Increased Funding Enables ADRC to Explore New Directions

While the COVID-19 pandemic has brought unexpected challenges to all of us this year, we also have some very exciting news to share that shines a very bright light onto the future of the University of Pittsburgh Alzheimer's Disease Research Center (ADRC). As you may know, the main source of financial support for our ADRC comes from the National Institute on Aging (NIA). Every five years, we submit a renewal application to NIA and compete with other research universities for continued funding. 2020 is our renewal year, and we are very happy to announce that NIA has not only approved our funding request but has raised our budget, allowing us to take the center in new directions.

All ADRCs, including Pitt's, are composed of several parts, often referred to as cores. The part that most people are familiar with is the clinic (known to us at the ADRC as the Clinical Core), where we interview and evaluate our center participants. But the ADRC’s work also involves carrying out a wide range of additional activities, including conducting a variety of brain imaging studies (Neuroimaging Core), disseminating information about Alzheimer's disease (Outreach, Recruitment and Engagement Core), performing brain autopsies and maintaining a tissue repository (Neuropathology Core), collecting DNA and performing genetic analyses (Genetics Core), managing the enormous amount of data generated by the cores (Data Management and Statistics Core) and coordinating and overseeing all of these activities (Administrative Core).

In this and future editions of Pathways, we will introduce these cores to you in more detail, describe their well-established and successful programs and highlight new initiatives and talented new faculty recruits. This will give you a better idea about the broad and diverse work and research going on behind the scenes and will highlight the many different ways that your participation in our center contributes to Alzheimer's disease research.

We would like to draw your attention to two major new components of the ADRC that have been made possible thanks to the 2020 grant renewal: First, the Genetics Core, under the leadership of M. Ilyas Kamboh, PhD, has been expanded to become the Biomarker and Neurogenetics Core. The biomarker arm of the core is directed by Nathan Yates, PhD, and is focused on developing and validating blood biomarker assays for Alzheimer's disease. More specifically, his group is working on assays (analyses) that allow for the detection of beta-amyloid in a blood sample. Beta-amyloid is one of the proteins that abnormally accumulates in the brains of Alzheimer's disease patients, and a reliable test to detect abnormal levels of this protein in the blood will be a big step forward to a simpler and less-invasive way of diagnosing Alzheimer's disease. And we won't stop there. Plans already have been discussed to broaden our biomarker initiatives to other abnormal protein aggregates and markers of neurodegeneration.

Our second new addition is the creation of the Research Education Component (REC). Led by Howard Alzenstein, MD, PhD, and Jennifer Lingler, PhD, REC will focus on the training of new researchers and prepare them to become leaders in Alzheimer's disease research. The activities of REC range from engaging undergraduate students in research to mentoring early career investigators as they transition from postgraduate training to independent faculty positions. To provide these promising young investigators with targeted career support, we have created the OSCAR scholars program. OSCAR is short for Optimizing Scientific Careers in AD Research and is a one-year program in which emerging scientists are paired with ADRC core leaders to help them gain leadership skills and new insights into the structures and programs of the ADRC and to receive scientific and career mentoring from our established faculty members. Our first group of OSCAR scholars illustrates the breadth of talented young scientists at the University of Pittsburgh, and we are very excited to have them become involved with our center. In this and upcoming editions of Pathways, we will introduce our OSCAR scholars and share their research interests with you.

We are so pleased to continue the ADRC's work, and we recognize that none of it would be possible without you, our dedicated research participants. We look forward to your steadfast participation so that together we can work toward the continued success of our center.

Oscar L. Lopez, MD
ADRC Director
Julia Kofler, MD
ADRC Co-Director

adrc.pitt.edu
Connecting with Loved Ones When Visitation Is Restricted
By Keisha Ward, MD

In the United States, more than 1 million Americans* reside in long-term care communities such as nursing homes, assisted living residences and senior care homes. Nearly half of nursing home residents have Alzheimer’s disease or other dementias.

Older adults who reside in long-term care are at greater risk of contracting and are especially vulnerable to developing severe illness or dying from COVID-19. Therefore, in order to keep long-term care residents safe, health officials have enacted strict guidelines on visitation, communal eating and activities.

For many residents and their family members, it can be very difficult not to see or visit each other. The lack of physical contact and attention can create anxiety and feelings of isolation for the resident and increase stress for worried families and friends who are used to visiting in person. But there are many ways to keep in contact, even if we can’t visit loved ones in person, that can mitigate this anxiety.

Here are some ways to stay connected to your loved one in long-term care:

1. **Have a window visit.**
   Most facilities are able to schedule a specific time for you and your family to visit your loved one through a window on the ground floor. You can engage with your loved one by waving and warmly smiling from outside their window. For special occasions, like a birthday or holidays, handmade signs and balloons are an extra delight.

2. **Schedule a virtual visit.**
   There are a number of web and phone apps, like FaceTime and Zoom, that can facilitate a real-time video chat with your loved one. Feel free to ask the staff to help you schedule a virtual visit.

3. **Send mail.**
   Sending mail is a classic way to communicate with your loved one. Cards and letters are always a welcome way to tell someone you are thinking about them. You can write an update on family activities and send pictures as well.

4. **Make a phone call.**
   Making a phone call is a great way to connect with seniors and those living alone. Create a schedule for different family members and friends to call your loved one on a specific day. A regularly scheduled phone call gives both parties something to look forward to.

Message from the ADRC Director

The University of Pittsburgh Alzheimer’s Disease Research Center restarted with in-person visits in July 2020 for previously scheduled new participants and we will continue accepting new applications. Virtual follow-up visits are continuing for the established participants. The ADRC follows strict guidelines to protect our participants from COVID-19 exposure. Please continue to visit our website at adrc.pitt.edu for updates and call us at 412-692-2700 if you have additional questions.

A Tribute to Daniel I. Kaufer, MD

By Oscar Lopez, MD

It is with great sadness that we report that Daniel I. Kaufer, MD, a former member of the University of Pittsburgh Alzheimer’s Disease Research Center (ADRC), died in July 2020 after being diagnosed with advanced and untreatable cancer. He was surrounded by his loved ones, especially his daughter, Ella, who was the center of his life.

After completing his neurology residency training in Pittsburgh, Dan completed a fellowship in neurobehavior and geriatric neurology at the University of California, Los Angeles, with Jeffrey Cummings, MD, and received the Augustus Rose Fellowship from the John Douglas French Alzheimer’s Foundation. He returned to Pittsburgh to join Pitt’s Department of Neurology and the ADRC, where he excelled as a clinician, researcher and mentor to many trainees. He also was the director of what was then known as the Dementia Treatment Clinic.

He left Pittsburgh in 2003 to become the founding director of the Memory Disorders Program at the University of North Carolina at Chapel Hill. He was very well known as a passionate advocate in the fields of behavioral neurology and neuropsychiatry. He played an essential role in the development of the United Council for Neurologic Subspecialties, an accrediting body for the behavioral neurology and neuropsychiatry subspecialties.

He was nationally and internationally recognized for his work on the treatment and presentation of different clinical forms of Lewy body dementia and was a member of the Lewy Body Dementia Association Scientific Advisory Council. He also was recognized for his work with the Neuropsychiatric Inventory—Questionnaire, a core measure for many neurological research studies and an essential component of practically every clinical trial involving cognitively impaired patients. He coauthored more than 100 peer-reviewed publications and book chapters.

I met Dan when he was a neurology resident at the University of Pittsburgh, and we remained friends throughout his life. I really enjoyed our discussions about how to solve difficult neuropsychiatric cases. I learned from him about creativity in the diagnostic process and the importance of prioritizing patients’ needs as human beings.

He will be missed.
Rummaging and Hiding Behavior in Alzheimer’s

This is the second in a series of articles for caregivers.

Someone with Alzheimer’s disease may start rummaging or searching through cabinets, drawers, closets, the refrigerator or other places where things are stored. They also may hide items around the house. This behavior can be annoying or even dangerous for the caregiver or family members. If you get angry, try to remember that this behavior is part of the disease.

In some cases, there might be a logical reason for this behavior. For instance, the person may be looking for something specific, although they may not be able to tell you what it is. They may be hungry or bored. Try to understand what is causing the behavior so you can tailor your response to the cause.

Rummaging—with Safety

You can take steps that allow the person with Alzheimer’s to rummage while protecting your belongings and keeping the person safe.

• Lock up dangerous or toxic products or place them out of the person’s sight and reach.
• Remove spoiled food from the refrigerator and cabinets. Someone with Alzheimer’s may look for snacks but lack the judgment or sense of taste to stay away from spoiled foods.
• Remove valuable items that could be misplaced or hidden by the person, like important papers, checkbooks, credit cards, jewelry, cell phones and keys.
• People with Alzheimer’s often hide, lose or throw away mail. If this is a serious problem, consider getting a post office box. If you have a yard with a fence and a locked gate, place your mailbox outside the gate.
• People with Alzheimer’s often hide, lose or throw away mail. If this is a serious problem, consider getting a post office box. If you have a yard with a fence and a locked gate, place your mailbox outside the gate.

You also can create a special place where the person with Alzheimer’s can rummage freely or sort things. This could be a chest of drawers, a bag of objects or a basket of clothing to fold or unfold. Give them a personal box, chest or cupboard to store special objects. You may have to remind the person where to find their personal storage place.

More Tips for Rummaging and Hiding Behavior

• Keep the person with Alzheimer’s from going into unused rooms. This limits where they can rummage or hide things.
• Search the house to learn where the person often hides things. Once you find these places, check them often, out of sight of the person.
• Keep all trash cans covered or out of sight. People with Alzheimer’s may not remember the purpose of the container or may rummage through it.
• Check trash containers before you empty them in case something has been hidden there or thrown away by accident.

For More Information About Alzheimer’s and Rummaging and Hiding Things

The National Institute on Aging’s Alzheimer’s and related Dementias Education and Referral (ADEAR) Center offers information and free print publications about Alzheimer’s disease and related dementias for families, caregivers and health care professionals. ADEAR Center staff answer telephone, email and written requests and make referrals to local and national resources.

1-800-438-4380 (toll free)
adear@nia.nih.gov
nia.nih.gov/health/alzheimers
Outreach Happenings
By Melita Terry, Engagement Coordinator

Many of us have adjusted to the challenges of everyday living in these unprecedented times presented by the COVID-19 pandemic. Understanding the importance of staying connected to communities, stakeholders and our partners, the University of Pittsburgh Alzheimer’s Disease Research Center (ADRC) has modified its methods of communication. We are excited to share that we have moved our community outreach activities and educational programming to virtual platforms.

In February 2020, the ADRC launched its Facebook page at facebook.com/PittADRC. Follow the ADRC on Facebook to find out about our latest events and our educational information and programs.

Our caregiver support group meetings transitioned to the virtual Zoom platform in April. Monthly meetings continue to be held the last Tuesday of the month. To connect with this virtual community of caregivers, please contact me at terrymh@upmc.edu or 412-692-2712.

In September, we hosted the third of four workshops in partnership with the African American Chamber of Commerce of Western Pennsylvania. Open to chamber members and the general public, this virtual workshop was titled Brain Health: Resources for the Community.

The Walter Allen Memorial Community Lecture, held in October, featured presenter Jennifer Seaman, PhD. Typically held at the Kaufmann Center in the Hill District, this event was held on Zoom. Seaman’s presentation, “What to Do When Your Loved One Is Hospitalized,” highlighted key areas that one should be aware of when navigating this difficult time.

The ADRC continues to seek innovative ways and opportunities to reach community residents in the Pittsburgh area in order to share information about Alzheimer’s disease and other related disorders. All of our outreach events are listed on our website at adrc.pitt.edu. If you are interested in a presentation or would like the ADRC to be part of an event in your community, please contact me directly at 412-692-2712.

The Outreach, Recruitment and Engagement Core: Promotes Awareness, Encourages Research Participation

The Outreach, Recruitment and Engagement (ORE) Core at the University of Pittsburgh Alzheimer’s Disease Research Center (ADRC) focuses on increasing community awareness of the earliest stages of Alzheimer’s disease (AD) and encourages community members to seek evaluation and participate in research. More specifically, ORE Core staff and faculty work to recruit and retain participants for particular research studies emphasizing underrepresented and underserved populations. The core spearheads effective outreach programs that increase awareness of the ADRC and educate families and caregivers. It also supports innovative professional staff development of clinical and research skills related to AD and other dementias and it oversees all educational and mentoring activities of the ADRC. The core also conducts engagement activities that provide clinical care and support for members of medically disadvantaged, inner-city and rural populations.

The ORE Core is led by Jennifer Lingler, PhD. Melita Terry, engagement coordinator, and MaryAnn Oakley, core coordinator, manage day-to-day operations. Coinvestigators for the core are Jennifer Seaman, PhD; Ann D. Cohen, PhD; and Keisha Ward, MD.

C. Elizabeth Shaaban, PhD, MPH, is the Optimizing Scientific Careers in Alzheimer’s Research (OSCAR) scholar for the ORE Core for 2020-21. Shaaban is a population neuroscientist and postdoctoral fellow in the Pitt Department of Epidemiology working with Cohen and William Klunk, MD, PhD. She completed her PhD in epidemiology in the lab of Caterina Rosano, MD, PhD, where she trained in advanced neuroimaging of brain small vessel disease and population neuroscience of aging.

Shaaban has been funded by the National Institutes of Health through several awards, and she recently submitted a new career development grant application to the National Institute on Aging to support her transition to a faculty position. She is interested in investigating whether there are sex differences in the brain changes leading to AD, such as brain small vessel disease and amyloid accumulation. Prior to earning her PhD, Shaaban spent more than 10 years at the ADRC as the neuropsychology program coordinator, and she notes that she was inspired to continue her training and pursue a career in research because of her experience at the ADRC.
Social Engagement and Brain Health: The Importance of Staying Connected during the COVID-19 Pandemic

By Uchenna J. Mbawuike, a research specialist at the University of Pittsburgh School of Nursing and Master of Public Policy and Management candidate

In the COVID-19 pandemic, physical distancing is proving to be a critical tool for managing the spread of the virus that causes this acute respiratory illness. Given what is known about the connection between social engagement and brain health, many are wondering how far-reaching the impact of current social isolation efforts might be, particularly among older individuals. Below we provide some key facts about socialization, its role in brain health and preventative strategies to mitigate the potentially negative side effects of physical distancing.

Research has shown that staying socially active is good for the aging brain. In 2015, a University of Pittsburgh research team published an article showing that older adults who had large social support networks were less likely than those who did not to have biological characteristics associated with dementia and cognitive decline. The positive effects of social connection are further supported by numerous research reports linking social activity participation to better cognitive health, including decreased risk of cognitive decline and dementia.

Many older adults rely on community-based programs for socialization outside their own households. However, because of the COVID-19 pandemic, the vast majority of community centers, houses of worship and other social organizations have halted or greatly reduced opportunities for in-person contact. These are often the places where people get the socialization that is so vital to brain health, and these interactions cannot easily be replaced, as many older individuals live alone and have family members who do not live nearby.

Individuals of all ages are increasingly turning to online technologies to connect with others safely. While online technologies cannot entirely replace in-person interaction, they may provide alternative options to receive social support and socialization during times of physical distancing. Online platforms can be used to connect with friends and family in meaningful ways.

Here are some ways to connect with others online:

• Take an online class.
• Revisit an old hobby and connect with others who share your interests through an online meet-up group.
• Have virtual meals, coffee breaks, happy hours and movie nights with long-distance loved ones.
• Livestream religious services.
• Participate in online exercise classes to keep your body healthy.
• Get involved with online volunteer opportunities.
• Use social networking sites like Facebook to stay in touch with long-distance friends and family.

While the internet can provide many opportunities for safe socialization, there also are many ways to connect with others offline. For example, you do not need access to online resources to engage in the following activities:

• Write a letter to a friend or relative.
• Schedule a time each day to call a friend.
• Join a socially distanced walking club.
• Reach out to community organizations, health care professionals, community centers or community outreach programs about the provision of peer support to combat isolation during COVID-19.
• Keep a journal about your experience during this global pandemic to ease your anxiety and the loneliness of social separation.
The Clinical Core: Provides Opportunities for Study Participation, Offers Education and Counseling

Andrea Weinstein, PhD

The Clinical Core of the University of Pittsburgh Alzheimer’s Disease Research Center (ADRC) provides standardized state-of-the-art clinical assessment of research participants, focusing particularly on longitudinal changes in cognitive abilities, mood, behavior and neurological function. The core offers opportunities for participation in clinical trials and research studies and also provides education and counseling to participants and their families.

Clinical Core leader Robert Sweet, MD, oversees all clinical operations with the help of associate core leaders Beth Snitz, PhD; Sarah Berman, MD, PhD; and Oscar Lopez, MD. Day-to-day operations are carried out by the medical clinicians, laboratory assistants, social workers, neuropsychology technicians and core secretary.

Andrea Weinstein, PhD, is the Optimizing Scientific Careers in Alzheimer’s Research (OSCAR) scholar for the Clinical Core for 2020-21. Dr. Weinstein is a clinical neuropsychologist examining how lifestyle factors influence cognitive decline and risk for Alzheimer’s disease. Her previous work has focused on physical activity patterns and cognition, and now she is looking at how a person’s social environment (social support, mood and loneliness) impacts their cognition. She is using a new way to measure cognition in this work by using smartphone-based cognitive assessments. This type of measuring allows for a better understanding of cognitive function in the context of everyday life. The ADRC funded this work with a developmental award. Dr. Weinstein is preparing a career development grant application to further her work on the interplay of social context and cognition using smartphone-based tools.

In addition, Dr. Weinstein helps to adjudicate diagnoses at consensus conferences, participates in neuropathology case conferences, and examines how social support relates to amyloid burden (with Drs. Snitz and Ann D. Cohen). Further training with the ADRC will help Dr. Weinstein to achieve independence in her research career.

AAIC 2020 Highlights

The Alzheimer’s Association International Conference (AAIC) is the world’s largest gathering of researchers from around the world focused on Alzheimer’s disease (AD) and other dementias. As part of the Alzheimer’s Association’s research program, AAIC serves as a catalyst for generating new knowledge about dementia and fostering a vital, collegial research community. This year’s conference, held July 27-31, was hosted on a cutting-edge virtual platform. According to the Alzheimer’s Association, AAIC 2020 “attracted all-time high numbers of both registered attendees (more than 31,000) and scientific presentations (more than 3,000).”

The COVID-19 pandemic was at the center of many panel discussions. The measures used to mitigate the effects of the virus have had a significant impact on patients and their families.

Maria Carrillo, PhD, chief science officer of the Alzheimer’s Association, noted that the pandemic was creating “unanticipated challenges for people living with Alzheimer’s” and those who care for them, particularly in nursing homes and long-term care facilities. Moreover, those facilities have been hit very hard by COVID-19, with some estimates of more than 59,000 deaths among residents and staff members.

One finding presented at the conference was the fact that taking good care of your health throughout life can reduce the risk of AD. For example, getting vaccinated against the flu and pneumonia after age 60 and having a lower body mass index early in life were associated with a lower risk of developing AD and other dementias. Cardiovascular risk factors such as hypertension, diabetes and being overweight, even as early as adolescence, can influence late-life cognitive function. Similarly, the quality of early life education can influence language and memory performance later in life and lower the risk of dementia.

Another finding presented was that significant efforts have been made toward having a blood test that can be used to help diagnose AD. Three studies have shown that a form of tau protein in blood, known as P-tau217, can be useful for the diagnosis of AD and is present several years before symptoms of the disease are noticeable. If verified through further research, the cost of an accurate diagnosis of AD will be significantly reduced.

Several University of Pittsburgh research teams were represented at AAIC. Dr. Beth Snitz presented a poster evaluating the correlation of a blood test for amyloid-beta with amyloid measured via positron emission tomography (PET) scans using Pittsburgh compound B in a community population-based study sample. Dr. Jennifer Lingler presented a talk about ethical considerations in sharing amyloid PET scan results with people who have mild cognitive impairment during a symposium session about ethics in dementia. She also presented a poster about validating a tool to measure the burden that participants perceive when participating in Alzheimer’s research. Finally, Dr. Nicholas Fitz of Dr. Radosveta Koldamova’s (both faculty members in Pitt’s Department of Environmental and Occupational Health in the Graduate School of Public Health) lab presented a poster testing the interaction between proteins produced by two genes that are risk factors for AD, Trem2 and APOE.
Thank You and Congratulations

By Leslie Dunn, MPH

These two ADRC staff members have retired.

Lori Smith, PA-C, MPH, has been a vital member of the University of Pittsburgh Alzheimer's Disease Research Center (ADRC) team since the start of the center’s National Institute on Aging funding in 1985. Initially, Smith served as a physician’s assistant in the Clinical Core, and she subsequently took on a leadership role as core coordinator in 1998. In addition, she has served as coordinator on numerous complex clinical trials.

Smith most recently worked on the DIAN-TU study, an international study that is the world’s first preventative trial for Alzheimer’s disease in at-risk families, which is using multiple drug targets and a complicated study design. Smith has displayed a vast wealth of critical knowledge of the administrative and clinical aspects of coordinating this study and has provided compassionate support to the participating families and study partners. She is an effective communicator and educator, giving lectures and seminars at community events and conferences and serving as a preceptor for the Chatham University Master of Physician Assistant Studies program. She also has served on various planning committees for programs and events honoring ADRC families and volunteers.

Over the years, Smith has spent her time outside work raising her wonderful son, Paul, and providing love and support to her parents and sisters. In addition to her work with volunteer organizations, she found time to develop her artistic skills with stained glass work and jewelry making. In her retirement, she hopes to expand these skills by taking painting classes and exploring new volunteer opportunities.

Smith has served as a wonderful ambassador for the ADRC for more than 35 years. We will miss her smile, enthusiasm and high level of professionalism and wish her well in her future endeavors.

Kim Hollabaugh, MSN, has been the regulatory coordinator for the ADRC and its related grants since 2017 and has focused on the regulatory aspects of our imaging studies and drug trials. Faculty and study coordinators have relied on her wealth of knowledge and problem-solving abilities for highly complex neuroimaging studies and clinical trials. New faculty and early career investigators in neurology, psychiatry, pathology, radiology and nursing have had the benefit of her mentorship on administrative duties for submissions to the U.S. Food and Drug Administration and institutional review boards. During her years with the ADRC, she also received her Graduate Certificate in Gerontology from the University of Pittsburgh.

Outside work, Hollabaugh loves to bicycle and hike with her husband; work in her yard; and travel, especially to see her grandchild and daughter in Texas. She enjoys attending theater performances and discussing good books. She is awaiting the arrival of a second grandchild and will be searching for new volunteer and professional projects for which she can use her gerontology certificate skills.

She is a highly professional, competent colleague, and we feel very fortunate to have had her on our team. We wish her all the best in her next adventures.

Dear friends,

As I retire and reflect on my career at the University of Pittsburgh Alzheimer's Disease Research Center (ADRC), I realize I have been blessed to have worked in such a dynamic, collegial environment. I began at the ADRC in September 1985 after having worked at UPMC Western Psychiatric Hospital for the first five years of my career. Over the past 35 years with the ADRC, I have seen the knowledge and science progress from making accurate diagnoses and developing drugs to improve symptoms to the present days of seeing imaging of amyloid and tau and now finally testing potentially disease-modifying therapies. While there is still a long way to go, much has been learned, and I am honored to have been a tiny part of the research. It has been humbling and a great privilege to have been a part of the lives of the wonderful patients, families and caregivers of those who have or had this illness, as they have been the true pioneers of this research. You have all touched my heart. Thank you all for the honor of letting me be part of your journey.

My very best to all of you,
Lori Smith, PA-C, MPH
# Research Studies

**Get Involved!** We are in constant need of participants for important research studies. Contact the University of Pittsburgh Alzheimer’s Disease Research Center at 412-692-2721 or oakleym@upmc.edu.

## AHEAD Study (soon to be recruiting participants)
**Description:** The AHEAD study is aimed at preventing Alzheimer's disease (AD) or another dementia in cognitively normal people who may be at risk due to intermediate or elevated levels of amyloid in their brain when measured by a positron emission tomography (PET) scan. Visit aheadstudy.org for more information.

**Study Length:** Four years

**Study Requirements:**
- 55-80 years of age
- Normal thinking and memory abilities
- Willing to learn your amyloid results (intermediate, elevated or not elevated), which may relate to your risk of developing AD or another dementia
- Have a trusted family member or friend who can accompany you to a few key study visits and be available by phone to answer questions about your memory and thinking
- Willing and able to receive regular intravenous infusions of the investigational study drug or a placebo once or twice a month for up to four years

**Contact:** Sarah Goldberg at 412-692-2719 or goldbergs2@upmc.edu or Thomas Baumgartner at 412-692-2716 or baumgartnttc@upmc.edu

## Alzheimer’s Disease Neuroimaging Initiative 3 (ADNI-3)
**Description:** The overall goal is to determine the relationships among the clinical, cognitive, imaging, genetic and biochemical biomarker characteristics of the entire spectrum of Alzheimer’s disease (AD) from its earliest stages. Subjects will undergo longitudinal clinical and cognitive assessments, computerized cognitive batteries, biomarker and genetic tests, PET (FDG, amyloid and tau) and MRI scans and cerebral spinal fluid collection.

**Study Length:** Up to five years

**Study Requirements:**
- 55-90 years of age
- Cognitively normal, a diagnosis of mild cognitive impairment, or a diagnosis of AD
- A study partner who will accompany you to all study visits

**Contact:** MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu

## Connectomes in Brain Aging
**Description:** This study will determine how different parts of the brain are connected and how these connections allow people to think, behave, and feel. The study will involve two to three days of scanning and tests. Some people will be asked to return after two years.

**Study Length:** Two to three days for all participants; two years for some participants

**Study Requirements:**
- 50-89 years of age
- Cognitively normal, a diagnosis of mild cognitive impairment, or a diagnosis of AD

**Contact:** Rebecca Roush at roushre2@upmc.edu or 412-586-9860 or MaryAnn Oakley at oakleym@upmc.edu or 412-692-2721

## Escitalopram for Agitation in Alzheimer’s Disease (S-CitAD)
**Description:** The study is designed to examine the efficacy and safety of escitalopram in combination with a psychosocial intervention (PSI) as treatment for agitation in Alzheimer’s disease (AD) patients.

**Study Length:** Six months

**Study Requirements:**
- Diagnosis of AD with significant agitation/aggression
- A study partner who will accompany you to all study visits

**Contact:** Patricia Henderson at 412-692-2703 or hendersonpl@upmc.edu or MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu

## Dementia with Lewy Bodies Consortium
**Description:** The purpose of this study is to collect clinical information, brain imaging scans, and biological samples from people who have dementia with Lewy bodies (DLB). This information will help researchers improve the diagnosis, care, and treatment of patients with this disease.

**Study Length:** Five years

**Study Requirements:**
- 40-90 years of age
- Diagnosis of DLB or high likelihood of it
- A study partner who will accompany you to all study visits

**Contact:** Donna Simpson at 412-692-2717 or simpsondm@upmc.edu or MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu

## Facilitating Optimal Routines in Aging (For Aging)
**Description:** The purpose of this study is to help researchers find out if regular sessions with a rehabilitation specialist can help older adults improve their performance of daily activities. Researchers hope their findings will lead to better ways to support older adults and help them to maintain independence for as long as possible.

**Study Length:** 15 months

**Study Requirements:**
- 60 years of age or older
- Diagnosis of mild cognitive impairment
- Difficulty with managing daily tasks, such as money management, medication management, technology use, preparing meals, or shopping

**Contact:** MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu

## Lithium As a Treatment to Prevent Impairment of Cognition in Elders (LATTICE)
**Description:** The purpose of this study is to examine the potential disease-modifying properties of lithium in individuals with mild cognitive impairment (MCI).

**Study Length:** Two years

**Study Requirements:**
- 60 years of age or older
- Diagnosis of mild cognitive impairment

**Contact:** MaryAnn Oakley at 412-692-2721 or oakleym@upmc.edu
With Gratitude

The University of Pittsburgh Alzheimer’s Disease Research Center thanks the following individuals and organizations for their generous donations received between March 4, 2020, and September 20, 2020.

In Memory of

Jeffrey E. Abraham
Scott and Anne Hodges
Robert W. Kossler Jr.
Marie Leyko
Elizabeth and Robert Patterson Jr.

Loise A. Beattie
Thomas and Maggie Davis

William Boland
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In the coming months, the University of Pittsburgh Alzheimer’s Disease Research Center (ADRC) will begin screening eligible healthy volunteers with normal thinking and memory abilities to participate in the AHEAD Study. This study is using an investigational drug called BAN2401, an antibody shown to selectively bind to and remove amyloid beta in the brain. Amyloid beta buildup is one of the main changes in the brains of people with Alzheimer’s disease symptoms. This study hopes to find out whether an intravenous (IV or into a vein) infusion of BAN2401 can help to reduce the risk of developing Alzheimer’s disease compared to placebo over four years.

The screening process for the AHEAD Study will use a positron emission tomography (PET) scan (a type of brain imaging) to measure the level of amyloid in the brain. Those who have intermediate or elevated levels of amyloid will be eligible to participate in the study. Having increased levels of amyloid may relate to someone’s risk of developing Alzheimer’s disease in the future. Reisa Sperling, MD, coprincipal investigator of the Alzheimer’s Clinical Trials Consortium, said of the study in a press release, “It is hoped that initiating treatment much earlier in the disease process may be advantageous in preventing future cognitive decline. The AHEAD Study should provide critically important answers about the optimal time to intervene with anti-amyloid therapy.”

The AHEAD Study and other trials studying BAN2401 are happening worldwide following the Phase II trial of BAN2401 that demonstrated a slowing of the disease and a decrease in amyloid beta build-up. The upcoming Phase III trial will study BAN2401 in larger numbers of people and compare it with placebo treatment. The University of Pittsburgh ADRC is joining other sites in the United States, Japan, Canada, Australia, Singapore, and Europe to screen participants to find 1,400 healthy people across all sites to participate in the AHEAD Study. For additional information, please visit aheadstudy.org or contact the University of Pittsburgh ADRC at 412-692-2700.
ADRC PATHWAYS

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“
My name is George. I don’t have Alzheimer’s but I do participate in Alzheimer’s disease research.

Not yet participating in research? Join George in being proactive about your brain health. Participating in research is a rewarding experience.

• Be part of a welcoming community.
• Learn more about how your brain works.
• Advance the search for a cure.

Contact the University of Pittsburgh Alzheimer’s Disease Research Center to learn more about becoming a research participant at adrc.pitt.edu or 412-692-2700.