PREVENTION

FUNDING OPPORTUNITY DESCRIPTION

The ADDF seeks to support studies of cognitive symptoms due to health conditions, comparative effectiveness research, and epidemiological studies that probe whether the use or choice of drugs alters the risk for dementia or cognitive decline.

The Prevention RFP supports:

1. **Studies of Cognitive Decline and Risk Reduction: Cognitive decline through aging and medical comorbidities has been linked to an increased risk of dementia. The ADDF will consider funding programs to prevent and treat these conditions, including menopause-related cognitive symptoms, postoperative delirium and postoperative cognitive decline, mild and/or repetitive traumatic brain injury, and chemotherapy-induced decline. Methods may include epidemiology or clinical trials. For clinical trial proposals, please see below detailed instructions and priorities under "Expectations and Evaluation".**
2. **Comparative Effectiveness Research: For many health conditions, physicians have a choice of clinically equivalent drugs. Some of these drugs are being investigated for repurposing to treat Alzheimer's or related dementias, due to potential disease-modifying properties that go beyond the treatment of their approved disease indication. The ADDF will consider funding research to generate an evidence base on whether choices in the routine clinical care of pre-existing conditions could protect from dementia. Priority will be given to the comparison of drugs that are otherwise clinically equivalent for the pre-existing condition (see Box 1 in the ADDF 2016 position paper). Methods may include randomized trials or epidemiology.**
3. **Studies Leveraging the Consortium of Cohorts for Alzheimer's Prevention Action (CAPA): Epidemiological studies contribute unmatched information on whether the risk of dementia or cognitive decline may be influenced by long-term exposure to supplements or**

medications. However, high-powered studies are needed, ideally with dose, duration, and responder profiles, in order to translate epidemiological research into actionable interventions for testing. Through the CAPA Consortium, the ADDF funds collaborative analyses on dementia prevention using a minimum of five longitudinal cohorts, either harmonized or analyzed through parallel analysis of cohorts using a shared analysis script. More information here.

Clinical populations of interest:

- *Primary Prevention:* **these studies will include a middle aged ("mid-life") group without cognitive impairment or biomarker pathology.**
- *Secondary Prevention:* **these studies will include a group with preclinical biomarker evidence of Alzheimer's disease and without symptoms.**
- *Tertiary Prevention:* **these studies will include patients with either subjective cognitive decline and/or patients with mild cognitive impairment, with a goal of preventing these clinical stages of Alzheimer's disease from progressing to dementia.**

Type of therapy: Novel, repurposed and repositioned drugs, as well as natural products and devices will be considered. Therapeutic modalities of interest include small molecules, peptides, antibodies, gene therapies, antisense oligonucleotides, and stem cells. Studies of adding medications and supplements to lifestyle interventions will be considered. Lifestyle interventions (ex: non-pharmacologic interventions, such as diet, meditation, and exercise), without tandem evaluation of study drugs will not be considered.

Drug mechanisms or modes of action: Novel drug mechanisms and modes of action related to the biology of aging and other emerging therapeutic areas for dementia are considered high priority. These include, but are not limited to:

- **Epigenetics**
- **Inflammation**
- **Mitochondrial & metabolic function**
- **Neuroprotection**

- **Proteostasis**
- **Synaptic activity and neurotransmitters**
- **Vascular function**
- **Other mechanisms and modes of action related to the biology of aging (e.g. senescent cells)**
- **Other novel mechanisms or modes of action that are supported by compelling evidence demonstrating a rational biological connection to the disease process**
- **Please note: Anti-amyloid approaches (e.g., anti-amyloid aggregation, beta-amyloid vaccines, beta- or gamma-secretase inhibitors) and cholinesterase inhibitor proposals will not be considered**

UPCOMING DEADLINES

ELIGIBILITY

AWARD INFORMATION

EXPECTATIONS AND EVALUATION

APPLICATION SUBMISSIONS

Review the Application Instructions for steps on applying.

LOG IN OR CREATE ACCOUNT

We encourage you to contact us if you would like to discuss your proposed project and receive initial feedback.

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