Newly Funded Research at the IADC

Congratulations to Dr. Debomoy K. Lahiri, Professor, Neuroscience, Psychiatry, and Medical & Molecular Genetics and executive committee member of the Indiana Alzheimer Disease Center, who was recently awarded a prestigious R01 entitled *Neurobiological Role of MicroRNA in Alzheimer’s disease* by the National Institute of Aging at the National Institute of Health. This is a five-year grant through 2020.

Alzheimer’s disease (AD) is the most common cause of dementia in the elderly; however, current treatments provide only modest symptomatic relief and do not slow down the disease. Dr. Lahiri and his team propose to study new mechanisms to regulate amyloid-β (Aβ) precursor protein (APP) and β-secretase (BACE1) mediated by microRNA species, which are short, non-coding RNAs that typically regulate protein levels by inhibiting translation of message RNA. The **significance** of this research is that microRNA regulation of APP represents a new strategy to reduce the neurotoxic Aβ peptide levels in the AD brain. The proposed work will identify and validate members of a new class of drug targets. The **impact** of this work will be in the eventual use of these new drug targets to generate better therapeutic agents to slow or reverse disease progression in AD.

Debomoy K. Lahiri, PhD

Franco Pestilli, Ph.D., assistant professor of psychological and brain sciences, was awarded funds for his project titled, “Improved accuracy for anatomical mapping and network structure of the Alzheimer’s brain.” The purpose of the study is to investigate the structure of the human brain connectome in individual brains to build predictive models of prodromal Alzheimer’s disease, with the goal of informing precision medicine. Co-investigators on this project include Andrew Saykin, Psy.D., Joaquin Goni, Ph.D., Li Shen, Ph.D., of the IADC and the IU School of Medicine, and Olaf Sporns, Ph.D., of the Department of Psychological and Brain Sciences. This project is funded by the Indiana Clinical and Translational Sciences Institute.
The Indiana Alzheimer Disease Center and the Indiana University School of Medicine welcomes Dr. Liana Apostolova. Dr. Apostolova earned her M.D. in 1998 from The Medical University in Sofia, Bulgaria. She completed her medical internship at Ravenswood Hospital in Chicago, Ill., in 2000, followed by a neurology residency at the University of Iowa Hospitals and Clinics in Iowa City, Iowa, completed in 2003. Next, Dr. Apostolova spent two years in a fellowship program in dementia and behavioral neurology at UCLA in Los Angeles. While at UCLA, she earned a Master’s of Science in clinical research methodology, conferred in 2010. Her expertise is in behavioral neurology and she will serve as the Leader of the Clinical Core at the IADC. Liana G. Apostolova, M.D., has been named the first holder of the Barbara and Peer Baekgaard Chair in Alzheimer’s Disease Research with the title of Barbara and Peer Baekgaard Professor of Alzheimer’s Disease Research. Dr. Apostolova will retain her current titles of professor of Neurology, Radiology & Imaging Sciences, and Medical & Molecular Genetics. She brings with her two research projects entitled “Imaging Epigenetics of Alzheimer’s Disease” and “Imaging and genetic biomarkers for Alzheimer’s disease”. We are pleased to welcome her to Indiana and the IADC.

Liana G. Apostolova, M.D., MSC

IADC says farewell to Jill R. Murrell, PhD

Dr. Jill Murrell began her career at Indiana University School of Medicine and the IADC as a graduate student and has been a tremendous contributor as an educator and genetics researcher for 21 years. Dr. Jill Murrell is leaving to pursue a Fellowship in Clinical Molecular Genetics at the Children’s Hospital of Philadelphia. This training will allow her to run a Clinical Genetics Laboratory, something she has wanted to do for some time. It is with a heavy heart that she leaves her colleagues and her home but this is also an exciting opportunity. The best part of her job was helping families with early-onset dementia. With this fellowship training, she can expand the scope of her work to help many more families. The IADC wishes Dr. Murrell all the best.
IADC wishes all the best to Brandy R. Matthews, MD in her new role.

Dr. Brandy Matthews, Associate Professor of Neurology & Associate Leader of the Outreach, Recruitment and Education Core at the IADC, has accepted a new position at Eli Lilly & Company in Indianapolis. She will serve as a Senior Medical Advisor, Global Medical Affairs, Alzheimer’s Disease Team. Dr. Mathews will return to IUSM in January, 2016 as Volunteer Associate Professor of Clinical Neurology to continue her role in the Indiana Alzheimer Disease Center clinical research and assist in the clinical care of a limited number of patients with Frontotemporal Dementia. We miss her already, but are so pleased she will continue as Volunteer faculty. iadc.medicine.iu.edu/about-us/iadc-faculty/brandy-matthews-md/ 

Congratulations to Tatiana Foroud, PhD

Tatiana Foroud, Ph.D., an internationally recognized genetic researcher who holds several leadership positions at the Indiana University School of Medicine, has been selected to be chair of the school’s Department of Medical and Molecular Genetics. Dr. Foroud, who joined the IU School of Medicine faculty in 1994, was named the P. Michael Conneally Professor of Medical and Molecular Genetics in 2005. She is director of the department’s Hereditary Genomics Division and is scientific director of the Indiana Biobank, a primary biospecimen resource at Indiana University. She also leads the Genetics, Biomarker and Bioinformatics core, a recent addition to the NIH-funded IADC. Along with departmental colleague Gail Vance, M.D., Dr. Foroud has been serving as interim chair of the department since former chair Kenneth Cornetta, M.D., stepped down last year to begin a fellowship in palliative care. We are so proud of Dr. Foroud. iadc.medicine.iu.edu/about-us/iadc-faculty/tatiana-foroud-phd/ 

Grants awarded

Shannon L. Risacher, Ph.D. received a K01 Mentored Research Career Development award from the National Institute on Aging. She has been funded to study “Sensory and Perceptual Measures as Biomarkers of Alzheimer’s Disease Pathology” through April 2016. The project is designed to evaluate sensory function (vision, smell, and hearing) as novel biomarkers for Alzheimer’s disease. The project also includes state-of-the-art neuroimaging measures as established biomarkers of AD against which the novel sensory measures will be compared. This will be the first study to evaluate sensory measures from different domains (vision, smell, and hearing) in the same people and the first to do so in the context of advanced neuroimaging. The goal is to establish these easy and inexpensive tests as sensitive measures that could be used as screening tools for dementia. Congratulations to Dr. Risacher. iadc.medicine.iu.edu/about-us/iadc-faculty/shannon-risacher-ph-d/
A big thank you from the Indiana Alzheimer Disease Center goes out to the Indianapolis woman who stopped to help a lost stranger with Alzheimer’s disease.

The family, Indianapolis Metropolitan Police Department and Indianapolis Fire Department teams spent two-and-a-half hours searching for the woman with Alzheimer’s disease, with no luck. However, a woman driving eastbound on 56th Street near Roxbury Street saw her standing in the middle of the road and she was stepping into traffic but as cars would honk and pass, she would step back into the median. The driver and Good Samaritan, Laquandra Warren passed the woman and saw a look that she was familiar with. Warren used to work at a nursing home with dementia patients and recognized the confusion on the woman’s face so she turned around and went back to help her. Ms. Warren parked her car in the middle of westbound 56th Street and turned on her hazard lights. She got out of her car and approached the woman standing on the median. Ms. Warren said the woman did not seem afraid, but Ms. Warren held on to her to keep her from walking back into traffic and then called 911.

Ms. Warren stayed with her until search teams were notified and made it to her location. Minutes later, search teams arrived and were able to confirm that this was the lost woman they were looking for. Emergency crews assessed the woman and determined she was okay. Officials say Ms. Warren’s actions are a great example of how the public and public safety work together to keep our community a safer place. They also commended Ms. Warren for going above and beyond for a woman she didn’t even know, even by risking her own safety.

We at the IADC would like thank Ms. Warren for her kindness and compassion toward a stranger with AD. However, we would also like to stress that families caring with a person with AD, must consider situations where the person may indeed wander away and get lost. There are many systems available to help monitor people with AD. A good place to start is with the Alzheimer’s Association and Medic Alert’s Safe Return program. There are also gps monitoring devices, door alarms, cell phone locating services and so on. Safety must be the discussed as persons with AD cannot make reasoned and rational decisions as the disease progresses. Make sure your loved one with AD has ID information on them at all times.

Safety is a big concern for caregivers of people with Alzheimer’s disease. Whether it’s dealing with wandering, dangers in the home, or difficulties with driving, the National Institute on Aging’s ADEAR Center has information to help you reduce the risk of injury and keep the person safe.

Check out the following publications for helpful safety tips:

- **Wandering**—learn how to make changes at home to prevent wandering.
- **Home Safety**—get information on how to change a person’s surroundings to prevent injury, basic safety room-by-room, and strategies to prevent falls in the home.

Read more in the NIH/NIA Alzheimer’s Caregiving Tips series.

**Please share!**
Share these online resources with others on social media using the following message:
Prevent injury in ppl w #Alz! Check out @Alzheimers_NIH’s online #Caregiving Tips series for helpful #safety info: [http://1.usa.gov/1LdZ5nY](http://1.usa.gov/1LdZ5nY)
9th Annual Martin Family
Alzheimer’s Disease Caregiver Symposium

for caregivers

Friday, October 2, 2015
10 am to 4 pm

Participants will:
1. learn that depression, anger and guilt are quite common in caregivers.
2. learn intervention strategies for treating depression and managing emotional health in caregivers.
3. plan for legal/financial issues over the course of the disease.
4. love to use art to keep loved ones engaged.
5. understand the ultimate gift of love: brain donation in diagnosis and research.

The program is offered free of charge; however, REGISTRATION is required. Please register online at
iadc.medicine.iu.edu/current-events/ninth-caregiver-symposia
Phone: (317) 963-7297  Fax: (317) 963-7325
or email: dwerp@iupui.edu

IU Health Neuroscience Center
Goodman Hall Auditorium
355 W. 16th Street
Indianapolis, IN  46202

Sponsors and Exhibitors:
Resources and Links for Caregivers

Below are Web links with descriptions highlighting practical resources you can print or download at no cost. The web sites contain much more information than we can include here. Surf the net and find some useful information. Please visit the IADC webpage often for this and many other resources:

Indiana Alzheimer Disease Center
iadc.iupui.edu/resources/caregiver-information/

Alzheimer’s Association
www.alz.org
Over 140 publications on all aspects of the disease are free to download. Health care professionals and families can access the Alzheimer’s Association Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes which contain their official recommendations for dementia care. Visitors have access to information in other languages, including a bilingual Latinos and Alzheimer’s portal and an Asian portal that includes resources in Chinese, Korean and Vietnamese. TrialMatch™ helps families locate clinical trials based on personal criteria. Comfort Zone uses the Internet and a device to track the location of a person with Alzheimer Disease. The "Research Center" presents an extensive portfolio of information for finding the latest research from around the globe, how to volunteer for clinical trials in your area, and more.

Alzheimer’s Disease Education and Referral Center (ADEAR)
www.nia.nih.gov/Alzheimers
This Web site includes information for consumers on Alzheimer disease from the National Institute on Aging. Notable are the booklets, fact sheets, newsletter and training programs available through the publications link on their home page. View a 4-minute captioned video showing the intricate mechanisms involved in the progression of Alzheimer disease in the brain. Unraveling the Mystery, contains both basic and technical information on the scientific and social aspects of Alzheimer. Resources are available in English and Spanish.

ClinicalTrials.gov
clinicaltrials.gov
Identify regularly updated federally and privately funded clinical research with human volunteers. Locate information about a trial’s purpose, who may participate, locations, phone numbers and whether a trial is still recruiting. Find information about participating in an Alzheimer Disease research study, see our alz.org section called Participating in Clinical Studies.

Family Caregiver Alliance (FCA)
www.caregiver.org
FCA’s Publications section includes fact sheets, newsletters, research studies, reports, policy briefs and more available for anyone needing information on caregiving or developing programs and services for families. The National Center on Caregiving provides a state-by-state, online guide to identify programs and services nationwide for anyone involved in caregiving. Materials are available in Spanish and Chinese.

Four Pocket Films
agingresearch.org/pocketfilms
Four brief films on Alzheimer disease written by David Shenk, produced by Alliance Aging Channel and MetLife, and narrated by David Hyde Pierce can be watched online or purchased inexpensively and include: What is Alzheimer disease? Alzheimer disease: an urgent epidemic; Alzheimer disease: Race to the cure; and Alzheimer disease: a message for newly diagnosed patients and their families.

‘My Thinker’s Not Working’
www.aadmd.org/ntg
www.rrtcadd.org
A national strategy for enabling adults with intellectual disabilities affected by dementia to remain in their community and receive quality supports. The plan, developed by the National Task Group on Intellectual Disabilities and Dementia Practices presents findings and recommendations on the impact of Alzheimer disease. It includes an overview of the population, challenges facing them, community services, education and training, financing, and possible solutions. It also provides an action plan for national, state, and local agencies and recommends a specific assessment tool for recognizing dementia in this special population.

National Library of Medicine – MedlinePlus
www.nlm.nih.gov/medlineplus
MedlinePlus is a goldmine of health information. It also has extensive information about drugs, an illustrated medical encyclopedia, interactive patient tutorials and health news. Pages related to dementia and dementia care are: Alzheimer Disease, Dementia, Alzheimer's Caregivers and Memory. The Information is also available in Spanish: Enfermedad de Alzheimer, Demencia, Proveedores de atención al paciente con Alzheimer, Memoria. Additionally, MedlinePlus email updates deliver messages about new sites on MedlinePlus along with other notices. You can sign up to receive general emails covering all health topics, or you can sign up to receive emails about specific topics, like Alzheimer disease.

NIH Senior Health – Alzheimer's Disease
nihseniorhealth.gov/index.html
If you are a computer savvy senior, or even if you’re not, search the National Institutes of Health Web site on eating well as you get old, exercise for older adults, talking with your doctor, Alzheimer disease , home care, residential care, caregiver support, safety issues, participating in clinical trials, and more. View the pages in different options like font size, contrast, speech capability, and printer friendly versions.
Alzheimer’s Disease and Traveling

Are you planning a trip or vacation? Taking a person with Alzheimer’s disease (AD) on an overnight trip can be especially challenging because traveling may make the person with AD more confused and anxious in new surroundings. Here are some tips to make travel easier:

Plan ahead ...

♦ Talk with the person’s doctor about how to calm someone who gets upset while traveling. Perhaps the doctor can give you some medicine to keep the person with AD calm, if necessary.
♦ Keep important documents with you in a safe place. These include health insurance cards, passports, doctors’ names and phone numbers, and a list of medicines.
♦ Pack items the person enjoys looking at or holding for comfort.
♦ Take an extra set of clothing in a carry-on bag.
♦ Travel with another family member or friend.
♦ Find someone to help you at the airport, train station, or bus station. A porter can help with luggage; ask for wheelchair assistance at busy airports.
♦ Keep your schedule realistic—allow lots of time for each thing you want to do.
♦ Plan plenty of rest periods.
♦ Follow a routine like the one you use at home. Try to have the person eat, rest, and go to bed at the same time they do at home.
♦ If the person is prone to wandering, make sure they have identifying information in their pocket, carrying a smart phone with GPS locating system on it can help locate them if they do get lost. And have a recent photo of them with you just in case. Make sure the person wears an ID bracelet or something else that tells others who he or she is.
♦ Always be prepared and think ahead.

Once you arrive...

♦ Let others know that your family member has a memory problem. Some caregivers carry a card that explains why the person with AD might say or do odd things. For example, the card could read, “My family member has AD. He needs a little more time and patience when trying to respond. He might say or do things that are unexpected. Thank you for your understanding.”
♦ Spending time with family and friends is important to people with AD. They may not always remember who people are, but they often enjoy the company. Share these tips with people you plan to visit:
♦ Be calm and quiet. Don’t use a loud voice or talk to the person with AD as if she were a child.
♦ Respect the person’s personal space and don’t get too close.
♦ Make eye contact and call the person by name to get his attention.
♦ Remind the person who you are if she doesn’t seem to know you.
♦ Don’t argue if the person is confused. Respond to the feelings that he expresses. Try to distract the person by talking about something different if they get agitated.
♦ Remember not to take it personally if the person doesn’t recognize you, is unkind, or gets angry. She is acting out of confusion.
♦ Have some kind of activity ready, such as a familiar book or photo album to look at. This can help if the person with AD is bored or confused and needs to be distracted.
♦ Be prepared to skip any activity that is not needed or agitates the person.
♦ Keep a well-lit and clear path to the toilet and leave the bathroom light on at night.
♦ Be prepared to cut your trip short if necessary.

More caregiving tips and other resources:
Read “Caring for a Person with Alzheimer’s Disease”:
www.nia.nih.gov/alzheimers/publication/caring-person-alzheimers-disease
Visit www.nia.nih.gov/alzheimers/topics/caregiving
Call the ADEAR Center toll-free: 1-800-438-4380
What does participating in the Indiana Alzheimer Disease Center (IADC) at the Indiana University School of Medicine (IUSM) mean?

What happens if I sign up as a research participant at the IADC?

**Screening**: We have a telephone screening in place that helps us get some background on the potential research participants. The screening collects some general information about health. Some existing health conditions, like a history of brain injury with loss of consciousness or a previous stroke disqualify participants as these types of health conditions damage the brain and will affect our ability to study how Alzheimer’s disease and dementia affect the brain. If the potential research participant qualifies for participation they will receive a packet of forms and questionnaires to complete at home. If they have any trouble completing the forms we will help them at the in-person visit.

**Regular study visit**: This takes about 3 hours and includes a private visit with the research staff and a doctor who specializes in dementia diagnosis and care. They will collect general medical information and administer research questionnaires that will help us decide if the research participant has any changes in thinking and memory. The visit also includes a pen and paper test of memory and cognition (thinking). Finally, we will draw some blood as that helps us identify disease markers in blood. Wouldn’t it be great to be able to diagnose AD with a simple blood test! During this visit the research participant has the opportunity to freely and privately communicate with the doctor and get any questions and concerns answered. Please note and be assured that any information collected during this and other visits, DO NOT BECOME PART OF MEDICAL RECORDS BUT IS KEPT STRICTLY PRIVATE AND CONFIDENTIAL.

**Additional research procedures**: Additional research procedures are available to qualifying participants. The doctor and/or the research team will describe each procedure and discuss the following in more detail:

- **Research scan (magnetic resonance imaging)** – allows us to take a picture of the brain that tells us if any parts are shrinking or not working. The full protocol takes 1.5 hours; a shorter scan, 30 min long, is available but that only provides limited information.

- **Lumbar puncture or spinal tap** – a lot can be found in the fluid that bathes the brain. In reality, AD can be diagnosed with a lumbar puncture. There is so much to learn from this invaluable test.

- **Sensory testing** – includes detailed testing of vision, smell and hearing.

- **Other scans (like positron emission tomography or PET)** – we now have the opportunity to see the proteins that cause AD (amyloid beta and tau) in the living brain. We will soon have two types of research scans that will give us important information of how these proteins spread through the brain while the person with AD is still living.

- **Brain donation** – once the person with AD has passed, the opportunity to examine the brain under the microscope is vitally important as it improves our understanding of the disease compared to all the clinical information and scans we have collected.

All research procedures can be scheduled on **one day or two different days** if you would like. All participants must have a study partner – a spouse, a child, a close friend, another family member – that knows them well and can accompany them to the visit with the doctor (i.e., the 3-hour-long regular study visit). The study partner does not have to stay for the pen and paper testing, the imaging tests or the sensory testing but is welcome to do so.

Please call Donna Wert at 317-968-7297 if you would like to learn more about getting involved with our research program.
Are you interested in learning more about the Indiana Alzheimer Disease Center? Complete this form to get started!

Please complete this form if you would like a phone call to get more information about the IADC. You may also use this form if you are interested in volunteering for research or for any of the other service you might be interested in...see the list below and check all that apply. Thank you.

Name: ____________________________________________
Address: _________________________________________
City: __________________ State: __________ Zip: __________
Phone: ___________________________________________
Email: ____________________________________________

Age: ______ years Gender: ______ Male ______ Female ______
Race:  ○ White; ○ Black; ○ Asian; ○ Pacific Islander; ○ Native American
          ○ Mixed Races  ○ Other (specify) ___________

Languages: check all that apply:
_____ I can speak, read and write English
_____ I only speak English
_____ I can speak, read and write another language (please specify) ______________________
_____ I only speak another language (please specify) ______________________

We are happy to help you learn about our other services. Check all that apply:
_____ Please add me to your mailing list.
_____ I am interested in research participation.
_____ I am interested in diagnostic services. ___ self or ___ family member
_____ I am interested in learning more about brain donation.
_____ I am interested in supporting the IADC and its programs.
_____ Please call me regarding ________________________________
_____ I prefer to be contacted by (check one): _______ email _______ phone _______ mail

Scan and email this form to dwert@iupui.edu; fax it to 317-963-7325 or mail it to: IADC, Attention: Outreach, Recruitment and Education Core (OREC), 355 West 16th Street, Suite 2800, Indianapolis, IN 46202-7176.
## IADC Current Studies on AD and Related Disorders Research Enrolling Participants

<table>
<thead>
<tr>
<th>Study Description</th>
<th>For which study?</th>
<th>Who is needed?</th>
<th>Length of study?</th>
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<tbody>
<tr>
<td>Research Registry/database used to capture data for self-referred volunteers and</td>
<td>Research Registry/database</td>
<td>To participate, volunteers must have a diagnosis of one of the following:</td>
<td>Information regarding research projects will be disclosed prior to enrollment in specific research studies.</td>
<td>Christina Brown 317-963-7426 <a href="mailto:chbrown@iupui.edu">chbrown@iupui.edu</a></td>
</tr>
</tbody>
</table>
| established clinic patients interested in participating in clinical research and    | used to capture data for self-referred volunteers and established clinic patients interested in participating in clinical research and drug studies, now and in the future. | • Probable Alzheimer’s disease  
• Mixed Dementia  
• Mild Cognitive Impairment  
• Vascular Dementia  
• Lewy Body Disease  
• Parkinson Dementia | Length of study varies by individual study. |                                                |
| drug studies, now and in the future.                                               |                   |                                                                               |                                                                                |                                  |
| The Genetics of Late Onset Alzheimer’s Disease (LOAD) Study                        | The Genetics of Late Onset Alzheimer’s Disease (LOAD) Study | Participants need to:  
• Be a member of family with 3 or more living siblings diagnosed with probable AD. | Longitudinal; over a lifetime or as long as person is willing.  
• Visits include: neurological exam, cognitive evaluation, informant interview and a blood sample for DNA at first visit. | National Cell Repository for AD 1-800-526-2839 alzstudy@iu.edu |
| The National Cell Repository for Alzheimer’s Disease (NCRAD)                       | The National Cell Repository for Alzheimer’s Disease (NCRAD) | Participants need to:  
• Be part of a family with two or more living members with AD or symptoms of serious memory loss;  
• Be eager to involve new families from all locations. | Longitudinal; over a lifetime or as long as person is willing.  
• Visits are done by telephone or mail. | National Cell Repository for AD 1-800-526-2839 alzstudy@iu.edu |
| Dominantly Inherited Alzheimer Network (DIAN) Longitudinal Study                   | Dominantly Inherited Alzheimer Network (DIAN) Longitudinal Study | Participants need to:  
• Have a first degree relative with Alzheimer’s disease caused by a known mutation;  
• Be at least 18 years of age;  
• Speak and read English;  
• Have someone who knows them well and is willing to answer questions about their memory and thinking.  
• Be 15 or more years younger than the estimated age of onset. | In person, visits every 2 years, as long as the person is willing;  
• Visits include: neurological exam, cognitive evaluation, PET and MRI imaging, informant interview, blood draw and spinal tap.  
**Compensation:**  
• Travel, meals, completion of some procedures, and accommodations. | Melissa Wesson 317-278-9545 mkwesson@iu.edu  
or  
Christina Brown 317-963-7426 chbrown@iupui.edu |
<table>
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| **Indiana Memory and Aging Study (IMAS)** Study includes brain scans, blood draw, eye exam and cognitive testing | Participants need to:  
- Have mild to moderate memory problems;  
- Be 60 years of age +;  
- Be right-handed;  
- Have completed at least 8th grade.  
- Be in good general health;  
- Have someone who knows them well and can answer questions about their memory. | Longitudinal; over a lifetime or as long as person is willing;  
- Assessments are 18 months apart;  
- Each visit is 10.5 hours and will be scheduled over 2 days;  
**Compensation:**  
- $175 for each visit.  
- $50 for optional lumbar puncture.  
- Parking is validated. | Eileen Tallman  
317-278-3121  
etallman@iupui.edu |
| **Eisai:** A placebo-controlled, double-blind, parallel-group, dose regimen-finding study to evaluate safety, tolerability, and efficacy of BAN2401 in subjects with early AD, defined as mild cognitive impairment due to AD. | Participants need to:  
- Be 50-90 years of age;  
- AChEIs and/or memantine allowed if stable dose for at least 12 weeks prior to baseline;  
- Have a BMI < 35 at screening;  
- Have a MMSE 22+. | Up to 41 months  
- Average visit 3-6 hours  
**Compensation:**  
- varies from $50 to $100 visit; up to $2600 maximum. | Lyla Christner  
317-963-7411  
lychrist@iupui.edu  
or  
Christina Brown  
317-963-7426  
chbrown@iupui.edu |
| **Genentech:** A phase IB, multicenter, randomized, placebo-controlled, double-blind, parallel-arm, multi-dose study to assess the safety, tolerability and pharmacokinetics of intravenous crenezumab administered in patients with mild to moderate AD | Participants need to:  
- MMSE score of 18–28 points  
- Ages 50–90 years  
- Body weight ≥ 45 kg and ≤ 120 kg | approximately 10 months  
- Opportunity to enter the optional OLE stage, in which case the expected length of the entire study (including screening and enrollment) will be approximately 21 months | Lyla Christner  
317-963-7411  
lychrist@iupui.edu |
| **Lundbeck study**, to assess benefits of adding Lundbeck study medication to patients already taking donepezil/Aricept | Participants need to:  
- Be at least 50 years of age  
- Have been diagnosed with probable Alzheimers disease with MMSE 12-22  
- Have reliable caregiver who can come to study visits  
- Taking ONLY donepezil/Aricept 10mg/day for 4 months  
- Not be taking Namenda | 28 weeks with option of open label extension (where know you’re getting study drug) of another 28-32 weeks | Caitlin Camp, RN  
317-963-7369  
cmcamp@iupui.edu |
## IADC Current Studies on AD and Related Disorders Research Enrolling Participants

(Continued from page 11)

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| **Roche WN28745 Study**, A research study to assess the effect of Gantenerumab injections | Participants need to:  
• Be 50-90 years of age;  
• Have mild AD, MMSE 20-26;  
• Have a study partner to accompany you. | • Visits are 3-6 hrs long,  
• Receive monthly injections of study drug or placebo.  
**Compensation:**  
• $50 per visit | Caitlin Camp, RN  
317-963-7369  
cmcamp@iupui.edu |
| **A4 LZAZ ADC –040 Study**, An Anti-Amyloid Treatment in Asymptomatic Alzheimer’s disease research study to assess the effects of Solanezumab (LY2062430) versus Placebo in slowing cognitive decline in preclinical AD. | Participants need to:  
• Be 65-85 years of age;  
• Have an MMSE score of 27-30 if more than high school education;  
• Have an MMSE score of 25-30 if only high school education;  
• Amyloid pathology present at screening  
• Be living independently;  
• Have a study partner accompany you. | • Receive monthly IV infusion of Solanezumab or placebo;  
• Visits are 3-6 hrs;  
• Approx. 164 weeks;  
• Clinic visit every 4 weeks.  
**Compensation:**  
• $50 for each completed clinic visit;  
• $75 for optional lumbar puncture at visit #5;  
• $125 for final visit of optional lumbar puncture;  
• Complimentary parking. | Nancy McClaskey, RN, CCRP  
317-963-7429;  
nmclask@iupui.edu  
or  
Christina Brown  
317-963-7426  
chbrown@iupui.edu |
| **NOBLE / TCAD:** A Phase 2 multi-center, randomized, placebo-controlled, double blind, parallel group study to evaluate the efficacy and safety of T-817MA in patients with mild to moderate Alzheimer’s Disease | Participants need to:  
• Be between 55 – 85 years of age  
• MMSE of 12 - 22  
• Receiving donepezil treatment for at least 6 months prior to Baseline and on a stable dose for 3 months prior to Baseline  
• Brain MRI or CT consistent with Alzheimer’s disease | • visit every four weeks for the first 12 weeks of the study,  
then study visit every 6 weeks thereafter until week 36,  
additional visits at week 44 and week 52.  
A final follow-up visit will be conducted at Week 56. | Caitlin Camp, RN  
317-963-7369  
cmcamp@iupui.edu |

The IADC team is collaborating with existing resources and registries such as ResearchMatch, a free, national recruitment registry funded in part by the National Institutes of Health (NIH); the Alzheimer’s Prevention Registry, part of the NIH-supported Alzheimer’s Prevention Initiative; and the Alzheimer’s Association’s TrialMatch service.

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For more information on making a bequest or planned giving to the Indiana Alzheimer Disease Center you may also call 317-963-7599 or email bsglazie@iupui.edu

To use a credit card to make a gift, please go to our secure website at iadc.iupui.edu/give-now/

Please make checks payable to: Indiana Alzheimer Disease Center  
Mail to: Brad Glazier, Administrator  
Indiana Alzheimer Disease Center  
Indiana University School of Medicine  
IU Health Neuroscience Center, Suite 4100  
355 West 16th Street  
Indianapolis, IN 46202
IADC is Out and About Again

Faculty and staff from the IADC Outreach, Recruitment and Education Core (OREC) and other Cores attend many community programs, health fairs and conferences in central Indiana and beyond. Faculty have also been seen and heard on radio and TV programs around the area.

Above: INShape Black Minority Health Fair at the Indianapolis Black Expo. Our booth was staffed by IUSM medical students, Clinical Core participant volunteers and IADC faculty and staff.

Below: IU Health provided a “Focus on Health Activity” experience.

Left: Panel discussion at the Indianapolis Repertory Theatre during the production of Forget Me Not by playwright and AD advocate Mr. Garrett Davis (second from right). Other panelists included: Stephanie Monroe of AfricanAmericansAgainst Alzheimer’s, Mr. Davis, Dr. Shannon Risacher, IADC, Dr. Brandy Matthews, IADC, Dr. Mary Austrom, IADC and Ms. Mary Black, IADC research participant.

Below: Shalom Health Fair in Indianapolis had activities for all ages.

Above: Dr. Brandy R. Matthews participated in the panel discussion at the Indianapolis Opera’s production of Dr. Oliver Sach’s The Man Who Mistook His Wife for His Hat.

Above: Dr. Austrom presented her work in Modena, Italy.

If you have a program coming up, please let the IADC know: contact us by email at dwert@iupui.edu or call 317-963-7297.
There are things to like about winter, but the prevalence of illness isn’t one of them. Preventing germs from spreading is even more important during winter because colds, flu and other diseases tend to be more common during this time of year. And if one member of your family becomes ill, taking preventive steps at home to help ensure others don’t “catch it” can be challenging. Here are some tips for battling germs this season:

**Be diligent about hand washing.** Thorough and frequent hand washing is one of the best ways to prevent germs from spreading. Use soap and warm water, and rub hands together for at least 20 seconds. If a sink and soap are not available, use an alcohol-based hand sanitizer. Small bottles of hand sanitizer are great to stash in your car, purse or briefcase for cleaning hands on the go.

**Use disposables.** Germs linger on cloth hand towels and dish cloths, creating a breeding ground for germs. If someone in the house is ill, consider using disposable paper towels instead. After an illness, it’s a good idea to change your toothbrush as well.

Generally, avoid sharing drinks, food and lip balms with others. It’s also important to take care of yourself to help your immune system fight off disease. This means eating nutritious foods, exercising and getting enough sleep. If you haven’t already received a flu vaccine, talk to your doctor. Also be sure to consult your primary care doctor if you become ill, and symptoms worsen or persist for more than a few days.

From IU Health blog.

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**Cover your cough.** If possible, cough or sneeze into a tissue and then immediately discard. Resist coughing or sneezing into your hand, as you’ll spread germs to the next thing you touch. If tissues aren’t readily available, cough or sneeze into your elbow.

**Use disinfectant.** If someone in your family is sick, use antibacterial wipes to disinfect frequently used surfaces and items, such as phones, remotes, computer keyboards and doorknobs. These are also good strategies to use at work, especially if you share space with co-workers.
FTD Caregiver Support Group

Has a loved one been diagnosed with frontotemporal dementia (FTD)?
Do you have questions about the disease and how to manage it?
You are not alone.
The IADC FTD Caregiver Support Group meets the 2nd Tuesday of each month from 6:30–8:30 pm at Joy’s House Adult Day Services, 2028 E. Broadripple Avenue, Indianapolis, IN. (West of Keystone at 62nd St.).

Joy’s House Adult Day Service provides a caregiver for patients with FTD and related disorders, so families can bring the patient with them, if necessary.

THANK YOU to our hosts and providers for a comfortable and confidential meeting place.