

Keynote 2: Integration of Biomarkers and Quantitative Modeling – Cerebrospinal Fluid

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Kaj Blennow, Professor University of Gothenburg

CONFIDENTIAL



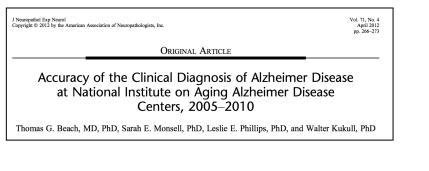
Integration of Biomarkers and Quantitative Modeling – Cerebrospinal Fluid

Kaj Blennow, Professor

Academic Chair in Neurochemistry, University of Gothenburg



Use of CSF biomarkers for Alzheimer's disease



	No AD pathology	Yes AD pathology	
No probable AD (clinical)	213	180	NPV=54 %
Probable AD (clinical)	88	438	PPV=83 %
	Specificity = 70.8%	Sensitivity = 70.9%	

• Select true AD cases for inclusion in clinical trials

• Make a correct diagnosis for initiation of treatment, especially DMTs in the future

• Theragnostics

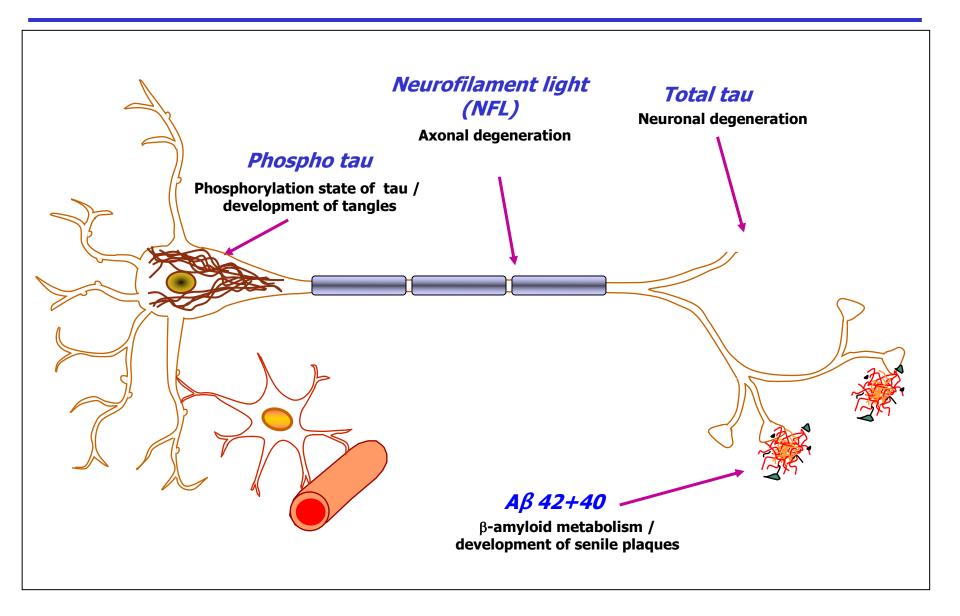
• Diagnostics

- Identify target engagement of a drug candidate
- Identify downstream effects of drug candidates on AD pathophysiology
- (e.g. on synaptic and neuronal degeneration)

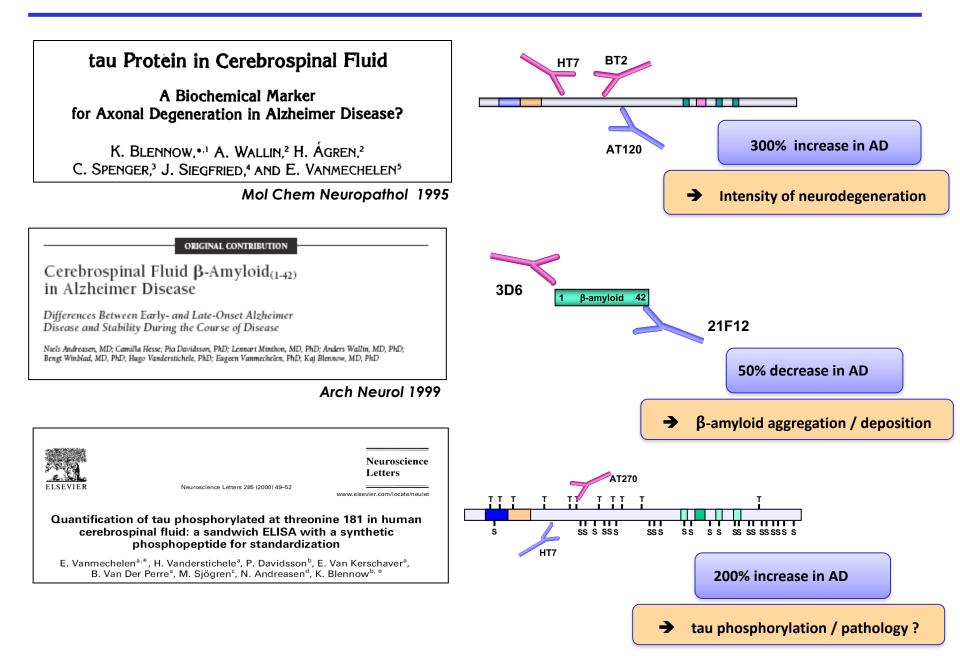
• Research: clinical and epidemiology

- Study AD pathophysiology directly in patients and elderly
- Identify genetic and environmental / life-style risk factors for specific AD pathophysiology (amyloid, tau, neurodegeneration)

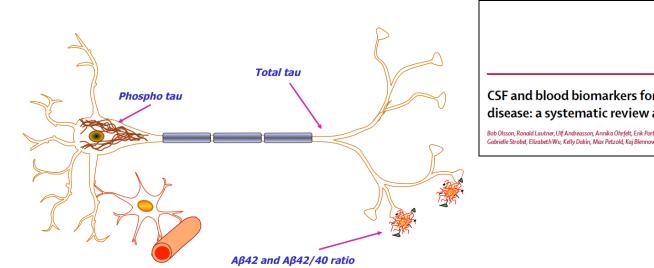
The core fluid biomarkers for Alzheimer's disease



The three Innotest ELISA methods for AD CSF biomarkers



The AD core CSF biomarkers reflect key pathogenic events and are highly clinically validated



CSF and blood biomarkers for the diagnosis of Alzheimer's @disease: a systematic review and meta-analysis

Bob Olsson, Ronald Lautner, Ulf Andreasson, Annika Öhrfelt, Erik Portelius, Maria Bjerke, Mikko Hölttä, Christoffer Rosén, Caroline Olsson, Gabrielle Strobel, Elizabeth Wu, Kelly Dakin, Max Petzold, Kaj Blennow, Henrik Zetterberg

CSF T-tau

→Intensity of neurodegeneration

250% increase in AD

CSF AB42

- → Brain amyloid deposition
- Reduction to 50% in AD •

CSF P-tau

Articles

- → Phosphorylation state of tau and tau pathology?
- 200% increase in AD

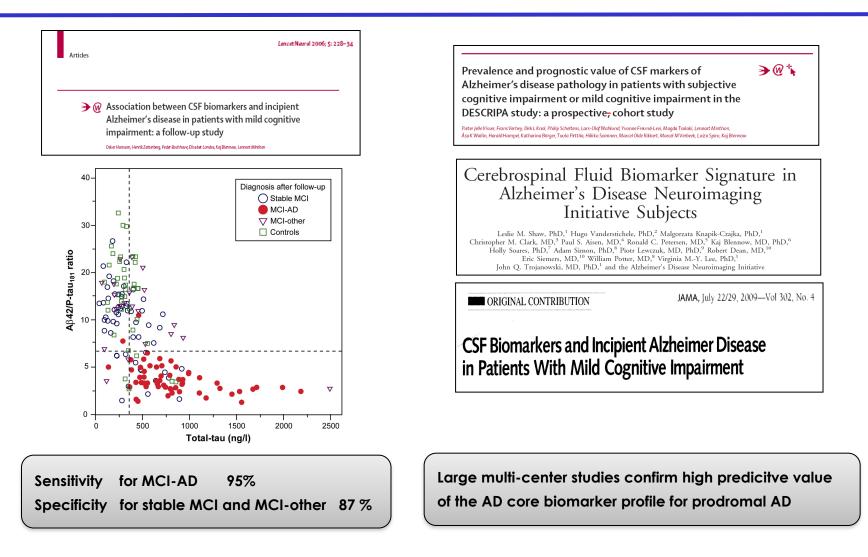
•188 studies

- 20.600 AD patients and controls
- 168 studies
- 19.600 AD patients and controls

116 studies

14.300 AD patients and controls

The core AD CSF biomarkers – performance to identify prodromal AD



➔ The core AD CSF biomarkers show high diagnostic performance also in the MCI stage,

when disease-modifying compounds have a chance to be effective

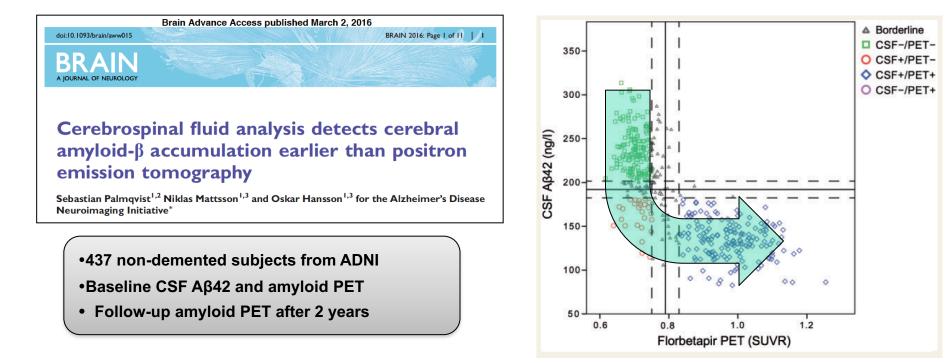


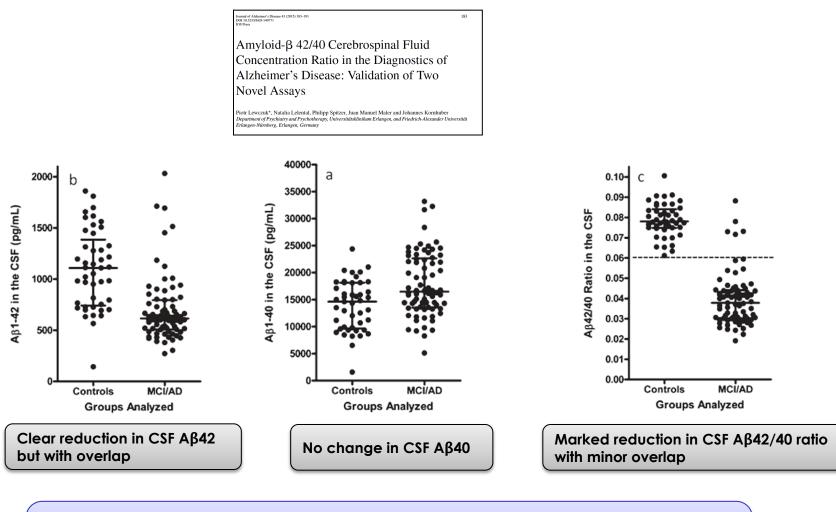
Table 2 Longitudinal comparisons of amyloid-ß accumulation

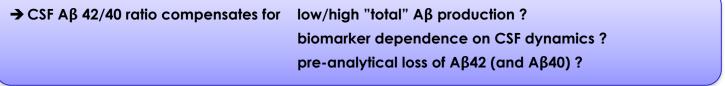
	A CSF-/PET-	B CSF+/PET-	C CSF+/PET+	P-value
n	160	26	167	
Global amyloid- β PET (% SUVR change/year)	0.35% (0.14-0.56)	1.2% (0.49–1.8)	1.2% (0.90–1.4)	A-B = 0.018 B-C = 0.86

→ CSF +/ PET - subjects show future amyloid accumulation (similar to CSF and PET +) but not yet evidence of neurodegeneration

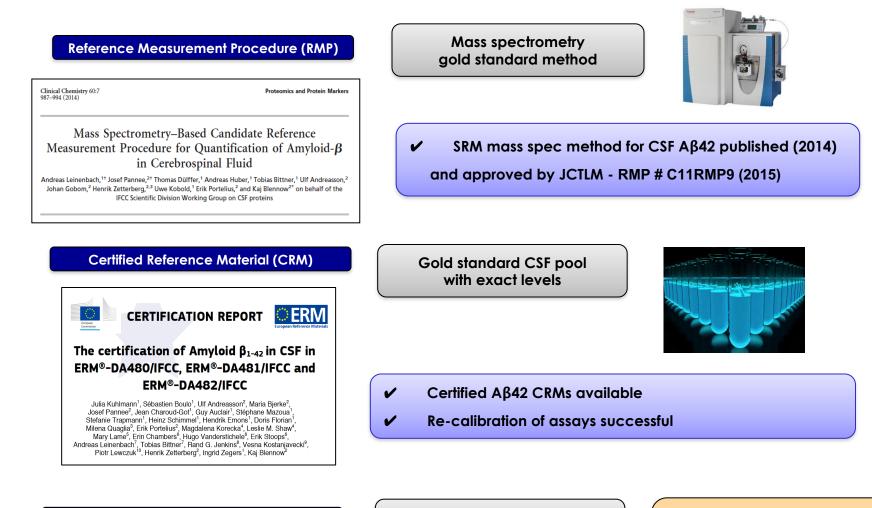
 \rightarrow CSF A β 42 is an earlier biomarker than amyloid PET

The CSF A β 42/40 ratio





What is needed to get the core AD CSF biomarkers into the clinic ?

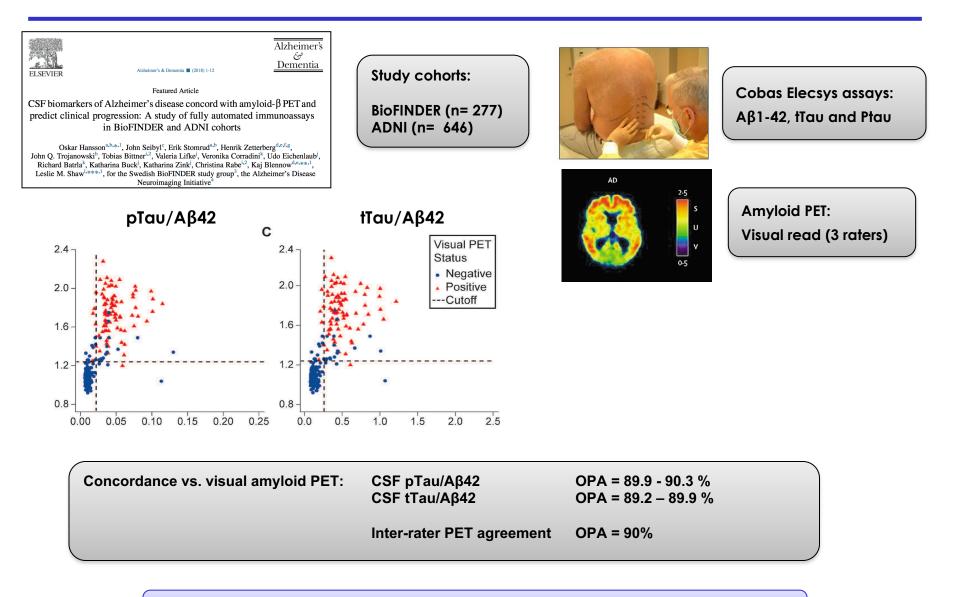


High precision methods without manual steps

Fully automated instruments

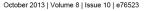
Roche – Cobas Elecsys Fujirebio – Lumipulse Euroimmune – RA Analyzer

The core AD CSF biomarkers – performance compared with amyloid PET



→ CSF biomarkers and amyloid PET can be used interchangeably

Tau protein is cleaved to fragments before being secreted to the CSF (and blood?)



O PLOS

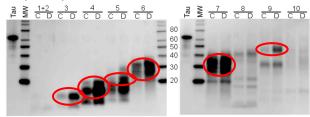
PEN 🗟 ACCESS Freely evailable onli

Characterization of Novel CSF Tau and ptau Biomarkers for Alzheimer's Disease

Jere E. Meredith Jr.^{re}, Sethu Sankaranarayanan^{ie}, Valerie Guss', Anthony J. Lanzetti', Flora Berisha², Robert J. Neely³, J. Randall Siemmon¹⁺⁺, Erik Portelius³, Henrik Zetterberg⁴, Kaj Blennow³, Holly Soares⁴, Michael Ahlijanian¹, Charles F. Albright¹

RP-HPLC separation of CSF proteins → SDS-PAGE + Western

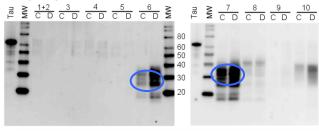
A HT7 (aa 159-163)



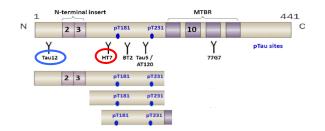
No full length tau

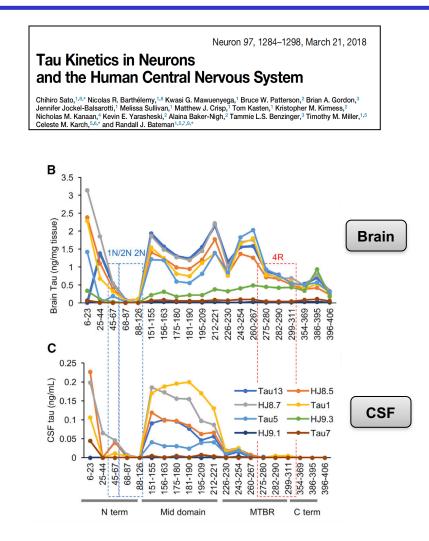
· Several shorter tau fragments with different MW

B Tau12 (aa 9-18)



- Two identical tau fragments as with HT7
- Other HT7 tau fragments missing
- Weak Tau12 unique tau fragment





→ CSF tau is truncated at the end of the mid-domain

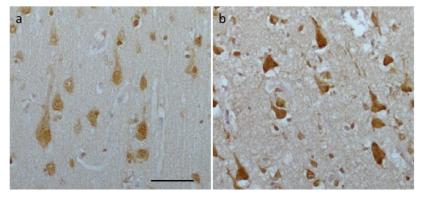
nature 2014;20:1254-1262

Cleavage of tau by asparagine endopeptidase mediates the neurofibrillary pathology in Alzheimer's disease

Zhentao Zhang^{1,2}, Mingke Song³, Xia Liu¹, Seong Su Kang¹, Il-Sun Kwon¹, Duc M Duong^{4,5}, Nicholas T Seyfried^{4,5}, William T Hu⁶, Zhixue Liu⁷, Jian-Zhi Wang⁸, Liming Cheng⁹, Yi E Sun⁹, Shan Ping Yu³, Allan I Levey^{5,6} & Keqiang Ye¹

- Asparagine endopeptidase (AEP) cleaves tau at position 368
- AEP cleavage impairs microtubule assembly function
- AEP cleavage induces tau aggregation, with truncated tau in NFTs

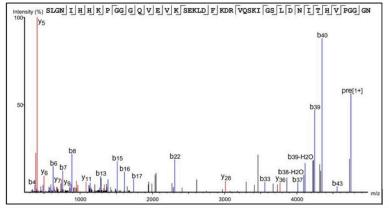
Immunohistochemistry (tau368 antibody)



Control

AD

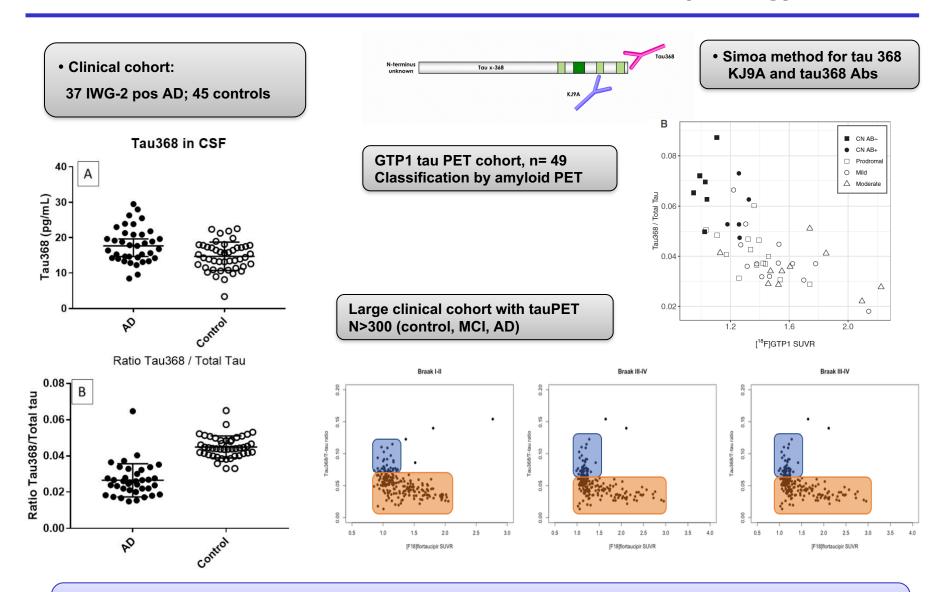
IP of CSF (ab KJ9A) followed by MS/MS



SLGNIHHKPGGGQVEVKSEKLDFKDRVQSKIGSLDNITHVPGGGN 324 368

→ CSF contains semi-tryptic AEP-cleaved tau (ending at tau368)

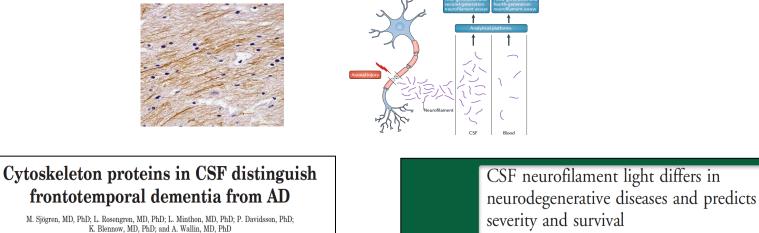
CSF Tau368 is a novel candidate biomarker for tau pathology



 \rightarrow CSF tau368/T-tau ratio may compensate for basic tau secretion to CSF – in analogy with the A β 42/40 ratio

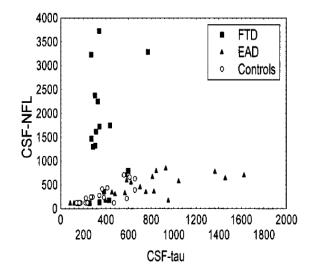
→ C-terminal tau fragments are retained in tau aggregates, while N-mid domain fragments are secreted ?

Neurofilament light (NFL) protein in different neurodegenerative disorders



NEUROLOGY 2000;54:1960–1964

Diagnosis	NFL (pg/mL)*	Tau (pg/mL)*
FTD	$1442 \pm 1183 \dagger$	354 ± 140
EAD	498 ± 236	$751\pm394\ddagger$
LAD	$1006\pm727\$$	$699\pm319\ddagger$
Controls	241 ± 166	375 ± 176

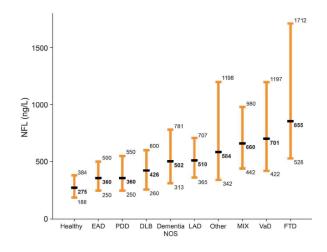


Neurology® 2014;83:1945-1953

Tobias Skillbäck, MD ABSTRACT

• Patients with dementia (n= 3.356)

Figure 1 NFL levels across diagnosis groups and biomarker patterns



CSF NFL in the ADNI study

JAMA Neurol. 2016;73(1):60-67.

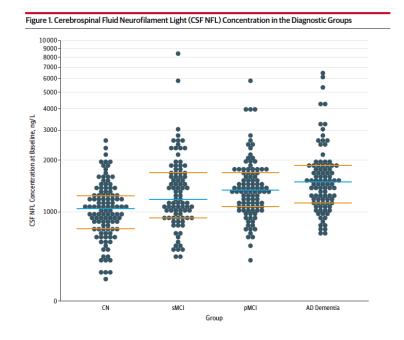
Original Investigation

Research

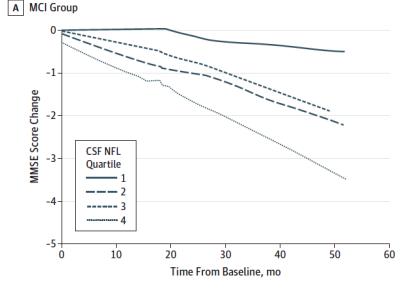
Association of Cerebrospinal Fluid Neurofilament Light Concentration With Alzheimer Disease Progression

Henrik Zetterberg, MD, PhD; Tobias Skillbäck. MD; Niklas Mattsson, MD, PhD; John Q. Trojanowski, MD, PhD; Errik Portellus, PhD; Leslie M. Shaw, PhD; Michael W. Weiner, MD, PhD; Kaj Biennow, MD, PhD; for the Alzhenmer's Disease Neuroimaging initiative





Higher CSF NFL in AD dementia and progressive MCI Intermediate levels in stable MCI

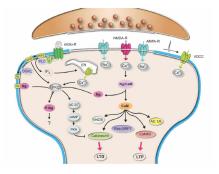


Within the MCI group – higher CSF NFL predicts faster rate of cognitive decline

Biomarkers for synaptic dysfunction and degeneration

The synaptic protein neurogranin:

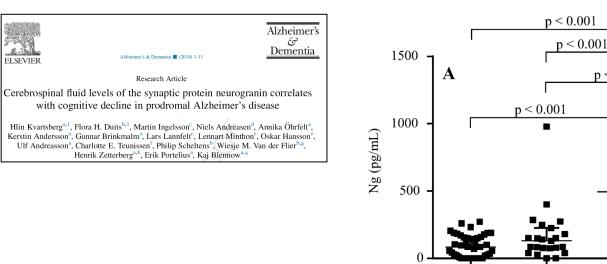
- Abundant in cortex, hippocampus, amygdala
- Concentrated in dendritic spines
- Important for memory consolidation and LTP induction



p < 0.05

MCI-AD

AD



→ Marked increase in CSF neurogranin in AD and prodromal AD (using several different assays and mass spec)

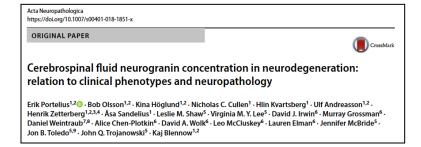
→ High CSF neurogranin predict future rate of cognitive decline

Kvartsberg H et al, Alzheimers Dement 2015; Kvartsberg H et al, Alz Res Therapy 2015, De Vos A et al, Alzheimers Dement 2015; Portelius E et al, Brain 2015; Kester MI, JAMA Neurol 2015, Hellwig K et al, Alzheimers Dement 2015; Wellington H, Neurology 2016; Mattsson N, EMBO Mol Med 2016, Casaletto KB, Neurology 2017, Lista S, J Alzheimer Dis 2017; Portelius et al, Acta Neuropathol 2018

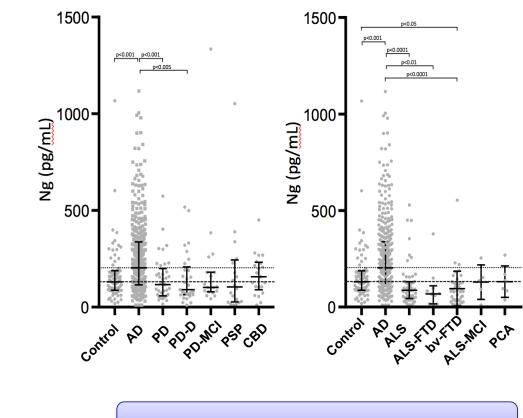
sMCI

Control

CSF neurogranin as an Alzheimer-specific biomarker

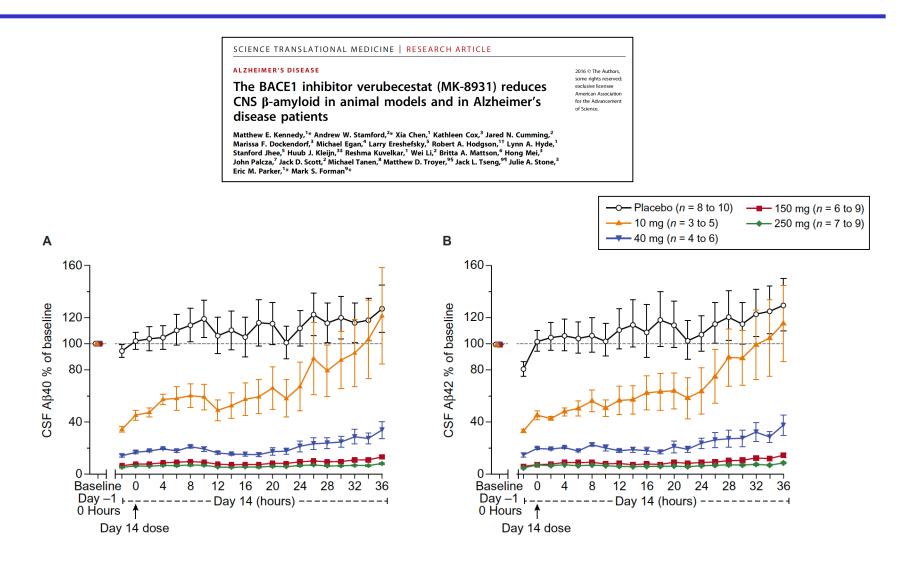


Controls + AD, PD, PDD, PSP, CBD, ALS, FTD, PCA >900 cases in total



→ Increase CSF neurogranin seems to be specific for AD

CSF biomarkers to identify target engagement in man



→ CSF biomarkers may be used to identify target engagement (and for dose finding)

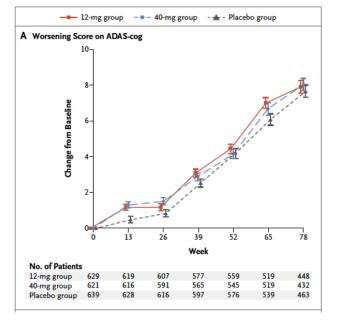
EPOCH verubecestat BACE1 inhibitor study on mild-moderate AD

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Randomized Trial of Verubecestat for Mild-to-Moderate Alzheimer's Disease

Michael F. Egan, M.D., James Kost, Ph.D., Pierre N. Tariot, M.D., Paul S. Aisen, M.D., Jeffrey L. Cummings, M.D., Sc.D., Bruno Vellas, M.D., Ph.D., Cyrille Sur, Ph.D., Yuki Mukai, M.D., Tiffini Voss, M.D., Christine Furtek, B.S., Erin Mahoney, B.A., Lyn Harper Mozley, Ph.D., Rik Vandenberghe, M.D., Ph.D., Yi Mo, Ph.D., and David Michelson, M.D. Verubecestat BACE inhibitor trial Phase I showed 80% reduction in Aβ production



78 weeks: placebo, 12 and 40 mg Terminated early for futility

 \rightarrow Target engagement on β -amyloid may not translate to disease-modifying effect / clinical benefit

Downstream biomarker effects on neurodegeneration may be important indicators of disease-modification

Can CSF NFL be used to monitor drug effects on neurodegeneration?

Journal of Neurology (2019) 266:2129-2136 https://doi.org/10.1007/s00415-019-09389-8 Spinal muscular atrophy (SMA) 12 children ORIGINAL COMMUNICATION Check for Intrathecal nusinersen (Spinraza) - antisense oligonucleotide increasing CNS levels of NFL is a marker of treatment response in children with SMA treated survival motor neuron (SMN) protein with nusinersen Bob Olsson^{1,2} · Lars Alberg³ · Nicholas C. Cullen^{1,4} · Eva Michael^{3,9} · Lisa Wahlgren^{3,9} · Anna-Karin Kroksmark^{3,5} · CSF samples before each treatment Kevin Rostasy⁶ · Kaj Blennow^{1,2} · Henrik Zetterberg^{1,2,7,8} · Már Tulinius^{3,9} 50 NFL 40 30 20 20 5000 Concentration (pg/mL) 4000 3000 10 10 20 30 90 100 Ó Age (months) 2000 в 10000 1000 8000 x Controls NFL (pg/mL) 6000 0 2 3 5 6 1 4000 Dose 2000 0-10 20 30 100 Ó 90

→ Reduction in serum NFL with effective DMTs – correlates with clinical benefit

→ Serum NFL may be useful to monitor downstream drug effects on intensity of neurodegeneration

Age (months)

Thanks for listening !

