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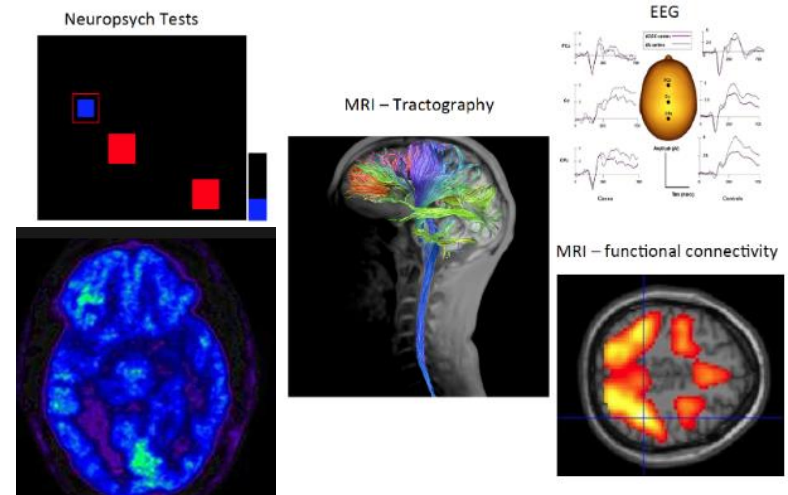
# Exploring the role of molecular imaging in neural circuitry of cognition and ageing

**DR. SUBAPRIYA SUPPIAH**

**Consultant Radiologist , PET/CT Fellow and Deputy Director  
Pusat Pengimejan Diagnostik Nuklear, UPM**

# Cognitive Neuroimaging

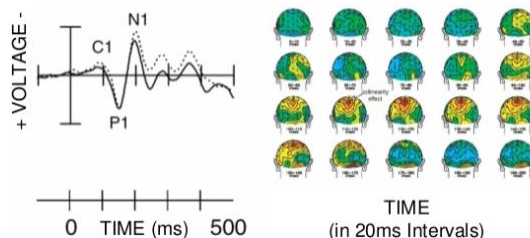
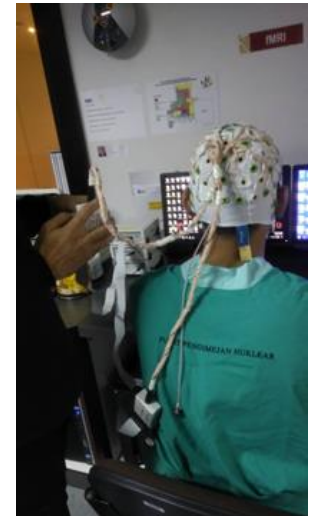
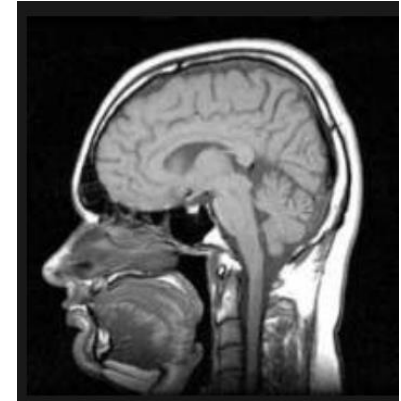
- Mapping different regions of the brain
- With relations to their functions
- Enables better understanding of disease pathophysiology, designing treatment and intervention plan, innovations in brain-computer interphase (BCI)e.g. in robotic rehabilitation for stroke



# Modalities for Neuroimaging

Assessment of the human brain function:

1. Electroencephalography (EEG)
2. Magnetoencephalography (MEG)
3. Transcranial Magnetic stimulation (TMS)
4. Structural MRI
5. Positron Emission Tomography (PET)
6. Functional MRI
7. Simultaneous EEG-fMRI



from Khoo et al. (2004)

<http://neoreviews.aappublications.org/content/16/9/e544>

# Common indications for neuroimaging

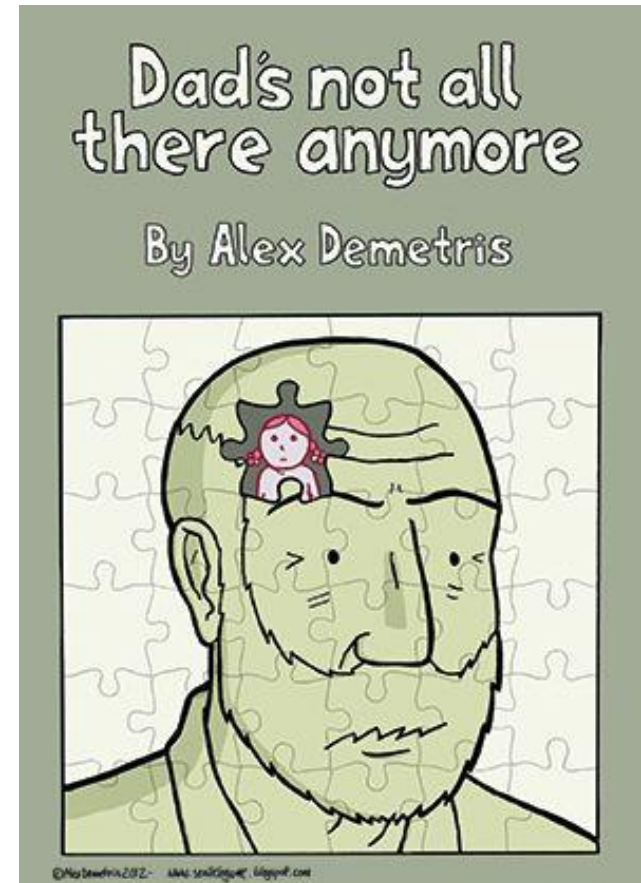


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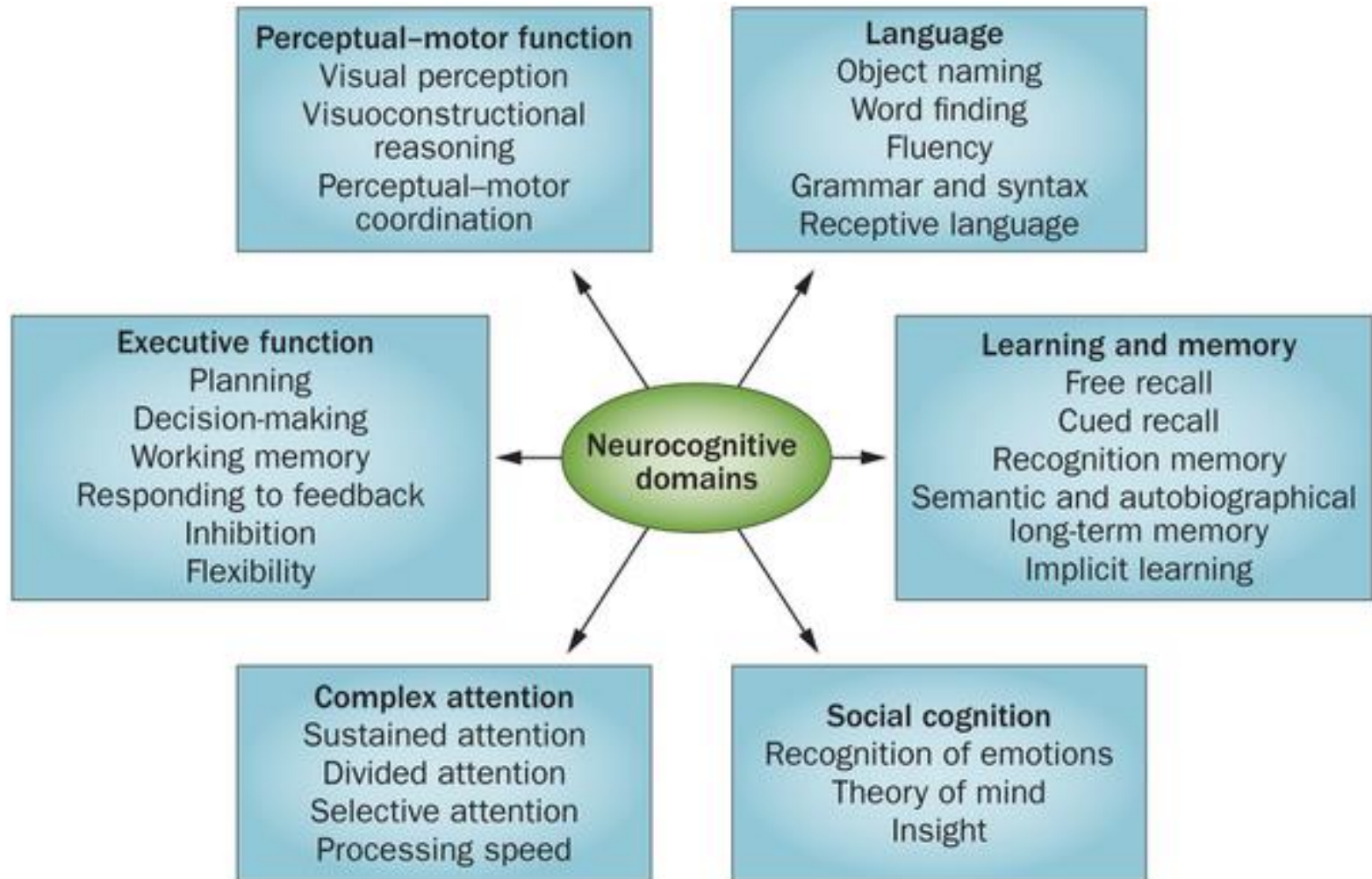
- Stroke
- Epilepsy
- Brain tumour
- Impaired cognitive function (Neurocog d/o, AD; exposure to extreme high altitude)
- Neuropsychiatric disorders (Schizophrenia, MD, addiction)

# Terminology

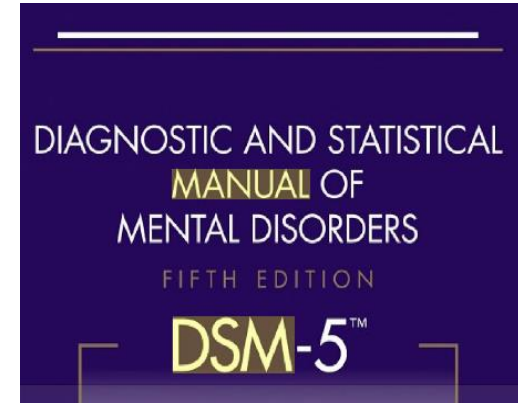
- ❖ Dementia, Demented
- ❖ Neurocognitive Disorders
- ❖ Stigma



# Neurocognitive Function







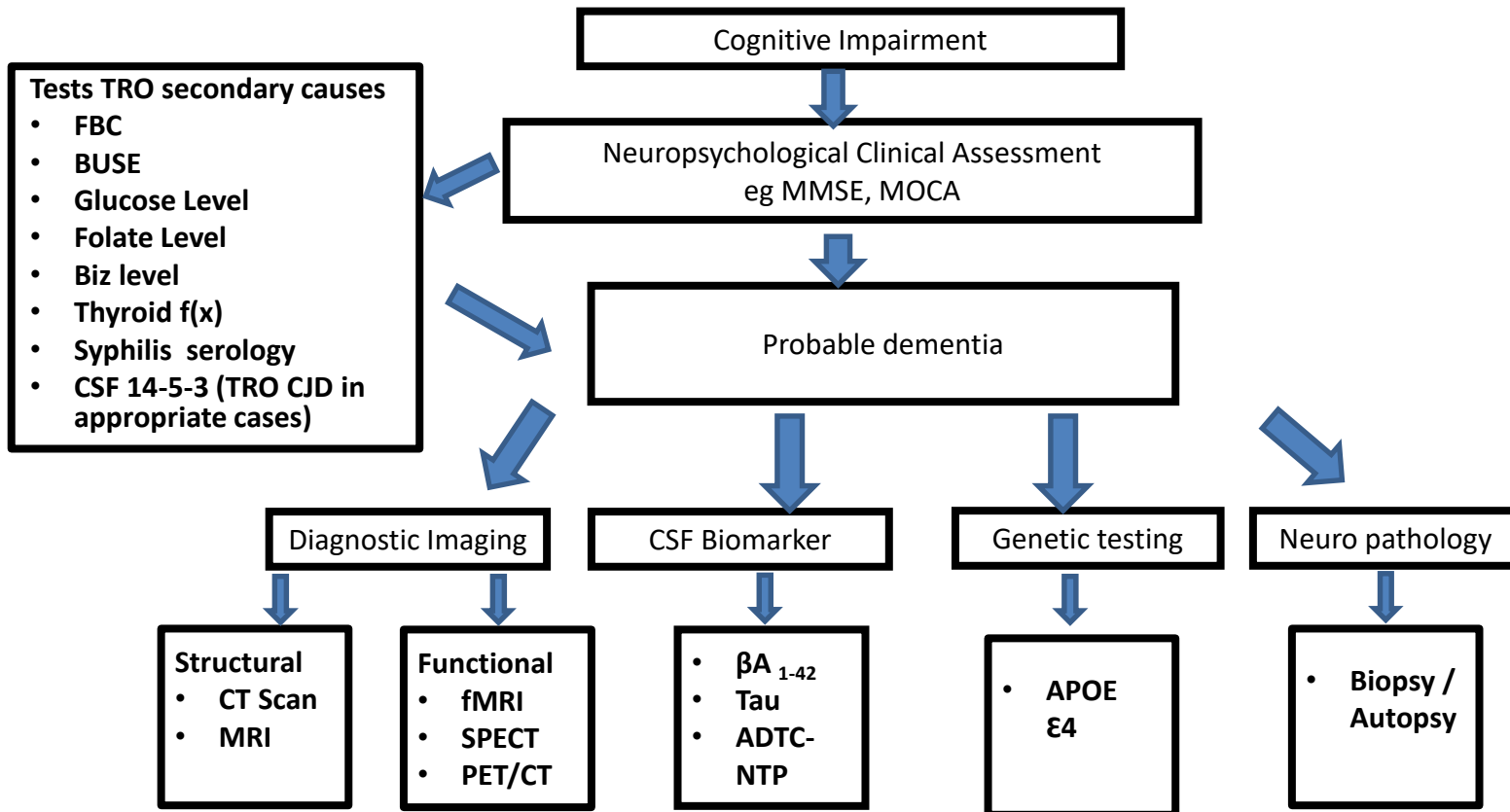
## Major Neurocognitive Disorders

### Alzheimer's Disease subtype

1. Progressive and signif. reduction in cognitive function from previous level of cognition
2. Reduced performance in a neuropsychiatric test (objective assessment)
3. Significant impairment in the ability to independently perform cognitive activities of daily living
4. In the absence of delirium, other mental illnesses or medical conditions

(American Psychiatric Association, 2013) & (DSM-V)

# Clinical Work-up for AD





# Major Neurocognitive Disorders

## SUBTYPES OF DEMENTIA

### Fronto temporal dementia (FTD)

Onset: Fluctuating Memory  
 Initial Sx: Personality And  
 Behaviour Changes, Multisensory  
 Agnosia  
 Imaging :  
 MRI - Atrophy In Focal Frontal Anterior  
 Temporal  
 SPECT – Hypoperfusion In Fronto-  
 Temporal Lobe, Spares Posterior  
 Parietal Lobe  
 Pathology: Tau Inclusion Bodies,  
 Pick Bodies

### Alzheimer's Disease (AD)

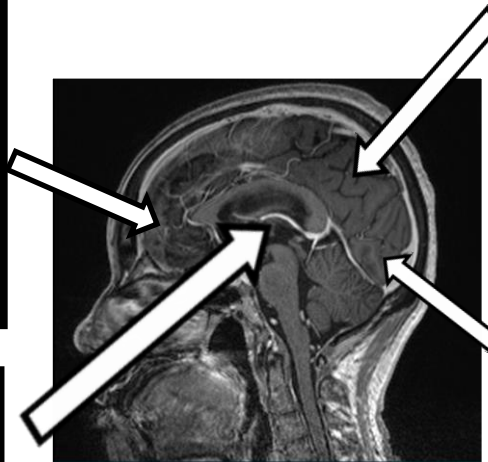
Onset: > 65 years old  
 Initial Sx: Memory loss, language  
 deficit  
 Imaging:  
 MRI – diffuse/ posteriorly predominant/  
 hippocampal atrophy  
 SPECT – Hypoperfusion in  
 posterior temporo-  
 parietal lobe  
 PET – positive amyloid deposition in  
 posterior temporo-parietal lobe  
 Pathology: Senile plaques, NFTs

### Vascular Dementia (VD)

Onset: Can be sudden in onset  
 Initial Sx: Focal neurological  
 signs, signs of vascular  
 disease(stroke/ weakness)  
 Imaging:  
 MRI –may identify  
 areas of infarcts, WM  
 lesions/ hyperintensities on T2Wi  
 SPECT – Multiple/ focal  
 areas of hypoperfusion  
 corresponding to areas of infarcts.  
 PET – negative for  
 amyloid deposition  
 Pathology: Areas of ischaemia/  
 infarcts.

### Dementia with Lewy bodies (DLB)

Onset:  
 Initial Sx: Parkinsonism, visual  
 hallucination, fluctuating  
 cognitive functions  
 Imaging:  
 MRI - less atrophy compared to AD.  
 SPECT - Hypoperfusion in  
 temporal & occipital  
 lobe  
 PET – positive amyloid deposition in  
 posterior \ temporo-parietal lobe  
 Pathology:  $\alpha$  synuclein, Lewy  
 bodies



# Diagnostic Performance of Clinical Assessment and other tests

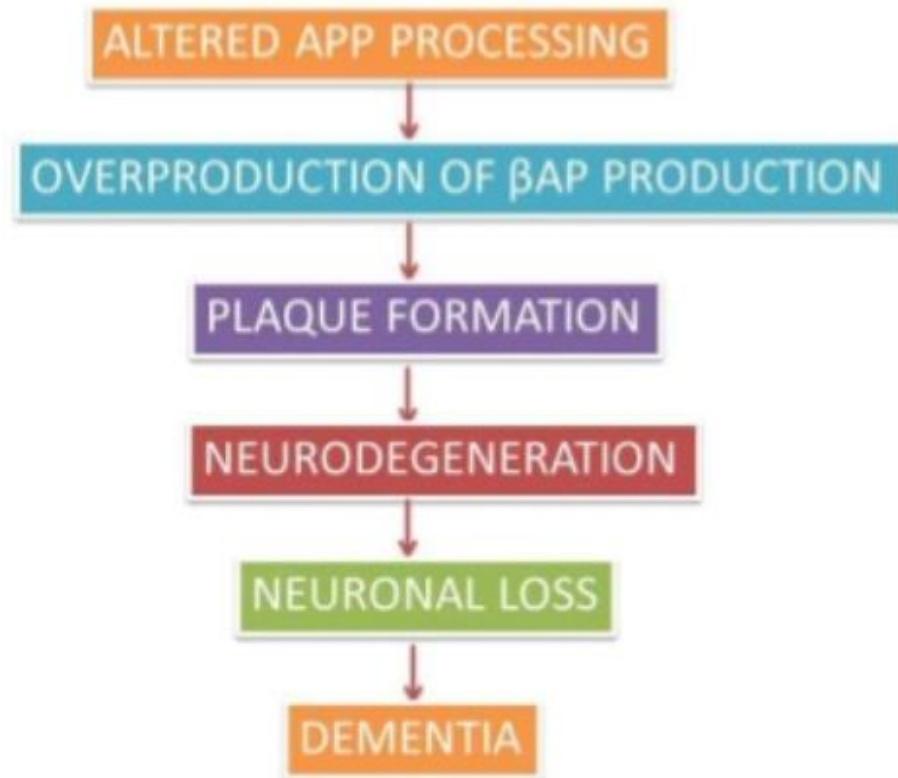
Sub types	Clinical Assessment(%)	
	Sensitivity	Specificity
AD	81	70
VA	89	89
DLB	> 50	<75
FTD	63-73	97-100

Test	Sensitivity (%)	Specificity (%)
Clinical Assessment	81	70
MRI	95	40
SPECT	*71.5	78.2
FDG-PET	93	63
APOE ε4	89	65

\*Dougall Am J Geriatr Psychiatr. 2004

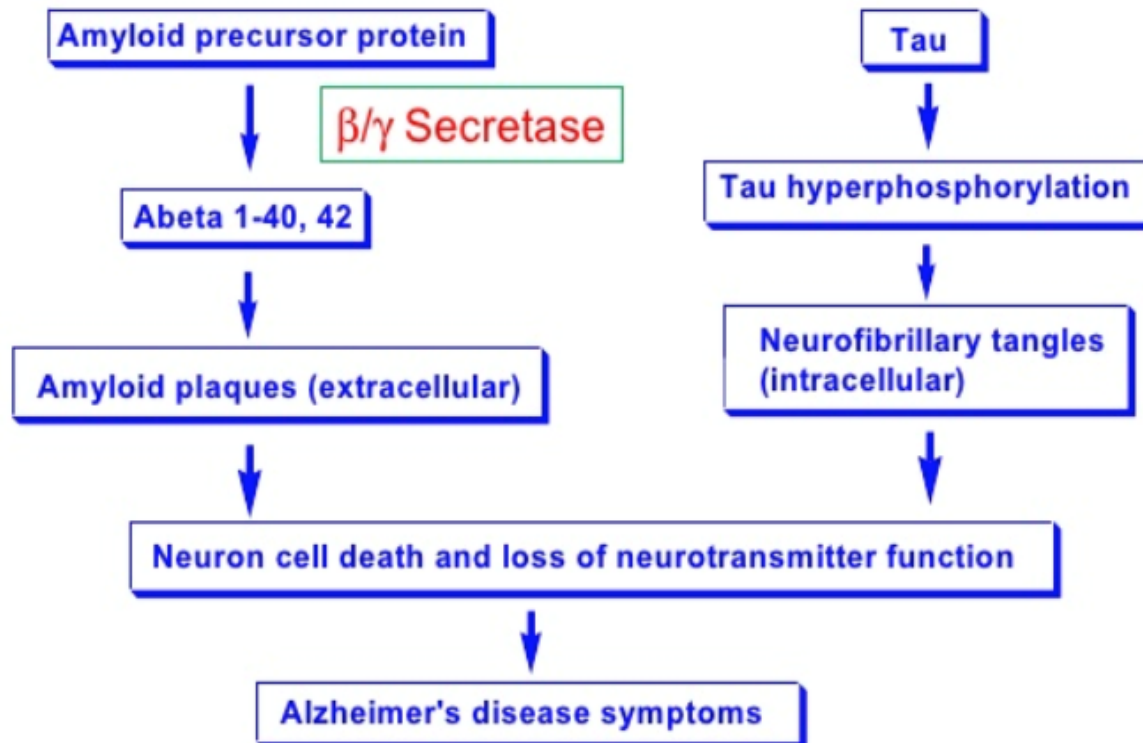
\*\*Hoffman. J Nucl Med 2000

# Pathophysiology



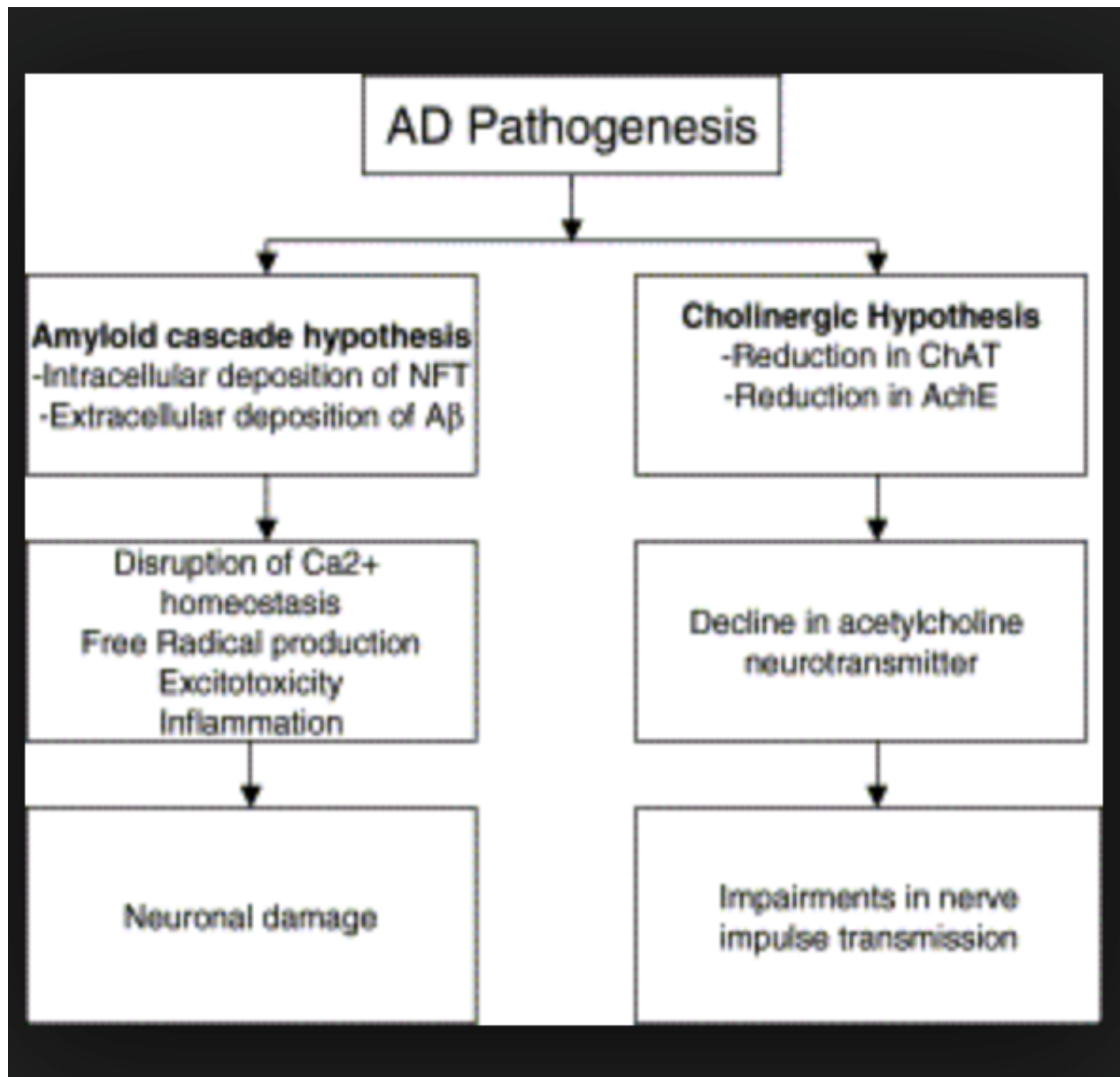
## Alzheimer's Disease Pathophysiology

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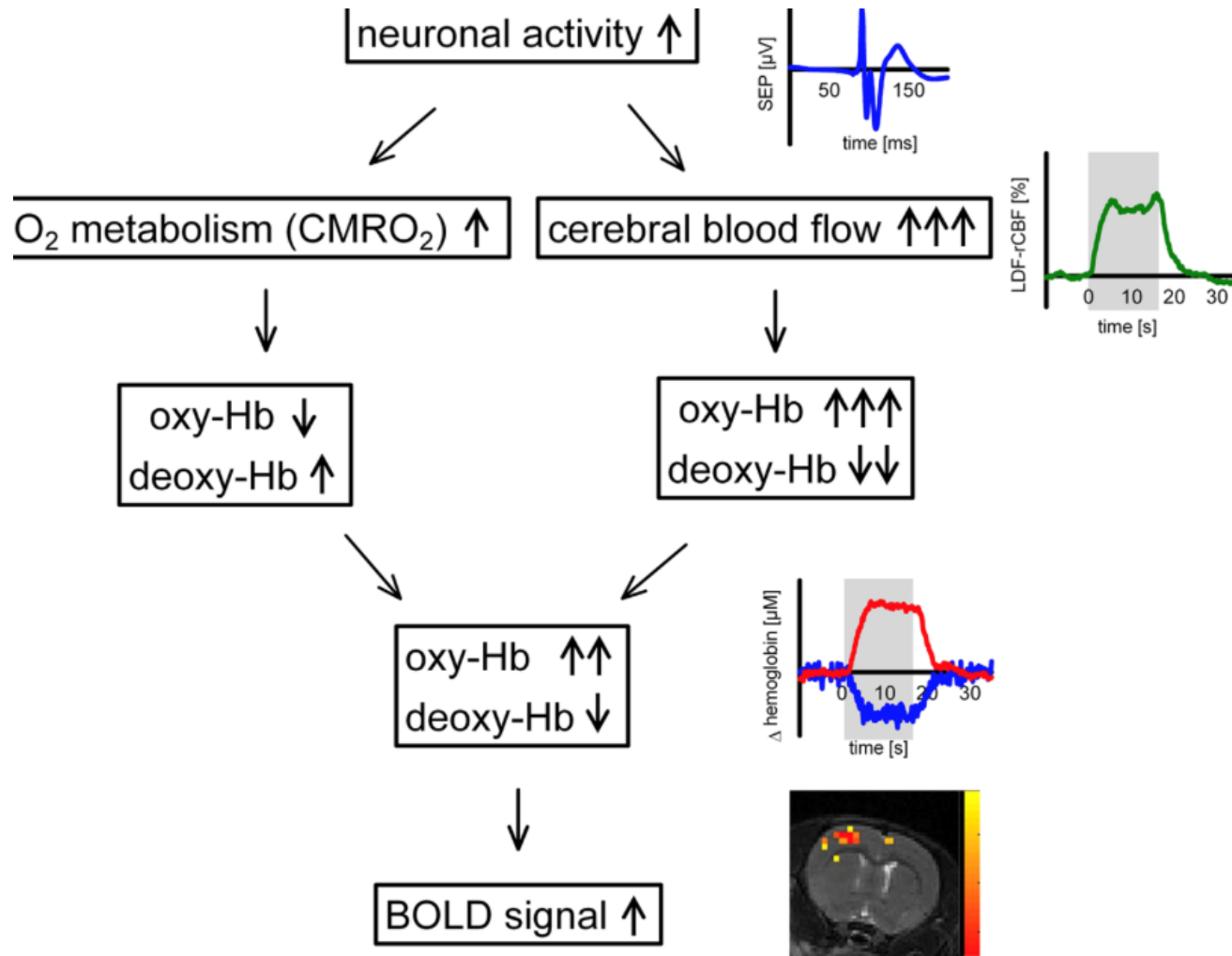


*Alzheimer's Disease is a progressive, devastating and incurable illness  
Some 4.5 million Americans are affected at a cost of \$100 billion a year*

Nitasha Manchanda, Alzheimer's Disease, *Decision Resources*, June 2007



# Molecular Imaging -fMRI

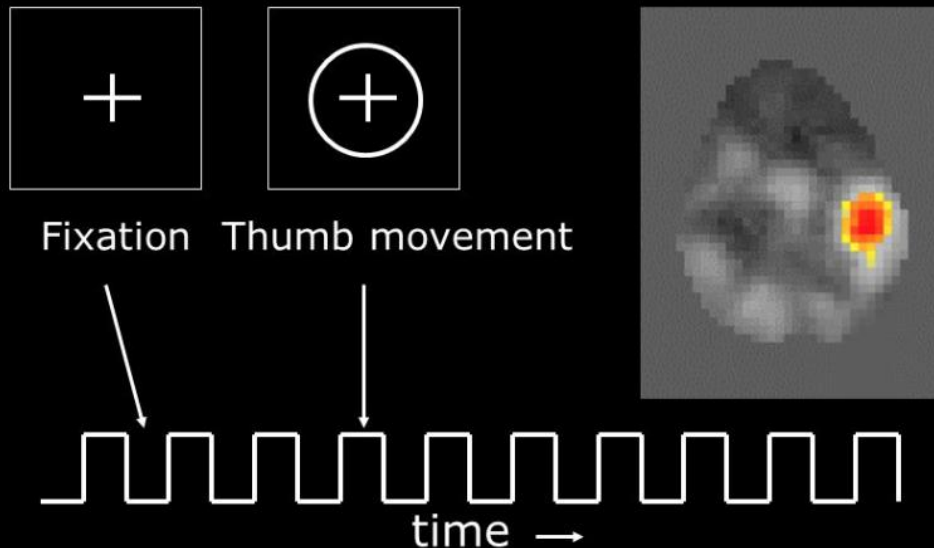


Lindauer 2010. Frontiers in  
Neuroenergetics



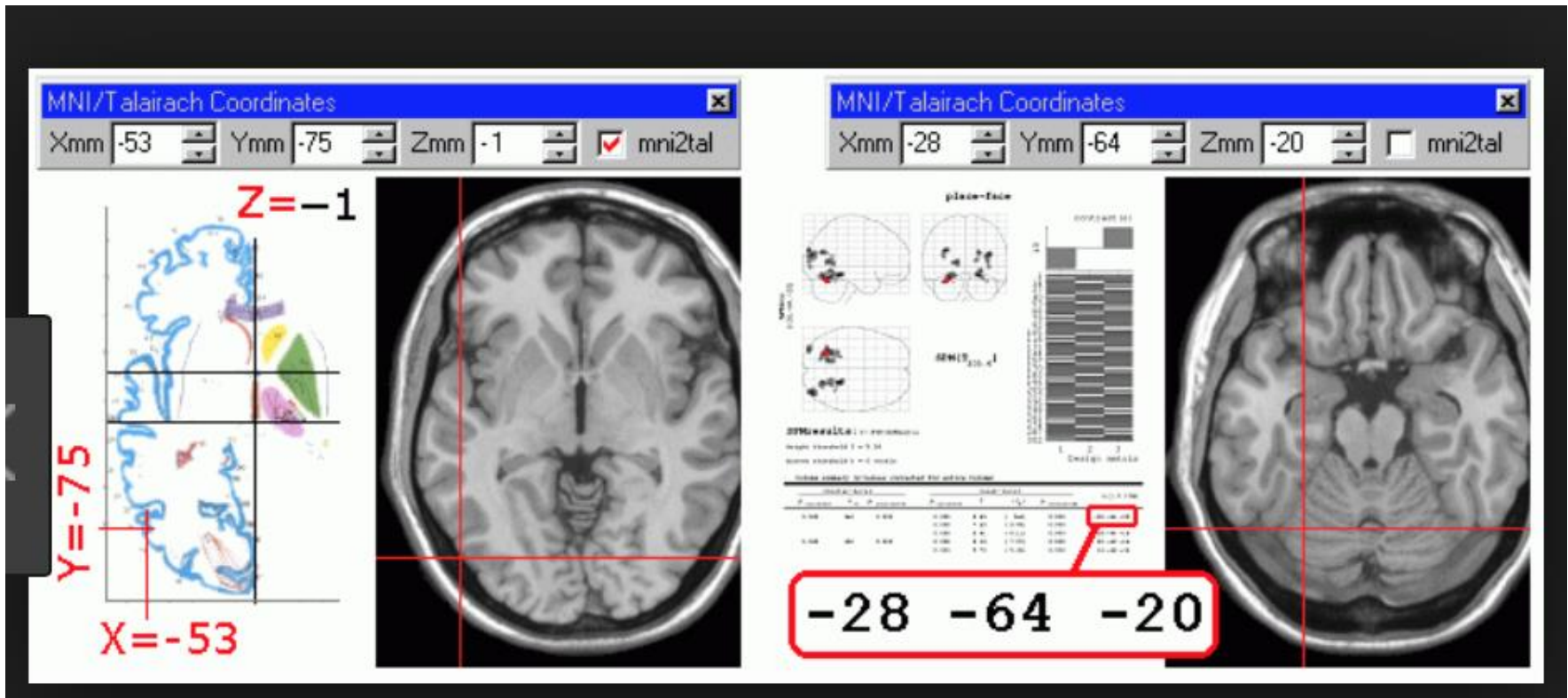
# Molecular Imaging

Recall Analysis of fMRI Data is Based  
on Examining Changes in Voxel  
Across Time



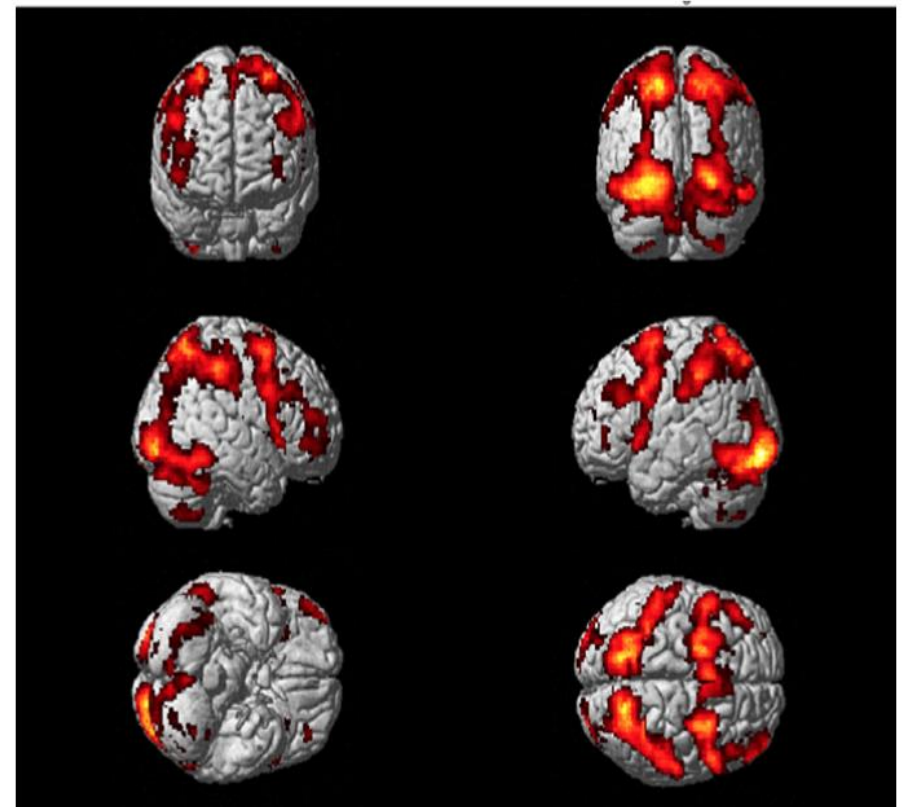
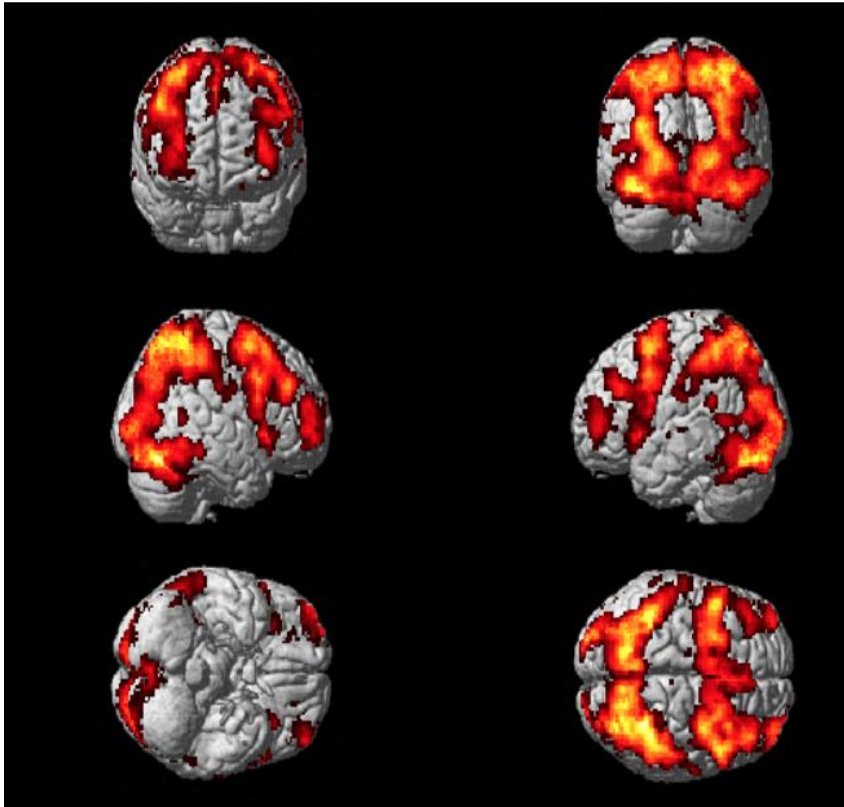
<https://slideplayer.com/slide/6955770/> John VanMeter

# Molecular Imaging -fMRI



Statistical Parametric Mapping (SPM)  
Montreal Neurological Institute (MNI)  
Tailarach space

# fMRI – increased activation during working memory task



UPM-TUDM fMRI study . Submitted to JIMR 2018

- Utilizes hexamethylpropylene amine oxime (HMPAO) which is tagged to a metastable radioisotope  $\text{Tc-}^{99m}$ ,
- is taken up by brain tissue  $\rightarrow$  proportional to brain blood flow  $\rightarrow$  cerebral blood flow can be assessed
- Areas of low uptake will be interpreted as having reduced perfusion
- Classical pattern in AD is posterior hypoperfusion in the temporo-parietal lobes

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Outline



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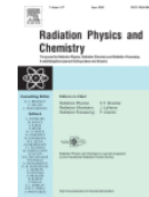
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ELSEVIER

## Radiation Physics and Chemistry

Volume 147, June 2018, Pages 35-39



### Reliability of standardized uptake value normalized to lean body mass using the liver as a reference organ, in contrast-enhanced 18F-FDG PET/CT imaging

Nur Hafizah Mohad Azmi <sup>a, 1</sup> , [Subapriya Suppiah](#) <sup>b, c</sup>  <sup>1</sup> , Chang Wing Liong <sup>b</sup> , Noramaliza Mohd Noor <sup>c</sup> , Salmiah Md. Said <sup>d</sup> , Muhammad Hafiz Hanafi <sup>b</sup> , Chalermrat Kaewput <sup>e</sup> , Fathinul Fikri Ahmad Saad <sup>b, c</sup> , Sobhan Vinjamuri <sup>f</sup> 

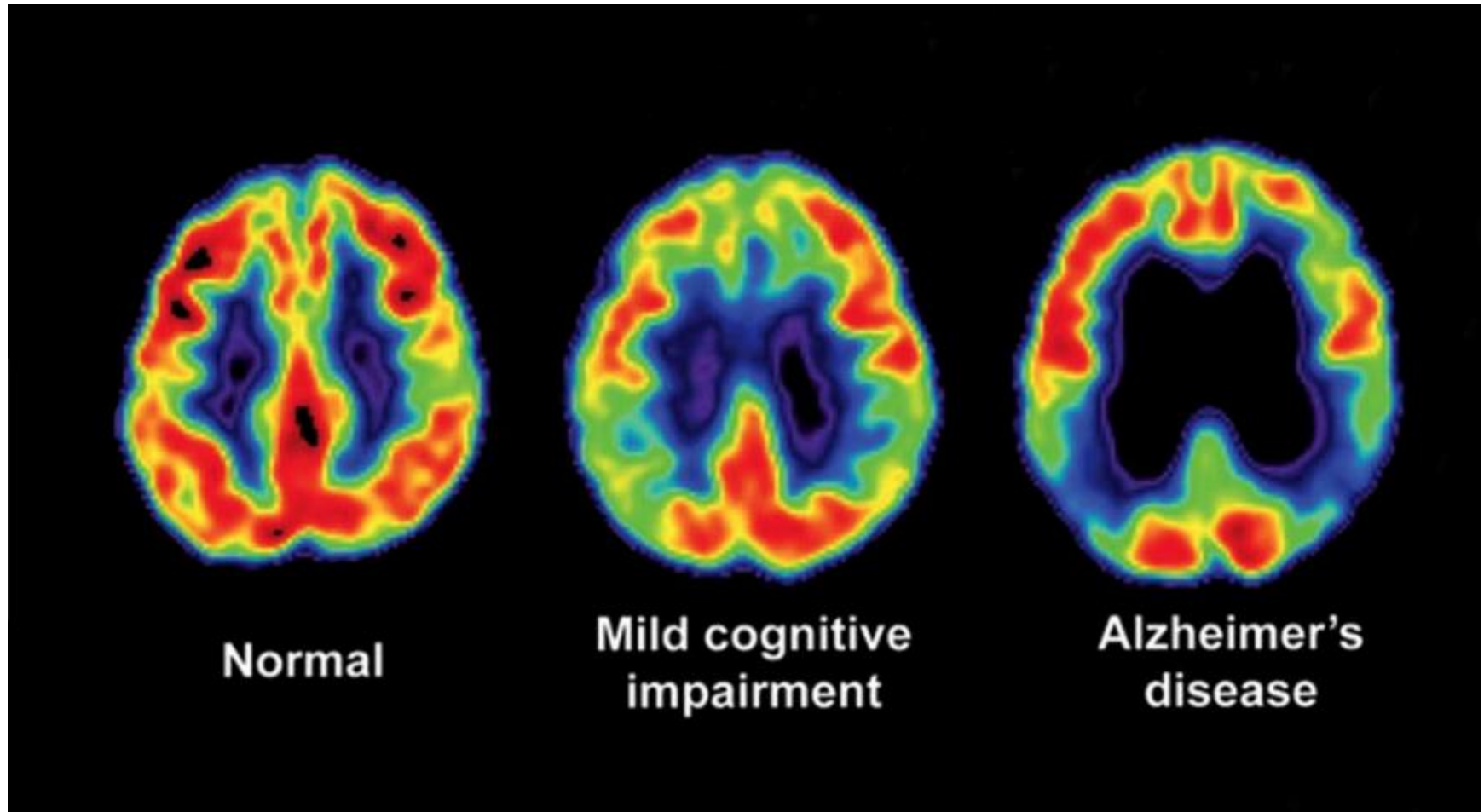
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<https://doi.org/10.1016/j.radphyschem.2018.01.019>

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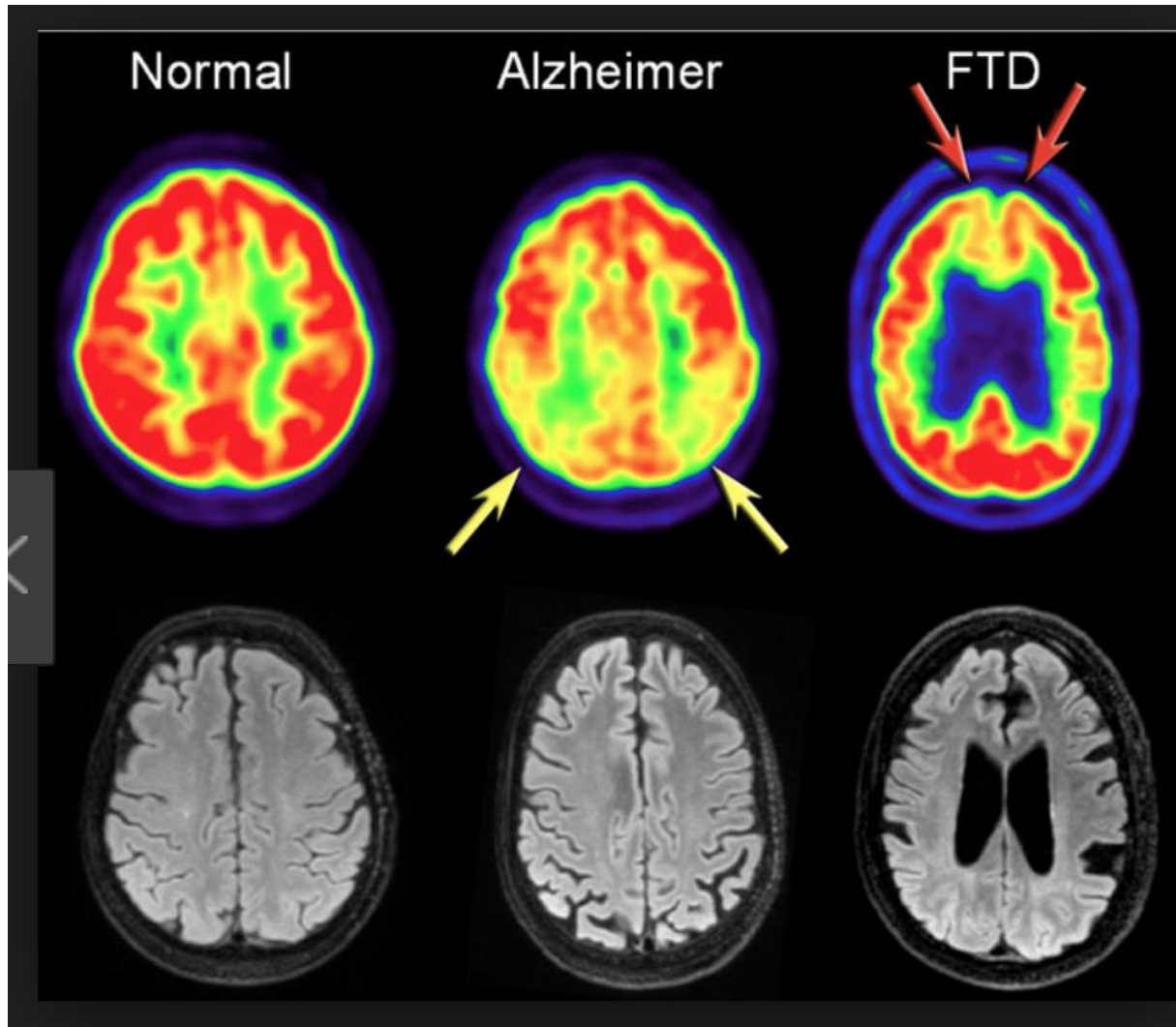


# 18F-FDG PET/CT imaging

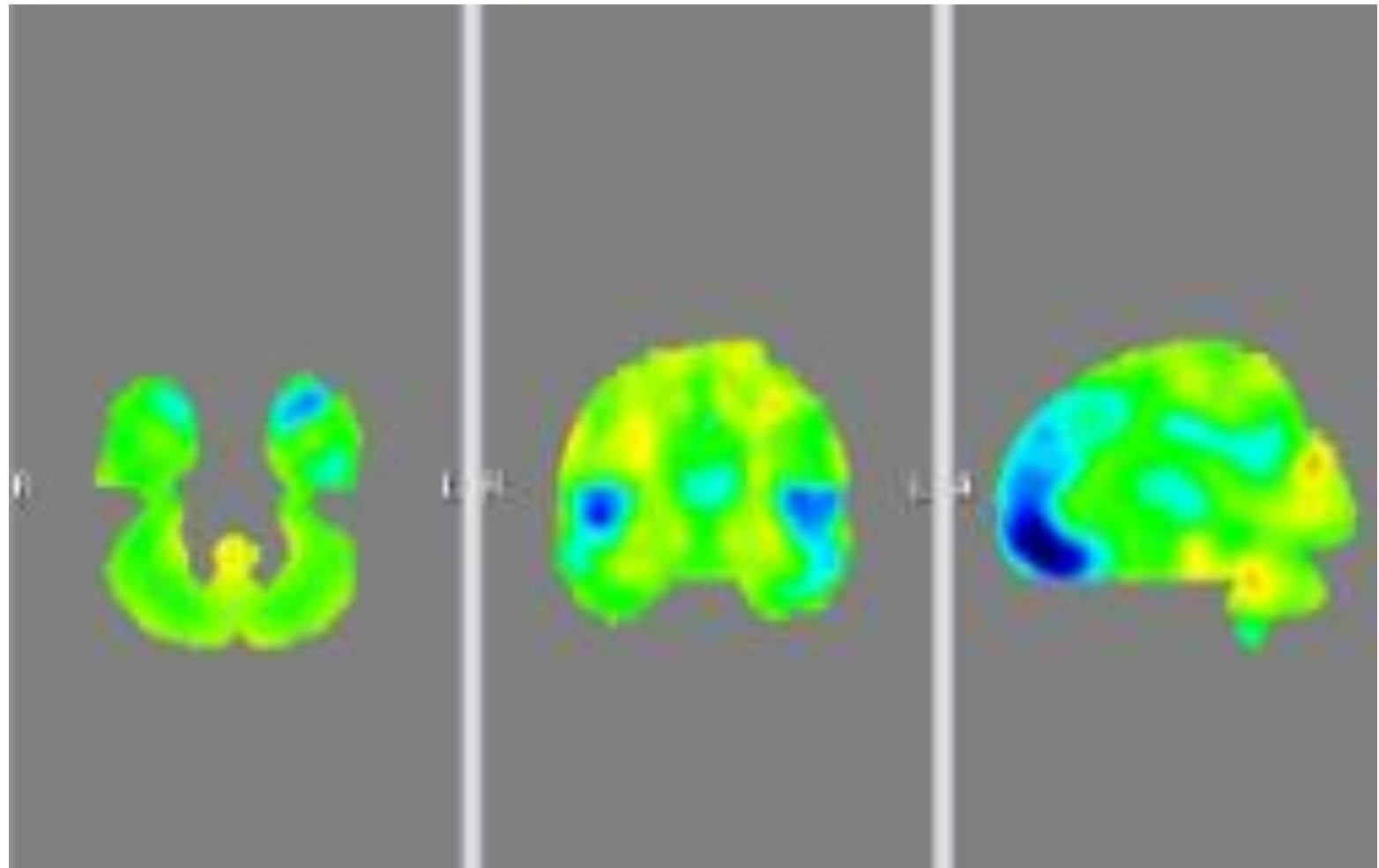




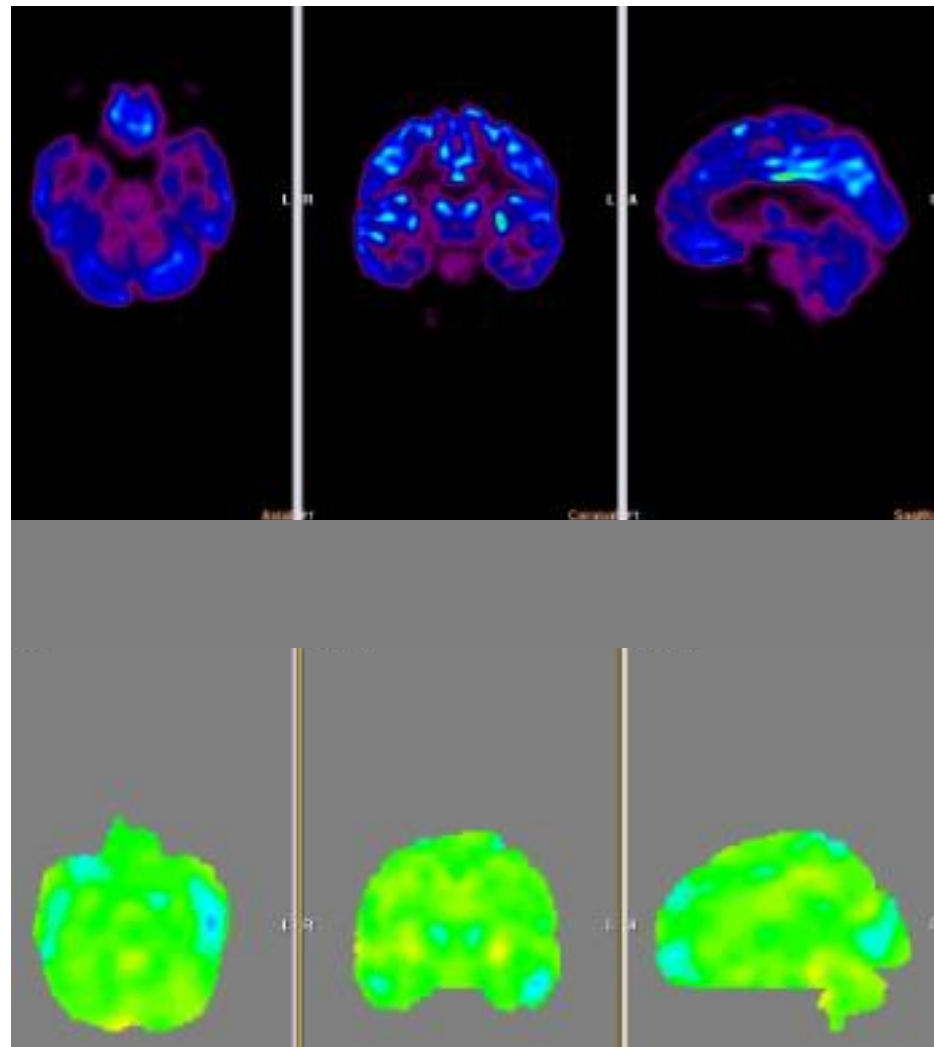
# 18F-FDG PET/CT imaging



# 18F-FDG scan Positive Pattern for AD

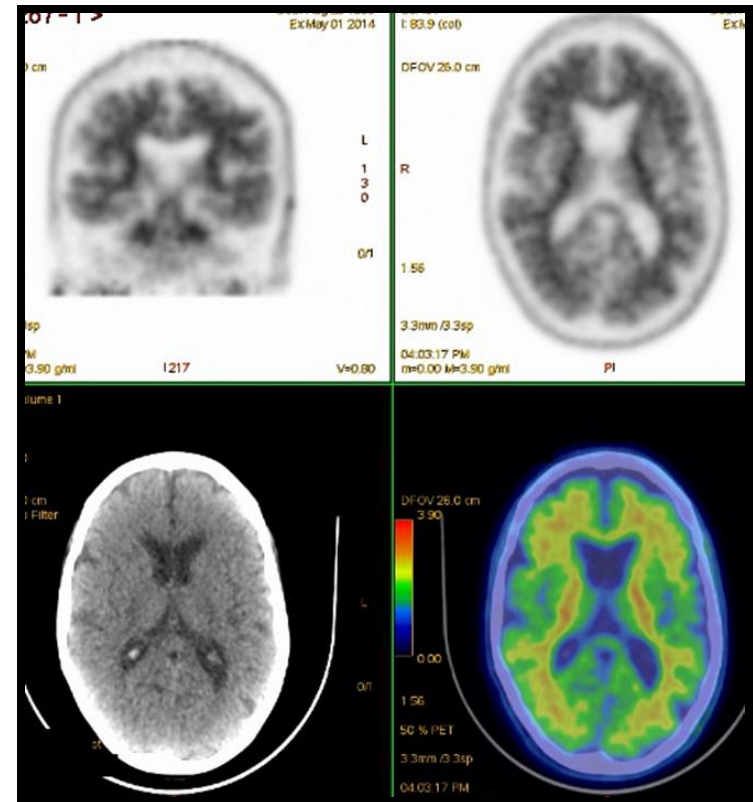


# 18F-FDG PET/CT BRAIN



# PET/CT Amyloid scan

- Good grey-white matter contrast indicates negative scan.
- Loss of grey-white matter contrast Indicates  $\beta$  amyloid plaque deposition, and in the correct clinical setting, it is suggestive of diagnosis of AD.
- Negative scan is inconsistent with diagnosis of AD



# Potential Prognostic Marker



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RESEARCH ARTICLE

## Dissociation between Brain Amyloid Deposition and Metabolism in Early Mild Cognitive Impairment

Liyong Wu, Jared Rowley, Sara Mohades, Antoine Leuzy, Marina Tedeschi Dauar, Monica Shin, Vladimir Fonov, Jianping Jia, Serge Gauthier, Pedro Rosa-Neto , the Alzheimer's Disease Neuroimaging Initiative

Published: October 24, 2012 • <http://dx.doi.org/10.1371/journal.pone.0047905>

Article	Authors	Metrics	Comments	Related Content

Abstract

Introduction

Materials and Methods

Results

Discussion

Author Contributions

References

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Reader Comments (0)

Media Coverage (0)

Figures

### Abstract

#### Background

The hypothetical model of dynamic biomarkers for Alzheimer's disease (AD) describes high amyloid deposition and hypometabolism at the mild cognitive impairment (MCI) stage. However, it remains unknown whether brain amyloidosis and hypometabolism follow the same trajectories in MCI individuals. We used the concept of early MCI (EMCI) and late MCI (LMCI) as defined by the Alzheimer's disease Neuroimaging Initiative (ADNI)-Go in order to compare the biomarker profile between EMCI and LMCI.

#### Objectives

To examine the global and voxel-based neocortical amyloid burden and metabolism among individuals who are cognitively normal (CN), as well as those with EMCI, LMCI and mild AD.

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**Subject Areas**

[Cognitive impairment](#)

[Alzheimer disease](#)

[Magnetic resonance...](#)

[Positron emission to...](#)

[Memory](#)

[Biomarkers](#)

[Recall \(memory\)](#)

Wu et al (2012) PLOS One Online Journal : PET/CT Amyloid scans are positive even in subjects having early MCI. It may be a useful imaging tool for early detection of AD.

# Quantification of brain amyloid burden



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[European Journal of Nuclear Medicine and Molecular Imaging](#)

April 2012, Volume 39, [Issue 4](#), pp 621–631

## Using PET with $^{18}\text{F}$ -AV-45 (florbetapir) to quantify brain amyloid load in a clinical environment

V. Camus , P. Payoux, L. Barré, B. Desgranges, T. Voisin, C. Tauber, R. La Joie, M. Tafani, C. Hommet, G. Chételat, K. Mondon, V. de La Sayette, J. P. Cottier, E. Beaufils, M. J. Ribeiro ... [show 6 more](#)

**Open Access** | Original Article

**First Online:** 18 January 2012

**DOI:** 10.1007/s00259-011-2021-8

**Cite this article as:**

Camus, V., Payoux, P., Barré, L. et al.  
Eur J Nucl Med Mol Imaging (2012) 39:  
621. doi:10.1007/s00259-011-2021-8

67

Citations

1.6k

Views

### Abstract

#### Purpose

Positron emission tomography (PET) imaging of brain amyloid load has been suggested as a core biomarker for Alzheimer's disease (AD). The aim of this study was to test the feasibility of using PET imaging with  $^{18}\text{F}$ -AV-45 (florbetapir) in a routine clinical environment to differentiate between patients with mild to moderate AD and mild cognitive impairment (MCI) from normal healthy controls (HC).

#### Methods

*[The following text is partially obscured and appears to be a continuation of the abstract or methods section.]*

Camus et al (2012) Eur J of Nuc Med and Mol Imaging:  $^{18}\text{F}$ - Florbetapir is a safe biomarker to quantify brain amyloid load; but suggest for better automatic or semiautomatic quantification to improve specificity



## The role of PET/CT amyloid Imaging compared with Tc99m-HMPAO SPECT imaging for diagnosing Alzheimer's disease

**Subapriya Suppiah, MRAD<sup>1,2</sup>, Siew Mooi Ching, MFamMed<sup>1</sup>, Abdul Jalil Nordin, MRad<sup>2</sup>, Sobhan Vinjamuri, FRCP<sup>3</sup>**

<sup>1</sup>Department of Family Medicine, Faculty of Medicine, Universiti Putra Malaysia, Serdang, Malaysia. <sup>2</sup>Centre for Diagnostic Nuclear Imaging, Faculty of Medicine, Universiti Putra Malaysia, Serdang, Malaysia. <sup>3</sup>Royal Liverpool University Hospital, Liverpool, United Kingdom.

### ABSTRACT

**Background:** Imaging such as Tc99m-HMPAO single photon emission computed tomography (SPECT), and positron emission tomography/ computed tomography (PET/CT) amyloid scans are used to aid the diagnosis of Alzheimer's disease (AD).

**Objective:** We aimed to correlate the ability of these modalities to differentiate Probable AD and Possible AD using the clinical diagnosis as a gold standard. We also investigated the correlation of severity of amyloid deposit in

### INTRODUCTION

According to the Diagnostic and Statistics Manual of Mental Disorders 5th Edition (DSM-5) criteria, Alzheimer's disease (AD) is now termed as a major neurocognitive disorder (NCD). NCD, previously known with the term dementia, is a clinical spectrum that involves a progressive decline in cognitive function and is evidenced by reduced performance in a neuropsychiatric test in the absence of other mental illness or medical conditions. It is also associated with significant impairment in the ability to independently perform cognitive activities of daily living<sup>1</sup>. Histologically

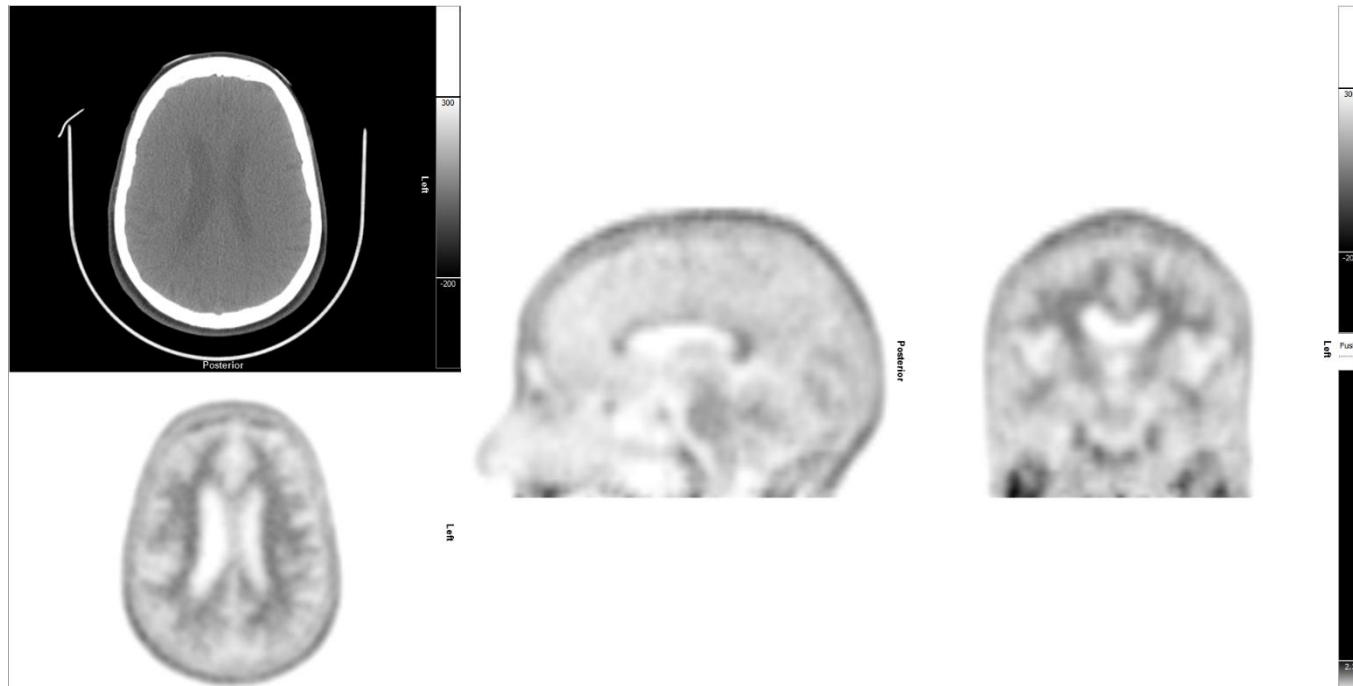
Suppiah et al (2018) Medical Journal of Malaysia Med J Malaysia Vol 73 No 3 June 2018 ; 148-152 .

**Conclusion:** detection of A $\beta$  plaques is not diagnostic of AD, negative scans are inconsistent with the diagnosis of AD, thus efforts need to be intensified to find non-AD cause of the neurocognitive deficit.

# Results

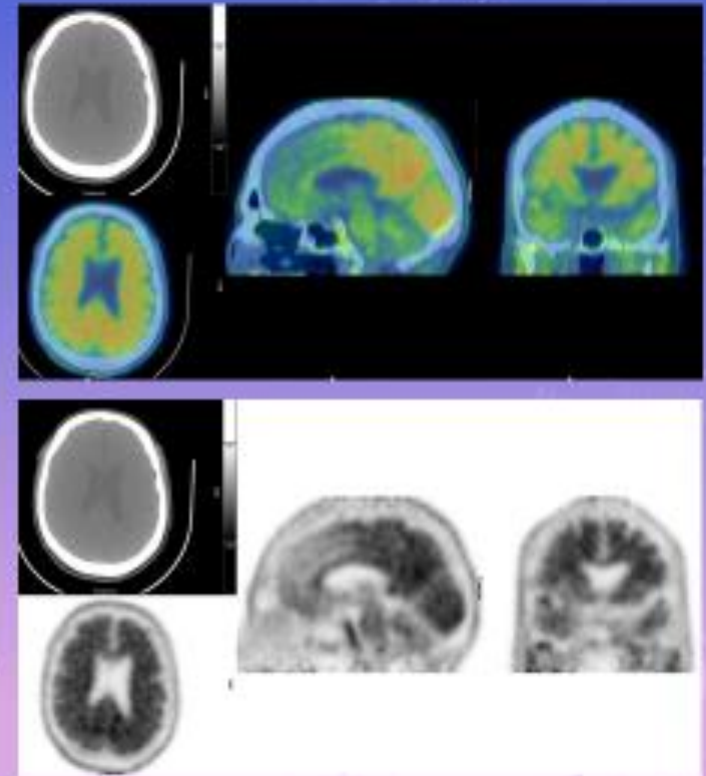
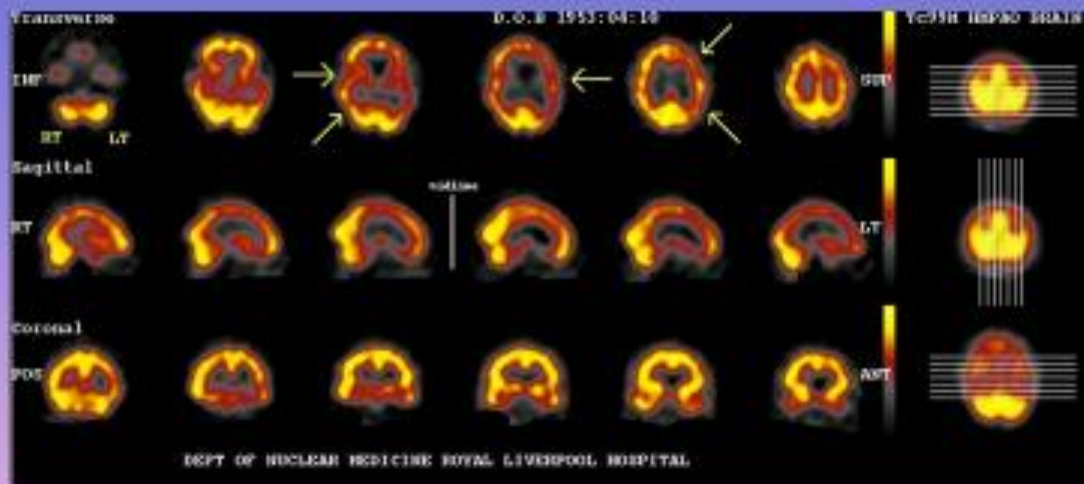
Modality	MRI	Tc99m_HMPAO SPECT	SPECT & PET Combo Reading	Amyloid PET/CT
Sample size (n)	22	27	27	47
Sensitivity (95% CI)	66.7% (24.1 – 94.0)	87.5% (46.7 – 99.3)	87.5% (46.7 – 99.3)	62.5% (35.9 – 83.7)
Specificity (95% CI)	56.3% (30.6 – 79.2)	73.7% (48.6 – 89.9)	84.2% (59.5 – 95.8)	77.4% (58.5 – 89.7)
PPV (95% CI)	36.4% (12.4 – 68.4)	58.3% (28.1 – 83.5)	70.0% (35.4 – 91.9)	58.8% (33.5 – 80.6)
NPV (95% CI)	81.8% (47.8 – 96.8)	93.3% (66.0 – 99.7)	30.0% (8.1 – 64.6)	80.0% (60.9 – 91.6)
Pearson's correlation (p value)	0.437	0.014	0.002	0.007

# Negative Amyloid Scan



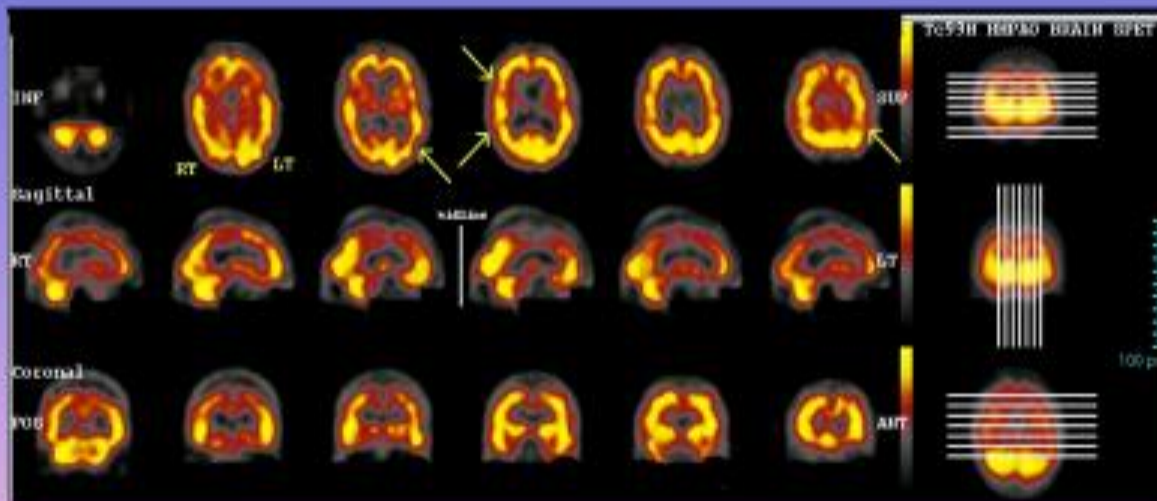
# Compatible with diagnosis of AD

## CLASSICAL AD

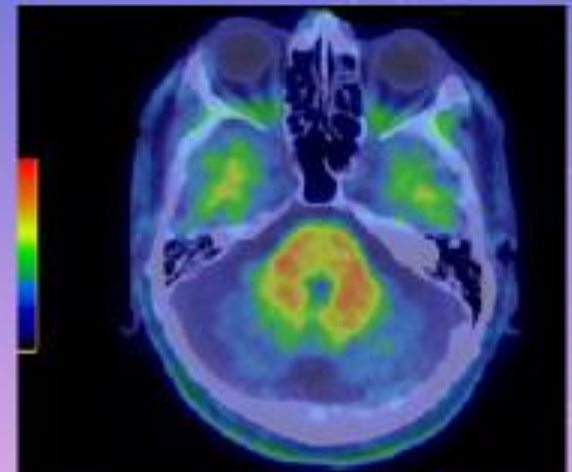


# Inconsistent with Dx of AD

## VASCULAR DEMENTIA



Multiple foci of focal hypoperfusion on  
Tc99m-HMPAO SPECT imaging

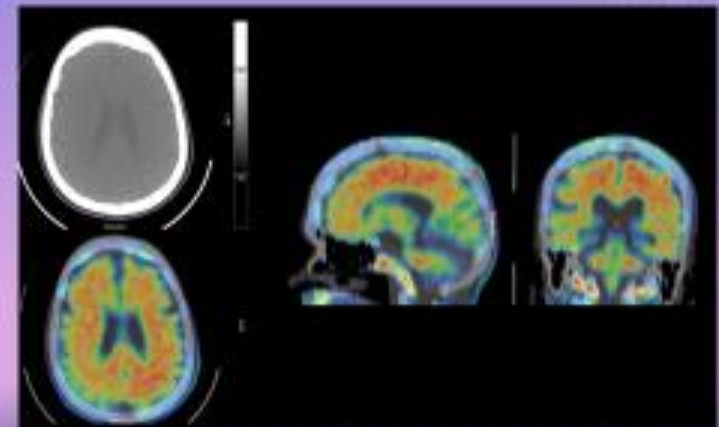
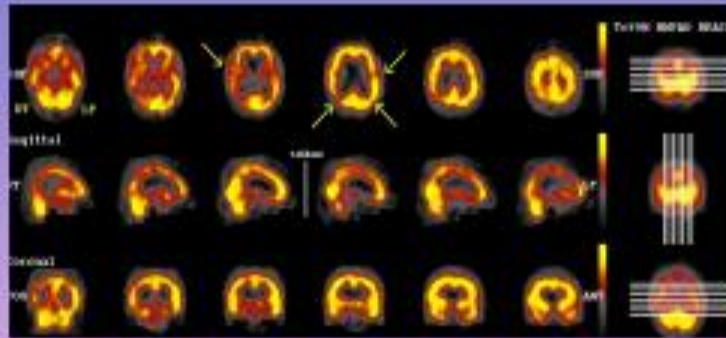
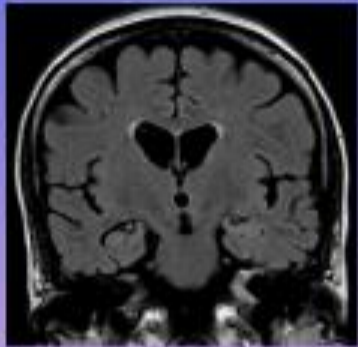


Normal PET/CT Amyloid scan



# Multimodality Imaging

AD: CORRELATION WITH MRI, SPECT & PET/CT





### Florbetapir F18 Scan Usage: Information Summary.

#### A negative florbetapir scan:

- indicates sparse to no neuritic plaques.
- is inconsistent with a neuropathological diagnosis of Alzheimer's disease at the time of image acquisition.
- reduces the likelihood that a patient's cognitive impairment is due to Alzheimer's disease.

#### A positive florbetapir scan:

- indicates moderate to frequent amyloid neuritic plaques.
- may be observed in older people with normal cognition and in patients with various neurologic conditions, including Alzheimer's disease.

#### Important florbetapir scan limitations:

- A positive scan does not establish a diagnosis of Alzheimer's disease or other cognitive disorder.
- The scan has not been shown to be useful in predicting the development of dementia or any other neurologic condition, nor has usefulness been shown for monitoring responses to therapies.

Yang, L et al. (2012) Brain Amyloid Imaging — FDA Approval of Florbetapir F18 Injection, New England Journal of Medicine, 367(10); 885-887

# Clinical indications for amyloid scan



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1. Patients with persistent / progressive unexplained MCI
2. Patients satisfying core clinical criteria for possible AD because of unclear clinical presentation (atypical clinical course / etiologically mixed presentation)
3. Patients with progressive NCD and atypically early age of onset (usually defined as 65 years or less in age)

**Amyloid imaging is inappropriate in the following situations:** 4. Patients with core clinical criteria for probable AD with typical age of onset

5. To determine dementia severity
6. Based solely on a positive family history of dementia or presence of apolipoprotein E (APOE) $\epsilon$ 4
7. Patients with a cognitive complaint that is not confirmed on clinical examination
8. In lieu of genotyping for suspected autosomal mutation carriers
9. In asymptomatic individuals
10. Nonmedical use (e.g., legal, insurance coverage, or employment screening)

# Conclusion



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The addition of molecular imaging for brain imaging in patients with atypical symptoms of neurocognitive disorders can aid in diagnosis of Alzheimer's disease by improving diagnostic confidence and provide justification for commencement of appropriate treatment. Potential to act as a baseline scan to assess response to treatment.

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# Postgraduate studies at PPDN UPM



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Marine and Freshwater Ecosystem

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Hematology  
Health Education and Communication  
Health Promotion  
Health Service Management  
Human Anatomy  
Human Genetics  
Human Physiology  
Immunobiology  
Immunopharmacology  
Materials Science  
Medical Microbiology

Medical Parasitology  
Medical Sciences  
Microbial Biotechnology  
Molecular Biology and Genetic Engineering  
Molecular Biotechnology  
Molecular Imaging  
Molecular Medicine  
Neuroscience  
Nursing  
Nutritional Sciences  
Occupational Safety and Health  
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# WITH KNOWLEDGE WE SERVE



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# Acknowledgement



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Images are courtesy of the

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- Department of NUCLEAR MEDICINE, Royal Liverpool and Broadgreen University Hospitals, NHS Trusts, Liverpool, UK – **RLBUHT,UK**



**TERIMA KASIH/*THANK YOU***

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