Nantz National Alzheimer Center



Molecular Imaging for Differential Dementia Diagnosis 10:07-10:30

Joseph C. Masdeu, MD, PhD

Graham Distinguished Chair in Neurological Sciences Houston Methodist Institute for Academic Medicine Houston, TX jcmasdeu@houstonmethodist.org

Professor of Neurology, Weill Cornell Medicine

Faculty Disclosure

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research
General Electric Health	Х	Х	Х
Eli Lilly	Х		Х
Avanir			Х
Abbvie			Х
ALS Association			Х
Biogen			Х
NIH (NIA)			Х
Novartis			Х

Learning Objectives

- □ List what imaging modalities are useful for the study of dementia
- Indicate why and how molecular imaging may help detect brain changes in neurodegenerative dementia before MRI does
- Describe the positron emission tomography patterns of the most common neurodegenerative dementias

Imaging Modalities for Neurodegenerative Dementias

D MRI

- Volume (atrophy)
 Anatomical (DTI) & functional
 - connectivity (BOLD)
 - Blood flow (ASL)
- DET (Positron Emission Tomography)
 - Metabolism
 - β-amyloid load
 - pTau load
 - Inflammation
- **SPECT** (Perfusion)



Neuroimaging in the Diagnosis of Degenerative Dementias

	Atrophy (MRI)	↓ metabolism, perfusion (PET, SPECT)	Amyloid	Tau
Alzheimer' s	Medial temporal, other limbic	Parieto-temporal association cortex, retrosplenial	Yes	Yes
Semantic dementia	Both temporal tips (L>>R)		Yes (20%) No (80%)	20%
Behavioral type FTD	Frontotemporal poles		No	50%
Progressive non- fluent aphasia	Left perisylvian association cortex		No	80%
CBD	High fronto-parietal association cortex		No	Yes

Josephs KA et al. Neurology 2006;66:41-8

Why PET to Diagnose Neurodegenerative Dementias?

 Patients and families prefer PET to lumbar puncture ("spinal tap"
 Orthostatic headache

While some dementias such as Creutzfeldt-Jakob disease have accurate CSF biomarkers, other disease types such as dementia with Lewy bodies, vascular dementia, and frontotemporal dementia lack reliable biomarkers for their specific clinical diagnosis Llorens F et al. *Prog Neurobiol* 2016:138-140:36-53

Amyloid-Positive Dementias (FDG-PET is enough!)



Alzheimer's disease

Affected (in red or yellow above):

- Precuneus and posterior cingulate gyrus
- Parieto-temporal association cortex

Nestor PJ et al. Ann Neurol 2003;54:343



Diffuse Lewy body disease

Similar pattern on the lateral aspect but the posterior cingulate not affected ("cingulate island sign")

Masdeu JC et al. Brain 2012;135:2440

Frontotemporal Dementia Variants (Amyloid Negative)





Behavioral Tau or TDP43





Frontotemporal Dementia Variants

Healthy Control







Frontotemporal Dementia Variants











FDG Metabolism vs MRI in Fronto-temporal Dementia



FDG PET

FDG PET

MRI

FDG PET: Is Abnormal Before **Cortical Thickness** Becomes Abnormal



Jack CR et al. Alzheimers Dement 2017;13:205

Why FDG PET to Diagnose Neurodegenerative Dementias?

Patients and families prefer PET to lumbar puncture ("spinal tap"

Orthostatic headache

- More information than CSF for non-AD disorders
 - Frontemporal lobar degeneration
 - Diffuse Lewy body disease

Tau Imaging Outcome ¹⁸F-AV1451 PET



Clear-cut, quantifiable worsening in about 15 months

Misfolded tau: Linked to neurodegeneration

Brain Metabolism Versus Brain Tau: Yin-Yang Relationship

Where Tau is High, Metabolism is Depressed

Logopenic Aphasia (Alzheimer disease)

- Areas of normal metabolism
- Have no tau
- But areas with high ٠ amyloid
- May have normal • metabolism
- Areas with high tau •
- **Have reduced** metabolism

Tau more closely linked to neurodegeneration than amyloid





Pascual et al. Neurology 2016;85:487

Metabolism **β-amyloid** ¹⁸F-FDG ¹⁸F-florbetapir

R

Tau ¹⁸F-T807

Tau Propagation Along Natural Brain Networks

Tau deposits in anterior and posterior neuronal nodes of the syntactic network

These neuronal nodes are connected by the arcuate fasciculus, abnormal near the anterior node, where the disease begins



References

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