

Strategies to develop trial-relevant biomarkers in AD

Prof.dr. Charlotte Teunissen





Disclosures

Commercial partners:

- Quanterix, ADx Neurosciences, Roche AG, Health-Holland.

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Contents

- Proteomics to identify clusters for stratification in AD trials
- Strategies to accelerate biomarker development



The need for biomarkers



The need for biomarkers



The need for biomarkers



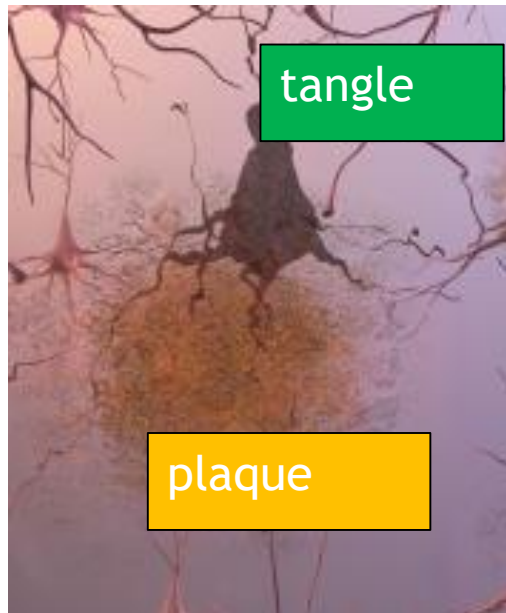
1. Early diagnosis
2. Prognosis
3. monitoring



20 years



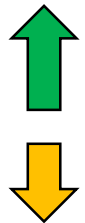
The Alzheimer Biomarkers



(p)Tau

Amyloid beta

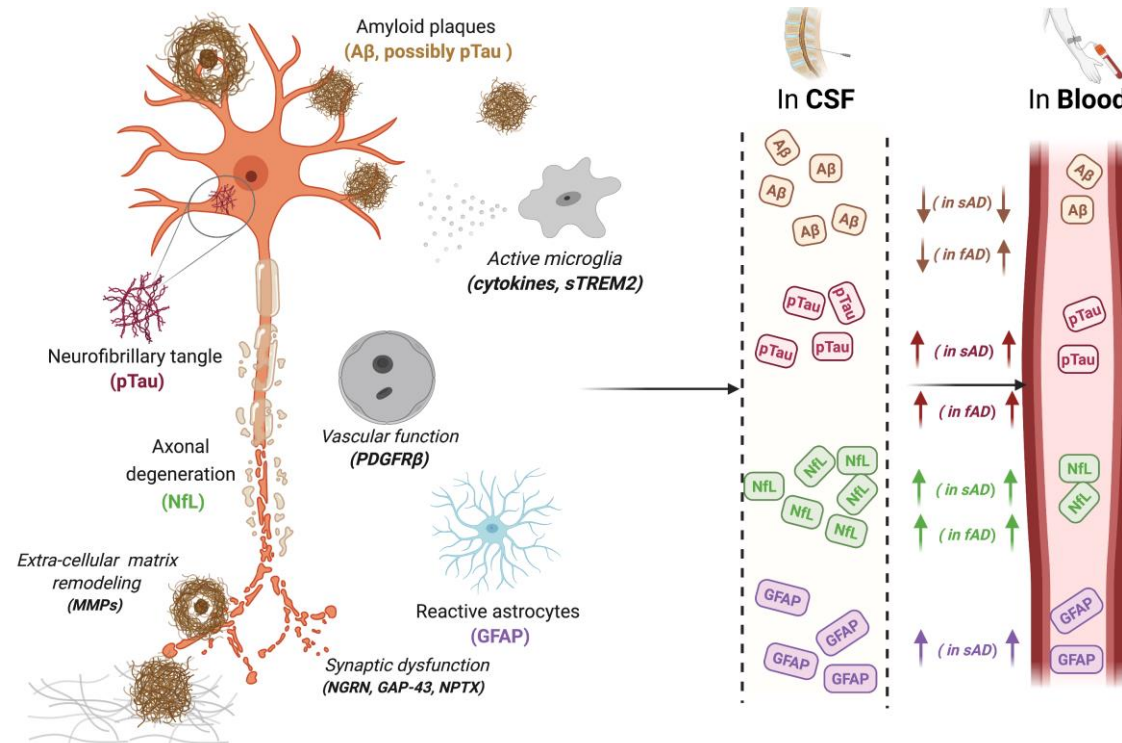
PET





Need for novel biomarkers in AD?

- capture the full complexity of mechanisms involved
- stratification



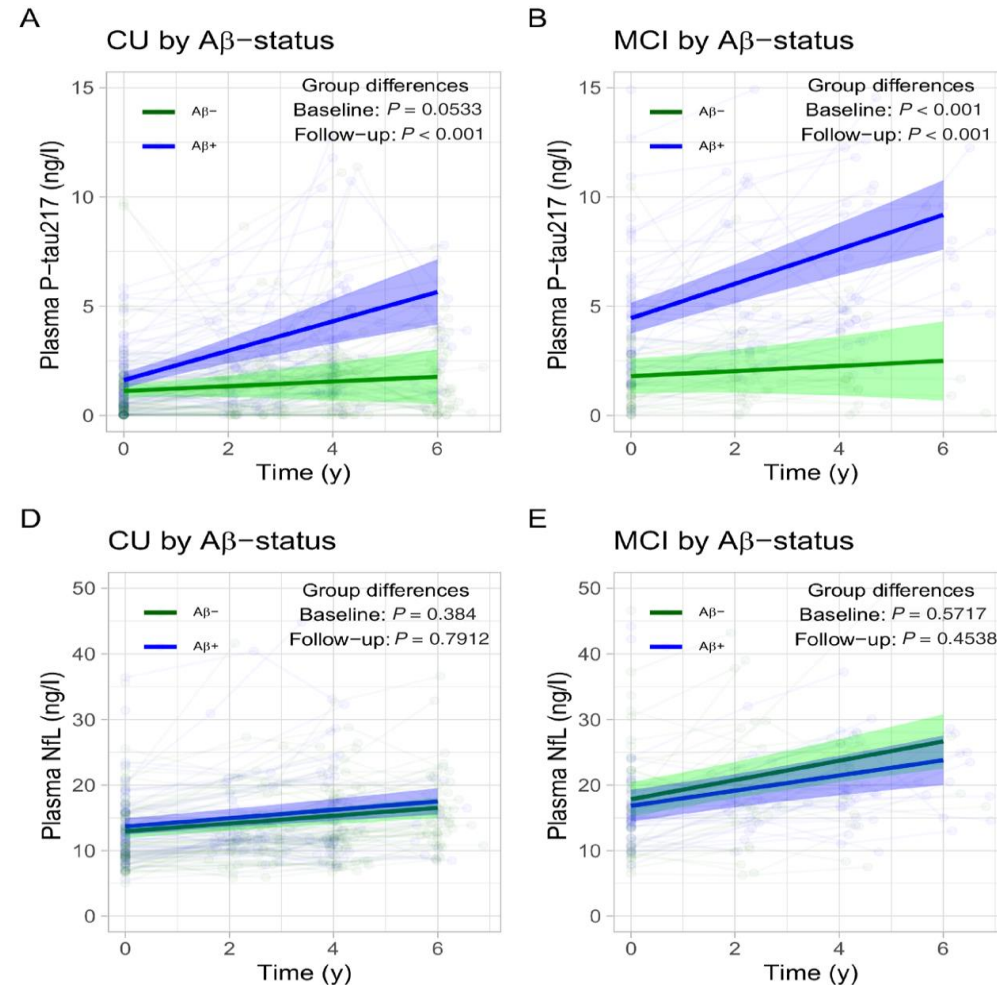


Inclusion and effect monitoring by plasma p-tau217 (Lilly) and NfL across the AD stages

Detect reduction in pTau slope

N=109 per arm to for CU

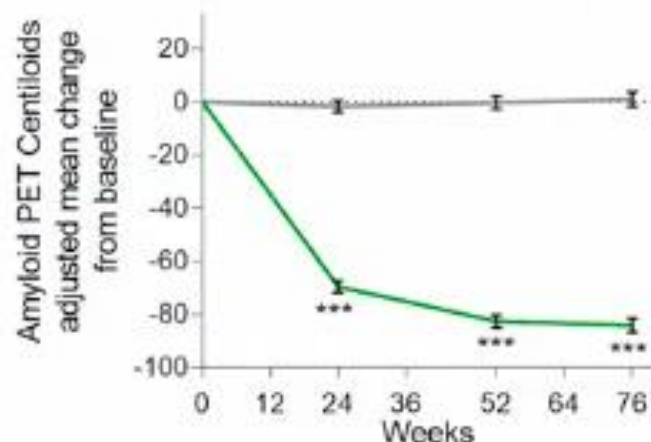
N=71 per arm for MCI



Outcome measure

Donanemab delivers early reduction of amyloid plaque and plasma P-tau217

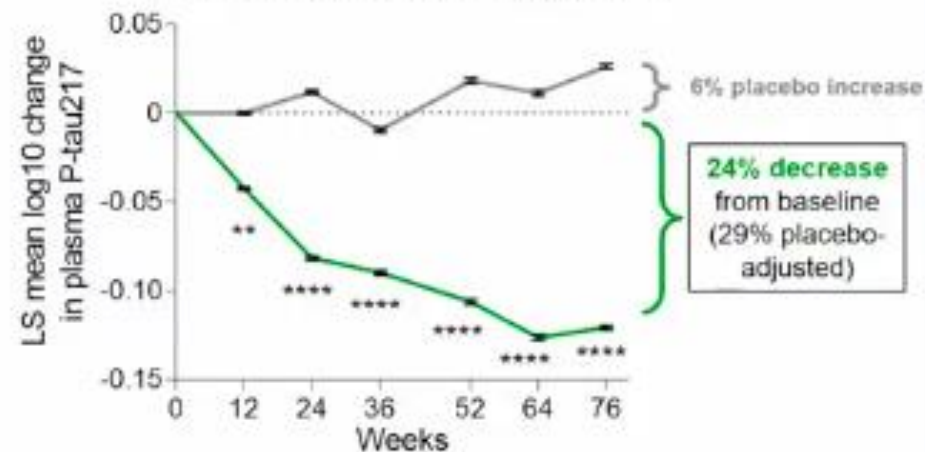
Amyloid plaque significantly lowered with donanemab treatment (MMRM)



Data points show mean $\pm$ standard error
LS = Least Square; MMRM = Mixed Model Repeated Measures; PET = Positron Emission Tomography; p = p-value

** p<0.01; *** p<0.001; **** p<0.0001 vs placebo

Plasma P-tau217 significantly lowered with donanemab treatment (MMRM)

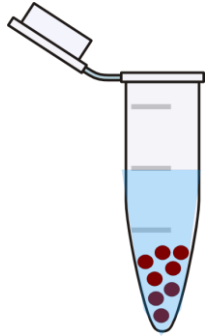


— Placebo
— Donanemab



CSF proteomic subtypes in AD -> stratification

556 of 708 proteins
measured with TMT
by Gobom,
Zetterberg &
Blennow



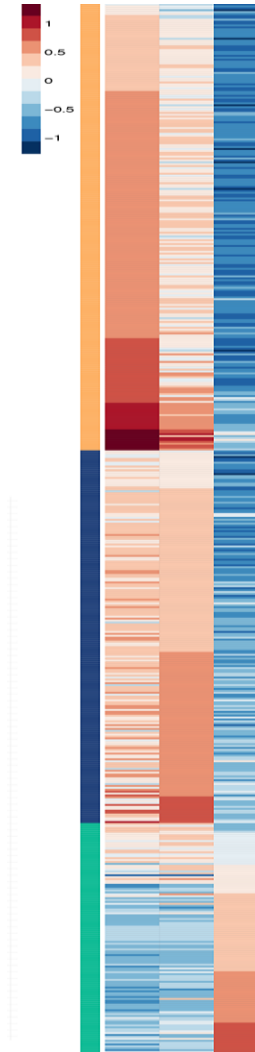
proteins

Non-negative matrix
factorisation

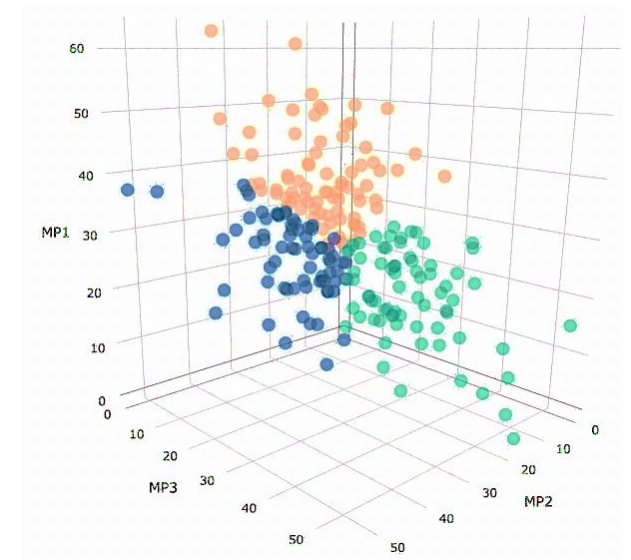


subjects

Proteins



Individuals



Tijms et al., *Brain* 2020

228 AD individuals
across clinical spectrum
from the EMIF-AD MBD study (*Bos et al., 2018 Alz Res & Ther*)

CSF proteomic subtypes in AD



556 Proteins



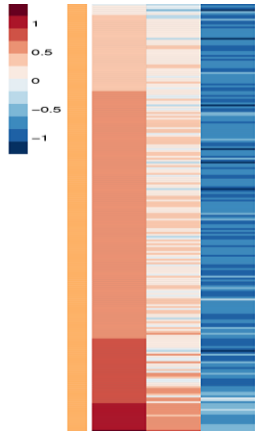
- Every row = 1 protein
- Each column = subtype
- Colour indicates Z score average within subtype
- Scaled to control group (normal cognition and normal abeta & tau CSF levels)

Tijms et al., *Brain* 2020

CSF proteomic subtypes in AD



556 Proteins



Subtype 1

Increased proteins associated with **neuronal plasticity** related processes

Increased in
subtype 1

Decreased in
subtype 3

Tijms et al., *Brain* 2020

CSF proteomic subtypes in AD

556 Proteins



Subtype 1

Increased proteins associated with **neuronal plasticity** related processes

Subtype 2

Increased proteins associated with **innate immune system** (e.g., complement activation)

Increased in
subtype 2

Tijms et al., *Brain* 2020

CSF proteomic subtypes in AD

556 Proteins



Subtype 1

Increased proteins associated with **neuronal plasticity** related processes

Subtype 2

Increased proteins associated with **innate immune system** (e.g., complement activation)

Subtype 3

Blood brain barrier?
Albumin;
Immunoglobulin G

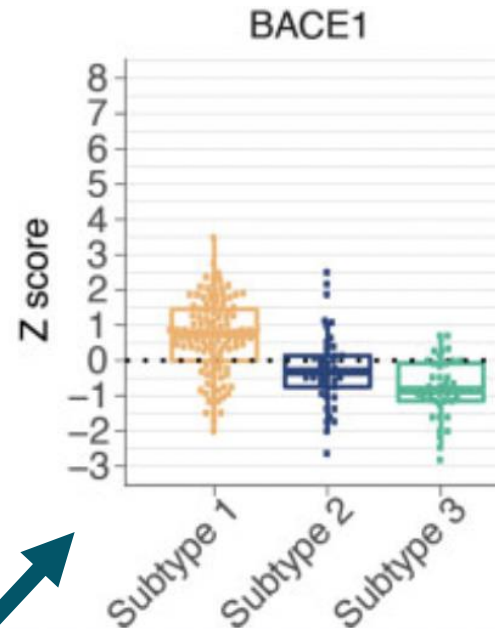
Increased in
subtype 3

Tijms et al., *Brain* 2020



Implications for trials – target-stratification

BACE1 activation



Inhibitors may work for subtype 1 only?

Inhibition not a good idea for subtypes 2&3?

Tijms et al., *Brain* 2020

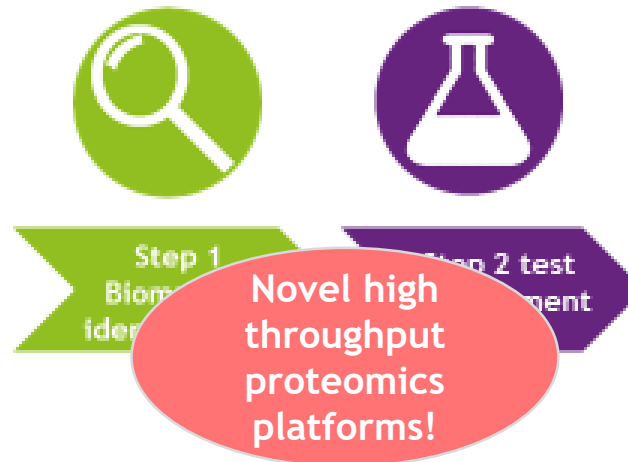


Challenges for implementation of novel biomarkers

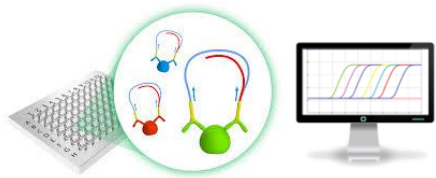




Biomarker identification by novel screening methods



Proximity Ligand Assay (antibody/qPCR):



>900 proteins covering a wide
diversity of mechanisms

Olink

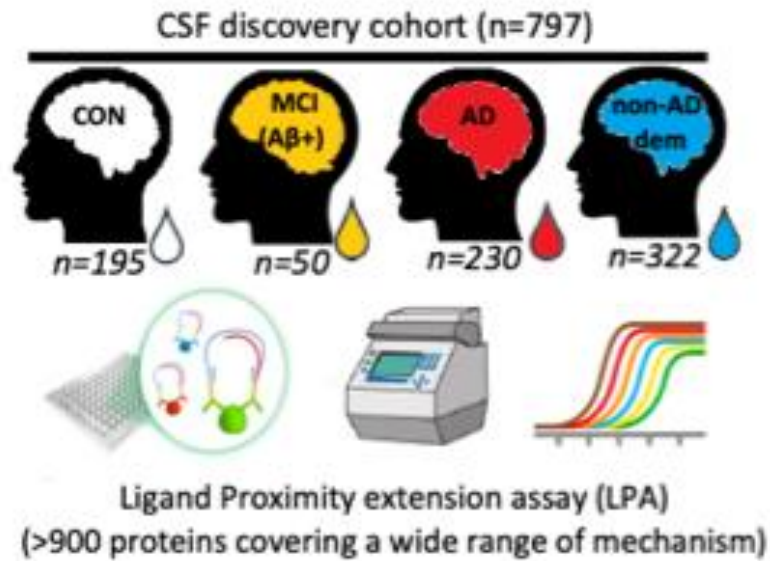
*Smooth translation discovery findings
Validation*





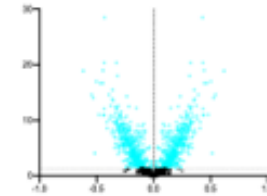
Goal: understand the CSF proteome changes in AD

-> mechanisms + clinical panels



PART 1

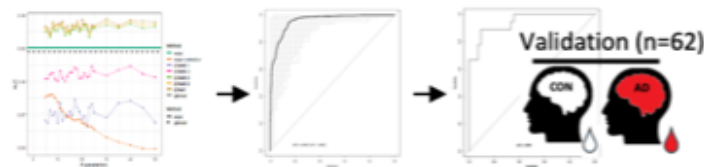
Differential protein abundance



Mechanisms

PART 2

Translatable classification models



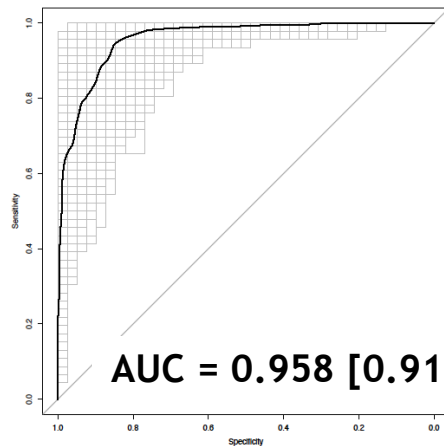
Panels



Can we identify translatable CSF panels (max. 21 markers)?

AD vs. CON (8-CSF marker panel)

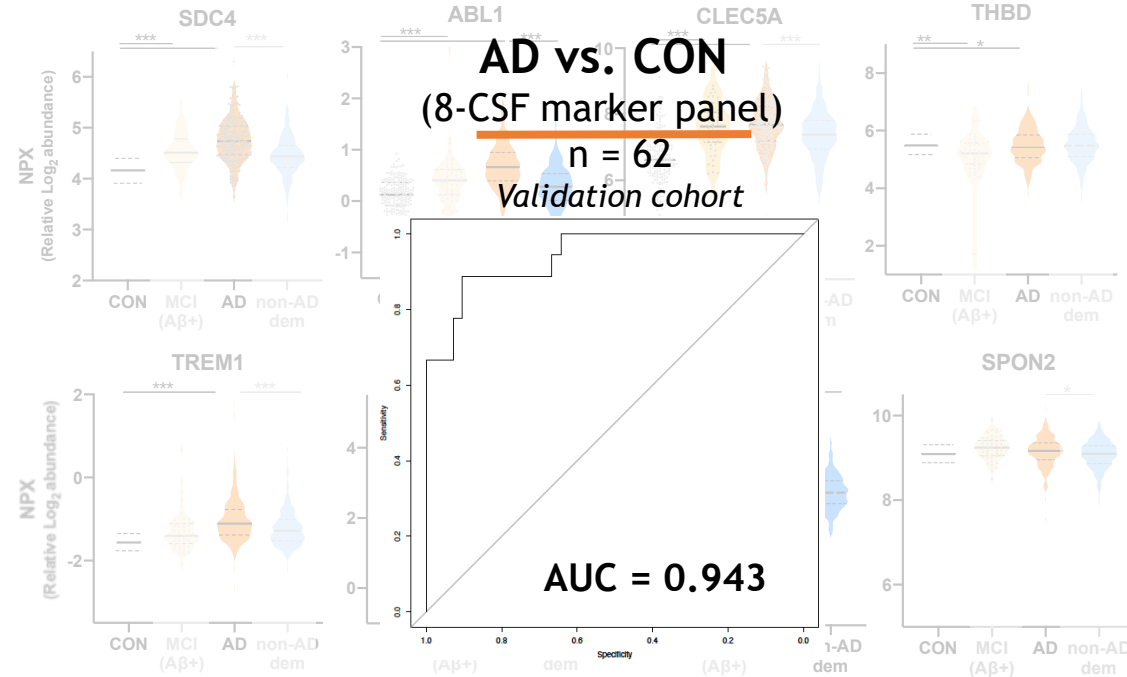
n = 425



AUC = 0.958 [0.917-0.988]

AD vs. CON (8-CSF marker panel)

n = 62
Validation cohort



	CSF biomarker panels			
	MCI(Aβ+) vs. CON		CON vs. AD	
Differentiated groups	AUC	95% CI	AUC	95% CI
MCI(Aβ+) vs CON	0.991	0.969-1	0.869	0.744-0.972
AD vs CON	0.867	0.797-0.93	0.958	0.917-0.988
AD vs non-AD dem.	0.736	0.65-0.816	0.798	0.719-0.870

Intra- and extra-cellular
remodeling



Synaptic
dysfunction



Immunity



Vascular
function

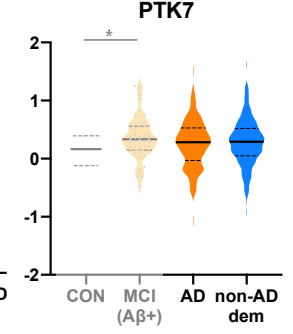
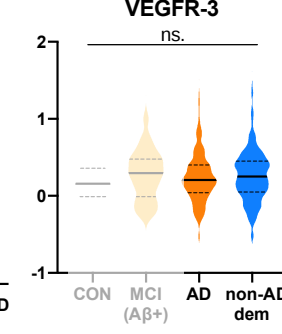
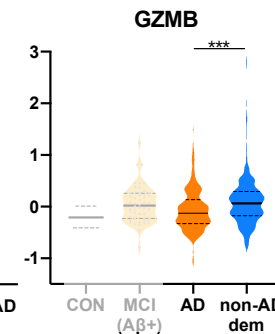
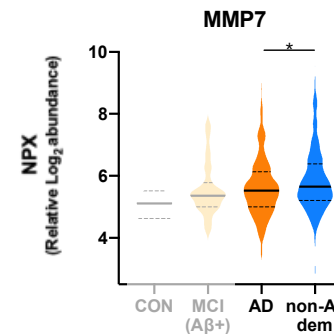
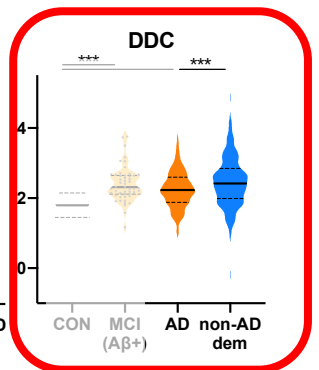
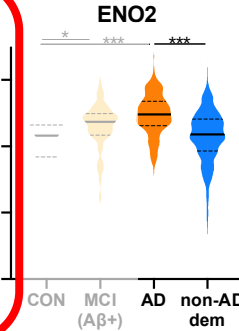
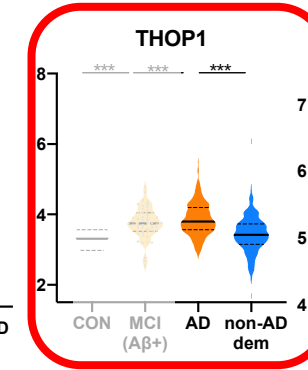
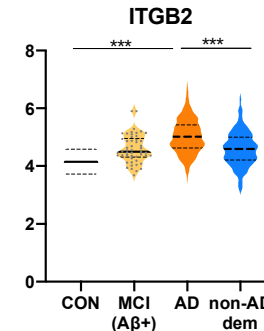
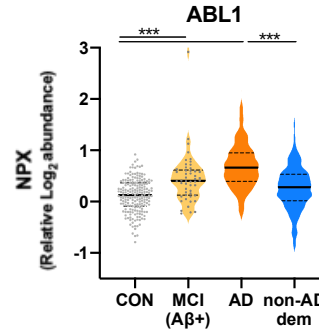
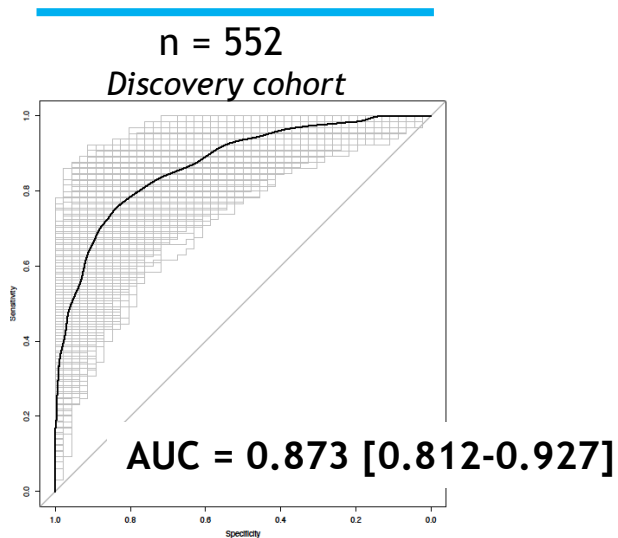




Successful
Ella assays

Can we identify translatable CSF panels (max. 21 markers)?

AD vs. non-AD dementias (9-CSF marker panel)



CSF biomarker panels

	MCI(Aβ ⁺) vs. CON		CON vs. AD		AD vs. non-AD dem	
Differentiated groups	AUC	95% CI	AUC	95% CI	AUC	95% CI
MCI(Aβ ⁺) vs CON	0.991	0.969-1	0.869	0.744-0.972	0.800	0.667-0.921
AD vs CON	0.867	0.797-0.93	0.958	0.917-0.988	0.866	0.795-0.928
AD vs non-AD dem.	0.736	0.65-0.816	0.798	0.719-0.870	0.873	0.812-0.927

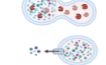
Intra- and extra-cellular
remodeling



Lipid
metabolism



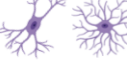
Protein
clearance



Synaptic
dysfunction



Immunity



Vascular
function





Summary

- Different subtypes/biological profiles within the AD population can be identified using CSF proteomics strategies
- Novel **proteomics strategies** (Olink, mass spect improvements) and **multiplexing ultrasensitive technologies** enable acceleration of fluid biomarker development for neurological diseases



You never work alone.....

NL, Dept of Clinical Chemistry

Lisa Vermunt

Inge Verberk

Argonde van Harten

Walter Boiten

Sjors In't Veld

Marta Del Campo

Eline Willemse

Elisabeth Thijssen

Marleen Koel-Simmelink

Lynn Boonkamp

Sherif Bayoumi

Yanaika Hok-A-Hin

Katharina Bolsewig

Adrienne Pike

Zoe van Lierop

Maddy Honey

Marlies Oosthoek

Hans Heijst

Kees van Uffelen

Ben den Dulk

Zulaiga Hussainali

Kimberley Kolijn

Mariam Gouda

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Afina Lemstra

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Betty Tijms

Philip Scheltens

