# TACKL-PRED:

# TACKLing the challenges of PREsymptomatic sporadic Dementia

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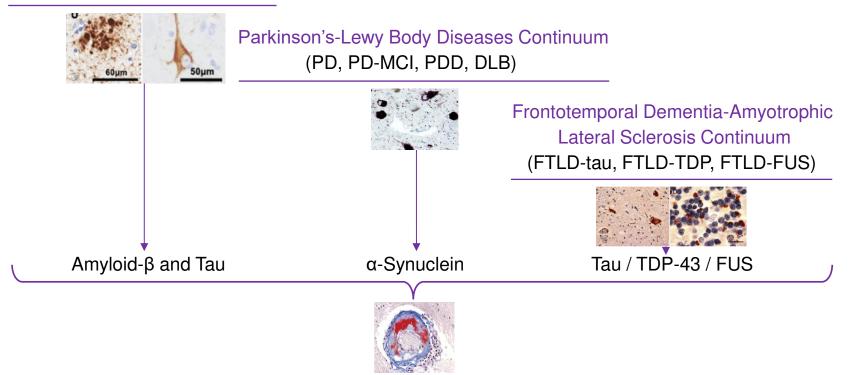
Sunnybrook Health Sciences Centre, University of Toronto, Canada



# Late-onset Sporadic Dementia Has Many Causes

#### Alzheimer's Disease Continuum

(pre-clinical AD, MCI, AD)



#### **Mixed disease**

The most prevalent proteinopathies underlying dementia can frequently co-exist in the same

individual as "mixed disease".

(Kapasi et al, 2017; Robinson et al, 2023; Schneider et al., 2007, 2012; Pantoni, 2010; DeJesus-Hernandez et al., 2011) *Abbreviations*: AD, Alzheimer's disease; MCI, mild cognitive impairment, PD, Parkinson's disease; PDD, PD dementia; DLB, dementia with Lewy bodies; TDP-43, TAR DNA binding protein 43; FTLD, frontotemporal lobar degeneration.

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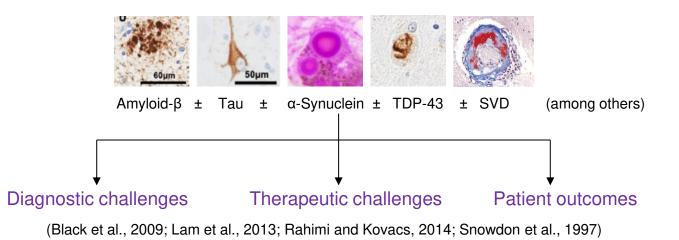
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# Challenges of Mixed Pathologies

These proteinopathies and cerebrovascular pathologies frequently coexist, even among patients diagnosed with a single specific form of dementia in life.

These findings serve to challenge the classic neurodegenerative disease distinctions.



The elucidation of underlying relationships <u>across</u> neurodegenerative disorders may offer a novel investigative approach to better understand <u>shared risk</u> leading to mixed pathologies.

Images: Pantoni, 2010; Chung et al, 2021; Murry et al, 2014 Abbreviations: TDP-43, TAR DNA binding protein 43; SVD, cerebral small vessel disease

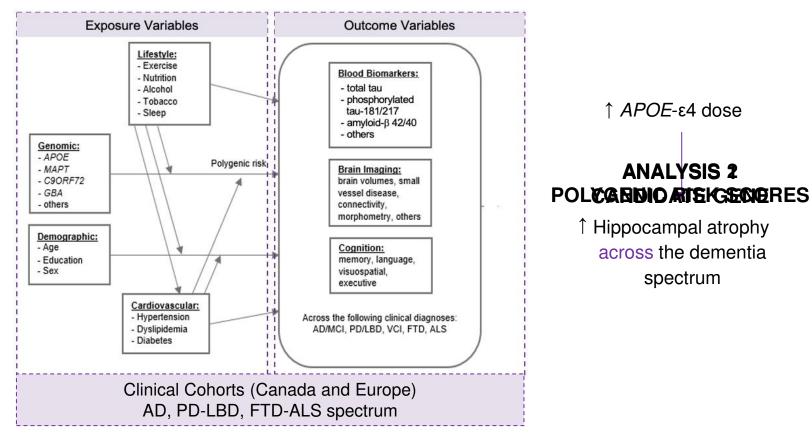


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# Aim 1

To identify how genomic / age / education / sex / cardiovascular (GAESC) risk factors together impact <u>neuroimaging</u>, <u>blood biomarker</u>, and <u>cognitive / behavioural</u> endophenotypes <u>across</u> neurodegenerative diseases (that is, irrespective of the clinical diagnosis), including that in an autopsy-proven subset.



(This will be done with diagnosis blinded to the data analytics team)

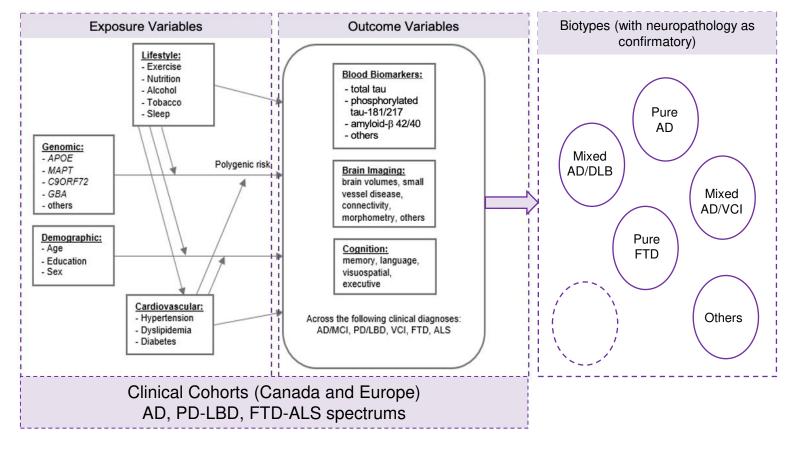




## Aim 2

To determine how results from Aim 1 may facilitate re-classification of patients into dementia biotypes (e.g., <u>mixed</u> vs <u>pure</u>) based on their particular risk factor-phenotype profiles

(Original diagnoses will be unblinded at this stage for comparative purposes)



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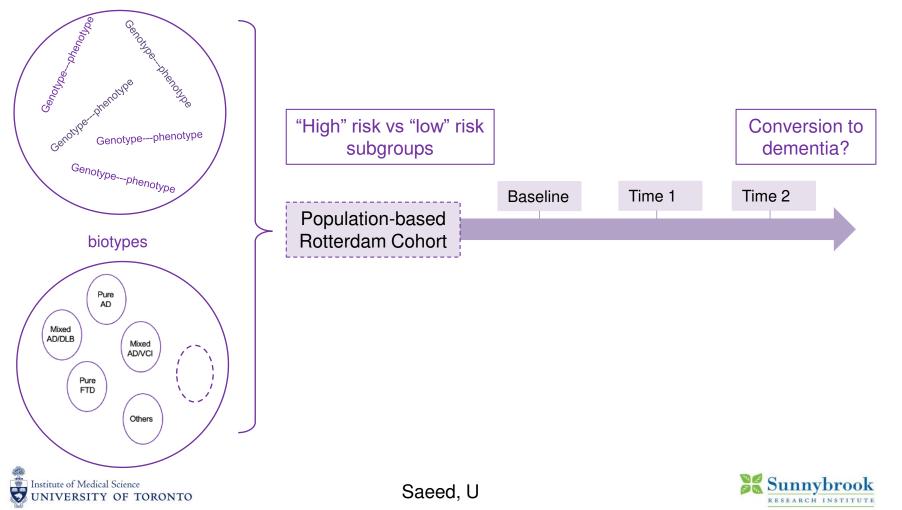


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#### Aim 3

To apply the risk factor-phenotype profiles and biotypes identified in Aims 1 and 2 to the 'at risk' Rotterdam population-based cohort to see how they determine presymptomatic risk for dementia.

endophenotypes



#### Relevance

Accurate diagnosis Early treatment Precision medicine

#### Biotypes

(pathways that are more predominant in specific dementia patients) Clinicopathological heterogeneity / Presymptomatic risk

Improved outcome measures for use in clinical trials

# Endophenotypes

(common neurobiological mechanisms across the dementia spectrum)





## Successes and Challenges

- Successes:
  - Comprehensive dataset (multi-site, multinational collaboration) –
    harmonization across Canadian cohorts
  - Combined analytical expertise and knowledge exchange
  - Broaden the scope of our proposed data analyses (large sample, "real world" patients, clinical cohort and an independent population-based cohort)
  - Analyses are underway currently
- Challenges:
  - One year delay to get DESCA agreement finalized because of legal hold-ups
  - Data sharing between Canada and Europe





# **Dissemination of Results**

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- Specific research questions and preliminary analyses: TACKL-PRED investigator meetings
  - Toronto, Canada (September 11-12, 2023)
  - Brno, Czech Republic (Nov 14-15, 2024)
- National and international conferences
- High-impact peer-reviewed journals
- Academic institutions and research hospitals
  - Healthcare Professionals
  - Patient and Caregiver Groups
  - Policy Makers
  - General Public
- Social media
- TACKL-PRED Patient Advisory Committee





TACKL-PRED Investigators Meeting, November 14-15, Brno, Czech Republic



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## Thanks



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