

## **MEETING SUMMARY**

### **I. PIA Annual Report and PIA Membership**

At last count (June 2015) 137 people were registered members of the EPIA.

### **II. Review of Executive Committee (changeover in Chair, roles of committee members)**

Currently the executive committee consists of:

William McGeown (Chair), University of Strathclyde, UK.

Kerry Kilborn (Past-Chair), University of Glasgow, UK.

Wilhelmus Drinkenburg, Janssen Research and Development.

Matt Ullum (Neuronetrix, USA) who recently took the place of Daniel Lawson (Neuronetrix).

Claudio Babiloni (University of Sapienza, Rome, Italy).

Kristinn Johnsen (Mentiscura, Iceland).

Fiona Randall (Eisai, United States). Fiona recently joined the EPIA committee and will be a representative for more basic electrophysiology research.

### **III. PIA Operational Manual**

The draft operations manual provided by ISTAART appears to look suitable for the EPIA group in its present form in many respects. We can modify elements of it if we wish to. One point to note is the expected roles of those on the Executive Committee. The positions that are detailed within the operations manual and current roles of Executive Committee members are listed below.

The manual states a 2 year term for the following positions:

- ➔ Chair (currently W McGeown. W Drinkenburg has volunteered to take over the role at a date still to be decided in September 2015. To date no-one else has put their names forward for the position).
- ➔ Vice Chair (they would automatically move into the position of Chair after two years). (Individual to be identified from the executive committee or wider EPIA membership)
- ➔ Ex-chair (W McGeown will move to this this position during Sept 2015). From that point K Kilborn and W McGeown will assume the ex-chair position for 2 years.
- ➔ Programs Chair (develop the FRS, educational activities). (Individual to be identified from the executive committee or wider EPIA membership)
- ➔ Communications Chair (communicate with the EPIA group e.g. newsletter, take minutes, website activity, etc). (Individual to be identified from the executive committee or wider EPIA membership)
- ➔ Steering group members. (may represent particular interests within the PIA group). The remaining executive committee members that do not possess a role listed above will fill these positions.

If we want to use the operational manual in its current format we would need to fill the positions of Vice Chair, Programs Chair and Communications Chair. Individuals may be identified from the current Executive Committee or wider EPIA membership. The Executive Committee now need to decide whether to keep the manual in its current format or whether we want to make any changes. A final draft should be circulated among all EPIA members for comment before accepting and submitting to ISTAART in Sept 2015.

#### **IV. Update on ISTAART/E-PIA website**

ISTAART have offered to include sub-headings on the official ISTAART PIA website that were taken from the mock EPIA website that W McGeown created (and demonstrated at the EPIA Business meeting and the PIA chairs meeting in 2014). For example, we could display useful methodological papers and recently published papers from the group. We could also highlight upcoming conferences and workshops of interest. The options do not have the full functionality that was previously proposed e.g. data-sharing, a forum. At this stage the sub-headings are hidden from public view. We now need to decide the content that should be listed.

#### **V. Update on AAIC 2015 Featured Research Session (FRS) proposal**

Our FRS submission was unsuccessful once again this year. W McGeown provided feedback to ISTAART in this year's annual report and suggested that some form of feedback could well be beneficial. ISTAART responded mentioning that the FRS proposals are assessed as a whole rather than ratings provided for individual abstracts. W McGeown suggested that if reviewers do happen to provide comments when assessing proposals, the reviewers could be given the option to release the comments to the group rather than the default hold that no feedback is provided. One possibility might also be to provide ratings for the FRS application e.g., on novelty, fit with the program...etc. But practically how useful this would be is questionable.

One comment was made to try to make the proposal attractive to the larger scientific and clinical audience.

#### **VI. FRS possibilities for 2016**

The last two years we have linked our FRS submission to drug development. This year we submitted:

##### **EEG/ERP Biomarkers for Preclinical and Clinical Drug Trials in Alzheimer's Disease**

The application included two speakers who would present preclinical research and two speakers that would present research studies on humans.

Future options for FRS submissions were discussed. One option might be to focus on diagnosis in the clinic and include research using ERP/EEG/MEG

methods. It might be useful to include presentations by clinicians who adopt such methods as this would be appealing to the wider audience at AAIC.

Another suggestion was to focus on drug studies (from preclinical research through the full stage of development). F Randall mentioned some possibilities for this and that were interesting presentations in Copenhagen.

We could also develop an FRS symposium with other groups e.g. novel methods for diagnosis, or drug development.

As a group we could also consider topics that of interest to the public as well, when considering the possibility of FRS acceptance.

All options need to be explored further and our FRS submission planned early.

A query was raised whether a list is available detailing who the reviewers for the FRS submissions? Association staff confirmed that members of the AAIC Scientific Program Committee and the Chair and Vice Chair of the ISTAART Advisory Committee review FRS submissions.

A point was also made about the possibility of developing EPIA symposia and presentations for other meetings e.g. Clinical Trials on Alzheimer's Disease (CTAD). Neuronetrix could potentially lead on a meeting initiative at CTAD this year.

## **VII. White paper(s)**

Possibilities for white papers were discussed.

### **Option 1: Electrophysiological applications for pharmaceutical development in Alzheimer's disease.**

This could contain information on the possible applications of ERP/EEG as translatable biomarkers, on the (early) detection of AD for patient inclusion in clinical trials, and on markers of disease staging as outcome measures in drug trials. Relevant research could be included as well as suggestions for future directions (areas that are urgently in need of further investigation). Content displayed at the EPIA day in Copenhagen could be included within. Description of the use of electrophysiological methods to bridge the gaps in drug development would be useful.

### **Option 2: Electrophysiological methods to assist early diagnosis of Alzheimer's disease.**

This paper could focus on the possible applications of ERP/EEG to provide support for the early diagnosis of AD, for MCI classification (e.g. subtypes, and who will convert to AD) (feedback was also made previously to include research focusing on the early exogenous stages, late endogenous and motor stages of impairments in information processing), and on differential diagnosis of the dementias. The relevant research studies in this area could be provided within as well as future directions and areas worthy of further exploration. Members also appeared to hold different views about the utility of electrophysiological methods in providing support for diagnosis.

K Johnsen described the possibility of a joint drive of the EPIA group to have electrophysiological methods accepted more widely (and described issues with regulatory bodies). A recent review article on Dementia with Lewy Bodies was flagged

during the meeting – suggesting that electrophysiological methods might become indicative for this disease process, rather than supportive.

The AA representative at the business meeting highlighted the new AA journal (“Alzheimer's & Dementia: Translational Research & Clinical Interventions”) for translational research. A suggestion was also made that a representative from a pharmaceutical company could potentially write a companion editorial to any article published by the EPIA group (if relevant).

Further discussion is needed via follow-up conference call. We could focus on one or more of these areas through a group or subgroups to start initial development. A skeleton document(s) to be created in the first instance.

### **VIII. Future directions & Goal planning**

One member raised that in a recent check (from approximately 2009-2014 [599 projects]) no projects using involving EEG/ERP/electrophysiology methods appeared to be funded through AA grant support. On the website the AA list “EEG and diagnosis of AD” as a research thread which they do support. This funding might therefore be a useful target for grant submissions.

NIA were suggested by group members as a key funding body to target grant applications.

### **IX. Any other business**

NA