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CAMBRIDGE

ISTAART

alzheimer's  association®

Atypical Alzheimer's Disease: *2022 in review*

Dr Maura Malpetti

Race Against Dementia & Alzheimer's Research UK Fellow

*Department of Clinical Neurosciences
Cambridge Centres for FTD and Parkinson-Plus*



@AtypicalPIA

18th January 2023

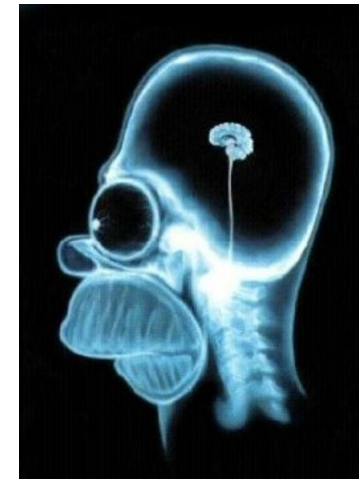
Nothing to disclose.

The information included in this presentation may be shared on other platforms.

**RACE
AGAINST
DEMENTIA**



Alzheimer's
Research
UK



Biased toward biomarkers!

A **MEMORY**

Typical AD

B **LANGUAGE**

- Impaired single-word retrieval, sentence repetition, phonologic errors
- Spared single-word comprehension, motor speech

C **VISUAL/SPATIAL**

- Space and/or object perception difficulties, simultanagnosia, face perception and reading difficulties....

D **EXECUTIVE**

- Predominant decline in core executive cognitive function

E **MOTOR**

- Parkinsonism, Myoclonus, Apraxia...
- Executive, visuospatial, and language dysfunction

F **BEHAVIOURAL**

- Deterioration of behaviour ~bvFTD
- Executive deficits with relative sparing of memory and visuospatial functions

*Early onset
< 65 yo*

Atypical AD: clinical diagnosis

A	MEMORY Amnesic AD	B	LANGUAGE Logopenic Variant Primary Progressive Aphasia
C	VISUAL/SPATIAL Posterior cortical atrophy	D	EXECUTIVE Dysexecutive AD
E	MOTOR Corticobasal syndrome	F	BEHAVIOURAL Behavioural variant AD

*Early onset
< 65 yo*

Atypical AD: clinical (mis)diagnosis

A **MEMORY**

Amnesic AD

B **LANGUAGE**

Logopenic Variant Primary
Progressive Aphasia

Other PPA,
stroke...

C **VISUAL/SPATIAL**

Posterior cortical atrophy

Dementia with
Lewy Body, or
ocular
conditions...

D **EXECUTIVE**

Dysexecutive AD

Vascular
dementia,
psychiatric
diagnoses...

E **MOTOR**

Corticobasal syndrome

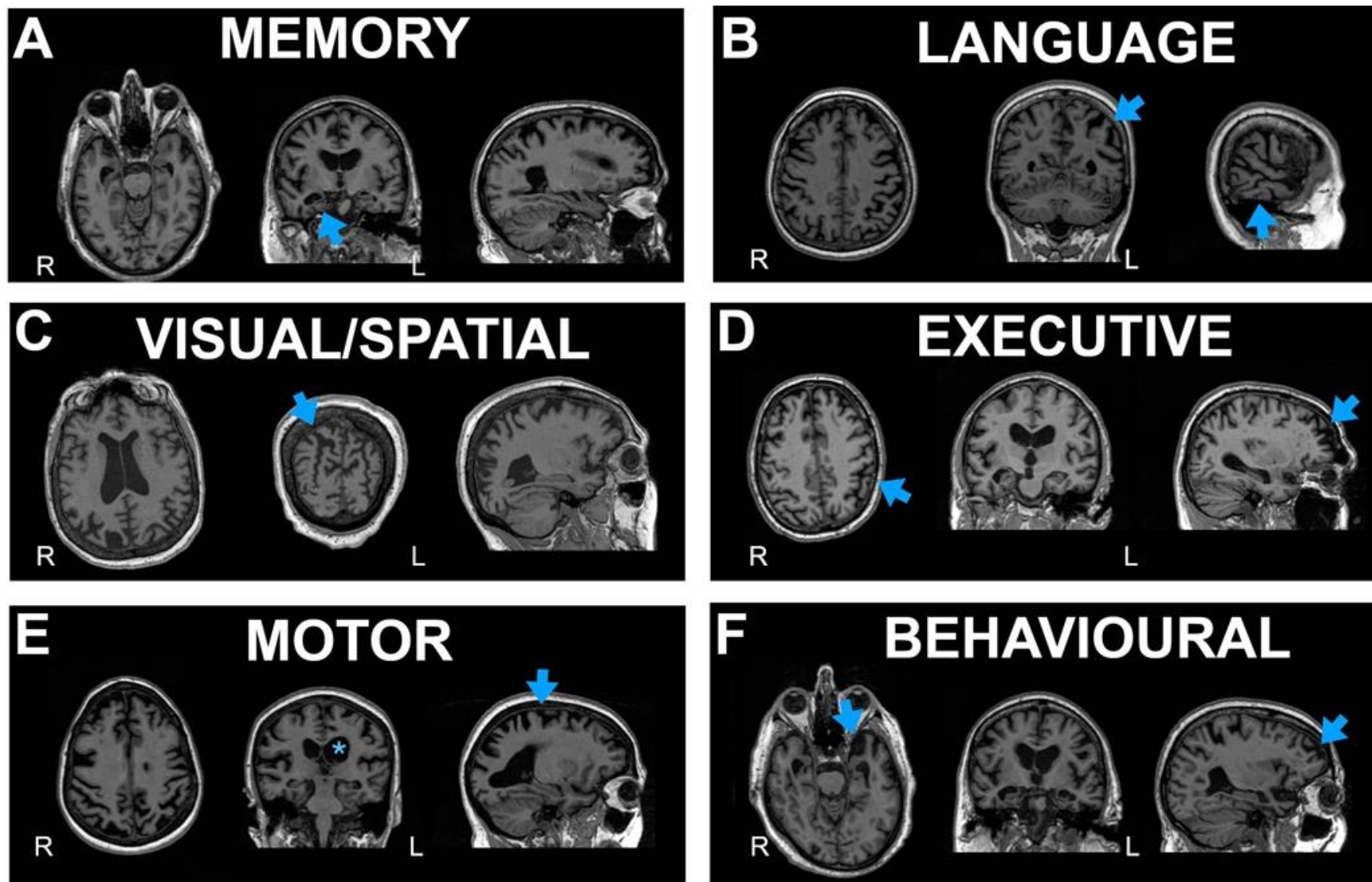
CBS due to CBD,
PD...

F **BEHAVIOURAL**

Behavioural variant AD

bvFTD,
psychiatric
diagnoses...

Atypical AD: localised brain changes



Similar patterns with Tau PET and FDG PET

BIOMARKERS



Diagnosis
Prognosis
Tau spreading

GENETICS



Influencing factors
Risk factors

PATHOLOGY



Regional vulnerability
Clinico-path correlations

APOLOGIES: too many good discoveries and results in 2022 to be discussed in 30 minutes!

BIOMARKERS



Diagnosis
Prognosis
Tau spreading

GENETICS



Influencing factors
Risk factors

PATHOLOGY



Regional vulnerability
Clinico-path correlations

Biomarkers: what's new?

RESEARCH ARTICLE

Investigating Heterogeneity and Neuroanatomic Correlates of Longitudinal Clinical Decline in Atypical Alzheimer Disease

Jennifer L. Whitwell, PhD, Peter R. Martin, MS, Jonathan Graff-Radford, MD, Mary M. Machulda, PhD, Irene Sintini, PhD, Marina Buciu, MD, Matthew L. Senjem, MS, Christopher G. Schwarz, PhD, Hugo Botha, MD, Minerva M. Carrasquillo, PhD, Nilufer Ertekin-Taner, PhD, Val J. Lowe, MD, Clifford R. Jack, MD, and Keith A. Josephs, MD, MST, MSc

Correspondence
Dr. Whitwell
whitwell.jennifer@mayo.edu

Neurology® 2022;98:e2436-e2445. doi:10.1212/WNL.000000000000200336

Journal of Alzheimer's Disease
DOI: 10.3233/ADR-220010
IOS Press

Research R

Journal of Neurology (2022) 269:4110–4128
https://doi.org/10.1007/s00415-022-11025-x

ORIGINAL COMMUNICATION



Phenotypic subtypes of progressive dysexecutive syndrome due to Alzheimer's disease: a series of clinical cases

Nick Corriveau-Lecavalier¹ · Mary M. Machulda² · Hugo Botha¹ · Jonathan Graff-Radford¹ · David S. Knopman¹ · Val J. Lowe³ · Julie A. Fields² · Nikki H. Stricker² · Bradley F. Boeve¹ · Clifford R. Jack Jr³ · Ronald C. Petersen¹ · David T. Jones^{1,3}

Temporal Cortical Thickness and Cognitive Associations among Typical and Atypical Phenotypes of Alzheimer's Disease

Alissa M. Butts^{a,b}, Mary M. Machulda^c, Peter Martin^d, Scott A. Przybelski^d, Joseph R. Duffy^e, Jonathan Graff-Radford^c, David S. Knopman^c, Ronald C. Petersen^c, Clifford R. Jack Jr.^f, Val J. Lowe^f, Keith A. Josephs^e and Jennifer L. Whitwell^{f,*}



Article

Recognizing Atypical Presentations of Alzheimer's Disease: The Importance of CSF Biomarkers in Clinical Practice

George P. Paraskevas^{1,2,*}, Vasilios C. Constantinides¹, Fotini Boufidou¹, Ioanna Tsantzi², Efstratios-Stylianou Pyrgelis¹, Georgios Liakakis¹ and Elisabeth Kapaki¹

SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE

ALZHEIMER'S DISEASE

Intrinsic connectivity of the human brain provides scaffold for tau aggregation in clinical variants of Alzheimer's disease

Joseph Therriault^{1,2,3}, Tharick A. Pascoal^{1,2,3}, Méliissa Savard¹, Sulantha Mathotaarachchi¹, Andréa L. Benedet^{1,2,3}, Mira Chamoun^{1,2}, Cécile Tissot^{1,2,3}, Firoza Z. Lussier^{1,2,3}, Nesrine Rahmouni^{1,2,3}, Jenna Stevenson^{1,2,3}, Muhammad Naveed Iqbal Qureshi^{1,2,3}

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American Association
for the Advancement
of Science. No claim
to original U.S.
Government Works

Min Para Neuro | Published: 26 July 2022

Quantitative susceptibility mapping demonstrates different patterns of iron overload in subtypes of early-onset Alzheimer's disease

Grégory Kuchcinski, Lucas Patin, Renaud Lopes, Mélanie Leroy, Xavier Delbeuck, Adeline Rollin-Sillaire, Thibaud Lebouvier, Yi Wang, Pascal Spincemaille, Thomas Tourdias, Lotfi Hacein-Bey, David Devos

nature > nature communications > articles > article

Article | Open Access | Published: 05 August 2022

Multi-cohort and longitudinal Bayesian clustering study of stage and subtype in Alzheimer's disease

Konstantinos Poulakis, Joana B. Pereira, J-Sebastian Muehlboeck, Lars-Olof Wahlund, Örjan Smedby, Giovanni Volpe, Colin L. Masters, David Ames, Yoshiki Niimi, Takeshi Iwatsubo, Daniel Ferreira, Eric Westman, Japanese Alzheimer's Disease Neuroimaging Initiative & Australian Imaging, Biomarkers and Lifestyle study

Nature Communications 13, Article number: 4566 (2022) | [Cite this article](#)

4428 Accesses | 1 Citations | 32 Altmetric | [Metrics](#)

Neuroimage Clin. 2022; 36: 103161.

PMCID: PMC9428862

Published online 2022 Aug 22. doi: [10.1016/j.nicl.2022.103161](https://doi.org/10.1016/j.nicl.2022.103161)

PMID: [36029670](https://pubmed.ncbi.nlm.nih.gov/36029670/)

Distinct brain iron profiles associated with logopenic progressive aphasia and posterior cortical atrophy

Neha Atulkumar Singh, Arvin Arani, Jonathan Graff-Radford, Matthew L. Senjem, Peter R. Martin, Mary M. Machulda, Christopher G. Schwarz, Yunhong Shu, Petrice M. Cogswell, David S. Knopman, Ronald C. Petersen, Val J. Lowe, Clifford R. Jack, Jr., Keith A. Josephs, and Jennifer L. Whitwell

Author information | Article notes | Copyright and License information | [Disclaimer](#)

Received: 29 January 2021 | Revised: 24 June 2021 | Accepted: 30 July 2021
DOI: 10.1002/alz.12456

Alzheimer's & Dementia
THE JOURNAL OF THE ALZHEIMER'S ASSOCIATION

FEATURED ARTICLE

Rates of longitudinal change in ¹⁸F-flortaucipir PET vary by brain region, cognitive impairment, and age in atypical Alzheimer's disease

Jeffrey S. Phillips, Frederick J. Nitche IV, Fulvio Da Re, Christopher A. Olm, Phillip A. Cook, Corey T. McMillan, David J. Irwin, James C. Gee, Jacob G. Dubroff, Murray Grossman, Ilya M. Nasrallah, for the Alzheimer's Disease Neuroimaging Initiative

Tau and the fractionated default mode network in atypical Alzheimer's disease

Deepti Putcha, Ryan Eckbo, Yuta Katsumi, Bradford C. Dickerson, Alexandra Touroutoglou, and Jessica A. Collins

Validity of cingulate–precuneus–temporo-parietal hypometabolism for single-subject diagnosis of biomarker-proven atypical variants of Alzheimer's Disease

Valeria Isella, Cinzia Crivellaro, Anna Formenti, Monica Musarra, Sara Pacella, Sabrina Morzenti, Francesca Ferri, Cristina Mapelli, Francesca Gallivanone, Luca Guerra, Ildebrando Appollonio, Carlo Ferrarese

Biomarkers: what's new?

RESEARCH ARTICLE

Investigating Heterogeneity and Neuroanatomic Correlates of Longitudinal Clinical Decline in Atypical Alzheimer Disease

Jennifer L. Whitwell, PhD, Peter R. Martin, MS, Jonathan Graff-Radford, MD, Mary M. Machulda, PhD, Irene Sintini, PhD, Marina Buciu, MD, Matthew L. Senjem, MS, Christopher G. Schwarz, PhD, Hugo Botha, MD, Minerva M. Carrasquillo, PhD, Nilufer Ertekin-Taner, PhD, Val J. Lowe, MD, Clifford R. Jack, MD, and Keith A. Josephs, MD, MST, MSc

Correspondence
Dr. Whitwell
whitwell.jennifer@mayo.edu

Neurology® 2022;98:e2436-e2445. doi:10.1212

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DOI: 10.1002/alz.12456

Alzheimer's & Dementia®
THE JOURNAL OF THE ALZHEIMER'S ASSOCIATION

FEATURED ARTICLE

Rates of longitudinal change in ¹⁸F-flortaucipir PET vary by brain region, cognitive impairment, and age in atypical Alzheimer's disease

Jeffrey S. Phillips¹ | Frederick J. Nitchie IV¹ | Fulvio Da Re¹
Philip A. Cook¹ | Corey T. McMillan¹ | David J. Irwin¹ | Jarrod
Jacob G. Dubroff¹ | Murray Grossman¹ | Ilya M. Nasrallah¹
Disease Neuroimaging Initiative[#]

Hypometabolism + CSF

Atrophy

Tau

RESEARCH ARTICLE

Discordance and Concordance Between Cerebrospinal and [¹⁸F]FDG-PET Biomarkers in Assessing Atypical and Early-Onset AD Dementia Cases

Kely Mónica Quispialaya, MD,* Joseph Therriault, BSc,* Antonio Aliaga, MSc, Maria Zimmermann, BSc, Jaime Fernandez-Arias, MSc, Firoza Lussier, MSc, Gassan Massarweh, PhD, Tharick Pascoal, MD, PhD, Jean-Paul Soucy, MD, MSc, Serge Gauthier, MD, Bertrand Jean-Claude, PhD, Brian Gilfix, MD, PhD, Paolo Vitali, MD, PhD, and Pedro Rosa-Neto, MD, PhD

Correspondence
Dr. Rosa-Neto
pedro.rosa@mcgill.ca

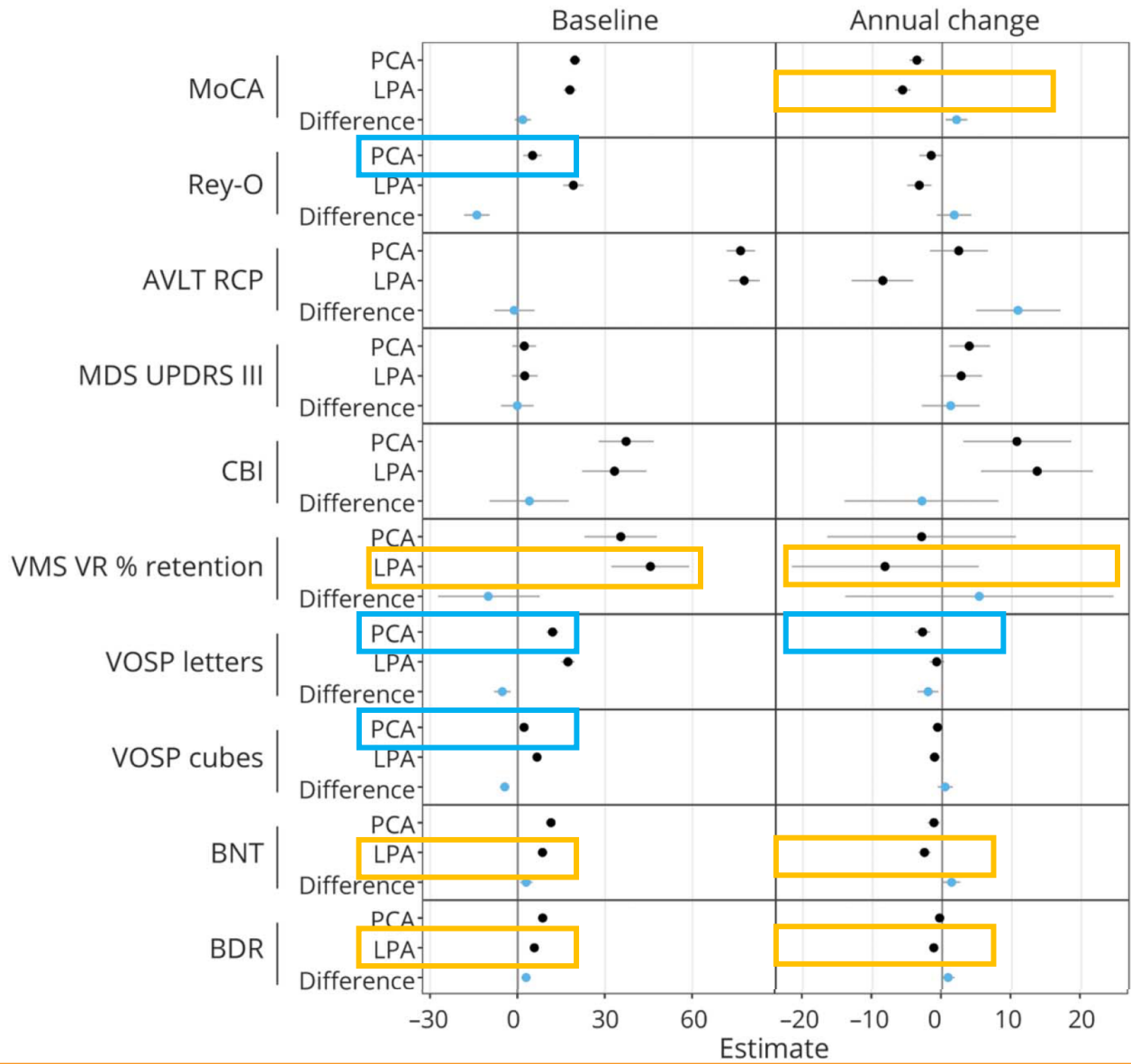
Neurology® 2022;99:e2428-e2436. doi:10.1212/WNL.000000000201198

Biomarkers: clinical outcomes vs atrophy

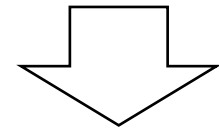
Clinical decline in atypical AD:

heterogeneity in patterns of change and relationships to concurrent brain atrophy?

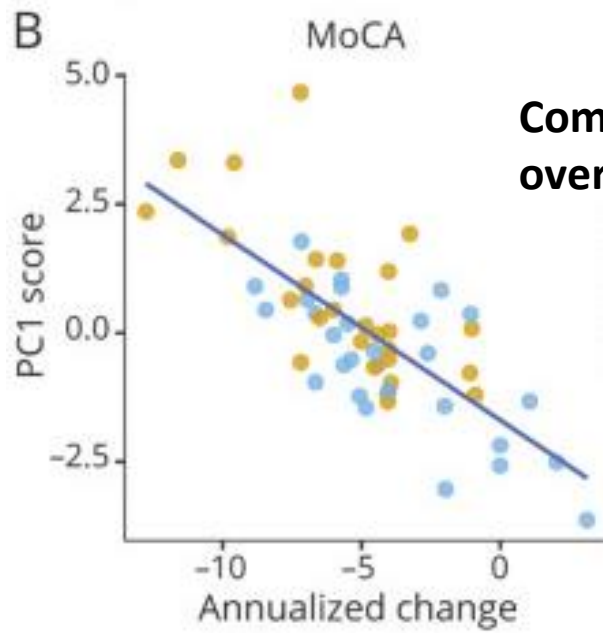
Biomarkers: clinical outcomes vs atrophy



Rates of change in 13 clinical measures in patients with **PCA** and **LPA**

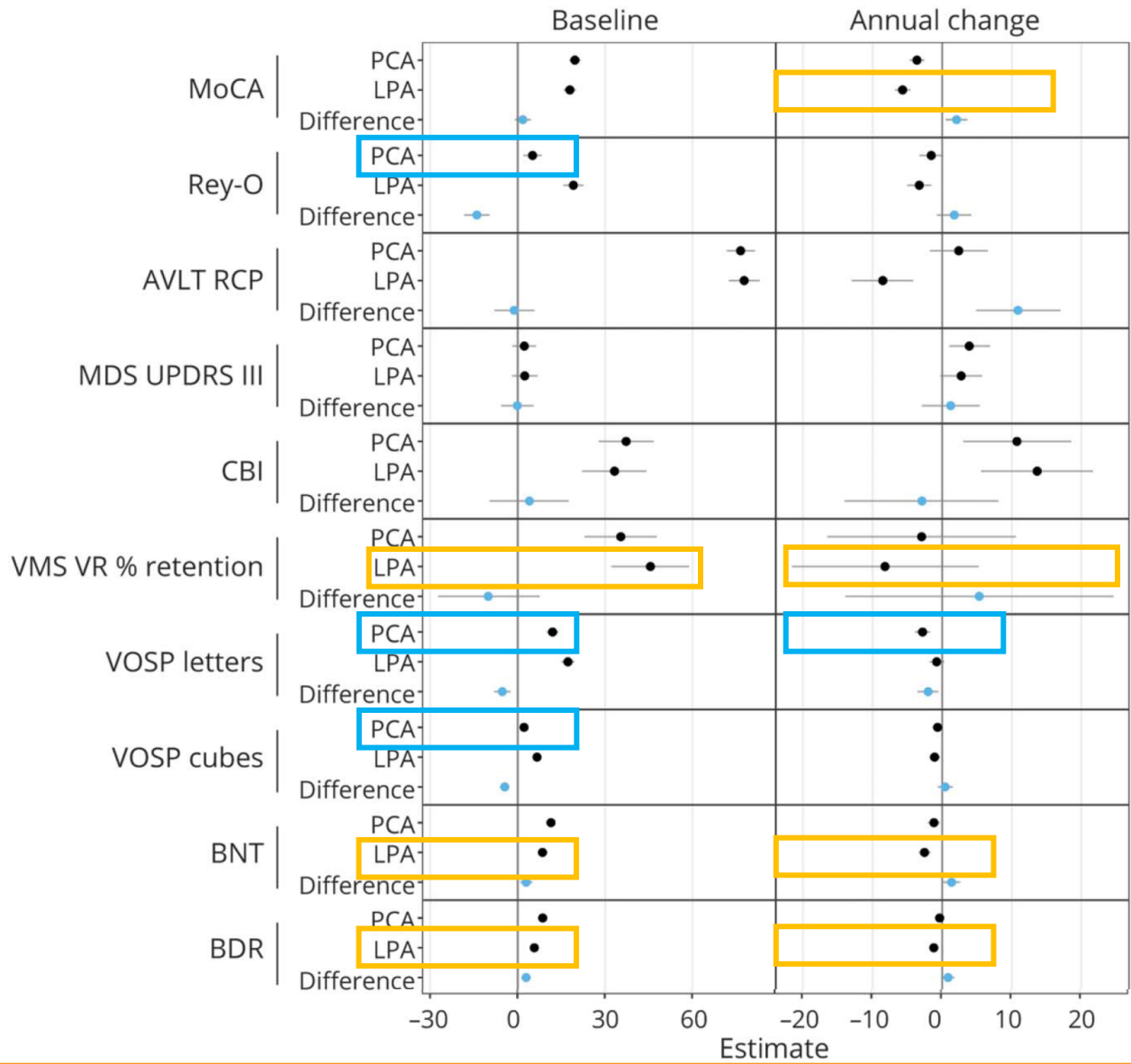


Principal component analysis



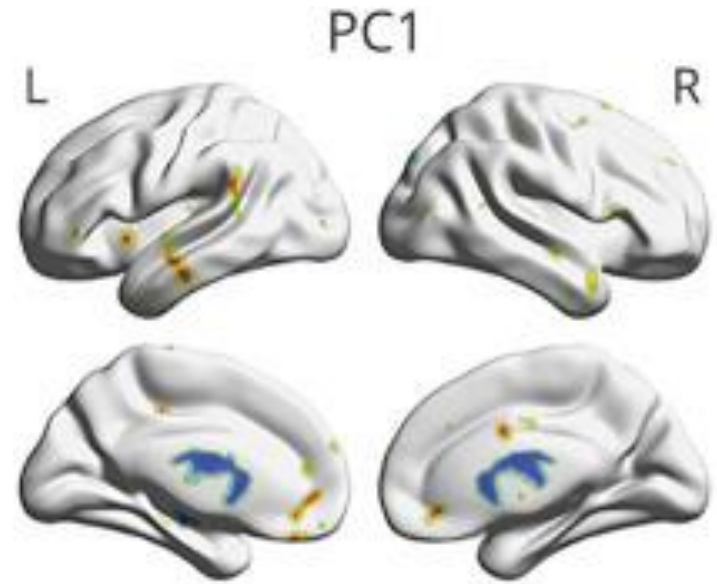
Component 1 = overall severity

Biomarkers: clinical outcomes vs atrophy



Rates of change in 13 clinical measures in patients with **PCA** and **LPA**

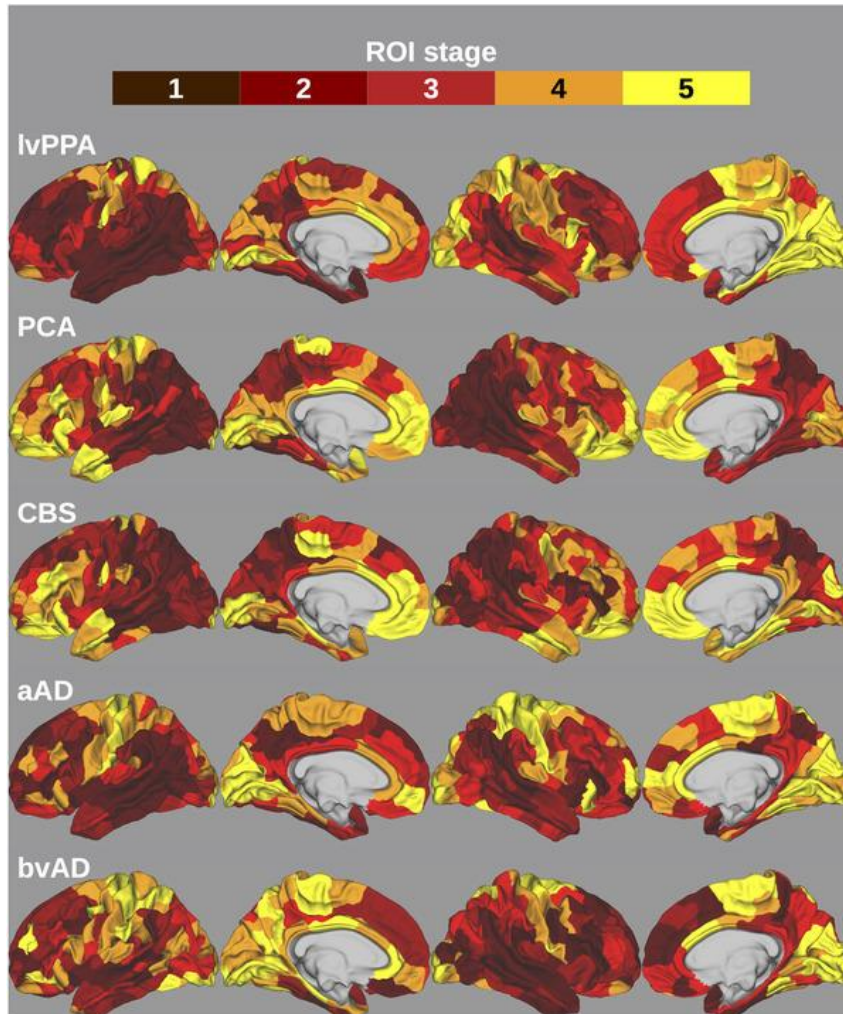
Principal component analysis



Associated with faster rates of atrophy in temporal lobe and supramarginal gyrus, and faster rates of ventricular expansion

Tau progression over time in atypical AD:
regional specific rate of change and influencing factors?

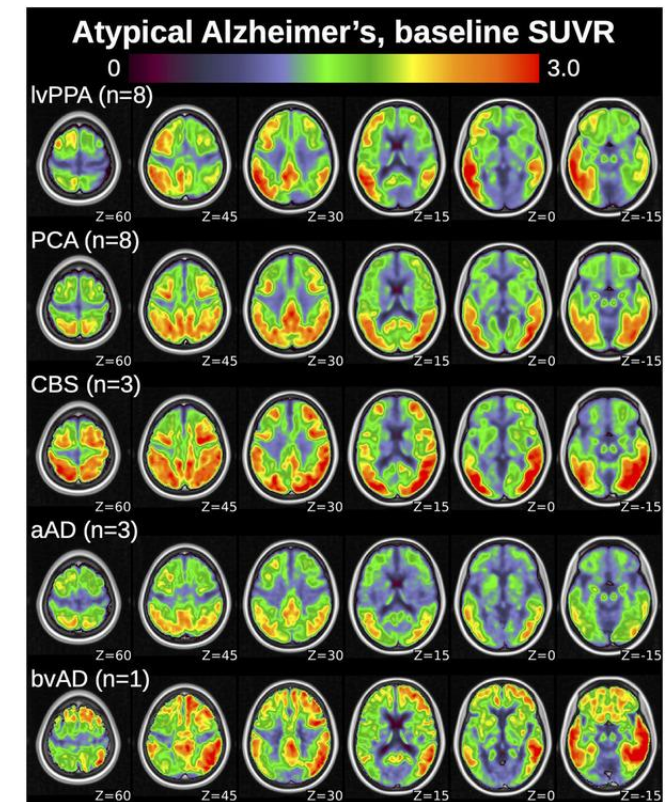
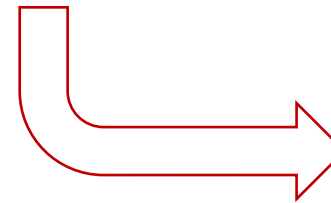
Biomarkers: tau progression



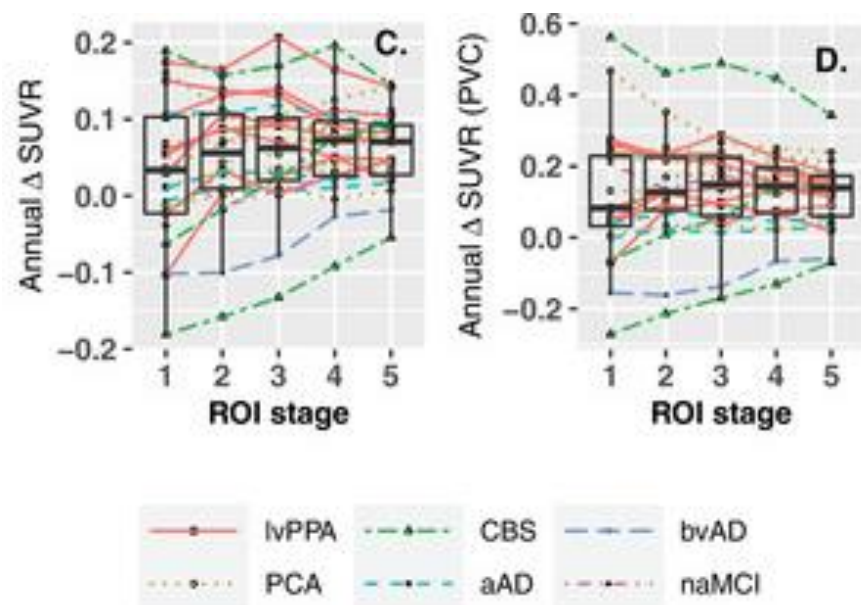
Models of neocortical disease progression in atypical AD, based on frequency of gray matter atrophy in an independent sample of patients.

Stage 1 = earliest areas of disease

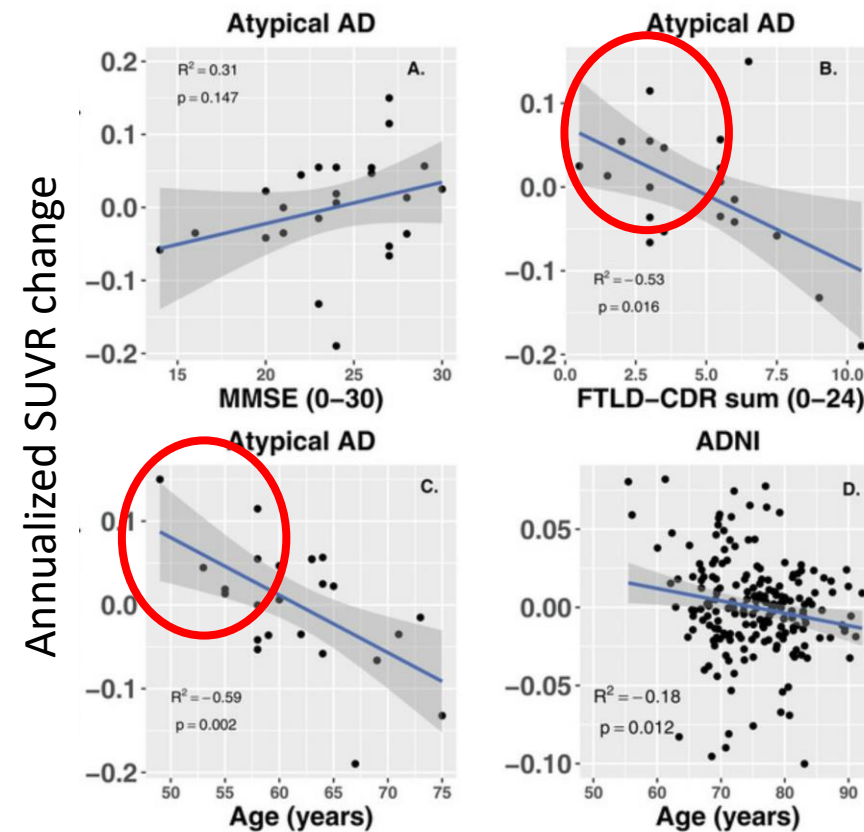
Stage 5 = latest areas of disease



Biomarkers: tau progression



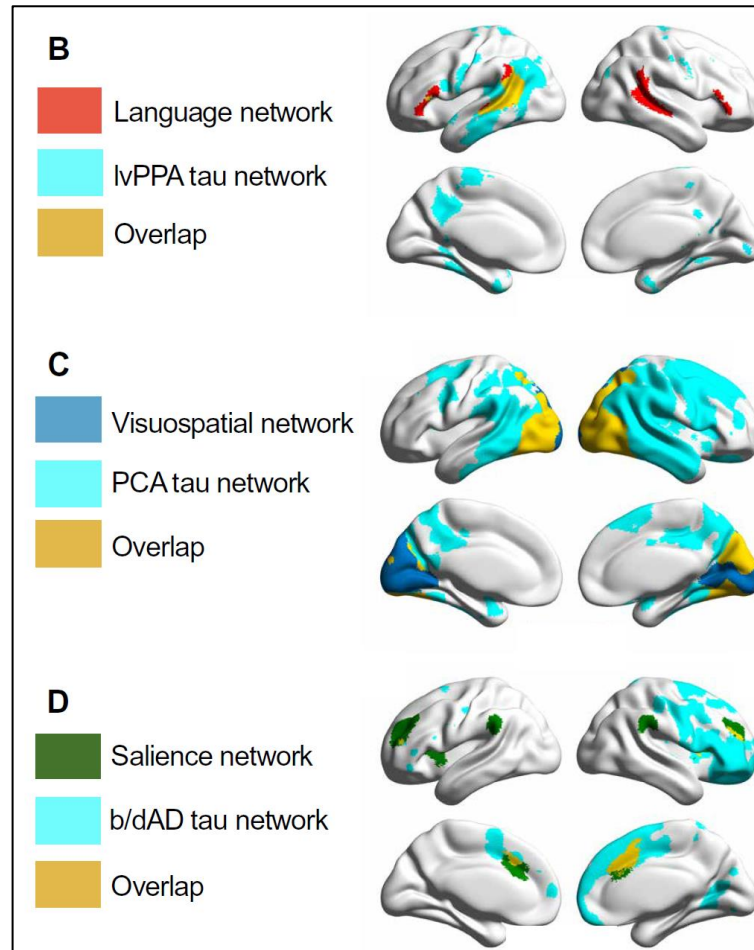
Areas of early disease higher tau at baseline and reduced changes over time relative to late-stage disease regions.



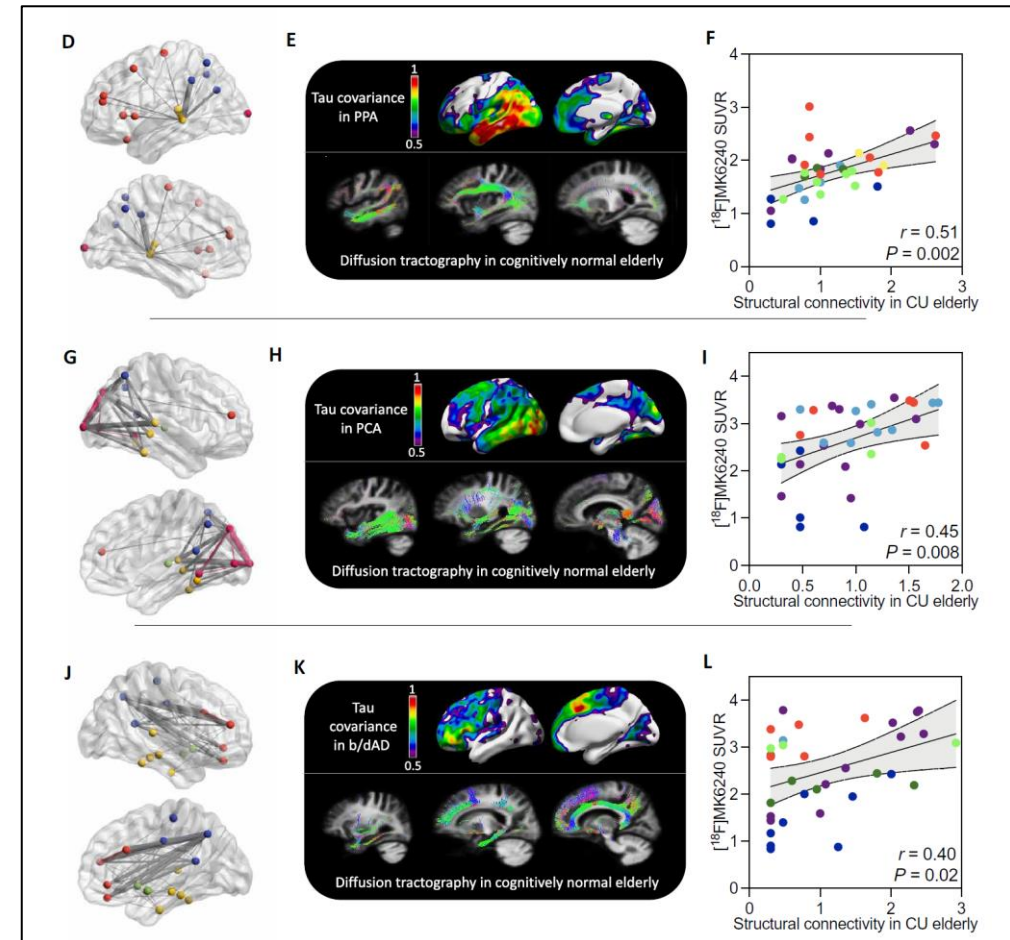
Younger and less impaired patients had greater SUVR increases.

Biomarkers: connectivity and tau propagation

Functional networks



Structural connectivity



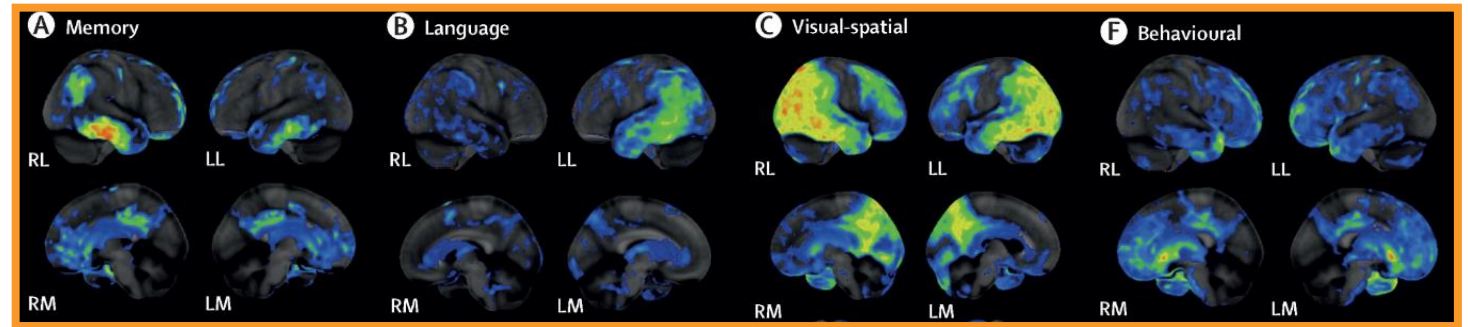
AD phenotypes are associated with distinct network-specific patterns of tau aggregation and longitudinal progression

Complementary biomarkers in atypical AD:
concordance between CSF and FDG PET in atypical and early-onset AD?

Biomarkers: FDG PET vs CSF

INCLUSION:

- Patients with early onset dementia OR late onset atypical AD
- FDG PET AND CSF

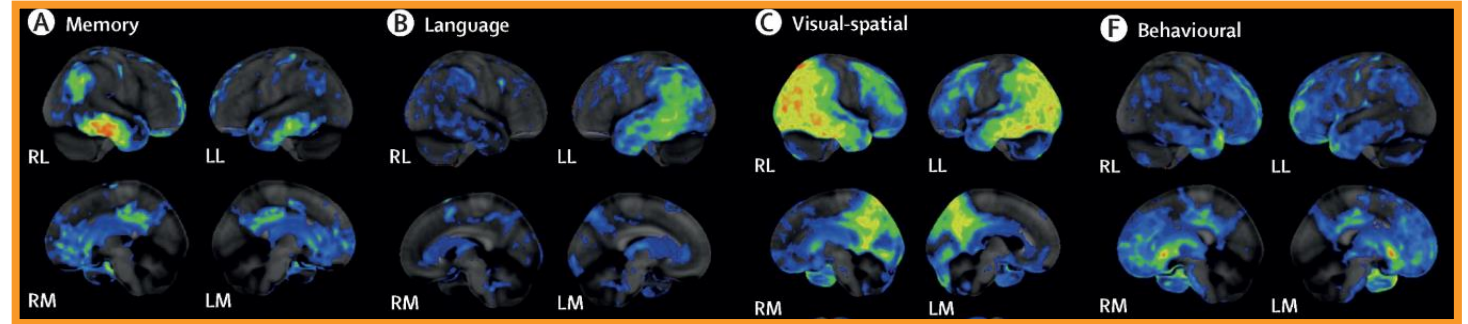
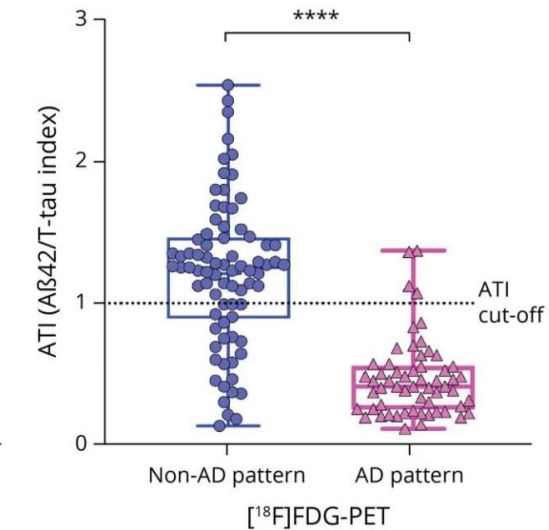
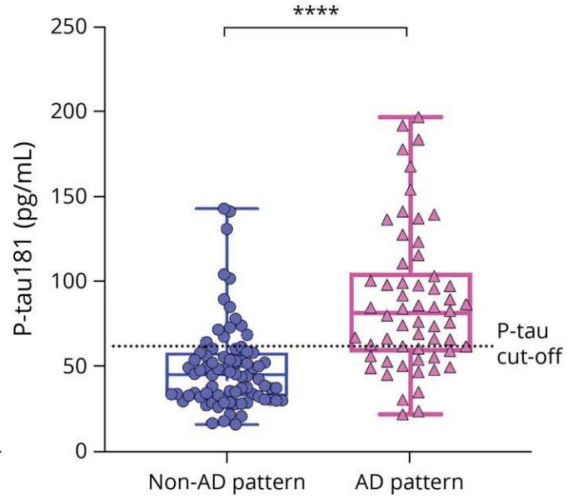


Graff-Radford et al *Lancet Neurol* 2021

$A\beta_{42}$ to T-tau ratio < 1.0
P-tau181 > 61 pg/mL

		[¹⁸ F] fdg-PET		
		Non-AD pattern	AD pattern	Subtotal
CSF	Non-AD			
	AD			
	Subtotal			136

Biomarkers: FDG PET vs CSF



Graff-Radford et al *Lancet Neurol* 2021

		¹⁸ F fdg-PET		
		Non-AD pattern	AD pattern	Subtotal
CSF	Non-AD	68	16	84
	AD	10	42	52
	Subtotal	78	58	136

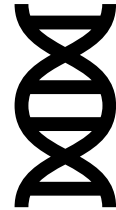
[¹⁸F]FDG-PET and CSF biomarkers were discordant in nearly 20% of cases: extreme atypical presentations of AD or mixed pathologies.

BIOMARKERS



Diagnosis
Prognosis
Tau spreading

GENETICS



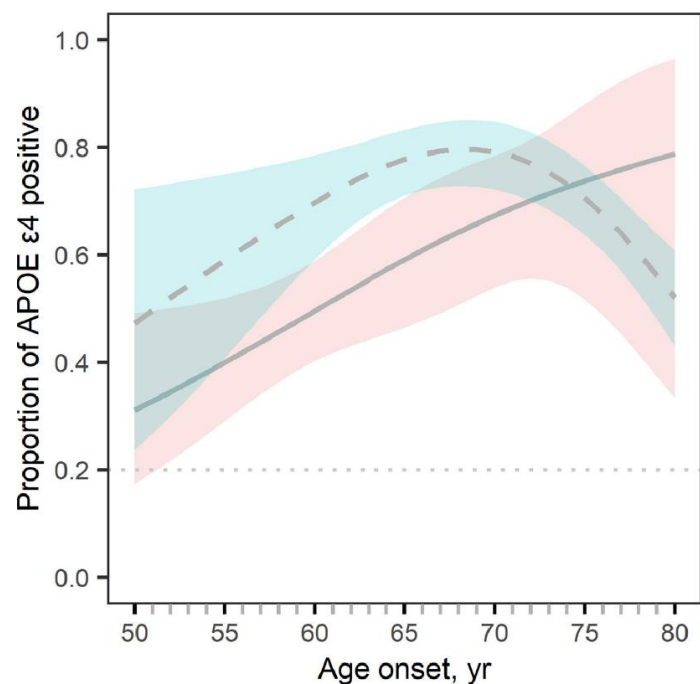
Influencing factors
Risk factors

PATHOLOGY



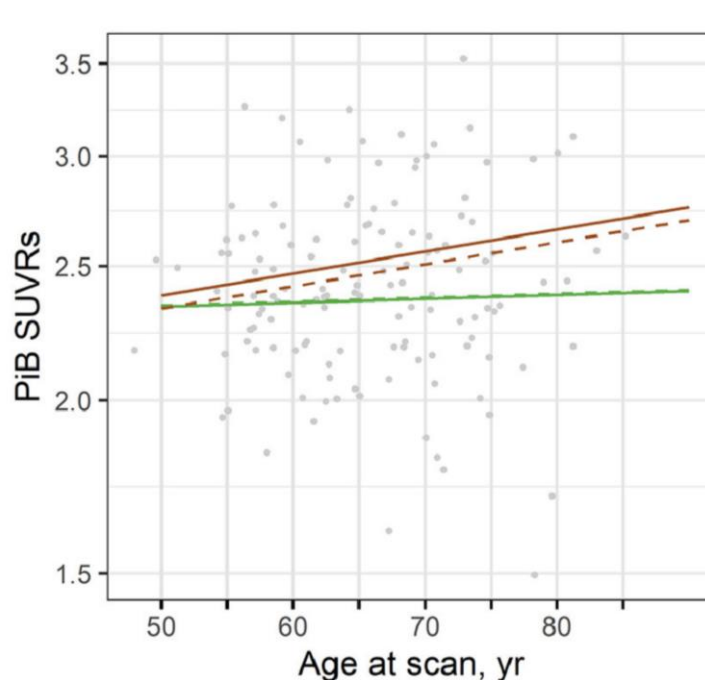
Regional vulnerability
Clinico-path correlations

APOE $\epsilon 4$ frequency increases with **age at onset** in atypical AD



Atypical AD
Typical AD

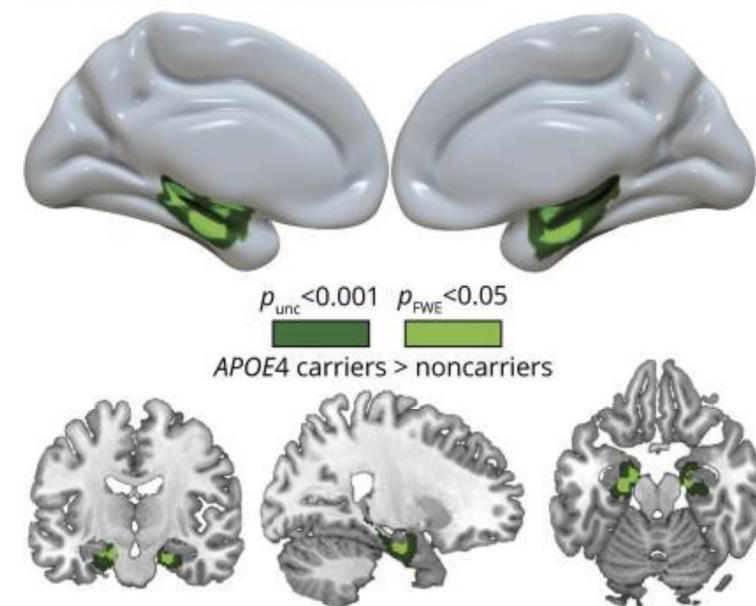
Global $A\beta$ standard uptake value ratios does not differ according to *APOE* $\epsilon 4$ status



PCA
IvPPA

The presence of *APOE4* is associated with focal medial temporal flortaucipir-SUVr increases

A. Voxelwise flortaucipir analysis



Genetics: what's new?


Received: 10 January 2022 | Revised: 2 May 2022 | Accepted: 4 May 2022

DOI: 10.1002/alz.12711

FEATURED ARTICLE

Alzheimer's & Dementia®
THE JOURNAL OF THE ALZHEIMER'S ASSOCIATION

APOE ε4 influences medial temporal atrophy and tau deposition in atypical Alzheimer's disease

Neha Atulkumar Singh¹  | Nirubol Tosakulwong² | Jonathan Graff-Radford¹ | Mary M. Machulda³ | Nha Trang Thu Pham⁴ | Irene Sintini⁴ | Stephen D. Weigand² | Christopher G. Schwarz⁴ | Matthew L. Senjem⁴ | Minerva M. Carrasquillo⁵ | Nilufer Ertekin-Taner⁵ | Clifford R. Jack Jr.⁴ | Val J. Lowe⁴ | Keith A. Josephs¹ | Jennifer L. Whitwell⁴

Received: 18 April 2022 | Revised: 19 July 2022 | Accepted: 19 September 2022

DOI: 10.1002/alz.12831

FEATURED ARTICLE

Alzheimer's & Dementia®
THE JOURNAL OF THE ALZHEIMER'S ASSOCIATION

APOE ε4 carrier status and sex differentiate rates of cognitive decline in early- and late-onset Alzheimer's disease

Angelina J. Polsinelli^{1,2} | Paige E. Logan^{1,2} | Kathleen A. Lane³ | Mohit K. Manchella⁴ | Sára Nemes¹ | Apoorva Bharthur Sanjay¹ | Sujuan Gao^{2,3} | Liana G. Apostolova^{1,2}




**Link to
Biomarkers**

Acta Neuropathologica (2022) 144:1085–1102
<https://doi.org/10.1007/s00401-022-02495-4>

ORIGINAL PAPER



TREM2 risk variants are associated with atypical Alzheimer's disease

Boram Kim¹ · EunRan Suh² · Aivi T. Nguyen¹ · Stefan Prokop⁵ · Bailey Mikytuck¹ · Olamide A. Olatunji¹ · John L. Robinson² · Murray Grossman³ · Jeffrey S. Phillips³ · David J. Irwin³ · Dawn Mechanic-Hamilton⁴ · David A. Wolk⁴ · John Q. Trojanowski² · Corey T. McMillan³ · Vivianna M. Van Deerlin² · Edward B. Lee¹ 

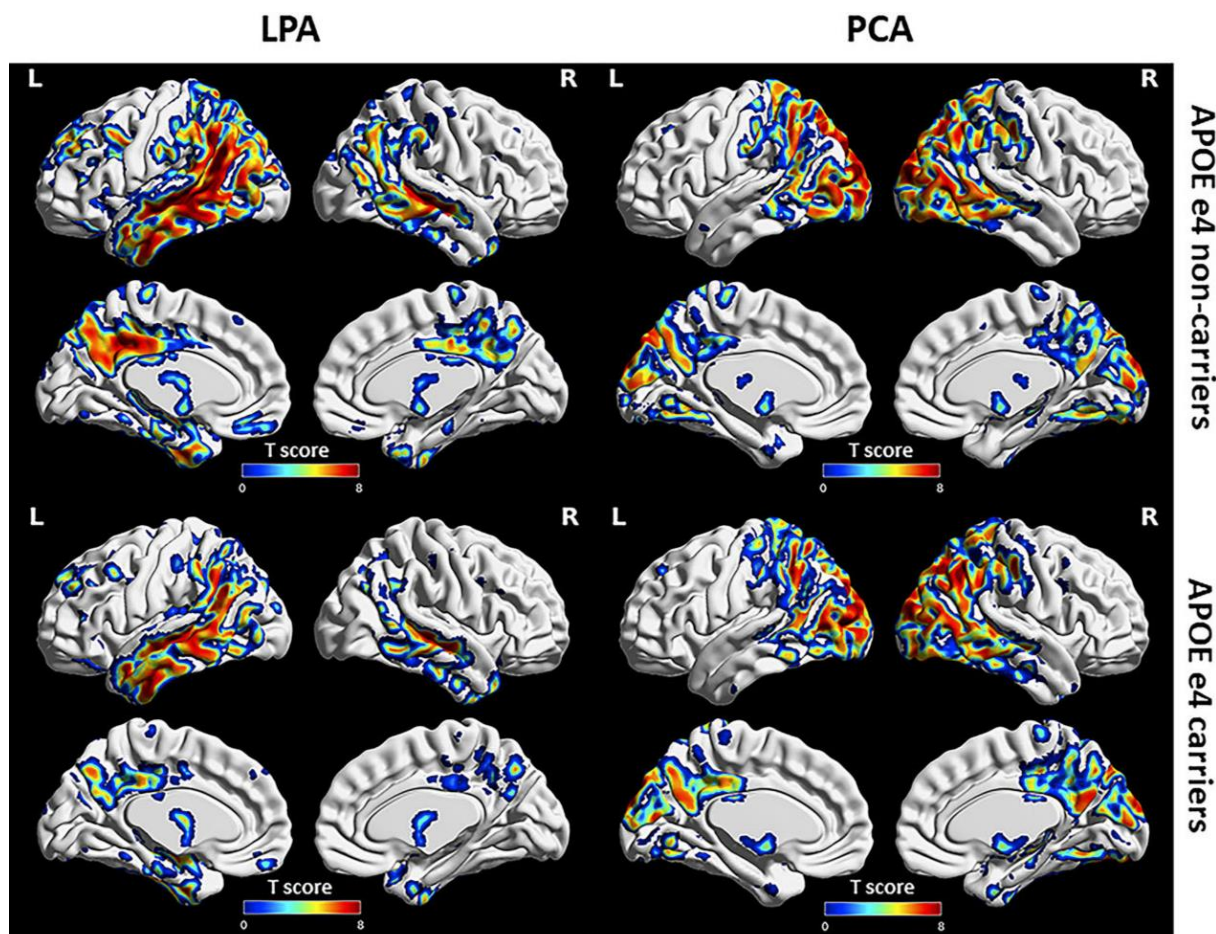
Received: 25 May 2022 / Revised: 7 September 2022 / Accepted: 8 September 2022 / Published online: 16 September 2022
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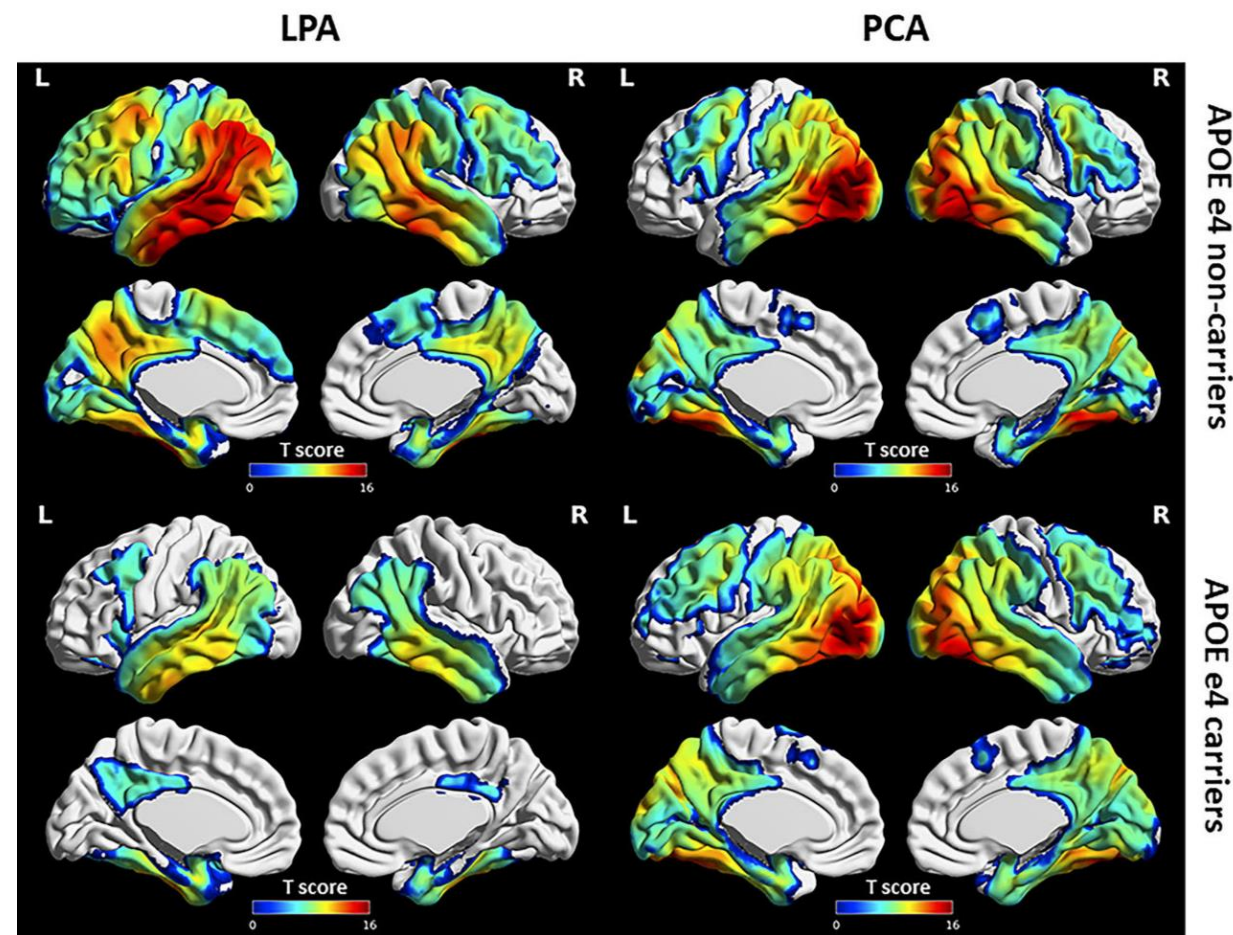
Link to Pathology

APOE ϵ 4 effects on brain changes in atypical AD:
regional association of APOE ϵ 4 with gray matter volume loss and tau?

Grey matter loss

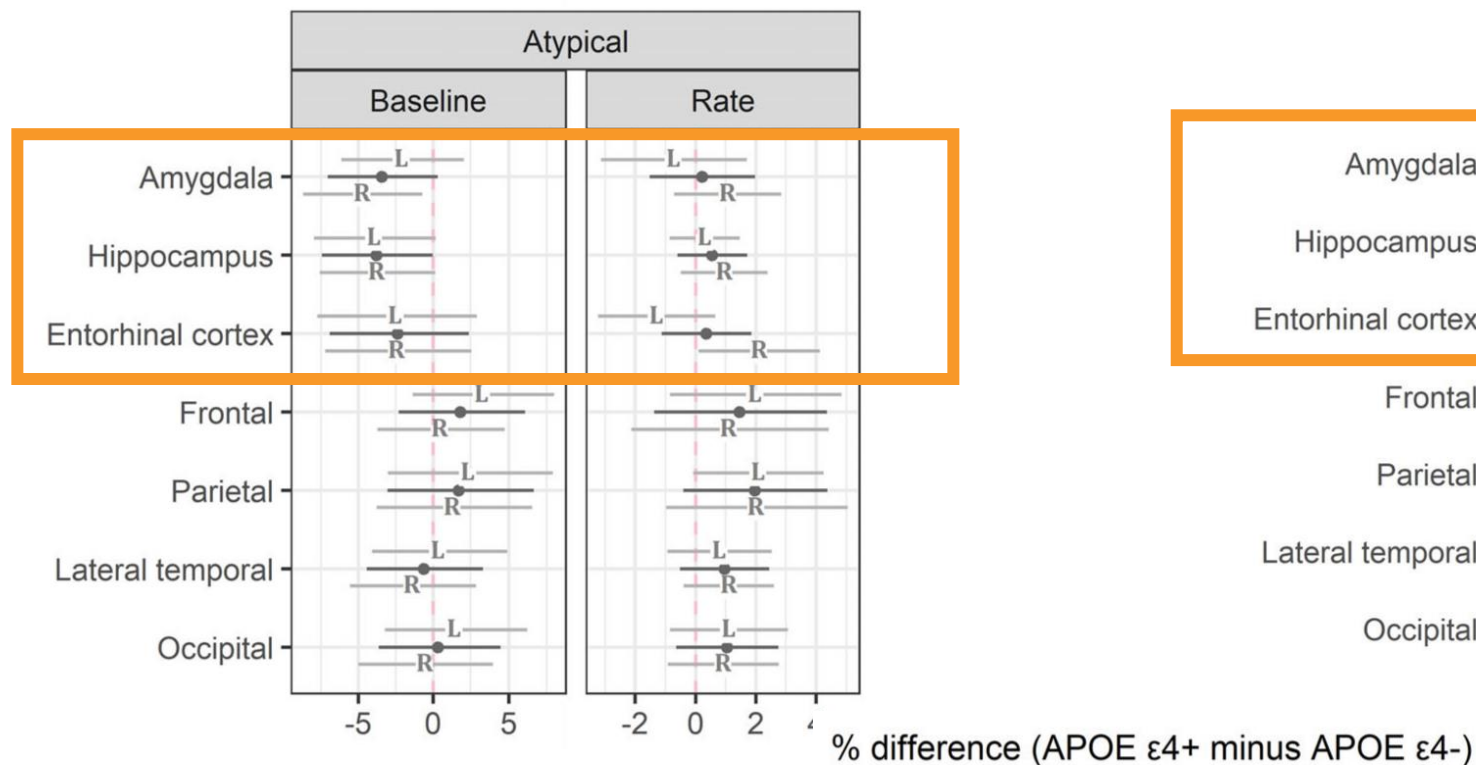


Tau pathology



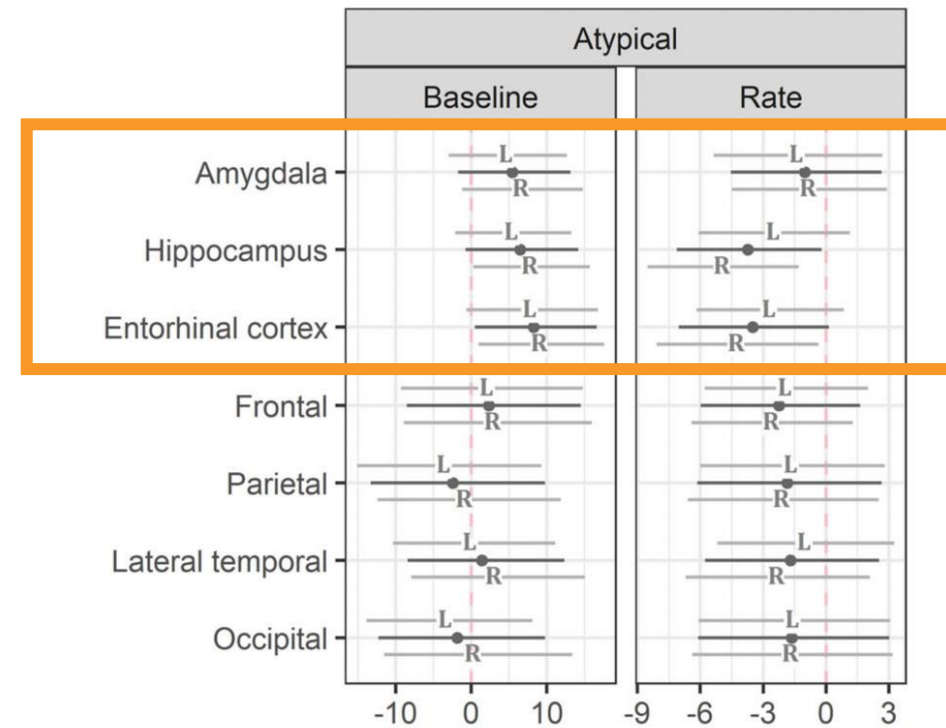
Grey matter loss

Negative values = $\epsilon 4$ carriers with more loss



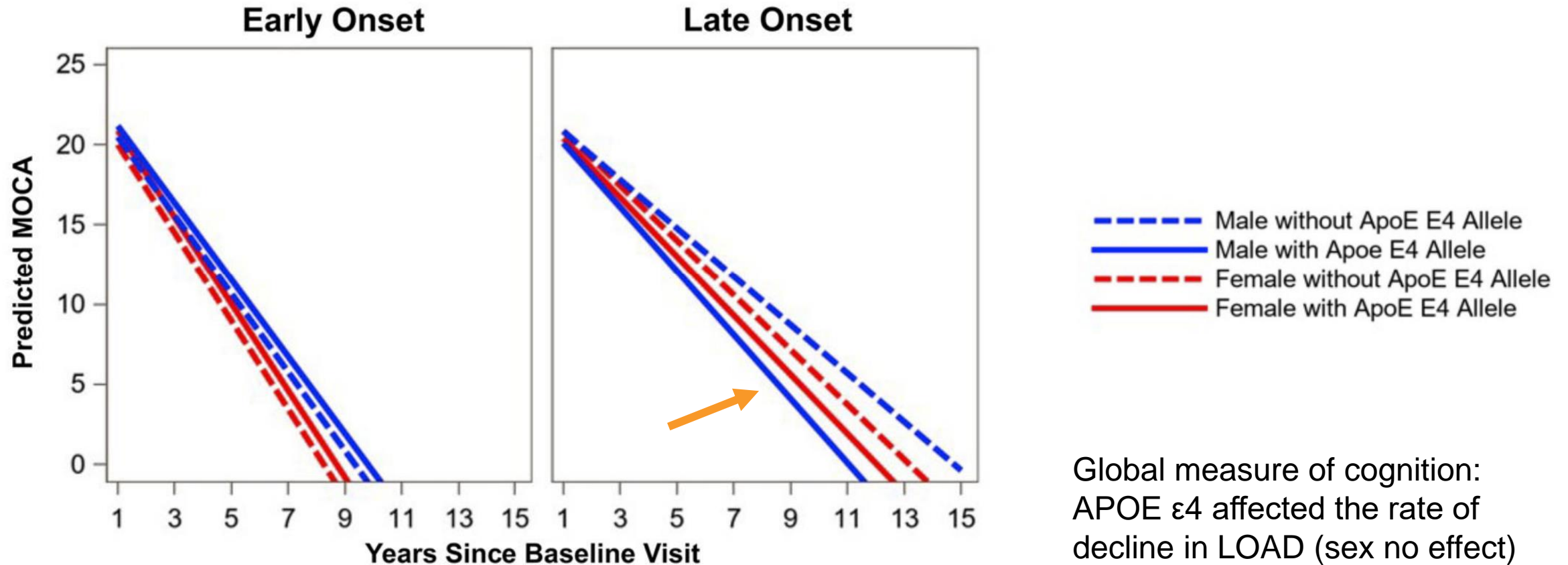
Tau pathology

Positive values = $\epsilon 4$ carriers with more uptake



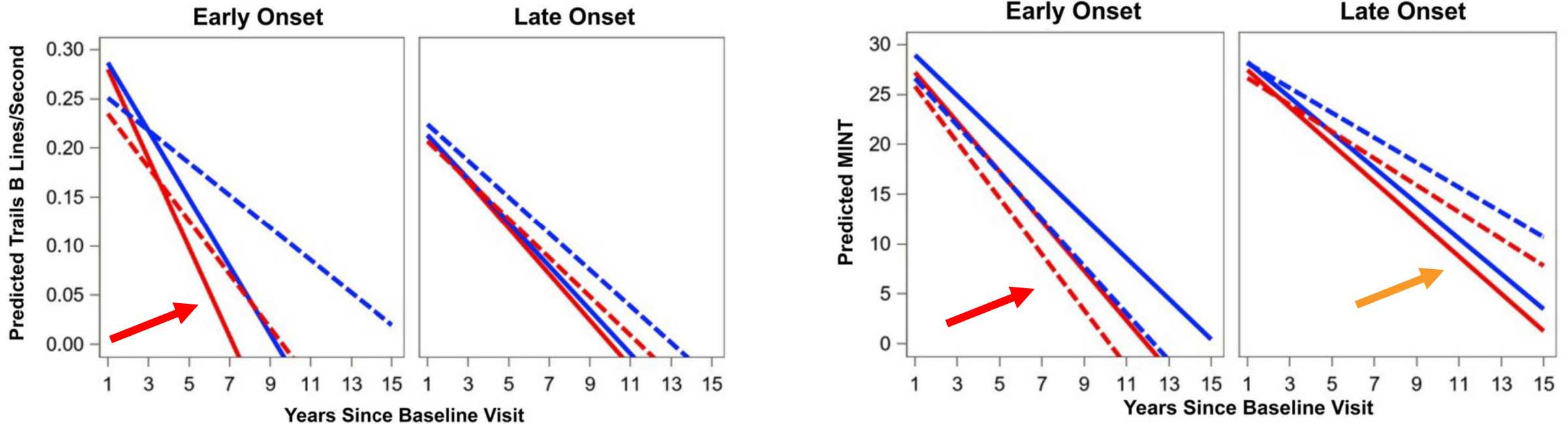
APOE $\epsilon 4$ was associated with more medial temporal involvement at baseline, while over time non-carriers show faster progression

APOE ϵ 4 and sex effects in early onset AD:
different effects on cognitive decline in early- vs late-onset AD?



Genetics: APOE and cognitive changes

In the EOAD group, the presence of *APOE* ϵ 4 and female sex accelerated cognitive decline.



The effect of *APOE* ϵ 4 was greater in EOAD for **executive functioning** and greater in LOAD for **language**.

- Male without ApoE E4 Allele
- Male with ApoE E4 Allele
- Female without ApoE E4 Allele
- Female with ApoE E4 Allele

TREM2 and increased risk in atypical AD:

TREM2 variants associated with atypical clinical and pathology AD?

Genetics: TREM2 and atypical AD

Clinical variants

AD *TREM2* variants (n=31)

Non-amnestic syndrome
(48.39%)

- Behavioral/dysexecutive variant of AD (3.23%)
- bvFTD (6.45%)
- lvPPA (3.23%)
- svPPA (6.45%)
- PPA, mixed (3.23%)
- PCA (3.23%)
- DLB (6.45%)
- FTD-NOS (3.23%)
- MND (3.23%)
- AD, language impairment-predominant (3.23%)
- CVD/AD (3.23%)
- DLB/AD (3.23%)

Amnestic syndrome
(51.61%)

Amnestic syndrome
(80.67%)

AD *TREM2* wild-type (n=119)

TREM2 more frequently associated with non-amnestic clinical syndromes

Pathology

AD *TREM2* variants (n=21)

Atypical AD
(28.57%)

Hippocampal-sparing AD

28.57%

Typical AD
(71.43%)

AD *TREM2* wild-type (n=23)

Atypical AD
(8.7%)

Hippocampal-sparing AD
(4.35%)

Limbic-predominant AD
(4.35%)

Typical AD
(91.3%)

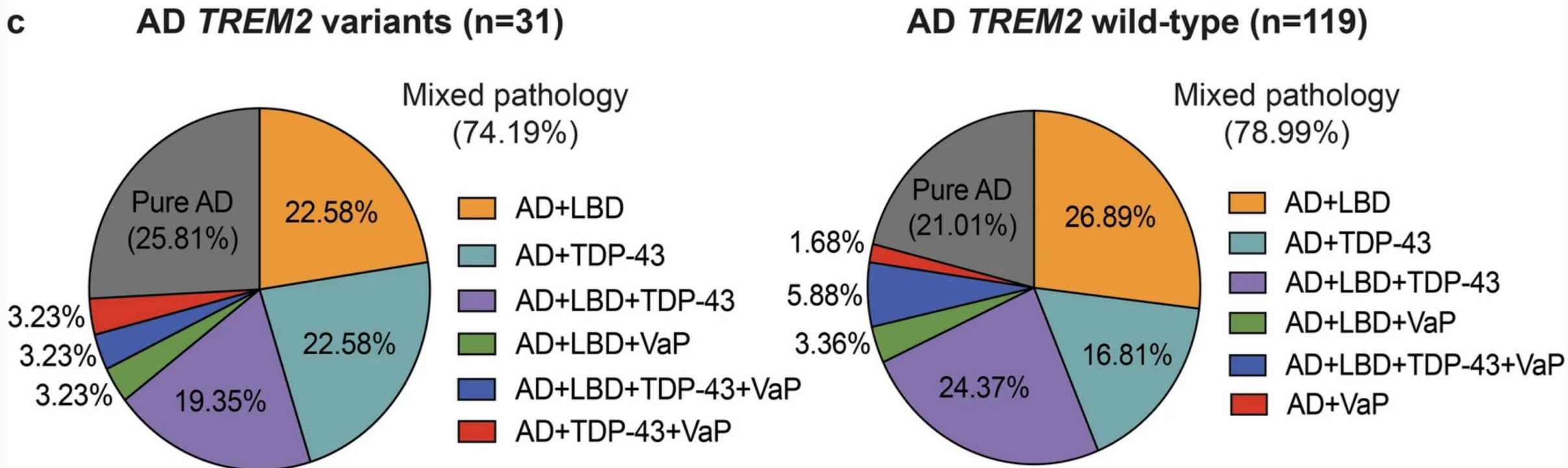
TREM2 associated with an atypical distribution of neurofibrillary tangle density

Co-pathologies

c AD *TREM2* variants (n=31)

AD *TREM2* wild-type (n=119)

Co-pathologies



TREM2 variant cases were **not** associated with an increased prevalence, extent, or severity of co-pathologies.

BIOMARKERS



Diagnosis
Prognosis
Tau spreading

GENETICS

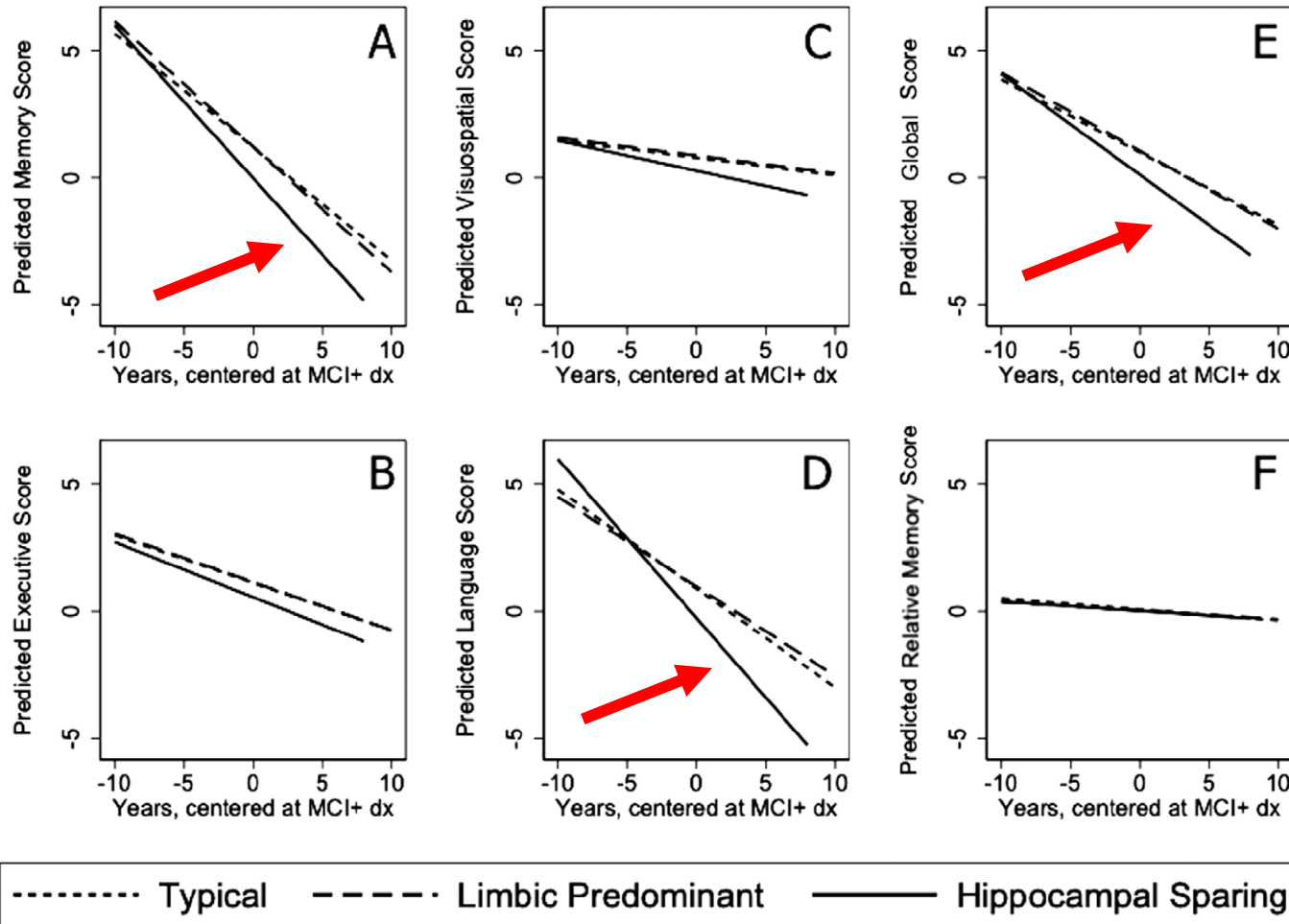


Influencing factors
Risk factors

PATHOLOGY



Regional vulnerability
Clinico-path correlations



Hippocampal Sparing AD cases but not Limbic predominant cases performed worse and declined faster

NumCopath	EOAD	LOAD
6	1	2
5	2	4
4	9	7
3	26	14
2	31	18
1	25	3
0	2	0
Total	96	48

Non-AD pathological diagnoses play an important role in the clinical phenotype of **early onset AD**


Pathology: what's new?

Acta Neuropathologica (2022) 144:1103–1116
<https://doi.org/10.1007/s00401-022-02472-x>

ORIGINAL PAPER



Regional distribution and maturation of tau pathology among phenotypic variants of Alzheimer's disease

Sanaz Arezoumandan^{1,2} · Sharon X. Xie³ · Katheryn A. Q. Cousins² · Dawn J. Mechanic-Hamilton^{4,5} · Claire S. Peterson^{1,2} · Camille Y. Huang¹ · Daniel T. Ohm^{1,2} · Ranjit Ittyerah⁶ · Corey T. McMillan^{2,5} · David A. Wolk^{4,5} · Paul Yushkevich^{5,6} · John Q. Trojanowski^{5,7} · Edward B. Lee^{5,7,8} · Murray Grossman² · Jeffrey S. Phillips² · David J. Irwin^{1,2} 

J Neuropathol Exp Neurol
Vol. 81, No. 3, March 2022, pp. 158–171
doi: 10.1093/jnen/nlac008

ORIGINAL ARTICLE

OXFORD

Hemispheric Asymmetry and Atypical Lobar Progression of Alzheimer-Type Tauopathy

Cécilia Tremblay , PhD, Geidy E. Serrano , PhD, Anthony J. Intorcchia, BS, Jasmine Curry, BS, Lucia I. Sue, BS, Courtney M. Nelson, BS, Jessica E. Walker, BS, Michael J. Glass, BS, Richard A. Arce, BS, Adam S. Fleisher, MD, MAS, Michael J. Pontecorvo, PhD, Alireza Atri, MD, PhD, Thomas J. Montine, MD, PhD, Kewei Chen, PhD, and Thomas G. Beach, MD, PhD

Neurology®



[Neurology](#), 2022 Jul 26; 99(4): e323–e333.

doi: [10.1212/WNL.0000000000200573](https://doi.org/10.1212/WNL.0000000000200573)

PMCID: PMC9421777

PMID: [35609990](https://pubmed.ncbi.nlm.nih.gov/35609990/)

Neuropathologic Features of Antemortem Atrophy-Based Subtypes of Alzheimer Disease

[Rosaleena Mohanty](#), PhD,  [Daniel Ferreira](#), PhD, [Simon Frerich](#), MSc, [J-Sebastian Muehlboeck](#), MSc, [Michel J. Grothe](#), PhD, [Eric Westman](#), PhD, and on behalf of the Alzheimer's Disease Neuroimaging Initiative



Link to Biomarkers

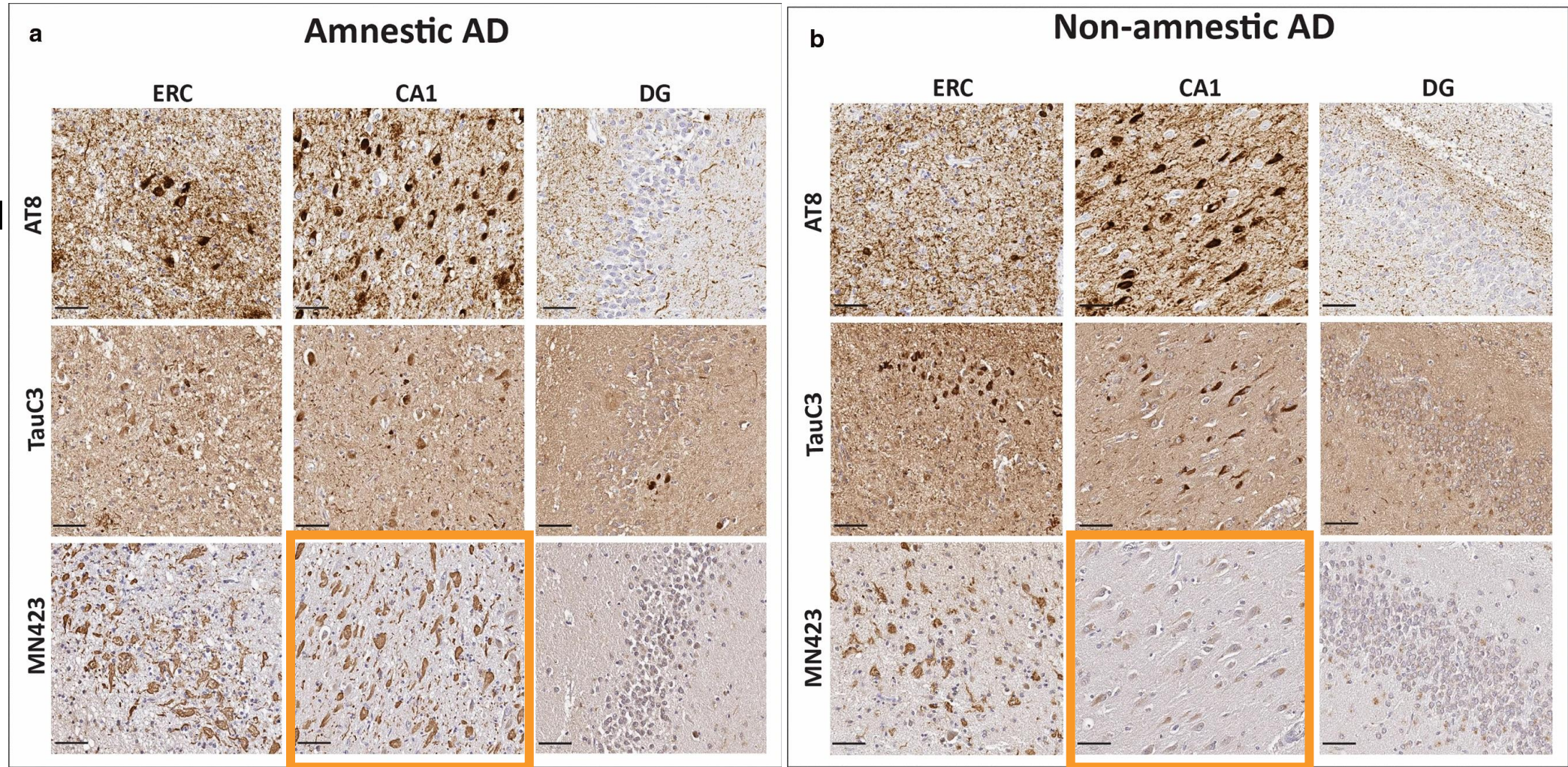
Regional tau pathology in atypical AD:
differences in regional distribution and burden of tau?

Pathology: tau distribution & maturation

phosphorylated
-tau

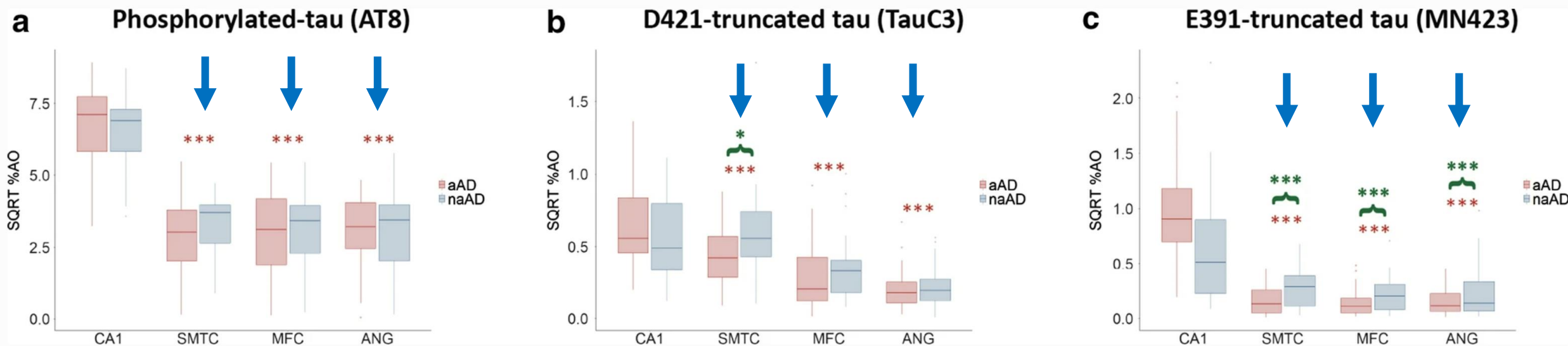
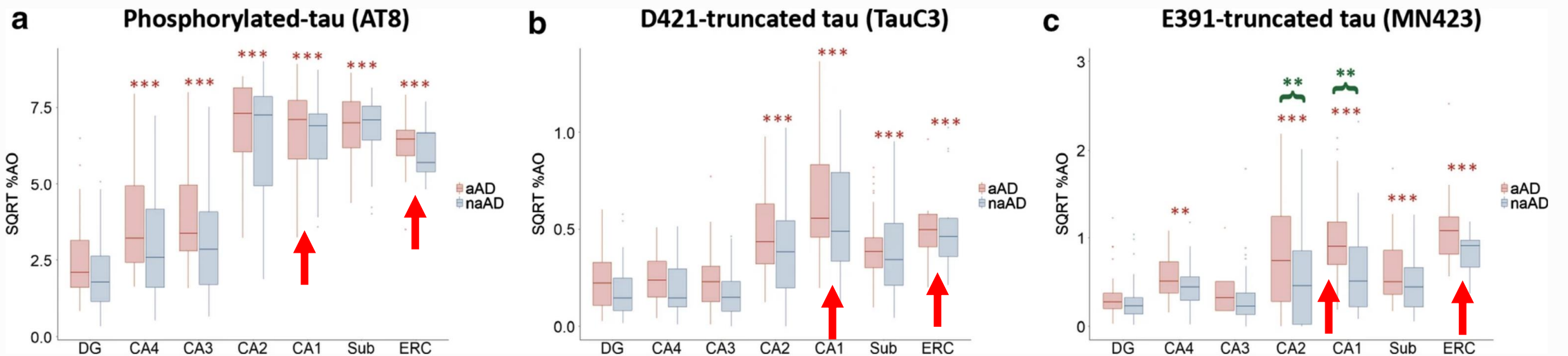
mature tangles

ghost tangles

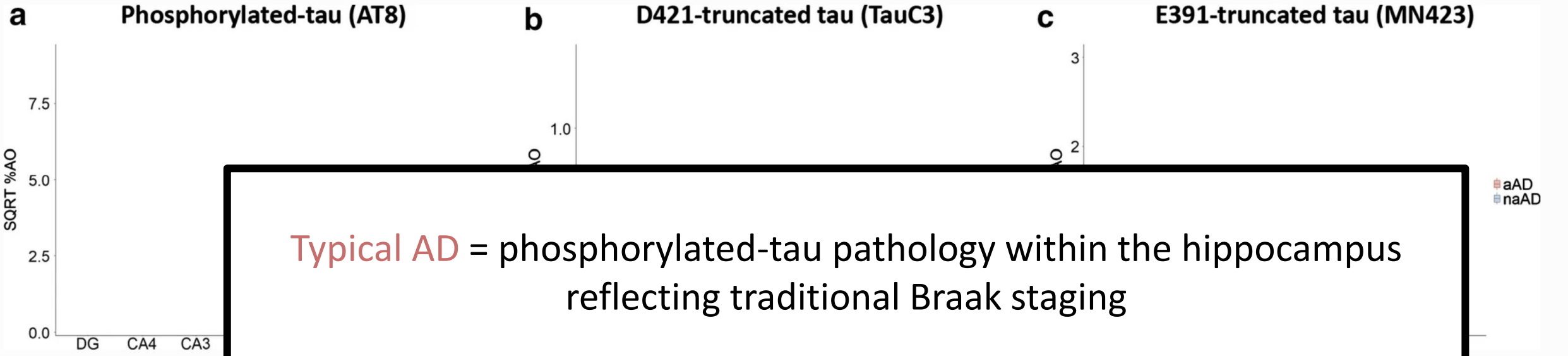


Subcortical and cortical regions: QuPath for percentage of staining-positive pixels

Pathology: tau distribution & maturation

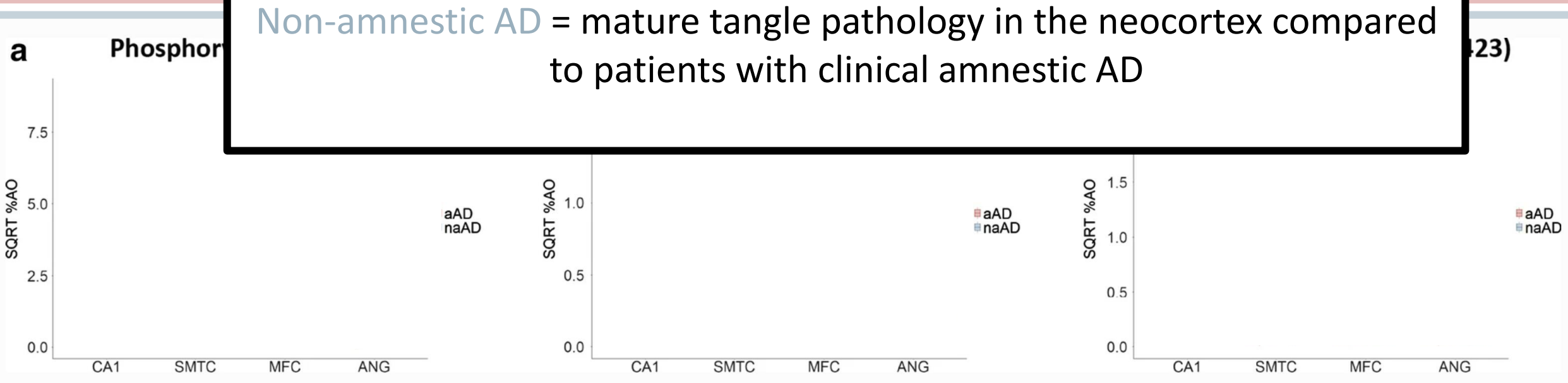


Pathology: tau distribution & maturation



Typical AD = phosphorylated-tau pathology within the hippocampus reflecting traditional Braak staging

Non-amnestic AD = mature tangle pathology in the neocortex compared to patients with clinical amnestic AD



Tau spreading in atypical AD:
interhemispheric tau differences and atypical spreading patterns?

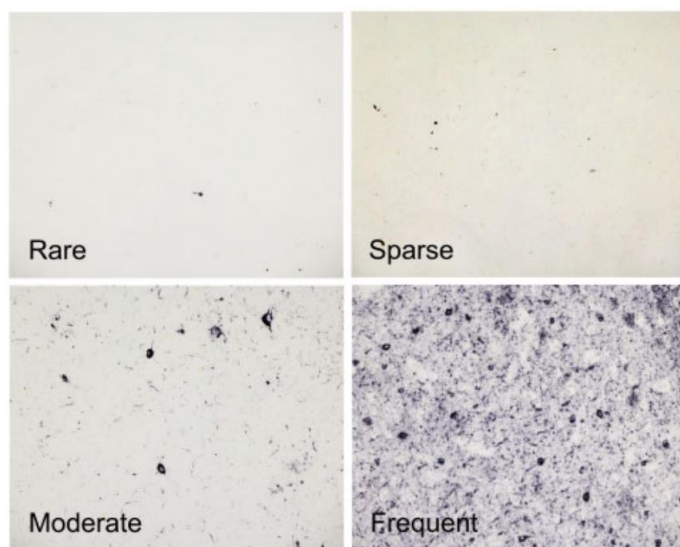
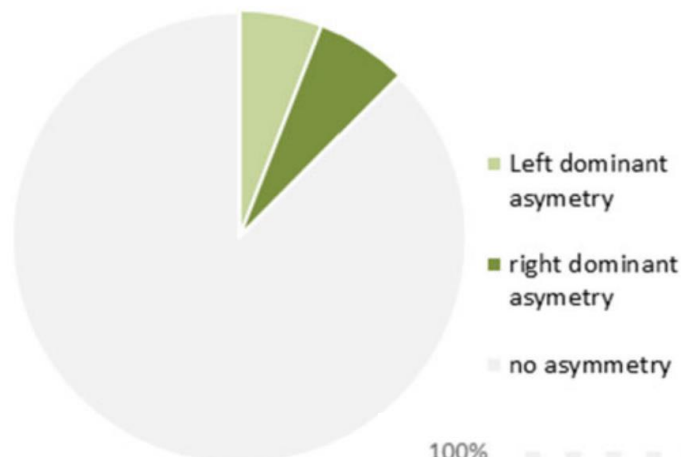
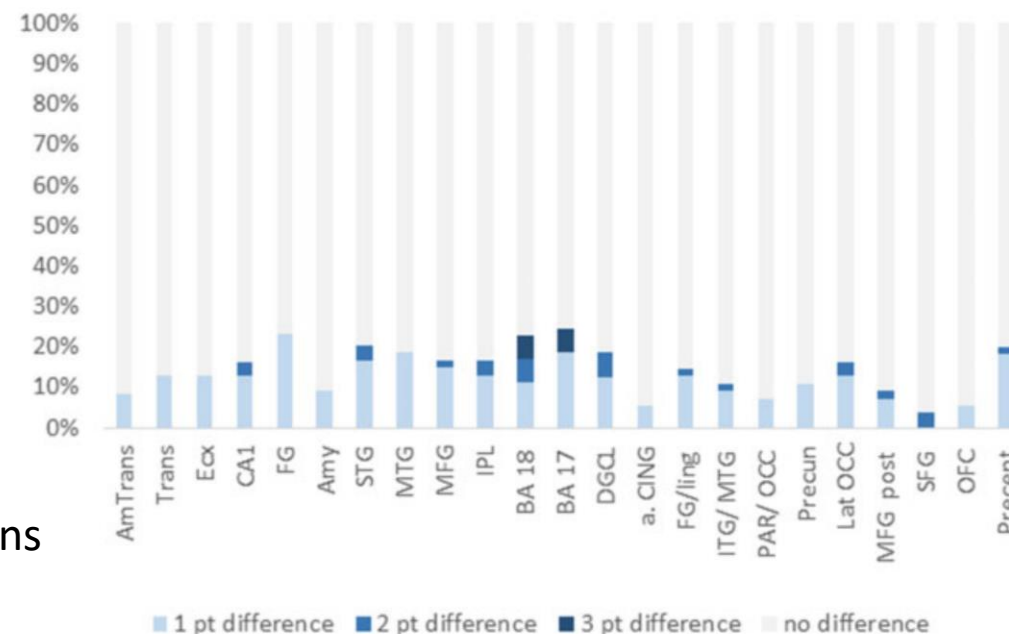


FIGURE 1. Density template for AT8 tau pathology density scoring. Each region of interest was graded for the density of tau NFT pathology as being either absent (Score 0), uncommon (Score 1), sparse (Score 2), moderate (Score 3), or frequent (Score 4).



Frequent mild (82% of cases) and occasional moderate (32%) interhemispheric density discrepancies were observed



Asymmetry and atypical tau topographical progression patterns may be associated with atypical AD clinical presentations

MRI-to-postmortem correlations in atypical AD:
MRI-based atrophy subtypes differ in neuropathologic features?

Pathology: antemortem-to-postmortem

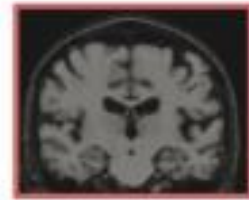
MINIMAL ATROPHY



TYPICAL AD

$$\left(\frac{\text{total brain volume}}{\text{cerebrospinal fluid volume}} \right)$$

A. Antemortem atrophy subtypes



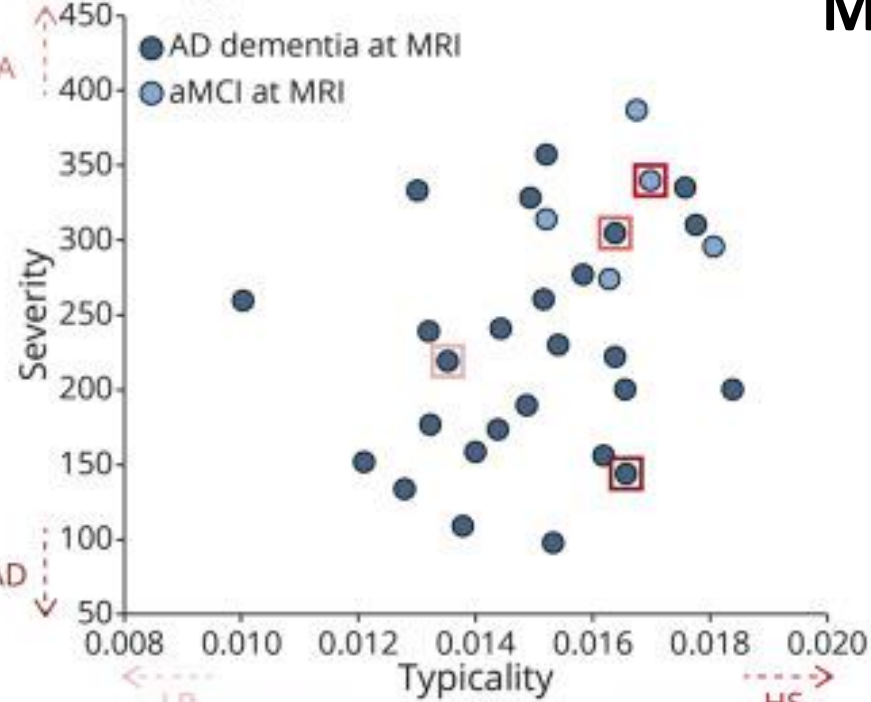
MA



TAD

MRI subtypes (RID)

- TAD (1217)
- HS (1203)
- MA (1425)
- LP (1393)



MRI-Based Heterogeneity
Severity vs. Typicality

$$\left(\frac{\text{hippocampal volume}}{\text{cortical volume}} \right)$$

LIMBIC PREDOMINANT

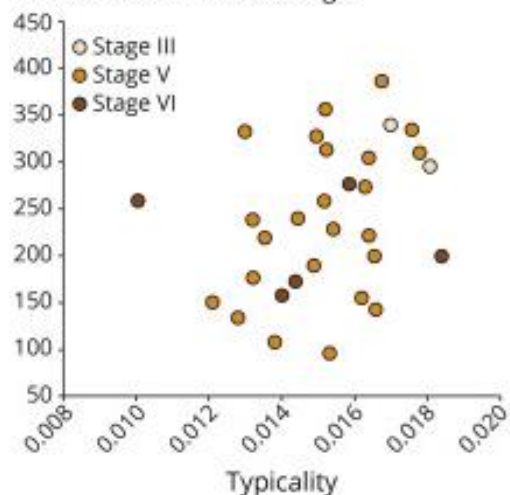


HIPPOCAMPAL SPARING

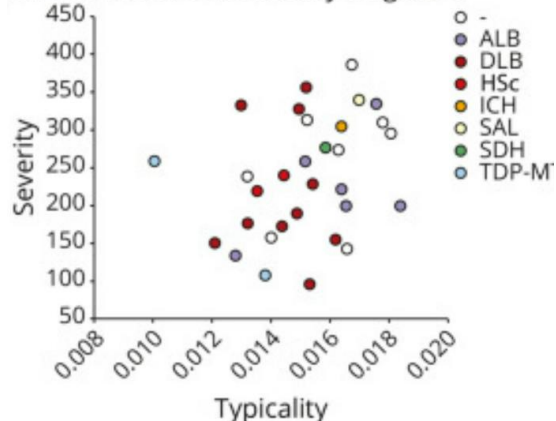
Pathology: antemortem-to-postmortem

Postmortem: Amyloid, Tau, Alpha syn, TDP-43 Concomitance

B. Postmortem Braak stage



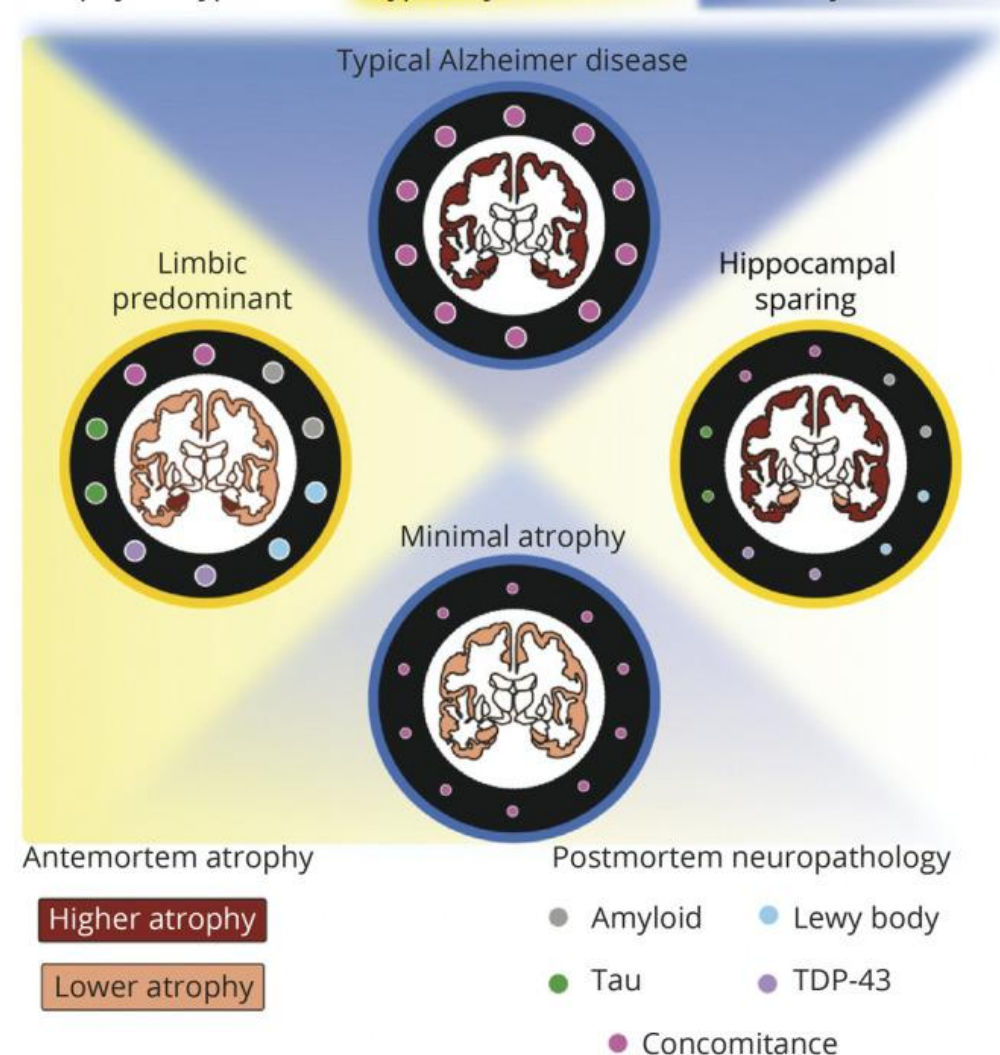
C. Postmortem secondary diagnosis



Antemortem **typicality** = **negatively** associated with neuropathology severity and concomitance of pathologies

Antemortem **severity** = **negatively** associated with pathologies concomitance

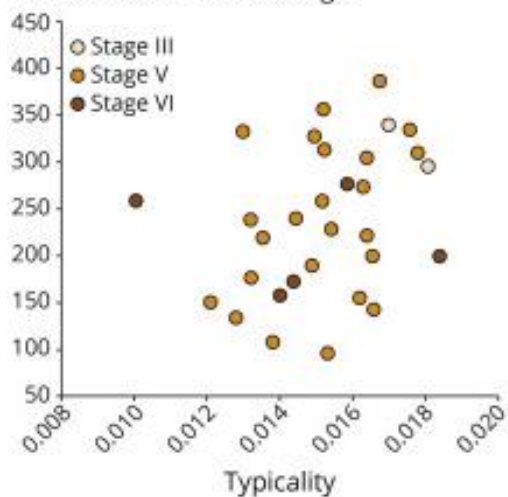
Atrophy subtypes in AD: Typicality dimension (yellow) Severity dimension (blue)



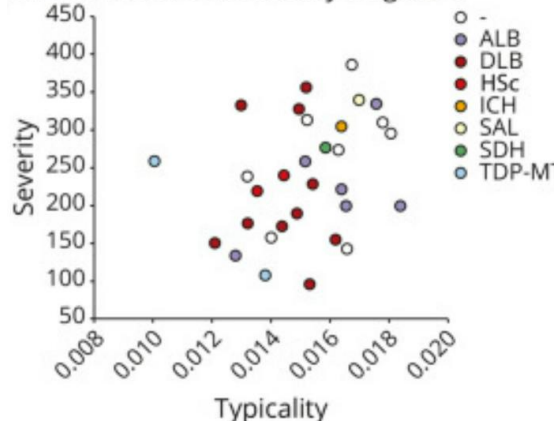
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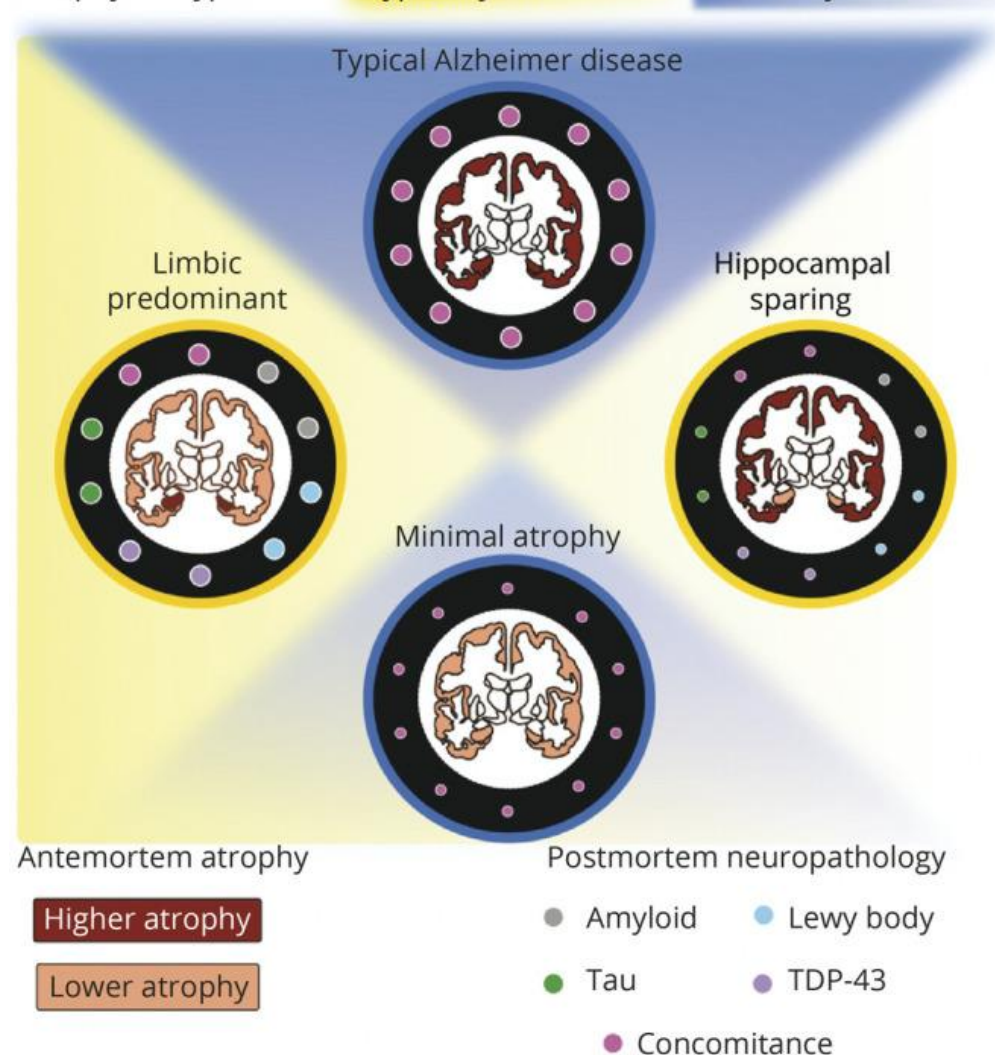
B. Postmortem Braak stage



C. Postmortem secondary diagnosis



Atrophy subtypes in AD: Typicality dimension (yellow) Severity dimension (blue)



Limbic-predominant AD and typical AD subtypes with similar pathways, more vulnerable than hippocampal-sparing patterns

BIOMARKERS



- Identification of neurodegeneration-specific clinical outcome
- In vivo tracking of tau progression
- Complementary diagnostic biomarkers

GENETICS



- APOE effects on brain changes and clinical outcome
- Interaction effects with sex
- TREM2 associated with different clinical variants and pathology

PATHOLOGY



- Regional-specific vulnerability
- Differential tau spreading
- Postmortem validation of in vivo patterns

1. Fluid markers in atypical AD
2. Differential regional vulnerability (i.e. networks, inflammation)
3. Under-investigated influencing factors (i.e. brain development)
4. Clinical trials involving atypical AD: stratification and outcomes

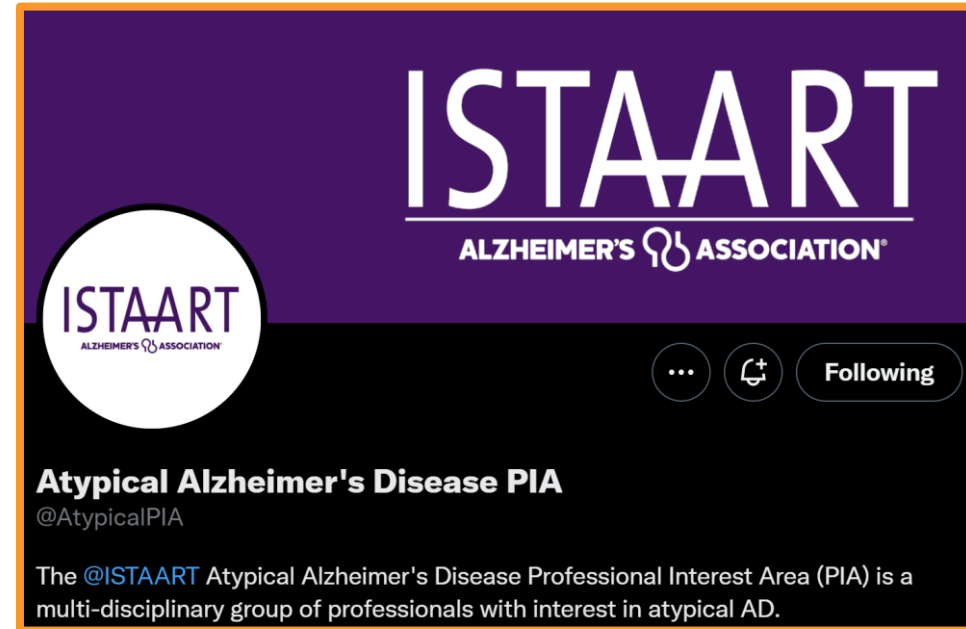
Thank you!



mm2243@cam.ac.uk



@M_Malpetti



Baayla Boon
Eduardo Zimmer
Gil Rabinovici
James Rowe
Jennifer Whitwell
John O'Brien
Jonathan Schott
Keir Yong

Matthias Brendel
Michael Ewers
Michael Scholl
Nick Corriveau-Lecavalier
Pedro Rosa-Neto
Renaud La Joie
Rik Ossenkopele
Rosaleena Mohanty

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