ADNI meeting with Alisa Adhikari

* ADNI 4 is just beginning and is in the very beginning stages.
* There are rollovers from previous iterations, the subject ID is the same throughout, so you can track them through it. You can tell which cohort based on the last 4 of the subject PTID. 0002 started in ADNI1.
* What are the differences in the IDs?
  + ID and RID aren’t sure.
  + PTID is the ID assigned to the patient when they come into the clinic. Allows for identifying specimens.
  + Not sure if the other IDs are unique to the patient. Not sure how those are assigned. The RID is just the last digits of the PTID without leading zeros. ID must be something else. (May be specific to analysis)
* How are the cohorts screened
  + CDR, MMSE, LM (logical memory)
  + Phone screening and then a more intensive cognitive exam in the clinic. Cognitively normal or MCI. These are ways of testing which category they fall into. This happens on the first screening appointment.
  + Inclusion criteria score may have shifted slightly throughout the different ADNI iterations.
  + CDR include feedback from the study partner, who is included throughout their participation in the study.
  + Those joining the cohort generally volunteer for the study. ADNI4 sometimes has them refer through an online portal. They will do cognitive exams on the online platform and then they have the option to join the cohort.
  + She can scan the inclusion criteria and send them to us.
* There are about 60 different ADNI sites. It’s a national study.
* Pass/fail in the context of the neuroimages.
  + Quality Control check. Assuming based on the quality of the image. Otherwise they would have to be more specific if it was a pass or a fail. Not sure about the general information/the specifics.
* Polygenic Hazard Scores
  + Not something that is collected by itself. There is a link.
* APOE
  + Lavender long read is the genetic testing used to figure out APOE. Not sure if it’s included in PHS
* Cardiovascular risk scores
  + Hachinski score/questionnaire was in ADNI2/3. Looks at memory information and if those are related to how the cardiovascular health is.
* ADNI 4 New to Study
  + Recruit more underrepresented populations. Added apalterations scale and discrimination scale. Those are high level changes. Unsure about blood sample changes.
* Depression/ethnicity
  + GDS is the geriatric depression scale and this would be where we find this info. There is one for each visit, starting with the screening visit.
  + Ethnicity has a questionnaire at least for ADNI3. Race and ethnicity are included in ADNI3.
* FDG PETS are discontinued, but ADNI4 is using the amyloid PET.
* ADNI4 is projected to be completed in 5 years. However, there are some sites that are not up and running.
* How is the data structured to make decisions with the data? Thinking about best organization for analysis
  + Input is different from what we are seeing. They are just inputting info into a database and each thing has a different entry in the database. She primarily is involved in collecting the data, not really using the database.
  + People:
    - Coordinator:
      * Nothing analytical, but may be able to help us navigate around it better.
* Each cohort is essentially just a round of collecting data. Change inclusion criteria and information. Starting a new one about every 5 years.