# The Parkinson's Progression Markers Initiative (PPMI)

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## PD patient vignette

- 67 yo right headed WF in excellent general health
- History

6 month history of poor tennis play

**Note 1-2 years – mild constipation** 

2 months intermittent R UE tremor while reading the newspaper, or if in stressful situation

Exam

Mild R UE resting tremor

Reduced R arm swing

- PD DIAGNOSIS 1 MONTH AGO
- "IF THE SYMPTOMS REMAIN AS THEY ARE NOW I COULD DEAL WITH THIS"



# Neuroprotection studies

#### **FAILED**

- DATATOP SELEGILINE/VI T E
- LAZABEMIDE
- RULIZOLE
- TCH-346
- NEURO-IMMUNOPHILIN
- GPI 1485
- CALM-PD
- MINOCYCLINE

- CAFFEINE
- REAL-PET ROPINIROLE
- ELLDOPA
- ASA/NSAID
- SR57667B
- PRECEPT CEP1347
- GREEN TEA
- PROUD –PRAMIPEXOLE

#### **UNCERTAIN**

- *QE-2/CO-Q10/QE3*
- ADAGIO TEVA
- NET PS LS1 CREATINE
- ISRADIPINE
- SURE-PD



## Rationale for PPMI: Challenges of disease-modifying trials

- Disease modifying PD therapeutics remain a major unmet need
- A major obstacle to current phase 2/3 neuroprotection studies is the lack of biomarkers for
  - Disease mechanism
  - Drug mechanism
  - Dosage determination
  - Study eligibility
  - Stratification into PD sub-types
  - Correlation with clinical signals
- Biomarkers would potentially shorten study duration, reduce study sample size, limit study costs.

#### Developing the Parkinson's Progression Markers Initiative

Academic, industry, government, foundation, patient constituencies worked to develop the PPMI study - process driven by the MJFF through its SAB and it unique ability to convene the interested groups

Specific Data Set

- Appropriate population (early stage PD and controls)
- Clinical (motor/non-motor) and imaging data
- Corresponding biologic samples (DNA, blood, CSF)

Standardization

- Uniform acquisition of data and samples
- Uniform storage of data and samples
- Strict quality control/quality assurance

Access/Sharing

- Data available to research community → data mining, hypothesis generation & testing
- Samples available for studies

### **PPMI Overview**

- PPMI is an observational multi-center study to assess progression of clinical features, imaging and biologic biomarkers in Parkinson's patients and healthy controls
- PPMI is a study to establish PD progression biomarkers not a treatment trial
- Intensive, comprehensive project for subjects, sites, investigators
- **Established study instruments complemented by novel technologies.** Flexibility in incorporating new technologies and new studies
- Openness to provide data to community
- Set standards for biomarker collections and image acquisition
- Biological samples will be used for verification of promising biomarkers
- Sponsor MJFF// Support from Pfizer, GE healthcare



# **PPMI Study Details: Synopsis**

Study population	<ul> <li>400 de novo PD subjects (newly diagnosed and unmedicated)</li> <li>200 age- and gender-matched healthy controls</li> <li>Subjects will be followed for a minimum of 3 years and a maximum of 5 years</li> </ul>
Assessments/ Clinical data collection	<ul> <li>Motor assessments</li> <li>Neuropsychiatric/cognitive testing</li> <li>Olfaction</li> <li>DaTSCAN imaging, MRI</li> </ul>
Biologic collection/	<ul> <li>DNA collected at screening</li> <li>Serum and plasma collected at each visit; urine collected annually</li> <li>CSF collected at baseline, 6mo 12 mo and then annually</li> <li>Samples aliquotted and stored in central biorepository</li> </ul>
Initial Verification studies	<ul> <li>Lead biologic candidates to be tested:</li> <li>Alpha-synuclein (CSF)</li> <li>DJ-1 (CSF and blood)</li> <li>Urate (blood)</li> <li>Abeta 1-42 (CSF)</li> <li>Total tau, Phospho-tau (p-181) (CSF)</li> </ul>
PD treatment	<ul> <li>De novo for ~6 months</li> <li>Can participate in other clinical trials (including interventional trials) after 12 months</li> </ul>



## **PPMI SC and Study Cores**

<b>Steering Committee</b>	PI-K Marek, A Siderowf, C Scherzer, D Jennings, K Kieburtz, W Poewe, B Mollenhauer, C Tanner, B Ravina (core leaders, MJFF, ISAB)
<b>Clinical Coordination Core</b>	<ul> <li>University of Rochester's Clinical Trials Coordination Center</li> <li>PI: Karl Kieburtz</li> </ul>
Imaging Core	<ul><li>Institute for Neurodegenerative Disorders</li><li>PI: John Seibyl</li></ul>
Statistics Core	<ul><li>University of Iowa</li><li>PI: Chris Coffey</li></ul>
<b>Bioinformatics Core</b>	<ul><li>Laboratory of Neuroimaging (LONI) at UCLA</li><li>PI: Arthur Toga</li></ul>
BioRepository	<ul> <li>Coriell/BioRep</li> <li>PI: Alison Ansbach,</li> <li>Pasquale De Blasio, Michele Piovella</li> </ul>
<b>Bioanalytics Core</b>	<ul><li>University of Pennsylvania</li><li>PI: John Trojanowski, Les Shaw</li></ul>
Genetics Core	<ul><li>National Institute on Aging/NIH</li><li>PI: Andy Singleton</li></ul>
ISAB	<ul><li>Kim Gallagher/GE Healthcare</li><li>Thomas Comery/Pfizer</li></ul>
MJ FOX PPMI	• Sohini Chowdhury, Mark Frasier, Claire Meunier, Jamie Eberling, Todd Sherer



## **PPMI Clinical Sites**

US sites	<ul> <li>AZ PD Consortium (Phoenix, AZ)</li> <li>Baylor College of Medicine (Houston, TX)</li> <li>Boston University (Boston, MA)</li> <li>Emory University (Atlanta, GA)</li> <li>Institute of Neurodegenerative Disorders (New Haven, CT)</li> <li>Johns Hopkins University (Baltimore, MD)</li> <li>Northwestern University (Chicago, IL)</li> <li>Oregon Health and Science University (Portland, OR)</li> <li>The Parkinson's Institute (Sunnyvale, CA)</li> <li>University of Alabama at Birmingham (Birmingham, AL)</li> <li>University of Pennsylvania (Philadelphia, PA)</li> <li>University of Rochester (Rochester, NY)</li> <li>University of South Florida (Tampa, FL)</li> <li>University of Washington (Seattle, WA)</li> </ul>
European sites	<ul> <li>Imperial college London (London, UK)</li> <li>Innsbruck University (Innsbruck, Austria)</li> <li>Paracelsus-Elena Clinic Kassel/ University of Marburg (Kassel and Marburg, Germany)</li> <li>University of Napoli (Naples, Italy)</li> <li>University of Tübingen (Tübingen, Germany)</li> </ul>

#### **PPMI Schedule of Events**

	1				ı —		ı —							V1		
	s c	B L	V0 1	V 0 2	V 0 3	V0 4 <sup>b</sup>	V0 5 <sup>b</sup>	V0 6 <sup>b</sup>	V0 7 <sup>b</sup>	V0 8 <sup>b</sup>	V0 9 <sup>b</sup>	V1 0 <sup>b</sup>	V1 1 <sup>b</sup>	2 / P W		Jnsch Visit
Visit Description M	[c 1	0	3	6	9	12	18	24	30	36	42	48	54	60	-	
Written Informed Consent	X	-		_	-											
Inclusion/Exclusion Criteria	X	X														
Medical and Family History/Demographics	X															
Physical Examination	X															
Neurological Examination/Diagnosis	X					X		X		X		X		X		$\mathbf{X}^{\mathrm{g}}$
Vital Signs	X	X c	X	X	X	X <sup>c</sup>	X	X <sup>c</sup>	X	X <sup>c</sup>	X	X <sup>c</sup>	X	X <sup>c</sup>	X	X
Blood Sample for DNA	X															
Clinical Laboratory Assessments	X					X		X		X		X		X		$\mathbf{X}^{\mathrm{g}}$
Biomic blood sample		X	X	X	X	X <sup>f</sup>	X	X <sup>f</sup>	X	X <sup>f</sup>	X	X <sup>f</sup>	X	*X	X	
MDS-UPDRS (including Hoehn & Yahr)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X <sup>g</sup>
Medified Schwab & England ADL	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	$\mathbf{X}^{\mathrm{g}}$
MDS-UPDRS Part III / Hoehn & Yahr <sup>h</sup>						X		X		X		X		X		
Olfactory Testing (UPSIT)		X														
Hopkins Verbal Learning Test – Revised		X				X		X		X		X		X		
Benton Judgment of Line Orientation		X				X		X		X		X		X		
Semantic Fluency		X				X		X		X		X		X		
Letter Number Sequencing		X				X		X		X		X		X		
Symbol Digit Modalities Test		X				X		X		X		X		X		
Montreal Cognitive Assessment (MoCA)	X					X		X		X		X		X		
Epworth Sleepiness Scale		X		X		X		X		X		X		X	X	
REM Sleep Behavior Questionnaire		X		X		X		X		X		X		X	X	
Geriatric Depression Scale (GDS-15)		X		X		X		X		X		X		X	X	
State-Trait Anxiety Inventory for Adults		X		X		X		X		X		X		X	X	
QUIP	_	X		X		X		X		X		X		X	X	
SCOPA-AUT MRI (structural)	-	X		X		X		X		X		X		X	X	
MRI (structural) MRI (DTI) <sup>e</sup>	$\leftarrow$	X				X		X				X		^X		
DAT imaging	X	A				X		X				X		^X		
Lumbar puncture (CSF collection)		X		X		X		X		X		X		*X	X	
Adverse Events	X	X		X		X <sup>a</sup>		X <sup>a</sup>		Xa		X <sup>a</sup>		X <sup>a</sup>	X	



#### Clinical markers

#### Cognition

Behavioral
Depression
Apathy
Anxiety
ICD

Autonomic Constipation Bladder Sexual Cardiac

**Olfaction** 

Sleep - RBD

Skin

**Motor analysis** 

Speech Parkinson's Progression Markers

#### **Biomarkers for PD**

Imaging —Phenotomics
SPECT/PET-Dopamine DAT, F-Dopa, VMAT2
SPECT/PET-non-dopamine
FDG, MIBG, NE, 5HT, Nicotine,
Ach, PBR, Amyloid, å-synuclein
MRI —DTI, volumetrics
Nigral Ultrasound

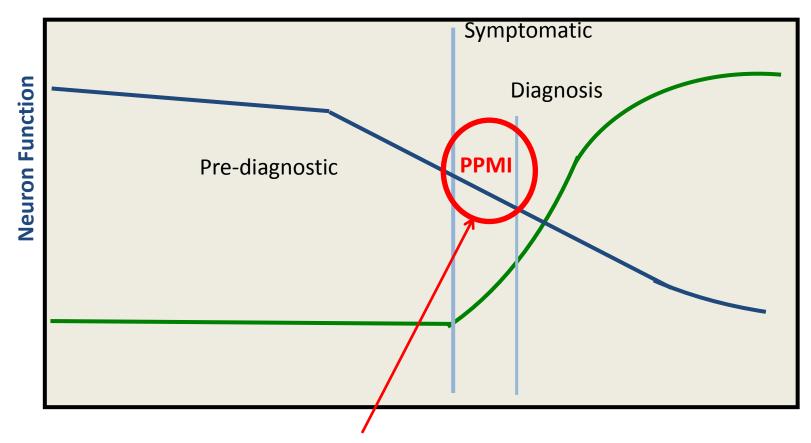
Biologics - Blood/CSF/Urine Alpha-synuclein, DJ1, Urate, Tau, \( \mathcal{B} \- Amyloid \)

'Omics' -

**RNA** profiling

Genetics
Synuclein, LRRK2
Parkin DJ-1, Pink1

# **PPMI – Pushing back Diagnosis**





**Eligibility for PD - Possible PD + DAT deficit** 

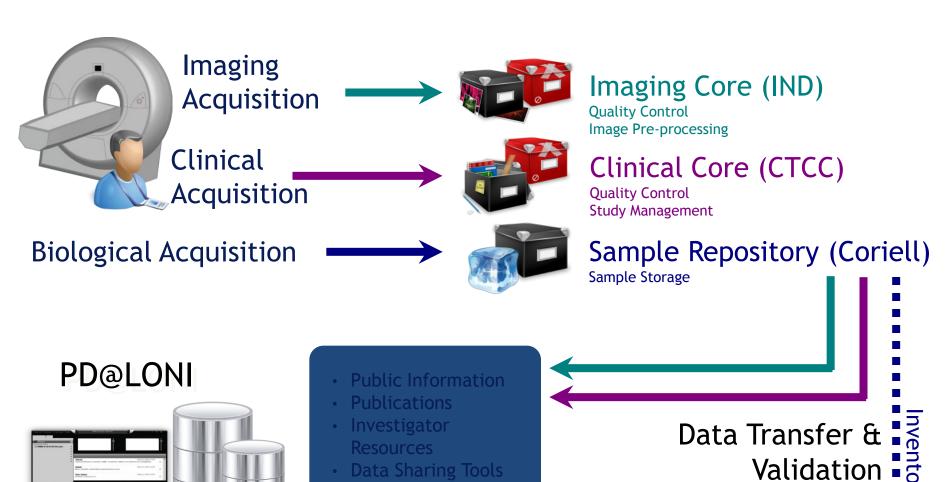
# Identification of biomarker candidates for inclusion is critical to PPMI

The Biomarkers Taskforce identifies/prepares promising candidates for verification

	Tier 1	Tier 2	Tier 3
Criteria	<ul> <li>Markers for which there is some evidence for a disease association</li> <li>Preliminary data around the detection of the marker in a biochemical assay exist</li> </ul>	<ul> <li>Putative markers with weak data correlating to PD</li> <li>Standardized assays exist → straightforward to study in PD subjects</li> </ul>	<ul> <li>Minimal data available</li> <li>Relationship to PD hypotheses and mechanisms of disease exist</li> </ul>
Candidates	<ul><li>Alpha-synuclein</li><li>DJ-1</li><li>Urate</li></ul>	<ul> <li>Cytokines</li> <li>Glutamine/Glutamate</li> <li>Total Tau and Phospho- Tau (p-181) and Abeta 1-42 species (INNO-BIA AlzBio3 assay)</li> </ul>	<ul> <li>ST13</li> <li>J. Zhang's panel of proteins from proteomics</li> <li>Glutathione</li> <li>8-OHdG</li> </ul>

Play a Part in Parkinson's Research

# Data Input Acquisition→ Repository

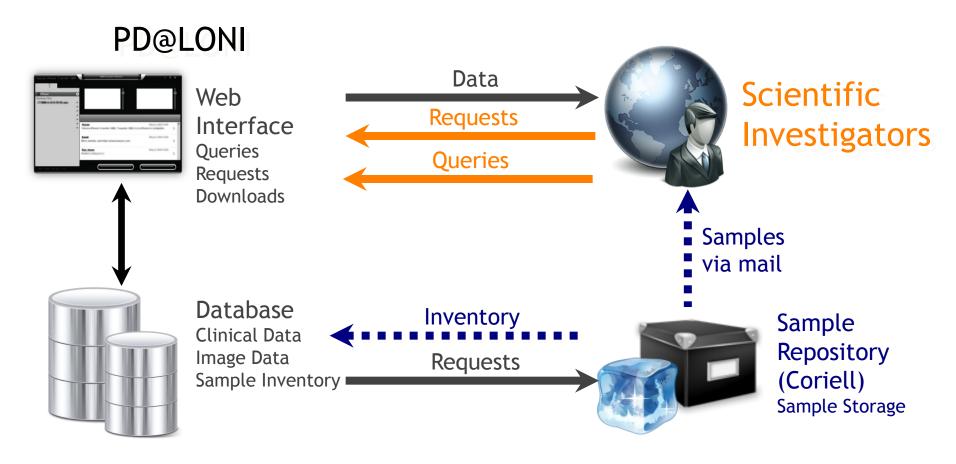


Data Access

PARKINSON

## Data Output

### Repository -> Investigators





### www.ppmi-info.org

- Portal for PPMI data
- Portal for PPMI samples through the biologic resource committee
- **PPMI** study documents and SOPs available
- PPMI study progress
- Recruitment and retention tool

## **PPMI - Standardization/Training**

- Biologics -Collection/Aliquoting/Shipping/Storage
- Imaging Acquisition/QC/analysis/backup
- UPDRS MDS UPDRS certification
- Neuropsych/Neurobehavioral
- CSF collection
- Data entry

## **PPMI Key Features**

- Subject recruitment eligibility includes DAT imaging status
- Comprehensive longitudinal biomarker and imaging assessments
- Longitudinal CSF acquisition in all study subjects
- Standardization of all data acquisition
- All data merged into PPMI database and data and biologic samples rapidly available to scientific community

via PPMI website www. PPMI-info.org

- Flexibility to incorporate novel biomarker candidates ongoing biologic and imaging task forces to seek new candidates
- Public private partnership in pre-competitive space.



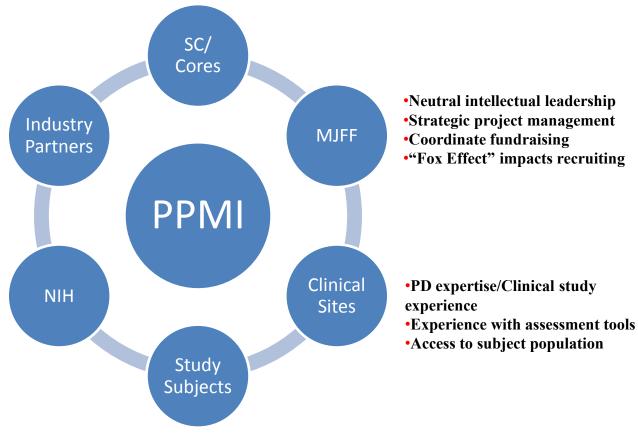
## PPMI requires a Partnership

- Expertise and experience in PD, trial design/operation, statistics and biomarkers
- •Communication and coordination



- •Validate project relevance
- •Clinical trial design/ operations expertise
- •Financial leadership

 Provides valuable intellectual input and resources; ADNI model has proven successful



•Subject enthusiasm, engagement and commitment to PPMI critical for success



#### **PPMI - Current Status/Timeline**

- Study launched June 2010
- -All US sites recruiting by mid Nov.
- All EU sites recruiting by mid Feb
- All SOPs complete
- Database operational
- Web site live
- 11 subjects consented







PARKINSON'S PROGRESSION MARKERS INITIATIVE