Attendance:
Takeshi Iwatsubo (Japan), Colin Masters (Australia), Christopher Rowe (Australia), Bill Thies (US-Alzheimer’s Assoc.), Maria Carrillo (US, Alzheimer’s Assoc.), Eric Siemers (Lilly/ISAB), Pat Cole (Eisai/ISAB), Brian Reynolds (Voyager), Hugo Vanderstichele (Innogenetics, Belgium)

Roll call and welcome by Maria. Teleconference began with the discussion of the compatibility spreadsheets. All ADNIs were generous enough to provide information regarding their protocols so that compatibility could be assessed. First pass look at the international ADNIs shows a fair amount of compatibility with room for some improvements. Maria opened the floor to the group to ask what their thoughts were on potential future of data harmonization.

Australian ADNI thought that the Association might have been stressing compatibility too much in light of the fact that there is no funding coming from them or any other outside source. Chris Rowe stressed that if there were to be a more emphasis on compatibility there would need to be additional funds invested into the project to achieve this goal. They are not currently using the ADNI phantom nor the MPRAGE sequence. Neuropsych is compatible. Maria Carrillo from the Association reminded callers that the goal of examining potential compatibility and future harmonization of data was not to force ADNIs to all do the same or be the same, but only to examine if in the long run, harmonization was possible, which was the ultimate goal of the US-ADNI protocol and the Association and others on the call such as the FNIH and ISAB were very interested in examining the potential of making the US-ADNI study even more robust by including data from other countries.

Takeshi from Japanese ADNI stated that their protocol has sufficient overlap with US ADNI though some of the neuropsych is not available in Japan. J-ADNI should be able to share most clinical, imaging and biochemical data and the systems will be compatible.

Eric Siemers stated that it was not so important that all aspects of the protocol be exactly aligned. As long as there is some overlap and at the end of the trail there an be some combination of data sets.

Update on US-ADNI was given by Eric Siemers, there are currently 57 sites enrolled, 52 in the US and 5 in Canada. Over the next two months there will be 2 additional sites added. All sites expect to be fully enrolled by the end of the 2nd quarter of 2007.

J-ADNI reported that funding has been difficult to raise however they have met with the Ministry of Health and they may fund them for 5 years at $2M per year. They have recruited 20-25 potential sites. No one older than 80 years will be enrolled and the protocol is quite similar to US-ADNI.
A-ADNI reported that they have been funded through the CSIRO, a government agency in Australia which funds research. All legal documents will be signed soon and a formal announcement is expected by November 15. Enrollment will start a few weeks after that. Funding is $3M Australian over the course of the study which translates into $750,000 US dollars per year of the study making this a very tight budget. Additional funds would be welcome. PET/PIB is very expensive and the ABLE study has a very ambitious protocol of 1000 subjects of which 150 will have PET/PIB and MRI.

J-ADNI still needs to establish the MRI/PET protocol and clinical protocol, They will be in Chicago for the ISAB meeting and will be talking to the core leaders of US-ADNI for additional support to accomplish implementation in Japan.

Chris Rowe and Colin Masters ask if there could be further clarification of the Biomarkers Core on the next teleconference to ensure compatibility of biomarkers. Maria will contact John Trojanowski and invite him to the next TC to talk to the group about that issue.

Next TC scheduled for November 28/29th.
Meeting concluded at 11:45PM CST.