

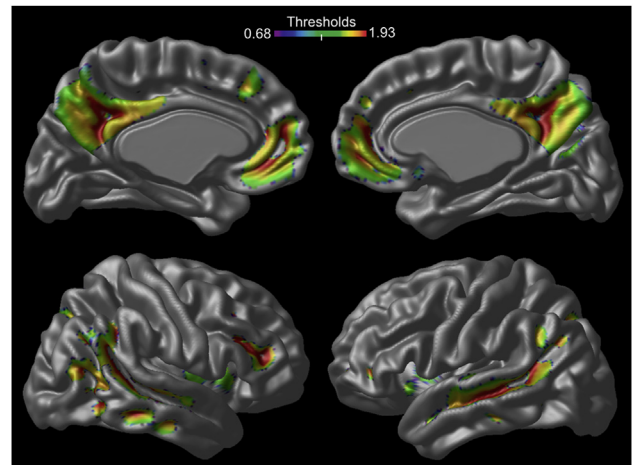
Concordance between CSF A β_{1-42} (<550 pg/mL) and [^{18}F]flutemetamol was 57% and 53%, using visual and quantitative approaches, respectively. Among discordant cases, most showed isolated [^{18}F]flutemetamol positivity (75% using visual, 77% using quantification). **Conclusions:** While further analyses are ongoing for the remaining 74 patients, preliminary findings highlight the added value of [^{18}F]flutemetamol over standard diagnostic work-up. Discordance between CSF A β_{1-42} and [^{18}F]flutemetamol PET highlights the issue of biomarker interchangeability in clinical settings.

IC-P-017 **VOXEL-WISE DETERMINATION OF SENSITIVITY, SPECIFICITY, AND THRESHOLDS FOR AMYLOID POSITIVITY USING [^{18}F]FLORBETAPIR PET**



Tharick A. Pascoal^{1,2,3,4,5}, Sulantha S. Mathotaarachchi^{2,3}, Monica Shin^{3,4}, Min Su Kang^{4,6}, Kok Pin Ng^{3,7}, Joseph Therriault⁴, Hanne Struys^{4,8,9,10,11}, Jean-Paul Soucy^{2,12,13}, Serge Gauthier^{1,3}, Pedro Rosa-Neto^{4,14}, ¹Douglas Hospital Research Centre, Verdun, QC, Canada; ²McGill University, Montreal, QC, Canada; ³McGill University Research Centre for Studies in Aging, Verdun, QC, Canada; ⁴Translational Neuroimaging Laboratory- McGill University, Verdun, QC, Canada; ⁵Centre for Studies on Prevention of Alzheimer's Disease (StoP-AD Centre), Douglas Mental Health Institute, Verdun, QC, Canada; ⁶Douglas Mental Health Institute, Montreal, QC, Canada; ⁷National Neuroscience Institute, Singapore, Singapore; ⁸icomatrix, Leuven, Belgium; ⁹Reference Center for Biological Markers of Dementia (BIODEM), Antwerp, Belgium; ¹⁰Reference Center for Biological Markers of Dementia (BIODEM), Laboratory of Neurochemistry and Behavior, Institute Born-Bunge, University of Antwerp, Antwerp, Belgium; ¹¹Institute Born-Bunge, University of Antwerp, Antwerp, Belgium; ¹²PERFORM Centre - Concordia University, Montréal, QC, Canada; ¹³University of Montreal Hospital Centre, Montreal, QC, Canada; ¹⁴Douglas Mental Health University Institute, Montreal, QC, Canada. Contact e-mail: tharick.alipascoal@mail.mcgill.ca

Background: Brain amyloid- β deposition is the core pathological feature of Alzheimer's disease (AD) and can be detected *in vivo* using positron emission tomography (PET). However, the importance of the regional patterns of amyloid- β abnormality has been highly questioned due to its widespread deposition over the cortex. Here, using a novel analytical framework free of conceptual assumptions, we assess the regional patterns of amyloid- β deposition that are associated with AD dementia. **Methods:** We assessed 211 control, 311 mild cognitive impairment, and 79 AD individuals who underwent [^{18}F]florbetapir PET at baseline as well as clinical assessments at baseline and at 2 years. Receiver operating characteristic curves, contrasting controls with AD individuals, assessed the least distance from point to the curve at every brain voxel, which provided the amyloid- β values with the best trade-off between sensitivity and specificity for AD. Finally, we generated a voxel-wise parametric map only with brain regions showing both sensitivity and specificity higher than 0.85. **Results:** Remarkably, the regions with the highest sensitivity and specificity for AD dementia were confined to the brain's default mode network in the precuneus, posterior cingulate, medial prefrontal, and lateral temporal cortices (Fig.1). In contrast, other brain regions with high amyloid- β burden such as the anterior cingulate had low sensitivity and specificity values. **Conclusions:** These results highlight that although amyloid- β deposition occurs widespread over the cortex, the deposition more strongly associated with dementia are confined to the brain's regions default mode network. Interestingly, our results showed



dissociation between the regional levels of amyloid- β burden and the sensitivity and specificity of this burden for a diagnosis of AD. This suggests that the selective regional vulnerability to the toxic effects of A β aggregates, at least, plays a role in the progression of AD.

IC-P-018 **NEUROIMAGING-DEFINED AMYLOID AND CEREBROVASCULAR PATHOLOGY ARE ASSOCIATED WITH A NEUROMETABOLIC SIGNATURE OF ALZHEIMER'S DISEASE**



Simon J. Schreiner¹, Thomas Kirchner², Atul Narkhede³, Michael Wyss², Jiri M. G. Van Bergen¹, Stephanie C. Steininger⁴, Anton F. Gietl¹, Sandra E. Leh^{1,4}, Valerie Treyer⁵, Alfred Buck⁵, Klaas P. Pruessmann², Roger M. Nitsch¹, Christoph Hock¹, Anke Henning^{2,6}, Adam M. Brickman³, Paul G. Unschuld^{1,4}, ¹Institute for Regenerative Medicine, University of Zurich, Schlieren, Switzerland; ²Institute for Biomedical Engineering, University of Zurich and ETH Zurich, Zurich, Switzerland; ³Taub Institute for Research on Alzheimer's Disease and the Aging Brain, Columbia University, New York, NY, USA; ⁴Hospital for Psychogeriatric Medicine, University of Zurich, Zurich, Switzerland; ⁵University Hospital Zurich, Zurich, Switzerland; ⁶Max Planck Institute for Biological Cybernetics, Tübingen, Germany. Contact e-mail: simon.schreiner@gmx.de

Background: To investigate whether white matter hyperintensities (WMH), an MRI-correlate of small-vessel cerebrovascular disease, are associated with a neurometabolic signature of Alzheimer's disease (AD), defined as the metabolic correlates of preclinical β -amyloid (A β) pathology and the apolipoprotein-E $\epsilon 4$ allele (APOE- $\epsilon 4$), the major genetic risk factor for sporadic AD. **Methods:** Cognitively normal participants (n=30, age=70 \pm 5.6 years, MMSE=29.2 \pm 1) received 11C-PiB-PET to quantify A β , 7 Tesla fluid-attenuated inversion recovery MRI to quantify WMH, and 7 Tesla high-resolution MR spectroscopic imaging to estimate N-acetylaspartate (NAA), myo-inositol (mI), total-choline (tCho), and creatine (Cr) in posterior cingulate and precuneus (PCP) gray and white matter. We examined relationships of A β , WMH, and APOE- $\epsilon 4$, and their interactions, with brain metabolites. **Results:** Higher levels of A β (r= -0.64, p<0.001) and higher WMH volume (r= -0.45, p=0.02) were associated with lower NAA/mI in gray matter. Participants with both high A β and high WMH had lower NAA/mI compared to those with none or with high level of either A β or WMH (significant A β x WMH