Editorial

Christin Nance, B.A, and Sarah Banks, Ph.D., recipients of the 2019 Alzheimer Award

The Journal of Alzheimer's Disease (JAD) is pleased to announce that Christin Nance, B.A, and Sarah Banks, Ph.D. are joint recipients of the 2019 Alzheimer Award. The award is presented by the journal in recognition of Christin Nance, Dr. Sarah Banks, and colleagues' groundbreaking article "The Pathology of Rapid Cognitive Decline in Clinically Diagnosed Alzheimer's Disease" (Nance et al., *J Alzheimers Dis* **70**, 983–993, 2019). It is freely available to everyone to read, download, and share. The 2020 award is proudly sponsored by IOS Press (www.iospress.com).

Christin Nance, BA Psychology Christin Nance earned her undergraduate degree in Psychology in 2015 at the University of Nevada, Las Vegas, where she conducted research on the psychophysiology of emotion and personality. Subsequently, she joined the Cleveland Clinic Lou Ruvo Center for Brain Health as a research coordinator and Certified Specialist in Psychometry (CSP), working with the neuropsychology team, including Sarah Banks, PhD, Justin B. Miller, PhD, and Jessica Z.K. Caldwell, PhD, as well as the Center's Director of Clinical Trials, Aaron Ritter, MD. Most notably, she coordinated novel investigations of the GE-180 PET ligand under a Centers of Biomedical Research Excellence (COBRE) grant funded by the National Institutes of Health (NIH) and the National Institute of General Medical Sciences (NIGMS). Her efforts were instrumental in obtaining the GE-180 Investigational New Drug (IND) license under Federal Drug Administration (FDA) approval, facilitating research on the relationship between neuropsychology test scores and biomarkers of inflammation in patients with Alzheimer's disease and Parkinson's disease. In 2019, she joined the technology/health start-up Ready Responders and now provides clinical patient care at a Las Vegas homeless shelter during the SARS CoV-2 pandemic.

Sarah Banks, PhD Dr. Sarah Banks is a board-certified neuropsychologist, and Associate Professor of Neurosciences and modifiable risk factors in Alzheimer's disease. Dr. Banks earned her BSc in Psychology at the University of Edinburgh in her native UK, then her PhD at Northwestern University's Feinberg School of Medicine, before completing her postdoctoral fellowship at the Montreal Neurological Institute, part of McGill University. She then moved back to the US in 2011 to initiate the Cleveland Clinic Lou Ruvo Center of Brain Health's Neuropsychology Program in Las Vegas, NV. She led this program through its expansion before joining the team at UC San Diego in 2018 where she continues her research combining imaging, cognition and genetics of AD, in addition to directing the neuropsychology program of a new multidisciplinary memory disorders clinic. Her clinical and research focus is Alzheimer's disease and related disorders. She has a particular interest in better understanding how cognitive measures and biomarkers correspond to pathology, and how factors including sex impact these relationships, as well how we can adjust lifestyle factors to mitigate risk of cognitive decline.

IMPORTANCE OF PUBLISHED ARTICLE

One of the challenges in managing Alzheimer's disease (AD) is the variable rate of cognitive decline among patients. Individuals diagnosed with AD who experience rapid cognitive decline (RCD) are associated with worse functional outcomes and a higher mortality rate than those with normal rates of cognitive decline (NCD). There is no current consensus on the baseline risk factors for RCD in AD, warranting further exploration.

In "The Pathology of Rapid Cognitive Decline in Clinically Diagnosed Alzheimer's Disease" (*J Alzheimers Dis* **70**, 983–993, 2019), Nance C, Ritter A, Miller JB, Lapin B, and Banks SJ, investigate the demographic, clinical, and pathological differences between RCD and NCD in AD. Data on individuals with clinically-diagnosed AD, taken from the National Alzheimer's Coordinating Center (NACC) Uniform Data Set (UDS), are compared with autopsy data from the NACC Neuropathology Data Set (NP). To the authors' knowledge, this is the largest autopsy sample studied for defining clinical characteristics and variables of cognitive status in RCD.

The central findings of the study suggest that individuals with RCD had a more severe pathological signature than those with NCD: higher prevalence of comorbidities; more severe cerebral amyloid angiopathy; more diffuse neocortical Lewy bodies; and greater gross lobar atrophy. Despite similar baseline Mini-Mental Status Examination scores, individuals with RCD had lower baseline neuropsychology test score in domains of language and memory (WMS Logical Memory Immediate Recall, Animal naming, Boston Naming Test) as well as executive functioning (Trails B and WAIS-R Digit Symbol). In contrast with previous research, none of the demographic factors observed differed significantly between groups in this sample, but limitations noted in the paper suggest that further research is necessary to better capture the early profile of patients most likely to experience RCD.

REFERENCE

[1] "The Pathology of Rapid Cognitive Decline in Clinically Diagnosed Alzheimer's Disease" (*J Alzheimers Dis* **70**, 983-993, 2019), Nance C, Ritter A, Miller JB, Lapin B, and Banks SJ.