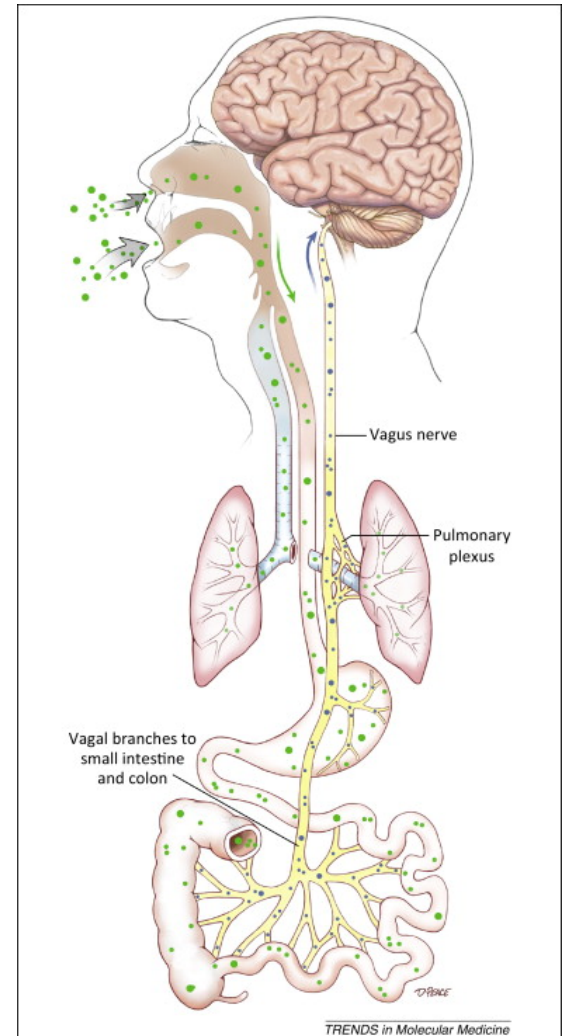
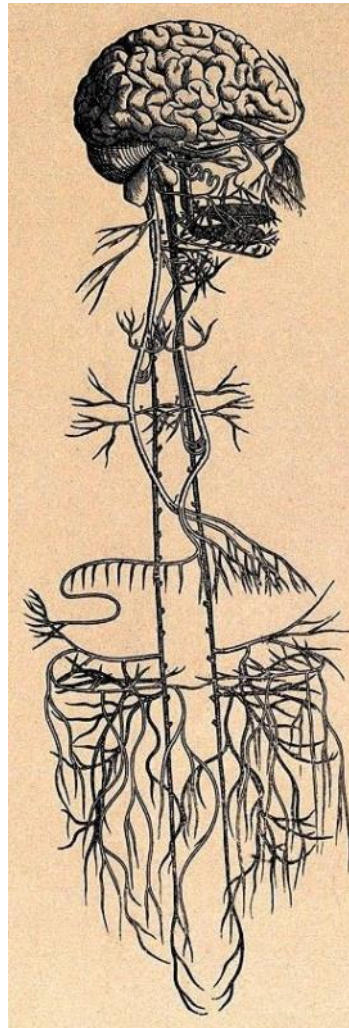
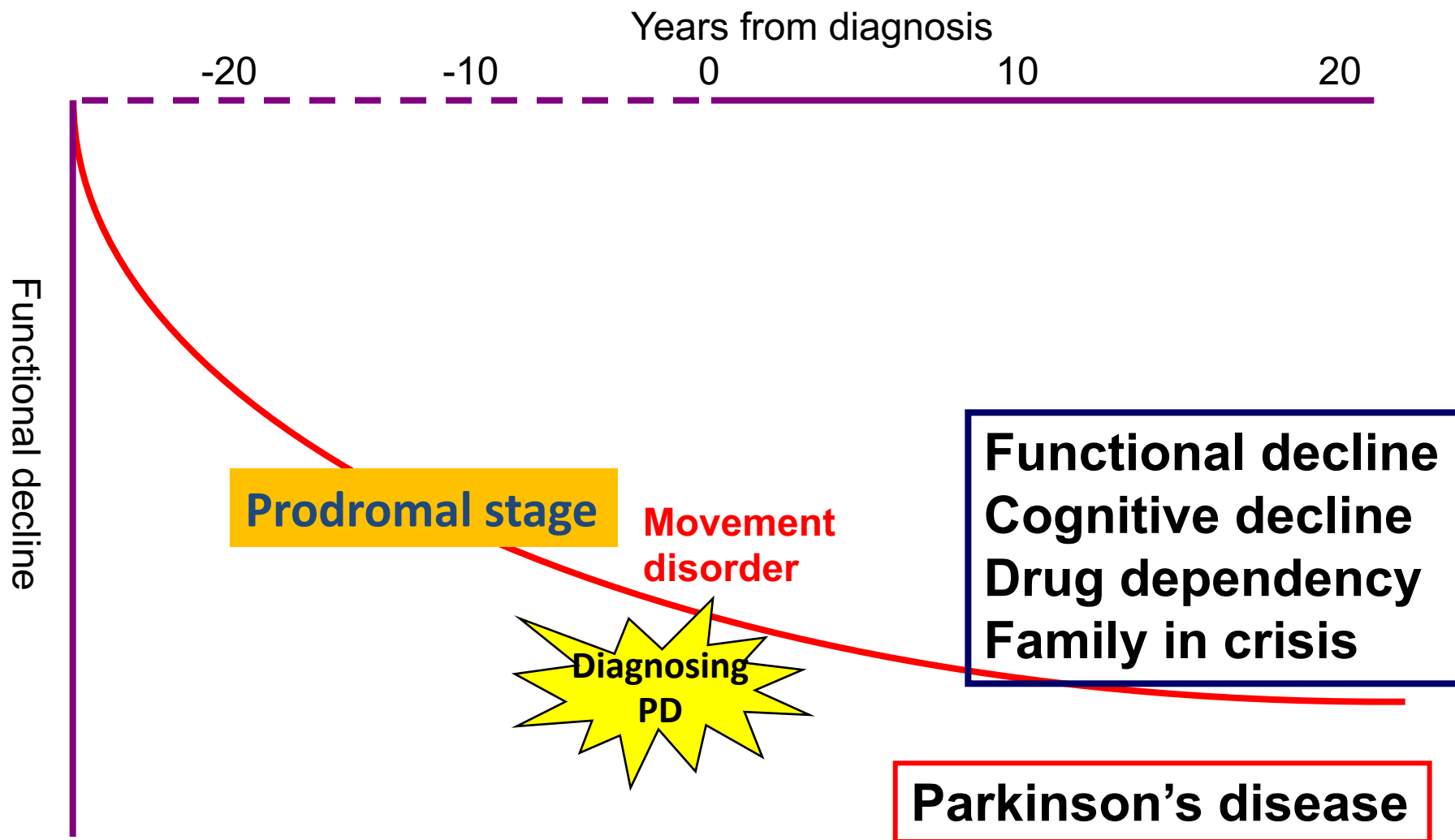


# Parkinson's disease: Synuclein aggregates travel from the gut to the brain through the vagus nerve

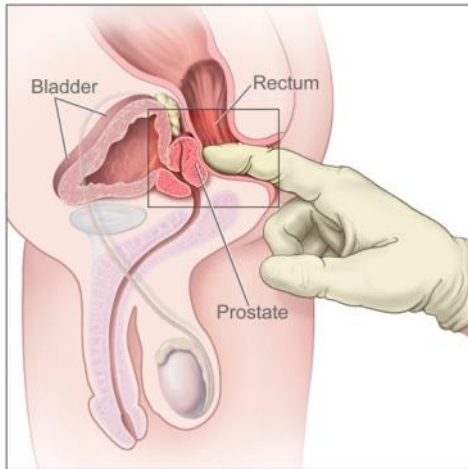


# The natural history of PD

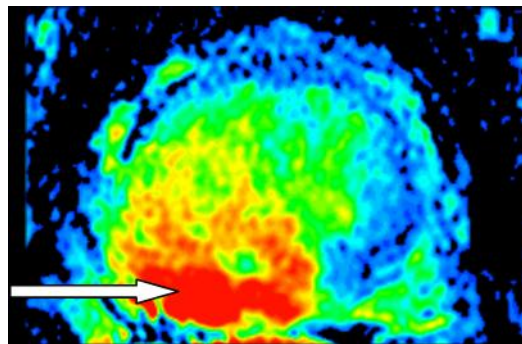


# We are diagnosing PD very late in the course of the disease

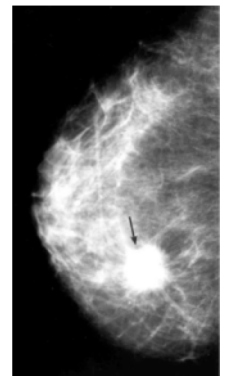
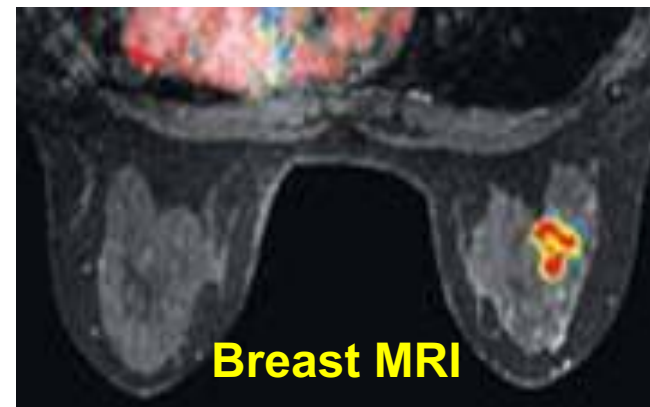
Diagnosing carcinoma based on clinical signs and symptoms



biological markers for early stages of the disease



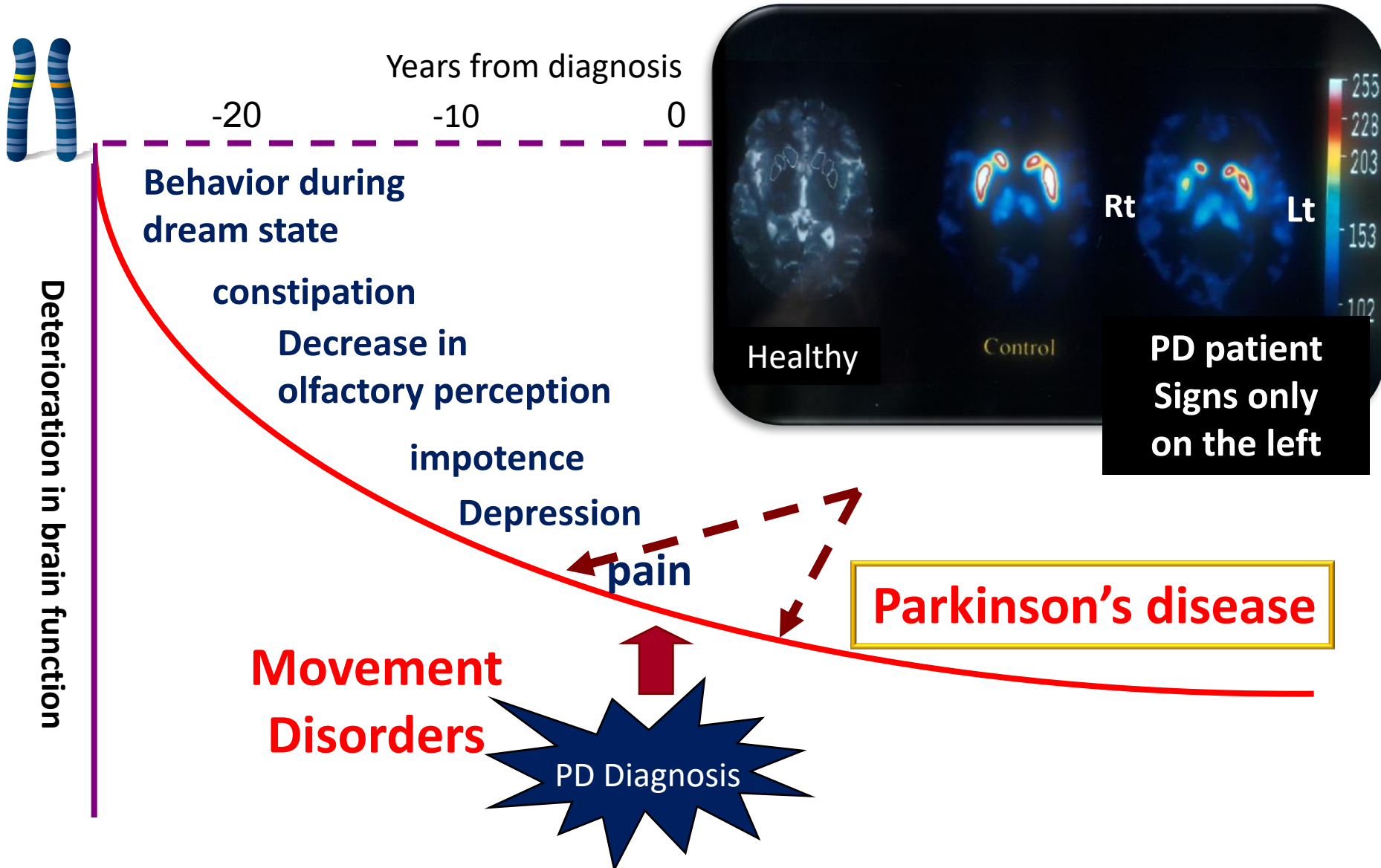
MRI of the prostate



Mammography



# Parkinson's disease has a long “incubation period” with non-specific signs





# **Biological Markers**

# “Living the dream”



# Smell Test

## UPSIT- University of Pittsburgh Smell Identification Test

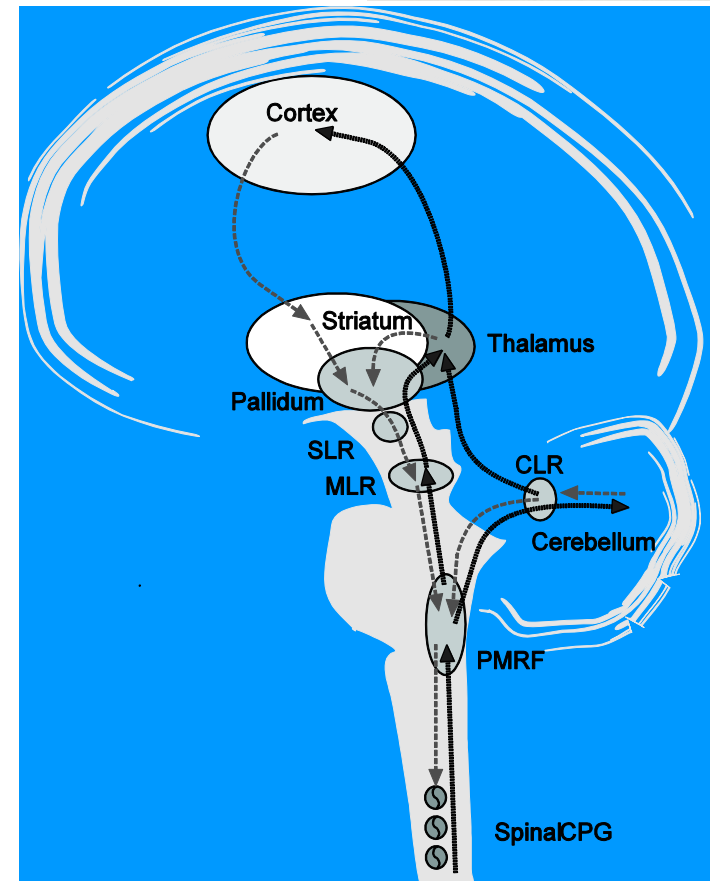
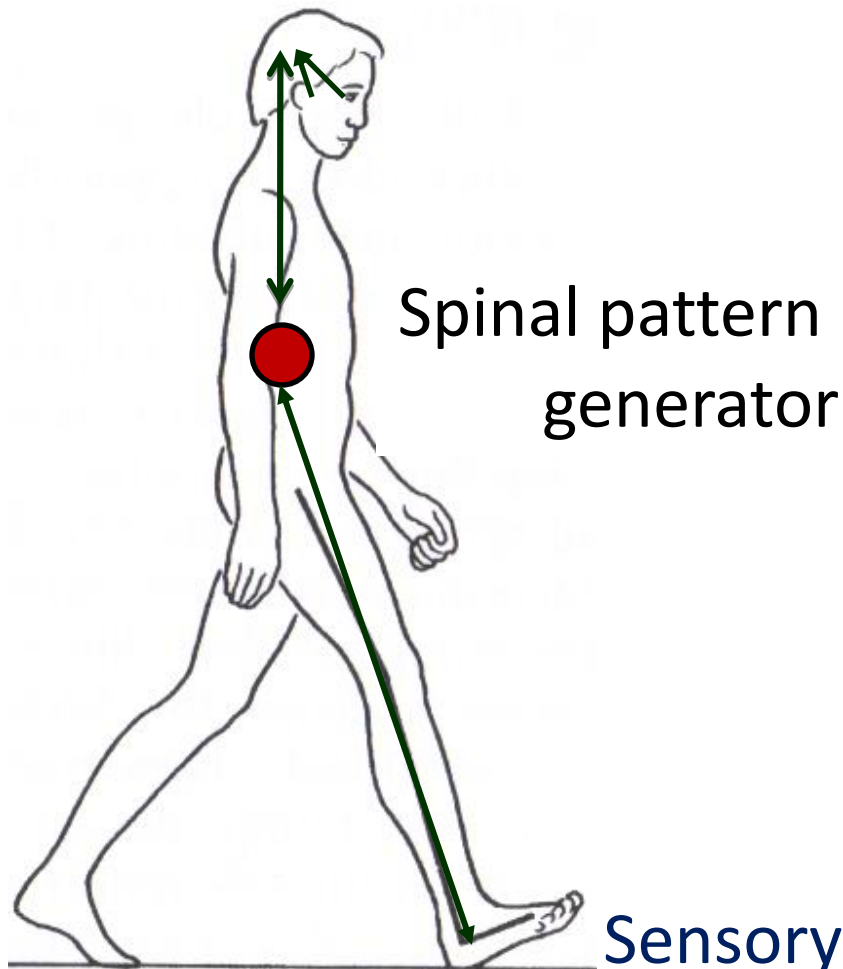
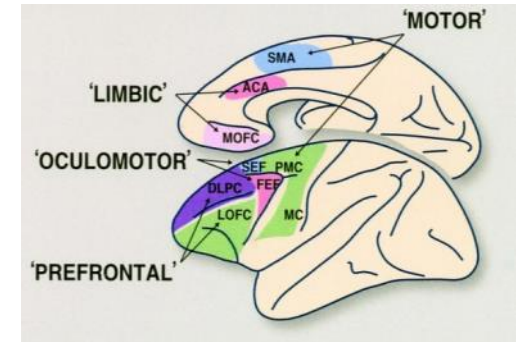


1. This odor smells most like: a. gasoline b. pizza c. peanuts d. lilac	odor smells most like: a. tomato b. licorice c. strawberry d. menthol	5. This odor smells most like: a. skunk b. mint c. fruit punch d. cola	This odor smells most like: a. grass b. pizza c. motor oil d. pineapple
4. This odor smells most like: a. whiskey b. honey c. lime d. cherry	odor smells most like: a. dill pickle b. bubble gum c. wintergreen d. watermelon	or smells most like: a. banana b. garlic c. cherry d. motor oil	8 7 6 5 4 3 2 1 (a) (a) (a) (a) (a) (a) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d)



# Walking as a marker for central and peripheral nervous system function

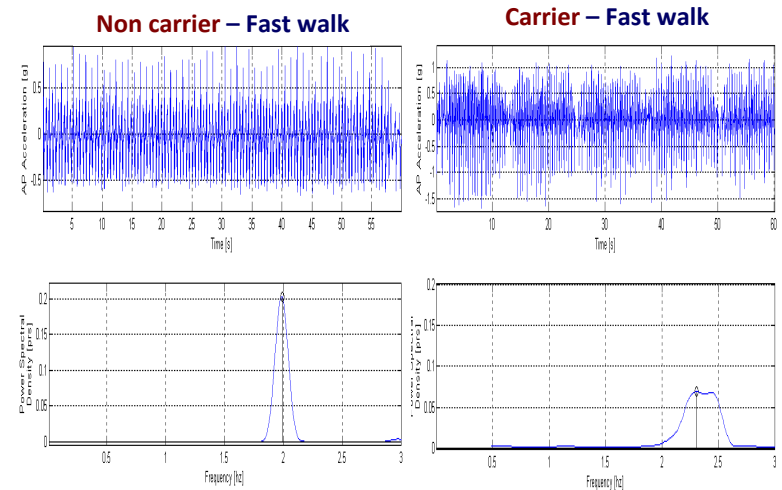
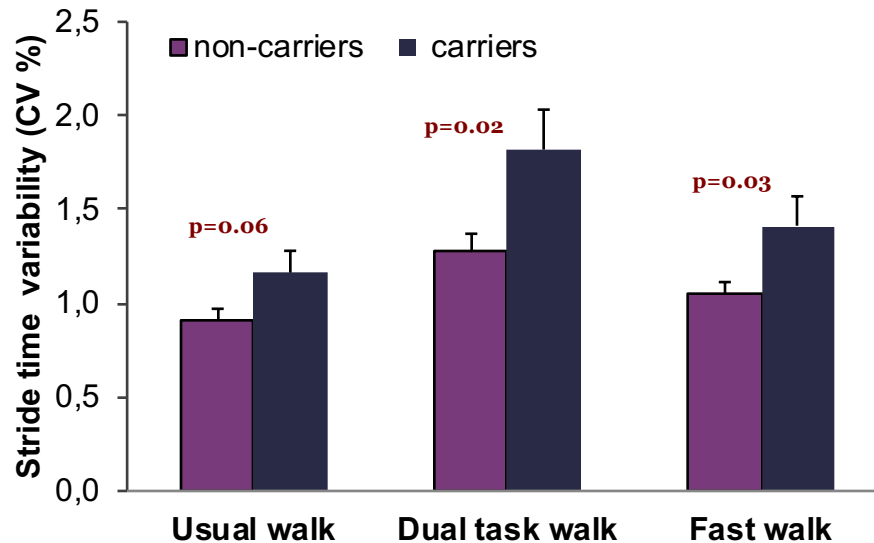
## Supraspinal control of walking



January 2011

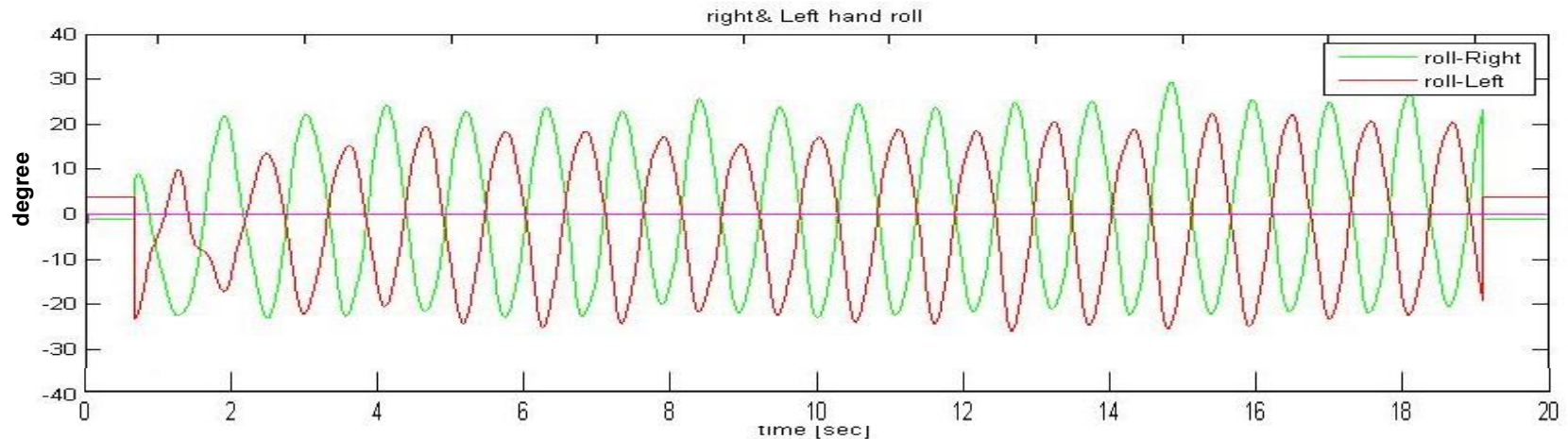
# Gait Alterations in Healthy Carriers of the LRRK2 G2019S Mutation

*Mirelman A, Gurevich T, Giladi N, Bar-Shira A, Orr Urtreger A, Hausdorff J*

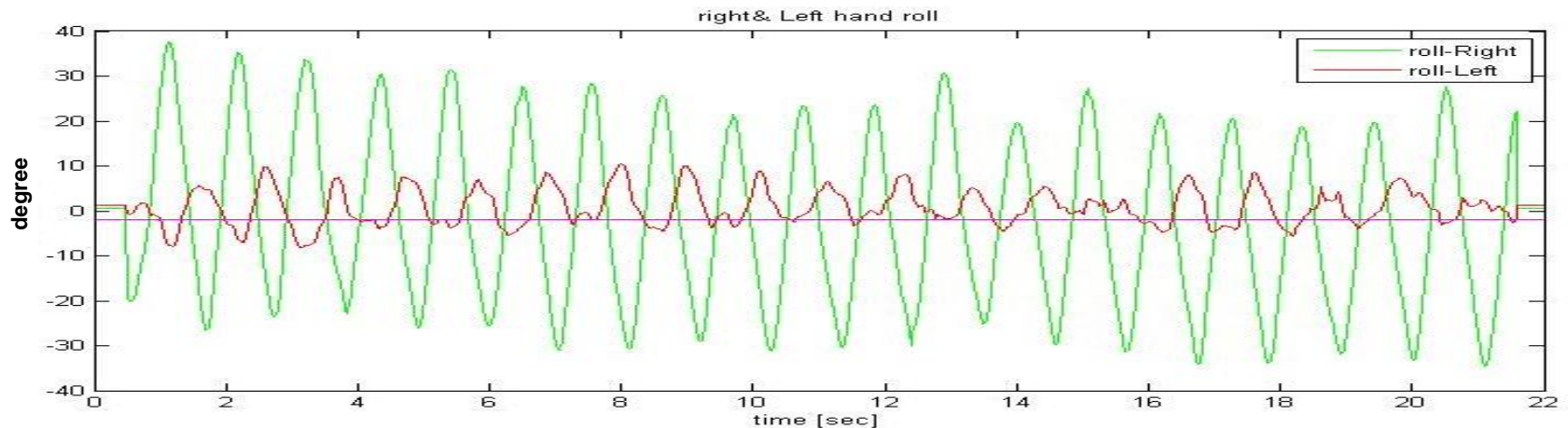


# Arm swing- PD compared to Healthy

## First Degree (age=52)

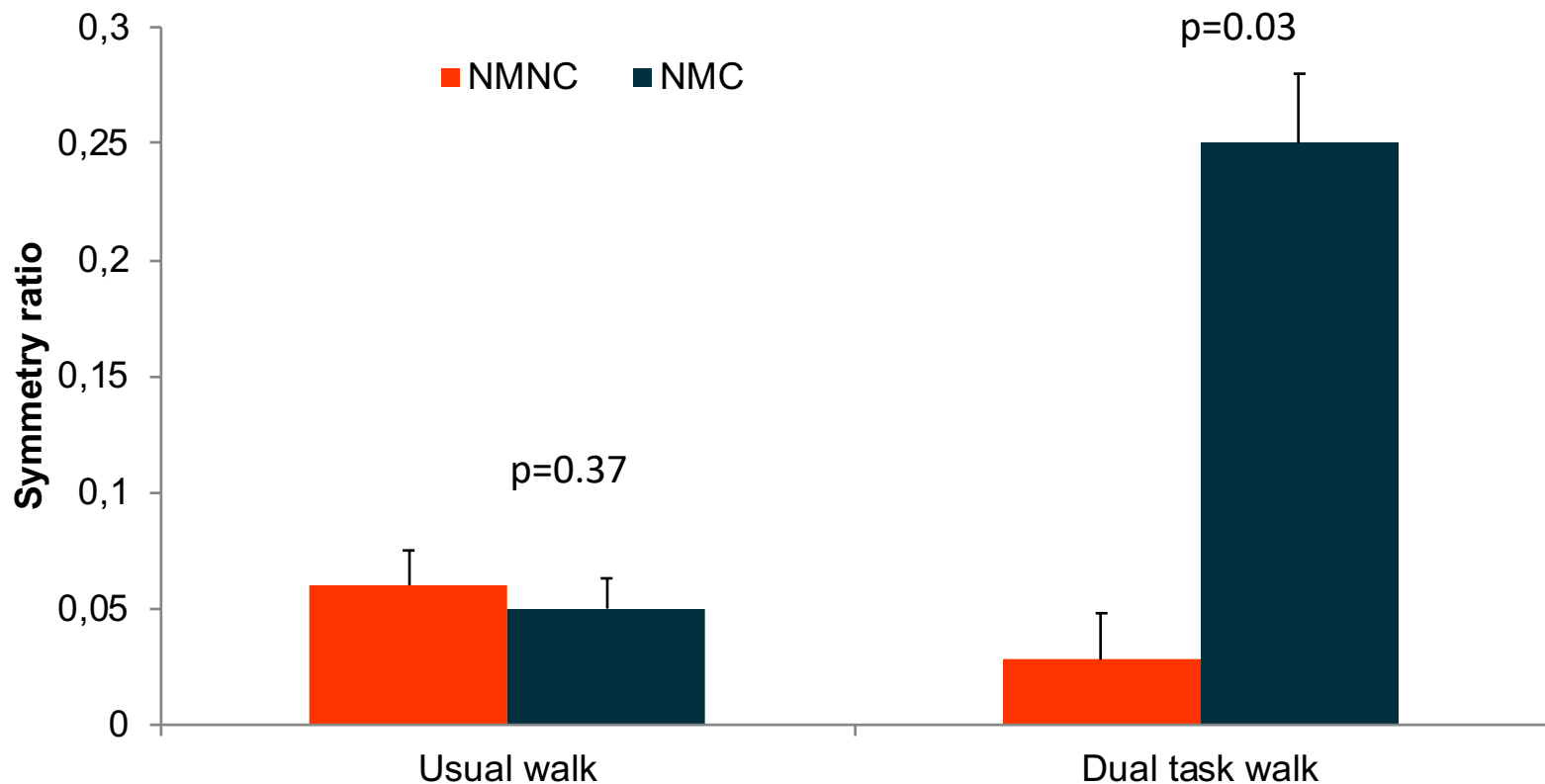


## Patient with PD (age =53)





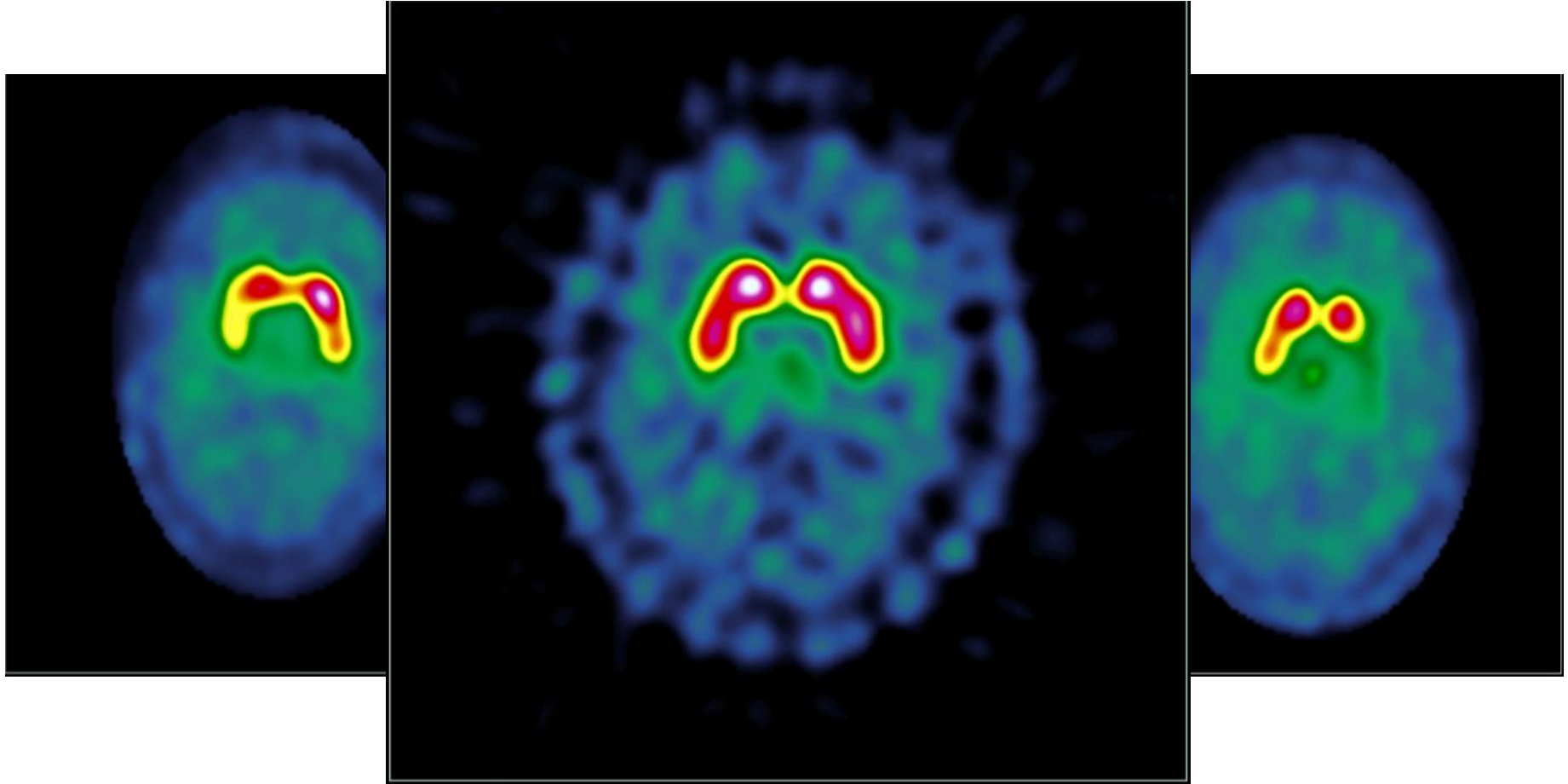
# Arm swing asymmetry during walking as a marker for population at risk



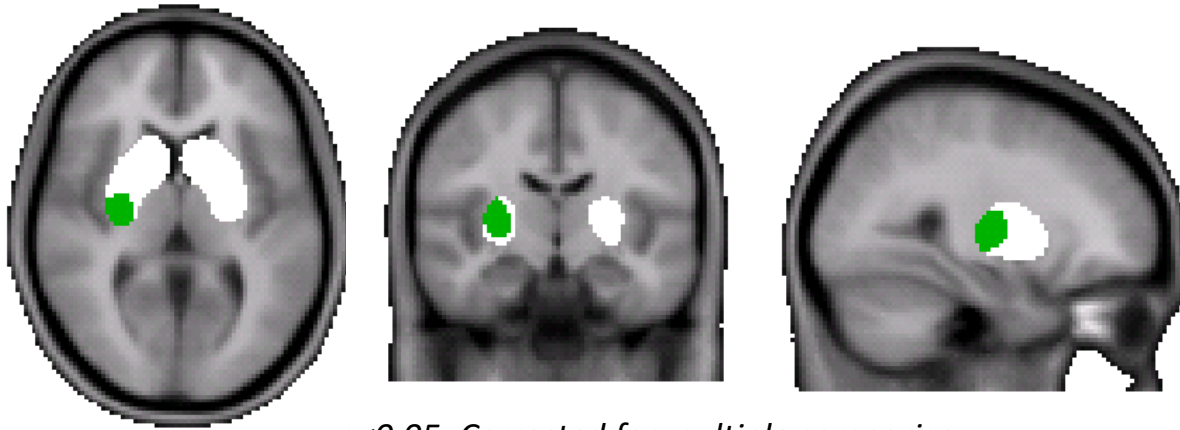
Non carriers = 61, carriers = 62

Mirelman et al, submitted

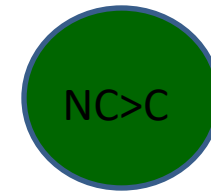
# DaT Scans



# Quantification of DaT uptake using VBM analysis

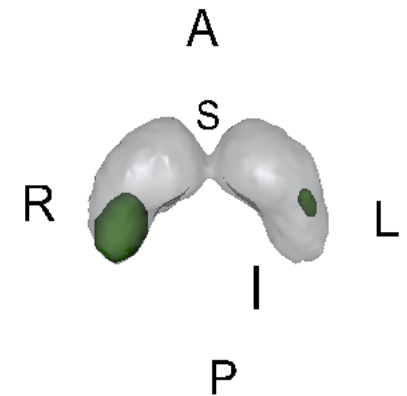
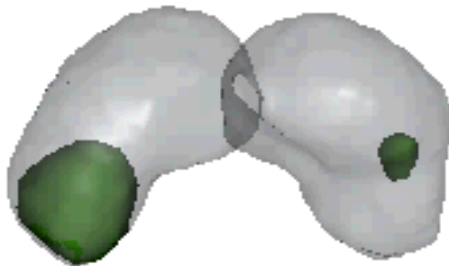


*$p < 0.05$ ; Corrected for multiple comparison*



LC = First-degree relatives, carriers

NC = First-degree relatives, non carriers

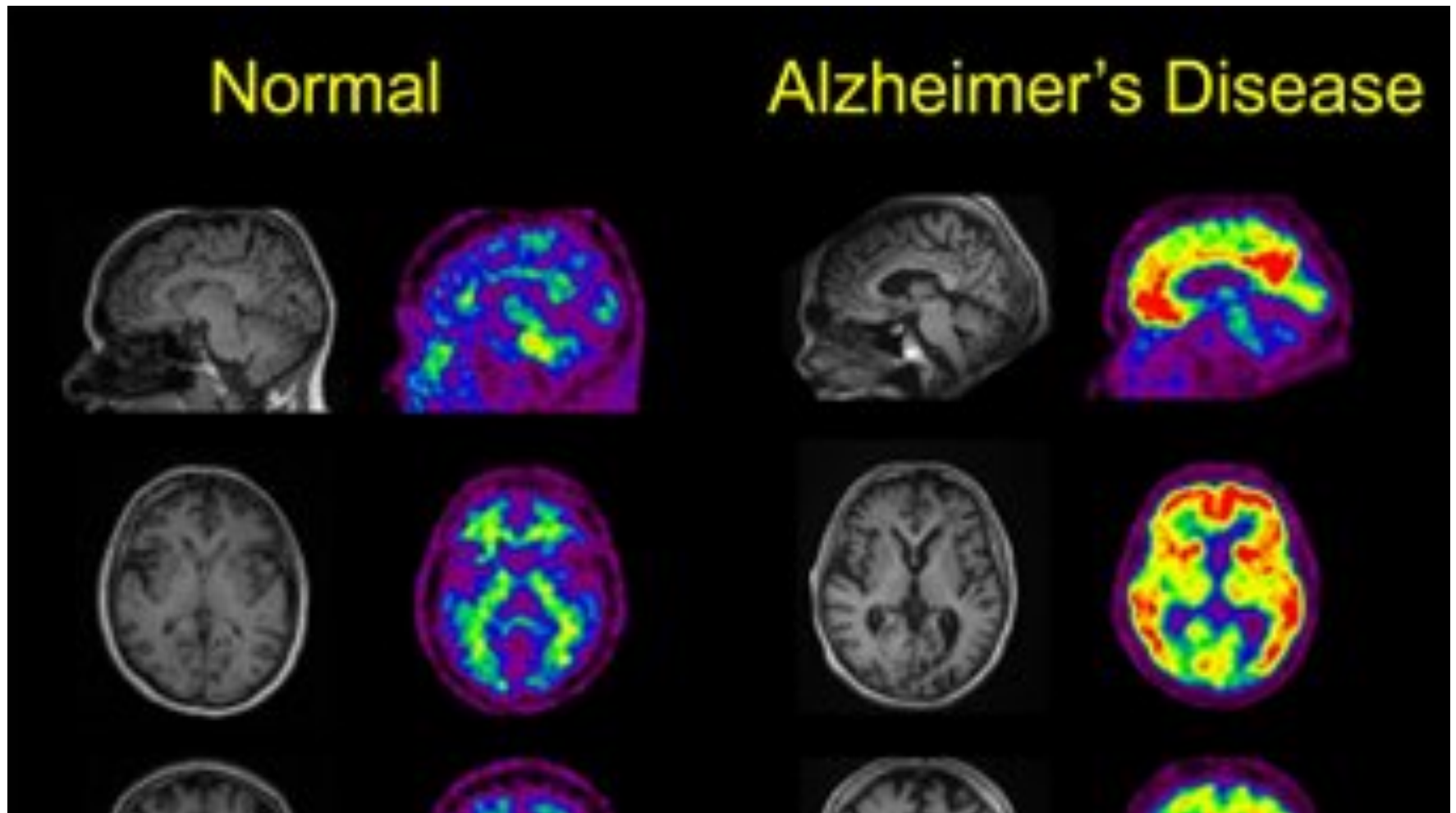


**Non Carriers > carriers**

Artzi et al. in preparation



# Imaging of the brain



# PET tracers under evaluation for HD

## *PET tracers being evaluated or under consideration*

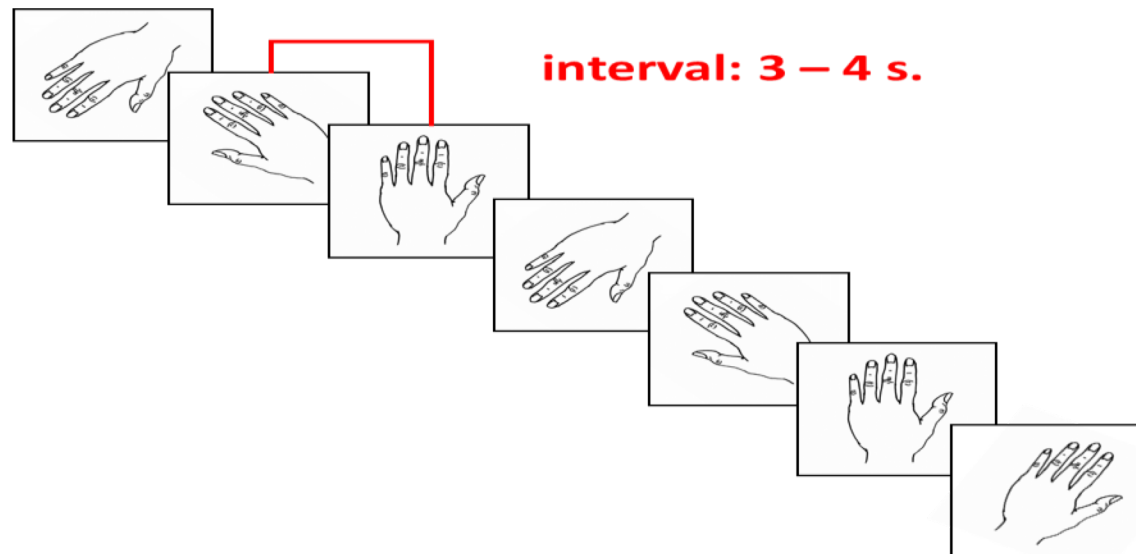
Target	PET Ligand	Localization	Preclinical Evaluation Status	Clinical Evaluation Status
D1 receptor	11C-NNC112	Basal ganglia/cortex	Studies completed (uPET)	<i>Currently no planned studies</i>
D2 receptor	11C-raclopride	Striatum/cortex	Studies completed (uPET)	Studies completed and ongoing
PDE10A enzyme	18F-MNI659/ [11C]IMA107	Basal ganglia	Studies completed (uPET)	Studies ongoing and planned
CB1 receptor	18F-FMPEP-d2/ [11C]MePPEP	Basal ganglia/cortex	Studies ongoing (ARG)	Studies completed and planned
5HT2a receptor	11C-MDL100097	Basal ganglia/cortex	Studies completed (uPET)	Studies planned
H3 receptor	11C-GSK189254/ [11C]MK-8278	Basal ganglia/cortex	Studies ongoing (ARG)	Studies planned
Glucose uptake	18F-FDG	Cortex and subcortical	Limited profiling (uPET)	Studies completed and planned
GABA-A receptor	11C-Flumazenil	Basal ganglia/cortex	Studies planned (ARG)	<i>Currently no planned studies</i>
mGluR5 receptor	18F-FPEB	Basal ganglia/cortex	Studies planned (uPET)	<i>Currently no planned studies</i>
M1 receptor	11C-GSK1034702	Basal ganglia/cortex	<i>Currently no planned studies</i>	<i>Currently no planned studies</i>
5HT1a receptor	11C-WAY100635	Cortex	<i>Currently no planned studies</i>	<i>Currently no planned studies</i>
NK1 receptor	18F-FE-SPA-RQ	Basal ganglia/cortex	<i>Currently no planned studies</i>	<i>Currently no planned studies</i>

# **Measuring functional reserve, compensatory mechanisms**



# Cerebral pathological and compensatory mechanisms in the premotor phase of leucine-rich repeat kinase 2 parkinsonism

Bart F. L. van Nuenen,<sup>1,2</sup> Rick C. Helmich,<sup>1,2</sup> Murielle Ferraye,<sup>2</sup> Avner Thaler,<sup>3</sup> Talma Hendler,<sup>3</sup> Avi Orr-Urtreger,<sup>4</sup> Anat Mirelman,<sup>3</sup> Susan Bressman,<sup>5</sup> Karen S. Marder,<sup>6</sup> Nir Giladi,<sup>3</sup> Bart P. C. van de Warrenburg,<sup>1</sup> Bastiaan R. Bloem<sup>1</sup> and Ivan Toni<sup>2</sup> on behalf of the LRRK2 Ashkenazi Jewish Consortium<sup>1\*</sup>

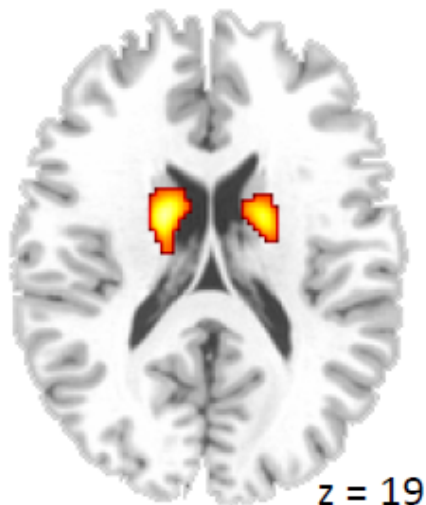


Foot response (left / right big toe)

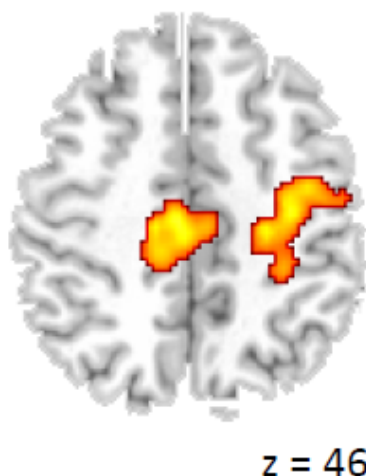
# G2019S mutation carriers use the brain differently to solve motor imagery problems

imaging related effects

NMC > MC



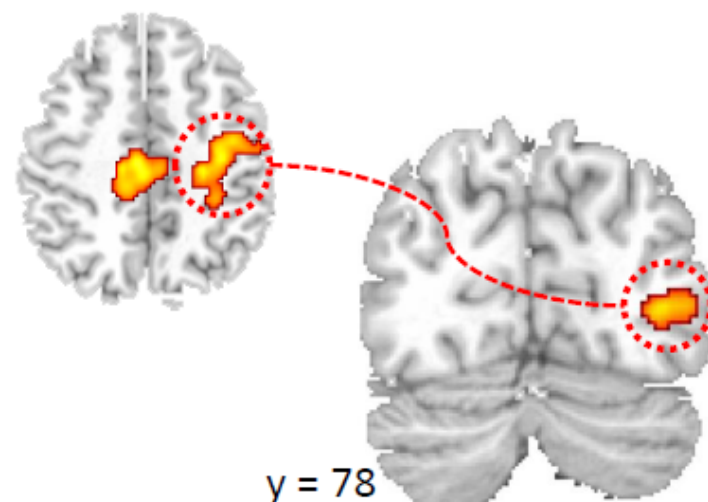
MC > NMC



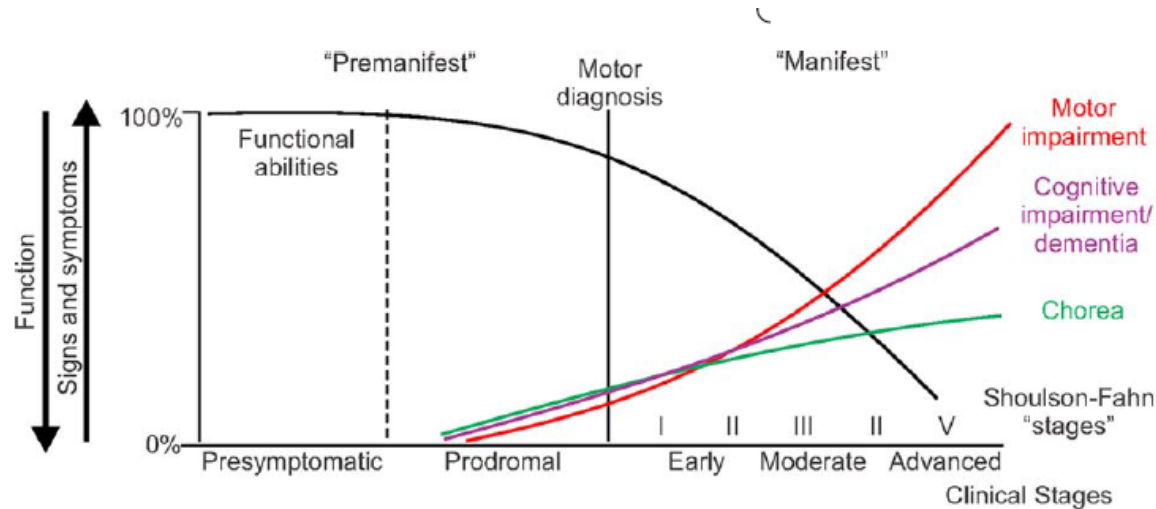
B

effective connectivity analysis

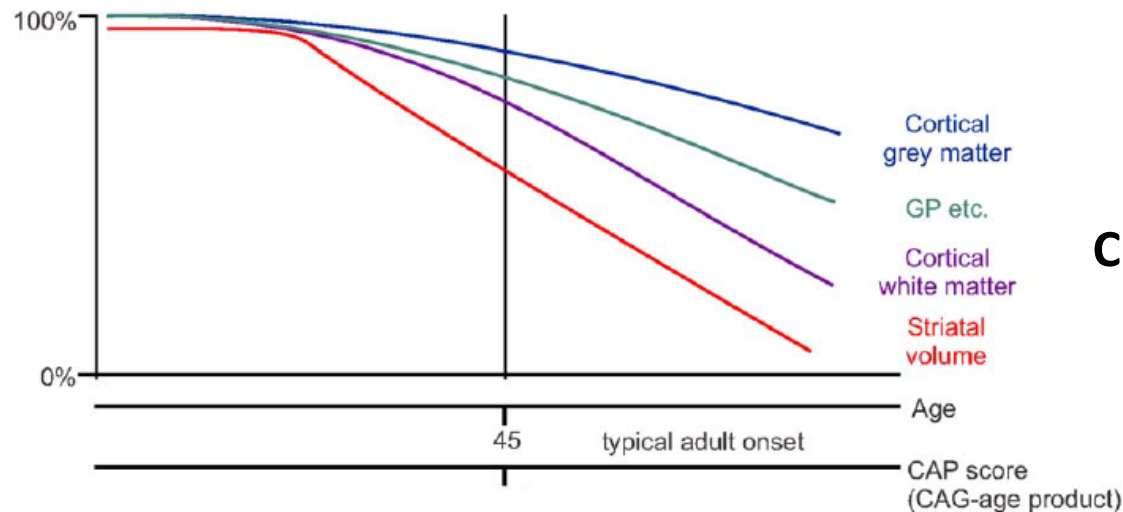
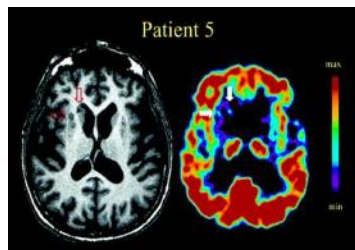
MC > NMC



# Huntington's disease progression



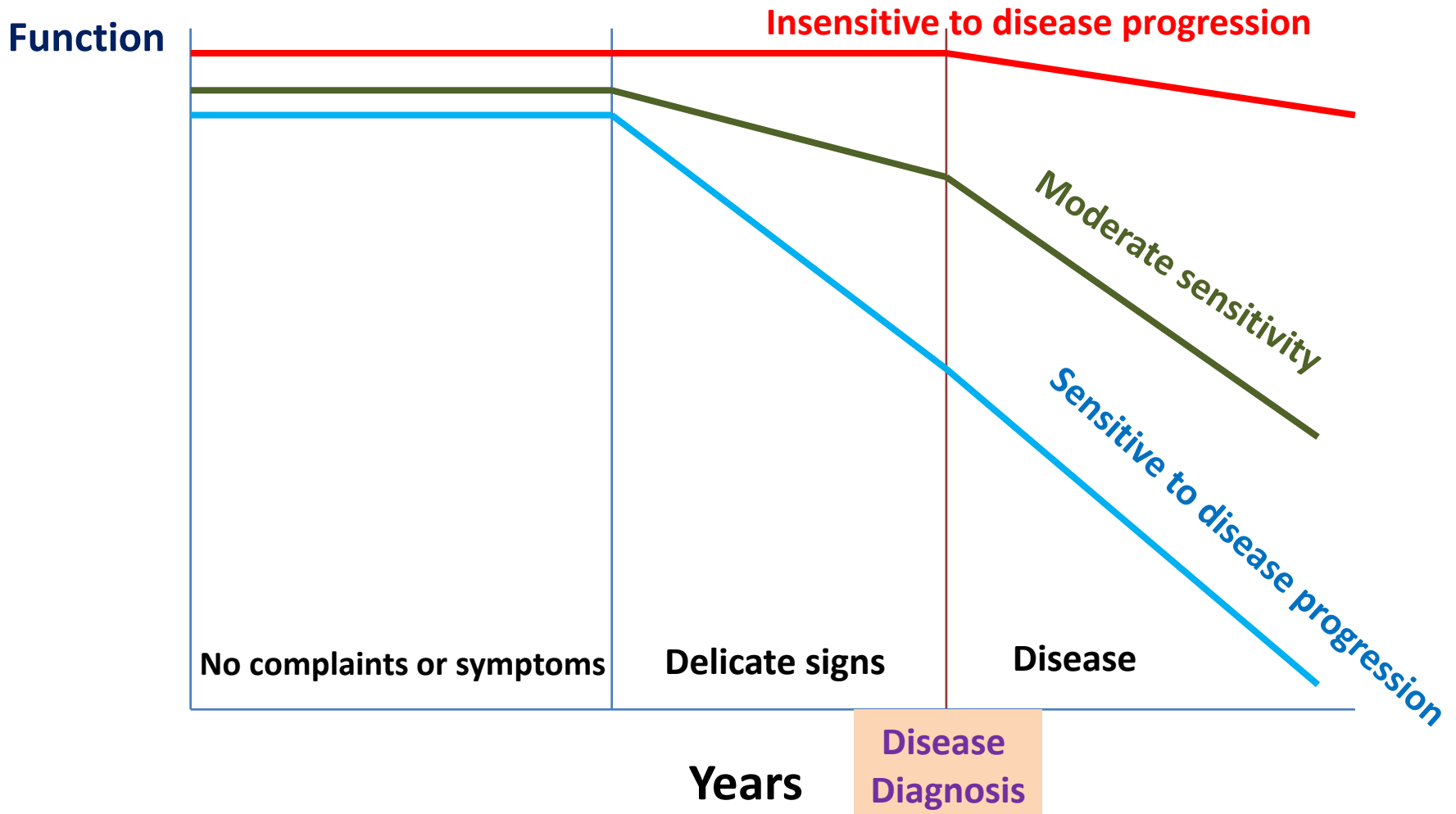
Clinical signs



Changes in MRI

Disease Diagnosis

# Biological markers of disease state

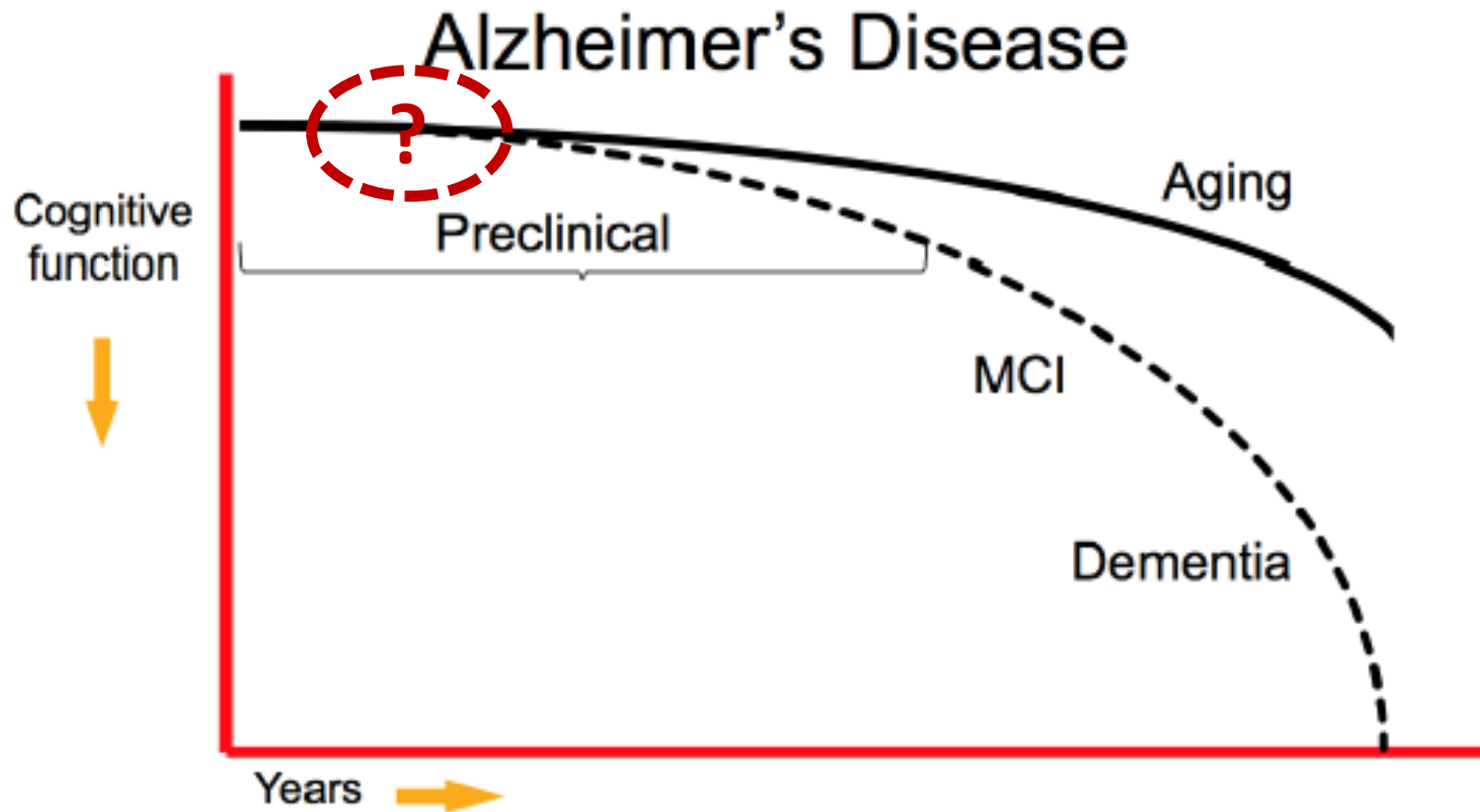


**What initiates the  
neurodegenerative process?**

**Understanding the cause can lead  
to preventive therapy**



# Alzheimer's disease is NOT just accelerated aging



# Where can we intervene and prevent neurodegenerative diseases?



**GENETICS**

**Age**

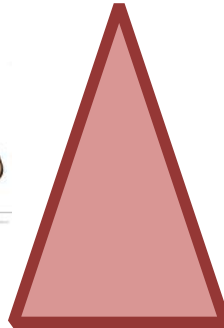


**Exposure to pesticides**



**Head injuries**

**Environment**



**Lifestyle**

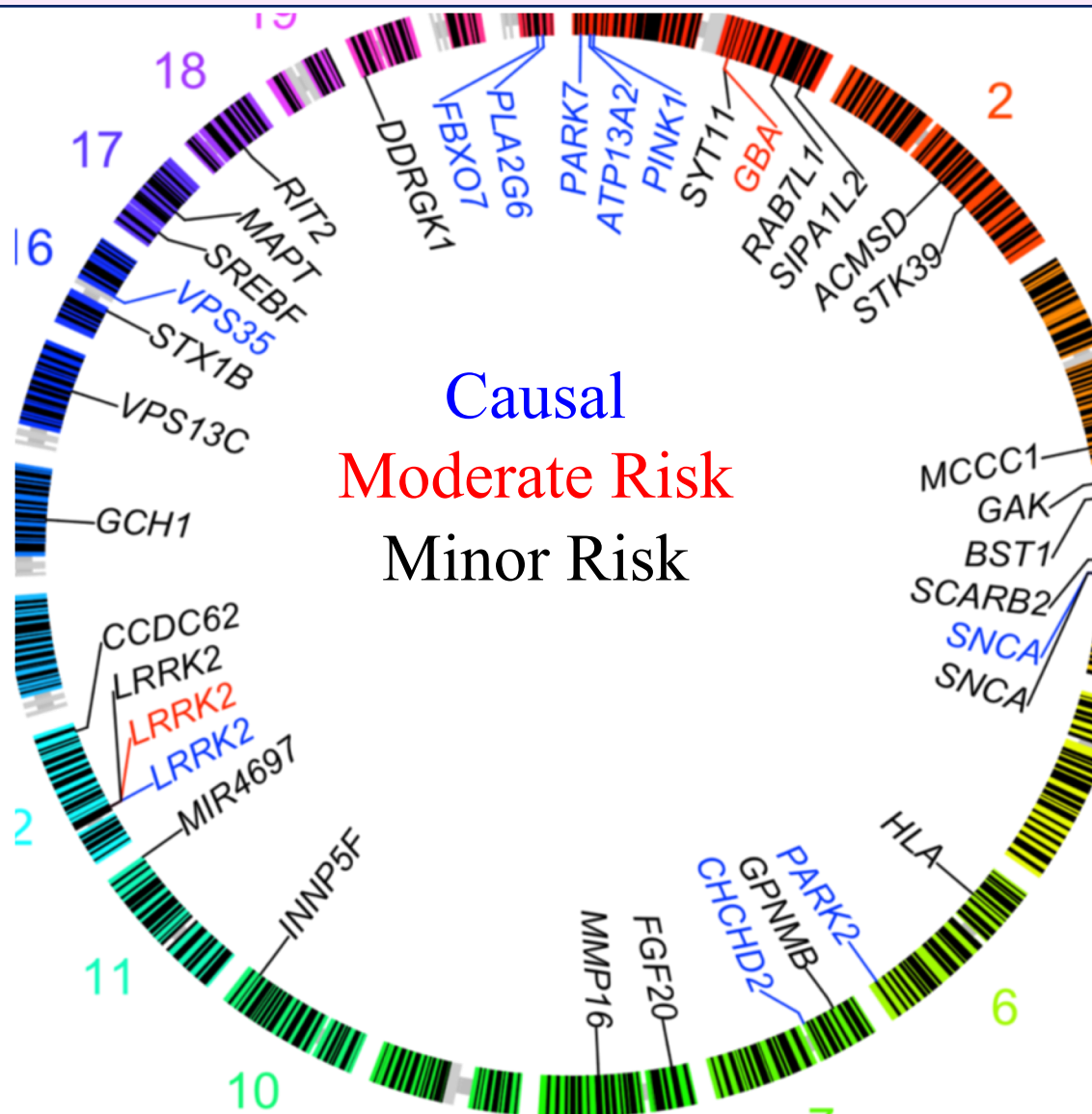
# Factors contributing to the development of neurodegenerative diseases

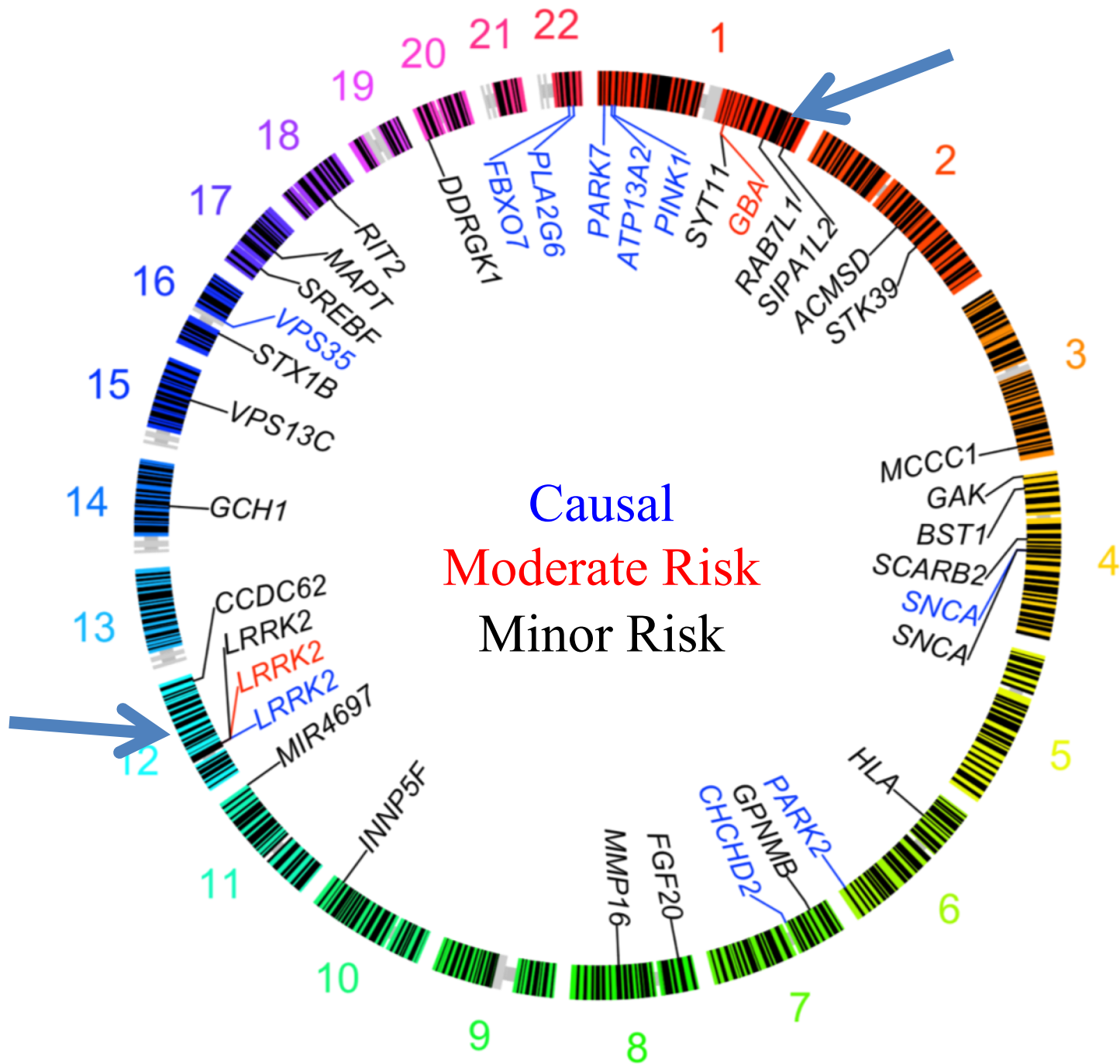
Genetics and aging



Environment and lifestyle

# Genetic contribution to Parkinson's disease



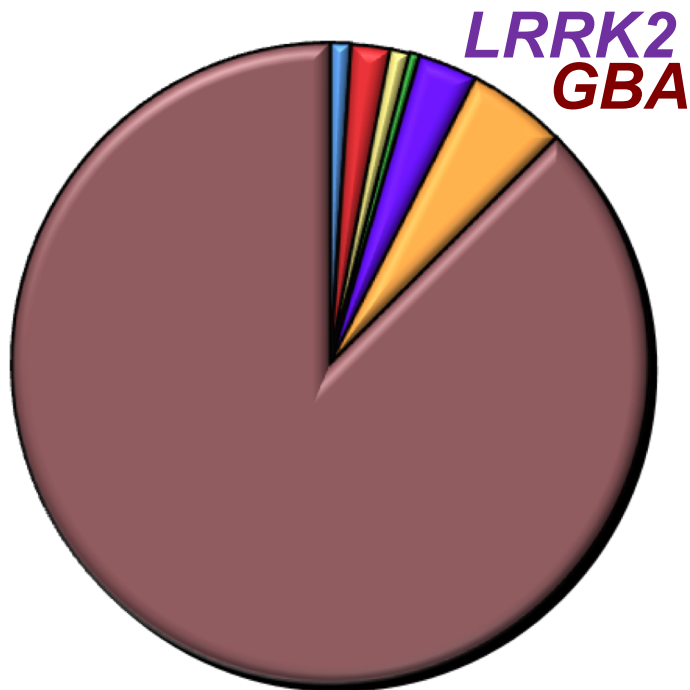




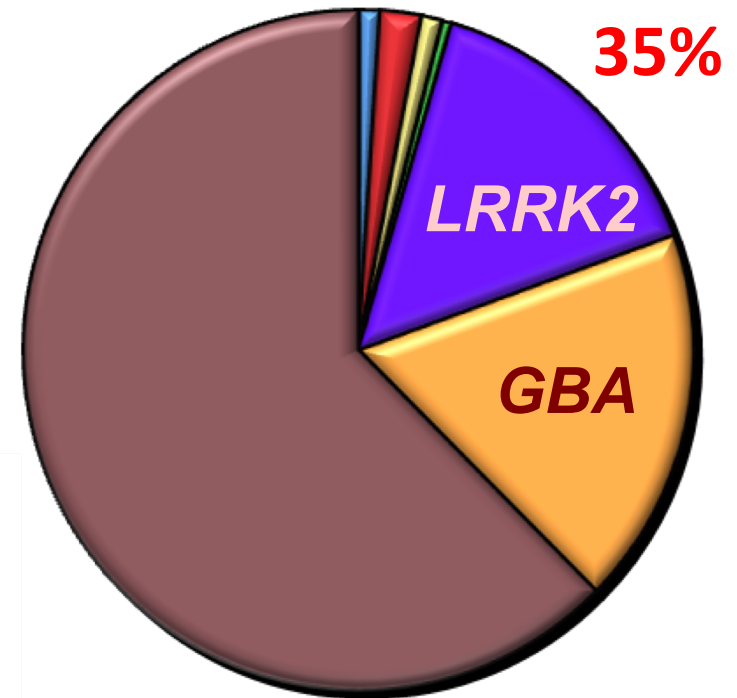
# Genetics of Parkinson's disease

## The Ashkenazi Jews story

Worldwide

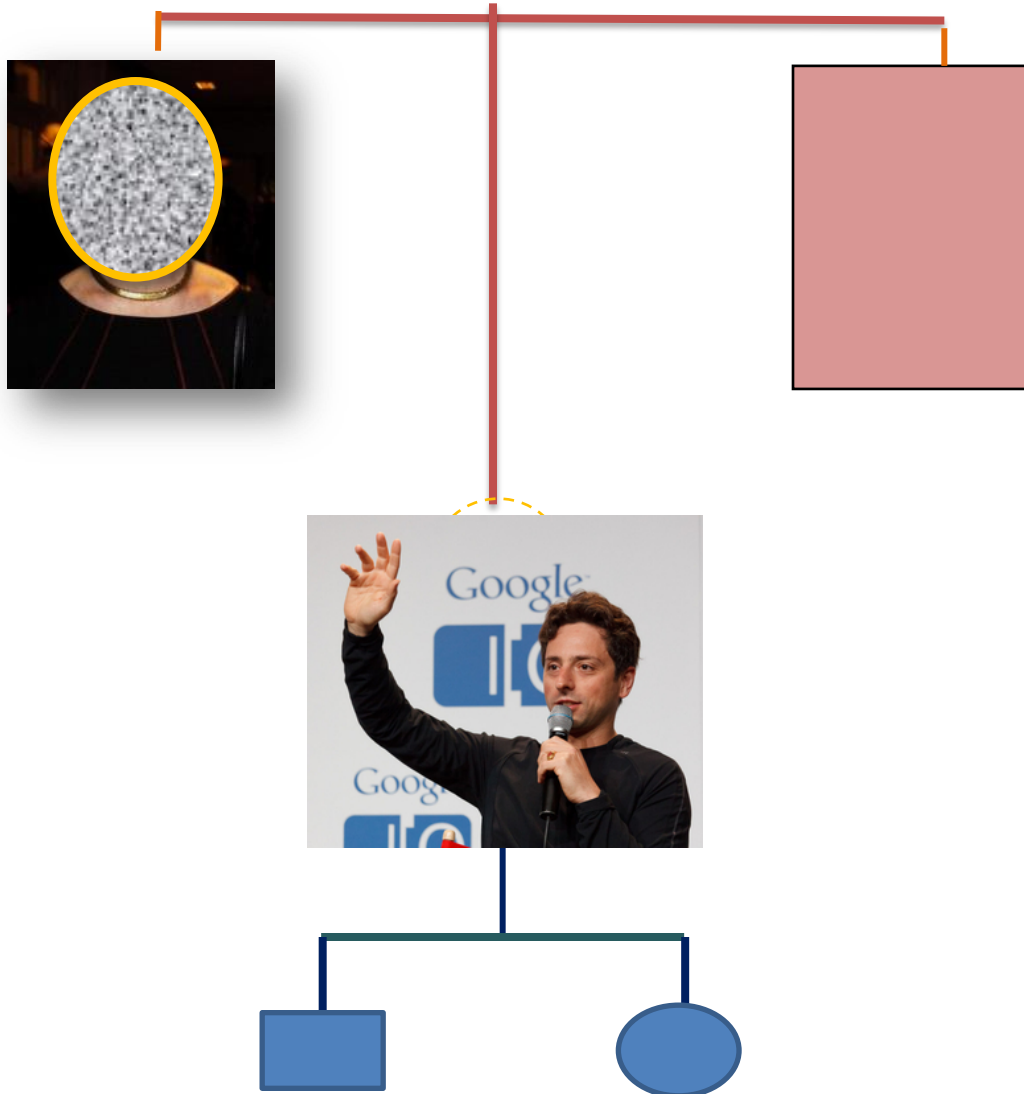


In Ashkenazi Jews



- SNCA
- parkin
- pink1
- DJ-1
- LRRK2
- GBA
- other

# The story of the family members: The Brin Family's story



# **Genetic research in Tel-Aviv Parkinson's disease**

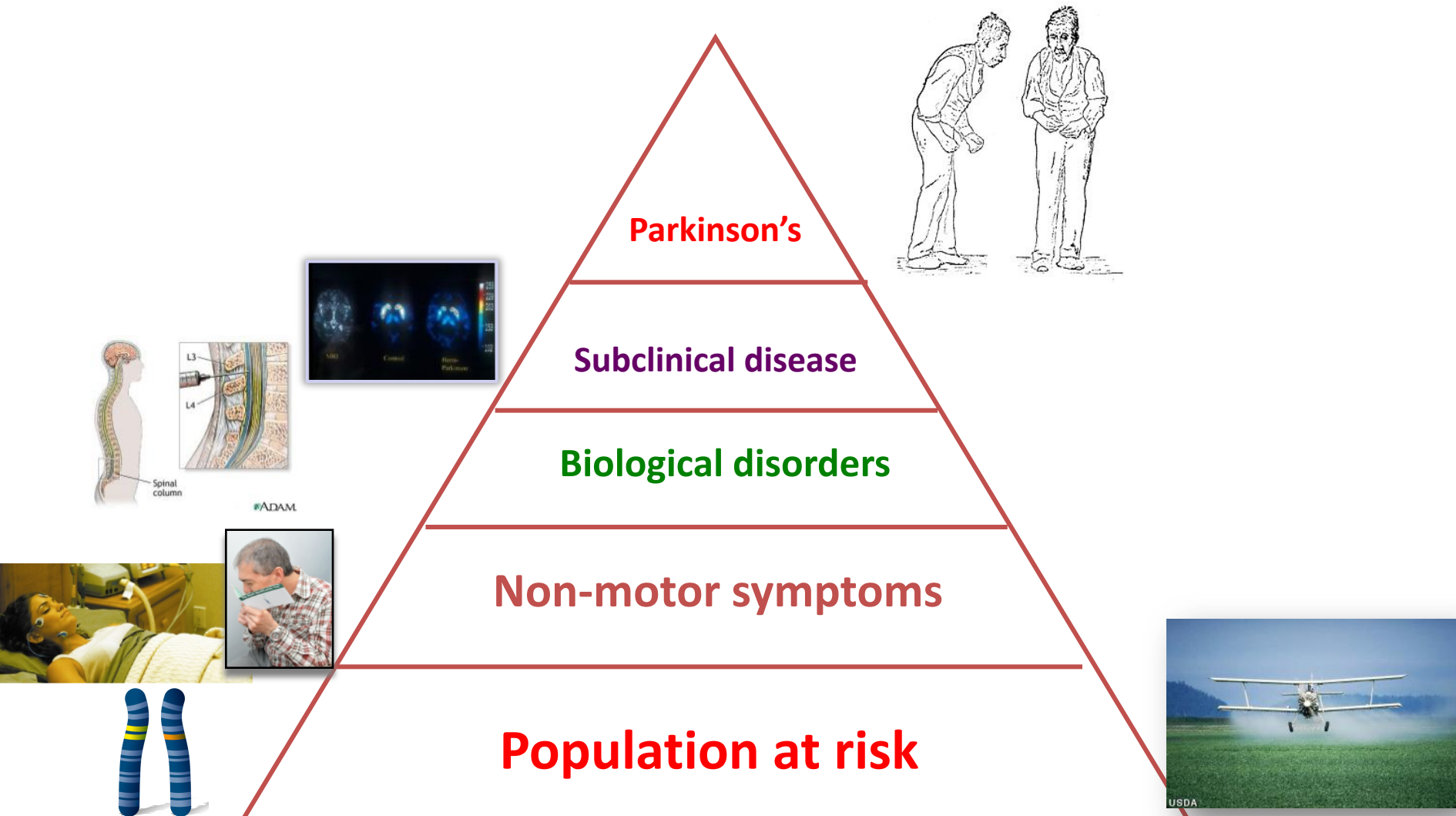
**1520 patients with  
Parkinson's disease**

**1100 Ashkenazim**

**450 healthy first degree relatives of patients  
with Parkinson who carry a known mutation  
in the *GBA* or *LRRK2* genes**

# The pyramid of Parkinson's disease

## From population at risk to diagnosed disease



**Every year a number of healthy individuals become sick**



**The goal:** Following a population at risk for developing PD and learning about the mode of progression and conversion

**The method:** Examine patients and healthy relatives who carry the PD related mutations, in order to identify early biological markers for the development of the disease.



## Recommendations for minimizing the chance of getting Parkinson's disease and dementia for population at risk

- Exercise
- Intellectual stimulation
- Social interaction
- Balance the risk factors for Atherosclerosis
- Sleep well
- Drink coffee
- Avoid becoming overweight
- Avoid depression
- Medications?? Anti-inflammatory ?
- Mediterranean Diet

**There's a lot  
that can be  
done!!!**

# Intensive physical activity as medicine: A healthy way to activate neurotrophic factors that promote regeneration of brain cells

## Prescription

28/2/2016

Name: Israel Israeli

Age: 45

Medication: Aerobic physical  
activity

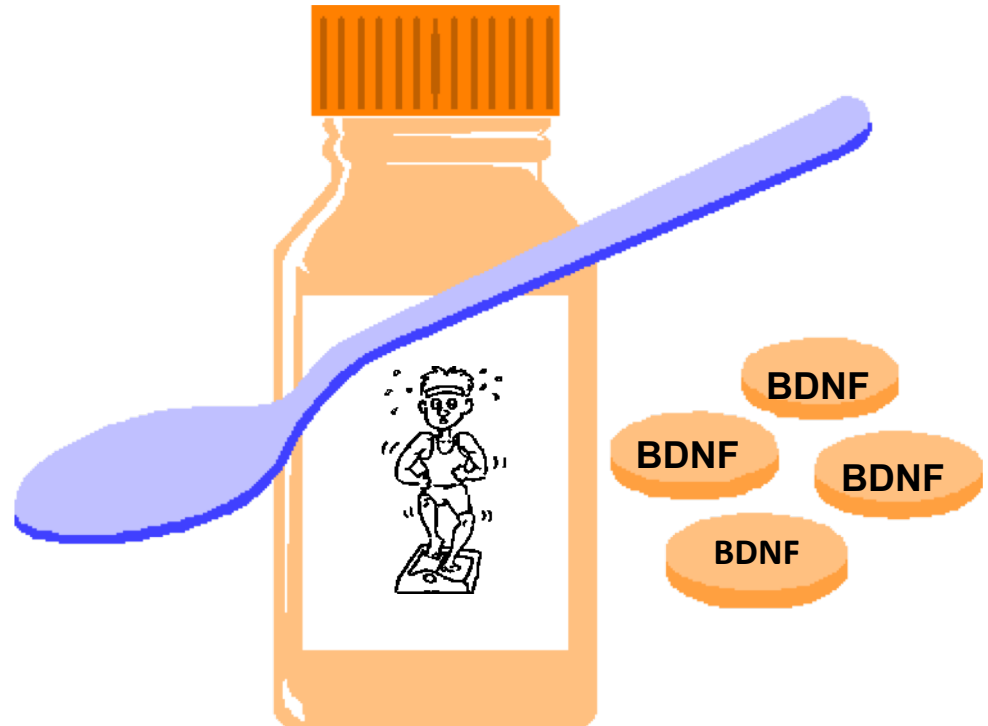
Dosage: 5 times a week – 60 minutes  
(200-300 minutes a week)

Notes: 50% aerobic activity, 25%  
resistance, 25% stretching

Nir Giladi, MD

*Nir Giladi*

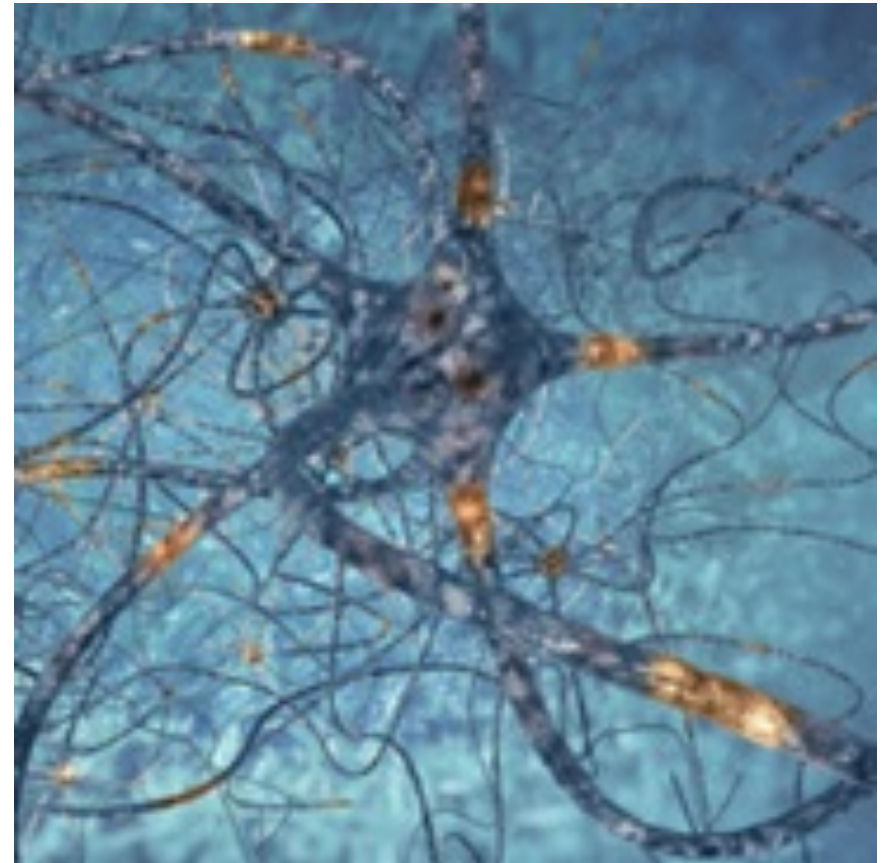
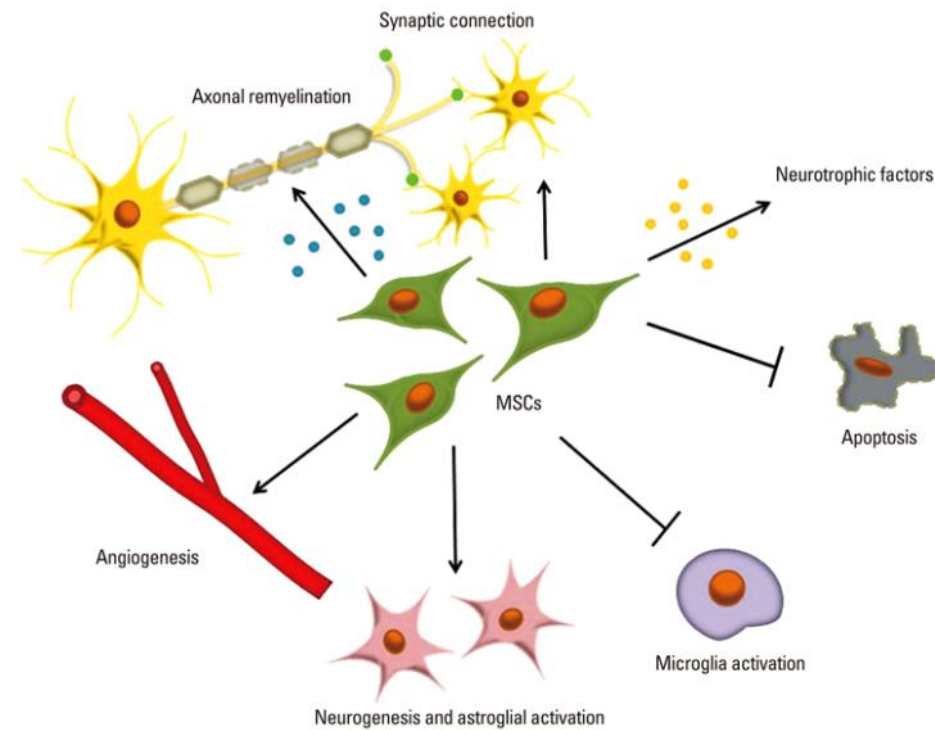
License No. 12345



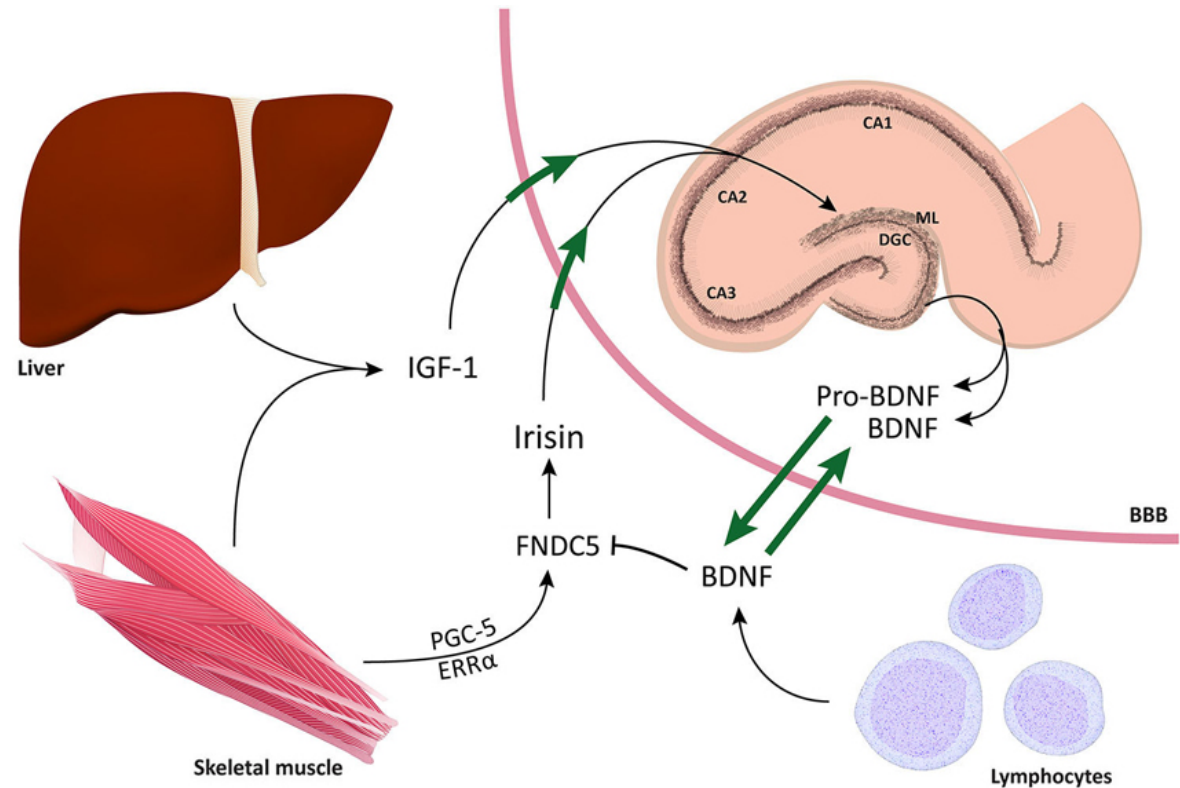
**An entire brain is developed in 9 months  
the product of trophic factors**



# Trophic factors that promote neuronal, synaptic and vascular regeneration



# Trophic factors produced by skeletal muscles and the liver promote neuronal-regeneration

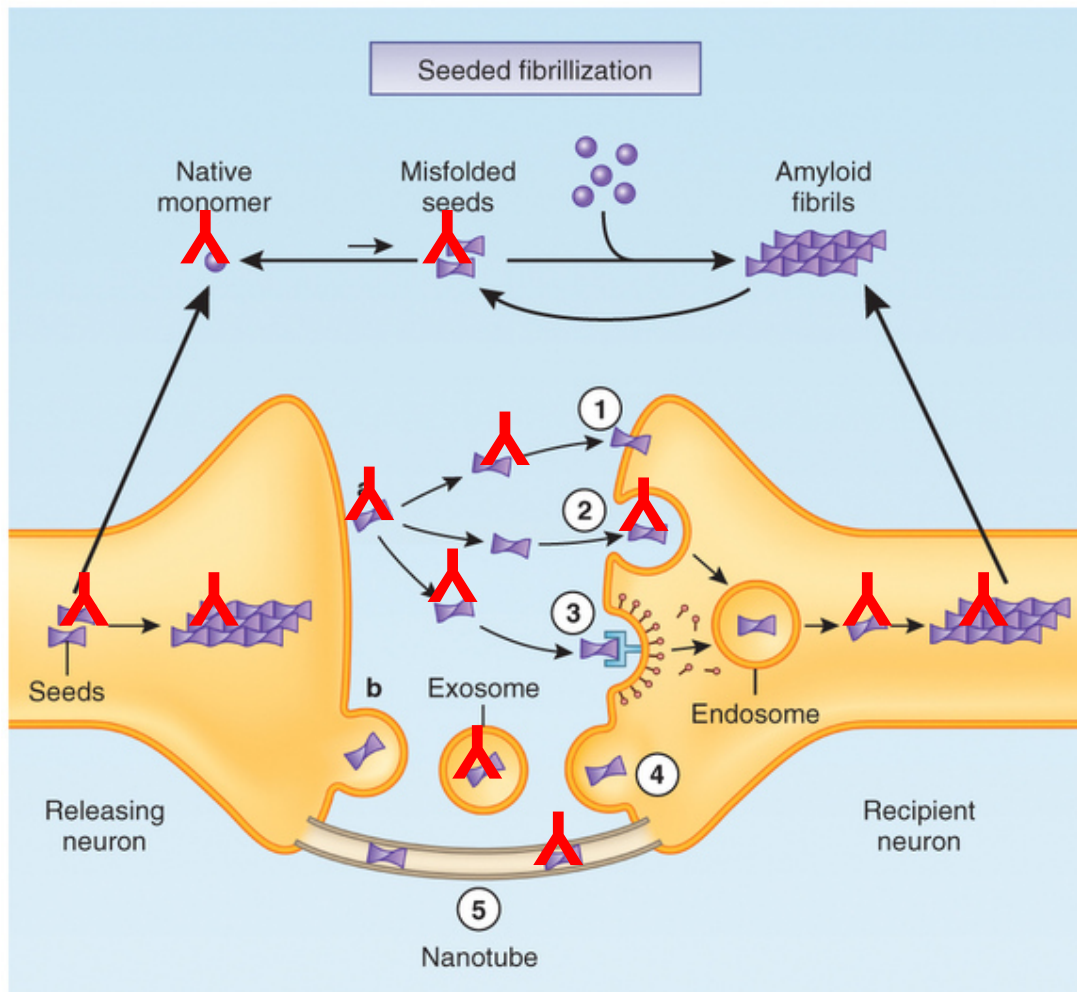


# **Novel therapeutic approaches for stopping neurodegeneration**

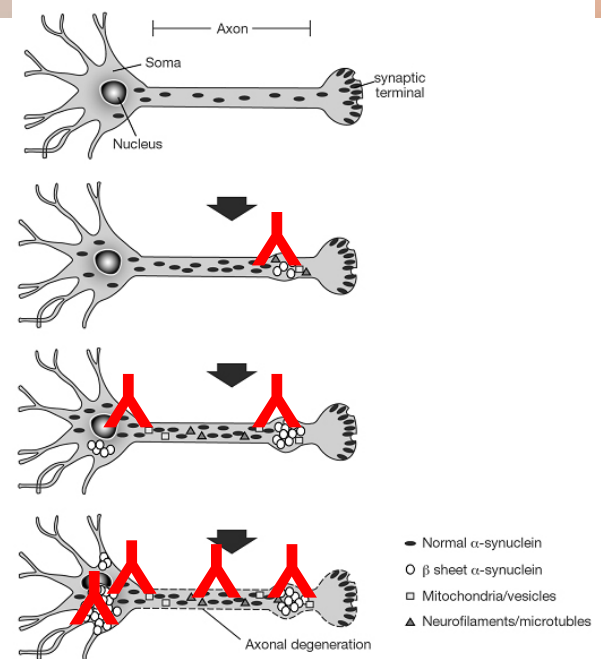
- **Vaccines**
- **Gene silencing\ RNA silencing**
- **Enzymatic activity promoting substances – small molecules**
- **Stem cell**
- **Administration of trophic factors that promote regeneration**



# In development: Dozens of medications and vaccines for the stopping or prevention of Parkinson's disease, Alzheimer's disease and Huntington's disease

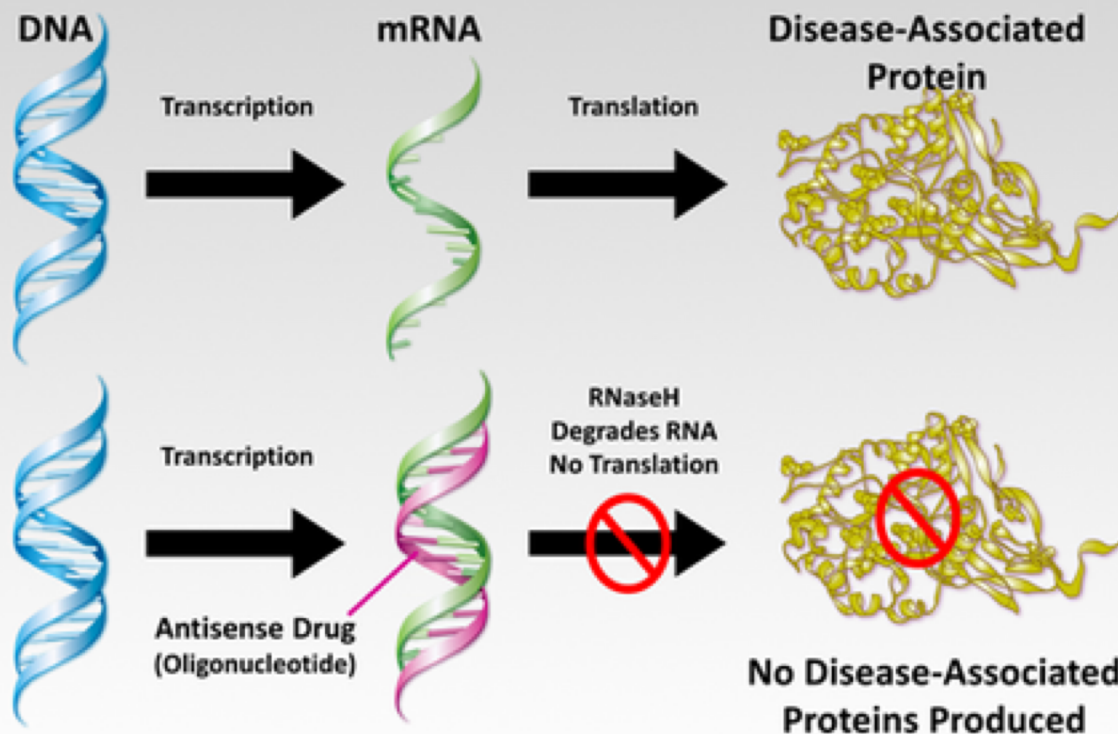


Debbie Maizels

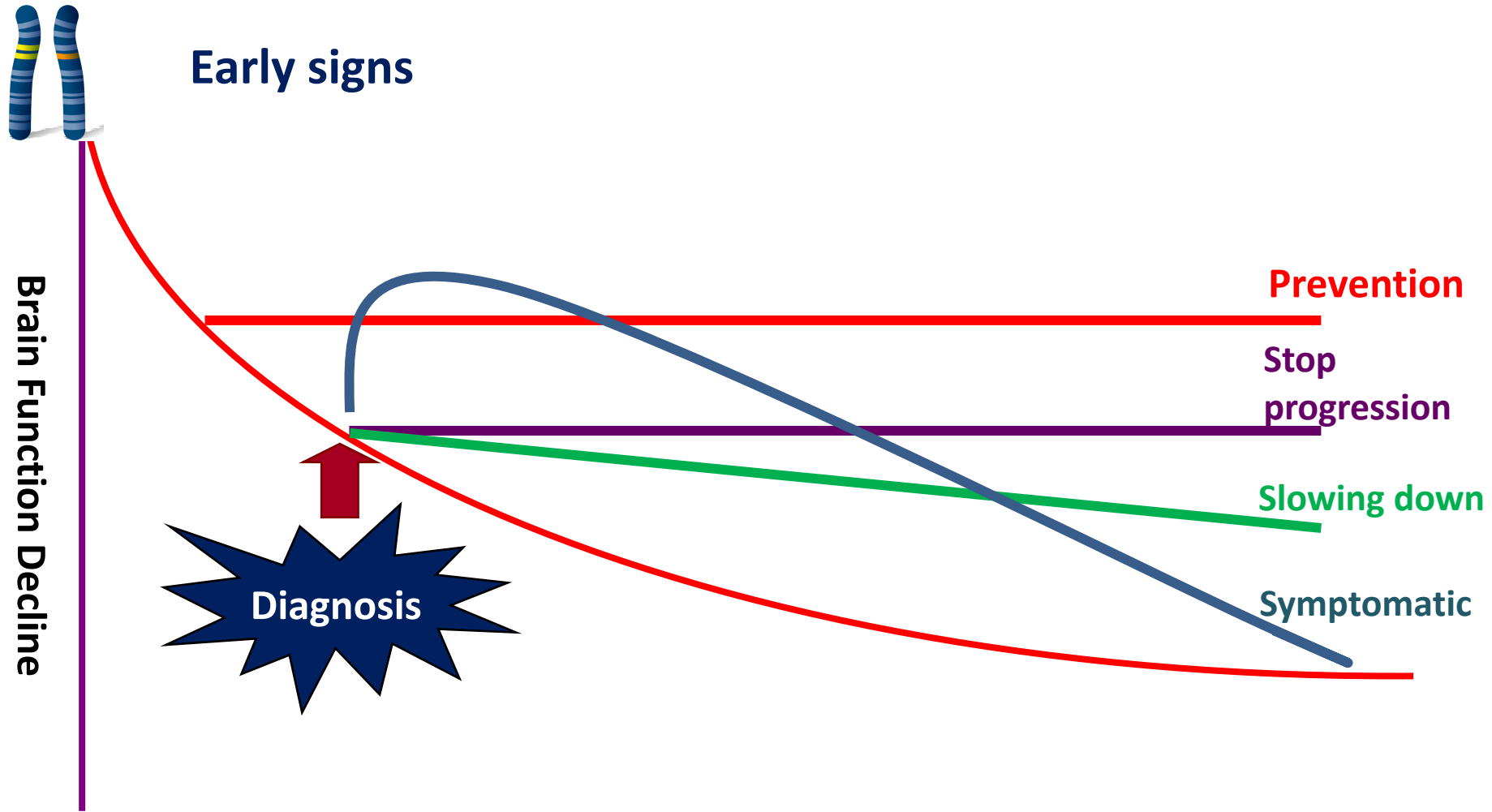


# Gene silencing – prevention of toxic protein production

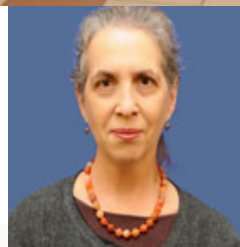
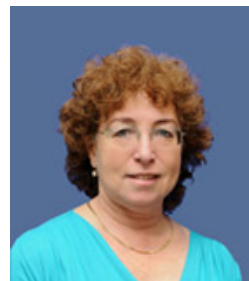
## Antisense Oligonucleotide Therapy



# The goal: Prevention







# The team

## Neurology Department:

**Nir Giladi**

Avner Thaler  
Noa Bregman  
Meir Kestenbaum  
Avi Gadoth  
Tamara Shiner

## CMCM:

**Jeff Hausdorff**  
**Anat Mirelman**

Aner Weiss  
Hagar Bernad  
Eran Gazit  
Talia Herman  
Inbal Maidan

## Genetic Institute R&D Lab:

**Avi Orr Urtreger**

Anat Bar Shira  
Ziv Gan-Or  
Mali Gana Weiss  
Orly Goldstein  
Merav Kedmi  
Dalit Barel  
Hila Kobo  
Omri Nayshool  
Idan Amshalom  
Liron Rozenkrantz  
Dina Pavzner  
Dvir Dahary

## Movement Disorders Unit:

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Eti Shimoni  
Michal Shtagman  
Marina Grumberg  
Michaela Victor  
Ora Assias  
Hertzel Shabtai  
Yaacov Balash  
Ariella Hillel  
Sharon Peleg-Nesher

## Nuclear Medicine:

**Einat Even Sapir**  
**Hedva Lerman**  
Adva Cohen

## MJFF-AJ Consortium:

CU- **Karen Marder**  
BI-MS- **Susan Bressman**  
Yale U- **Ken Marek**  
Harvard - Laurie Ozelius

## Radboud Univ. - Holland:

Bas Bloem  
Rick Helmlich  
Bart Van Neunen  
Ivan Toni

## Brain Imaging Center:

**Talma Hendler**  
Dafna Ben Basat  
Moran Artzi

## MJFF - Gait Consortium:

Jan Aasly-Trondheim, Norway  
Daniela Berg- Tübingen, Germany  
Eduardo Tolosa- Barcelona, Spain  
Bill Chen- Beijing, China



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# Patients and relatives are waiting...





# Thank you

