Translating Scientific Discovery into Better Care: Groundbreaking Research at the National Institute on Aging

Friends of the NIA Briefing

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APPROPRIATIONS & FUNDING

FY18 Budget Status – Funding Increases Across the Board

\$37 Billion for the NIH

\$500M for Opioids

\$140M for BRAIN

\$60M for All of US

\$414M for AD

- \$2.6B for the NIA
- \$111M increase for non-targeted NIA research; percent increase comparable to other ICs
- All divisions will benefit
 - > DBSR > DAB
 - ➢ DGCG ➢ DN

Appropriations

2011	2012	2013	2014	2015	2016	2017	2018
National Alzheimer's Project Act (NAPA)	\$50 M* redirected within NIH budget	\$40 M* redirected within NIH budget	\$100 M additional approp	\$25 M additional approp	\$350 M additional approp	\$400 M additional approp	
	5	5				\$414 M in additional appropriations	

as of 3/23/18

*one-year money

Years displayed are Fiscal Years

NIA Appropriations

Fiscal Years 2013-2018



Total Active AD/ADRD FOAs





New Investigator (NI) and Early Stage Investigator (ESI) AD/ADRD Awardees FY2015-2017



ESI: Early Stage Investigator **NI**: New Investigator

ADVANCING AGING RESEARCH

Intramural Research Program



- 10 Intramural Laboratories
- Core facilities
- Home of the BLSA and HANDLS

NIA Laboratory of Neurogenetics

- Found >90% of the genes and risk factors for Parkinson's disease
- Identified the first rare risk variant for Alzheimer's disease (TREM2)
- Identified multiple genes for Amyotrophic Lateral Sclerosis and frontotemporal dementia, including the most common cause (c9orf72)



Amyloid Deposition is Associated with Motor Impairment Before Cognitive Decline



Tian, Q et al. (2017). J Gerontol A Biol Sci Med Sci 72(5):716-723.

Division of Aging Biology

- Nathan Shock Centers of Excellence
- Genetics and Cell Biology
 - Genetics
 - Cell Biology
 - Metabolic Regulation
- Aging Physiology
 - Stem cells & Regenerative Biology
 - Immunology
 - Endocrinology
 - Musculoskeletal Biology
 - Tissue Physiology

Biological Resources

- Animal Models
- Biological Resources

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"Geroscience" is the Convergence of Two Fields of Study



Chemotherapy-induced fatigue is diminished by removing senescent cells

In humans, chemotherapy-induced fatigue correlates positively with senescent cell burden

In mice, elimination of senescent cells diminishes side effects of chemotherapy



-	+	+	Doxo
-	-	+	Gancyclovir

Toxicity	Chemotherapy	Chemotherapy + Senolytic
Inflammation	+++	+
Fatigue	+++	-
Cardiac dysfunction	++	-
Myelosuppression	++	-
Cancer relapse	+++	+

Demaria, M. et al. (2017). Cancer Discovery 7(2):165-176

TIMP2 from Human Umbilical Cord Plasma Revitalizes Hippocampal Function in Aged Mice



Castellano, J.M. et al. (2017). *Nature* 544(7651):488-492

Division of Neuroscience



- Basic Neurobiology
- Alzheimer's Disease
- Sensory Processes
- Learning and Memory
- Sleep
- Cognitive Health

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What Counts as AD/ADRD Research?

- The AD/ADRD payline applies to applications/awards that are coded as AD or Alzheimer's disease- related dementias (ADRD)
- The ADRD RCDC categories that report related dementias specifically named in the National Plan to Address Alzheimer's Disease are:
 - Lewy Body dementia (LBD)
 - Frontotemporal dementia (FTD)
 - Vascular Cognitive Impairment/Dementia (VCI/D)

Diversity of AD/ADRD Research



What is CRISPR & How are we using it? Studying human genes in human brain cells

It's part of a bacterial defense system that allows us to "edit" a genome



Studying human genes in human brain cells



Modified from Mungenast et al., Mol Cell Neurosci, 2016, 73:13-31.

Studying human genes in human brain cells



Modified from Mungenast et al., Mol Cell Neurosci, 2016, 73:13-31.

Aducanumab Reduces Amyloid β plaques in AD



Accelerating Medicines Partnership Alzheimer's Disease Program





National Institute of Neurological Disorders and Stroke





obvie





alzheimer's R association

GEOFFREY BEENE

Alzheimer's Drug Discovery Foundation



Managing Partner



https://www.nia.nih.gov/alzheimers/amp-ad

Accelerating Medicines Partnership – AD Knowledge Portal

Target Discovery and Preclinical Validation

AMP-AD Knowledge Portal (SAGE) Predictive Biomarkers in Secondary Prevention Trials



alzheimer's R5 association

Accelerating Medicines Partnership – AD Knowledge Portal

A hub for data, analysis results, analytical methodology and research tools Researchers can use it for:

Data Integration (learning from large pools of data) Predictive Modeling (using what we know to better match compounds to targets) Molecular Profiling (understanding new targets better) Experimental Validation (testing interventions in models) + Rapid and Broad Sharing (of what we are learning)

https://www.synapse.org/#!Synapse:syn2580853/wiki/409840

AMP-AD Mount Sinai Team Candidate Targets: Preliminary list

"Wall" of **Targets - Over** 100 novel targets discovered

Rank	Driver	_		
1	RGS4	1	Rank	Driver
2	SCN2A	-	26	SV2B
- 3			27	RBFOX1
4			28	STAT4
• 5	FNAH	-	29	PAK1
5			30	RASAL2
7		:	31	SYT1
/		3	32	NCKAP1L
8	SYP	3	33	PARD3B
9	PCSK1		34	TLN1
10	KMO		35	NRXN1
11	PTTG1IP	:	36	TNFRSF1B
12	MLIP	3	37	ARHGEF9
13	PLXNB1	1	38	DUSP4
14	DLGAP1	1	39	DTX3L
15	MOAP1	4	40	SNAP25
16	PRKCB	4	41	PLCB1
17	VGF	4	42	WDR49
18	YAP1	4	43	NFIA
19	GNA13	4	44	ХК
20	TRIM56	4	45	NAPB
21	KCNV1	4	46	MVP
22	STXBP5L	4	47	GABRA1
23	DOCK2	4	48	CD68
24	GABRG2	4	49	LAPTM5
25		ļ	50	ANGPT1
	51715			

Ongoing NIA AD/ADRD and Related Intervention and Prevention Trials (140+)

40 Early- stage Clinical Drug Development (Phase I and Phase II Clinical Trials)	8 Late-stage Clinical Drug Development (Phase II/III and Phase III Clinical Trials)	62 Non- Pharma- cological Interventions	7 Clinical Therapy Development for the Neuro- psychiatric Symptoms of AD/ADRD	37 Care and Caregiver Interventions
Amyloid (9) Neurotransmitter Receptors (3) Metabolism and Bioenergetics (4) Vasculature (3) Growth Factors and Hormones (1) Multi-target (6) Oxidative Stress (1)	Amyloid (6) Vasculature (2)	Exercise (16) Diet (2) Cognitive Training (20) Combination Therapy (11)	Pharmacological (5) Non- Pharmacological (2)	

Early Intervention May Be Possible – Thanks to Trial Volunteers from a Colombian Family



tion: One of many Colombian families who have a genetic mutation that leads them to develop Alzheimer's dise. Credit: Forget Me Not Initiative/Grupo de Neurociencias de Antioquia

Beta-amyloid, late 20's



Non-Carriers, late 30's



Gene Carriers, late 30's



Dementia onset is in late 40's

Fleisher, AS, Reiman, EM and colleagues (2012). Lancet Neurology

Challenges for AD/ADRD Studies

- Lack of eligibility
- Lack of capacity, awareness and resources among primary care providers
- Study partner requirements
- Invasive procedures
- Need for pre-symptomatic volunteers
- Barriers for underrepresented communities
- National Recruitment Strategy in development – for release in the summer of 2018



The framework will hopefully aid researchers in identifying individuals at risk for disease sufficiently early to test new prevention strategies as they emerge



Division of Behavioral and Social Research

- Elucidating causal links between behavioral and social factors and aging trajectories
- Explaining and reducing disparities in health at older ages
- Reversing or mitigating effects of early-life risk factors
- Improving dementia care and health of caregivers
- Behavioral interventions and preventing disability



c/o Gerontology Society of Iowa

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Higher Physician Spending is Not Associated with Lower Mortality or Hospital Readmission



- Life expectancy in US is 78.8 years, falling short of OECD average of 80.5 years.
- There is substantial variation in health care spending across US is spending associated with outcomes?
- Spending varies more across individual physicians rather than hospitals, and higher physician spending is not associated with better outcomes for patients.

Tsugawa Y et al. (2017) JAMA Intern Med 177(5):675-682

Childhood Abuse Increases Mortality Rates in Women

Severe childhood physical abuse



Chen, E. et al. (2016). JAMA Psychiatry 73(9): 1-3.

Some Approaches used in Behavioral and Social AD/ADRD Research

- Interventions on behavioral risk factors
- Cognitive training

- Affective function
- Decisionmaking
- Social function
- Investigate disparities based on race, ethnicity, gender, place (e.g. rural) in dementia care studies and epidemiology



Social engagement

- Care/nonpharmacologic interventions for persons living with dementia
- Neighborhood and social factors
- Caregiver depression, burden, self-care and social support
- Economics of caregiving
- Prevalence, incidence, burden of illness
- Cross-national comparisons

Cognitively healthy life span has increased as much as life span

Adapted from Crimmins, E. et al. (2016). SSM Popul Health 2: 793-797.

Poor Caregiver Mental Health Predicts Mortality of Patients with Neurodegenerative Disease

Caregiving Research: More Active than Ever

 Integration of recommendations from the 2017 Care/Services Summit into FY2020 AD/ADRD Bypass Budget Planning:

<u>https://aspe.hhs.gov/national-research-summit-care-services-</u> <u>and-supports-persons-dementia-and-their-caregivers-final-</u> <u>report#FinalRpt</u>

- Funding opportunity announcements already released
- Next Care/Services Summit dates: March 24-25, 2020
- Planned systematic review of care/caregiving interventions – what's ready for prime time?

Division of Geriatrics and Clinical Gerontology

- Maintaining health and independence in old age
- Improving functional abilities in old age
- Coexisting conditions
- Aging across the life span; exceptionally healthy aging
- Aging mechanisms influencing health span and longevity
- Clinical trials: Prevention and treatment

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Diet and/or Exercise to Treat Heart Failure with Preserved Ejection Fraction

Kitzman, D et al. (2016) JAMA 315(1):36-46.

Falling when a knee buckled at baseline

Nevitt MC et al. (2016) Arthritis Care Res 68(8): 1089-97.

SPRINT Study

Revised ACC/AHA BP Management Guidelines

2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults

GUIDELINES MADE SIMPLE A Selection of Tables and Figures

2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults

GUIDELINES MADE SIMPLE

Selected Table or Figure Pa	ige
Categories of BP in Adults	. 4
Corresponding Values of Systolic BP/Diastolic BP for Clinic, Home (HBPM), Daytime, Nighttime, and	
24-Hour Ambulatory (ABPM) Measurement	. 4
Detection of White Coat Hypertension or Masked Hypertension in Patients Not on Drug Therapy	. 5
Detection of White Coat Hypertension or Masked Hypertension in Patients on Drug Therapy	. 6
Screening for Secondary Hypertension	. 7
Causes of Secondary Hypertension with Clinical Indications and Diagnostic Screening Tests (1 of 3)	. 8
Causes of Secondary Hypertension with Clinical Indications and Diagnostic Screening Tests (2 of 3)	. 9
Causes of Secondary Hypertension with Clinical Indications and Diagnostic Screening Tests (3 of 3)	10
Frequently Used Medications and Other Substances That May Cause Elevated BP	11
Best Proven Nonpharmacologic Interventions for Prevention and Treatment of Hypertension	12
Basic and Optional Laboratory Tests for Primary Hypertension	13
Blood Pressure (BP) Thresholds and Recommendations for Treatment and Follow-Up	14
BP Thresholds for and Goals of Pharmacologic Therapy in Patients with Hypertension According to	
Clinical Conditions	15
Oral Antihypertensive Drugs (1 of 3)	16
Oral Antihypertensive Drugs (2 of 3)	17
Oral Antihypertensive Drugs (3 of 3)	18
Heart Failure with Reduced Ejection Fraction (HFrEF)	19
Heart Failure with Preserved Ejection Fraction (HFpEF)	19
Management of Hypertension in Patients with Stable Ischemic Heart Disease (SIHD)	20
Management of Hypertension in Patients with Chronic Kidney Disease	21
Management of Hypertension in Patients with Acute Intercerebral Hemorrhage	22
Management of Hypertension in Patients with Acute ischemic Stroke	23
Management of Hypertension in Patients with a Previous History of Stroke	
(Secondary Stroke Prevention)	24
Resistant Hypertension: Diagnosis, Evaluation, and Treatment	25
Diagnosis and Management of a Hypertensive Crisis	26
Intravenous Antihypertensive Drugs for Treatment of Hypertensive Emergencies (1 of 2)	27
Intravenous Antihypertensive Drugs for Treatment of Hypertensive Emergencies (2 of 2)	28

Inclusion Across the Lifespan Policy Update

Timeline of NIH Inclusion Policies and Participant Data Collection

Summary of Key Findings in Older Adult Inclusion

- For diseases highly prevalent among older people, clinical trials often excluded subjects based on age
 - 27% of studies had arbitrary upper age caps
- Indirect exclusion factors may apply
 - Co-morbid conditions (hypertension, diabetes, cancer, etc.)
 - Polypharmacy
- Participants in trials may not represent real-world populations with the disease

Legislation

H.R.34 - 21st Century Cures Act

114th Congress (2015-2016) | Get alerts

Requires NIH to:

- 1. Convene a workshop on age groupings and age exclusions in clinical research within 180 days of enactment
 - Post workshop findings on NIH website
- 2. Publish data on age of participants in NIH clinical research, including pediatric subgroups
- 3. NIH Director must determine whether the inclusion guidelines on age need revision within 180 days of the workshop

Inclusion Across the Lifespan Workshop June 1-2, 2017 Bethesda, MD

Purpose: To discuss the challenges and barriers to including children and older adults in clinical research and to identify strategies that would produce more age-inclusive clinical studies.

Inclusion Across the Lifespan Working Groups

- Videocast available at <u>https://videocast.nih.gov/launch.asp?23334</u>
- Workshop summary available at <u>https://report.nih.gov/UploadDocs/NIH%20Inclusion%</u> <u>20Across%20the%20Lifespan%20Workshop%20Summ</u> <u>ary%20Report%20_FINAL_508.pdf</u>

www.report.nih.gov

Inclusion Policy Developments Continued

 NOT-OD-18-116: Revision: NIH Policy and Guidelines on the Inclusion of Individuals Across the Lifespan as Participants in Research Involving Human Subjects (12/19/17)

https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-116.html

Changes to the policy include:

- the applicability of the policy to individuals of all ages, including children and older adults
- (2) clarification of potentially acceptable reasons for excluding participants based on age
- (3) a requirement to provide data on participant age at enrollment in progress reports.

Inclusion Across the Lifespan: Guidance for Applying the Policy

In applications or proposals: Include an Inclusion plan

> Submit a plan for including individuals across the lifespan

If excluding based on age, provide rationale and justification for the specific age range* In progress reports: Report age at enrollment

The policy requires the age of participants at enrollment, sex/gender, and race/ethnicity be included in reports.

Age at enrollment may be reported to NIH in units ranging from hours to years.

Remember: Scientific Review Groups (SRGs) will assess each application/proposal as being "acceptable" or "unacceptable" with regard to the age-appropriate inclusion or exclusion of individuals in the research project.

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Alzheimer's Disease Education & Referral Center

www.nia.nih.gov/alzheimers

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