

Alzheimer's Disease Biomarkers in 4-Repeat Tauopathy Syndromes: Results from the 4R-Tau Neuroimaging Initiative (4RTNI)

Lawren VandeVrede, Renaud La Joie, Elisabeth H. Thijssen, Stephanie A. Vento, Torie Tsuei, Breton M. Asken, Suzanne L. Baker, Yann Cobigo, Corrina Fonseca, Hilary W. Heuer, Joel H. Kramer, Peter A. Ljubenkov, Gil D. Rabinovici, Julio C. Rojas, Howie J. Rosen, Wesley P. Thomas, Brad F. Boeve, Brad C. Dickerson, Murray Grossman, Edward D. Huey, David J. Irwin, Irene Litvan, Alexander Y. Pantelyat, Maria Carmela Tartaglia, Jeffrey L. Dage, Adam L. Boxer

State of the Art: Plasma P-tau217 is validated as specific marker of AD, but utility is uncertain in primary 4R-tauopathy (4RT) syndromes such as CBS, PSP, and nfvPPA. We therefore compared plasma P-Tau217 to A β and tau PET in 4RT, especially within CBS where up to 40% of cases are due to primary AD.

Methodology: 4RT were recruited from 4RTNI; biomarker-confirmed AD and cognitively normal (CN) controls were from UCSF. Plasma P-Tau217 was measured on the MSD platform, and compared to A β and flortaucipir (FTP) PET. Clinical-biomarker associations were explored using imaging analyses and longitudinal mixed effect modelling.

Results: Plasma P-Tau217, A β PET centiloids, and FTP temporal SUVR were elevated in AD (n=54) compared to CN (n=68), CBS (n=118), PSP (n=119), and nfvPPA (n=40). Within CBS, each AD biomarker was elevated in CBS-AD compared to CBS-4RT. In the entire cohort, strong correlations were seen between P-Tau217 and A β centiloids ($\rho=0.68$) and FTP temporal SUVR ($\rho=0.74$). ROC analyses of P-Tau217 had AUC 0.92 validated against A β PET visual read and AUC 0.94 for FTP temporal SUVR >1.27 . CBS-AD (n=12) and CBS-4RT (n=39) differed in longitudinal atrophy, with CBS-4RT resembling PSP progression. CBS-4RT also showed faster rates of motor decline on a modified PSP Rating Scale than CBS-AD.

Conclusion: We validated plasma P-Tau217 against A β and FTP PET and found excellent diagnostic performance in differentiating AD from 4RT in the entire cohort, and in distinguishing CBS-AD from CBS-4RT. We also identified differences in progression between CBS-AD and CBS-4RT that may facilitate clinical trials.

Conflicts of interest

N/A