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Editorial Announcement

2013 Alzheimer Award

Each year, the Associate Editors of the journal select the best article from the previous year's volumes. The awardee is presented the Alzheimer Medal, a 3″ bronze medal with the likeness of Alois Alzheimer, and a USD7,500 cash prize. This award is made possible by the generous support of IOS Press.

2013 Awardee

Ineke van Rossum, M.D.

Ineke van Rossum studied Medicine at the University of Amsterdam in the Netherlands. After obtaining her medical degree, she worked as a resident at the Neurology department of Medical Center Alkmaar. From March 2009 until April 2013, she worked as a PhD student at the Alzheimer Center of the VU University Medical Center in Amsterdam. Under supervision of Dr. Pieter Jelle Visser and Prof. dr. Philip Scheltens, she studied the use of cerebrospinal fluid and MRI biomarkers for the diagnosis and prognosis of Alzheimer's disease in subjects with mild cognitive impairment. In April 2013 she started her specialist registrar training at the Neurology Department of the VU University Medical Center.

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Importance of Published Article

Now that it is possible to diagnose Alzheimer's disease (AD) in subjects with mild cognitive impairment (MCI) using biomarkers, it is increasingly important to identify prognostic markers, especially for the rate of progression to dementia. The findings described in the paper "Injury markers but not amyloid markers are associated with rapid decline from mild cognitive impairment to Alzheimer's disease type dementia" (*J Alzheimers Dis* **29**, 319-327, 2012) implicate a different role for biomarkers in the diagnosis and prognosis of subjects with mild cognitive impairment due to Alzheimer's disease (AD).

The main finding of the study was that in MCI subjects who all progressed to AD-type dementia, injury markers, t-tau and p-tau in cerebrospinal fluid (CSF), and hippocampal atrophy, but not CSF Aβ1-42, predicted rapid cognitive decline. In the total sample of MCI subjects, both amyloid and injury markers were associated with progression to AD-type dementia. These findings suggest that the diagnostic work-up of subjects with MCI may have a two-step approach. First, amyloid markers can be used to define whether prodromal AD is present. Second, injury markers could be used to determine prognosis. These results may also be relevant for trial design, as injury markers may help to select MCI subjects with more rapid cognitive decline, thereby reducing sample size and trial costs.