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Canadian Brain Bank Network to advance Alzheimer research

To advance understanding of dementia and contribute to the search for new treatments, the Canadian Institutes of Health Research (CIHR) are investing more than \$1 million over five years to establish a Canadian brain bank network linked to the international Alzheimer's Disease Neuroimaging Initiative (ADNI) as part of its Dementia Research Strategy. The **Canadian ADNI BraIn** bank Network, or CABIN, will provide needed infrastructure to contribute to the ADNI program and, more broadly, support brain donation and tissue banking for dementia research programs in Canada. CABIN will be administered by **Dr. Howard Chertkow** at the Lady Davis Institute.

The project involves using advanced neuroimaging technologies to track the progression of dementia and develop imaging approaches to diagnosis and monitoring of future therapies.

A key component of the initiative includes the study of the brains of participants who eventually die from the disease. Researchers carry out brain autopsies to determine the effect of the disease and collect tissue samples to identify biomarkers that may be used to permit early detection.

"We are taking our place among the international leaders in dementia research," asserted Dr. Chertkow. "Thanks to those patients who generously donate their brains for research, we will have the opportunity to explore the significant variations in how dementia expresses itself and to use this valuable information to advance the search for new treatments."

More than 400,000 Canadians aged 65 and over live with dementia, including Alzheimer's disease, which accounts for approximately 70 percent of cases. The cause of this degenerative brain disease is largely unknown and no effective treatment exists.

In announcing the funding, Anthony Housefather, Member of Parliament for Mont Royal, said, "McGill University and the Jewish General Hospital are world leaders in brain research and the treatment of dementia and other neurodegenerative diseases."



Announcing funding for CABIN, left to right, Joanne Goldberg, Associate Director of the CIHR Institute on Aging, Dr. Gerald Batist, Acting Director of the LDI, Dr. Yves Joanette, Scientific Director of the CIHR Institute on Aging, Dr. Howard Chertkow, Member of Parliament Anthony Housefather, Dr. Nahum Sonnenberg, James McGill Professor of Biochemistry, and Alan Maislin, Chair of the Board of the CIUSSS of West-Central Montreal

New funding to strengthen proteomics “Significant breakthrough” in approach to osteoporosis research

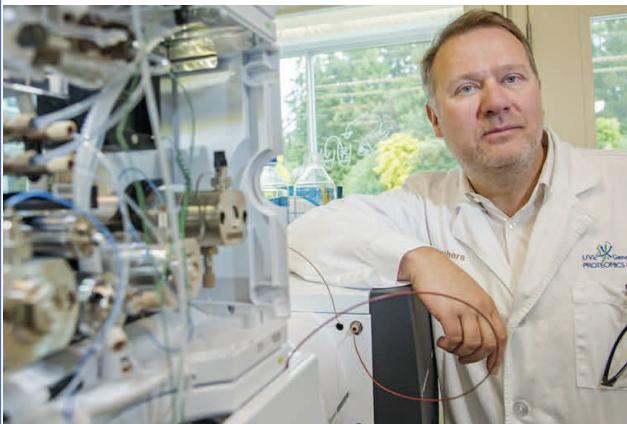
New funding from Genome Canada and Genome BC will serve to enhance efforts to translate proteomic and metabolomic research into new approaches for diagnosis and treatment of cancer, according to **Dr. Christoph Borchers**, Director of the Segal Cancer Proteomics Centre, who leads a pan-Canadian protein research platform.

Proteomics focuses on understanding the structure and function of proteins, while metabolomics is the complementary study of the molecules used, and produced by, cellular processes. These allow even deeper analysis than genomics of the exact biological processes at work in cancer.

“Drugs target proteins,” explains Dr. Borchers, who holds the Segal Family Chair in Molecular Oncology at McGill University, “so when we can identify the protein that is active in the cancer, we can know precisely which treatment will be most effective on the patient. We have never before been able to so accurately evaluate the processes at work within the tumor and, therefore, to target therapies with such precision.”

Dr. Borchers serves as the director of the UVic-Genome BC Proteomics Centre, which is the most advanced proteomics research facility in Canada. It is home to the technologies that are central to this national effort. Clinical samples will be gathered from patients at the Segal Cancer Centre for screening.

“Extending proteomics and metabolomics centres into a Canada-wide network provides additional and complementary capacity and capabilities,” he said, “which means faster sample processing time.”



A regimen of a novel bone anabolic medication (which builds bone mass) followed by an antiresorptive agent (which maintains bone mass) has been shown to significantly reduce the risk of fracture among postmenopausal women with severe osteoporosis, according to results of a clinical trial published in *The New England Journal of Medicine*. **Dr. Andrew Karaplis**, one of the authors, who had patients participating in this phase 3 clinical trial, characterized the study’s results as a “significant breakthrough.”

Over a two-year period, 4,093 women with osteoporosis and a fragility fracture were randomly assigned to one of two groups. The first received romosozumab for a year, a new monoclonal antibody against sclerostin that is effective at rapidly building bone mass by increasing bone formation and decreasing bone resorption. This was followed by alendronate, an antiresorptive agent commonly used as a first-line therapy for osteoporosis, that maintains existing levels of bone mass. The second group received only alendronate. The women who received romosozumab followed by alendronate were observed to have a 48% lower rate of new vertebral fractures when compared with those who only received alendronate. Moreover, the former group had a 19% lower risk of nonvertebral fractures, and 38% lower risk of hip fracture than those in the latter group.

“Keeping patients at a constant bone mass isn’t adequate when they are already suffering from osteoporosis and their bones aren’t strong enough to resist fracture,” said Dr. Karaplis. “We anticipated less fractures if we first succeeded in increasing the patient’s bone mass, followed by a regimen to sustain it.”

One safety concern did emerge over the course of the trial. During the first year, serious cardiovascular events were observed more frequently in the romosozumab-alendronate group (50 of 2040 patients, or 2.5%, as compared with 38 of 2014, or 1.9%, in the alendronate only group).

“Although the numbers are relatively small, this is a signal that requires further clarification,” said Dr. Karaplis.

CIHR Project Grant recipients

Researchers with very diverse interests from the Lady Davis Institute were awarded Project Grants by the Canadian Institutes of Health Research. Nearly 20% of applicants from the LDI were successful, significantly more than the national average of 15%. The projects being supported are:

Mark Eisenberg 2 yrs \$267,750

The Evaluating the Efficacy of E-Cigarette Use for Smoking Cessation (E3) Trial is the first large trial to address the important issue of electronic cigarettes for smoking cessation in Canada. This funding will ensure the successful completion of this landmark trial.

Marc Fabian 5 yrs \$784,125

To study how the cellular machinery that controls the activity of genetic material (messenger RNA) are recruited to specific mRNAs, and how, they shut down protein synthesis. Understanding these fundamental mechanisms may ultimately allow for the design of molecular diagnostics for screening diseases and potentially target them with novel therapies.

Kristian Filion 2 yrs \$175,950

To compare the chances of having a pregnancy complication between patients who use levothyroxine to treat subclinical hypothyroidism (SCH) and those who do not.

Christina Greenaway 3 yrs \$1,197,225

A study to provide policy makers with information so that the most effective screening and treatment programs can be developed to prevent complications and deaths from hepatitis C and to achieve hepatitis elimination in Canada.

Melissa Henry 1.6 yrs \$275,400

To test whether the PTSD Coach app as an e-intervention plus usual care reduces levels of anxiety in patients newly diagnosed with head and neck cancer, and to evaluate its impact on anxiety/depression, quality of life, biological indicators of stress, and psychosocial oncology uptake.

Nathalie Johnson 5 yrs \$1,208,700

To develop a novel way of monitoring patients with lymphoma and find a new immunotherapy regimen that would be effective in patients that are not cured with conventional chemotherapy by: 1) genetically profiling the tumors to determine when they become resistant; 2) determining how these lymphomas evade immune detection; 3) testing if targeting these evasion strategies may eradicate chemo-resistant lymphoma.

Claudia Kleinman 5 yrs \$753,525

To characterize the changes in gene expression that happen during human brain development, with a particular focus on genes and pathways involved in pediatric brain tumors; and to develop computational models to identify developmental pathways altered in these aggressive tumors.

Hemant Paudel 5 yrs \$673,200

Having demonstrated that inhibition of the early growth response 1 (Egr-1) protein in the hippocampus reduces levels of both hyperphosphorylated tau and beta amyloid, which are associated with Alzheimer disease (AD), this project will test the efficacy of a peptide derived from a physiological inhibitor of Egr-1 to treat AD.

Andrew Karaplis 5 yrs \$895,050

This study will use animal models and molecular biology techniques to understand how high levels of the hormone FGF23 affects bone development by altering the concentration of vitamin D locally in bone. It aims to show that, whether by genetics or by pharmacotherapy, this process can be altered to allow better bone formation to take place.

Wilson Miller 5 yrs \$692,325

Metastasis is a devastating diagnosis for patients, but even more so for new mothers diagnosed with pregnancy associated breast cancer (PABC). With more women delaying pregnancy, the incidence of PABC is predicted to rise. This project will target regulators of protein production as an innovative approach to block PABC metastasis.

Soham Rej 3 yrs \$413,000

A randomized controlled trial of automatic self-transcending meditation in treatment resistant late-life depression.

Vahab Soleimani 5 yrs \$665,550

Having discovered that maintenance of muscle stem cell pool depends on the functional interaction between Myogenic Regulatory Factors (MRFs) and a chromatin modifier called REST/NRSF, this project aims to identify the mechanism by which the interaction between MRFs and REST regulate satellite cell function and skeletal muscle regeneration.

Brett Thombs 2 yrs \$133,876

To develop and disseminate a reporting guideline, as an extension of the Consolidated Standards of Reporting Trials (CONSORT) statement for trials conducted in existing data structures, including researcher-generated cohorts, registries, electronic health records, and administrative databases.

Brett Thombs 1 yr \$100,000

A Bridge Grant for “The Scleroderma Support group Leader EDucation (SSLED) Program: a randomized controlled trial.”

Ana Velly 2 yrs \$141,526

The objective of the current study is to determine whether opioid analgesics increase the risk of cancer.

Ana Velly 1 yr \$118,575

A pilot study to evaluate the feasibility of a larger randomized controlled trial (RCT) addressing pain management after surgery. This is a cost-effective and sensible effort as a first step to address this important clinical and public health issue.

9th Annual LDI Scientific Retreat

Friday May 4, 2018 8:15 am—5:30 pm

Location: La Plaza, 420 Sherbrooke St. West

Keynote Speakers:

Dr. Eduardo Franco

James McGill Professor in the Departments of Oncology and Epidemiology & Biostatistics

Director, Division of Cancer Epidemiology

Chair, Department of Oncology

McGill University

&

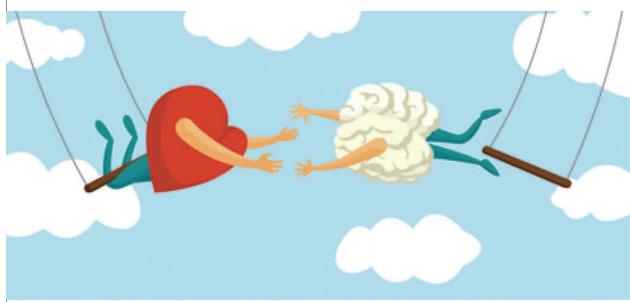
Dr. Russell Jones

Associate Professor

Department of Physiology

McGill University

[Click here to register](#)



13th Annual JGH Psychiatry Research Day

Connecting Mind and Body: Psychosocial Interventions in the Context of Treating Physical Diseases

Friday April 6, 2018 8:30 to 12:30

ICFP AMPHITHEATRE

4333, Chemin de la Côte Ste-Catherine

[Click here to register](#)

This conference is supported by a grant from the Gustav Levinschi Foundation

Comparative study of statins shows no significant effect on Alzheimer disease

Data from more than 465,000 statin users over a period of eighteen years has revealed that fungus-derived, or lipophilic, statins were not associated with decreased incidence of Alzheimer disease when compared with synthetic, or hydrophilic, statins. The research, published in *Neurology*, was undertaken in order to clarify whether certain characteristics of statins could influence their neuro-protective properties.

"There have been inconsistent claims over the years that statins may be associated with lower rates of Alzheimer disease," said Dr. Paul Brassard, an epidemiologist at the Lady Davis Institute, the paper's lead author. "However, most studies compare statin users with non-users. This is potentially problematic because it compares people with different health conditions. Ours is the first observational study to look only at patients who take statins. In other words, we were comparing like-with-like and, therefore, getting a more accurate picture of this particular association. Our finding was of an insignificant difference between the two types of statins in relation to the risk of Alzheimer disease."

Nonetheless, the modest variation that was observed – where the lipophilic statins, those that are more quickly absorbed in fatty tissue, were associated with a higher risk of Alzheimer than the hydrophilic, which are less well-absorbed in fat – does call for further study. An [accompanying editorial](#) supports this conclusion, while applauding the paper for providing "important new information in the statin saga."

"At this point, we don't see that an association with Alzheimer risk ought to be a primary concern when clinicians are deciding upon which statin to give to their patients who are over sixty years of age," Dr. Brassard said. "Our belief is that this should not be a consideration when choosing which statin to take."

Prepared by the Research Communications Office, Lady Davis Institute at the Jewish General Hospital. Any suggestions with respect to content are welcome. Not to be reproduced without attribution.

To submit information or for media enquiries, contact: Tod Hoffman at: thoffman@jgh.mcgill.ca; 514-340-8222, ext. 28661

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