



IAGG-GARN News Release N° 2014-04

Toulouse, November 17, 2014

Dear Colleague,

We are happy to update you with the most recent actions setup by the IAGG-GARN Network. It highlights IAGG's interest in older people's health and the need to promote research in many geriatric fields. Alzheimer's disease is a specific syndrome that can easily be identified. With the assistance of appropriate specialists and with a few tools, Alzheimer prevention should be available in all health facilities around the world. We hope that these actions will raise awareness and help you implement them into clinical practice in your country.

1. Interview of Dr. Maria C. CARRILLO, Ph.D, Alzheimer's Association

Dr. Maria C. CARRILLO is Vice President, Medical & Scientific Relations, of Alzheimer's Association. Dr. Carrillo is a senior member of the Alzheimer's Association science staff and an Alzheimer's Association spokesperson on a wide range of medical and scientific issues. She leads the Alzheimer's Association International Research Grant Program, the world's flagship nonprofit initiative to advance Alzheimer's science. Dr. Carrillo's core areas of expertise include the emerging effort to identify biomarkers, measurable indicators of underlying physical changes linked to Alzheimer's disease and other types of dementia, through brain imaging, spinal fluid protein analysis and other strategies.



1. What do you think will be the future of AD treatment in the next 5 years?

We hope that the interim and final results from Alzheimer's prevention trials will report on whether early intervention increases our success in treating/preventing dementia, especially against amyloid. We will then need to absorb and understand, and integrate into research and clinical practice.

In addition, replicating and expanding the FINGER study will no doubt provide a better understanding of lifestyle's (non-pharma intervention) impact on aging brain, cognitive decline and perhaps also on Alzheimer's/dementia.

In the next years, national plans/WHO efforts will provide a better insight on the global impact of Alzheimer's/dementia. To increase research initiatives, funding, and recruitment of participants, we need to marshal and drive forward.

Tomorrow, simpler, less invasive, less expensive biomarkers as well as early detection should increase the number of those who are aware of their status/diagnosis. The scientific community will continue to discover and develop new treatment targets and explore opportunities in combination therapy.

2. How must the primary care Physician and Geriatrician be prepared?

Primary care Physicians need to be educated on how to detect and diagnose dementia (or know when to refer) including type (AD, LB,) on a timely basis, especially in patients with comorbidities. They also need to connect with and better utilize community based services. Finally, a change in care paradigm is necessary to realize that care planning should include medical and non-medical interventions.

Concerning Geriatricians, the main issue is that there are not enough trained specialists for the growing elderly population. A great job is already done by them, but payment and medical education systems need to provide incentives to encourage more Docs to specialize in geriatrics.

Overall, there will likely be more Nurse Practitioners and Physician Assistants able to deliver primary care. Both primary care Physicians and Geriatricians will need to understand and work with these care providers, when they are unable to cover the growing elderly population.

2. Philadelphia, Pennsylvania, Nov 20-22, 2014: Alzheimer's researchers discuss progress in the search for treatments at the 7th CTAD conference

Efforts to develop effective treatments for Alzheimer's disease (AD) have largely shifted to the earliest stages of the disease before symptoms are even apparent. Yet the needs of patients with dementia have not been forgotten, according to investigators at the 7th Annual International Conference on Clinical Trials for Alzheimer's Disease (CTAD) meeting in Philadelphia from November 20-22, 2014.

Preventing Alzheimer's by treating early

After a number of studies showed that damage to the brain begins as much as 10 or 20 years before Alzheimer's patients begin to show signs of memory loss and other impairments; and that by the time symptoms appear, extensive degeneration of the brain has occurred, scientists began to design treatment strategies that tackle the disease in people who are still cognitively normal but at high risk of developing the disease.

A CTAD presentation (<http://www.jpreventionalzheimer.com> - OC28, Nov. 21, 11:00am) on initial findings from gantenerumab will be reported by a multi-national team led by Dr. Philip Scheltens of the VU University Medical Center in Amsterdam, The Netherlands. This trial, the SCarlet RoAD study, has enrolled nearly 800 patients with prodromal AD, an early stage of the disease defined by memory loss along with biomarker evidence of AD, but in the absence of dementia.

A group of investigators led by neurologist Stephen Salloway, M.D., Director of Neurology and the Memory and Aging Program at Butler Hospital in Providence, Rhode Island and a professor at Brown Medical School, will report the latest findings from two studies of crenezumab, an antibody that targets all forms of amyloid (<http://www.jpreventionalzheimer.com> - OC6, Nov. 20, 12:15pm). The study tested different doses and delivery methods (subcutaneous vs. intravenous injections) and required patients to undergo 3 positron emission tomography (PET) scans over the course of the trial to determine if the drug affected the deposition of amyloid in the brain.

While anti-amyloid therapies have dominated the AD drug development pipeline over the past 20 years, investigators have also targeted other disease mechanisms. A team of researchers led by Dr. R. Scott Turner, a neurologist at Georgetown University in Washington, DC, will report on a multi-site study testing the safety and effectiveness of resveratrol, a compound found in red wine and red grapes, in delaying disease progression in mild-to-moderate AD (<http://www.jpreventionalzheimer.com> - OC2, Nov. 20, 11:15am). Previous studies have suggested that consumption of red wine is linked to a lower risk of dementia. To evaluate the effects of resveratrol, the investigators measured the levels in the CSF of different forms of the amyloid protein. Preliminary results from the study show that resveratrol gets into the brain and stabilizes the levels of one of these proteins, suggesting that resveratrol may slow the deposition of amyloid in the brain.

Treating the most troubling symptoms in AD

Another symposium (<http://www.jpreventionalzheimer.com> - Symposium 4, Nov. 22, 10:30am) will focus on developing treatments for neuropsychiatric symptoms that affect most dementia patients across all levels of severity. These symptoms, such as agitation, aggression, depression, and psychosis, are among the most disruptive to patients and caregivers, yet there are currently no drugs approved specifically for their treatment.

One combination product, AVP-923, is now in clinical trials for the treatment of agitation in AD. AVP-923 combines two approved drugs – dextromethorphan, a cough suppressant; and quinidine, a drug used to treat irregular heartbeats. Phase 2 clinical trials of AVP-923 will be reported at CTAD by Dr. Rachele Doody, a neurologist at Baylor College of Medicine in Houston, Texas (<http://www.jpreventionalzheimer.com> - OC32, Nov. 21, 2:45pm). This trial enrolled patients with AD as well as a diagnosis of PBA. Interim analysis of this study, which was designed to evaluate the safety of different doses, suggested that the drug was well tolerated and produced symptomatic benefits that both physicians and caregivers considered meaningful.

The IAGG-GARN Network (<http://www.garn-network.org>) is happy to collaborate during this annual meeting to disseminate updated information and last scientific findings on Alzheimer's disease.

3. Upcoming meetings

- **The International Conference on Frailty and Sarcopenia (ICFSR2015), April 23-25, 2015 in Boston, USA**

A conference dedicated to raising awareness on the need to implement frailty and Sarcopenia into clinical practice. Keynotes lecturers will include: Shalender BHASIN from Harvard Medical School, Boston, USA, Jack GURALNIK from the National Institute on Aging, Baltimore, USA, Marco PAHOR from University of Florida, Gainesville, USA, Stephanie STUDENSKI from the National Institute on Aging, Baltimore, USA, Jeremy WALSTON from John Hopkins University's Center of Aging and Health, Baltimore, USA and Matteo CESARI from the Toulouse Gérontopôle, France.

Abstract submission deadline: **November 18, 2014** for symposium, oral communication or poster presentations.

Website: <http://www.frailty-sarcopenia.com>

- IAGG's 8th European Congress, April 23-26, 2015 in Dublin, Ireland**
 The Irish Gerontological Society will host IAGG's 8th European Congress at Dublin's Convention Centre. The 1st call for abstracts is launched and concerns the following themes: Unlocking the Demographic Dividend, Policy, Design and Environment, Biology of Ageing, Social Gerontology, Gerontechnology, Cultural Gerontology, Health and Social Care, Psychology of Ageing.
 Website: <http://www.iaggdublin2015.org>
- IAGG's 10th Asia/Oceania Regional congress, October 19-22, 2015 in Chiang Mai, Thailand**
 The conference theme is "Healthy Ageing Beyond Frontiers". Calls for submitted symposia will occur in the near future. The call for submitted abstracts will close on 20 December 2014.
 Deadline of symposium submission: October 20, 2014
 Deadline of abstract submission: December 20, 2014
 Early registration before March 30, 2015
 Contact: info@iagg2015.org
 Website: <http://iaggchiangmai2015.com>
- IAGG's 21st World Congress on July 23-27 2017, in San Francisco, USA**
 The Gerontological Society of America (GSA) will host this event that is held every four years. It will be dedicated to "Global Ageing and Health: Bridging Science, Policy, and Practice." Call for abstracts will be available on Spring 2016 and registration will open beginning 2017.
 Contact: info@iagg2017.org
 Website: <http://www.iagg2017.org>

4. IAGG-GARN website

Visit the IAGG-GARN website and see all the centers involved in Alzheimer's disease research
<http://www.garn-network.org>

Best regards,

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