

## The ALFA Study and nested Sub-studies

#### The ALFA Study

The setup of preventive strategies requires the **understanding**, from a molecular perspective, of how risk factors generate the risk and the identification of individuals with an increased risk of developing Alzheimer's disease (AD) in the near future that are suitable to be recruited as asymptomatic subjects in prevention studies and trials. With this in mind, and aiming at increasing our knowledge of the pathophysiology and pathogenic factors emerging at early preclinical AD stages, the Barcelonaβeta Brain Research Centre (BBRC) started the ALFA (for ALzheimer and FAmilies) study.

The **ALFA study** (also referred to as ALFA parent cohort) was set-up for the prospective followup of a cohort of cognitively unimpaired individuals that were recruited between 2013 and 2014. ALFA is composed of 2,743 cognitively unimpaired participants, most of them firstdegree descendants of AD patients, aged between 45 and 75 years, who have been thoroughly characterised from a **sociodemographic**, **clinical**, **lifestyle and cognitive** point of view. Other variables of interest obtained during the baseline visit were those lifestyles and cardiovascular risk factors that had been previously suggested as modifiable risk factors that may increase or decrease the risk of cognitive impairment and dementia such as cardiovascular and endocrinemetabolic co-morbidities, the participants' level of physical activity and their smoking habits. In addition, participants' *APOE* (*Apolipoprotein E*) haplotype also has been determined as well as a whole **GWAS** is also available (Illumina Infinium Neuro Consortium [NeuroChip] Array). Finally, a subset of ~600 participants that were selected based on their *APOE* genotype (preferentially including *APOE-* $\varepsilon$ 4 allele carriers), underwent cerebral magnetic resonance imaging (MRI).

The family history of AD of ALFA participants was recorded during baseline visit. In particular, we registered who, their mother and/or father, had been diagnosed with cognitive impairment. In this regard, 86.3% of the study participants had at least one of their parents that had suffered AD. When considering a more strict family history encoding, it is remarkable that **47.4% of the ALFA study participants had at least one of their parents that had been diagnosed with AD before the age of 75**. Family studies have shown that having a parental history of AD represents a risk factor for sporadic AD and the biggest genetic susceptibility factor is the *APOE-&A* allele. In agreement with this, a **higher frequency of the** *APOE-&A* **allele was found in ALFA parent cohort participants than in the general population (38% and 14%, respectively; P <.001). Specifically, statistically significant differences were found between the** *APOE-&3/&A* **and** *APOE-&2/&A* **percentages in the ALFA study group and those found in the general population (P <.001). In brief, of 2,714 ALFA members whose genotype could be determined, 9 were** *APOE-&2/&2* **homozygotes, 171 were** *APOE-&2/e3* **heterozygotes, 60 were** *APOE-&2/&A* **heterozygotes and, finally, 89 were** *APOE-&3/&A* **homozygotes.** 

Therefore, our own results confirm that we have **established a research platform that is enriched in genetic risk factors for AD**. As a consequence, the proportion of patients presenting altered biomarkers, neuroimaging changes and eventually the development of cognitive decline is also expected to be higher, which is being evaluated in longitudinal assessments. In summary, the ALFA parent cohort represents a valuable infrastructure of middle age participants representing the **whole spectrum of risk that will leverage with different studies and trials to prevent AD**.



#### **The ALFA-MRI Study**

As a nested study to ALFA, the BBRC established the cross-sectional ALFA-MRI study, with the main objective of expanding the clinical, lifestyle, cognitive and brain characterisation of a subset of cognitively unimpaired ALFA study participants. Around **1,600 participants with no contraindications to MRI** that were selected based on their AD risk profile were recruited from 2016 to 2019.

On top of a review of the clinical and cognitive status, participants underwent a **high-resolution MRI acquisition protocol** in our centre's Philips Ingenia CX 3T including several sequences (T1, T2, FLAIR, DWI, IR and resting state fMRI). In addition, the study visit also included an **odour identification test**, **a blood extraction** to determine basic biochemical variables and be kept for future analyses (e.g. plasma samples to determine AD-related biomarkers). Finally, the **telomere length** (TL), as a proxy of biological age, has been also determined in ALFA-MRI study participants, which allows us to assess whether TL may be generating an age-related structural and functional vulnerability and mediating the effect of ageing on AD pathology.

#### The ALFA+ Study

Also nested to the ALFA parent cohort, the BBRC established the **longitudinal**, **long-term ALFA+ study** in which a more detailed phenotyping is performed. ALFA+ is a prospective and observational cohort study for the early identification of biomarkers (both fluid and neuroimaging) of AD in **~420 cognitively unimpaired individuals**. Participants with no contraindications to MRI or lumbar puncture (LP) were invited based on their risk profile (*APOE* and family history status). The aim of the study is to describe the **biological processes and identify factors that may precede the clinical phase of AD**. Likewise, thanks to the extensive characterisation of its participants, ALFA+ aims to analyse the **association between the biological**, **structural**, **functional and neurocognitive brain markers that characterize the preclinical phase of the disease and its natural history**. The baseline visit (V1) of the ALFA+ cohort study took place between 2016 and 2019 and follow-up visits take place every 3 years: The first follow-up visit (V2) started in 2019 and will finalise by the end of 2022, and V3 will start by 2023.

Each ALFA+ cohort study visit is organised in **three core sessions**: Session 1 (S1) includes a **clinical, cognitive, nursing and lifestyle** characterisation of study participants as well as a **high-resolution MRI acquisition protocol** in our centre's Philips Ingenia CX 3TMRI session (including T1, T2, FLAIR, DWI, IR and resting state fMRI sequences). In S2, participants undergo a **LP to obtain cerebrospinal fluid (CSF)** for their biomarker characterisation and obtaining several CSF aliquots that can be used for future biomarker studies. Various types of biological samples are also collected in S1 (non-fasting conditions) and S2 (in fasting conditions) to determine biochemical variables and be kept for future analyses (e.g. plasma samples to determine AD-related biomarkers). Finally, S3 entails a further, more experimental and sensitive **cognitive testing session and another MRI scan** entailing the acquisition of more experimental sequences (T1, ASL, Spectro, Swip, QFLOW\_CSF and multi-b).

In addition to the ALFA+ cohort study core sessions, participants have also been invited to undergo <sup>18</sup>F-Flutemetamol and <sup>18</sup>F-Fludeoxyglucose Positron Emission Tomography (PET) in the context of the ALFA+ V1 visit. Similarly, a subset of ~200 participants have been invited, in the context of the ALFA+ V2 visit, to undergo longitudinal <sup>18</sup>F-Flutemetamol PET.



With regard to **AD-related biomarker characterization of ALFA+ participants at V1**, 342 have both full CSF (with 25 biomarkers measured [e.g. A $\beta$ 42, p-tau and t-tau, A $\beta$ 40, GFAP, YKL-40, sTREM2, IL6, NfL, neurogranin, S100 and  $\alpha$ -synuclein and various other forms of p-tau in different platforms]) and PET (amyloid and FDG) data, 58 have only CSF data and, finally, 19 have only PET data. As expected due to the selection strategy, our own data show that >**35%** of (cognitively unimpaired) study participants are already in the **earliest preclinical stages of AD.** 

In addition, we have also expanded the characterization of ALFA+ study participants with regard to recently developed blood-based biomarkers. The following blood biomarkers, have been determined in plasma samples (baseline) of the 419 individuals included in the study: A $\beta$ 42, A $\beta$ 40, GFAP, NfL, APOE- $\epsilon$ 4 and various forms of p-tau using a variety of techniques and platforms (a total of 15 blood-based biomarkers). During 2022, we have also performed the first batch of **longitudinal determinations (samples from V2) of the following CSF biomarkers** (A $\beta$ 42, p-tau and t-tau, A $\beta$ 40, GFAP, YKL-40, sTREM2, IL6, NfL, neurogranin, S100 and  $\alpha$ -synuclein) from the first consecutive 217 participants that underwent LP in the 1st follow-up (V2) visit of the ALFA+ study.

In brief, the ALFA+ study will serve to **untangle the natural history of the disease and to model the preclinical stages in order to develop successful trials.** 

The **timelines** of the ALFA, ALFA-MRI and ALFA+ studies as well as a **detailed list of variables** can be found in the following pages of this document.





## The ALFA Study and nested Sub-studies - TIMELINES

Q2 2013 Q3 2013 Q4 2013 Q1 2014 Q2 2014 Q3 2014 Q4 2014 Q1 2014 Q2 2014 Q3 2014 Q4 2014 Q1 2015 - Q1 2016 Q3 2016 Q4 2016 Q1 2017 Q2 2017 Q3 2017 Q4 2017 Q1 2018 Q2 2018 Q3 2018 Q4 2018 Q1 2019 Q2 2019 Q3 2019 Q4 2019 Q1 2020 Q2 2020 Q3 2020 Q4 2020 Q1 2021 Q2 2021 Q3 2021 Q4 2021 Q1 2022 Q2 2022 Q3 2022 Q4 2022 Q3 2022 Q4 2024 Q4 2014 Q4 2014 Q1 2015 - Q1 2016 Q4 2016 Q1 2017 Q2 2017 Q3 2017 Q4 2017 Q1 2018 Q2 2018 Q3 2018 Q4 2018 Q1 2019 Q2 2019 Q3 2019 Q4 2019 Q1 2020 Q2 2020 Q3 2020 Q4 2020 Q1 2021 Q2 2021 Q3 2021 Q4 2021 Q1 2022 Q2 2022 Q3 2022 Q4 2022 Q4 2022 Q4 2022 Q4 2022 Q4 2024 Q4 2014 Q4 2014 Q1 2017 Q2 2017 Q3 2017 Q4 2017 Q1 2018 Q2 2018 Q3 2018 Q4 2018 Q1 2019 Q2 2019 Q3 2019 Q4 2019 Q1 2020 Q2 2020 Q3 2020 Q4 2020 Q1 2021 Q2 2021 Q3 2021 Q4 2021 Q1 2022 Q2 2022 Q3 2022 Q4 2022 Q4 2022 Q4 2024 Q4 2014 Q1 2017 Q1 2018 Q2 2018 Q3 2018 Q4 2018 Q1 2019 Q2 2019 Q3 2019 Q4 2019 Q1 2020 Q2 2020 Q3 2020 Q4 2020 Q1 2021 Q2 2021 Q3 2021 Q4 2021 Q1 2022 Q2 2022 Q3 2022 Q4 2022 Q4 2022 Q4 2022 Q4 2024 Q4 2014 Q4

ALFA-MRI (~1,600) ALFA+ V1 (~420) ALFA+ V2 (~420)



# The ALFA Study and nested Sub-studies – DETAILED LIST OF VARIABLES

STUDY/SUB-STUDY		N
	Alfa Parent Cohort	~2,700
	Alfa-MRI	~1,600
	Alfa+	~420



VARIABLE	TYPE	STU	DY	
Gender	Transversal			
Age at inclusion	Transversal			
Place of Birth	Transversal			
Years of education	Longitudinal			
Level of education	Longitudinal			
Ethnicity	Transversal			
Civil status	Longitudinal			
Employment status	Longitudinal			
Cohabitation status	Longitudinal			
Caregiver status	Longitudinal			
Professional Activity	Longitudinal			
Socioeconomic status	Longitudinal			
Laterality/handedness	Transversal			
Bilingualism / poliglotism	Transversal			



VARIABLE		ТҮРЕ	STUD	ſ
	ן Date of birth	Transversal		
	Date of birth History of dementia	Longitudinal		
Parents -	Age of parents at onset of scognitive impairment and diagnosis	Longitudinal		
	Death (date and cause)	Longitudinal		
	Anamnesis	Longitudinal		
Siblings	Number of siblings	Transversal		
Other	Other family members with cognitive decline	Longitudinal		
Offspring	Number of children	Longitudinal		



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VARIABLE		ТҮРЕ	STUDY
ſ	<ul> <li>Psychomotor development</li> </ul>	Longitudinal	
	Infancy diseases	Longitudinal	
	Cardiovascular disease	Longitudinal	
	Endocrine/metabolic diseases	Longitudinal	
	Digestive tract diseases	Longitudinal	
	Psychiatric diseases	Longitudinal	
	Neurological diseases	Longitudinal	
Anamnesis	Respiratory diseases	Longitudinal	
	Hematological diseases	Longitudinal	
	Immunological diseases	Longitudinal	
	Ophtalmological diseases	Longitudinal	
	Reproductive ans renal system diseases	Longitudinal	
	Infectious diseases	Longitudinal	
	Neoplastic diseases	Longitudinal	
	Muscle skeletal diseases	Longitudinal	
	Other diseases	Longitudinal	
L	Climacteric / Reproductive history	Longitudinal	
	Medication	Longitudinal	
	GADS	Transversal	
Anxiety/depression	HADS	Longitudinal	
Ĺ	— STAI	Longitudinal	
	PSS Perceived Stress Scale	Longitudinal	
	BRS Brief Resilience Scale	Longitudinal	
	Stressful Life Events (SNAC)	Longitudinal	
	Surgery procedures	Longitudinal	
	Practice of contact sports	Longitudinal	
	Weight	Longitudinal	
Anthropometric measures —	Height	Longitudinal	
Anthropometric measures	Hip circumference	Longitudinal	
	└ Waist circumference	Longitudinal	
	Blood pressure	Longitudinal	
	Heart rate	Longitudinal	
	Hemogram	Longitudinal	
	Biochemistry	Longitudinal	
	Г <sup>Tobacco</sup>	Longitudinal	
Substance use	Alcohol	Longitudinal	
	L Drugs	Longitudinal	



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VARIABLE	TYPE	STUDY
Subjective Cognitive decline (SCD) Interview	Longitudinal	
SCD SCD-Questionnaire (MyCog/TheirCog)	Longitudinal	
Cognitive Function Instrument	Longitudinal	
Cognitive Reserve CRC	Longitudinal	
Functional Clinical Dementia Rating (CDR)	Longitudinal	
IQ estimate Test de acentuación de palabras TAP	Longitudinal	
Screening Mini–Mental State Examination (MMSE)	Longitudinal	
Attention working WAIS-IV: Digit Span	Longitudinal	
memory T WMS-IV: Symbol Span	Longitudinal	
Attention TMT-A	Longitudinal	
Free and Cued Selective Reminding Test FCSRT	Longitudinal	
Episodic memory Memory Binding Test (MBT)	Longitudinal	
WMS-IV Logical Memory subtest	Longitudinal	
NIH-toolbox Picture Sequence Memory test	Longitudinal	
C TMT-B	Longitudinal	
Five digits test	Longitudinal	
Executive — WAIS-IV Coding	Longitudinal	
WAIS-IV Matrix reasoning	Longitudinal	
NIH-toolbox Flanker inhibiton test	Longitudinal	
Language C Animal Fluency	Longitudinal	
Visual processing WAIS-IV Visual Puzzles	Longitudinal	
Judgment of line orientation from RBANS	Longitudinal	
Personality T Eysenck Personality Questionnaire (EPQ)	Transversal	

LIFESTYLE HABITS

### VARIABI F

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VARIABLE		ТҮРЕ	STUDY
Physical activity	MINNESOTA PHYSICAL ACTIVITY QUESTIONNAIRE	Longitudinal	
Quality of life	SF-12	Longitudinal	
	Pittsburgh Sleep Quality Index	Longitudinal	
	ESEMED	Transversal	
	SQQ Sleep Quality Questionaire	Transversal	
Sleep	ISI Insomnia Severity Index	Transversal	
Sleep -	ESS Epworth Sleepiness Scale	Transversal	
	REM	Transversal	
	RLSYND Restless leg syndrom questionaire	Transversal	
	_ SLPDO	Transversal	
Diet	Adherence to mediterranean diet	Longitudinal	
	Exposure to pollutants	Transversal	
	Exposure to green and blue spaces	Transversal	
Cognitive activities	Leisure Activities Questionnaire (LAQ)	Longitudinal	
	Spiritual activities	Transversal	



VARIABLE APOE genotype GWAS (Illumina Infinium Neuro Cons Telomere length	sortium (Neuro	Chip) Array)	<b>TYPE</b> Transversal Transversal Transversal	IDY	
MRI					
VARIABLE	<b>TYPE</b>	STUDY			

Clinincal sequences (T1, T2, FLAIR)LongitudinalfMRI sequencesLongitudinalOther sequences (ASL, Qflow, SWIP...)Longitudinal

Note: for ALFA, ~600 MRIs available (not for the whole sample)



VARIABLE	ТҮРЕ	STUDY
Incidental Findings	Longitudinal	
Fazekas scale	Longitudinal	
Global cortical atrophy scale	Longitudinal	
Left medial temporal atrophy scale	Longitudinal	
Right medial temporal atrophy scale	Longitudinal	
Koedam parietal atrophy scale	Longitudinal	
Changes in basal ganglia according to the Wahlund scale	Longitudinal	

Note: for ALFA, ~600 MRIs available (not for the whole sample)



VARIABLE	TYPE	STUDY
Amyloid (Flutemetamol) Whole Cerebellum SUVr	Longitudinal	
Amyloid (Flutemetamol) SUVr_GreyCerebellum	Longitudinal	
Amyloid (Flutemetamol) SUVr_WholeCerebellumBrainStem	Longitudinal	
Amyloid (Flutemetamol) Pons SUVr	Longitudinal	
Amyloid (Flutemetamol) Centiloids	Longitudinal	
Amyloid (Flutemetamol) Visual read	Longitudinal	
Amyloid (Flutemetamol) raw iamges	Longitudinal	
FDG PET result	Transversal	
FDG PET raw images	Transversal	



CSF

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BRAIN RESEARCH CENTER	

VARIABLE	TYPE	STUDY
Αβ42	Longitudinal	
Αβ40	Longitudinal	
Aβ42/40 ratio	Longitudinal	
p-tau	Longitudinal	
t-tau	Longitudinal	
ATN classification	Longitudinal	
IL-6	Longitudinal	
α-Synuclein	Longitudinal	
GFAP	Longitudinal	
Neurogranin	Longitudinal	
NfL	Longitudinal	
S100	Longitudinal	
sTREM2	Longitudinal	
YKL40	Longitudinal	
N-p-tau217	Longitudinal	
Mid-p-tau231	Longitudinal	

Please note that this may not be an exhaustive, updated list of CSF biomarkers determined

BLOOD		
VARIABLE	ТҮРЕ	STUDY
Αβ42	longitudinal	
Αβ40	longitudinal	
APOE4	transversal	
GFAP	transversal	
NfL	transversal	
p-tau	transversal	
Fatty Acid	transversal	

*Please note that this may not be an exhaustive, updated list of blood-based biomarkers determined* 

