With this edition of the DIAN EXR Newsletter, we start out by sending our sincere hope that everyone and their families are healthy during this unique and challenging time. To say a lot has happened since the last Newsletter would be an understatement. Yet, through these challenges we are finding ways to not just cope, but to grow. First, you will find information on how we are responding to the results of the DIAN-TU trial. Although we are all extremely disappointed by the initial results of the trial, there are clearly reasons to believe that one of the drugs, gantenerumab, has had an impact on important measures of the Alzheimer process that could prove beneficial for the cognitive symptoms with longer treatment. You’ll find information on the planned exploratory open-label extension of the trial using gantenerumab for all participants that were enrolled in the initial DIAN-TU study. If you were part of the gantenerumab or solanezumab DIAN-TU trial, please reach out to your sites for further information and look out for further details through the EXR.

Second, the COVID-19 pandemic has clearly had a major impact on all parts of our lives, including the research we are all involved in through DIAN. Although there has been a temporary hold on research activities, the challenge presented by the COVID-19 pandemic has also provided us with the opportunity to consider how we can adapt and, hopefully, improve the research that is conducted in DIAN. A key adaptation we are making is to conduct even more of the research remotely, such as conducting aspects of the research away from the research centers through telephone, video and computer/smart-phones. We are certain that remote assessments will be part of many of the research studies in Alzheimer’s disease research moving forward. In this edition, we highlight one of the tools that we have been preparing to better equip the DIAN study to perform remote assessments, the MyDIAN participant portal. We are encouraging everyone involved in DIAN to download the MyDIAN app or use the web-based browser. Additionally, Dr. Jason Hassenstab (DIAN Cognition Core Leader) has developed a smartphone based app--Ambulatory Research in Cognition (ARC)--that is available. Together, the MyDIAN and ARC apps are important first steps in ensuring that DIAN-related research can continue in spite of unforeseen challenges.

As usual, we hope you enjoy this edition of the newsletter. Please contact us with questions.

Sincerely,

Eric McDade, DO
Next steps for Gantenerumab

A February 10th press release of the top line results (primary outcomes) for the DIAN-TU clinical trial of Solanezumab and Gantenerumab issued by Washington University School of Medicine reported those participants on active drug did not show any difference in memory and thinking ability when compared to participants on placebo (not receiving active drug). Families and researchers alike were devastated to learn this outcome. However, better news was delivered via a March 21st webinar for families, during which Dr. Randall J. Bateman shared news that further analyses on secondary outcomes had demonstrated that Gantenerumab significantly reduced both amyloid plaques in the brain and tau in the cerebral spinal fluid when compared to placebo. Dr. Bateman shared these results publicly during a virtual presentation at the AD/PD online conference on April 2nd (see Alzforum’s excellent summary for details). In order to gather additional data to further understand how Gantenerumab may be altering the disease course in people with genetic mutations, the DIAN-TU and pharma partner Roche, manufacturer of Gantenerumab, have decided to launch an exploratory open label extension (OLE), meaning all participants will receive Gantenerumab. OLE is initially planned to last two years, with potential for an extension of one or more years of continued treatment.

Individuals originally enrolled in either the Gantenerumab or Solanezumab arms for any period of time are eligible to be assessed for potential enrollment in OLE. Since everyone in OLE will receive active drug, each participant will have to know their genetic status and provide a genetic report to site coordinators. A process has been established to provide genetic counseling and disclosure through the trial, which can be initiated through contacting site coordinators. Please visit the DIAN website to read the DIAN-TU’s official statement on OLE and to see an updated list of frequently-asked questions. To read a discussion of OLE by top researchers, see this post by Alzforum.

The DIAN-TU is committed to starting OLE as soon as possible and is working with stakeholders to address challenges related to COVID-19 and minimize delays to initiation. If you are interested in enrolling in OLE, please contact your site coordinator. We are excited to offer this opportunity and look forward to learning more about this drug through your continued participation!

COVID-19 impact on DIAN and DIAN-TU research

DIAN-TU Cognitive Run-In (CRI): Over the last several weeks, participants and/or site staff may have requested in-home or on-site visits to be canceled. Visits are still able to be conducted by the home health nurses using appropriate precautions if and when participants and site staff are comfortable with visits proceeding. Participants are encouraged to communicate with their site study staff and/or home health nurse about upcoming visits and when they would like to resume/reschedule them. Enrollment remains open and those interested are encouraged to speak to the site study staff about consenting and/or future plans and timing for enrollment.

DIAN-TU Gantenerumab Open Label Extension (OLE): The sites and study teams are working quickly to ensure participants can begin consenting for eligibility evaluation as soon as possible. DIAN-TU is working closely with the study teams to enable OLE Entry visits and first dose to take place, as soon as feasible and appropriate, to decrease the time period in between the last study dose and first dose in OLE. Contingency plans are also under development to allow dosing to start regardless of whether all operations are fully open; your site will have these details as we get closer to final approvals in the next few weeks.

DIAN Observational study: DIAN is very concerned about all participant safety during the COVID-19 pandemic. Most sites have closed to participants during this time and will re-open as their localities and institutions deem it safe to do so. Even during this time of paused participant visits, the DIAN study continues to move forward with data analysis and infrastructure work. One initiative we are currently working on is remote visits. Remote assessments would allow DIAN to not only continue collecting data, but also maintain our relationship with our incredibly dedicated participants during this time. Participants who are due for an upcoming visit may be contacted by their site study coordinator to possibly complete a portion of their visit over the phone or through video conferencing. We are also encouraging all participants to sign up for the DIAN EXR, which will help DIAN reach out to participants as well as continue some very important survey-based research. DIAN wishes everyone well, with the hopes that you stay safe.
2020 DIAD Family Conference

Together with our partners at the Alzheimer’s Association, we have decided to cancel the in-person conference in Amsterdam for this year. We are currently in discussions about making a virtual conference possible. Please be on the lookout for communications in regards to this. If you have any questions or concerns in the meantime, please feel free to contact the DIAN Expanded Registry.

MyDIAN app launched

We are preparing to release our first study based on the MyDIAN smartphone app platform: DIAD Lifestyle Surveys. In DIAN, we frequently hear questions about how lifestyle factors and choices influence risk of developing symptoms of AD. What foods are best to eat? Will getting more sleep help? Does “mental exercise” decrease risk? What about physical exercise? Does financial status affect risk? DIAD Lifestyle Surveys aims to help address these kinds of questions and will use MyDIAN to remotely gather data on sleep, exercise, diet, and economic background. This data will be analyzed to look for relationships between lifestyle factors and the other types of data DIAN collects, like age at symptom onset, disease progression, biomarkers and imaging.

If you are already using MyDIAN, expect to receive information about the lifestyle survey activities via your app soon. If you lost your email invite to access MyDIAN or haven’t received one and would like to, contact us at dianexr@wustl.edu or 1-844-DIAN-EXR (1-844-342-6397). We are also developing processes for coordinators in the DIAN Observational studies to assist participants with getting set up in MyDIAN. Don’t have a smartphone but still interested in MyDIAN? Please contact us to discuss a desktop computer-based site we have set up.

The global impact of COVID-19 has made it even more vital for scientists to find ways of conducting research remotely. Research on curing AD is too important to let things like distance or stay-at-home conditions stop us. MyDIAN represents our next step toward making research participation possible any time, from any place, and we look forward to getting more of the DIAN community involved.

When asked how you are dealing and coping with life during this unique and challenging time......

“I exchanged books with a neighbor, have been reading a lot, found out I can read library books online too. And we’ve binge watched a couple of series. I also play my daily ‘brain games’ on my phone. In addition, we face time with all the children and grandchildren occasionally.” - Renee, USA

“I am fortunate to still have my job, which is keeping me busy and sane during this difficult time for all humanity. I take walks on the weekends and stay busy learning German, baking, and watching movies.” - Diana, USA

“Smile, be kind to others, breath in this difficult time” - Martin, New Zealand

“I would like to share how I am coping with these difficult times. I am keeping myself as busy as I possibly can. I have been walking my dog. Exercising on my stationary bike. I also have been drawing pictures. Also decluttering items and clothes that we no longer need. Let’s call it “Spring Cleaning”. Also doing home improvement projects. I am looking forward for the open label drug trial. Under all the circumstances, I am still optimistic to see if this will help.” - Rossy, USA

“We purchased bikes as an extra activity. He usually rides it daily. The neighborhood gym has been closed so we purchased a weight bench and some weights. We also did some yardwork and planted flowers.” - Mary, USA
Reflections from a caregiver

A family caregiver from Mexico shares some tips on living with Alzheimer’s disease.

Puede leer esta información en español aquí

1. The most important thing was to face the disease through professional help (Neuropsychologist, Psychologist) for both the my wife (the patient), my two daughters and myself. We already have had almost 3 years of psychological therapy, which gives us the emotional support to continue in the grief that is constant in a person with Alzheimer’s.

2. Another important point is to do everything possible and continue with the daily activities of life: work, go to school, belong to sports teams, go out with friends, get together with family, etc.

3. In the case of my two daughters, giving them all the information about the risk of the mutation and how to face it with professional help has helped them a lot in accepting their mother’s condition, to continue fighting for prevention and in making future decisions about having or not having children, and to participate in clinical trials and support research.

4. In my particular case as primary caregiver, I joined a support group and in turn an Alzheimer’s foundation in my city (Reynosa, Tamaulipas) and that is like a therapy for me, to be able to support in some way other people who go through the same situation.

5. Create a support network of family and friends so that they can care for your family member in times when you need 4 hours or more to breathe and recharge.

6. If it is possible to pay for caregivers who are with the family member while you are working, this gives you more peace of mind that your family member is supervised and cared for.

7. Have faith and not let go of the hand of God in this disease process, as He is always with us in difficulties and also in good times. Utilizing spiritual support is of great importance and relief.

I would like to leave you with a message: Fears are overcome by facing them, and by facing them, you receive key information and advice that is very useful in facilitating the path that must be followed during the years that Alzheimer’s lasts.

P.S. Do your best and leave the impossible to God.

-Mario, Mexico

- Margarita, Mario, and their two daughters

Alzheimer’s disease in the news

In DIAN-TU, gantenerumab brings down tau. By a lot. Open extension planned


Insight into Alzheimer’s early stages provides clues to treatment strategies


$29 million for new phase of international Alzheimer’s study

Recent DIAN publications

The DIAN data are increasingly published in scientific reports to enable investigators worldwide to learn of our progress and to advance scientific understanding of Alzheimer’s disease. Because of this, there is a small but possible risk that a DIAN participant reading or hearing of these scientific reports might guess, correctly or incorrectly, information about themselves. This includes guessing one’s own or a family member’s mutation status. We at DIAN take every step to minimize this risk, including ensuring that all DIAN data in journal articles, scientific meetings, press coverages, etc., lack identifying information for any participant, but it is possible than even such de-identified data may reveal a pattern of symptoms or a relationship with other medical disorders that could suggest that a particular person is mutation positive. You can avoid reading these scholarly articles or listening to presentations related to the DIAN study to decrease this risk.

Amyloid and tau pathology associations with personality traits, neuropsychiatric symptoms, and cognitive lifestyle in the preclinical phases of sporadic and autosomal dominant Alzheimer’s disease


Deciphering the factors that influence participation in studies requiring serial lumbar punctures

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7085282/

A soluble phosphorylated tau signature links tau, amyloid and the evolution of stages of dominantly inherited Alzheimer’s disease

https://www.nature.com/articles/s41591-020-0781-z

Predicting sporadic Alzheimer’s disease progression via inherited Alzheimer’s disease-informed machine-learning


Awareness of genetic risk in the Dominantly Inherited Alzheimer Network (DIAN)


Association of longitudinal changes in cerebrospinal fluid total tau and phosphorylated tau 181 and brain atrophy with disease

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6991202/

The DIAN website is a great place to learn more about our research and find additional information. Please visit the “News” page at https://dian.wustl.edu/news/ for articles related to DIAN and Alzheimer’s disease. Family members share their stories on the “Family Voices” page at https://dian.wustl.edu/for-families/family-voices/. If you are interested in research opportunities please contact the DIAN Expanded Registry at dianexr@wustl.edu. If you are not part of the registry and would like to be, please visit dian.wustl.edu to register.