



A Message from the Center Director

MADRC Longitudinal Cohort

We have reached our goal of having almost 600 individuals in the study, which is our share of the over 12,000 participants at over 25 centers nationwide. At a recent meeting of the Centers in Salt Lake City, 4 centers were singled out for success in having their participants return year after year - a critical feature in a multiyear project - and we were at the top! We were called to ask how we were managing



samples already and we're going strong. Thank you for (literally) rolling up your sleeves to help!

At the second and later research visits, we also ask participants to consider another affiliated research study that will tell us ultimately and finally if all the tests we're doing - memory tests, clinical exam, MRIs, blood tests and so forth - were right or wrong. This "final exam" is examining the brain itself, after death. The MGH has an active brain donation program, and we ask those individuals who are

Our Research Participants rate among the highest in the country for their continued participation in the Longitudinal Cohort!

to do so well, and we replied, two reasons - a FANTASTIC group of participants committed to join us in understanding aging, disease, and memory problems, and a wonderful staff headed by Jeannette Gunther, who seems to know just what to do. So thank you, everyone!

For most of the group, we are now in the second year of the study, and it is going along as well as anyone could have hoped. We've expanded the study in the last few months to include a Biomarker effort, winning major support for this initiative from the Harvard Neurodiscovery Center. This initiative aims to explore blood chemicals and genetic markers for potential signs of health and disease. We have collected over 250 blood

comfortable with the idea and willing to discuss it with their families to sign up with an advanced directive or "intent" to donate. Of course, we hope that these forms never come to use, but if one of our participants passes away, brain tissue can be used in important research for decades to come. These are the kinds of studies that we hope will lead to a better understanding of diseases like Alzheimer's that affect memory and ultimately to better treatments and preventive strategies.

We thank you for your participation in our ongoing clinical research, and for considering these additional important studies as they become available.

Dr. Brad Hyman



K'linical K'aleidoscope

...Reflections with Clinical Science Investigator

Anand Viswanathan, MD, PhD

You come from a cross-cultural background.

Tell us more about that and how you came to MGH. Anand: I was born and raised in California but have worked in Boston for eight years. My background is quite cross-cultural. My parents are of Indian origin. I have also spent a lot of time

in France and speak French fluently. After completing an M.D. Ph.D. at Emory University, I completed my residency training and specialty fellowship in Neurology in the Partners Neurology Program (at MGH and Brigham and Women's Hospital). In 2006 I became a faculty member in the dept. of Neurology at MGH.

What kinds of clinical & research activities interest you? Does your current research affect the people you treat in your clinic? Anand: I am particularly interested in the influence of vascular risk factors and silent strokes on ***cognitive impairment*** and ***dementia***. I am an active member of both the MGH Stroke Service and the MGH Alzheimer's Disease Research Center (ADRC), seeing patients in both the stroke and memory disorders outpatient clinics. My particular interest and clinical research focus also extends to patients with a combination of both Alzheimer's disease and underlying ***cerebrovascular disease***. Our clinical research program focuses on cerebral small vessel diseases of the brain, which, through strokes can lead to cognitive impairment and ***vascular dementia***. We have also recently begun studies to investigate the role of cerebrovascular disease and silent strokes in patients with Alzheimer's disease.

We heard that you'd spent a year in the "City of Lights", Paris, not too long ago! What did you do there? How does research "across the pond" compare to that in the United States? Anand: I pursued a clinical research fellowship in ***vascular dementia*** at Hôpital Lariboisière in Paris in 2005. This research investigates the ***neurologic*** and ***imaging*** aspects of CADASIL, a disorder which causes migraines and strokes at an early age, cognitive impairment and dementia. We investigated the impact of silent strokes and brain lesions on cognition and disability in people with the disease. Since then, our group has established a long-term collaboration with these colleagues in France in order to study the neurologic and neuroimaging aspects of CADASIL and other small vessel diseases of the brain.

Although there are aspects of the medical system that are different in France compared to the US, in many ways the research and clinical care of patients resembles what one sees in the States. There are important differences, however, and it is our hope that ongoing collaboration will give young researchers both in Boston and Paris exposure to another system of healthcare.

Which individuals have been most inspiring to you or your work? Anand: I am influenced and inspired in small ways by many people that I meet on daily basis, including patients and people I work with. Marie-Germaine Bousser, my French colleague who described the first CADASIL family is tremendously inspiring at both the professional and personal level. Her strong passion for medical research and education as well as her deep commitment to high-quality patient care is incredibly vital to medicine and should serve as a model to everyone in our profession.

Lastly, tell us something about your personal interests that most of us do not know, & that you're willing to share! Anand: I tend to read broadly and have many interests. I am currently very interested in city planning and Danish architecture.

GLOSSARY: All of the words in Dr. Viswanathan's answers which are **highlighted**, are defined in the **Glossary of Terms** on the back page of this newsletter.

CONVERSATIONS OVER COFFEE BEANS

with

Jeanette M. Gunther, MS

Clinical Coordinator, Longitudinal Cohort



Tell us about your start here at MGH.

Jeanette: I started to work at MGH, in this same department, many years ago. It was my first exposure to research. All my previous work experiences were more clinical. It took me a while to understand the differences between the two. But what I liked about my position then, and what I still like about it, is that it combines aspects of both research and clinical responsibilities. It makes for a very varied and dynamic work day!

You've just celebrated your 25th work anniversary at MGH. Congratulations! How did some of your first positions prepare you for your current position at MGH?

Jeanette: Before I came to MGH, I worked with special needs children in a public school setting and then with chronically mentally ill adults. At MGH, I've worked with older adults, some of whom have cognitive impairments. All of these experiences have helped me better understand how to help people who have a variety of needs.

Describe some of the roles & responsibilities you've experienced at MGH, and "highlights" from your career.

Jeanette: When I first started at MGH, the office was small and I did a variety of things. Since then, the research has grown tremendously and my responsibilities are now focused on overseeing day-to-day issues with the research and ensuring that our research volunteers have a successful experience in the study. I enjoy working with people who participate in our study, my co-workers and the

physicians. Some of our research volunteers are amazing and have been a real inspiration to me!

Have there been challenges during your career path? Would you be willing to share some important lessons learned with our readers?

Jeanette: Yes, there have been challenges. One of the lessons I learned was not to promise what you can't deliver and to follow through with what you said you'd do. It's easy to want to "solve all the problems" but sometimes that's not doable. However, there are always some things, even little things that you can do to make the experience better for someone.

What are your future goals for our Longitudinal Cohort of research subjects?

Jeanette: My goals are to have all our subjects feel that they are an important part of our study (which they are!), to have their visits with us be pleasant and rewarding, and to let them know how much they help us. Without their participation over the years, we would not have learned as much as we have about memory and the brain.

Tell us something about your personal interests that most of us do not know, & that you're willing to share!

Jeanette: Outside of work, I volunteer for cancer-related causes, including Relay for Life. I'm also a big Boston sports fan!!

Editor's Note: Questions adapted from Partners HealthCare Finance Intranet Site.

IF YOU ARE ALREADY ENROLLED AS A MEMBER OF THE LONGITUDINAL COHORT, you may call **Jeanette Gunther, MS, the clinical coordinator**, if you have any questions or concerns, or just so she can tell you how much we appreciate your partnership in this important research. **You can reach Jeanette at: 617-726-5571.**



THE NEWSLETTER OF THE MASSACHUSETTS ALZHEIMER'S DISEASE RESEARCH CENTER

Bradley T. Hyman, M.D., Ph.D.

*John B. Penney, Jr. Professor of Neurology
Program Director*

John H. Growdon, M.D.

*Professor of Neurology
Founding Director*

Massachusetts General Hospital

WACC 720 15 Parkman Street
Boston, MA 02114
For information on
Current Research Studies
call 617-726-0970 or
617-724-6721

Longitudinal Cohort Study

Gerontology Research Unit
MGH East, Charlestown Navy Yard
149-2691 13th Street, Suite 2690
Charlestown, MA 02129-2000
Contact: Jeanette Gunther, MS
Clinical Coordinator, 617-726-5571

Website: www.madrc.org

The Massachusetts Alzheimer's Disease Research Center (ADRC) was established in 1984 with funding from the National Institute on Aging. Now in its 25th year of operation, the ADRC is a multi-institutional consortium of Harvard affiliated facilities, including the Massachusetts General Hospital; the Brigham & Women's Hospital; the Harvard Division on Aging; the Institute for Aging Research at Hebrew SeniorLife and the Massachusetts Institute of Technology.

Each institution supports research in Alzheimer's Disease and has a proven record of excellence. By joining together, we amplify existing research facilities and accelerate the pace of understanding and the treatment of AD.

The staff and programs of the **Massachusetts Alzheimer's Disease Research Center** and **Massachusetts General Hospital Memory Disorders Unit** are dedicated to research on Alzheimer's disease, and improving the well-being and quality of life of our patients and their families.

GLOSSARY OF TERMS

Cerebrovascular disease is a group of brain dysfunctions related to disease of blood vessels supplying the brain. Untreated high blood pressure is one of the major causes of damage to these blood vessels.

Cognitive Impairment Changes in the parts of the brain which control the ability to think, remember and reason, and the ability to carry out the tasks of daily living.

Dementia is the progressive decline in cognitive function due to damage or disease in the body beyond what might be expected from normal aging. Of the many causes of dementia, Alzheimer's Disease and vascular dementia are the most common.

Imaging Medical imaging refers to the techniques and processes used to create images of the human body for clinical purposes, (to reveal, diagnose or examine disease). Familiar imaging procedures include Xray, MRI, PET and other types of "scans".

Neurologic refers to neurology, a medical specialty dealing with disorders of the nervous system, including the diagnosis and treatment of all categories of disease involving the central, peripheral, and autonomic nervous systems. Physicians who specialize in neurology are called neurologists, and are trained to investigate, or diagnose and treat, neurological disorders.

Vascular Dementia The term refers to a group of syndromes caused by different mechanisms, including strokes, all resulting in vascular lesions in the brain.

To learn more about the clinical trials or research studies being conducted at our affiliated program at the Brigham and Women's Hospital, please contact Meghan Frey, research coordinator Tel: 617-732-6388; mfrey1@partners.org