

PROGRESSIVE WHITE MATTER
 ABNORMALITIES IN AUTOSOMAL-DOMINANT
 ALZHEIMER'S DISEASE: RESULTS OF THE DIAN
 STUDY

Tammie Benzinger¹, Tyler Blazey¹, Robert Koeppe², Clifford Jack³,
 Marc Raichle¹, Beau Ances¹, Abraham Snyder¹, Daniel Marcus¹,
 John Ringman⁴, Paul Thompson⁵, Bernardino Ghetti⁶, Andrew Saykin⁶,
 Yi Su⁷, Reisa Sperling⁸, Stephen Salloway⁹, Keith Johnson¹⁰,
 Steve Correia¹¹, Peter Schofield¹², Nick Fox¹³, Christopher Rowe¹⁴,
 Krista Moulder¹, Randall Bateman¹⁵, Chester Mathis¹⁶, Eric McDade¹⁷,
 Michael Weiner¹⁸, Alison Goate¹, Virginia Buckles¹, Richard Mayeux¹⁹,
 Colin Masters²⁰, Victor Villemagne²¹, Morris John¹, ¹Washington
 University School of Medicine, St. Louis, Missouri, United States;
²University of Michigan, Ann Arbor, Michigan, United States; ³Mayo
 Clinic, Rochester, Minnesota, United States; ⁴Easton Center for Alzheimer's
 Disease Research, Los Angeles, California, United States; ⁵University of
 California, Los Angeles, Los Angeles, California, United States; ⁶Indiana
 University School of Medicine, Indianapolis, Indiana, United States;
⁷Washington University School of Medicine, St. Louis, Missouri, United
 States; ⁸Harvard University, Boston, Massachusetts, United States; ⁹Brown
 University, Providence, Rhode Island, United States; ¹⁰MGH HMS, Boston,
 Massachusetts, United States; ¹¹Brown University, Providence, Rhode
 Island, United States; ¹²Neuroscience Research Australia, Newcastle,
 Australia; ¹³The National Hospital for Neurology and Neurosurgery,
 London, United Kingdom; ¹⁴Neuroscience Research Australia, Melbourne,
 Australia; ¹⁵Washington University, St. Louis, Missouri, United States;
¹⁶University of Pittsburgh, Pittsburgh, Pennsylvania, United States;
¹⁷University of Pittsburgh, Pittsburgh, Pennsylvania, United States;
¹⁸University of California, San Francisco, San Francisco, California,
 United States; ¹⁹University of Columbia, New York, New York, United
 States; ²⁰University of Melbourne, Melbourne, Australia; ²¹Austin Health,
 Melbourne, Australia.

Background: DIAN (Dominantly Inherited Alzheimer's Network) is an international longitudinal study of autosomal dominant Alzheimer's disease, including individuals affected with, or at risk for, AD. In late onset AD it is often difficult to separate white matter disease associated with aging and diseases of aging (hypertension, diabetes, etc) from that of AD. In this young cohort, we quantified WM pathology using volumetric MRI and diffusion tensor imaging (DTI) in order to evaluate WM disease in ADAD. Methods: 71 participants from the DIAN study underwent DTI. Participants were classified into four groups based upon mutation (M+ and M-) and dementia status (CDR, Table 1). DTI was acquired using a 64 direction sequence at 3T. Image analysis was conducted with Tract Based Spatial Statistics (TBSS), a part of FSL. Group-level differences were assessed with a general linear model controlling for age, gender, and education and corrected for multiple comparisons using Threshold-Free Cluster Enhancement. Volumetric T1 (MPRAGE) studies were processed with FreeSurfer to generate white matter volumes. Results: Whitematter volumes decrease with carrier status and progressive dementia (Figure 1). Associated loss of fractional anisotropy (FA, Figure 2) and elevated mean diffusivity (MD, not shown) are widespread. Periventricular white matter is particularly involved at very mild (CDR 0.5) and mild (CDR 1.0) dementia (Figure 2). Conclusions: These findings support the hypothesis that widespread white matter abnormalities are associated with dementia in ADAD, and that these abnormalities precede the development of dementia.

Table 1

	Non-carriers (M-) CDR 0	Carriers (M+) CDR 0	Carriers (M+) CDR 0.5	Carriers (M+) CDR > -1
n	43	44	18	15
Age*	39.90 (9.02)	34.84 (9.08)	42.17 (10.95)	47.67 (8.63)
Estimated time to dementia*	-5.48 (12.33)	-12.02 (8.47)	-1.72 (8.75)	+2.27 (8.02)
Gender	M=43%	M=36%	M=56%	M=60%
Education*	15.05 (2.49)	14.61 (2.62)	13.50 (2.31)	12.27 (1.98)

*Mean (standard deviation) in years

