

Association of plasma Aβ42/Aβ40 with episodic memory performance and brain atrophy in individuals at risk of Alzheimer's disease



Pascual-Lucas M¹, Allué JA¹, Sarasa L¹, Fandos N¹, Castillo S¹, Terencio J¹, Sarasa M^{1†}, Tartari JP², Sanabria A^{2,3}, Tárraga L^{2,3}, Ruiz A^{2,3}, Marquié M^{2,3}, Boada M^{2,3} on behalf of FACEHBI study group ¹Araclon Biotech-Grifols - Zaragoza (Spain), ²Ace Alzheimer Center Barcelona - Universitat Internacional de Catalunya - Barcelona (Spain), ³CIBERNED, National Institute of Health Carlos III - Madrid (Spain), [†] Deceased May 27, 2020

BACKGROUND

Blood-based biomarkers that can accurately detect **subtle alterations of preclinical Alzheimer's disease** (AD) are urgently required to identify suitable candidates for early-stage clinical trials.

OBJECTIVE

To assess the ability of plasma Aβ42/Aβ40 ratio, as determined by a highsensitivity antibody-free mass spectrometry-based assay, to detect early alterations in episodic memory performance and brain atrophy in individuals with subjective cognitive decline (SCD).

METHODS

A β 40 and A β 42 plasma levels were measured with **ABtest-MS** (Araclon Biotech) in 200 individuals with SCD from the FACEHBI cohort. Participants underwent the Spanish version of FNAME (**S-FNAME**) and the derived composite face-name, **SFN-N**, to evaluate episodic memory performance. Brain atrophy was assessed using MRI measures of **ventricular and hippocampal volume** normalized by total intracranial volume. Participants were classified as plasma A β 42/A β 40(+) or A β 42/A β 40(-) by applying a cutoff of 0.241 corresponding to the maximum Youden index, derived from ROC curve analyses to detect early A β -PET positivity. Group differences were examined using the Mann-Whitney test.

Table 1. Characteristics of the study population. Data are median values (IQR) or number of cases (%). Differences between groups were tested using Mann-Whitney and Chi-square tests, as appropriate.

	All	Αβ42/Αβ40 (-)	Αβ42/Αβ40 (+)	P value
Participants	200	137 (69%)	63 (31%)	
Age, years	67.0 (60.0-70.0)	64.0 (60.0-69.0)	69.0 (66.0-73.0)	<.0001
Female	126 (63%)	97 (71%)	29 (46%)	<.0001
APOE ε4 carrier	52 (26%)	26 (19%)	26 (41%)	.002
S-FNAME, score	30.5 (20.0-43.0)	34.0 (22.0-48.0)	28.0 (18.5-35.0)	.023
SFN-N, score	-0.14 (-0.73-0.46)	-0.04 (-0.61-0.66)	-0.47 (-1.05-0.19)	<.0001
Ventricular vol., mm3	25554 (20105-33600)	24167 (18619-31936)	28781 (23365-36100)	.022
Hippocampal vol., mm ³	3606 (3399-3821)	3621 (3454-3833)	3568 (3284-3758)	.097

RESULTS

Association of plasma Aβ42/Aβ40 with episodic memory performance

Subjects classified as plasma A β 42/A β 40(+) performed significantly worse on S-FNAME and SFN-N composite, than those A β 42/A β 40(-) (P=.023 and P<.001, respectively). A significant positive correlation was found between plasma A β 42/A β 40 and the SFN-N composite score (rho=0.193, P<.006).

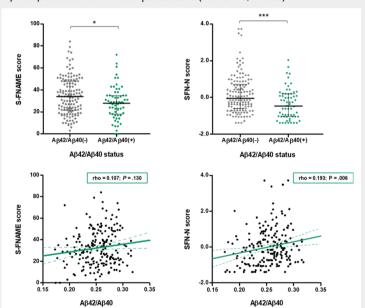


Figure 1. Association of plasma A642/A640 with episodic memory performance. *P < .05, ***P < .001, Mann-Whitney test.

Association of plasma AB42/AB40 with brain atrophy

Plasma Aβ42/Aβ40 was also associated with brain atrophy, as evidenced by increased ventricular volume and reduced hippocampal volume in Aβ42/Aβ40(+) individuals (P=.022 and P=.097, respectively).

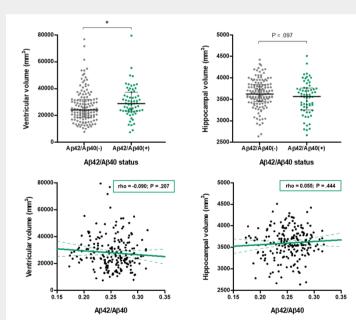


Figure 2. Association of plasma A642/A640 with brain a trophy.

* P < .05. Mann-Whitney test.

...,

CONCLUSION

Individuals with low plasma Aβ42/Aβ40 values performed worse on the S-FNAME and presented increased brain atrophy to some extent, suggesting that plasma Aβ42/Aβ40, as determined by this MS-based assay, could detect the first subtle alterations in AD.