

THE PAISA MUTATION FOR ALZHEIMER'S DISEASE: Cognitive and Clinical Biomarkers

MCI Symposium

Workshop- Miami January 15, 2017

Francisco Lopera, MD
University of Antioquia, Medellin (Colombia)
flopera@une.net.co

CONFLICT OF INTERESTS

Project: API COLOMBIA (IP)

Financed by:

NIH, Banner and Genentech

OVERVIEW:

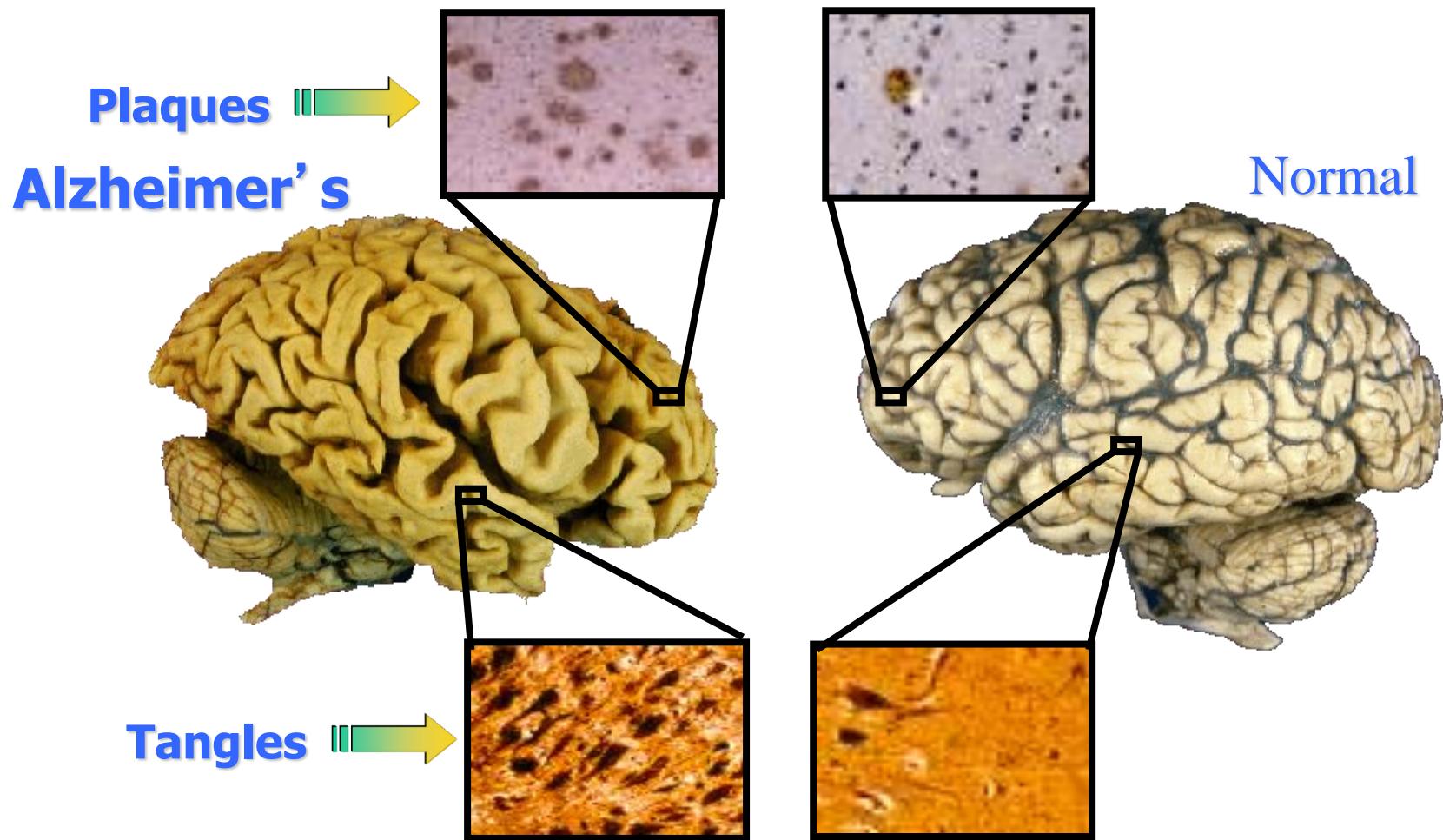
Description of the Presenilin-1 (PSEN1)
E280ACohort

1. Cognitive and other Biomarkers

2. Predementia Clinical Stages

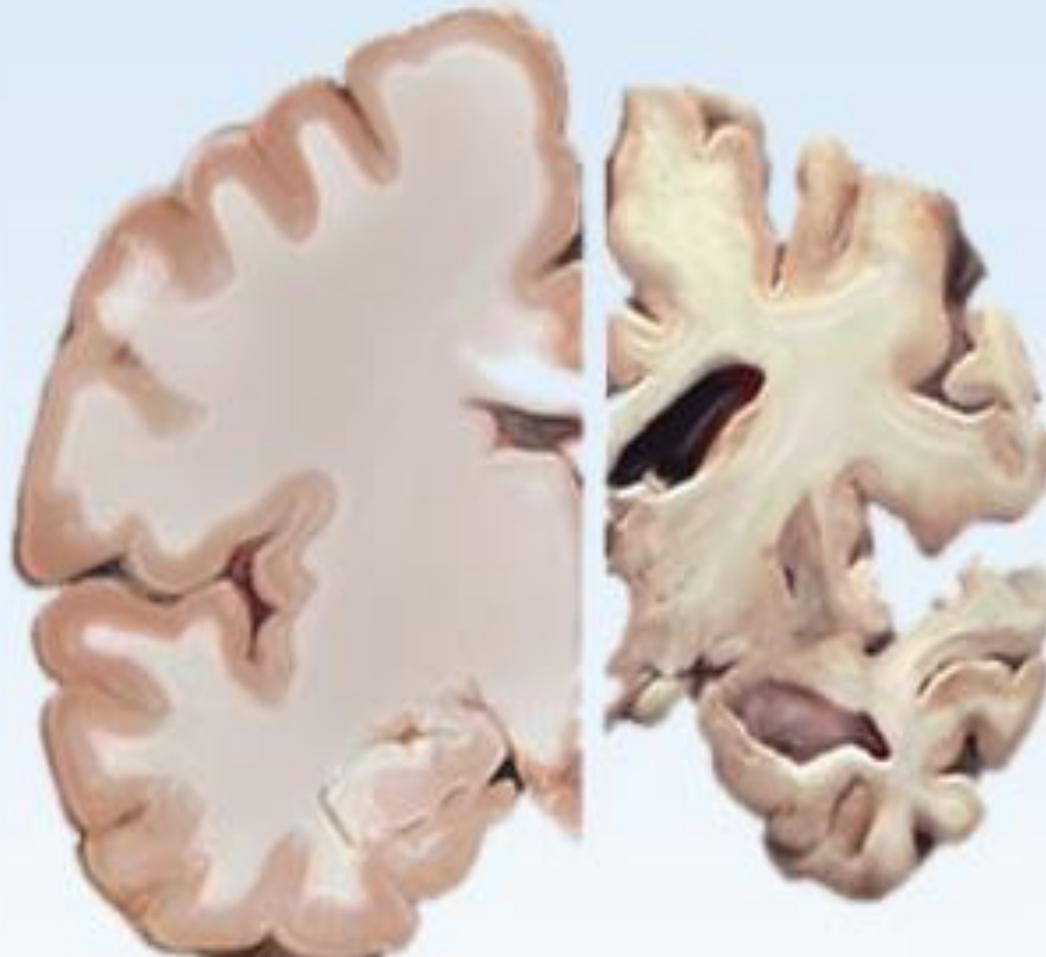
1. API Colombia- Research Study

Amyloid Plaques and Neurofibrillary Tangles in Alzheimer's Disease and Normal Aging



Courtesy of Harry Vinters, MD.

Healthy Brain Severe AD



Preclinical AD



Mild to Moderate AD

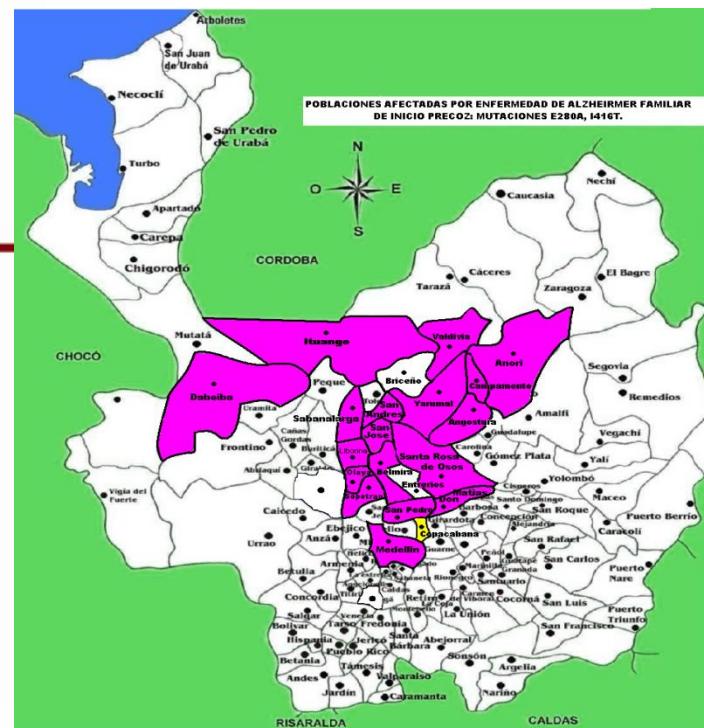
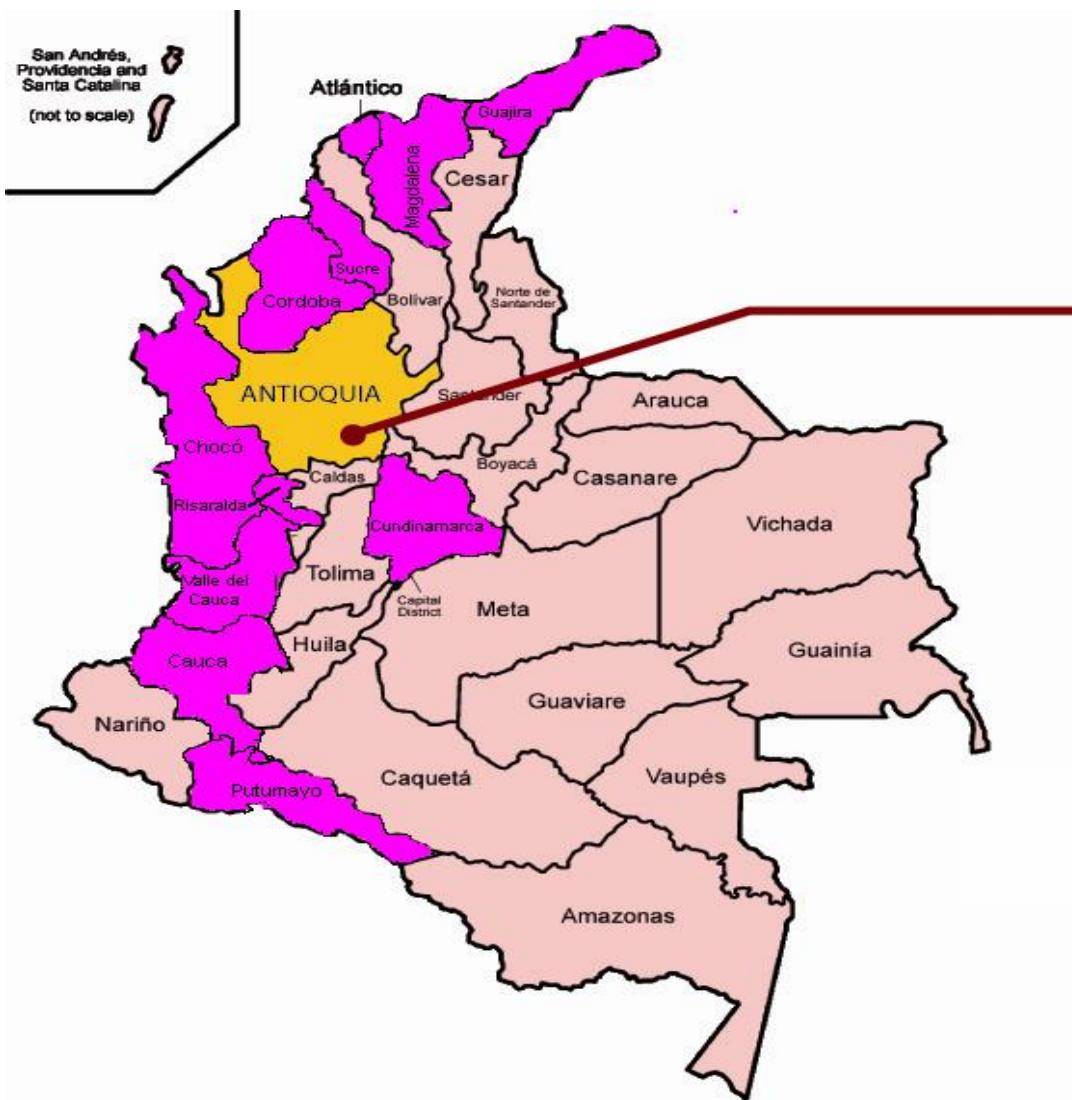


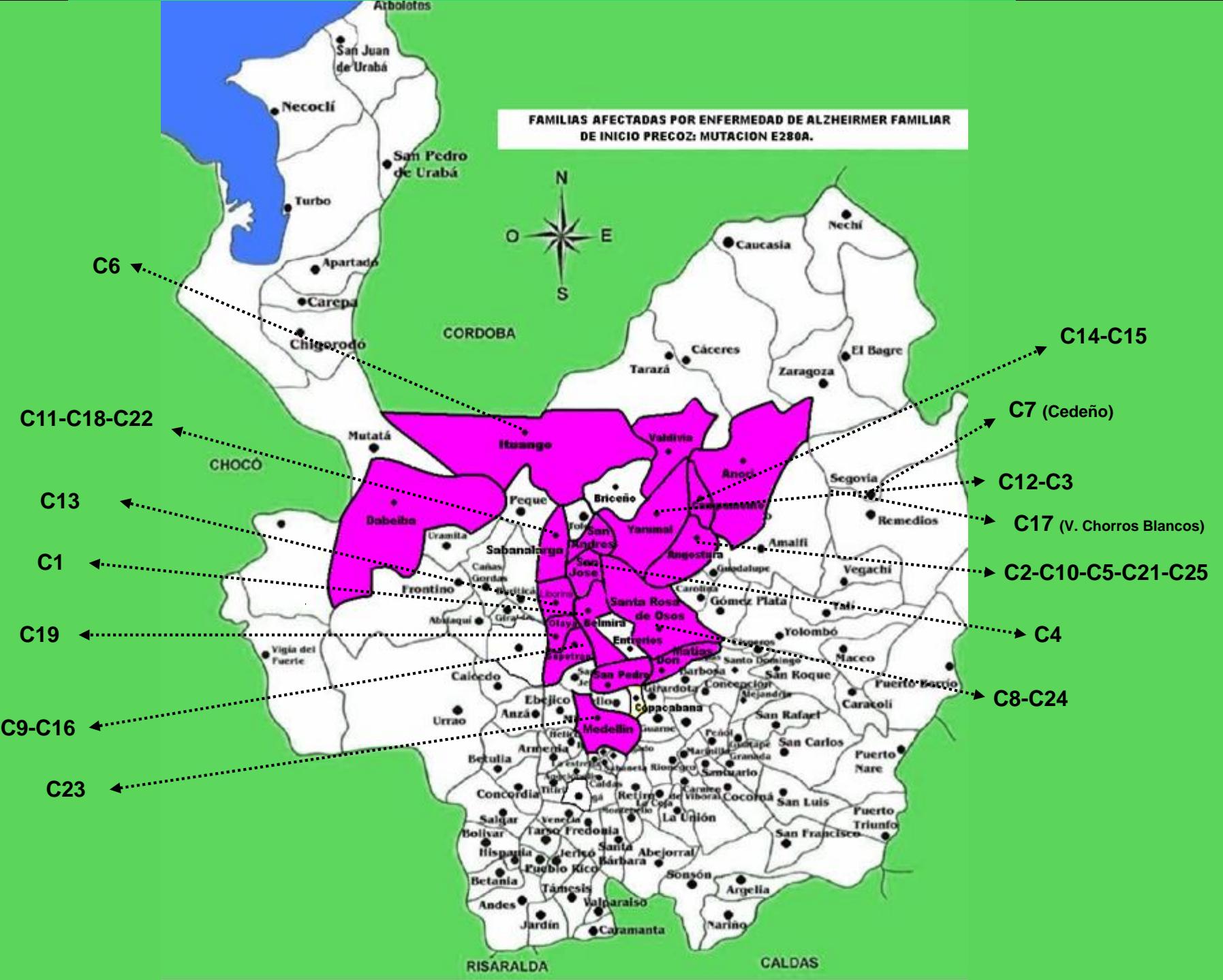
Severe AD



Location of the affected population with EOFAD PSEN1 E280A mutation

(Some members are living in Caracas, Sidney, USA)





Genetics of Alzheimer's Disease

Early-onset AD:

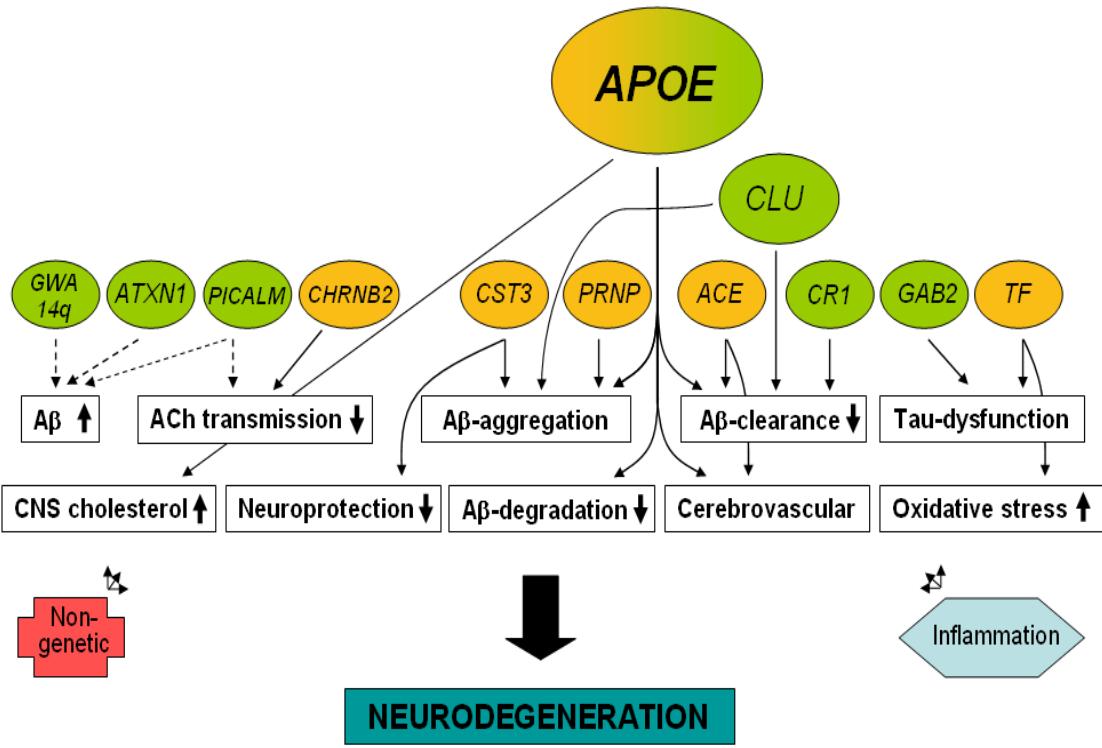


Altered A β -production



NEURODEGENERATION

Late Onset (>65 Years)



“ Simple Genetics ” (<5%)

“ Complex Genetics ” (>95%)

Most of the mutations that cause FAD are in the PSEN1 gene

Gene	# Mutations	# Families
APP	32 (14.3%)	86 (17.2%)
PSEN1	177 (78.4%)	392 (78.2%)
PSEN2	14 (6.3%)	23 (4.6 %)
Total	22	501
	3	

AD mutation database:
<http://molgen-www.uia.ac.be/ADMutations/>

Paisa Mutation E280A is a substitution of ALANINE FOR GLUTAMIC ACID in CODON 280 OF THE PRESENILIN 1 GEN in CHROMOSOME 14.

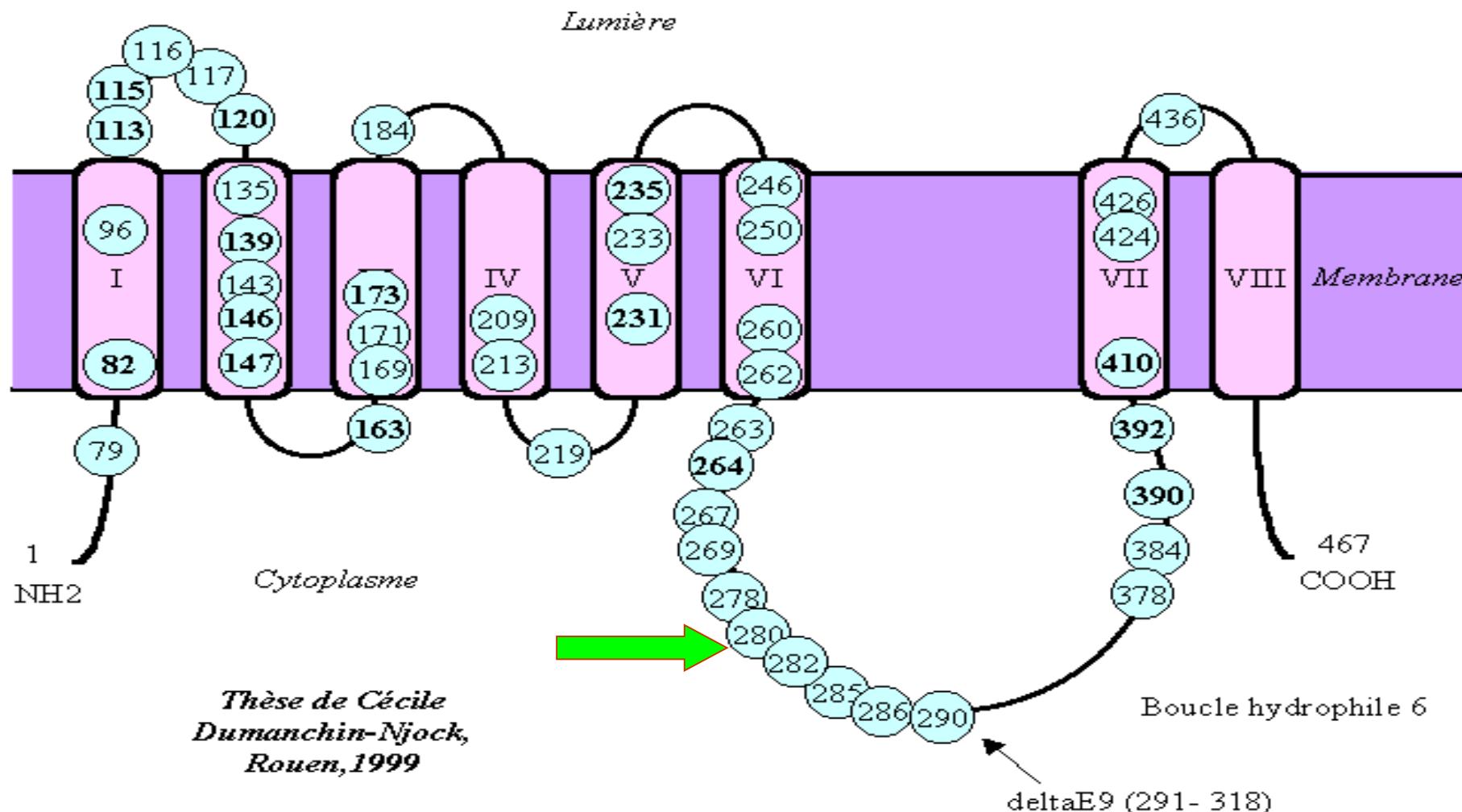


Figure 5. Structure de la préséniline 1 et distribution des mutations. Les mutations documentées dans les familles françaises sont en gras.

Decade of the 90's

Reprinted from JAMA & The Journal of the American Medical Association March 12, 1997 Volume 277 Copyright 1997, American Medical Association

Original Contributions

Clinical Features of Early-Onset Alzheimer Disease in a Large Kindred With an E280A Presenilin-1 Mutation

Francisco Lopera, MD; Alfredo Ardilla, PhD; Alonso Martínez; Lucia Madrigal; Juan Carlos Arango-Viana, MD;
Cynthia A. Lemere, PhD; Juan Carlos Arango-Lasprilla; Liliana Hincapié; Mauricio Arcos-Burgos, MD;
Jorge E. Ossa, DVM, PhD; Isabella M. Behrens, MD; Joanne Norton; Corrine Lendon, PhD;
Alison M. Goate, PhD; Andres Ruiz-Linares, MD; Monica Rosselli, PhD; Kenneth S. Kosik, MD

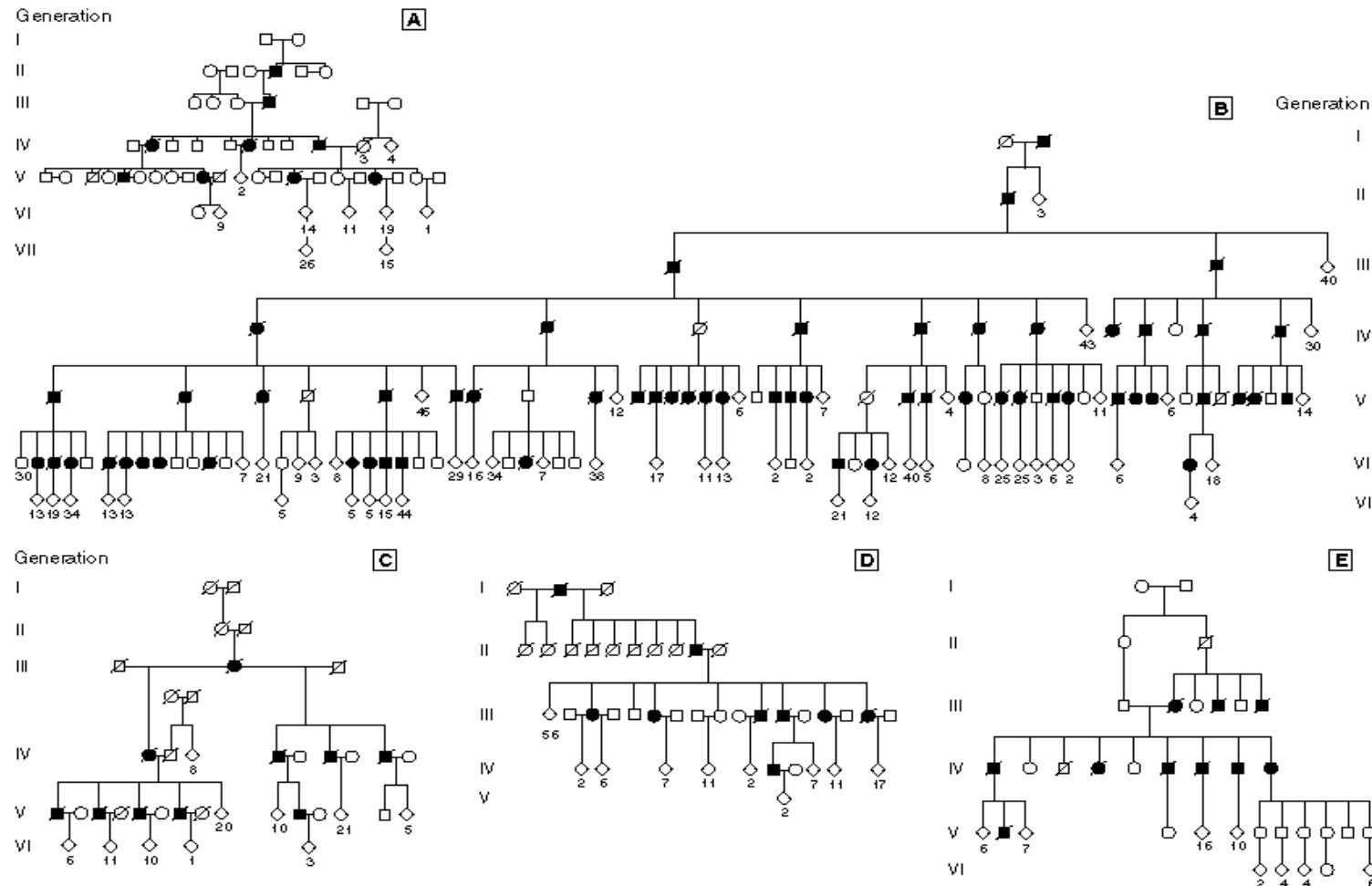
SYMPTOMS AND CLINICAL SIGNS IN PSEN1 E280A

Lopera et al, Jama 1997

Symptom	No. (%)
Memory disturbance	118 (100)
Personality and behavioral changes	111 (94)
Language difficulty	96 (81)
Symptoms of depression	93 (79)
Headache	86 (73)
Gait difficulty	77 (65)
Aggressiveness	77 (65)
Wandering	74 (63)
Convulsions and myoclonus	53 (45)
Suck reflex	49 (42)
Babinski reflex	15 (13)
Grasp reflex	4 (3)
Cerebellar signs	22 (19)
Parkinsonism	22 (19)



Family Trees with Alzheimer's disease associated with PSEN1 E280A mutation



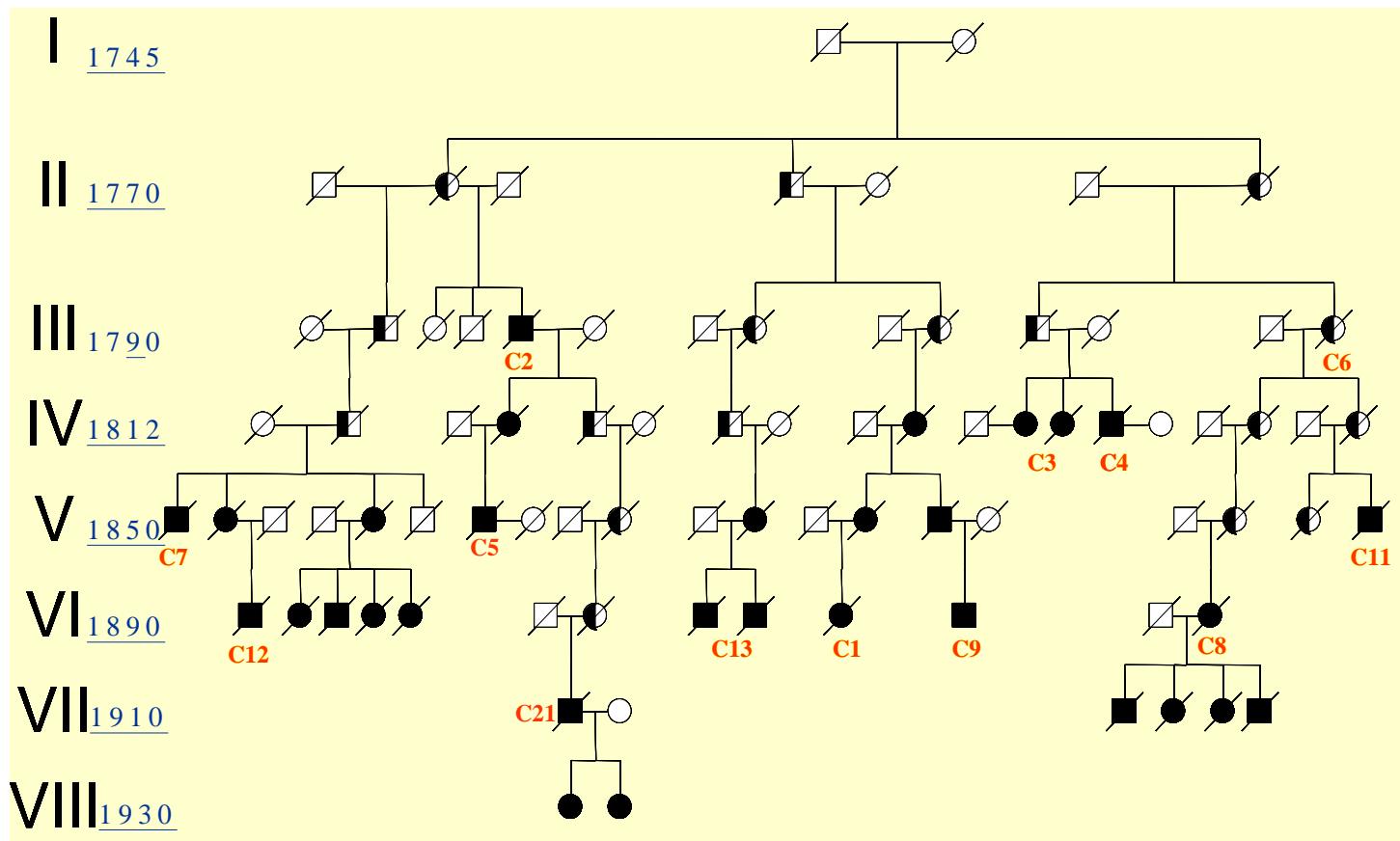
Source: Lopera *et al*, JAMA 1997

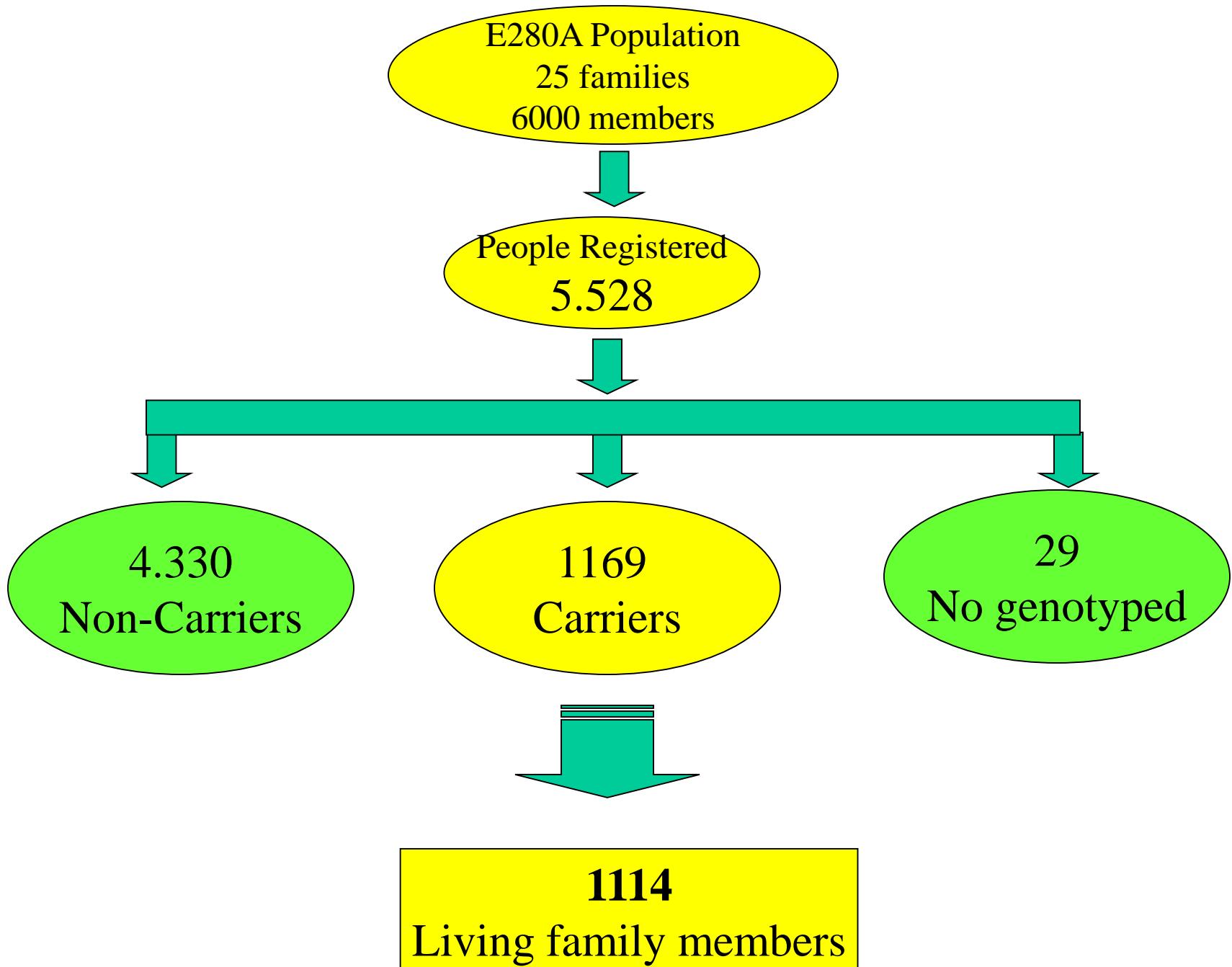
Common ancestry of 13 families with E280A associated AD

Individual II 1: originates families C2,C5,C7,C12,C21

Individual II 2: originates families C1, C9 y C13

Individual II-3: originates families C3,C4, C6,C8, C11





Preclinical Alzheimer Disease

BIOMARKERS

- COGNITIVES
 1. Intrusions
 2. Naming of famous people
 3. Description of semantic Units
 4. Visual Binding memory



Pergamon

Archives of Clinical Neuropsychology, Vol. 15, No. 6, pp. 515-528, 2000
Copyright © 2000 National Academy of Neuropsychology
Printed in the USA. All rights reserved
0887-6177/00 \$—see front matter

PII S0887-6177(99)00041-4

Neuropsychological Profile of a Large Kindred with Familial Alzheimer's Disease Caused by the E280A Single Presenilin-1 Mutation

Alfredo Ardila

Instituto Colombiano de Neuropsicología

Francisco Lopera

University of Antioquia

Mónica Rosselli

Florida Atlantic University

**Sonia Moreno, Lucia Madrigal, Juan C. Arango-Lasprilla, Mauricio Arcos, Clara Murcia,
Juan C. Arango-Viana, and Jorge Ossa**

University of Antioquia

Alison Goate

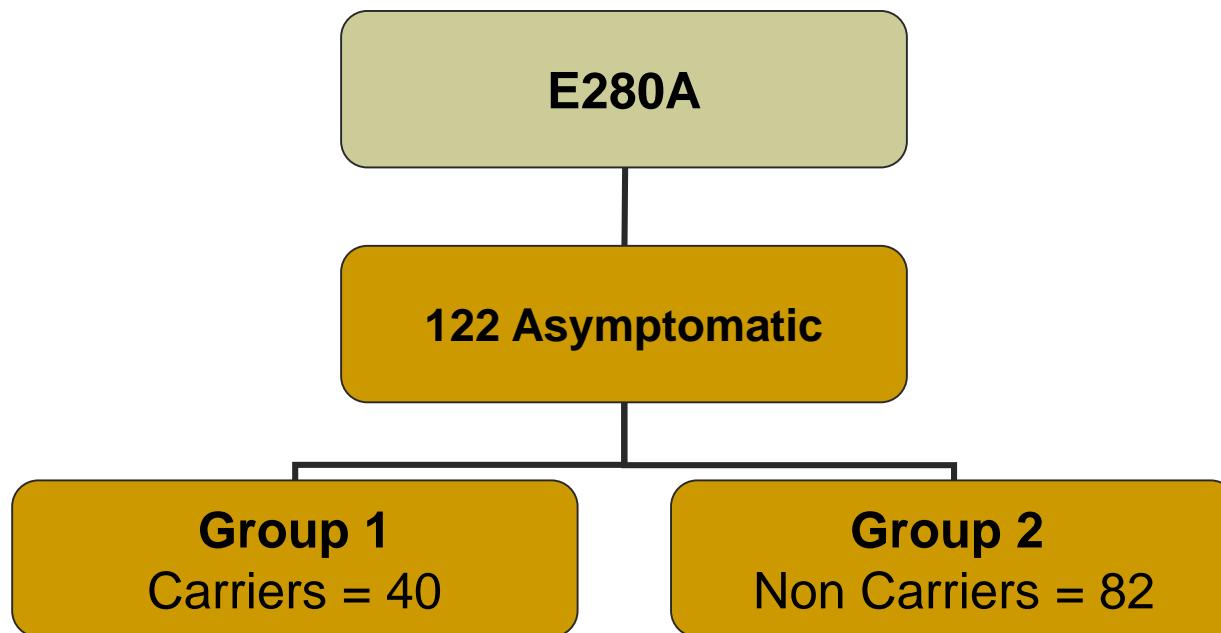
Washington University

Kenneth S. Kosik

Harvard Medical School

Preclinical Cognitive markers

Study Design



COGNITIVE MEASURES

CERAD (Morris et al; 1989)

- *Verbal Fluency*
- *Naming*
- *Mini-Mental State Exam (MMSE)*
- *Word List Learning*
- *Constructional Praxis*
- *Word List Recall*
- *Word List Recognition*
- *Recall of Line Drawings*

OTHER MEASURES

- RAVEN Test (Part A)
- WECHSLER MEMORY
- The Rey-Osterrieth Complex Figure
- Phonological Verbal Fluency (FAS)
- Boston Namig Test
- Categories Naming Test
- Boston Test for Aphasia
- Memory of Three Phrases
- Knopman Test
- DIGIT-SÍMBOL from WMS
- Visual “A” Cancellation Test (Ardila)
- Memory Complaints Scale (Matallana y Montañez).

Intrusions: A Preclinical Cognitive Marker

TEST (CERAD)	E280A (-) N = 82	E280A (+) N = 40	t	p
INTRUSIONS trial 2	0.12 (0.32)	0.30 (0.56)	2.19	.030
INTRUSIONS Total	0.67 (1.12)	1.48 (1.72)	3.09	.002
INTRUSIONS Remembering Words	0.36 (0.69)	1.05 (1.58)	3.32	.001

Cognitive changes in the preclinical phase of familial Alzheimer's disease

Juan Carlos Arango-Lasprilla,¹ Fernando Cuetos,² Claudia Valencia,^{1,3}
Claramonika Uribe,¹ and Francisco Lopera¹

¹Neuroscience Group, University of Antioquia, Medellín, Colombia

²University of Oviedo, Oviedo, Spain

³Cognitive Psychology Group, University of Antioquia, Medellín, Colombia

Few studies have examined the presence of linguistic deficits in the preclinical phase of Alzheimer's disease (AD). A total of 19 healthy carriers of the E280A presenilin-1 gene mutation in chromosome 14 and 21 noncarrier family members from Antioquia, Colombia, were administered a neurolinguistic evaluation of lexical-semantic processes. Both groups were similar in age, educational level, and gender. Carriers scored significantly lower than noncarriers on naming of famous faces. Cognitive changes in lexical-semantic tasks can be detected before the clinical diagnosis of probable familial AD, and a neurolinguistic evaluation may be a useful tool in the early clinical diagnosis of sporadic AD as well.

COGNITIVE MEASURES

- **Naming of famous people** (Uribe, C., Valencia, C. & Lopera, F., 2003).
- **Neuropsychological assessment of language. EPLA** (F. Cuetos, 2003).

Naming of famous people

- 30 photographs of famous people.
- 20 famous national and 10 international.
- Celebrities with high level of recognition.



Figure 1. Colombian version of the naming of famous faces test. Left: Fernando Botero, Colombian painter. Center: Shakira, pop singer. Right: Alvaro Uribe, president of Colombia.

Demographic characteristics of E280A mutation carriers and non-carrier controls

	Non-carriers (n = 21)	Carriers (n = 19)	U	p
Age in years	45.29 (3.68)	43.16 (3.00)	-1.9	0.061
Years of education	5.57 (3.82)	5.05 (3.05)	-0.3	0.768

Carrier vs. non-carrier scores on lexical and semantic tasks

	Non-Carriers (n=21)	Carriers (n=19)	U	p	Effect size (Cohen's d)
Semantic association	23.90 (3.88)	22.26 (4.00)	-1.1	0.282	0.42
Word-drawing matching	28.81 (1.47)	27.74 (2.02)	-1.9	0.069	0.61
Semantic verbal fluency	17.45 (3.49)	15.08 (2.95)	-2.3	0.023	0.73
Phonological verbal fluency	1429 (4.75)	12.61 (4.36)	-1.0	0.333	0.37
Naming drawings of objects	25.38 (3.04)	24.11 (3.30)	-1.3	0.215	0.40
Naming drawings of actions	28.19 (2.02)	26.84 (3.04)	-1.5	0.161	0.53
Naming drawings of famous people*	19.62 (6.78)	12.47 (8.16)	-2.8	0.004	0.96
Repetition of pseudo- words	29.81 (0.51)	29.79 (0.42)	-0.5	0.768	0.04
Reading of words	21.95 (5.21)	20.26 (4.54)	-1.1	0.258	0.34
Dictation of words	15.10 (5.01)	13.26 (4.43)	-1.8	0.083	0.39
Definitions	18.38 (8.04)	13.11 (6.47)	-2.1	0.036	0.72

Journal of the International Neuropsychological Society (2007), 13, 433–439.
Copyright © 2007 INS. Published by Cambridge University Press. Printed in the USA.
DOI: 10.1017/S1355617707070609

Linguistic changes in verbal expression: A preclinical marker of Alzheimer's disease

FERNANDO CUETOS,¹ JUAN CARLOS ARANGO-LASPRILLA,² CLARAMÓNICA URIBE,²
CLAUDIA VALENCIA,^{2,3} AND FRANCISCO LOPERA²

¹Department of Psychology, University of Oviedo, Oviedo, Spain

²Neuroscience Group, University of Antioquia, Medellín, Colombia

³Cognitive Psychology Research Group, University of Antioquia, Medellín, Colombia

(RECEIVED July 10, 2006; FINAL REVISION December 13, 2006; ACCEPTED December 13, 2006)

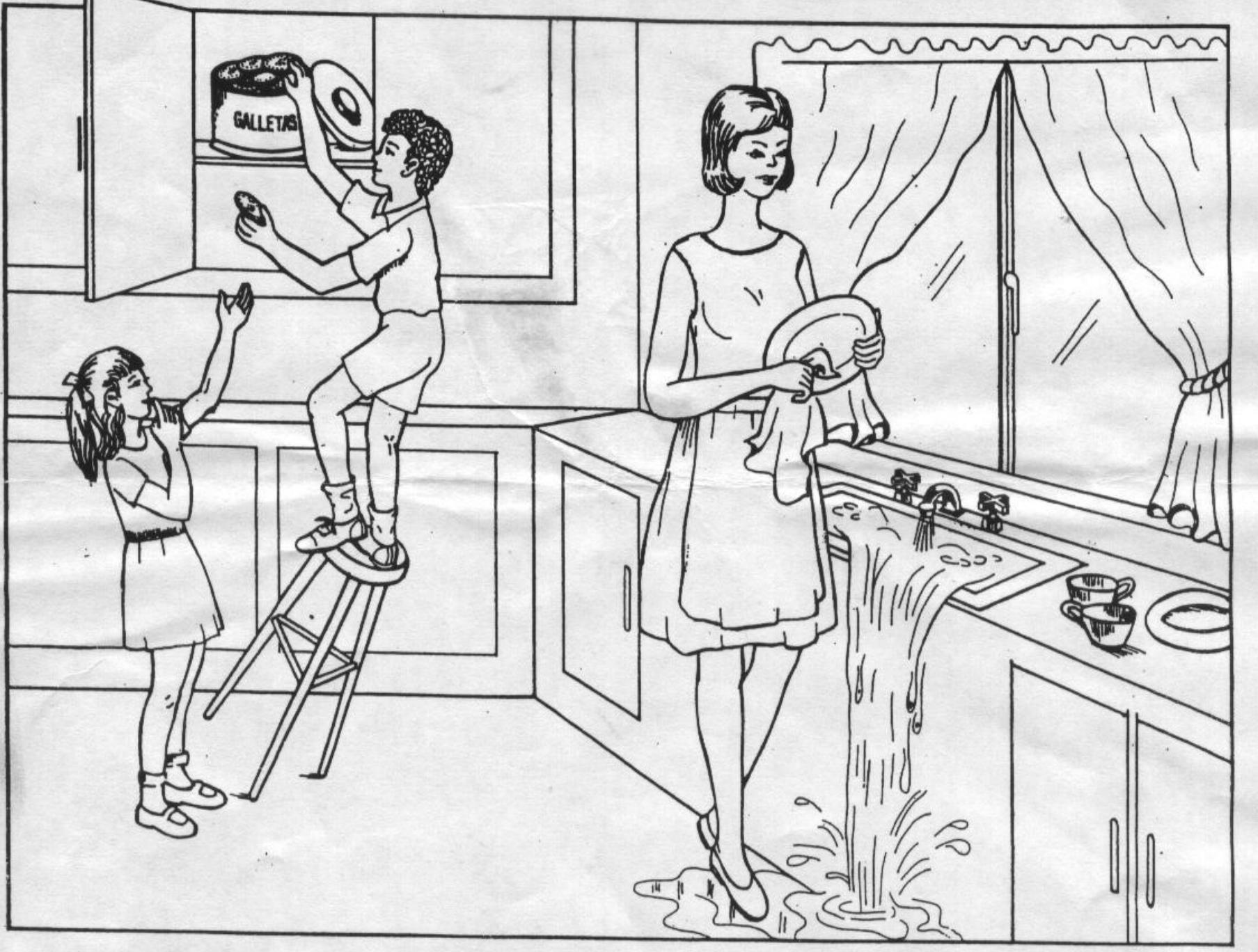


Table 1. Performance of carriers and noncarriers on variables from the Boston Cookie Theft Picture Card

Variable	Group		<i>F</i> value	<i>p</i> value
	Carriers	Noncarriers		
Semantic units	4.26 (2.10)	6.14 (1.24)	12.15	.001*
Objective situations	5.68 (2.73)	8.29 (1.82)	12.80	.001*
Inferences	0.05 (0.23)	0.38 (0.67)	4.13	.049
Total number of sentences	12.10 (4.03)	11.09 (3.08)	0.80	.376
Average sentence length	9.61 (2.67)	10.12 (2.90)	0.34	.565
Open-class/closed-class words ratio	0.89 (0.17)	1.07 (0.23)	8.06	.007
Total number of simple verbs	14.11 (8.20)	8.38 (3.77)	8.31	.006
Total number of compound verbs	6.68 (3.76)	9.95 (3.97)	7.11	.011

*Significant *p* value (Bonferroni corrected $\alpha = .0035$).

<http://brain.oxfordjournals.org/>

doi:10.1093/brain/awq148

Brain 2010; Page 1 of 12 | 1

BRAIN
A JOURNAL OF NEUROLOGY

Visual short-term memory binding deficits in familial Alzheimer's disease

Mario A. Parra,^{1,2} Sharon Abrahams,¹ Robert H. Logie,¹ Luis G. Méndez,² Francisco Lopera² and Sergio Della Sala¹

1 Human Cognitive Neuroscience, Centre for Cognitive Ageing and Cognitive Epidemiology, Psychology, University of Edinburgh, Edinburgh, UK
2 Neuroscience Group, University of Antioquia, SIU (Sede de Investigaciones Universitaria), 62 # 52-59, Antioquia, Medellin, Colombia

Correspondence to: Mario A. Parra,
Psychology Department,
University of Edinburgh,
7 George Square,
Edinburgh EH8 9JZ, UK
E-mail: mprodri1@staffmail.ed.ac.uk

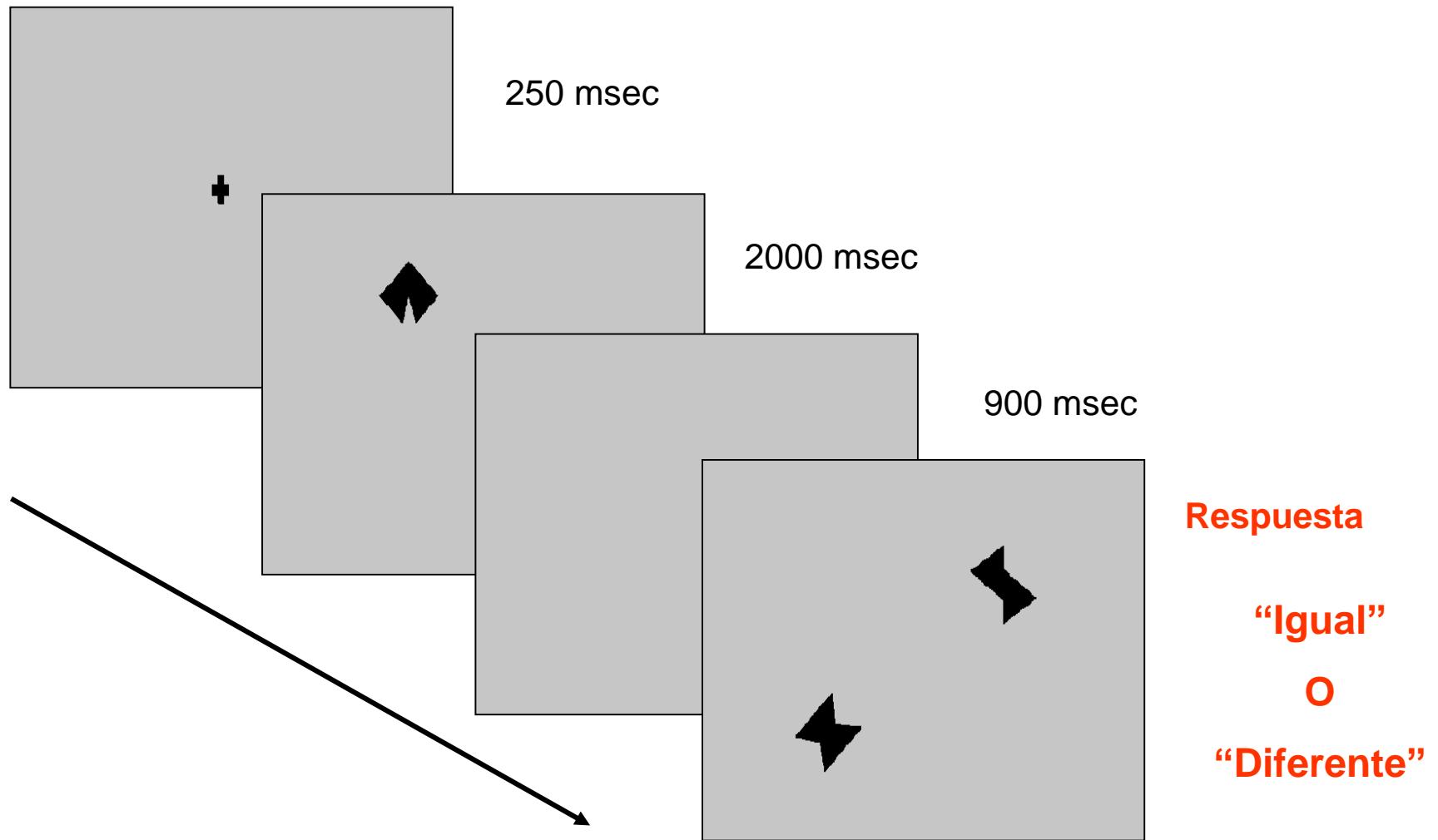
Short-term memory binding is a memory function that underpins the temporary retention of complex objects (e.g. shapes with colours). In the verbal domain, this function has been found to be impaired in sporadic Alzheimer's disease. Whether short-term memory binding is also impaired in familial Alzheimer's disease, whether this impairment extends to the visual domain and whether it could be detected earlier than other cognitive deficits are issues yet to be investigated. Twenty two patients with familial Alzheimer's disease caused by the E280A single presenilin-1 mutation, thirty carriers of the mutation who did not meet Alzheimer's disease criteria (asymptomatic carriers) and 30 healthy relatives (non-carrier healthy controls) were assessed with a visual short-term memory task and a neuropsychological battery. The short-term memory task assessed the recognition of shapes, colours or shape-colour bindings presented in two consecutive arrays (i.e. study and test). Changes, which always occurred in the test array, consisted of new features replacing studied features (single feature conditions) or of features swapping across items (the binding condition). The neuropsychological battery comprised tests of associative and non-associative memory, attention, language, visuospatial and executive functions. Patients with Alzheimer's disease and asymptomatic carriers performed significantly worse than healthy controls in the feature binding condition only. Group comparisons between asymptomatic carriers and healthy controls on standard neuropsychological tasks revealed no significant differences. Classification and area under the curve analyses confirmed that the binding task combines more sensitivity and specificity for patients with Alzheimer's disease and most notably for asymptomatic carriers of the mutation than other traditional neuropsychological measures. This suggests that visual short-term memory binding deficits may be a preclinical marker for familial Alzheimer's disease.

COLOR-BINDING MEMORY TASK

1. Memory for Shapes
2. Memory for Colors
3. Memory for shape + color

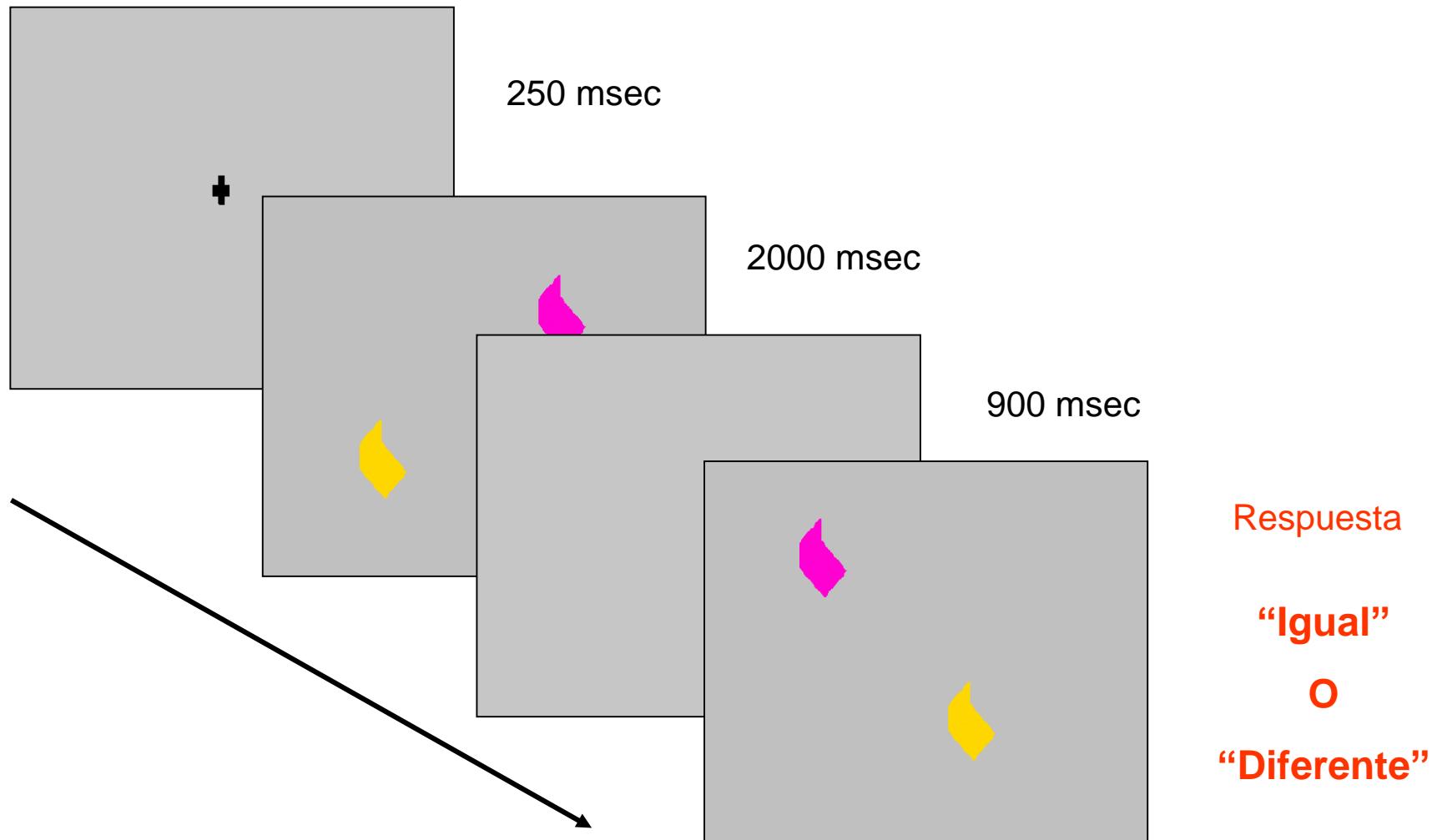
Experiment 1

Memory for Shapes



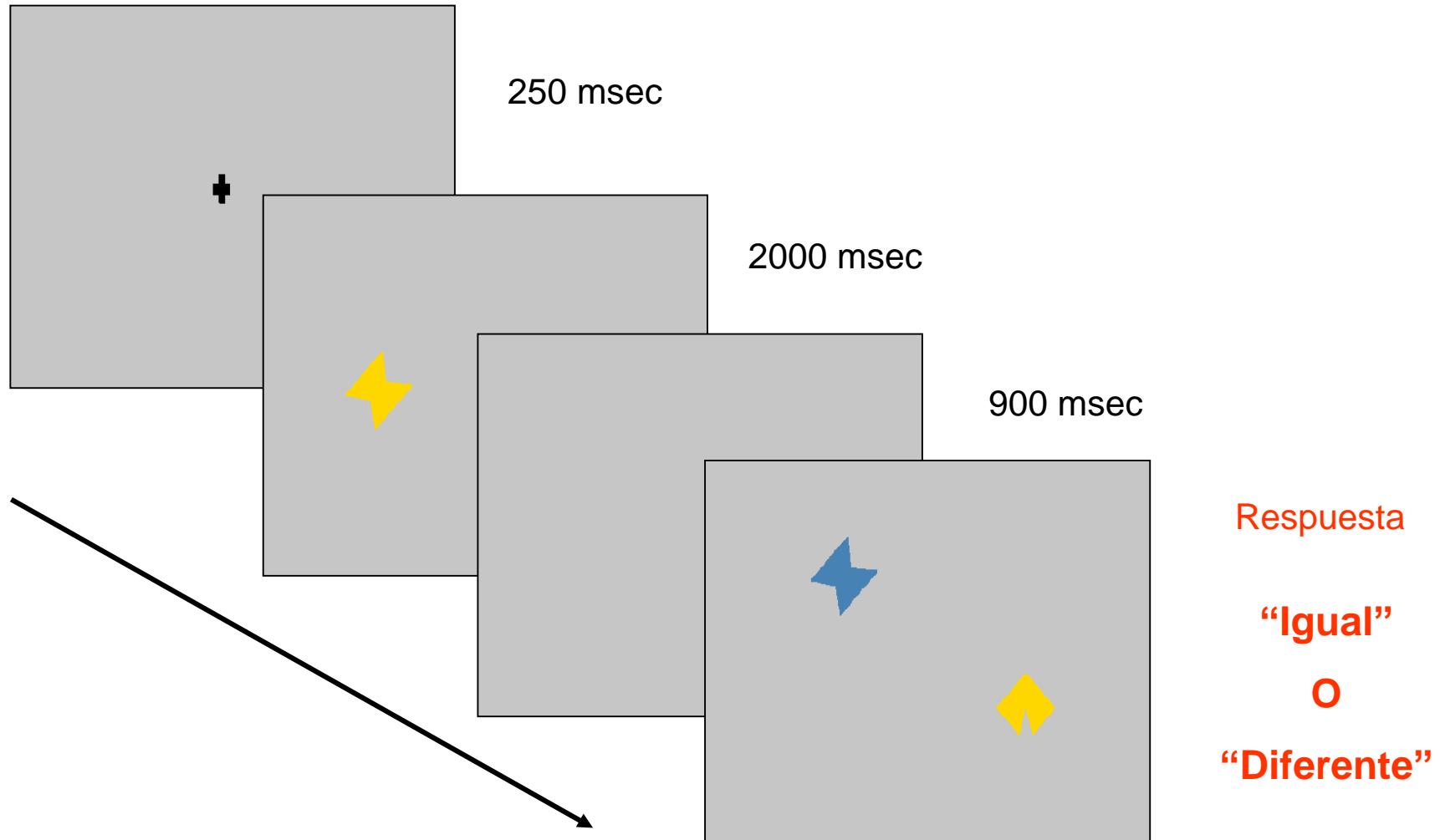
Experiment 2

Memory for Colors

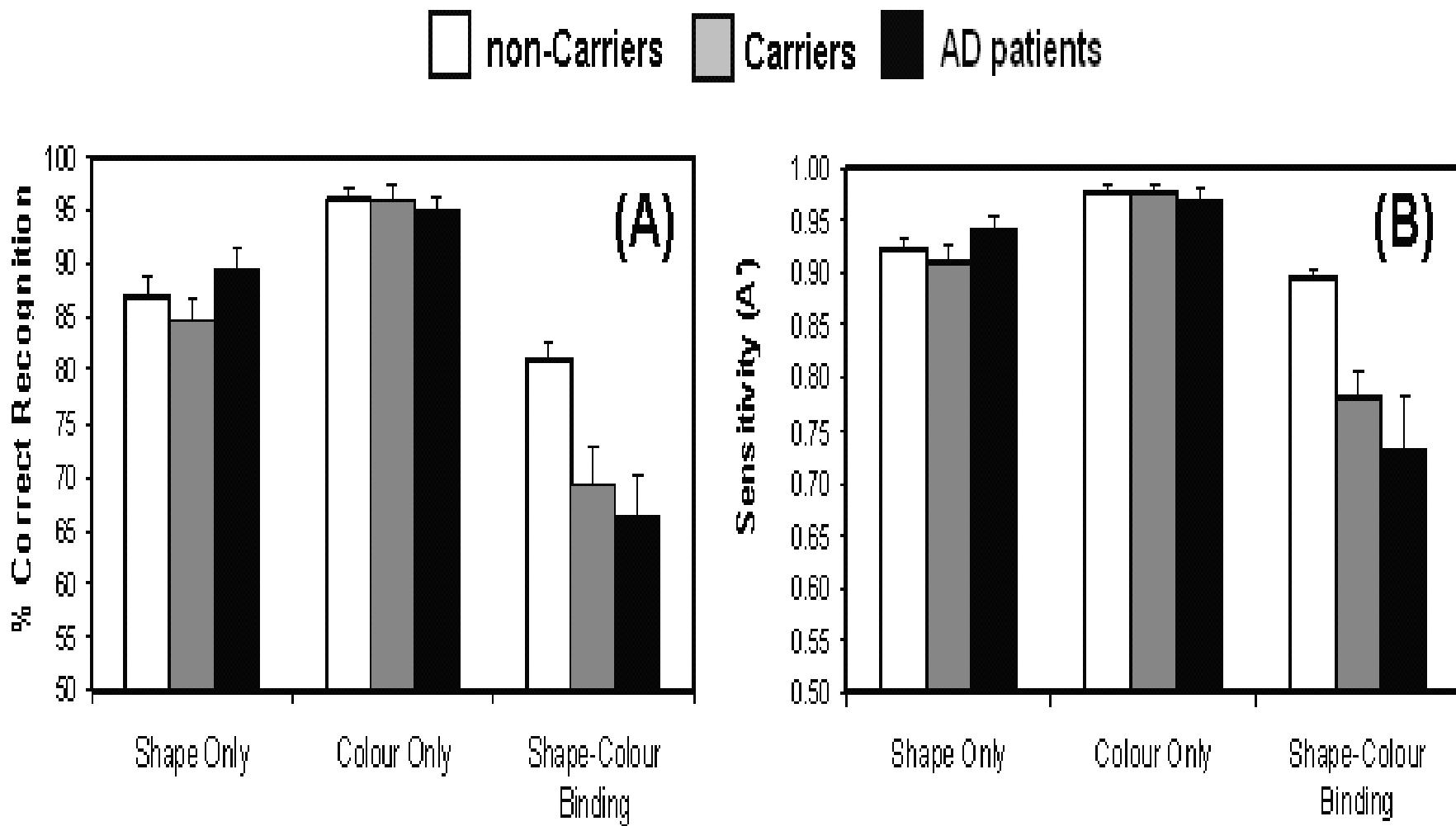


Experiment 3

Memory for shape + color



Carriers: 22, No Carriers: 20, AD:15



Preclinical Alzheimer Disease

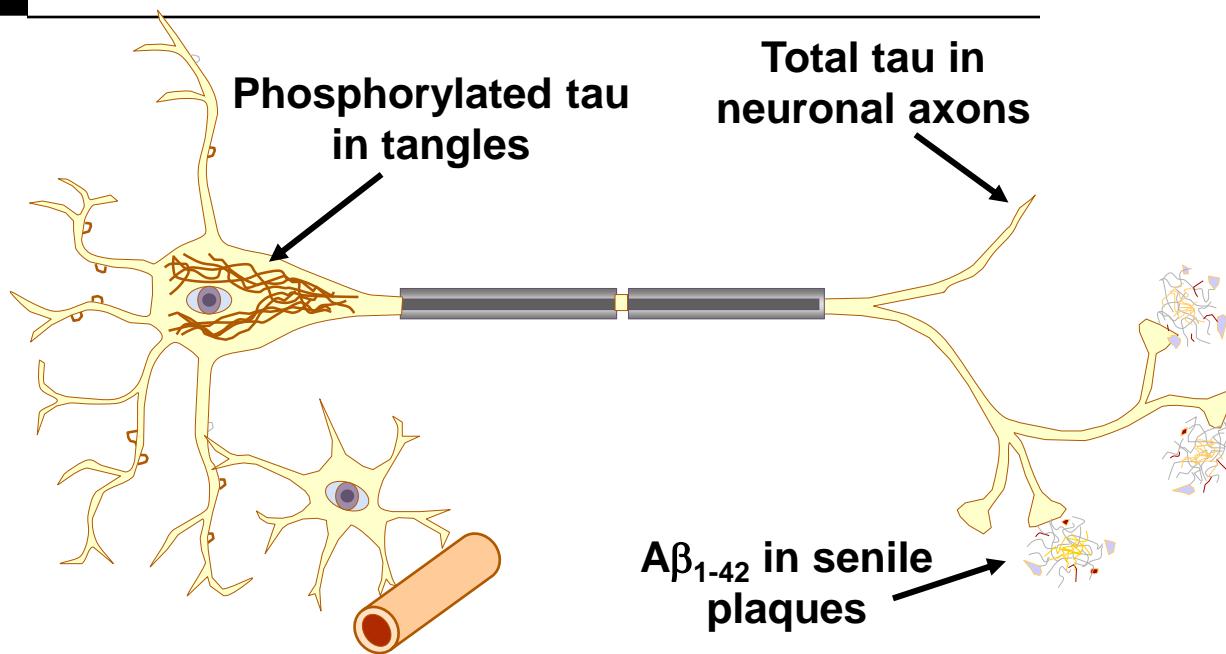
BIOMARKERS

- BIOCHEMICAL

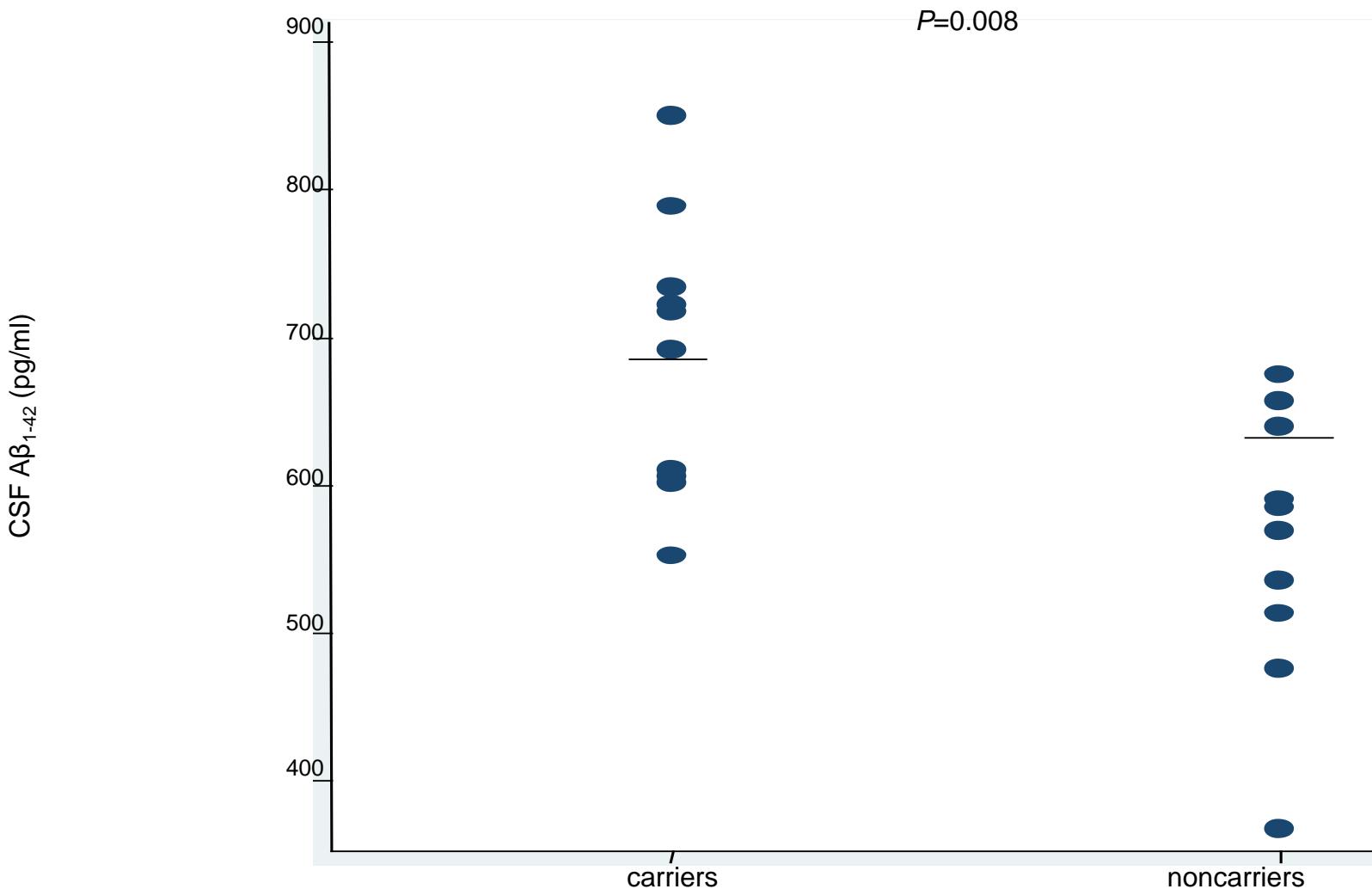
Levels of CSF A β ₁₋₄₂

Biomarkers in CSF in AD

	A β 42	Tau	Ptau
EA	↓↓	↑↑	↑↑
DCL	↓ or N	↑ or N	↑ or N
Control	N	N	N



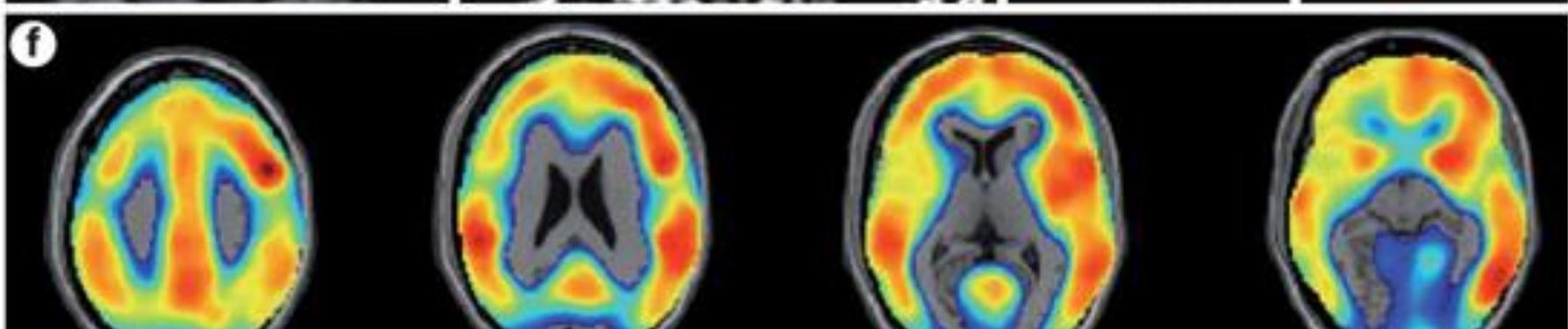
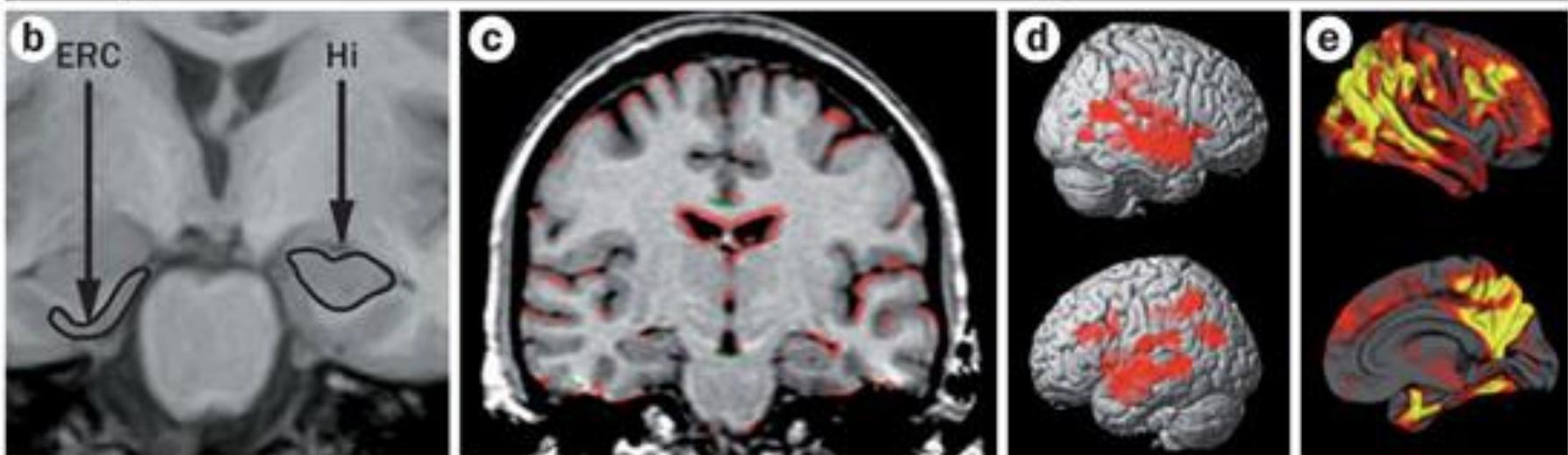
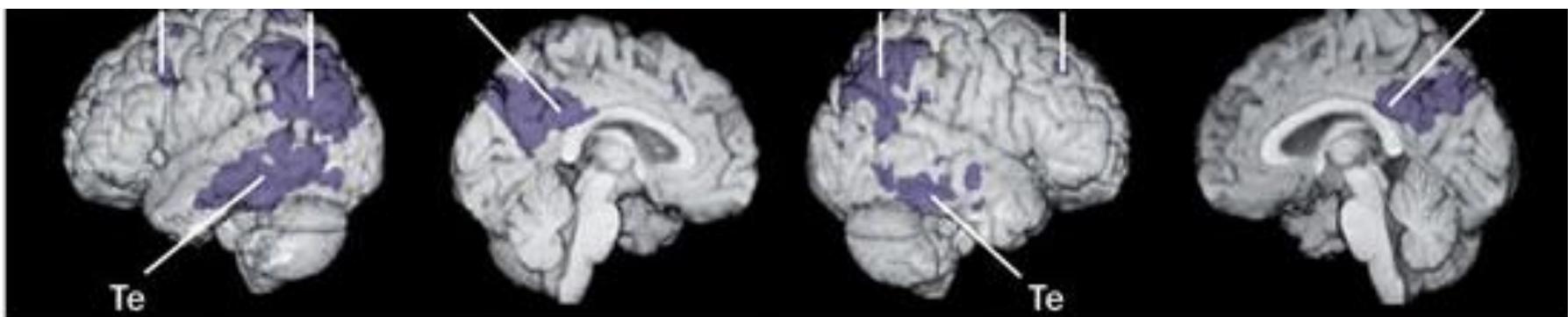
Higher (not lower) CSF A β ₁₋₄₂ Levels in E280A Population



Preclinical Alzheimer Disease

IMAGES BIOMARKERS

1. Structural, anatomical (RM)
2. Funcionals Images: MRI, PET amiloide, PET FDG





UNIVERSIDAD
DE ANTIOQUIA
1803



Florbetapir PET analysis of amyloid- β deposition in the presenilin 1 E280A autosomal dominant Alzheimer's disease kindred: a cross-sectional study



Adam S Fleisher, Kewei Chen, Yakeel T Quiroz, Laura J Jakimovich, Madelyn Gutierrez Gomez, Carolyn M Langois, Jessica B S Langbaum, Napatkamon Ayutyanont, Auttawut Roontiva, Pradeep Thiyyagura, Wendy Lee, Hua Mo, Liliana Lopez, Sonia Moreno, Natalia Acosta-Baena, Margarita Giraldo, Gloria Garcia, Rebecca A Reiman, Matthew J Huentelman, Kenneth S Kosik, Pierre N Tariot, Francisco Lopera, Eric M Reiman

Summary

Background Fibrillar amyloid- β ($A\beta$) is thought to begin accumulating in the brain many years before the onset of clinical impairment in patients with Alzheimer's disease. By assessing the accumulation of $A\beta$ in people at risk of genetic forms of Alzheimer's disease, we can identify how early preclinical changes start in individuals certain to develop dementia later in life. We sought to characterise the age-related accumulation of $A\beta$ deposition in presenilin 1 (PSEN1) E280A mutation carriers across the spectrum of preclinical disease.

Lancet Neurol 2012; 11: 1057-65

Published Online

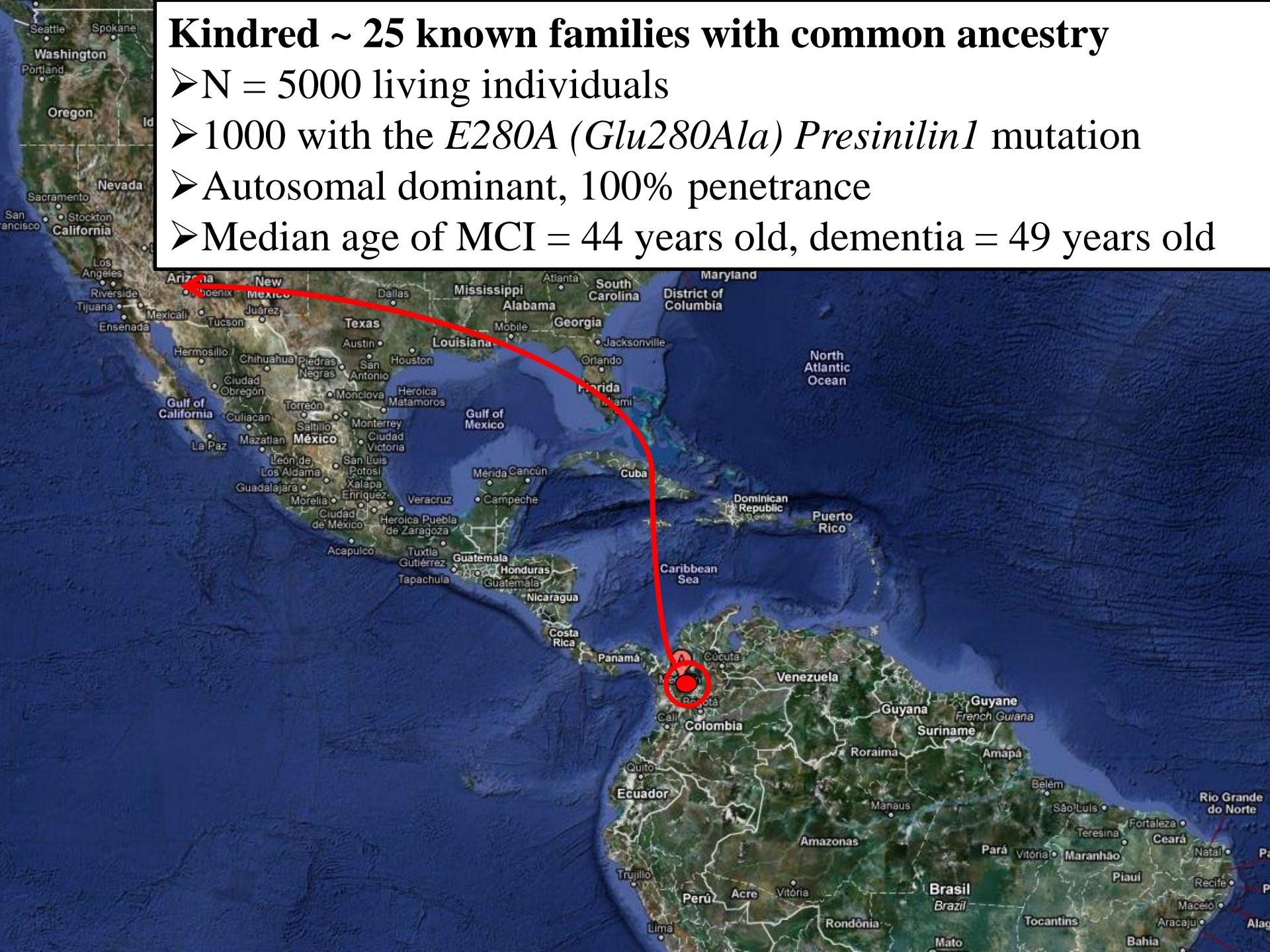
November 6, 2012

[http://dx.doi.org/10.1016/S1474-4422\(12\)70227-2](http://dx.doi.org/10.1016/S1474-4422(12)70227-2)

See Comment page 1018

Kindred ~ 25 known families with common ancestry

- N = 5000 living individuals
 - 1000 with the E280A (*Glu280Ala*) *Presenilin1* mutation
 - Autosomal dominant, 100% penetrance
 - Median age of MCI = 44 years old, dementia = 49 years old

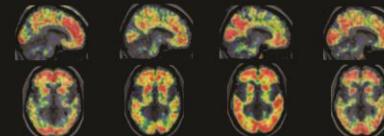


Demographics

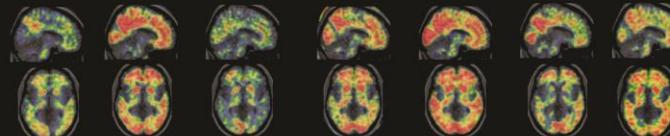
	Non-Carriers	Pre-symptomatic Carriers	Symptomatic Carriers	P-value
Number of subjects	20	19	11	
Age (range)	33.9 ± 8.7 (20-50)	32.6 ± 8.2 (20-43)	47.5 ± 4.6 (41-56)	<0.001
Gender (M/F)	7/13	7/12	3/8	0.86
Education	11.2 ± 3.3	12.3 ± 2.8	8.8 ± 3.5	0.02
MMSE	29.8 ± 0.5	29.8 ± 0.4	23.1 ± 3.5	<0.001

Visually positive
Symptomatic AD

Dementia due to AD

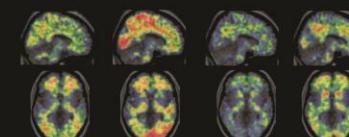


MCI due to AD

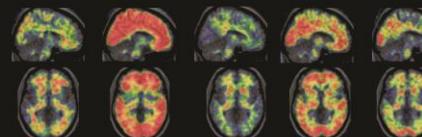


Visually positive
Pre-symptomatic AD

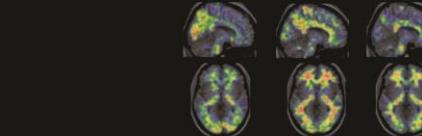
Ages 40-50 years



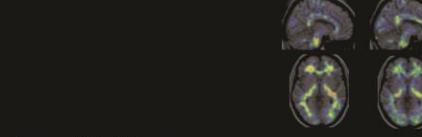
Ages 35-39 years



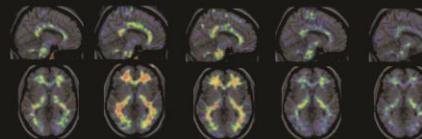
Ages 30-34 years



Ages 25-29 years

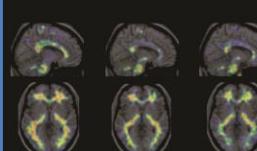
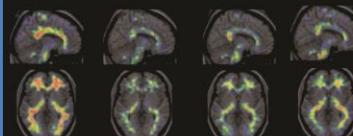
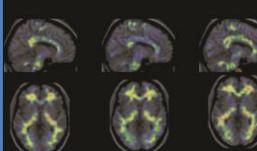
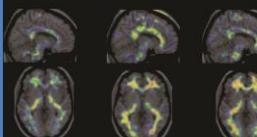
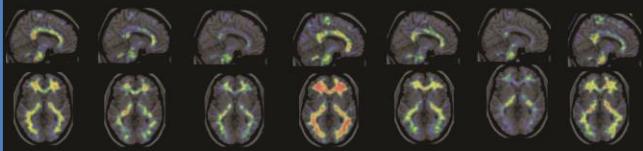


Ages 20-24 years



Cognitively Normal:

Carriers



Visually negative
Pre-symptomatic AD

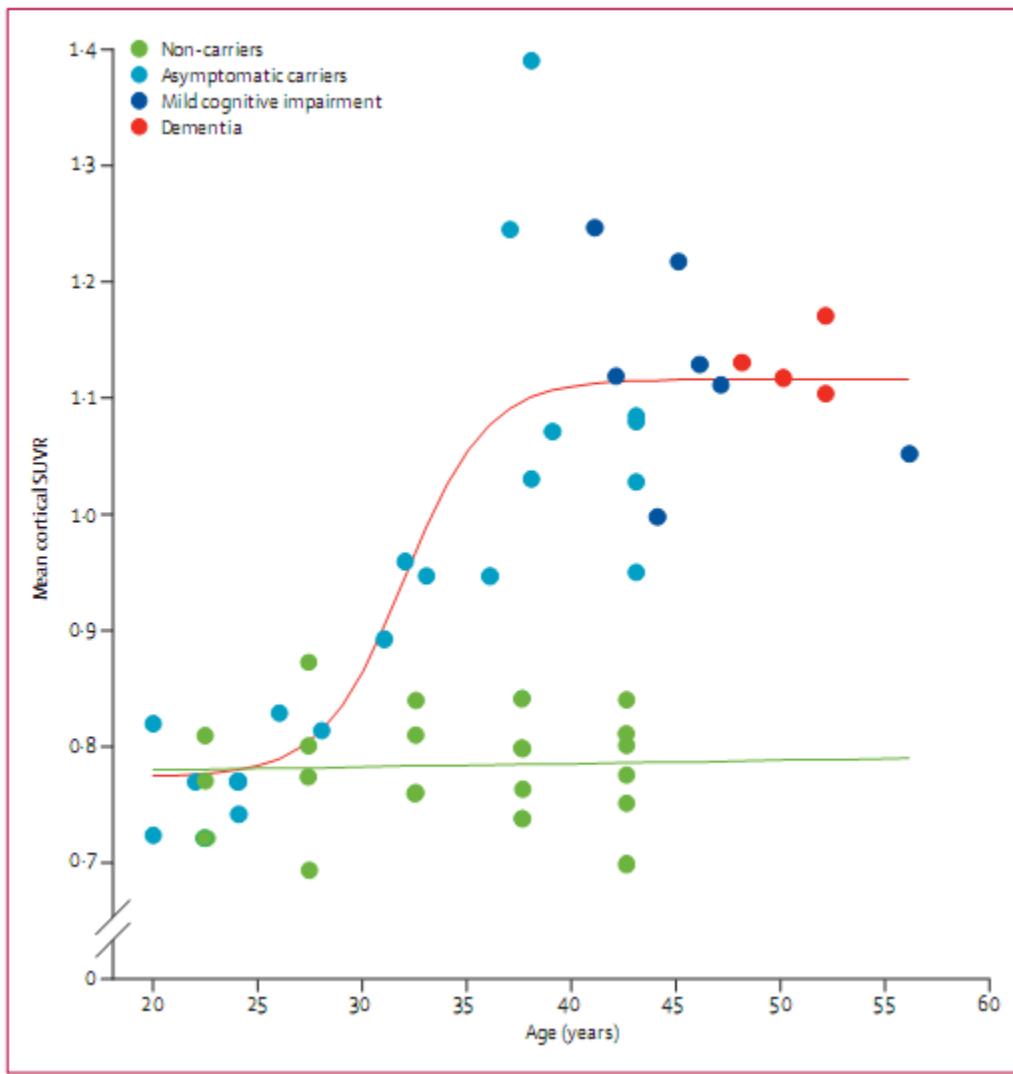


Figure 3: Mean cortical standard uptake value ratios at different ages

The individual values of non-carriers are shown as artificially clustered at 5-year intervals to help preserve anonymity of carriers versus non-carriers related to specific ages. All datapoints over age 40 years are clustered at 42.5 years on the x-axis because of limited non-carrier datapoints above age 40 years.
SUVR=standard uptake value ratio.

PRECLINICAL ALZHEIMER DISEASE- (2011)

Recommendations from the National Institute on Aging and the
Alzheimer's Association workgroup
Reisa A. Sperling

Stage 1

Asymptomatic amyloidosis

- High PET amyloid tracer retention
- Low CSF A β 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

THE LANCET Neurology

Search for

in All Fields

GO

Advanced

[Home](#) | [Journals](#) | [Specialties](#) | [Audio](#) | [Conferences](#) | [Education](#) | [The Lancet Series](#) | [Information](#)

The Lancet Neurology, [Volume 10, Issue 3](#), Pages 213 - 220, March 2011

< [Previous Article](#) | [Next Article](#) >

doi:10.1016/S1474-4422(10)70323-9  [Cite or Link Using DOI](#)

Published Online: 04 February 2011

Pre-dementia clinical stages in presenilin 1 E280A familial early-onset Alzheimer's disease: a retrospective cohort study

[Natalia Acosta-Baena](#) MD ^{a b c}, [Diego Sepulveda-Falla](#) MD ^{a d}, [Carlos Mario Lopera-Gómez](#) MSc ^e, [Mario César Jaramillo-Elorza](#) MSc ^e, [Sonia Moreno](#) MSc ^a, [Daniel Camilo Aguirre-Acevedo](#) MSc ^{a b}, [Amanda Saldarriaga](#) BSc ^a, Prof [Francisco Lopera](#) MD ^a 

Methods

Design:

We retrospectively assessed a **Cohort** of descendants of *PSEN1 E280A mutation carriers* from **1995 to 2010**



RESULTADOS

25 Families
5000 Members

1784 Evaluated

1181 With Genotype

459 Carriers

449 In Analysis
(1443 Nps Ev)

Excluded **603** people
NON GENOTYPE

EXCLUDED 722 people
Non Carriers
***Normative Value**

Excluded **10 People**
Non Neuropsychological Evaluation

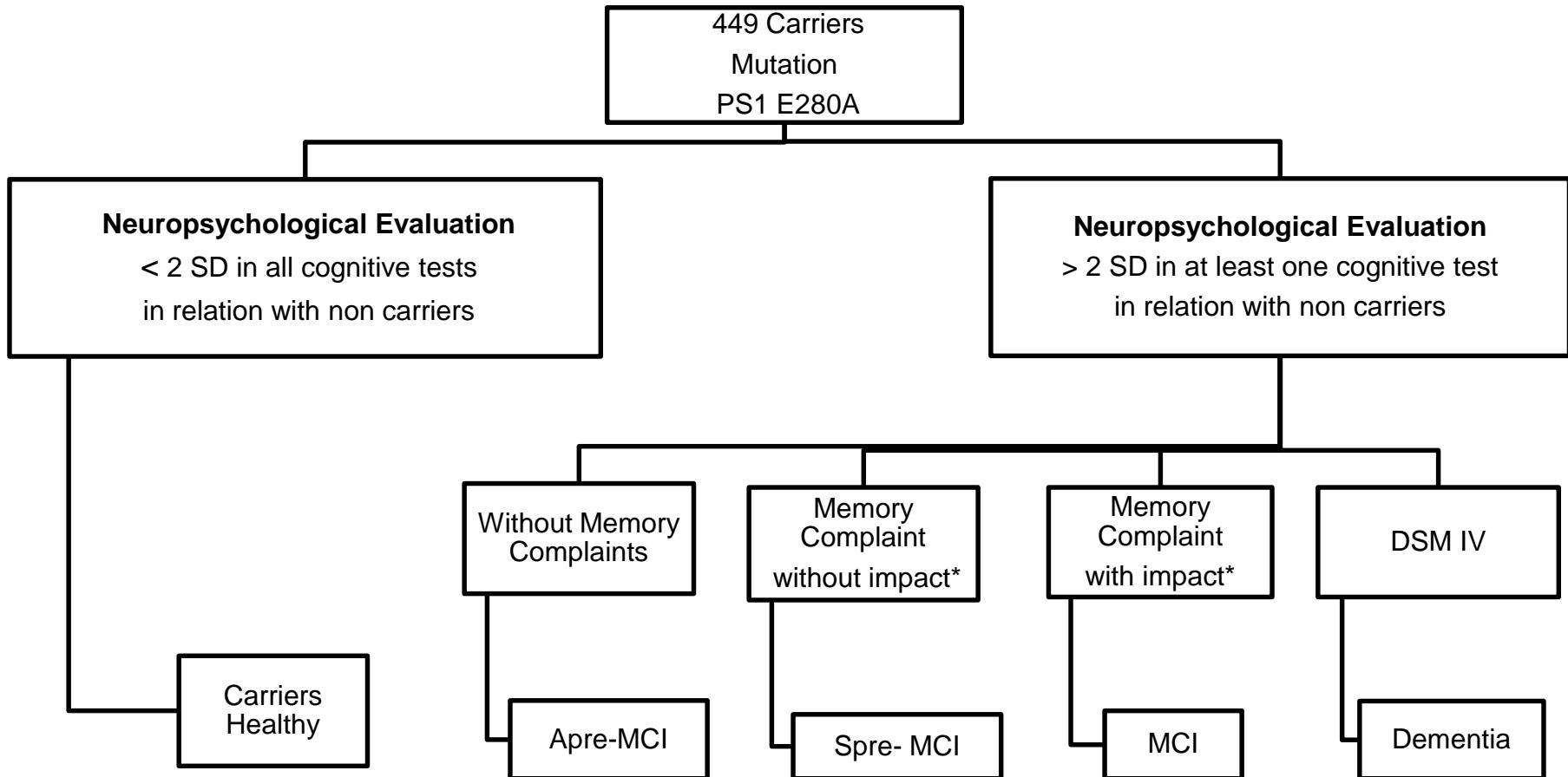


Figure 2: Clasificación retrospectiva de los portadores E280A de acuerdo con los criterios de cada estado.

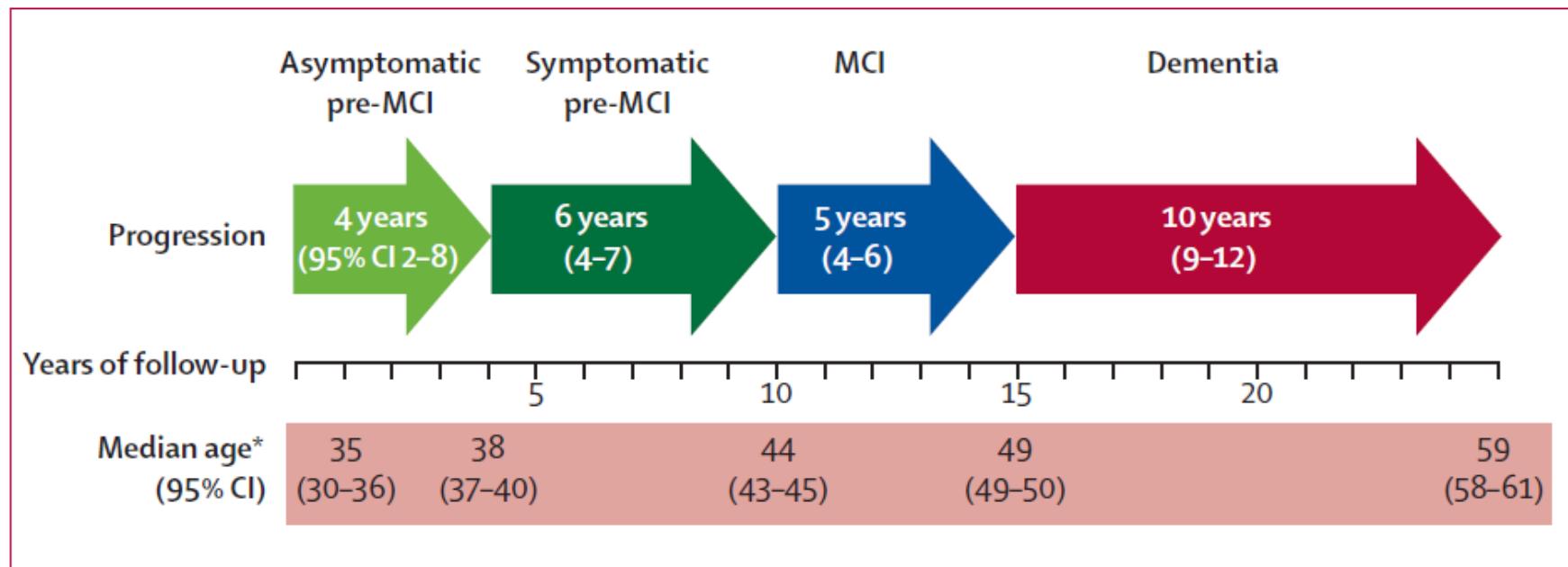
Portadores sanos: asintomáticos con puntajes en evaluación neuropsicológica menos de 2SD del promedio de acuerdo a la edad y educación.

*Impacto: Alto puntaje en la escala de quejas subjetivas de memoria con ninguna o mínima alteración en actividades instrumentales complejas y sin alteraciones en las actividades básicas de la vida cotidiana..

Conclusions

Figure 2: Survival analysis of disease progression in PSEN1 E280A carriers

MCI=mild cognitive impairment.



JAMA Neurology

[Home](#) [Current Issue](#) [All Issues](#) [Online First](#) [Collections](#) [CME](#) [Multimedia](#)

[Online First >](#)

Original Investigation | February 22, 2016

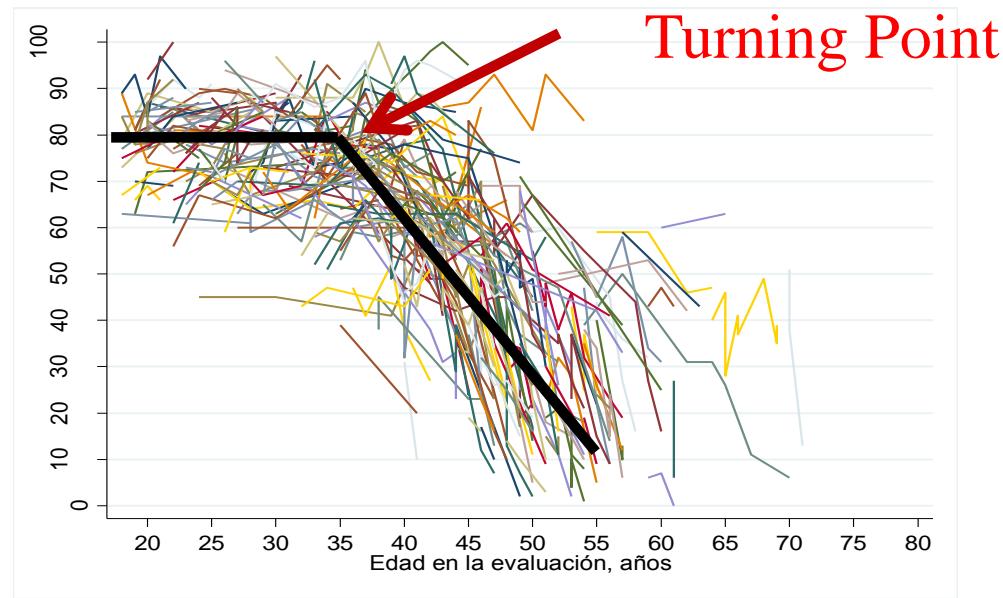
Cognitive Decline in a Colombian Kindred With Autosomal Dominant Alzheimer Disease A Retrospective Cohort Study **ONLINE FIRST**

Daniel C. Aguirre-Acevedo, PhD^{1,2}; Francisco Lopera, MD¹; Eliana Henao, MS¹; Victoria Tirado, MS¹; Claudia Muñoz, MS¹; Margarita Giraldo, MD¹; Shrikant I. Bangdiwala, PhD³; Eric M. Reiman, MD⁴; Pierre N. Tariot, MD⁴; Jessica B. Langbaum, PhD⁴; Yakeel T. Quiroz, PhD^{1,5}; Fabian Jaimes, PhD^{2,6}

[\[+\] Author Affiliations](#)

JAMA Neurol. Published online February 22, 2016. doi:10.1001/jamaneurol.2015.4851

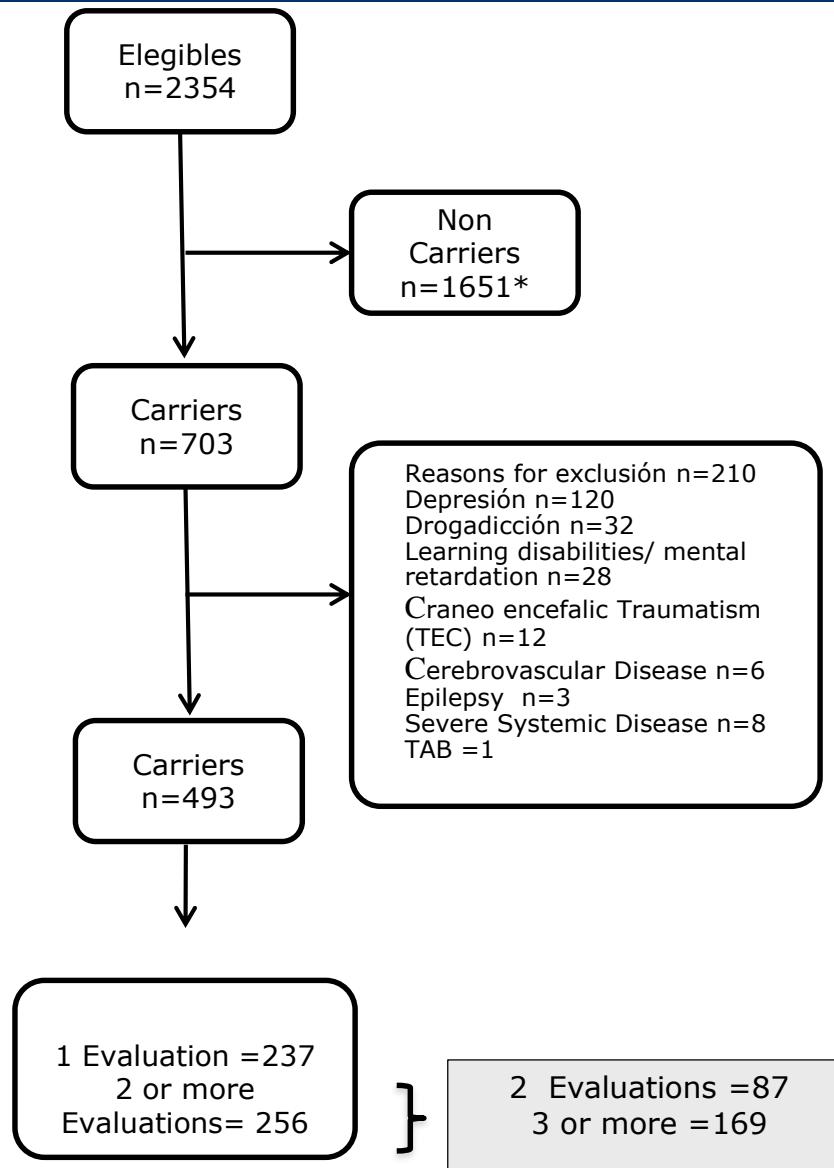
Text Size: A A A



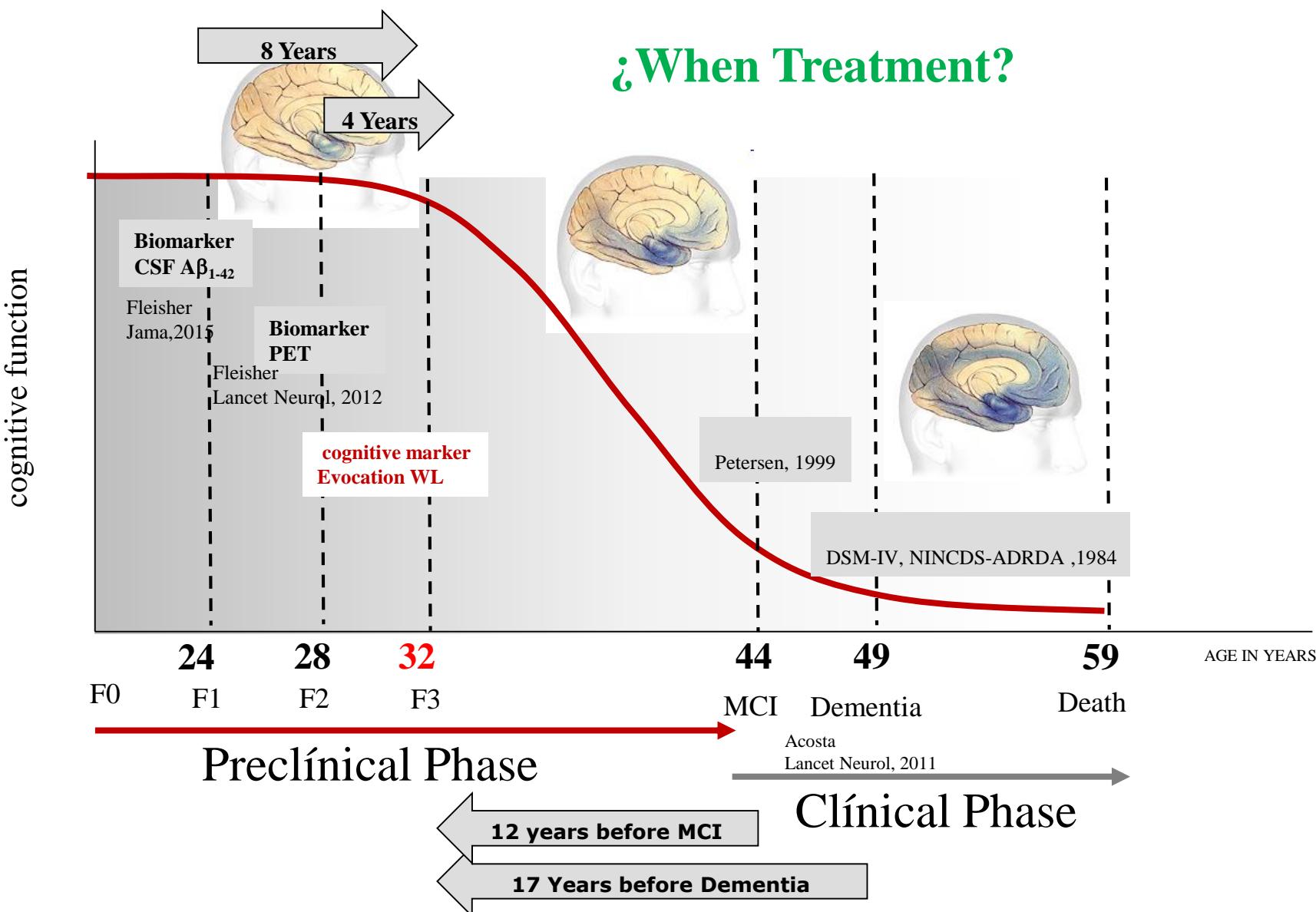
$$Y_{it} = \beta_{0i} + \beta_{1i}t + \beta_{02i} + \beta_{12i}t + \varepsilon_{it}$$

$$E(Y_{it}) = \begin{cases} \beta_{01i} + \beta_{11i}t & \text{If } t \leq \tau \quad \text{Función antes del punto de cambio} \\ \beta_{02i} + \beta_{12i}t & \text{If } t > \tau \quad \text{Función después del punto de cambio} \end{cases}$$

Estimate of the change point (CP) In CERAD (Aguirre 2015)



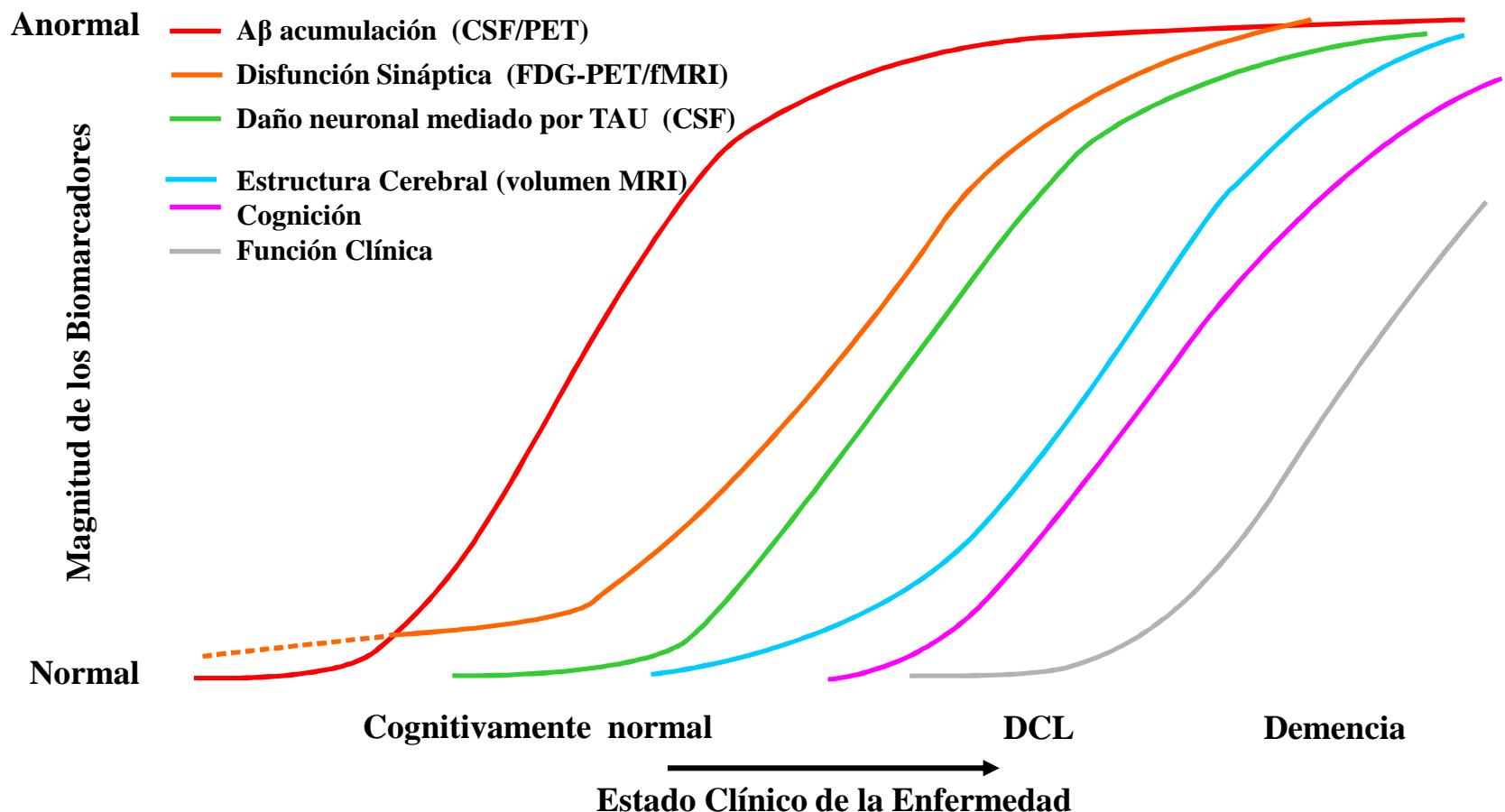
*1287 Datos de los no portadores fueron utilizados para la comparación con los portadores. Distribución de exclusiones similar a la de los portadores.



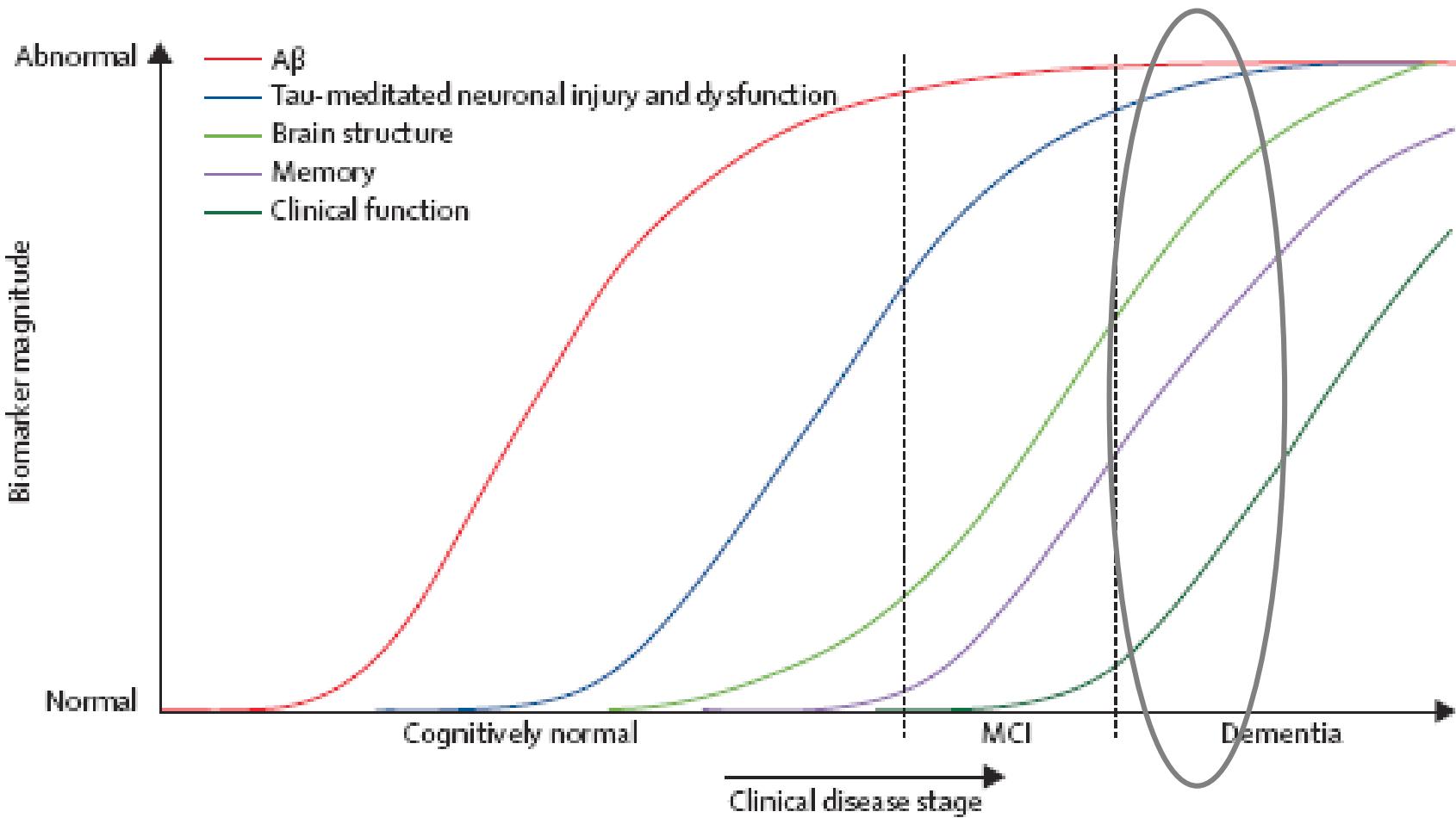


ALZHEIMER'S
PREVENTION
INITIATIVE

Alzheimer's disease is a continuum



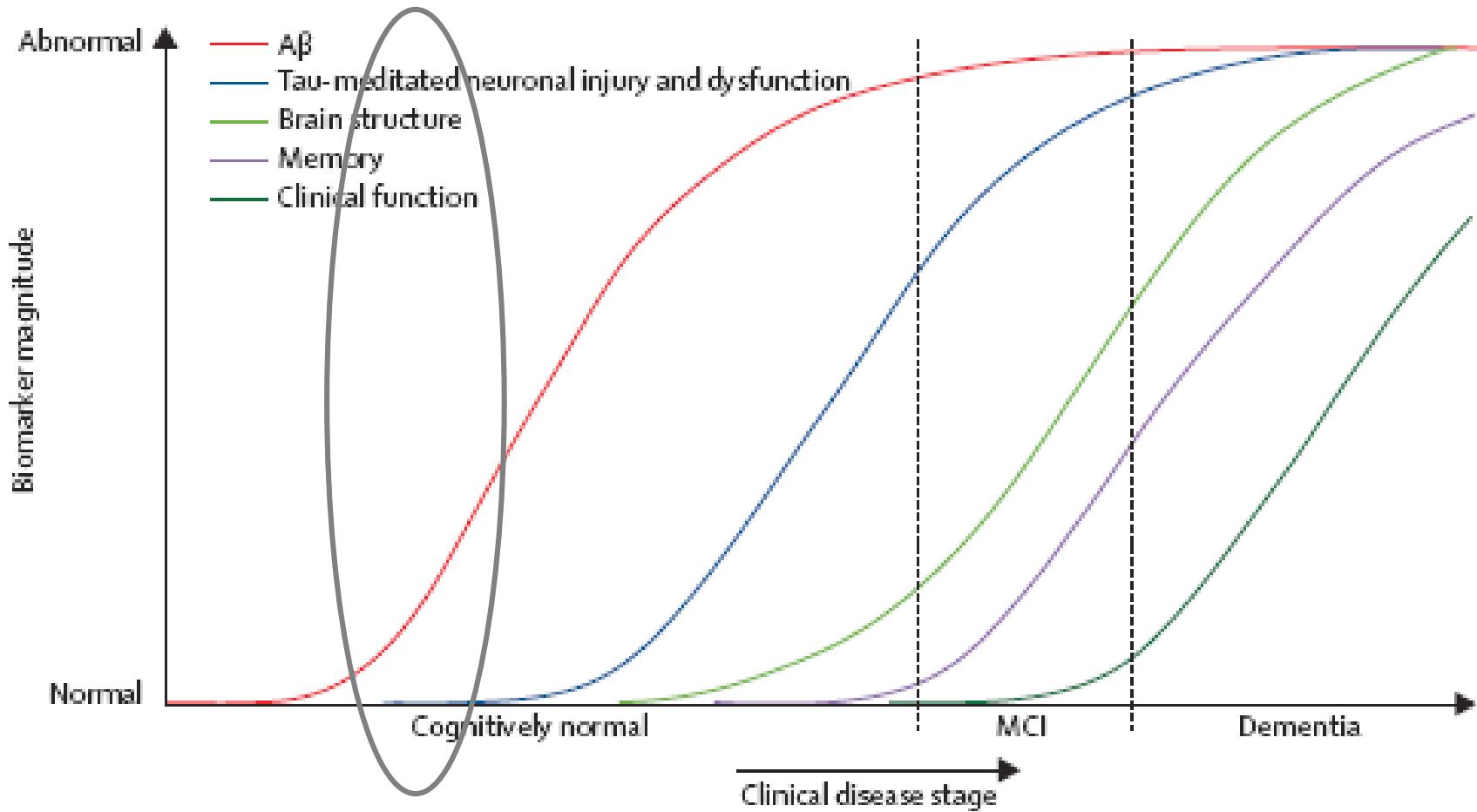
Pathological cascade implications for therapy: treatment and prevention



Jack et al, Lancet Neurol 2010; 9: 119-28

Ab Amyloid = CSF Ab42 or amyloid PET imaging; Tau Mediated Neuron Injury and Dysfunction = CSF tau or FDG PET; Brain Structure = structural MRI

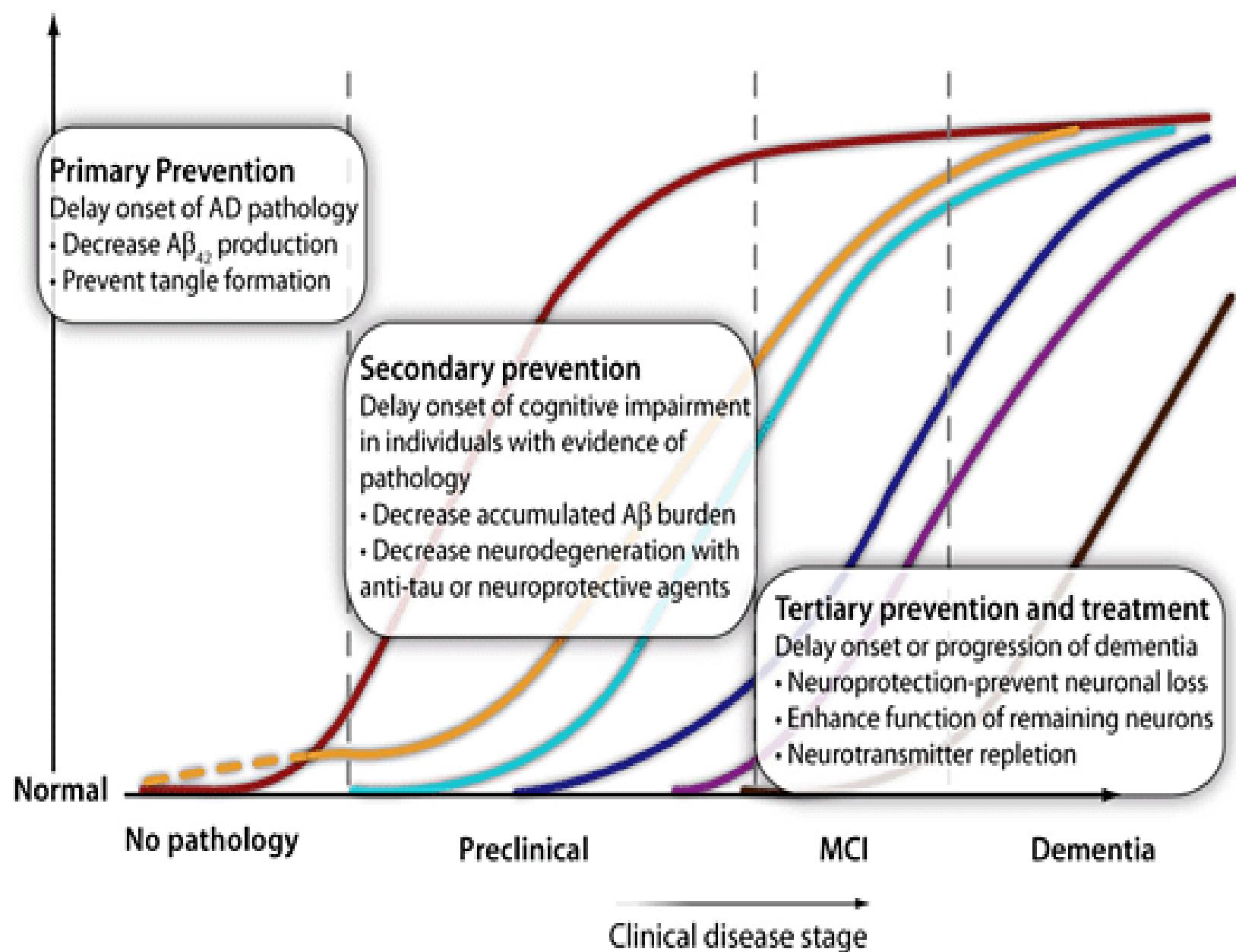
Pathological cascade implications for therapy: treatment and prevention



Jack et al, Lancet Neurol 2010; 9: 119-28

Ab Amyloid = CSF Ab42 or amyloid PET imaging; Tau Mediated Neuron Injury and Dysfunction = CSF tau or FDG PET; Brain Structure = structural MRI

a' Abnormal



CLNICAL TRIAL API COLOMBIA GN28352

Conducted by Neurosciences Group of Antioquia:
in partnership with /supported by NIA, Banner, Genentech & Roche
Launched 2nd half 2013



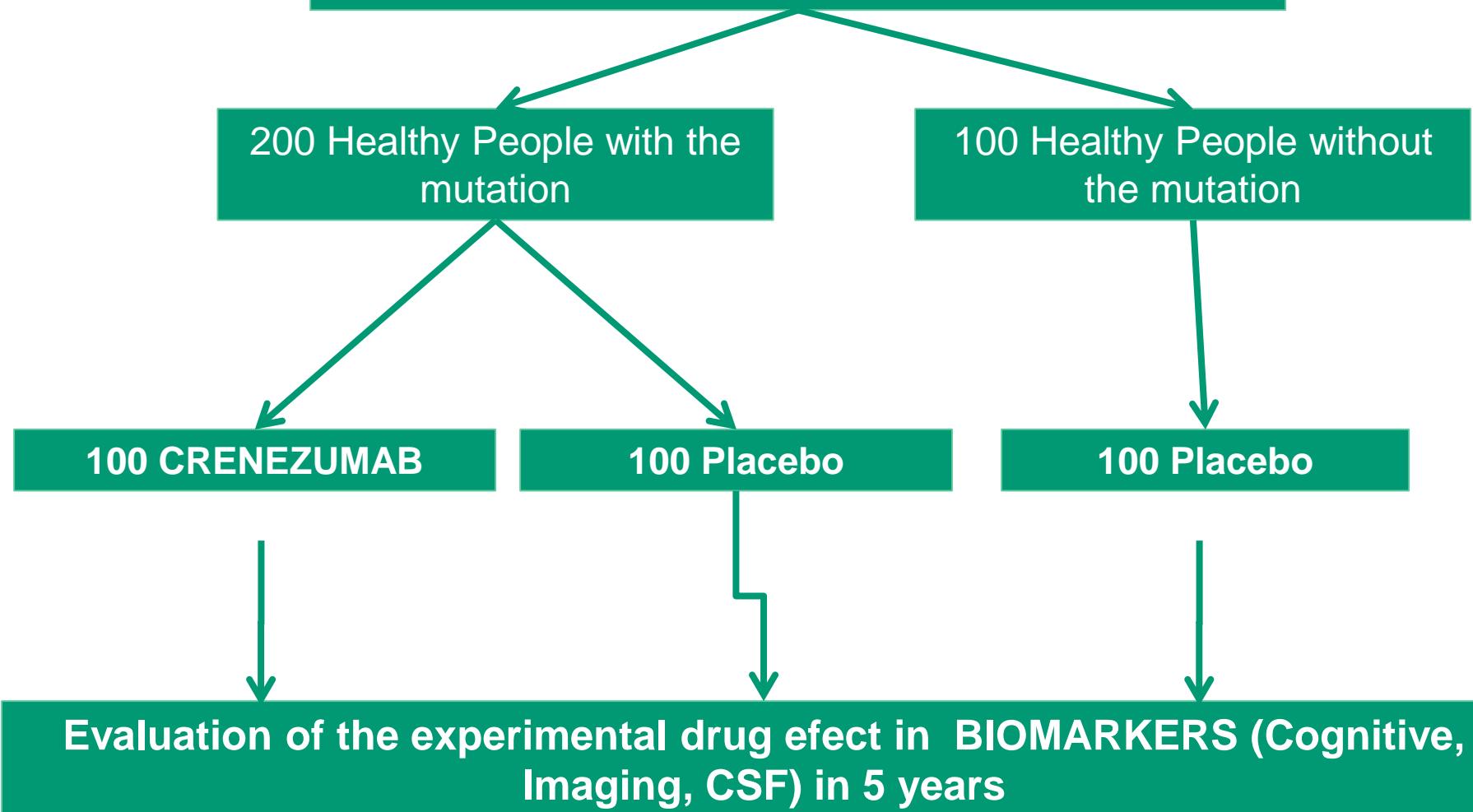
INICIATIVA DE
PREVENCIÓN
DEL ALZHEIMER
COLOMBIA



Clinical Trial for ALZHEIMER PREVENTION

Clinicaltrials.gov NCT01998841

Members of 25 Families With ALZHEIMER



Interdisciplinary Team of Neuroscience Group of Antioquia.

