

## **SEA-AD Cohort Information**

Brain specimens were obtained from the Adult Changes in Thought (ACT) Study and the University of Washington Alzheimer's Disease Research Center (ADRC).

The study cohort includes all ACT precision rapid autopsies and UW ADRC Clinical Core autopsies, with exclusion of those with a diagnosis of frontotemporal dementia (FTD), frontotemporal lobar degeneration (FTLD), Down's syndrome, amyotrophic lateral sclerosis (ALS) or other confounding degenerative disorder (not including Lewy Body Disease or uVBI). The cohort also excludes any that tested positive for COVID-19. The cohort represents the full spectrum of Alzheimer's disease severity.

The Adult Changes in Thought (ACT) Study is a community cohort study of older adults from Kaiser Permanente Washington (KPW), formerly Group Health, in partnership with the University of Washington (UW). The ACT study seeks to understand the various conditions and life-long medical history that can contribute to neurodegeneration and dementia and has been continuously running since 1986, making it the longest running study of its kind. In 2005, ACT began continuous enrollment with the same methods to replace attrition from dementia, dropout, and death, ensuring a consistent cohort of  $\geq 2,000$  at risk for dementia. Total enrollment is nearing 6,000, with over 1,000 incident dementia cases; more than 900 have had autopsies to date with an average rate of approximately 45-55 per year. The study completeness of follow up index is good, ranging between 95 to 97%. Subjects are invited to enroll at age 65 by random selection from the patient population of KPW Seattle and undergo bi-annual study visits for physical and mental examinations. In addition to this study data, the full medical record is available for research through KPW. Approximately 25% of ACT autopsies are from people with no MCI or dementia at their last evaluation; ~30% meet criteria for MCI, and ~45% meet criteria for dementia. Thus, the ACT study provides an outstanding cohort of well-characterized subjects with a range of mixed pathologies including many controls appropriate for studies proposed for this Center. Approximately 30% of the ACT cohort consents to brain donation upon death, and tissue collection is coordinated by the UW Biorepository and Integrated Neuropathology (BRaIN) lab, which preserves brain tissue for fixed, frozen, and fresh preparations, as well as performing a full post-mortem neuropathological examination and diagnosis by certified neuropathologists using the NIA-AA criteria.

The University of Washington Alzheimer's Disease Research Center (ADRC) has been continuously funded by NIH since 1984. It is part of a nationwide network of Alzheimer's disease research resource centers funded through the NIH's National Institute on Aging (NIA) and contributes uniquely to this premier program through its vision of precision medicine for AD: comprehensive investigation of an individual's risk, surveillance with accurate and early detection of pathophysiologic processes while still preclinical, and

interventions tailored to an individual's molecular drivers of disease. Patients enrolled in the UW ADRC Clinical Core undergo annual study visits, including mental and physical exams, donations of biospecimens including blood and serum, and family interviews. The UW ADRC is advancing understanding of clinical and mechanistic heterogeneity of Alzheimer's disease, developing pre-clinical biomarkers, and, in close collaboration with the ACT study, contributing to the state of the art in neuropathological description of the disease. For subjects who consent to brain donation, tissue is also collected by the UW BRaIN lab, and is preserved and treated with the same full post-mortem diagnosis and neuropathological work up as described above.