Minutes: Deborah Gustafson


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1. The Vascular PIA is the 2nd largest PIA after ‘Neuroimaging’ despite its short history, suggesting a high interest in vascular factors in the dementia research community; Vascular factors are a focus of 3 AAIC2016 sessions: global AD session, Atticus/Donna’s session on molecular mechanisms, and Hachinski/Knopman session: Can we prevent stroke and dementia together? Vascular risk factors also feature in many other oral sessions and posters.
   a. There is an increasing # of posters on vascular factors or aspects of dementia which would benefit from being tagged as “vascular” to allow delegates better access
   b. It would be beneficial for the various PIAs to collaborate on shared topics of interest
2. Current PIA Membership Roster – while the membership is large, there is a limited number of researchers actively involved in the PIA. We should use the roster this to uncover those who are not yet actively involved, but could be.
3. ISTAART/PIA Membership Data – shared
4. PIA Annual Report, prepared by D Gustafson, with input from other members, was discussed
5. PIA elections - PIA Admin Questions were raised
   a. Should elections take place?
   b. How much formalization should occur?
   c. We need to involve junior researchers.
   d. Should we create a steering committee with a Chair and co-Chair?
   It was suggested by V. Hachinski that the VASCOG chair should be co-opted into the role of the PIA chair as well, and elections may not be necessary. There was support for this suggestion but it was pointed out that the vascular PIA serves the interests of its members and is separate from VASCOG, hence whilst the 2 organizations should work together, they are independent.
   Given the increasing membership and interest in the vascular PIA, it was generally agreed that a formal process for elections and posts should be implemented
6. Special session on silent stroke and dementia – accomplished at the PIA meeting in Toronto at the AAIC 2016 with four speakers. This was very well received.
7. A brief update on STROKOG was also presented at the PIA meeting by P. Sachdev, with more details to follow at the VASCOG meeting in Amsterdam in Oct 2016.
8. The new initiative - HARNESS – funded by the JPND and lead by Eric Smith (Canada) was mentioned.

9. There was discussion on the RFA from the NINDS on ‘vascular risk factors in neurodegeneration’ and whether the PIA could be involved in this. The results of the RFA are expected in 3-4 months, at which time the PIA chair will communicate with the project office on this RFA.

10. Plan new membership initiatives

11. Discuss future initiatives within AAIC

   a. Planning a pre-conference meeting at the AAIC 2017 in London July 2017 (proposal pending)
   b. Possibility of a joint meeting with one or more PIAs with overlapping interest
   c. How can the Vascular PIA inform preclinical models?
   d. How can vascular disease be addressed by PH measures?
   e. Do not ignore low-tech measures
   f. Question: How should the Vascular PIA develop more initiatives?
      i. E.g., address: new methods of measuring central and peripheral vascular function (Gustafson)
   g. Potential topic area: Effect of stress on TIAs/vasculature; comment: this could be an inter-PIA topic area
   h. Next year: take advantage of ‘locals’, e.g., those in UK to plan for activities (Raj has volunteered to organize pre-conference meeting; Atticus has offered to propose PIA)
   i. We discussed writing a piece/pieces for the AA journals: Alz Dem; What should our focus be? Reviews, original research pubs, etc. Journals include:
      i. AlzDem
      ii. AlzDem: Translational Research & Clinical Interventions
      iii. AlzDem: Diagnosis, Assessment and Disease Monitoring
   Deb has proposed a special issue
   j. NINDS will issue an RFA to gather studies that have measured small vessel disease/VCID. The RFA will be published in ca 4 months; PIs and centers will be informed; webinars will be conducted
   k. Comment: we need performance-based measures, quantification of techniques for comparisons across studies
   l. Increase the role of students: One comment from the meeting was that it wasn’t clear why you would want students to participate? Perhaps having a clear idea in mind about what their role would be and how they can participate would help with getting more students to join in. How can they contribute and add value to the group?
   m. Exploit NIH Methods Development Initiatives among those who can
   n. HARNESS – described by Eric, a program funded by the Joint Program on neurodegeneration; looking at SVD on MRI; will result in downloadable MRI protocols, harmonization of MRI reads; they will beta test a website by May or June
      i. Next PIA newsletter, Atticus, Perminder, Eric will summarize

12. Vladimir Hachinski stated that we should:
   “Publish a set of papers along with the theme of shaping our future. I am calling this approach "Previews." By this I mean articles that we would review briefly in a particular area and would look at three areas: 1. What do we know? 2. What don't we know and 3. How do we find out the knowledge that is lacking?”
Following the publication of these articles, it may be desirable to have a meeting co-sponsored by the NINDS. You may also want to record the fact that Heather Snyder suggested that one way in which the Alzheimer Association and Vas-Cog could collaborate is to identify actionable items in the Proclamation (attached) and act on them.”

It was also emailed, post-meeting, that a survey of Vascular PIA members be conducted to determine their needs, etc. In fact, this is something for ALL PIAs.

**Post-meeting Decisions/Action Items:**

Atticus and other local organizers, in consultation with the current leadership of the Vascular PIA, will plan the London Vascular PIA meeting.

A special issue of DADM is planned for assembly in 2016-2017.

Updating the PIA website

Moving forward with a more formalized leadership plan. Discussions and gathering of input are ongoing.