

Effects of p38 α kinase inhibitor on basal forebrain volume in Alzheimer's disease

anatomy  neurosciences



 Alzheimer Center Amsterdam
Amsterdam UMC

VUmc 

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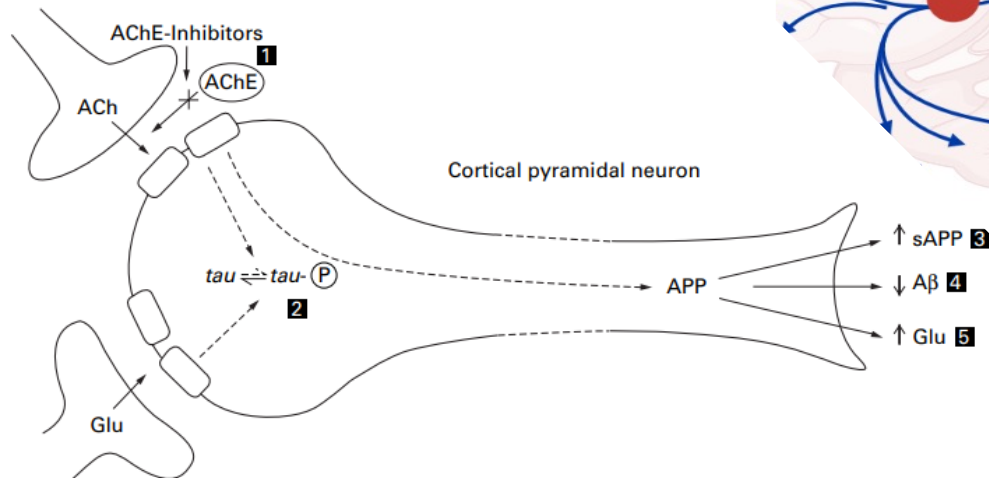
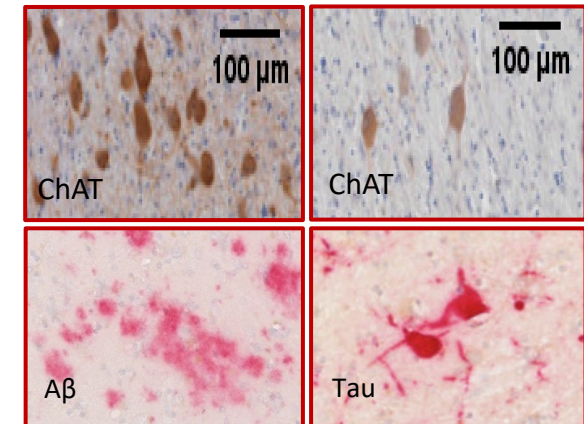
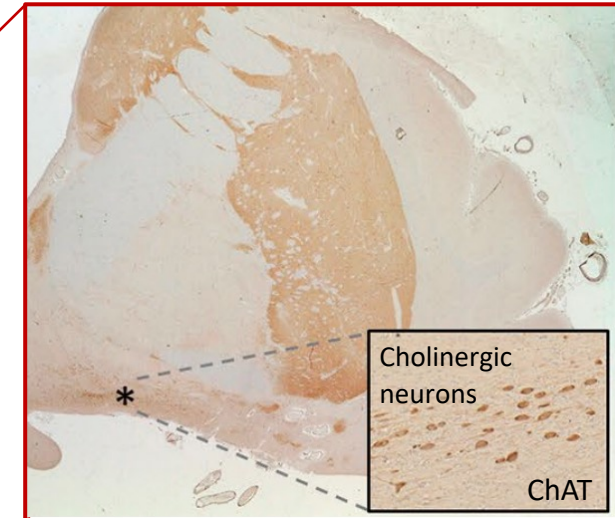
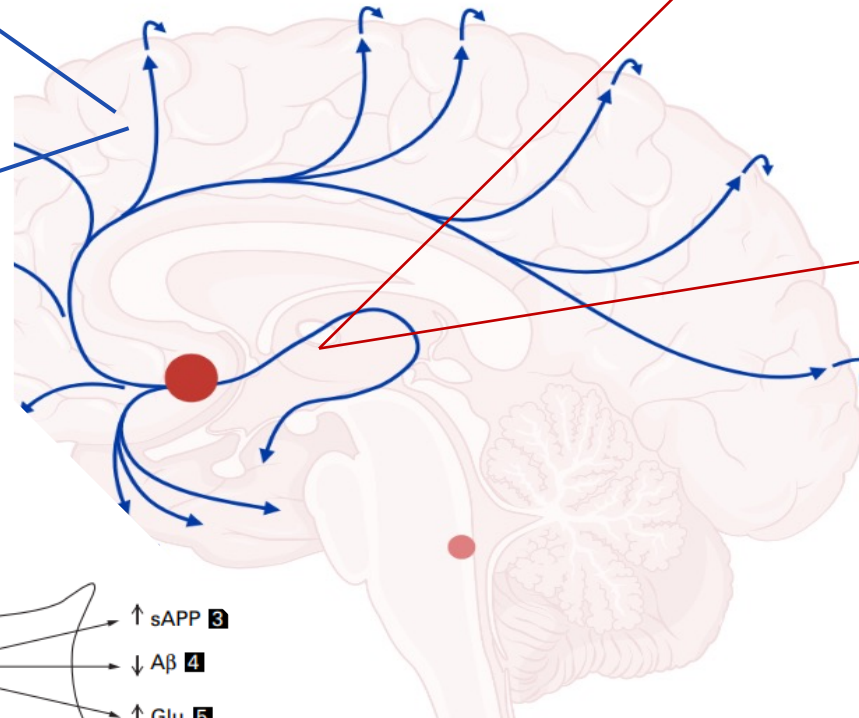
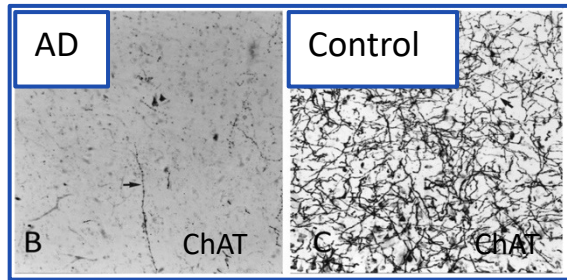
Disclosures

- Dr. Alam is the employee of, and holder of stock in EIP Pharma, Inc, the sponsor of the clinical trial
- Dr. Prins is the CEO and co-owner of Brain Research Center
- Prof. Barkhof receives grants from EPSRC, EU-JU (IMI), GEHC, ADDI and NIHR Biomedical Research Centre at UCL Hospitals NHS Foundation Trust, as well as personal fees from USC-ATRC, Biogen, Roche, IXICO, Combinostics, Prothena, and Merck; and is the founder and a stockholder of Queen Square Analytics.
- Dr. Jonkman receives research support from the Alzheimer Association, the Michael J Fox foundation, Alzheimer Nederland, Stichting Parkinson Fonds, Health Holland, NWO and ZonMW.
- Dr. Schoonheim serves on the editorial board of Neurology and Frontiers in Neurology, receives research support from the Dutch MS Research Foundation, Eurostars-EUREKA, ARSEP, Amsterdam Neuroscience, MAGNIMS and ZonMW and has served as a consultant for or received research support from Atara Biotherapeutics, Biogen, Celgene/Bristol Meyers Squibb, EIP Pharma, Sanofi-Genzyme, MedDay and Merck.

Cholinergic dysfunction in Alzheimer's disease (AD)

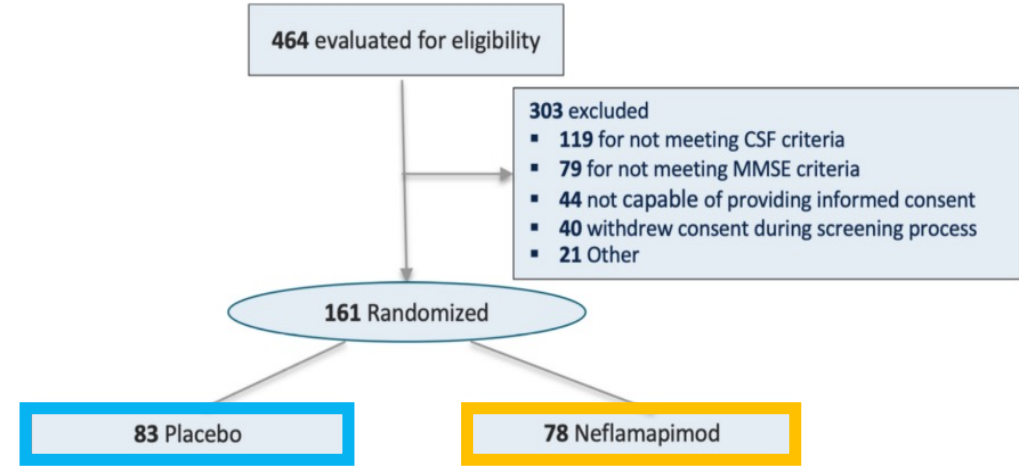
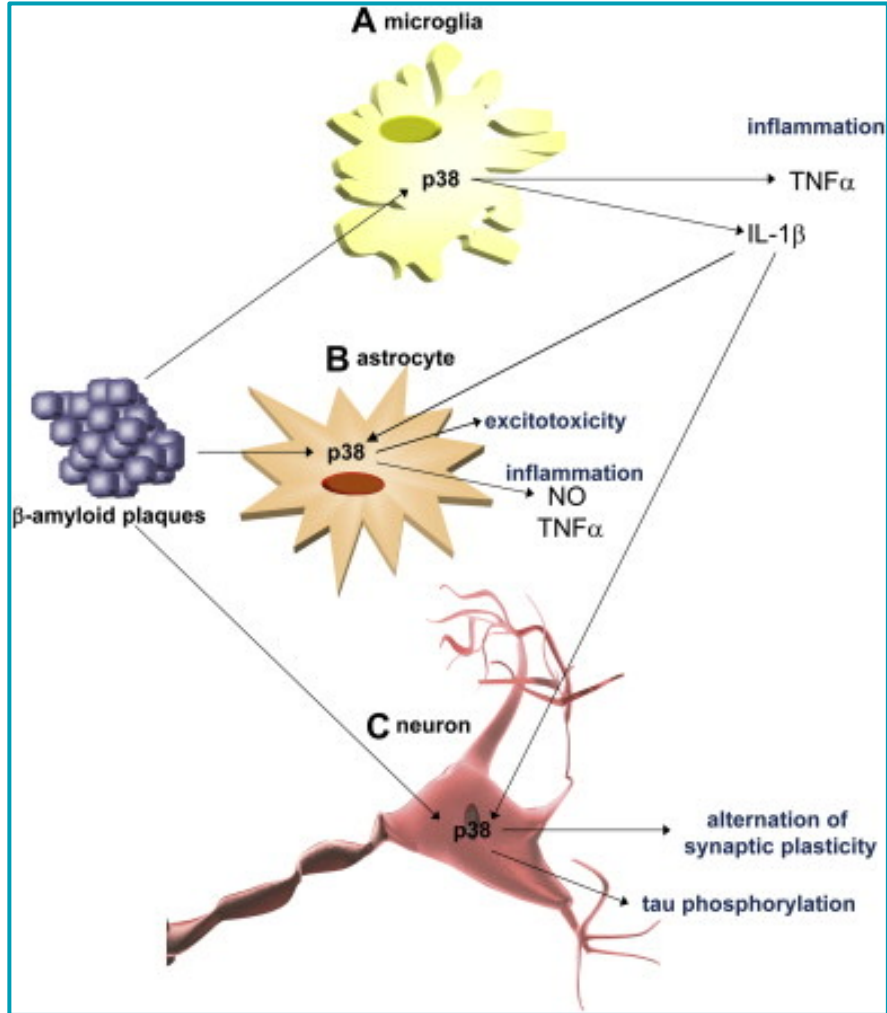


Nucleus basalis of Meynert (NbM)

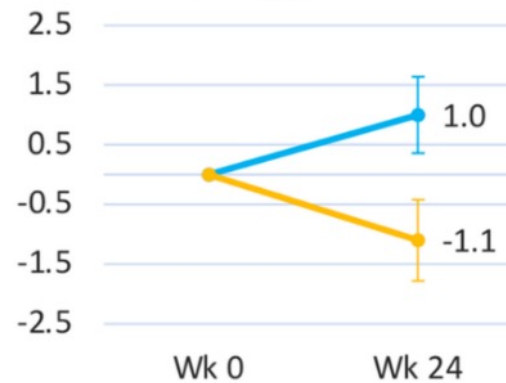




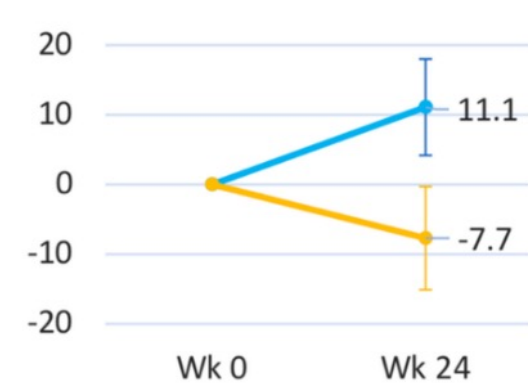
p38 α inhibitor neflamapimod (NFMD) reduces CSF tau in AD



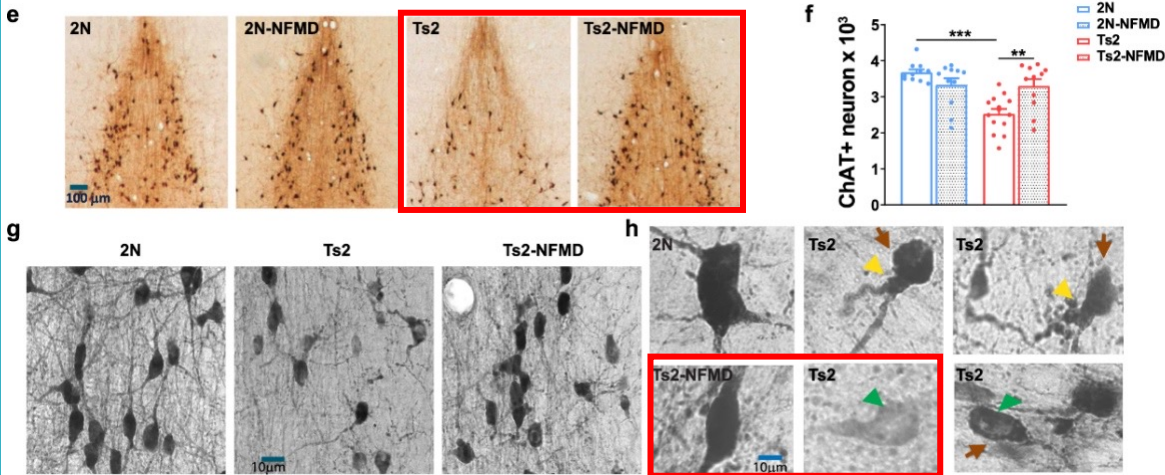
A. CSF Levels of ptau₁₈₁



B. CSF Levels of Total Tau



NFMD restores cholinergic neurons in preclinical mouse model



NFMD improves cognition and function in a clinical trial in dementia with Lewy body

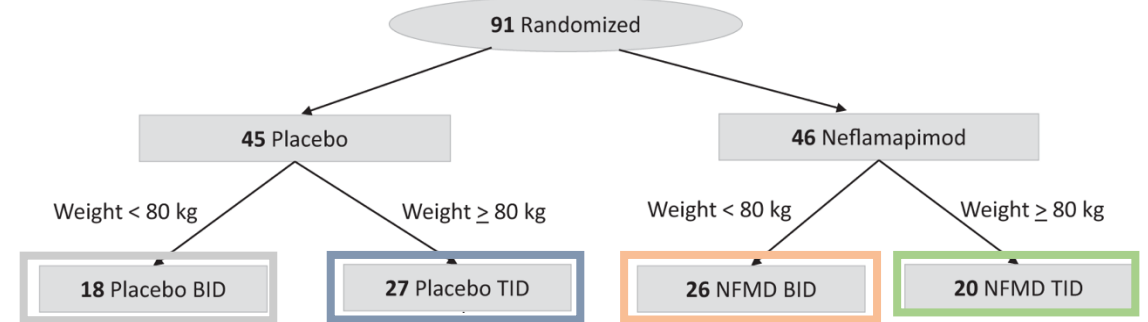
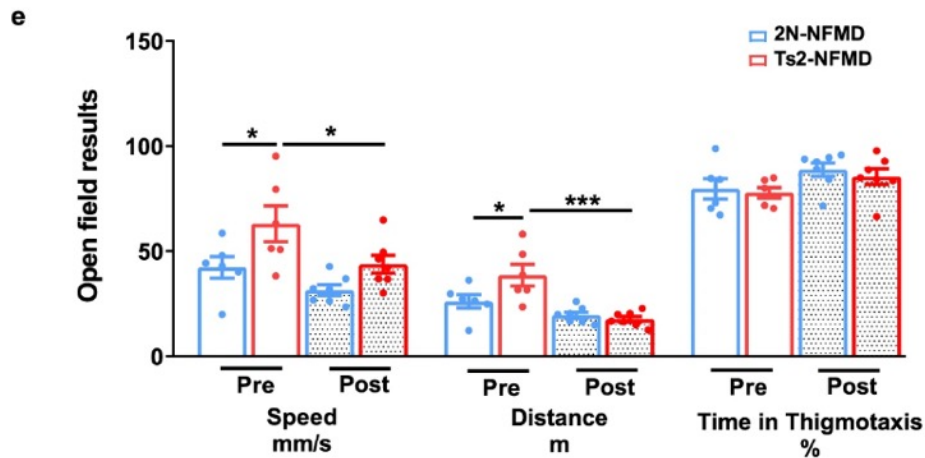


Table 2 | Efficacy outcome measures in the clinical study

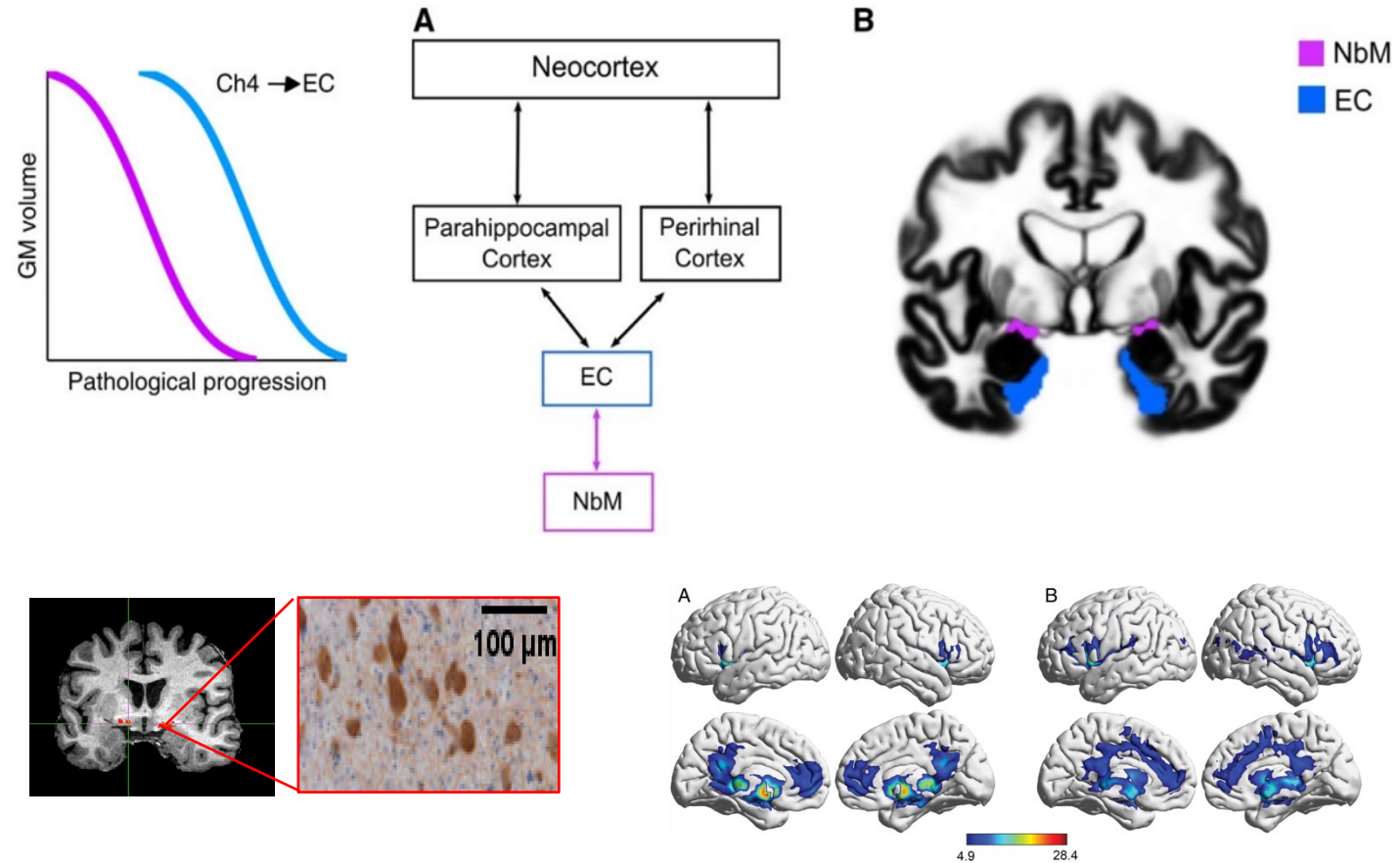
Outcome measure	All Neflamapimod (NFMD; includes 40 mg BID and 40 mg TID participants) vs. All Placebo						
	Number of participants	Mean baseline values	Change from baseline				
	NFMD	Placebo	NFMD	Placebo	Drug-Placebo Difference (95% CI)	p-value	Cohen's d Effect Size for Improvement - d
NTB* Composite	39	37	0.04	0.05	0.04 (-0.11, 0.19)	>0.2	0.10
Attention Composite	39	36	0.04	-0.02	0.14 (-0.06, 0.35)	0.17	0.18
Clinical Dementia Rating Sum of Boxes (CDR-SB)	41	42	4.9	5.1	-0.45 (-0.83, -0.06)	0.023	0.31
International Shopping List Test (ISLT)	42	42	14.3	13.6	-0.17 (-1.61, 0.87)	>0.2	-0.02
Timed Up and Go (TUG)	39	38	12.7	13.5	-1.4 (-2.7, -0.1)	0.044	0.22





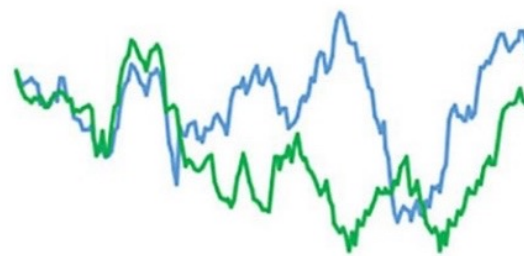
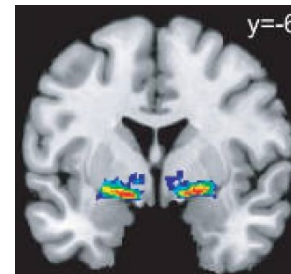
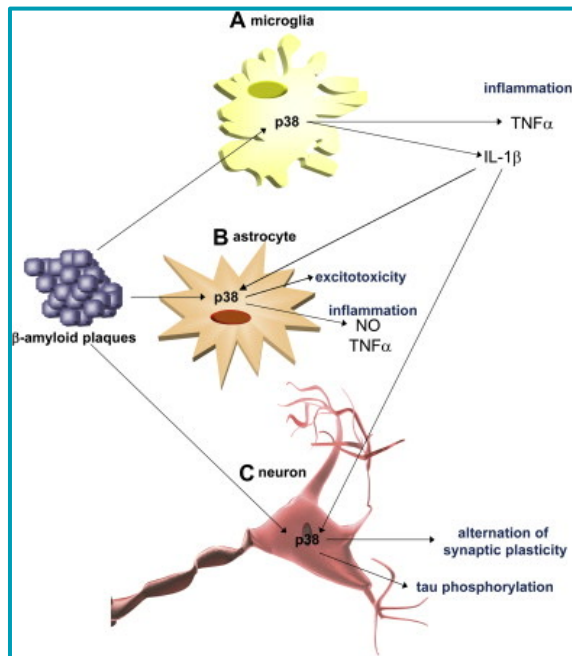
MRI-measured NbM integrity are potential biomarker for AD progression and treatment effect

- NbM structural alteration is an upstream event for AD progression in the brain
- Microstructural alteration in the NbM is a proxy of cholinergic loss.
- Functional changes in NbM connectivity correlates with memory function in preclinical AD.





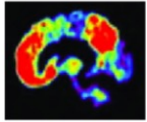
Aim: Assess the effects of NFMD on the NbM in early AD using structural and functional MRI



Study design



Study population
(n = 15)



Enrollment →

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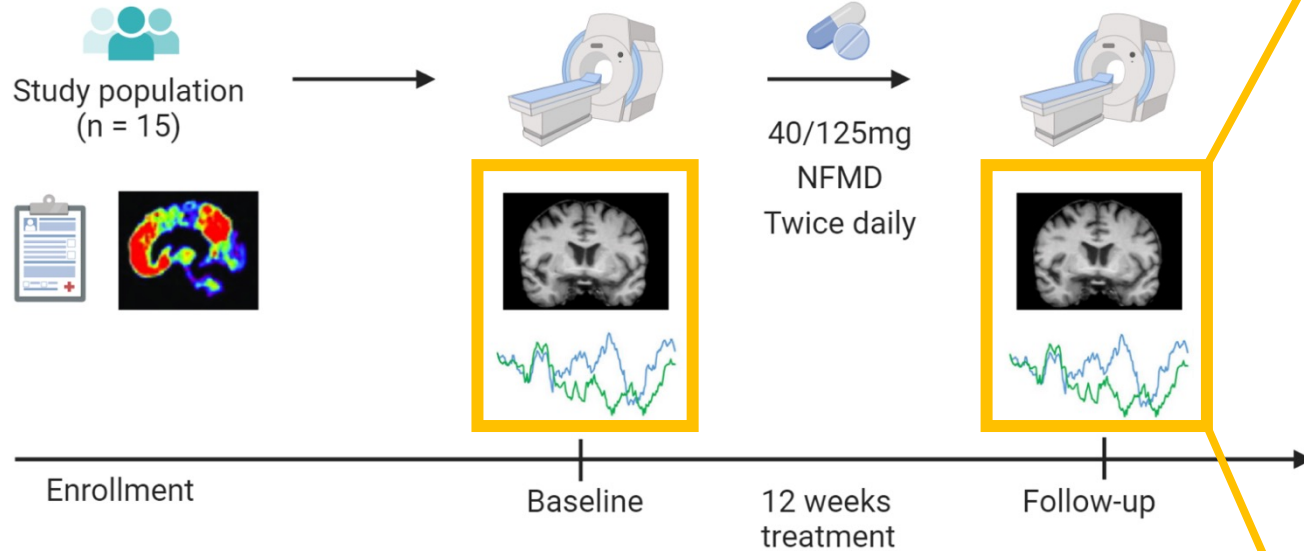
An exploratory clinical study of p38 α kinase inhibition in Alzheimer's disease

Philip Scheltens¹, Niels Prins^{1,2}, Adriaan Lammertsma³, Maqsood Yaqub³, Alida Gouw^{1,4}, Alle Meije Wink³, Hui-May Chu⁵, Bart N. M. van Berckel³ & John Alam⁶

Inclusion criteria

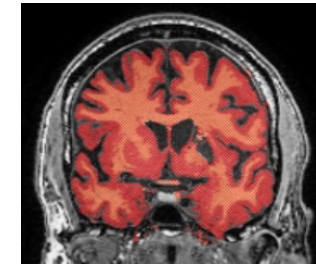
- Double-blind dose-controlled
- Male or female, age 60–85 years with MCI due to AD or mild AD
- Elevated ¹¹C-PiB PET amyloid plaque load
- MMSE between 20-28

Study design

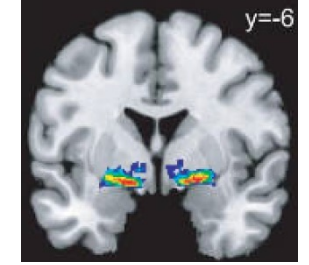


3D T1 MRI

- Global brain volume (sienax)
- NbM volume (NbM probabilistic atlas and FSL registration)

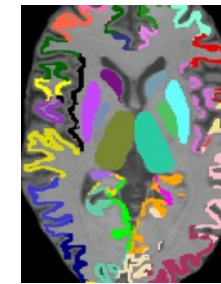


SIENAX



Kilimann et al., 2014

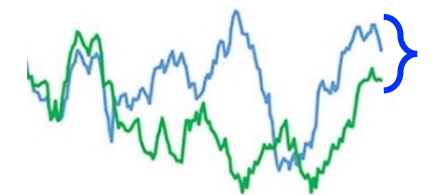
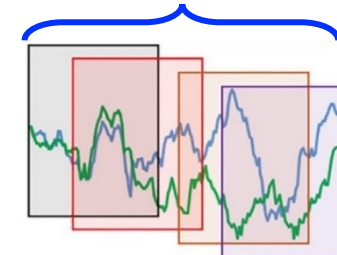
Resting-state functional MRI



Dynamic: coefficient of variation

NbM

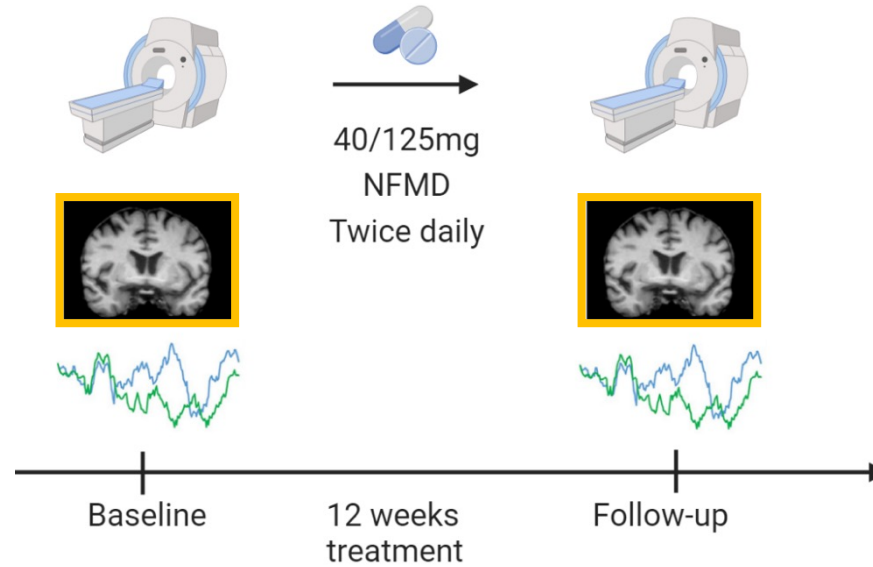
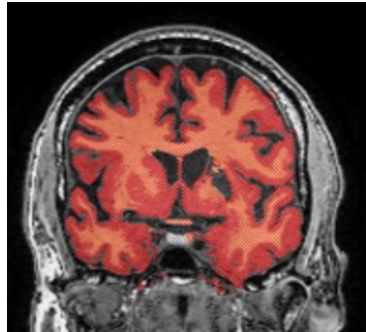
- Default-mode
- Frontoparietal
- Attention
- Visual
- Sensorimotor
- Limbic
- Deep grey matter



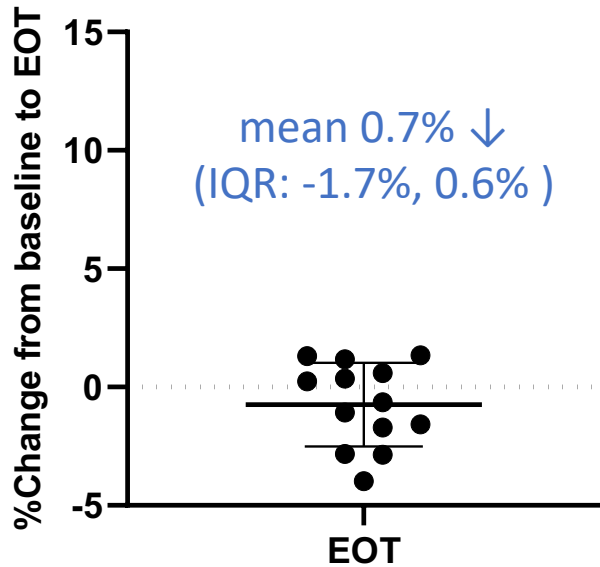
Static: correlation

Patients	
Clinical characteristics	
N	15
Gender M/F (%M)	9/6 (60%)
Age median (years)	66,5
Range	(63-85)
MMSE median	23
Range	20-28

Increased NbM volume at follow-up



%Change in brain volume

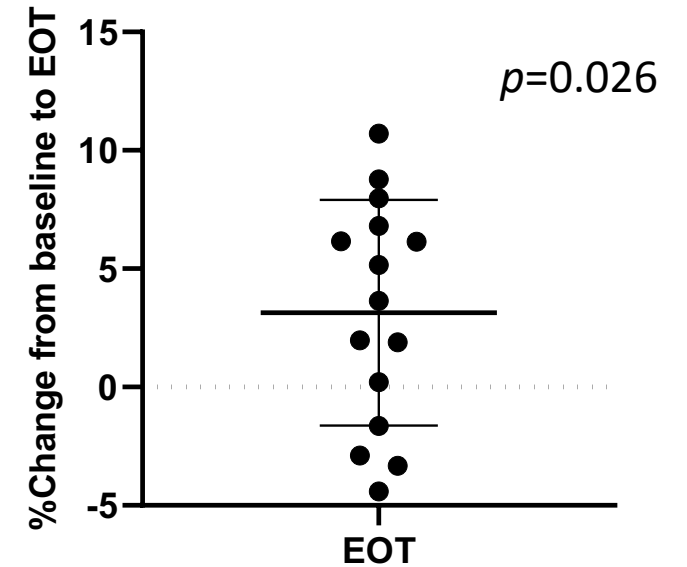


NbM volume 469 (SD=47) mm³ → NbM volume 483 (SD=49) mm³

mean 3,1% ↑
(IQR: -0,7, +6.5%)

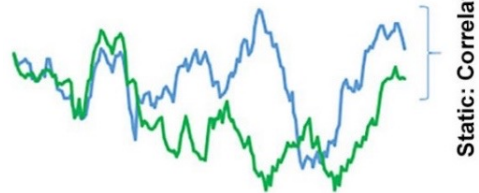
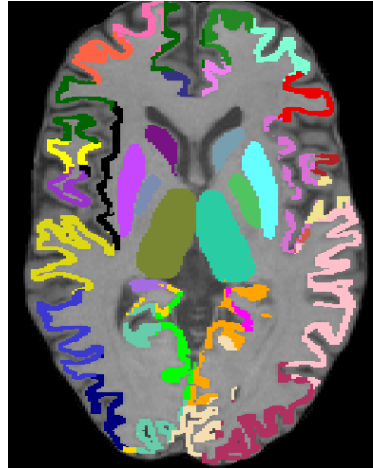
8/15 participants >3% increase

%Change in NbM volume



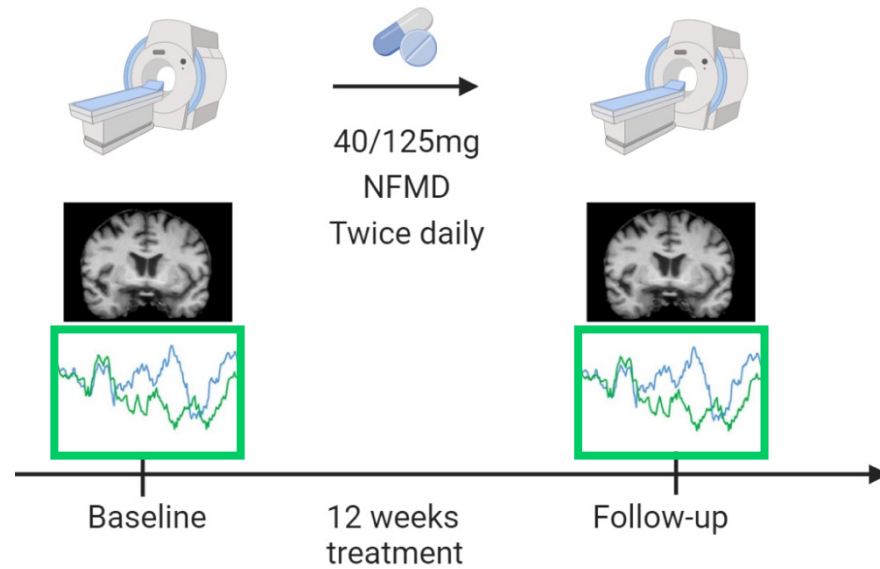
EOT=end of treatment

Increased dynamic connectivity between NbM-deep grey matter (DGM)



Static: Correlation

No change in static connectivity

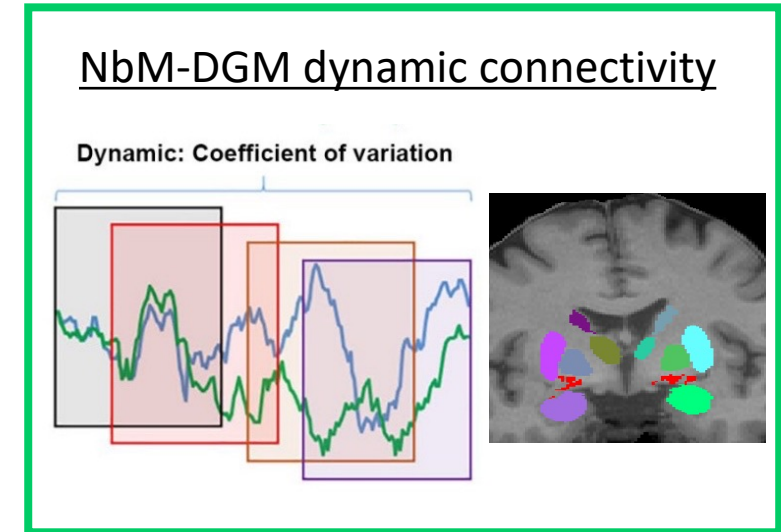


0,83
(SD=0,13)

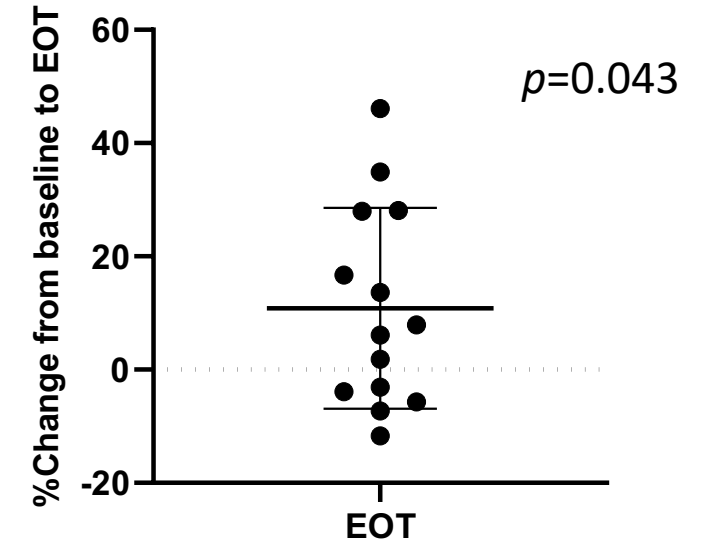
0,90
(SD=0,12)

mean 11% ↑
(IQR: -3,7, +25,2%)

6/13 participants >10% increase



%Change in dynamic connectivity

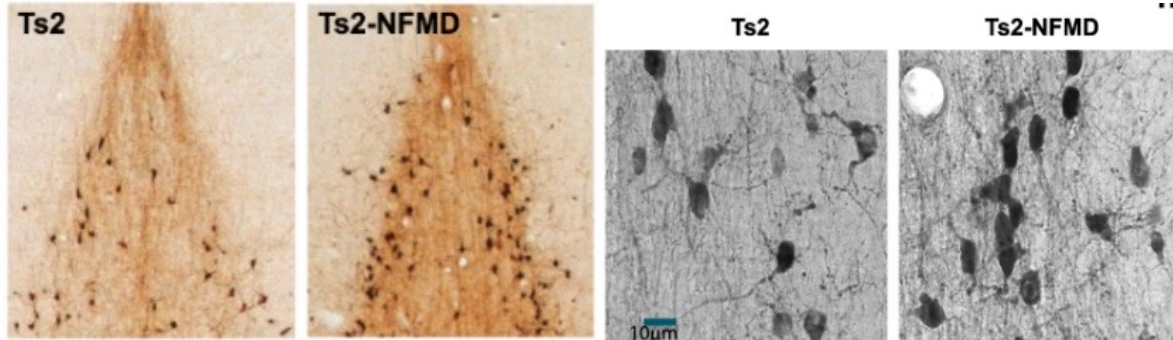


EOT=end of treatment

Discussion

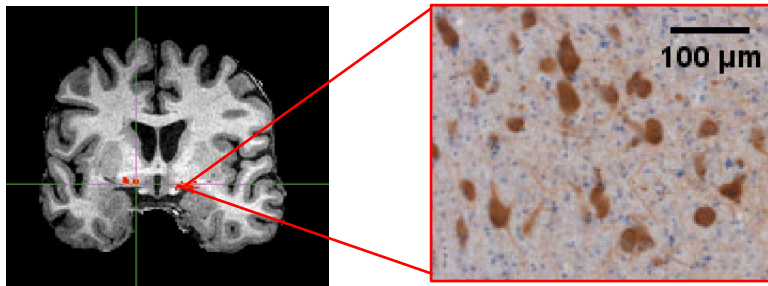


Increased NbM volume and NbM-DGM connectivity in early AD patients treated with NFMD

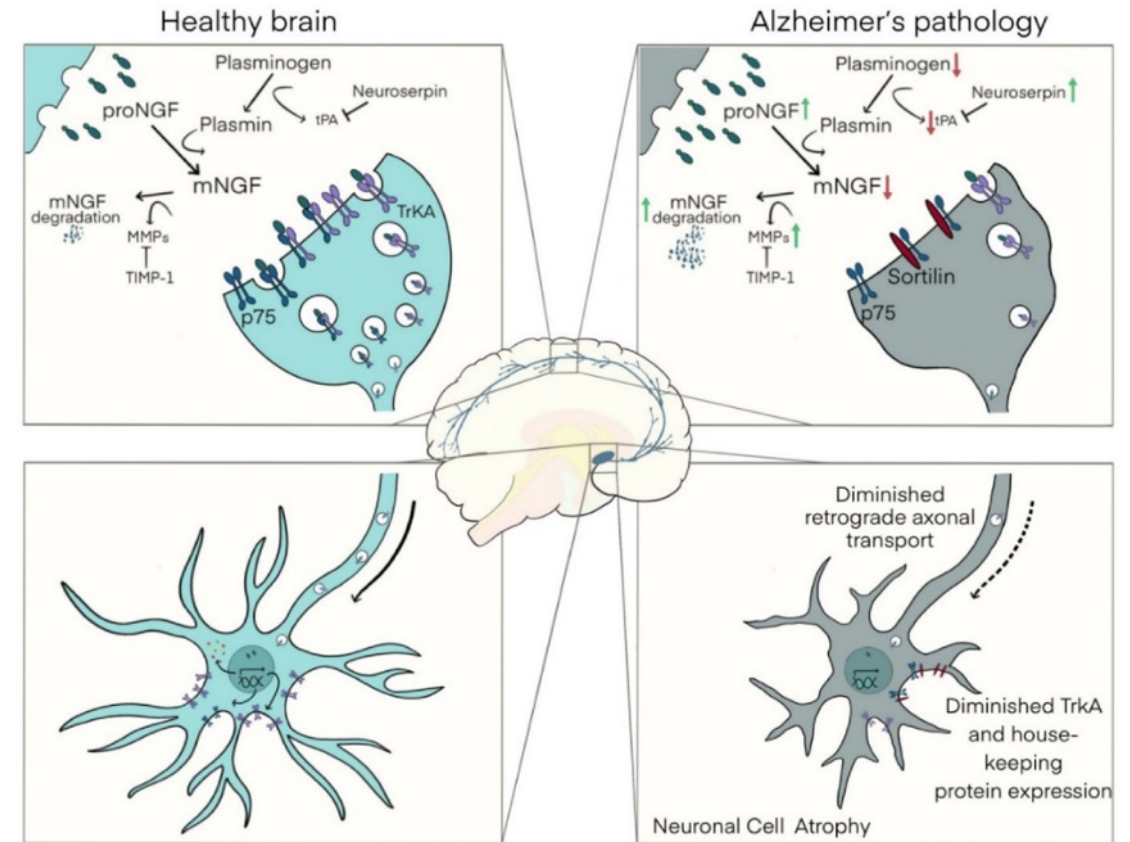


(Jiang et al., 2022)

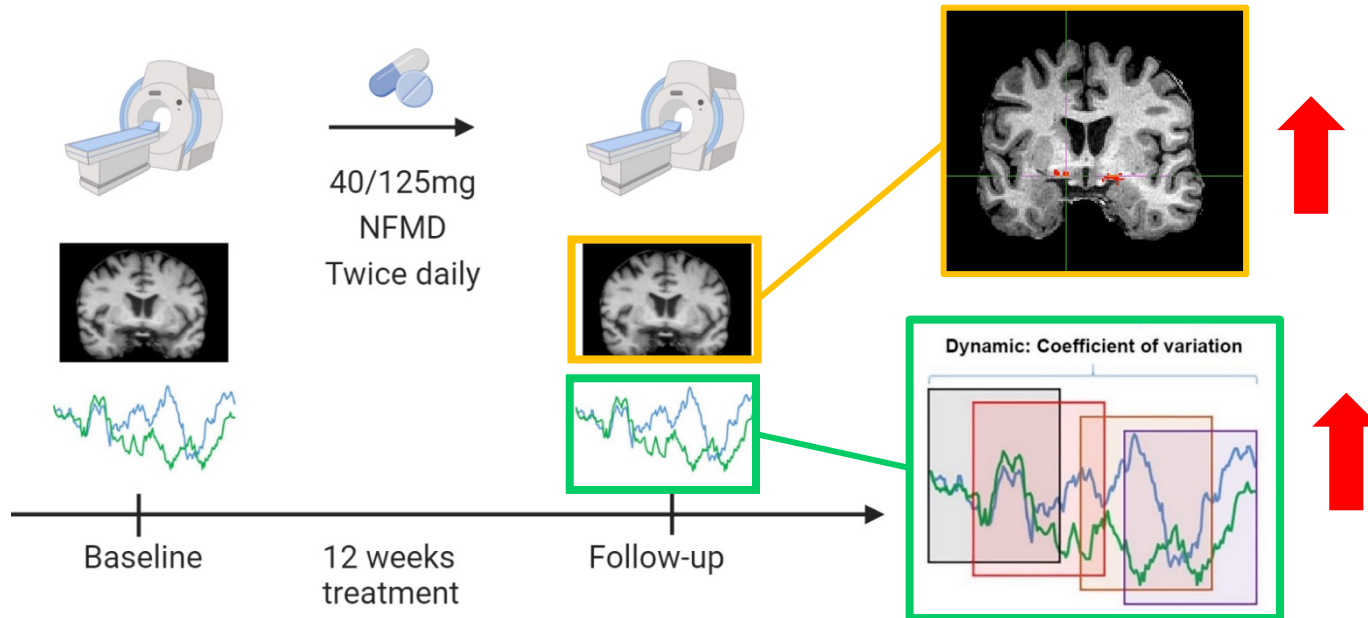
- NbM volume reduces 0.5%-1% annually in untreated AD, and is correlated with cholinergic neuronal loss.



- In AD, cholinergic neurons shrink, are depleted of phenotypic markers, and/or persist in an atrophic state



Conclusions



- Neflamapimod treatment is associated with increasing NbM volume and NbM-DGM dynamic connectivity, suggesting p38 α kinase inhibition has a positive impact on the cholinergic degenerative process in AD.
- Functional and structural MRI assessments of the NbM may be potential biomarkers for therapeutic effects.
- Further evaluation of the potential effect of neflamapimod on the NbM in *placebo-controlled clinical trials* in AD and correlation with *clinical outcomes* is warranted.

Acknowledgement



John Alam



Menno
Schoonheim



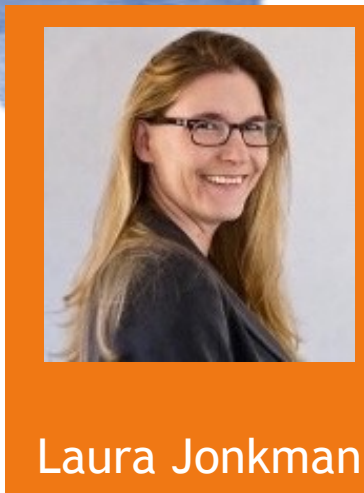
Samantha
Noteboom



Marloes Bet



Niels Prins



Laura Jonkman



Frederik
Barkhof



Patients in clinical trials



Trend of correlation between NbM volume and NbM-DGM dynamic connectivity at follow-up

