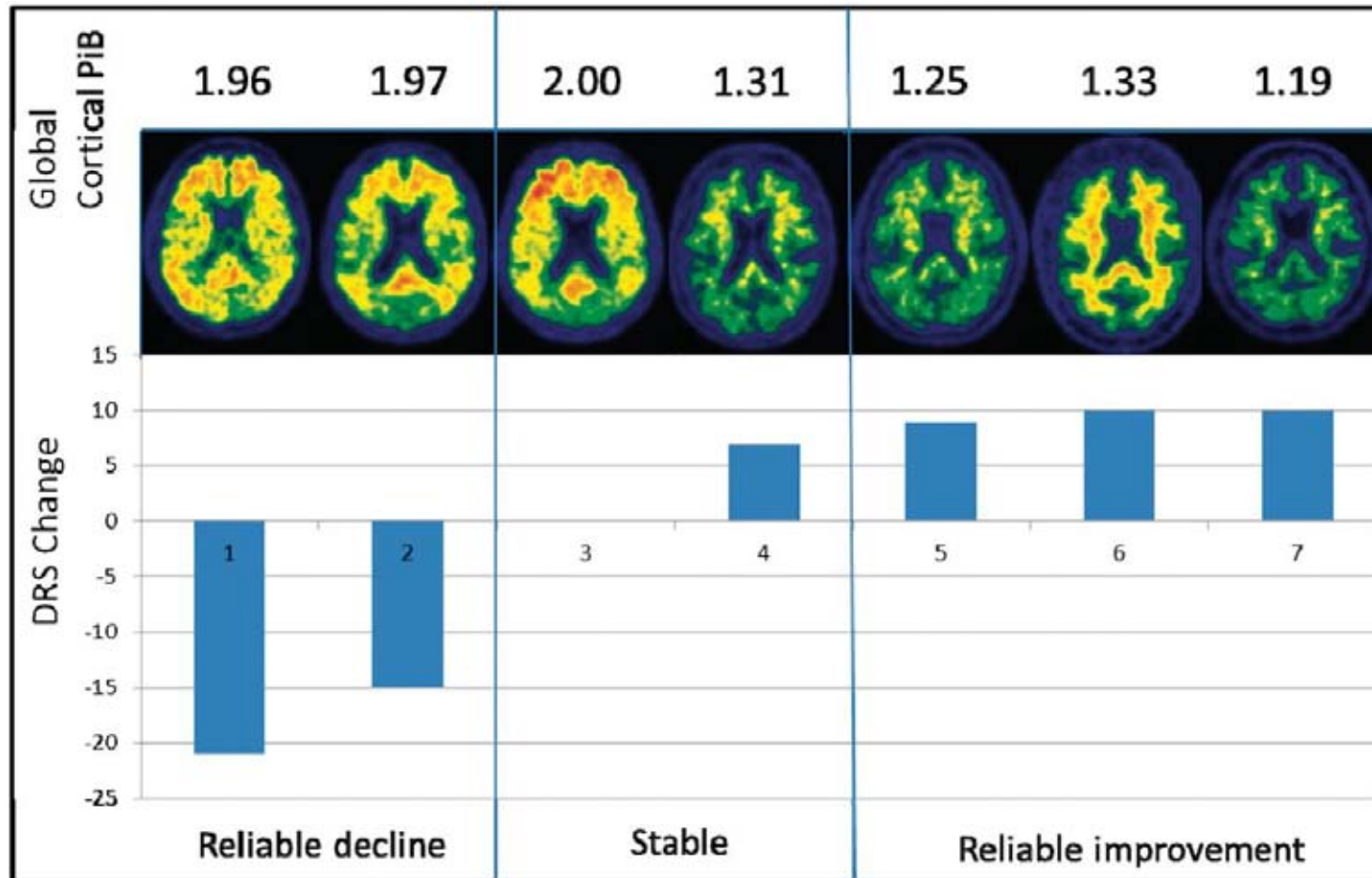


# Structural MRI and AChI Response in Treatment Naïve DLB

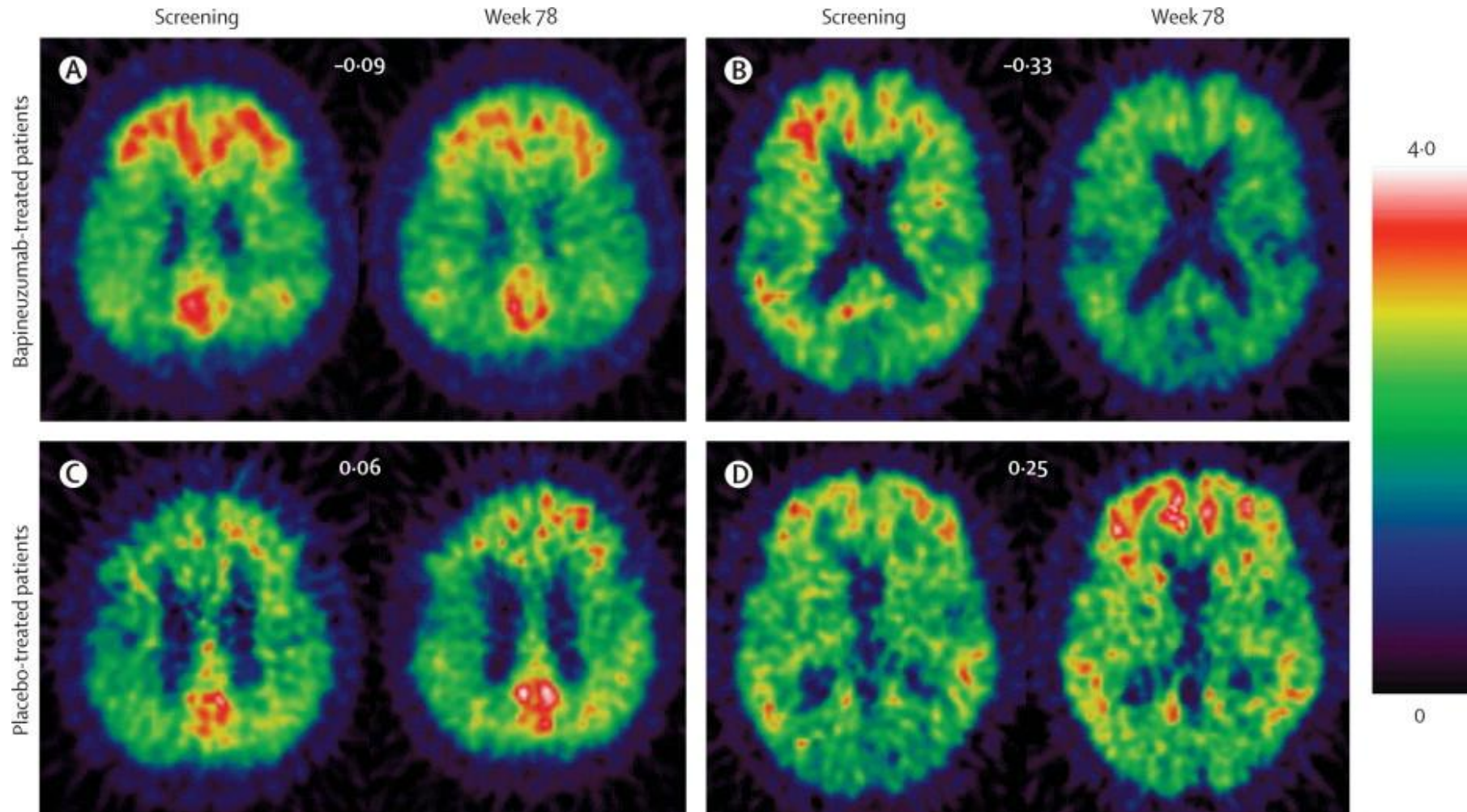


Reliable improvement > Reliable decline

# ¿Amyloid PET imaging predictors of AChE response in DLB



# Bapineuzumab Phase 2 Trial



# Effects of A $\beta$ Immunization (AN1792) on MRI Measures of Cerebral Volume in AD

- Immunization with synthetic A $\beta$
- Trial not completed -meningoencephalitis and death
- Modest clinical improvement and clearance of A $\beta$  at autopsy

	N (Placebo/ antibody responder)	Placebo minus antibody responder
Whole Brain Volume	52 / 38	-1.01*
Ventricular Volume	56 / 45	0.61*

\* Statistically significant atrophy greater in antibody responder group

# Effects of A $\beta$ Immunization (AN1792) on MRI Measures of Cerebral Volume in AD

- Amyloid removal ?
- Unrecognized cases of meningoencephalitis ?
- Fluid shifts into CSF spaces ?
- Mobilization of amyloid ?  
increased CSF outflow resistance

# Take Home Messages

- Imaging biomarkers of AD-related pathology are dynamic therefore stage of the disease is important when qualifying
- Standardization for clinical use is incomplete for many imaging biomarkers
- To qualify as a surrogate marker for determining treatment effects:
  - Biomarker effects and clinical effects should have related pathophysiologic mechanisms
  - Potentially leading to parallel clinical and biomarker outcomes