

# Predicting amyloid burden at screen in Anti-Amyloid Treatment in Asymptomatic AD (A4) study participants

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AAIC

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# Disclosures

- Consultant to Neurotrack & Kyowa Kirin
- Spouse is fulltime employee of Janssen

# Background

- Screening for asymptomatic AD is expensive and slow
- For A4, 4,486 individuals received amyloid PET scans in order to identify 1,323  $A\beta+$  individuals for an **amyloid PET screen fail rate of 71%**
- Number Needed to Screen (NNS) was 3.39 individuals per  $A\beta+$  individual
- Can we use less expensive measures to identify a population at increased risk for asymptomatic AD to make screening for asymptomatic AD more efficient?
- We explore possible approaches using machine learning (Random Forests\*) applied to the A4 screening data

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\*Leo Breiman (2001). Random Forests. *Machine Learning*, 45(1), 5-32.

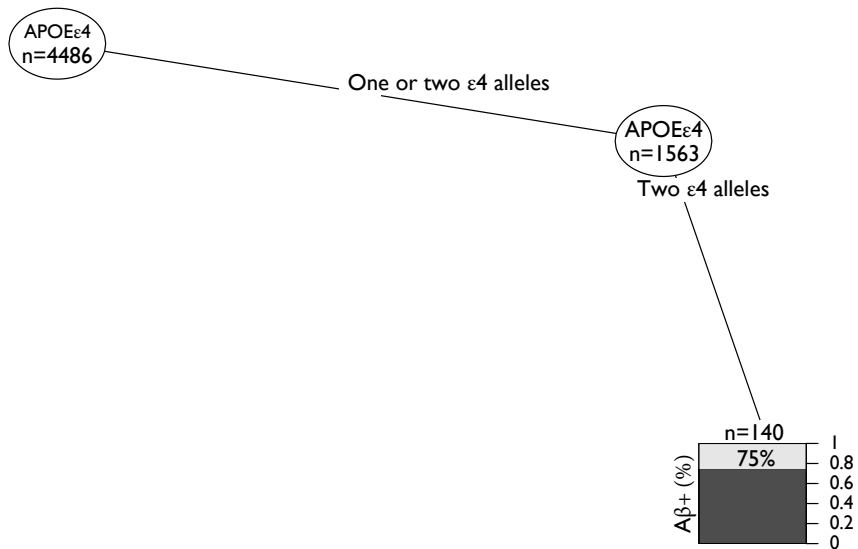
# Predictors considered

We considered models with and without APOE $\epsilon$ 4, as well as:

- Age
- Education
- Sex
- Family Hx (sibling or parent)
- Preclinical Alzheimer's Cognitive Composite (PACC)
- Mini-Mental State Exam (MMSE)
- Free and Cued Selective Reminding (FCSRT)
- LMIa Immediate Recall
- LMIa Delay Recall
- Digit Symbol Substitution (DSST)
- Cognitive Function Instrument (CFI)
- Activities of Daily Living (ADL)

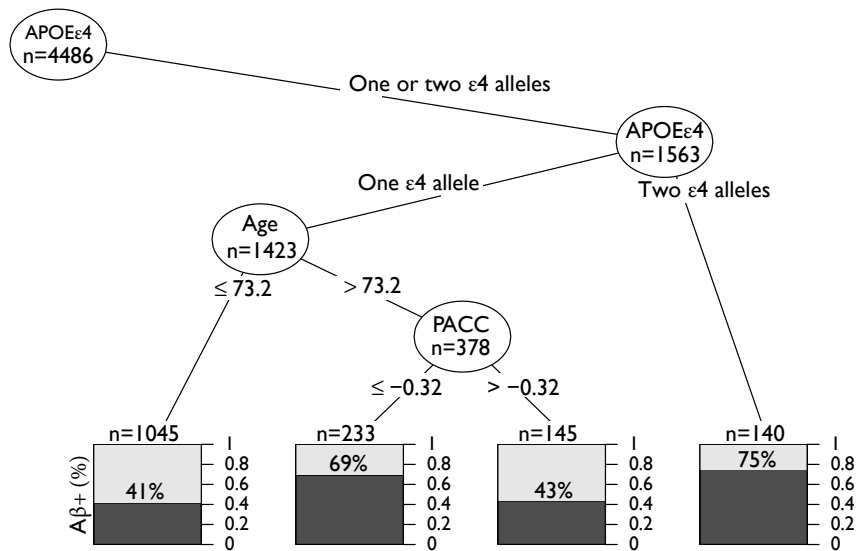
We considered models with either a **binary** (PET eligible or ineligible) and **continuous** (SUVR) outcome

# Classification tree\* with APOE $\epsilon$ 4

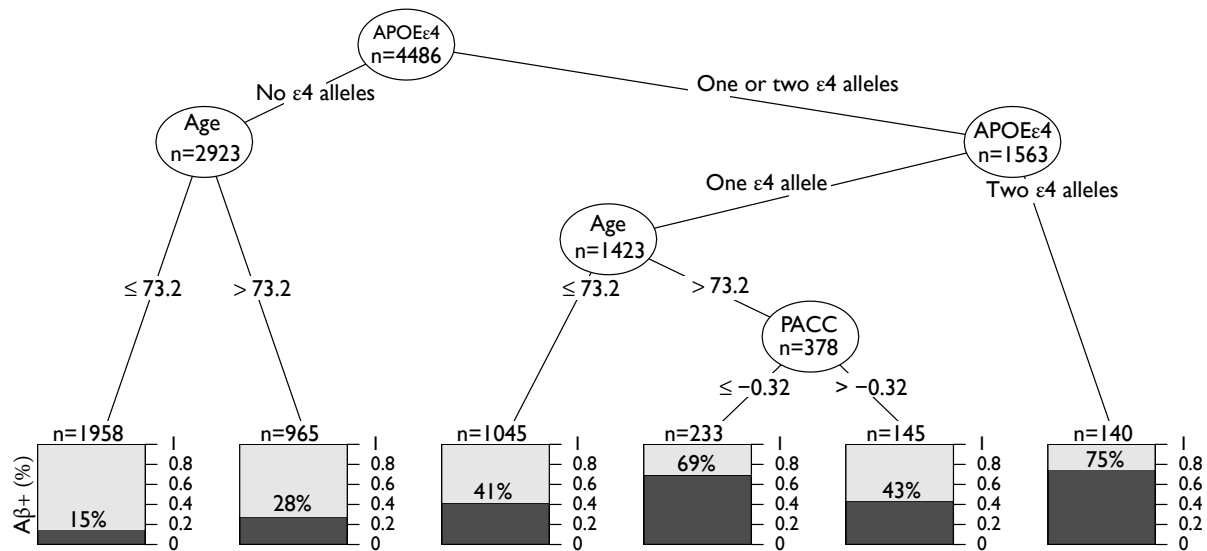


\* Breiman, Friedman, Olshen, Stone. (1984). Classification and regression trees.

# Classification tree with APOE $\epsilon$ 4



# Classification tree with APOE $\epsilon$ 4



# Random forests\*

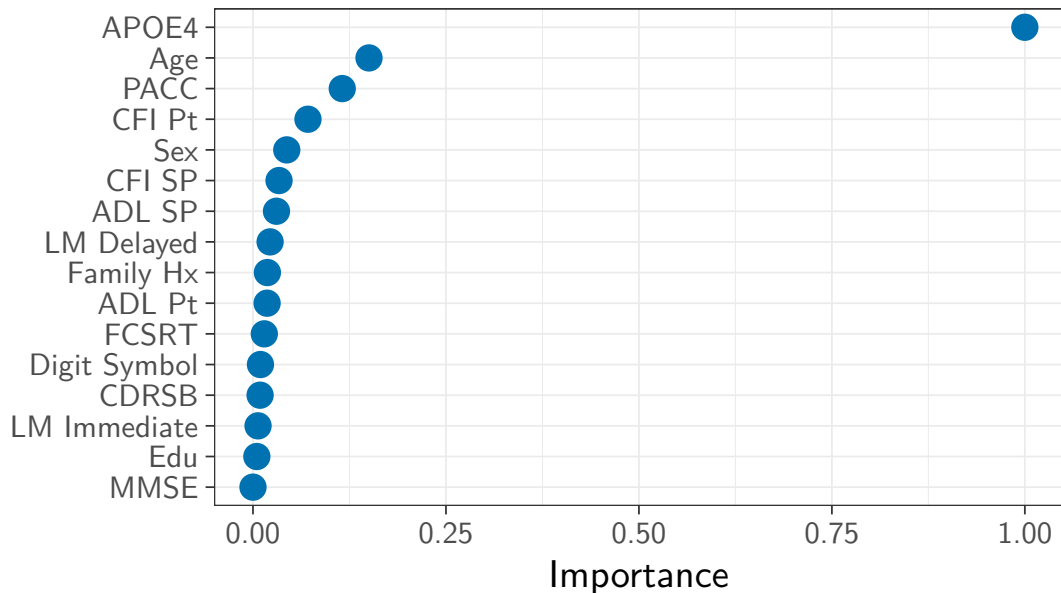
- Consist of many trees “grown” on random subsamples (like bootstrapping)
- Predictions are based on the consensus among the trees
- Subsampling allows for built-in cross-validation
- Difficult to visualize & summarize
- *Variable importance*: relative contribution of each predictor to predictive accuracy
- Imbalanced data (only 29.5%  $A\beta+$ ), so  $A\beta+$  observations were up-weighted when fitting models

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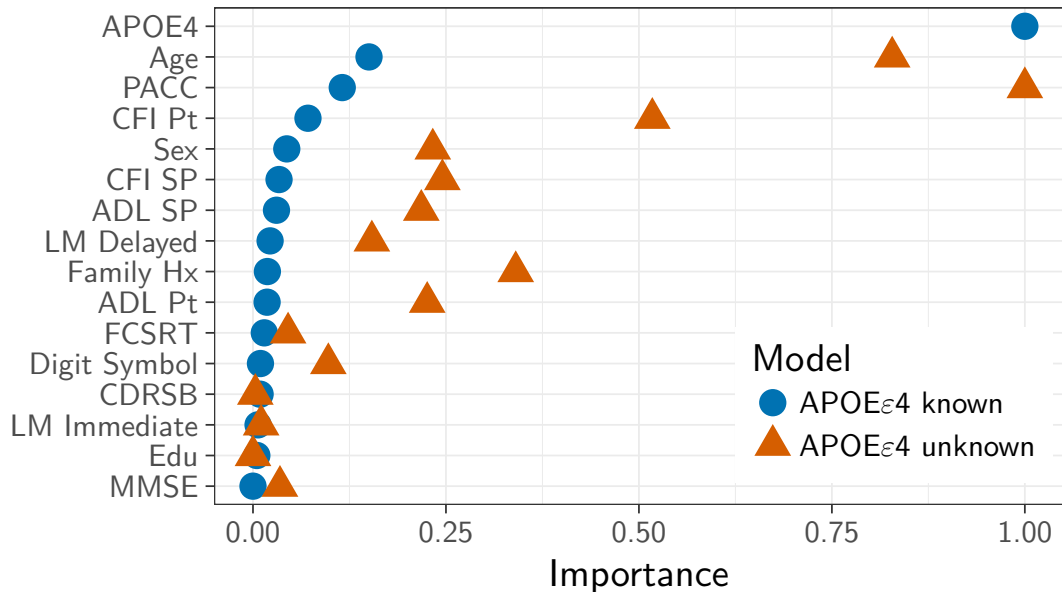
\*Leo Breiman (2001). Random Forests. *Machine Learning*, 45(1), 5-32.



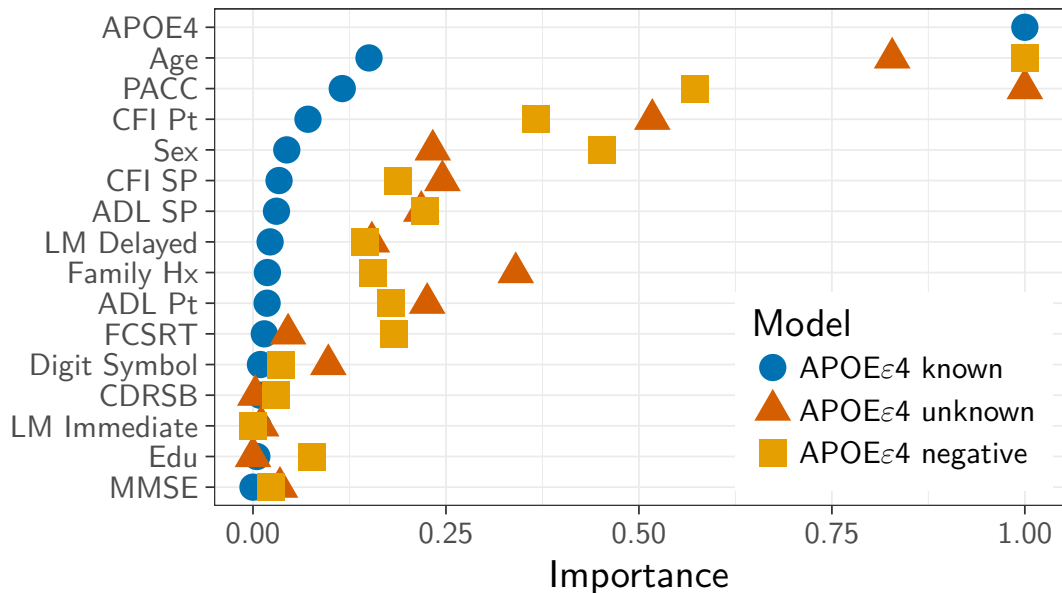
## Predictor importance in random forest of SUVR



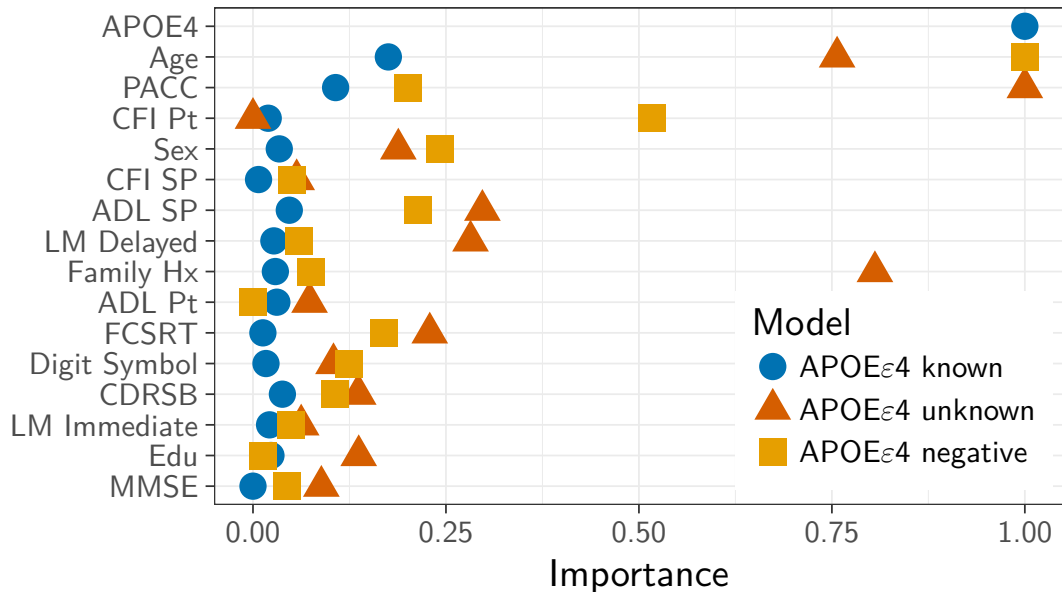
# Predictor importance in random forest of SUVR



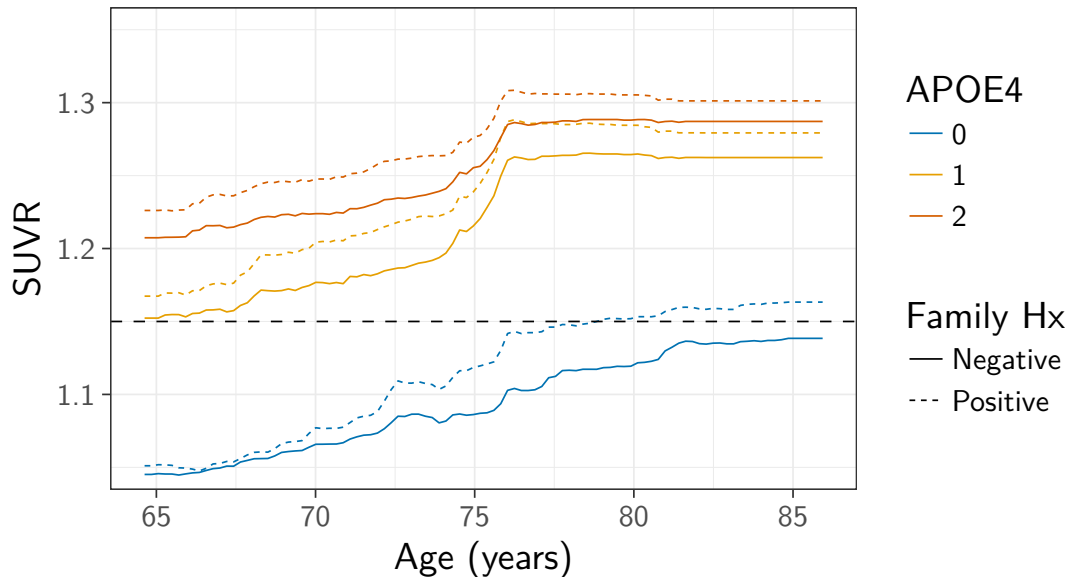
# Predictor importance in random forest of SUVR



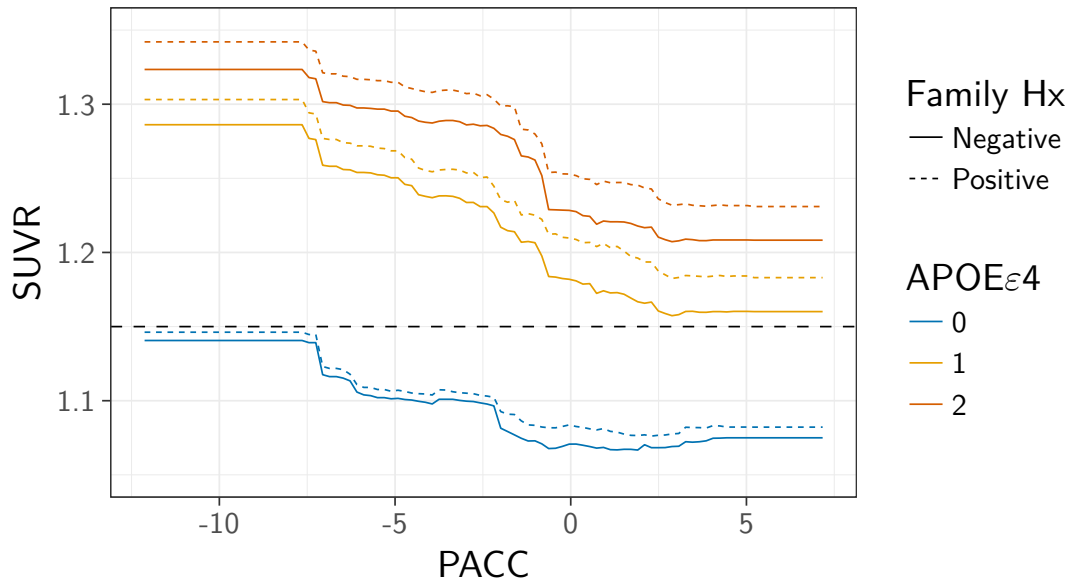
# Predictor importance in random forest of (binary) amyloid eligibility



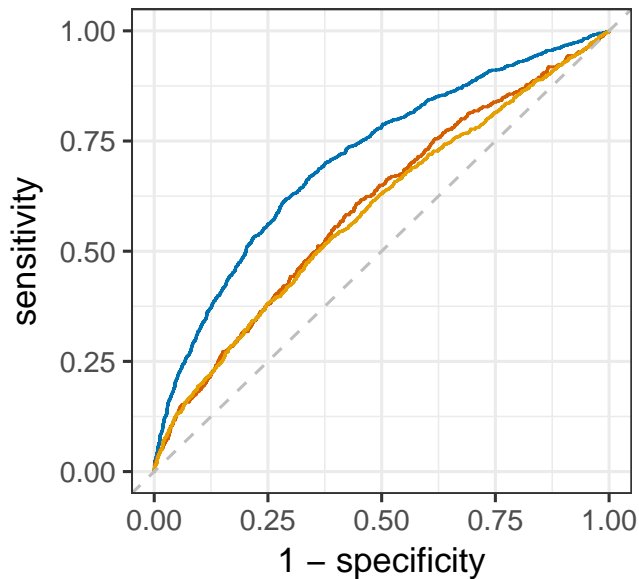
# Predicted SUVR by APOE $\epsilon$ 4, Family Hx & age



# Predicted SUVR by APOE $\epsilon$ 4, Family Hx & PACC



# ROC curves for random forest models of amyloid SUVR



## Model

- APOEε4 known:  
AUC=0.71, 95% CI 0.69 to 0.73
- APOEε4 negative:  
AUC=0.60, 95% CI 0.58 to 0.63
- APOEε4 unknown:  
AUC=0.59, 95% CI 0.57 to 0.61

## Predictive accuracy for APOE $\epsilon$ 4 known, unknown, or negative

Applying cutoff of 1.15 to out-of-sample predicted SUVR, and comparing to observed A $\beta$  status:

APOE $\epsilon$ 4	Accuracy	Sensitivity	Specificity	NPV	PPV	NNS*	NNS reduction
known	68.8%	58.4%	73.2%	80.8%	47.6%	2.10	38.1%
unknown	63.9%	38.5%	74.5%	74.4%	38.8%	2.58	23.9%
negative	79.5%	11.8%	95.4%	82.1%	37.8%	2.65	49.4%

\*Number Needed to Screen (NNS) to identify an A $\beta$  + individual, which was 3.39 individuals in A4 (5.24 for  $\epsilon$ 4-).



# Summary of predictive performance

- Machine learning algorithms have potential to reduce number needed to screen by [38% | 24% | 49%] when APOE $\epsilon$ 4 is [known | unknown | negative], and greatly reduce screening costs.
- However, sensitivity is only [58% | 38% | 12%], meaning [42% | 62% | 88%] of A $\beta$ + subjects would be falsely screened out (sensitivity can be improved by lowering the cutoff applied to predicted SUVR.)
- Predictive performance was similar regardless of whether we modelled binary or continuous outcomes, though Family Hx was more important in binary model without APOE.

## Summary of predictor importance

- As expected APOE, Age, Cognition (both performance and subjective concerns), and Family Hx were important.
- The importance of cognitive composite in this *cross-sectional* analysis suggests *longitudinal* cognitive change might improve performance.

# Acknowledgements

- NIA, Eli Lilly and Co., Alzheimer's Association, GHR Foundation, Accelerating Medicines Partnership, Anonymous Foundation, private donors, Avid and Cogstate
- ATRI, Avid, Mayo, Cogstate A4 teams
- Site PIs and coordinators
- Study participants and families
- A4 Study Team list at [A4STUDY.org](http://A4STUDY.org)