Worldwide ADNI
January 30/31, 2007
Teleconference Minutes

Attendance:
Pat Cole (Eisai/ISAB), Mike Wiener (UCSF), Leon Thal (UCSD), Giovanni Frisoni (E-ADNI), Lars-Olaf Wahlund (S-ADNI), Anthony Gamst (UCSD), Takeshi Iwatsubo (J-ADNI), Chris Rowe (A-ADNI), Collin Masters (A-ADNI), Simon Lovestone (INNOMED), Maria Carrillo (US, Alzheimer’s Assoc.),

Roll call and welcome by Maria.

US ADNI update given by Leon Thal: 691 subjects enrolled with 210 controls, 226 MCI and 155 AD and 110 more to close. There will be 50 more projected to be enrolled each month with a full study by March and enrollment goal of 800 by April. May overenroll by 40 subjects for PIB, which has not started, sites have been recruited and are applying for PIB IRB, the max amount of sites will be 22 but will have at least 16 sites. First subjects will be tested in April.

E-ADNI (Includes S-ADNI) update by Giovanni Frisoni, Seven centers expect to enroll 9 subjects per center for this 1 year study. Three volunteers from Amsterdam have traveled through all seven centers and been scanned at each scanner. Their tour was over January 10th. Recruitment should have been completed by end of January but the study is 4-6 weeks behind schedule. Giovanni has visited all sites except Stockholm.

J-ADNI update given by Takeshi Iwatsubo, funding has almost been completely decided. Industry/Technology companies have promised 2M yen/year. They will plan to enroll 300 MCI, 150 NC and 150 AD, which is 75% of US ADNI enrollment. Eight Japanese pharma/tech companies have also joined funding including Toshiba, Hitachi, among them. They are also interested in the technology aspect of the project. Kick off meeting will be in Tokyo on March 15th and Ron Petersen and Cliff Jack will attend. Hiro Matsubo will also visit with Art Toga to work with set up of database for images on March 19th. PIB scans will also be done, GE Japan has discussed this with J-ADNI team and up to 10 institutions are prepared to do this. 25 Clinical sites in Japan, and funding is quite secured. The sequences are the same as US ADNI,

Chris Rowe and Collin Masters reported on A-ADNI, study was launched in November and the first subjects are going through. Biomarker issue has been resolved and was worked through with John Trojanowski regarding assays to be used to harmonize data with US. Imaging will use same protocols as US but still not fully US ADNI compliant. A-ADNI does not have the US phantom but will work with PET to comply with PIB. The PIB labeling box has been built and the first group will start scanning soon. They also have developed an F18 compound and will have it in hand in about 6-12 months and more details will be released at the AD/PD meeting in Salzburg. This may be the ligand they use for their PET scans.
Mike Weiner asked about PIB scans and longitudinal binding correlating with progression. Collin answered that 40AD subjects were scanned and were stratified according to PIB and no correlation was found with the amount of binding but this is only cross-sectional data.

Simon Lovestone reported on INNOMED, a basic science and imaging funding stream funding by 44 companies and academic groups for preclinical search for biomarkers. 1 year follow up at 6 centers across Europe for 300 subjects each of AD/MCI/NC (900 total) and are 30% through recruitment at this point. Subjects are all clinically assessed and give blood as well as CSF at start and end of study. The images are all ADNI aligned with same phantom and same sequences at baseline and then months 3 and 12. Blood is drawn every three months during the first year, will be assayed for 2DG, mass spect, proteomics and lipidomics. Neuropsych is CERAD and there is no PET. Christian Spenger is working with Cliff Jack. CSF is also in only two centers and is probably going to be a small proportion of subjects. Database is built by BioWisdom based in Cambridge. Imaging is housed out of Karolinska.

E-ADNI Expansion Meeting, London, Feb 1, 2007
Giovanni Frisoni talked about the efforts that will be described in London that could lead to collaboration with E-ADNI to expand the pilot. These include Innomed, EDAR which is Beta Amyloid Oligomers for the Early diagnosis of Alzheimer’s Disease. Pieter Jelle-Visser is the PI and the study has just begun, has not started running subjects yet. This study will look at AD/MCI and NC as well as some other dementias at Baseline, 9 and 18 months. It will focus on CSF for all subjects and consist of 100AD, 100MCI, 100 other dementias and 50 controls. Innomed and EDAR are both funded through the EC with similar designs to ADNI with partial overlap. One focuses on MR and the other on CSF, the goal is for E-ADNI to join them so that they all focus more strongly on both.

Compatibility was discussed next and E-ADNI, J-ADNI are on board with the data dictionary and are considering a database for storage of clinical information. Anthony Gamst from UCSD and Leon Thal stressed that using the same data structure is important to happen upfront and at the beginning. Using the same terminology and having the same visit structure is important. ADNI.biostat.ucsd.edu is the address where inquiries can be made. A-ADNI has not thought about this but will be in touch with Anthony to consider using the data dictionary.

TC was concluded at 4:00pm CST.
Next TC scheduled for April 24, 2007 at 3:00pm CST (April 25th in Japan and Australia).