Worldwide ADNI
July 5, 2006, 11:00PM CST
Teleconference Minutes

Attendance:
Takeshi Iwatsubo (Japan), Colin Masters (Australia), Christopher Rowe, Catherine Ellis (Australia), Giovanni Frisoni (Italy), Lars-Olaf Whalund (Sweden), Leon Thal (US), Mike Weiner (US), Bill Thies (US, Maria Carrillo (US)

Roll call and welcome by Maria. Mike Weiner stated that this call was to keep everyone in the loop about the various ADNI protocols around the world and that perhaps we should consider calls to share information, progress and assist each other when needed.

US ADNI was described by Leon Thal. 330 subjects have been enrolled (800 total goal, 400 NC, 200 MCI, 200 AD). 50% PET, 25% 3T PET, 100% blood draw for DNA baseline, 50% plus lumbar puncture 2X 1 year apart, 55 sites on board now, with 60 total sites. Two thirds of funding comes from NIH, one third from pharma and foundations including the Alzheimer's Association. Additional study to be funded later in 2006 is a PIB add-on with 96 subjects at 10 to 15 sites.

E-ADNI was presented by Giovanni Frisoni. Aim is to carry out a pilot on 6 sites, 9 subjects per site (3 AD, 3 MCI, 3 NC). Are currently in the process of obtaining ADNI phantom (Fred Barkhof is MRI PI). They are ready to install sequences at the sites. Giovanni has been talking to some pharma companies to increase funding and move pilot to a full scale study and has also been in touch with other centers who wish to join (20 who have full capability, 30 have shown interest). Giovanni plans to meet with some of these in Madrid. Expansion would include the clinical evaluation, 1.5T MRI, CSF, additional subject goal would be 40 per center, lumbar puncture on 100%, CSF and PET 50%. Final study would include 400 NC, 200 NC, 200 MCI. Some concerns here were raised about the number of subjects per site, 40 sounding high to Mike and Leon. US sites are enrolling 16 per site. Leon states that 2400 will be screened to get 800 enrolled. Giovanni will hope to discuss this further in Madrid and states that MCI studies are not common in Europe which may facilitate recruitment. The pilot grant is funded by the Alzheimer's Association and the expansion will be funded through private companies.

S-ADNI (Swedish) was presented by Lars-Olaf Wahlund. It is a pilot in connection with the grant Swedish Brain Power with 2 centers and 9 subjects in each, 3 AD, 3 NC and 3 MCI. Phantom is in place and will use same phantom and sequences as US ADNI. 1 evaluation will take place and plans for data sharing with US ADNI need to be discussed as well as the transport of serum data sets. May have some logistical issues with Swedish laws regarding data transported out of the country that will need to be worked out.

J-ADNI (Japan) was presented by Takeshi Iwatsubo. PI have been put in place, please see attachment that was circulated via email and is also attached to these minutes. J-ADNI is in the preparatory state now, to start in spring of 2007. It is a 5 year study half the size of the US ADNI, 100AD, 100 MCI, 200 NC with 8 sites with full capabilities

that will include MRI and PET, Recruitment will be sought from 20 major centers. 1.5T MRI 100%, APOE CSF 100%. Do not have full ADNI neuropsych translated yet but have most of core complete. Budget is large (200 million/year) as can be seen from the attachment, coming from government grants and pharma. Funding is committed form government and pharma is promised but not secured. Ligand to be used is an amyloid imaging probe both PIB and BF227. ADNI sequence and phantom will be used. Question for Mike and Leon is whether the software for homogeneity connection been developed and is it available? Anders has not been asked whether he will make it available to worldwide ADNI groups. But it has been developed. Requests to utilize or make ADNI requests should be done in writing so that the executive committee can review these and act upon them appropriately. Mike asks about Japanese scanners, as many will not be Phillips or GE. US ADNI will help Japan in anyway they can to improve compatibility between the two initiatives.

A-ADNI (Australia) was presented by Colin Masters. This is a study that is a part of the AIBL study in Australia. Anticipates 200 AD, 200 MCI, 200 pre-MCI, 400 NC for a total of 1000. The goal is to demonstrate the utility of PIB in 2 sites only, 60% in Melbourne and 40% in Perth. 25% PIB, not sure if FDG will also be included. It may be difficult to get CSF. Colin reports that they are in conversations with Pfizer for funding. All sites will be 3T MRI and sequences will be US ADNI. Not too keen on the ADNI phantom because of the costs but they are working on that. Neuropsych will be lined up also with US ADNI and will include the logical memory which is critical. Total of 250 PIB scans will be completed, 7 already done this week. This is a longitudinal study. Data and samples will be transported to other sites and other investigators, data will be shared. Mike and Leon ask about shareable databases because this must be included in the consent form if it is to be accomplished. Data is de-identified before it goes into the database but this must be stated up front on the consent form.

A lunch meeting is scheduled for the Alzheimer's Association's Neuroimaging Workgroup on Sunday the 16th at noon in Madrid. All have received invitations for this. Mike asks all present to prepare a short update for the group in Madrid. Also, if there is interest, the Alzheimer's Association can arrange for this call to take place periodically, perhaps every three months.

Also, the Alzheimer's Association's Prevention meeting on June 9-12 of 2007, would be a good forum to present ADNI projects and updates.

Maria and Leon will work on requesting flow charts from the various ADNI protocols for all of us to share. Mike requested a short abstract on the projects with PI names etc to put on the ADNI website, they can include links to the project sites as well.

If attending the Saturday Imaging course at ICAD, please also attend the dinner sponsored by GE.

Meeting concluded at 12:00AM CST.