

External Validation of Joint Propagation Model-Based Tau PET CenTauR units

Alexis Moscoso Rial,^{1,2} Antoine Leuzy^{2,3}, Lars Lau Raket^{4,†}, Victor L Villemagne^{5,6,7}, Gregory Klein⁸, Matteo Tonietto⁸, Emily Olafson⁹, Suzanne Baker¹⁰, Ziad S Saad¹¹, Santiago Bullich¹², Brian Lopresti¹³, Sandra Sanabria Bohorquez⁹, Olivia Lutz⁹, Mercè Boada^{14,15}, Tobey J Betthausen^{16,17,18}, Arnaud Charil¹⁹, Emily C Collins⁴, Jessica A Collins²⁰, Roger N Gunn²¹, Makoto Higuchi²², Eric Hostetler²³, R Matthew Hutchison²⁰, Leonardo Iaccarino⁴, Philip S Insel²⁴, Michael C Irizarry¹⁹, Clifford R Jack Jr²⁵, William J Jagust²⁶, Keith A Johnson^{27,28}, Sterling C Johnson^{16,17,18}, Yashmin Karten², Marta Marquie^{14,15}, Sulantha Mathotaarachchi³, Mark A Mintun⁴, Rik Ossenkoppele^{29,30}, Qi Huang³¹, Xiaxie Mao³¹, Johannes Gnörich^{32,33}, Ioannis Pappas³⁴, Ronald C Petersen³⁵, Konstantinos Chiotis³⁶, Gil D Rabinovici^{37,38}, Pedro Rosa-Neto^{39,40}, Christopher G Schwarz²⁵, Ruben Smith^{30,41}, Andrew W Stephens¹², Alex Whittington⁴², Maria C Carrillo⁴³, Michael J Pontecorvo⁴, Samantha Budd Haeberlein³, Billy Dunn⁴⁴, Hartmuth C Kolb³, Diane Stephenson², Nadine Tatton², Matthias Brendel^{45,46,47}, Fang Xie³¹, Christopher C Rowe^{6,7,48}, Oskar Hansson^{30,41}, Vincent Doré^{7,49}

Background

- Tau PET imaging** enables *in vivo* quantification of tau pathology in Alzheimer's disease and is increasingly used in clinical trials for staging and outcome assessment.
- Variability in tracers, acquisition, and processing complicates comparisons of tau PET results across studies and trials.
- The **CenTauR approach**, recently developed by the CPAD Consortium, provides a standardized framework to harmonize tau PET quantitative metrics.

Aim

- To explore the validity of the CenTauR harmonization approach for tau PET in independent datasets.

Methods

- We analyzed **head-to-head (n=118)**, **anchor point (n=368)**, and **test-retest (n=65)** tau PET datasets (Leuzy *et al.*, *Alzheimers Dement.* 2024) covering five radiotracers: [¹⁸F]flortaucipir, [¹⁸F]MK-6240, [¹⁸F]PI-2620, [¹⁸F]GTP-1, and [¹⁸F]RO948, to develop the **CenTauR harmonization approach**.
- SUVRs were computed using a standardized quantification pipeline**, based on the Centiloid framework and predefined CenTauR ROIs (Villemagne *et al.*, *Alzheimers Dement (Amst).* 2023) (**Fig. 1A**).
- The **Joint Propagation Model (JPM)** (Leuzy *et al.*, *Alzheimers Dement.* 2024, **Fig. 1B**)— updated to account for tracer-specific variability in the CenTauR scale—was used to derive linear equations for converting SUVRs into CenTauR units.
- External validation of JPM-based conversion equations was conducted using **three matched cohorts (N = 535 per cohort, 1:1 based on age, clinical diagnosis, and Aβ status,) scanned with 3 different radiotracers**: [¹⁸F]flortaucipir (ADNI, A05, SCAN), [¹⁸F]MK-6240 (CPAS, SCAN), and [¹⁸F]PI-2620 (HABS-HD, LMU, SCAN) (**Table 1**).
- Tau PET positivity frequencies**, established with binary (meta-temporal ROI) or staging-based (mesial-temporal and temporoparietal ROIs, Jack *et al. Alzheimers Dement.* 2024) approaches, were compared across the cohorts to assess the robustness of CenTauR harmonization.

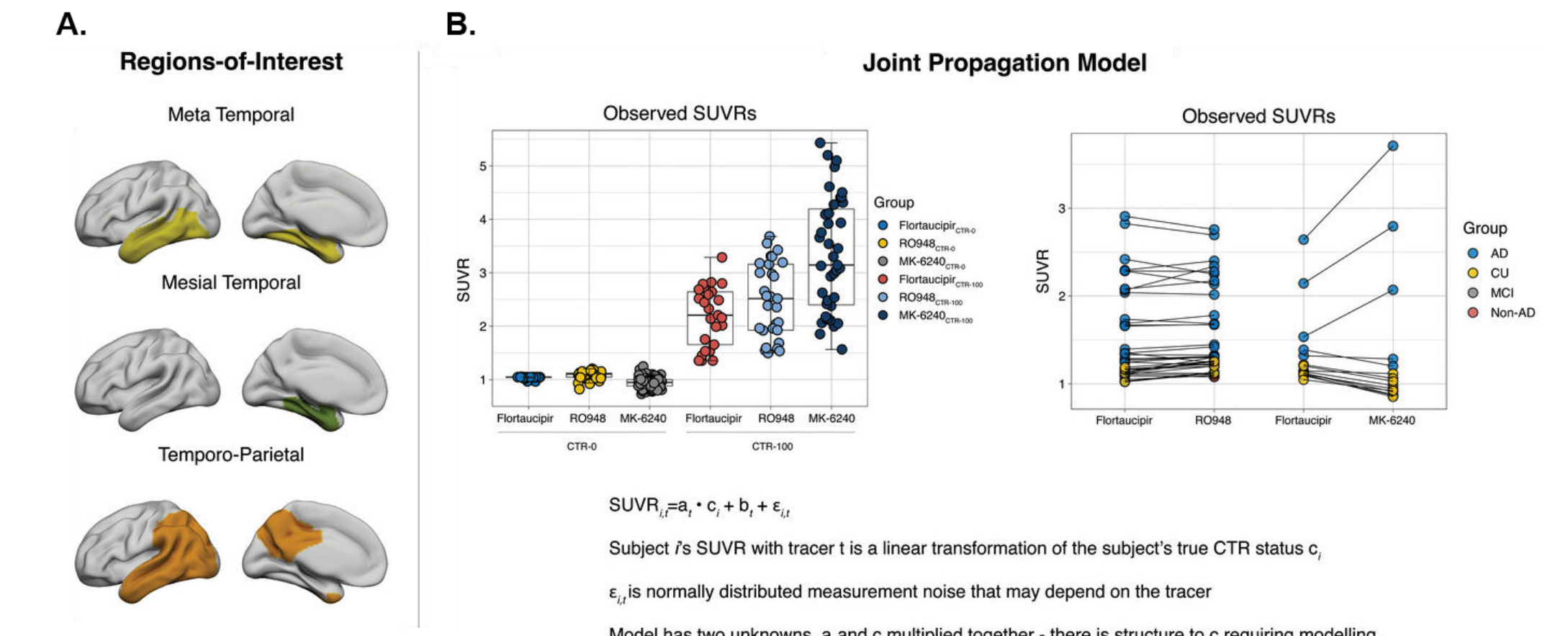


Figure 1. A) Surface-based projections of the CenTauR regions of interest ROIs (Villemagne *et al.*, *Alzheimers Dement (Amst).* 2023). **B)** Schematic of the Joint Propagation Model (JPM) for between-tracer harmonization of tau PET SUVR data.

	Cognitively Unimpaired			Cognitively Impaired (MCI or AD dementia)		
	[¹⁸ F]Flortaucipir (ADNI, A05, SCAN)	[¹⁸ F]MK-6240 (CPAS,SCAN)	[¹⁸ F]PI-2620 (HABS-HD, LMU, SCAN)	[¹⁸ F]Flortaucipir (ADNI, A05, SCAN)	[¹⁸ F]MK-6240 (CPAS,SCAN)	[¹⁸ F]PI-2620 (HABS-HD, LMU, SCAN)
N	412	412	412	123	123	123
Age	69.9 (6.4)	69.3 (6.9)	69.0 (7.0)	72.7 (8.0)	72.1 (7.8)	72.4 (7.9)
Aβ-positive N, (%)	75 (18%)	75 (18%)	75 (18%)	112 (91%)	112 (91%)	112 (91%)

Table 1. Characteristics of the participants from the matched external cohorts used for validation of CenTauR harmonization.

Results

- We chose a meta-temporal ROI cut-off of 17.4 CenTauRs for binary classification, based on ROC analysis distinguishing visually positive vs. negative cognitively impaired individuals using the FDA-approved [¹⁸F]flortaucipir method (N=553; ADNI & A05).
- For staging, we defined CenTauR values of 26 (mesial temporal) and 13.9 (temporoparietal) corresponding to 2 CenTauRz, and a 'High' category at 41.6 CenTauRs in the temporoparietal ROI (6 CenTauRz).

- CenTauR harmonization yielded highly consistent tau PET positivity frequencies across Aβ- CU, Aβ+ CU, and Aβ+ CI groups (≤3% difference between tracers; **Fig. 2A**). Compared to a CenTauRz ≥2 cut-off, CenTauR harmonization provided more consistent estimates (**Fig. 2B**).

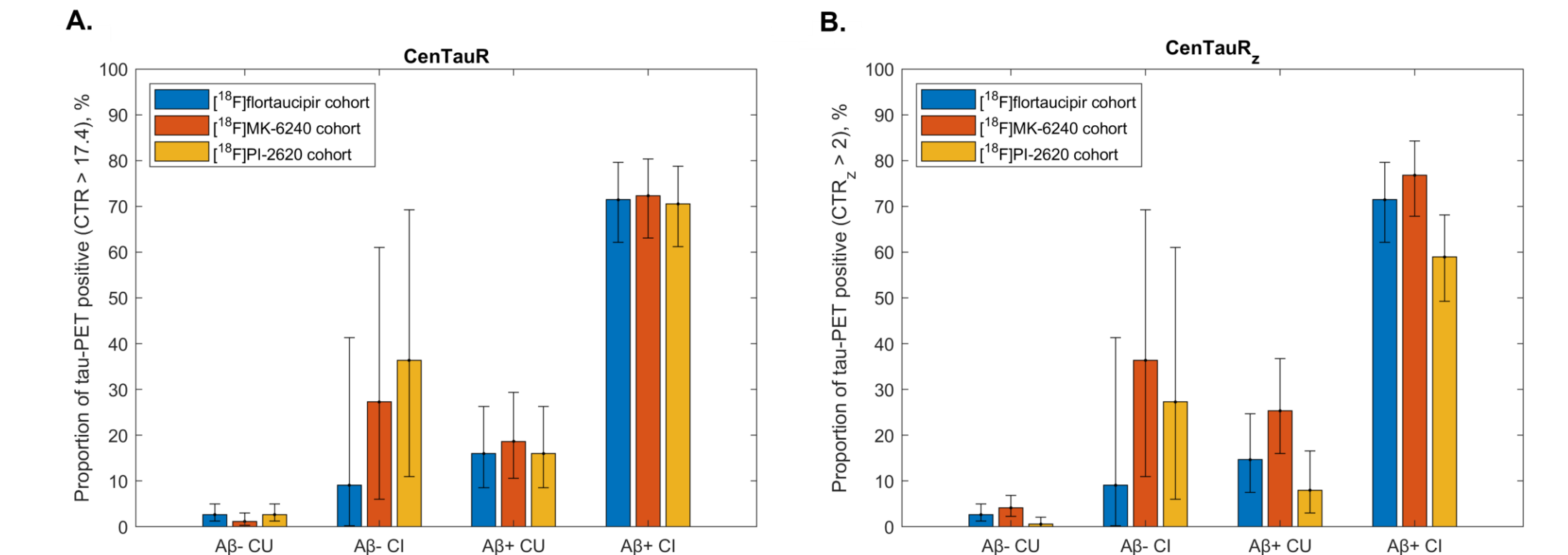


Figure 2. Frequency of tau PET positivity across the different diagnostics groups, as defined using either CenTauR (17.4; panel A) or CenTauRz (2 z-scores; panel B).

- Similarly, CenTauR-based harmonization resulted in highly consistent tau-PET based biological stages of Alzheimer's disease across the different radiotracer datasets (≤ 9% difference between tracers; **Fig. 3**).

Figure 3. Frequency of tau PET positivity across biological stages of Alzheimer's disease.

Conclusions

- External validation in matched cohorts scanned with different tau PET tracers showed consistent CenTauR-based positivity rates, supporting the method's robustness and utility for multi-tracer harmonization in clinical trials.**

Affiliations

¹Nuclear medicine department and Molecular Imaging Group, Instituto de Investigación Sanitaria de Santiago de Compostela, Travesía da Choupana s/n, Santiago de Compostela, Spain; ²Critical Path for Alzheimer's Disease (CPAD) Consortium, Critical Path Institute, Tucson, USA; ³Enigma Biomedical Group, Knoxville, USA; ⁴Eli Lilly and Company, Indianapolis, USA; ⁵Department of Neurology, University of Pittsburgh School of Medicine, Pittsburgh, USA; ⁶Henry Department of Neuroscience, University of Melbourne, Victoria, Australia; ⁷Department of Molecular Imaging & Therapy, Austin Health, Victoria, Australia; ⁸F. Hoffmann-La Roche Ltd, Basel, Switzerland; ⁹Clinical Imaging Group, Genentech, Inc., South San Francisco, USA; ¹⁰Lawrence Berkeley National Laboratory, Berkeley, USA; ¹¹Janssen Research & Development, San Diego, USA; ¹²Life Molecular Imaging GmbH, Berlin, Germany; ¹³Department of Radiology, University of Pittsburgh School of Medicine, Pittsburgh, USA; ¹⁴Alzheimer Center Barcelona, Barcelona, Spain; ¹⁵Networking Research Center on Neurodegenerative Diseases (CIBERNED), Madrid, Spain; ¹⁶Wisconsin Alzheimer's Disease Research Center, University of Wisconsin-Madison School of Medicine and Public Health, Madison, USA; ¹⁷Department of Medicine Division of Geriatrics, University of Wisconsin-Madison School of Medicine and Public Health, Madison, USA; ¹⁸Department of Medical Physics, University of Wisconsin-Madison School of Medicine and Public Health, Madison, USA; ¹⁹Eli Lilly, Inc., Indianapolis, USA; ²⁰Biogen, Cambridge, USA; ²¹Xing Imaging - A Mirco Company, London, UK; ²²Advanced Neuroimaging Center, Institute for Quantum Medicine, National Institutes for Quantum Science and Technology, Chiba, Japan; ²³Merck & Co., West Point, USA; ²⁴Department of Psychiatry and Behavioral Sciences, University of California, San Francisco, USA; ²⁵Department of Radiology, Mayo Clinic, Rochester, USA; ²⁶University of California Berkeley, Lawrence Berkeley National Laboratory, Berkeley, USA; ²⁷Harvard Medical School, Department of Radiology, Boston, USA; ²⁸Gordon Center for Medical Imaging, Massachusetts General Hospital, Boston, USA; ²⁹Department of Neurology, Karolinska University Hospital, Stockholm, Sweden; ³⁰Department of Neurology, Memory and Aging Center, Weill Institute for Neurosciences, University of California, San Francisco, USA; ³¹Department of Radiology & Biomedical Imaging, University of California, San Francisco, USA; ³²Translational Neuroimaging Laboratory, Department of Neurology, Faculty of Medicine, The McGill University Research Centre for Studies in Aging, McGill University, Verdun, Canada; ³³Montreal Neurological Institute, McGill University, Montreal, Canada; ³⁴Memory Clinic, Skane University Hospital, Malmo, Sweden; ³⁵Perceptiv Discovery, London UK; ³⁶Alzheimer's Association, Chicago, USA; ³⁷Senior advisor to CPAD Consortium, Critical Path Institute, Tucson, USA; ³⁸Department of Nuclear Medicine, LMU Hospital, Ludwig Maximilian University of Munich, Munich, Germany; ³⁹German Center for Neurodegenerative Diseases (DZNE) Munich, Munich, Germany; ⁴⁰Munich Cluster for Systems Neurology (SyNergy), Munich, Germany; ⁴¹The Australian Dementia Network (ADNet), The University of Melbourne, Victoria, Australia; ⁴²Health and Biorecurity Flagship, The Australian eHealth Research Centre, CSIRO, Victoria, Australia.

Acknowledgments: Critical Path Institute is supported by the Food and Drug Administration (FDA) of the Department of Health and Human Services (HHS) and is 56% funded by the FDA/HHS, totaling \$23,740,424, and 44% funded by non-government source(s), totaling \$18,881,611. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, FDA/HHS or the U.S. Government. Support is also provided by consortium members, including AbbVie Inc., Biogen Inc., Clario, Eisai, Eli Lilly and Company, F. Hoffmann-La Roche, IXICO plc., Johnson & Johnson Innovative Medicine, Lantheus Inc., Life Molecular Imaging, Merck Sharp & Dohme, Novartis Pharmaceuticals Corporation, TauRx, UCB, Alzheimer's Association, and the Cure Huntington's Disease Initiative (CHDI) Foundation.