Nevada Research Consortium on Dementia (NRCD)

Teleconference Meeting Notes – Friday, February 12, 2016

Attendees:
Charles Bernick (lead), Ronald Fiscus, Merrill Landers, Jane Fisher, Sandra Owens, Jacob Harmon, Jeff Duncan, Jeff Doucet, Peter Reed, Jennifer Williams, and LeeAnn Mandarino

Nevada Research Consortium on Dementia Mission Statement: (Proposed)

The mission of the Nevada Research Consortium on Dementia is to advance our knowledge and treatment of Alzheimer's disease and other dementias through fostering research activities in Nevada.

The NRCD accomplishes this mission by:

- Promoting and expanding research opportunities and collaborations throughout Nevada related to Alzheimer's disease and other dementias.
- Disseminating emerging findings through multiple venues to educate providers and patients and to inform evidence-based practices and policies.
- Encouraging new researchers to join this field of investigation.

Nevada Research Consortium on Dementia Mission Statement: (Edited)

The mission of the Nevada Research Consortium on Dementia is to advance our knowledge **of care and support of** Alzheimer's disease and other dementias through fostering research activities in Nevada.

The NRCD accomplishes this mission by:

- Promoting and expanding research opportunities and collaborations throughout Nevada related to Alzheimer's disease and other dementias.
- **Disseminating emerging findings through multiple venues to educate providers and patients.**
- **Informing evidence-based practices and policies.**
- Encouraging new researchers to join this field of investigation.

Title change discussion:

It was proposed to change the title of the group from Nevada Research Consortium on Dementia (NRCD) to the Nevada Consortium on Dementia Research (NCDR) or Nevada Consortium for Dementia Research (NCDR). LeeAnn will put this up on Outlook for a vote.

Qualifications for Group Membership and Inclusion on the ADRC Research Landing Page.

The goal is to be as inclusive as possible, but screen for possible frauds or commercial interested parties.
Try to have at least one representative from each institution, rather than an overrepresentation of one or two larger institutions.
Craft by-laws and a board: E.g., have a five-member board elected for three years, and a rotating chair. This group will be charged with crafting the by-laws.
Once the criteria are set, publish an application on the website for new members, and the board will determine the applicants' eligibility.

Interested parties should email LeeAnn - mandarl@ccf.org. If there are more than five participants, a vote will be taken.

ADRC Website Research Page

The audience:

- Investigators: to read what is going on in dementia research and possible collaborations.
- Patients & Caregivers: to learn about dementia, and to possibly sign up for a clinical trial
    - Create a registry for potential research patients.

Clinical Trials Presentation

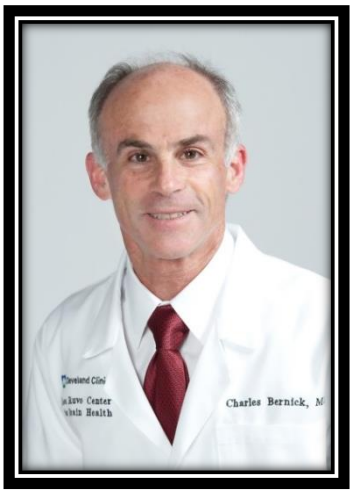
Dr. Bernick provided a presentation of the clinical trials and other research being conducted at the Cleveland Clinic Lou Ruvo Center for Brain Health.

Action Items:

✓ 1. Create a website template for researchers and send out to group (Mandarino);
✓ 2. Create a mission statement (Bernick, et al);
✓ 3. Discuss inclusion of NRCD page on the ADRC website (Mandarino);
✓ 4. Take poll on new title of group (Mandarino);
5. Take names for potential board members (Mandarino);
6. Setup next teleconference in 6-8 weeks (Mandarino);
7. NRCD members will each invite several potential members (all);
8. Collect headshots, brief bios, and current research of NRCD members (Mandarino).

Addendum 1 (*Draft example of template)*

Charles Bernick, MD
Associate Director, Cleveland Clinic Lou Ruvo Center for Brain Health
Email: bernicc@ccf.org | Telephone: 702-483-6000



Dr. Bernick has been involved in the field of Alzheimer's disease research and treatment for over 25 years, beginning as the attending neurologist for the University of California, Davis Alzheimer's Disease Diagnostic and Treatment Center.

Dr. Bernick moved to Las Vegas in 1994 to join the University of Nevada School Of Medicine. Since that time, he has directed the development of a statewide network of Alzheimer's disease care and has been involved in various state initiatives to improve dementia care and research. In addition to co-authoring scientific articles, Dr. Bernick has participated in studies of virtually every medication now available for Alzheimer's disease.

In 2009, Dr. Bernick joined the Cleveland Clinic Lou Ruvo Center for Brain Health. He leads the Professional Fighters Brain Health study, a longitudinal cohort study of professional combatants aimed at under-standing the effects of cumulative head trauma on brain structure and function.

Dr. Bernick received his MD from University of Texas Southwestern, being elected to the medical honor society, alpha omega alpha. He completed a neurology residency at the University of Miami, followed by a fellowship in neurology at the University of Arizona, and a Masters of Public Health at the University of Nevada, Las Vegas.

Dr. Bernick has served on a number of external advisory boards and committees associated with the UNLV College of Sciences, and was the founding president of the Nevada Lifespan Respite Coalition. He has been a frequent speaker at community events throughout southern Nevada.

Current Clinical Trials:

TRIALS	Therapeutic Area	Compound	Study Type	Primary Outcome Measures	Route of Admin	Study Duration	Description
A4 **Open & Actively recruiting**	Cognitively Normal	Solanezumab	Phase 3	ADCS-PACC	IV	168 Weeks	Anti-Amyloid Treatment in Asymptomatic Alzheimer's Disease (A4) Study. Tests the hypothesis that solanezumab, administered as an intravenous infusion at a dose of 400 mg every 4 weeks for 3 years, will slow cognitive decline as compared with placebo in subjects with preclinical AD.
Boxer	Tramatic Brain Injury	NA	Observa-tional	MRI	NA	156 Weeks	Designed as both a cross-sectional and longitudinal study to follow unarmed professional combatants participating in either boxing and mixed martial arts fighting, retired professional

							combatants and a matched control group that has not participated in combat sports during the study. Participants are encouraged to return annually, and are considered actively enrolled (even if they miss a yearly visit) unless they withdraw consent or are lost to follow up.
NOBLE TCAD-T817 **Closed**	Mild-Moderate AD	T-817MA	Phase 3	ADAS-Cog, ADCS-CGIC	Oral	52 Weeks	A Phase 2 multi-center, randomized, double blind, placebo-controlled, parallel group study evaluates the efficacy and safety of T-817MA in patients with mild to moderate AD Evaluates the efficacy of T-817MA as measured by ADAS-cog and ADCS-CGIC.
NOURISH **Closed**	Mild-Moderate AD	AC-1204	Phase 3	ADAS-Cog	Oral	26 weeks	A 26-week, double-blind, randomized, placebo-controlled, parallel-group study Investigates the effects of daily administration of AC-1204 in partici-pants with mild to moderate AD with an optional 26-week open-label extension. Looks at the efficacy of 26 weeks daily administration of 40 g AC-1204 (20 g caprylic triglyceride), compared with placebo in Alzheimer's Disease Assessment Scale - Cognitive Subscale (ADAS-Cog), among APOE4 participants with probable mild to moderate AD.
LZAX **Closed**	Mild-Moderate AD	Solanezumab	Phase 3	ADAS-Cog, ADCS-ADL	IV	76 weeks	Looks at the effect of passive immunization on the progression of mild AD using the study drug named solanezumab. Tests the hypothesis that solanezumab, administered as an intravenous infusion at a dose of 400 mg every 4 weeks for 76 weeks, will slow cognitive and functional decline of AD as compared with placebo in patients with mild AD.
EMERGE **Open & Actively recruiting**	Prodromal AD	Aducanumab	Clinical Trial Drug Trial	AV-45 PET	Infusion	102 Weeks	A Phase 3 multicenter, randomized, double-blind, placebo-controlled, parallel-group study. Evaluates the efficacy and safety of Aducanumab (BIIB037) in subjects with early AD Assesses the efficacy and safety of aducanumab compared with placebo in subjects with AD, including mild cognitive impairment (MCI) due to AD and a subset of mild AD. Aducanumab is a human monoclonal antibody that recognizes aggregated forms of β-amyloid (Aβ), including soluble Aβ oligomers and deposited fibrillar Aβ.