

Alzheimer's Association Research Initiatives: Expanding the Association's Reach in the Global Science Community

Advancing research has been a core element of the Alzheimer's Association mission since its founding in 1980. In 1982, the Association awarded its first research grants, and in each successive year has broadened its reach to researchers throughout the world. Research initiatives undertaken in 2009 were no exception.

In addition to established forums that cultivate research collaborations, including the Alzheimer's Association International Conference on Alzheimer's Disease 2009 and meetings of the Research Roundtable consortium, the Association launched its Cerebrospinal Fluid Quality Control Program to aid standardization of Alzheimer biomarkers, continued to raise the profile and scope of the World-Wide Alzheimer's Disease Neuroimaging Initiative, held its first conference on the global prevalence of Alzheimer's and offered new funding opportunities to scientists through its International Research Grant Program.

This expansion occurred in a global economic climate that caused many nonprofit organizations to scale back their efforts. That the Alzheimer's Association continued to move forward its research agenda in such a challenging year is a striking testimony to the commitment of many. These include individuals who, although diverse in age and background, are joined by their personal experiences with Alzheimer's disease and are dedicated to eradicating it through financial support of the Association, advocacy efforts and efforts to raise awareness of the disease. Their commitment is matched by that of members of the Alzheimer's disease science community who help guide and carry out the Association's research initiatives, as well as leaders of partner organizations worldwide who share the Association's vision of a world without Alzheimer's.

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AAICAD

The Alzheimer's Association International Conference on Alzheimer's Disease 2009 (AAICAD) brought 3,800 researchers from 74 countries to Vienna, Austria, July 11–16, to share new discoveries on the cause, diagnosis, treatment and prevention of Alzheimer's disease and related disorders.

The 2009 meeting debuted AAICAD as an annual event, with the increased frequency aimed at expanding opportunities for collaborations among



scientists and speeding the sharing of information that is essential to research advances.

Over six days, attendees had the opportunity to hear the latest in Alzheimer research from more than 1,600 presenters. Topics included biomarkers as tools for early diagnosis; lifestyle and other risk factors for Alzheimer's disease; Alzheimer incidence and prevalence; and results of recently completed clinical trials and trials under way. New to AAICAD in 2009 were a designated track on prevention research and an expanded focus on social, behavioral and care research.

Media coverage brought AAICAD research discoveries to more than 104 million individuals. Radio delivered AAICAD news to nearly 40 million listeners. Television audiences totaling more than 28 million learned about research findings reported at AAICAD through shows including *Good Morning America*, *CNN Newsroom* and *ABC World News*. An additional 26 million individuals found out the latest in Alzheimer research through AAICAD coverage in publications such as *The Wall Street Journal*, *The Washington Post* and *USA Today*. More than 500

stories appeared online at sites including CNN.com, WebMD.com, and Forbes.com, delivering an additional 10 million audience members for the cutting edge research released at AAICAD.

Among the data presented were results of studies of docosahexaenoic acid (DHA), the most abundant omega 3 fatty acid in the brain. DHA has long been of interest as a potential treatment for Alzheimer's disease, but study data showed mixed results for DHA. An 18-month study of 402 volunteers with mild to moderate Alzheimer's disease conducted by the Alzheimer's Disease Cooperative Study found that DHA did not slow the

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rate of change on tests of mental function, global dementia severity, activities of daily living or behavioral symptoms. However, a six-month study of 485 healthy older adults with mild memory complaints found that those in the treatment group performed significantly better on a visuospatial test of memory than those in the placebo group.

In a surprising discovery, the experimental drug dimebolin (Dimebon®), in phase III clinical trials at the time, was found to increase levels of the protein beta-amyloid in mouse models of Alzheimer's disease. Beta-amyloid is thought to be a key player in the development and progression of Alzheimer's.

Numerous study results shared at AAICAD shed new light on risk factors for Alzheimer's. Several garnered media attention across the globe, including a study examining whether post-traumatic stress disorder (PTSD) influences one's risk of developing dementia. Researchers Kristine Yaffe, M.D., and colleagues studied 181,093 veterans age 55 and older without dementia, following up on their cognitive function over seven years. Of the total study participants, 53,155 had been diagnosed with PTSD when enrolled. Researchers found that veterans with PTSD were nearly twice as likely to develop dementia as veterans without PTSD.

Also gaining the spotlight were results of a study indicating that moderate alcohol intake may significantly decrease one's risk of developing dementia. Kaycee Sink, M.D., M.A.S., and colleagues studied alcohol intake and development of dementia in 3,069 community-dwelling adults age 75 and older without dementia. Nearly 500 participants had mild cognitive impairment (MCI). Participants were examined every six months for up to six years for changes in memory or thinking abilities. Researchers found that consuming one to two alcoholic beverages per day was associated with a 37 percent lower risk of dementia in participants with normal cognitive function at baseline. This was not the case for those with MCI, however. Any amount of alcohol consumption among those with MCI at baseline was associated with faster rates of cognitive decline.

The potential role of diet and exercise in influencing one's risk of developing dementia was a much discussed topic at AAICAD. Researchers reported that following the Dietary Approaches to Stop Hypertension (DASH) diet was associated with higher scores for cognitive function and that four food groups from the diet—whole grains, vegetables, low-fat dairy foods, and nuts and beans—may be especially beneficial for cognitive function in later life.

Other researchers found that maintaining or increasing physical activity throughout life may slow cognitive decline with age. In one study, older adults who were sedentary had the lowest levels of cognitive function at the beginning of the study and the fastest rate of decline. In an intriguing twist, a study of post-menopausal women found that those who regularly participated in moderate-intensity physical activity had improved cognitive function in later life, while those who regularly participated in strenuous physical activity were at increased risk of cognitive impairment later in life.

Using data from the Alzheimer's Disease Neuroimaging Initiative, Susan Landau, Ph.D., and colleagues investigated which biomarkers best predicted decline in cognitive function in those with MCI and which individuals with MCI would go on to develop Alzheimer's disease. Their data showed that decreased glucose metabolism in the brain, combined with poor memory recall, were the most effective predictors of conversion from MCI to Alzheimer's. People with MCI who fared poorly in these tests were 15 times more likely to go on to develop Alzheimer's disease than those with normal test results.



Glucose metabolism was a key focus of research conducted by investigators at the Center for Brain Health at New York University School of Medicine. The investigators developed an automated scanning

method that rapidly samples glucose metabolism in 32 brain regions. Study participants were divided into seven subgroups based upon their initial diagnosis and results of subsequent memory and thinking tests performed up to three years after their original scan. Investigators found a significant correlation between decreased glucose metabolism in several brain regions and the progression from “stable normal” to “normal with subsequent clinical decline” and to subcategories of MCI and Alzheimer’s. They also found that glucose metabolism in the hippocampus was a sensitive predictor of decline and a discriminator between disease stages.

In the area of potential genetic biomarkers for Alzheimer’s disease, Allen Roses, MD, shared results of a small study in which inheriting the long-repeat version of the Tomm40 gene, in addition to the e3 form of the apolipoprotein E (APOE) gene, was associated with an increased risk of developing Alzheimer’s and an increased risk of developing it at an earlier age. Individuals in the study carrying both genes developed Alzheimer’s an average of seven years earlier—at about age 70—than individuals who inherited the APOE-e3 gene but not the Tomm40 gene. If this association is confirmed in larger studies, the presence of both genes could prove a tool for identifying those at increased risk of Alzheimer’s.

International Research Grant Program

Eighty-four Alzheimer’s researchers from around the globe were awarded a total of more than \$13 million in funding through the Alzheimer’s Association 2009 International Research Grant Program. Since its founding in 1982, the program has awarded over \$279 million to more than 1,900 best-of-field grant proposals, making the Association the world’s largest private, nonprofit funder of Alzheimer research. Funded projects in 2009 represented the proposals ranked highest by 1,400-plus reviewers from 30 countries who volunteered their time to the Association.

Twenty-six percent of funded studies examine the underlying pathology of Alzheimer’s; 24 percent, the molecular mechanisms and chemical changes related to Alzheimer’s; 22 percent, brain imaging, biomarkers and clinical tools that may result in earlier diagnosis and intervention; 11 percent, methods for improving care for people with dementia through new technologies and for exploring the values and beliefs of diverse cultures that impact use of health services; and 7 percent, other factors that may contribute to Alzheimer’s, such as vascular and genetic factors.

Grants were awarded in eight categories. Zenith Society Awards support senior scientists who have made significant contributions to the field and continue to pursue promising lines of investigation about disease mechanisms, diagnosis, novel treatments and quality care (four awarded). Zenith Award recipients will examine such topics as whether a molecule that helps control iron storage in the brain also regulates production of beta-amyloid and the amyloid precursor protein; the role of a

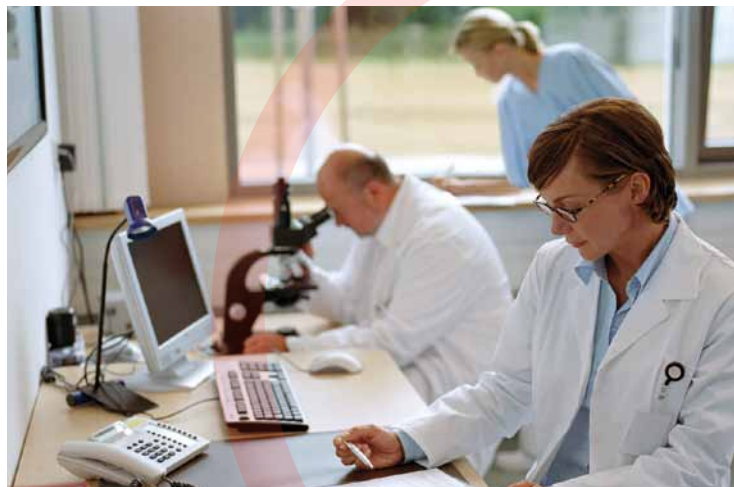
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protein called p38alpha MAPK in the brain cell damage and brain inflammation of Alzheimer's; if tangles of the protein tau may actually be beneficial in Alzheimer's; and whether specific compounds can prevent beta-amyloid oligomers from binding to synapses in the brain.

Investigator-Initiated Research Grants fund established scientists exploring important questions across the entire research spectrum, from basic neurobiology and genetic risk factors to disease-modifying treatments and evidence-based, quality care (29 awarded). New Investigator Research Grants provide the next generation of scientists with funding that enables them to gather preliminary data, test procedures and develop hypotheses. These grants advance research while supporting the early career development of researchers who have earned their doctoral degrees within the last 10 years (40 awarded). The Senator Mark Hatfield Award in Clinical Research focuses on strategies to make earlier and more accurate diagnoses (one awarded).

Everyday Technologies for Alzheimer Care Grants were awarded—in partnership with Intel Corporation—to investigators exploring how computers, monitoring devices and other electronics can be used to meet the day-to-day needs of people with Alzheimer's disease and those who care for them (three awarded).

In 2009 the Association offered three new grant programs, including a program focused on molecular imaging and two that aim to increase the number of individuals from underrepresented groups in the field of Alzheimer science. New Investigator Research Grants to Promote Diversity (NIRGD) funded underrepresented investigators in Alzheimer's or related dementias research who were conducting basic, clinical and social/behavioral research (two awarded). Like the NIRGD, the Mentored New Investigator Research Grants to Promote Diversity (MNIRGD) were funded to help close the gap between diverse and non-diverse



investigator populations, but incorporate the presence of a mentor in the research process (two awarded).

Molecular Imaging in Alzheimer's Disease Grants were awarded to stimulate further research into new approaches to image molecular changes associated with early neurodegenerative processes in living humans, animal models and cells (three awarded). Grants were given to researchers in the United Kingdom, Canada, and the United States. The first study examines whether a new imaging method can detect very early brain changes of Alzheimer's by detecting small clusters of beta-amyloid while the beta-amyloid is still inside nerve cells but before it aggregates into plaques. The second study aims to improve the imaging of beta-amyloid in the brain by developing dyes that bind to beta-amyloid and can be used with magnetic resonance imaging. The third explores how normal age-related changes and Alzheimer's-related changes affect the ability of dyes to permeate the blood-brain barrier. The Molecular Imaging in Alzheimer's Disease grant program is supported by a gift from Dana and Dave Dornsife.

World-Wide Alzheimer's Disease Neuroimaging Initiative (WW-ADNI)

The Alzheimer's Association leads WW-ADNI, which complements the efforts of ADNI. ADNI is a public-private partnership to test whether imaging technologies (such as MRI and PET), other biomarkers, and clinical and neuropsychological assessment can be combined to measure progression to Alzheimer's.

WW-ADNI is a global consortium of countries using ADNI protocols and is the umbrella organization for neuroimaging initiatives being carried out through the North American ADNI (NA-ADNI), European ADNI (E-ADNI), Japanese ADNI (J-ADNI), and Australian ADNI (AIBL).

Sponsored by the Alzheimer's Association, WW-ADNI unites leading international investigators in a common effort to help predict and monitor the onset and progression of Alzheimer's disease; establish globally recognized standards to identify and diagnose Alzheimer's disease; document cognitive changes linked to physical changes; and share data across the international research community

Specific Association-sponsored WW-ADNI initiatives include financial support for the establishment of E-ADNI and for activities to ensure integration of AIBL data into the NA-ADNI database. The Association also fostered discussions to ensure that J-ADNI is carried out in a way that is fully compatible with NA-ADNI and is playing a visible role in cultivating WW-ADNI sites in China, Argentina, Korea and Taiwan.

In 2009, the Alzheimer's Association cosponsored the first WW-ADNI symposium in Sendai, Japan, with Japan's Research Association for Biotechnology and Society for Dementia Research. The symposium featured more than 20 speakers from Italy, Australia, Japan and the United States and covered the latest news on PET and MRI

studies of Alzheimer's, beta-amyloid imaging, and biostatistics and informatics as applied to biomarker studies.

As the leader of WW-ADNI, the Association coordinates WW-ADNI efforts, seeks funding for the continuation and expansion of WW-ADNI and provides support for WW-ADNI partners. It also ensures the steady flow of information among principal investigators conducting WW-ADNI research and facilitates communication between the research community and pharmaceutical companies on a consistent basis throughout the year. By serving as a liaison for the exchange of information between researchers and pharmaceuti-

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cal companies, the Association plays a role in accelerating the pace of clinical trials. When pharmaceutical companies are ready to begin a clinical trial, they can draw upon the information gleaned from Association-led communication activities to identify which researchers have the tools and expertise to lead those trials.

Alzheimer's Association Cerebrospinal Fluid (CSF) Quality Control Program

Launched in fall 2009, the Alzheimer's Association Cerebrospinal Fluid Quality Control Program brought together laboratories across the globe with the aim of standardizing the measurement of potential Alzheimer biomarkers in CSF.

More than 60 labs in North and South America, Asia, Australia and Europe are participating in the program.

Well-validated CSF biomarkers could be useful in aiding early detection of Alzheimer's and improving diagnostic accuracy.

Several studies, including studies involving data from the Alzheimer's Disease Neuroimaging Initiative (ADNI), have shown that levels of biomarkers in CSF could be accurate predictors of which individuals will go on to develop Alzheimer's disease. Of particular interest are levels of beta-amyloid, phosphorylated tau and total tau.

Well-validated CSF biomarkers could be useful in aiding early detection of Alzheimer's and improving diagnostic accuracy. As scientists learn more about the relationship between well-validated CSF biomarkers and the underlying neurobiology of the disease, biomarkers will become useful tools in assessing the effect and effectiveness of drugs in clinical trials and in identifying asymptomatic people at risk for developing Alzheimer's.

The first of the two-part quality control program established consistent methods for performing the lumbar punctures required to collect CSF as well as consistent methods for collecting and processing CSF. The second part compared

biomarker measurements among participating labs, which received identical samples.

The quality control program and protocols were an outgrowth of discussions held at the Alzheimer's Association International Conference on Alzheimer's Disease 2009, which included input from ADNI representatives, biotechnology companies, pharmaceutical companies and CSF laboratories.

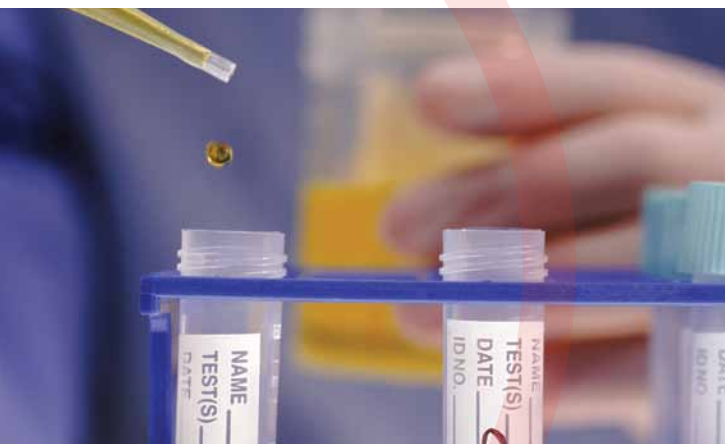
The Alzheimer's Association CSF Quality Control Program is made possible through the generous support of Dana and Dave Dornsife.



Research Roundtable

More than 100 researchers gathered in Washington, D.C., at the spring and fall meetings of the Alzheimer's Association Research Roundtable to discuss early diagnosis of Alzheimer's disease and the challenges and benefits of international clinical trials.

Begun in 2003 with four sponsors, the Research Roundtable has grown to include 20 corporate sponsors from the pharmaceutical, biotech, imaging and cognitive testing industries. Each sponsor sends several senior scientists to the



Roundtable to benefit from the collegial interactions and networking opportunities available at this unique forum. Additional attendees include scientists from academia; regulatory agencies such as the U.S. Food and Drug Administration and its European equivalent, the European Medicines Agency; and the National Institutes of Health.

The mission of the Research Roundtable is to facilitate the development and implementation of new treatments for Alzheimer's disease by uniting researchers with diverse affiliations to collectively address issues and obstacles related to Alzheimer research.

In a gathering that meeting co-chair Steven DeKosky, M.D., of the University of Virginia

described as bringing together the "dream team" of those in the field of Alzheimer's disease research, scientists at the spring Roundtable discussed the current criteria for Alzheimer diagnosis, which are nearly 25 years old, and whether the time had come to establish new criteria that take into account advances in Alzheimer research.

Richard Mohs, Ph.D., of Eli Lilly & Company noted that the current criteria had served the field well, but that much has been learned since 1984 about the neuropathology and epidemiology of Alzheimer's, as well as about biomarkers that might signal the presence of the disease in its earliest stages, when clinical symptoms have not yet developed. The question posed at the meeting, he explained, was whether these data are sufficient to warrant revision of the criteria for establishing a diagnosis of Alzheimer's.

The meeting brought the question into focus with discussions of the current status of Alzheimer's disease classification, improvements in cognitive and performance-based assessments, clinical presentation and risk assessment, structural and functional imaging assessments, and molecular imaging markers of Alzheimer's. David Knopman, M.D., of the Mayo Clinic observed that the current criteria are reasonably reliable and specific but do not detect Alzheimer's in its mildest forms and that if new criteria were developed, they should detect Alzheimer's across the continuum of the disease, from its earliest to its latest stages. In a statement echoed throughout the meeting, Dr. Knopman said that new criteria would need

to work for all stakeholders in the field, including clinicians, researchers and regulatory agencies.

The Alzheimer's Association and National Institute on Aging (part of the National Institutes of Health) moved forward on the recommendations resulting from the Roundtable and in 2009 formed three workgroups to propose revised criteria for preclinical Alzheimer's (Alzheimer's before the development of symptoms such as memory loss), mild cognitive impairment and Alzheimer's dementia.

Researchers reconvened in fall to learn about the challenges, benefits and ethical issues involved in conducting international Alzheimer's clinical trials. Several factors drive the need to conduct international clinical trials. Some sponsors of clinical trials and the clinical research organizations with which they partner to conduct clinical trials have found the United States to be saturated with clinical trials. As a result, they have difficulty finding the number and types of clinical trial participants required to conduct a study. For example, a trial may require that participants are "treatment-naïve," that is, have never taken a drug to treat Alzheimer's. These types of participants are typically easier found outside the United States.

Another driver is that trials conducted today tend to be longer and require more participants than the clinical trials that led to the development of the five drugs approved by the U.S. Food and Drug Administration (FDA) for the treatment of Alzheimer's. Cost is yet another factor in conducting clinical trials abroad. A clinical trial conducted in China, for example, can cost 20 percent that of conducting the same trial in the United States. In addition, participant recruitment numbers are often reached more quickly outside of the United States, and participant retention and compliance may be significantly increased in clinical trials conducted abroad.

However, with these benefits come implementation challenges and cultural complexities not present in U.S. clinical trials. A challenge that frequently surfaced during the Roundtable was the extended time required to get a trial up and running. While 48 days might be typical in the United States, start-up times can approach six months in Poland and Italy, four to eight months in Latin America, and even longer in some Asian countries. Speaker Michele Bronson, Ph.D., of Medivation, Inc., noted that in Latin America, Chile, Argentina and Brazil have the shortest start-up times, in that order, while in the European Union (EU), the fastest start-up times were in the United Kingdom, Belgium and the Netherlands.

In addition to the relative ease of recruiting sufficient numbers of clinical trial participants, potential costs savings, and potential gains in participant compliance and retention, conducting international trials enables study sponsors to provide evidence whether their experimental drugs are effective in a wide range of populations. Providing this evidence boosts the market potential of a new drug.

Jason Karlawish, M.D., of the University of Pennsylvania, asked attendees to consider the value of Alzheimer studies in sites being considered for clinical trials before proceeding with site selection. For example, Alzheimer studies may hold little value in low-income countries, where the leading cause of death is lower respiratory disease, shorter life spans mean that many people may not live long enough to develop Alzheimer's, and extended families with multiple caregivers lessen the burden of Alzheimer care. In this case, said Karlawish, it falls upon the clinical trial sponsor to explain why individuals should participate in a study that may hold little value to them.

Prevalence Conference

At the first Prevalence and Trends of AD and Other Age-Related Cognitive Disorders Conference, leaders in the epidemiology of Alzheimer's addressed the complex issues surrounding differences in prevalence numbers for Alzheimer's disease.

Jointly sponsored by the Alzheimer's Association and the National Institute on Aging, the conference drew nearly 100 attendees.

Diagnostic criteria used to define Alzheimer's and other dementias and challenges in applying those criteria were identified as important factors in varying estimates of prevalence (number of existing cases) and incidence (number of new cases) and were underscored in the conference.

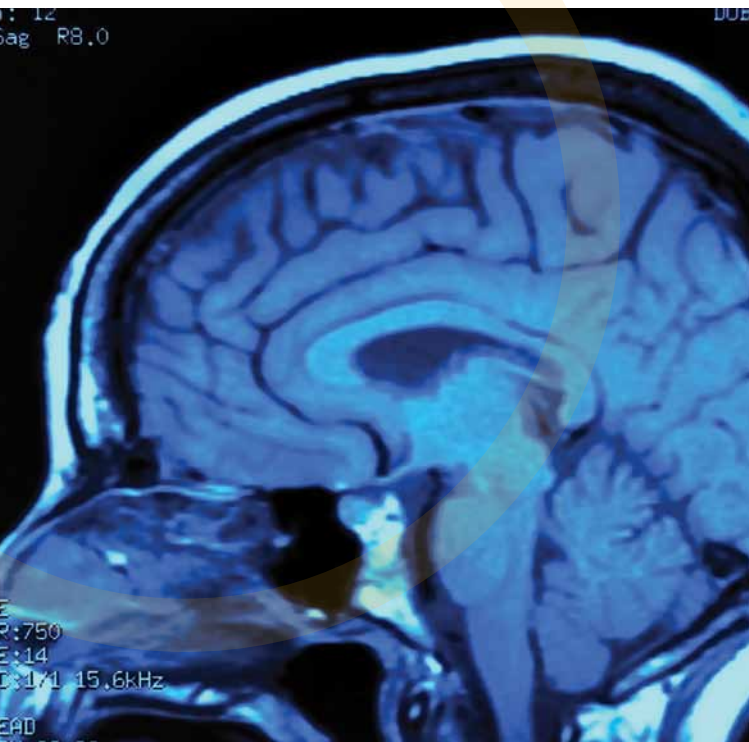
The conference also included discussions on assessing dementia in culturally diverse populations such as Mexican Americans and African-Americans and in the oldest old (those 85 and

older). Attendees examined numerous other factors that might contribute to differences in the reported prevalence and incidence of Alzheimer's, including the impact of culture and literacy on evaluating cognitive impairment and dementia.

Evening sessions provided data on estimating the global burden of dementia and a closer look at the sources of variability in U.S. prevalence estimates of dementia.

Changes in diagnostic criteria for Alzheimer's and other dementias and what that might mean for reports of Alzheimer prevalence were the subject of presentations and much discussion, as was the importance of understanding the spectrum of cognition from health to impairment. Evening sessions provided data on estimating the global burden of dementia and a closer look at the sources of variability in U.S. prevalence estimates of dementia.

Additional details about the presentations and discussions will appear in *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*.



Other Initiatives

In 2009, the Association's role in advancing Alzheimer science was also evident by the success of its bimonthly journal, *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*; increased visibility of its professional society, ISTAART; and progress of its Clinical Studies Initiative.

Alzheimer's & Dementia: The Journal of the Alzheimer's Association

In 2009, *Alzheimer's & Dementia: The Journal of the Alzheimer's Association* saw a nearly 120 percent increase in citations to the journal and more than a 65 percent increase in online article requests compared with 2008. Page views of the peer-reviewed journal were consistently higher for each month in 2009 compared with 2008. These data were gathered by ScienceDirect, the world's largest electronic collection of science, technology and medicine information, and the leading online access point for users including those at colleges, universities, and other institutions.

That researchers are increasingly turning to the journal as a source of the latest developments in Alzheimer research was also reflected in 2008, when the journal was selected for inclusion in MEDLINE. MEDLINE is the bibliographic database of the National Library of Medicine, containing more than 16 million journal article citations, with a concentration on biomedicine. MEDLINE is a key information source for biomedical researchers.

Completing its fifth year of publication in 2009, *Alzheimer's & Dementia* is distributed to members of the Association's International Society to Advance Alzheimer Research and Treatment, as well as other subscribers, and is available to Alzheimer researchers through academic and other institutions.

Featuring comprehensive review articles, research articles, short reports on clinical trials, peer commentaries, perspective pieces, and abstracts from international research meetings, *Alzheimer's & Dementia* aims to present new research and new thinking across diverse areas of investigation, from drug development to health economics and neuropsychiatry.



Alzheimer's Association International Society to Advance Alzheimer Research and Treatment (ISTAART)

Bringing together researchers and clinicians from a broad range of fields to accelerate progress in Alzheimer's and other dementia research is the mission of ISTAART, which was launched in

January 2007. By the close of 2009, ISTAART had nearly 1,500 members representing 63 countries.

ISTAART provides a forum for the sharing of cutting edge research advances from diverse disciplines. The society welcomes members from fields including biochemistry, genetics, geriatrics, molecular and cell biology, neurology, neuroscience, pathology, pharmacology, psychiatry, psychology, radiology and the social sciences.

This unique professional society offers a variety of networking opportunities that facilitate interdisciplinary collaboration among members that may lay the groundwork for accelerating advances in the field. In addition to networking opportunities, ISTAART members receive a variety of other benefits, including reduced conference registration fees and a subscription to the Association journal *Alzheimer's & Dementia*.

The online career center enables members to browse new employment opportunities across the world by accessing job postings exclusive to the ISTAART site, as well as opportunities listed on popular career sites.

In November 2009, ISTAART announced its latest phase of benefits, including an online career center. The career center enables members to browse new employment opportunities across the world by accessing job postings exclusive to the ISTAART site, as well as opportunities listed on popular career sites. Resources available through the career center also include a content library with tips on topics such as interviewing and creating an effective resume;

career coaching with a trained expert; and an “ask an expert” feature. Access to the ISTAART career center is free to members. Non-members may access it for a nominal subscription fee.

Also in November, the ISTAART Advisory Council approved the establishment of its first Professional Interest Area (PIA): Neuroimaging and Technology. PIAs provide a forum for the exchange of information in specific areas of dementia research and care. Besides providing networking opportunities, each PIA organizes its own Featured Research Symposium at AAICAD.

ISTAART also launched a new Member Center on its Web site. The center gives members the ability to access member benefits, such as newsletters and codes for the career center and online publications; update contact information and view membership status; and review the member calendar of events and RSVP online. An online membership directory is under way to facilitate communication between members.

Clinical Studies Initiative

The Clinical Studies Initiative was formed in 2007 to find effective ways to mobilize and motivate individuals to participate in clinical studies and accelerate the rate of clinical research. Recruitment strategies were tested with the assistance of Association chapters headquartered in five pilot cities: Atlanta, Georgia; Indianapolis, Indiana; Providence, Rhode Island; San Francisco, California; and Tulsa, Oklahoma. In 2008 the Association announced the expansion of the Clinical Studies Initiative to 10 chapters headquartered in the following locations: Phoenix, Arizona; San Diego, California; Chicago, Illinois; Timonium, Maryland; Watertown, Massachusetts; Portland, Oregon; Philadelphia, Pennsylvania; Fairfax, Virginia; and Seattle, Washington.

In 2009, several activities and programs moved from the conceptual and planning stages toward implementation. This included the Alzheimer's Association TrialMatch® clinical studies matching service, which launched in July 2010. The program offers Internet- and phone-based searching for Alzheimer's clinical trials, as well as follow-up calls from the Alzheimer's Association Contact Center. Individuals complete a brief questionnaire on their diagnosis and treatment history and are matched to trials for which they are eligible and interested. The service is confidential and free for patients, families, physicians, researchers and trial sites.

Additionally, as part of the Clinical Studies Initiative, the Alzheimer's Association collaborated with several physician organizations, including the American Osteopathic Organization (AOA), the American Academy of Family Physicians (AAFP), the National Medical Association (NMA) and the National Hispanic Medical Association (NHMA). These organizations collectively represent more than 200,000 physicians. The Association will be working with these organizations to raise awareness of Alzheimer's, promote early detection and diagnosis, and highlight the urgent need for clinical study participants.

The results of these partnerships will include a variety of member and public communication vehicles (journals, newsletters, Web sites, continuing education sessions, annual meetings/conferences, white papers, consensus statements, etc.) to be used to deliver collaboratively created information and training on early detection of Alzheimer's/dementia and participation in clinical studies.

The Association is working closely with the chapters who were part of the Clinical Studies Initiative pilot to promote Clinical Studies Initiative projects and TrialMatch. Each of the chapters has been given an opportunity to apply for a \$10,000 grant to organize a menu of activities to educate the public and physicians about the urgent need for individuals to enroll in clinical studies.

