On 4 February, Jean attended the Management Group of the Dementia Panel of the European Academy of Neurology.

On 4 and 8 February, Angela attended a Neuronet Task Force meeting.

On 5 February, Gwladys attended the EPF webinar on High Impact Engagements.

On 10 February, Owen attended an online session of EFPIA's Patient Think Tank, focused on developing a conceptual framework for unmet medical need.

On 10 February, Ange and Owen met with Gates Ventures to discuss the data sharing report.

On 11 February, Ana attended a BIOGEN Patient Advocacy Group meeting.

On 12 February, Angela attended a Core Group meeting of the DataSavesLives initiative.

On 15 February, Jean Gwladys and Chris met with Eventsforce to have an exchange on recent updates of their online conference platform.

On 16 February, Jean attended the epidemiology working group of the PAVE project.

On 16 February, Cindy had a call with Janssen to discuss the Clinical Trials Watch.

On 17 February, Cindy participated in the EPAD Scottish meeting.

On 17 February, Gwladys attended the ICCA event "From resilience to revival".

On 19 February, Ana and Kate took part in a planning meeting with bPRIDE project leaders.

On 22 February, the Boards of Alzheimer Europe and of the Alzheimer Europe Foundation met online.

On 23 February, Alzheimer Europe organised a company round table meeting.

On 23 February, Alzheimer Europe and Charité organised a European Parliament workshop "Digital data for dementia research and innovation".

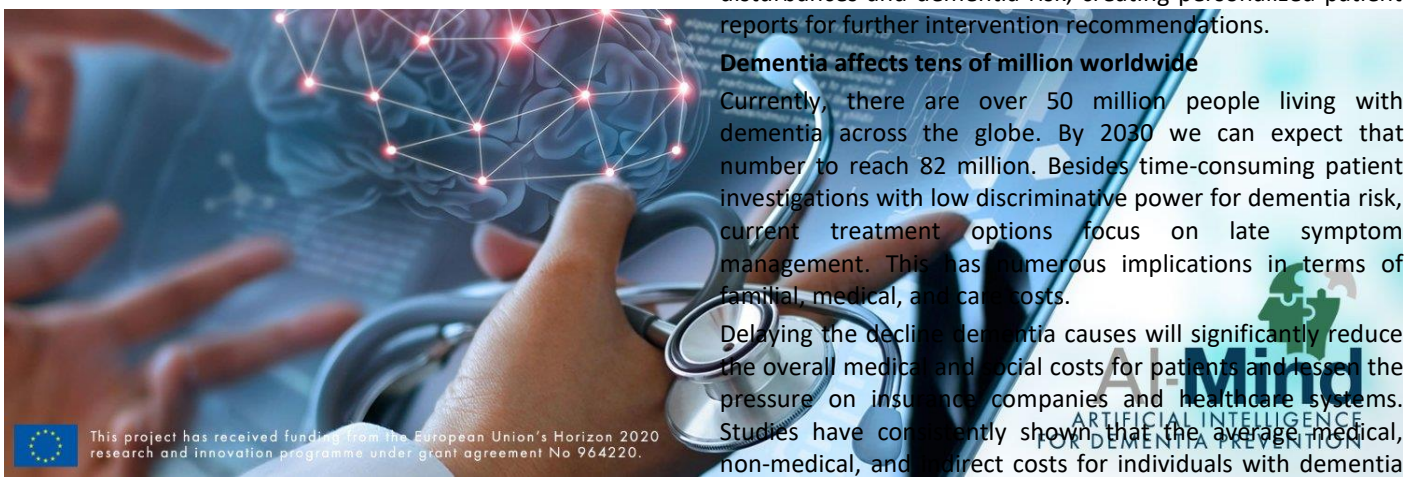
On 24 February, Alzheimer Europe organised a public affairs meetings with its national member organisations.

On 25 February, Dianne took part in the Interdem Virtual Social Health Taskforce meeting.

On 25 February, Ana and Cindy took part in a consultation with the EU-FINGERS Advisory Board.

EU PROJECTS

1 February: New AI-Mind project will focus on artificial intelligence for dementia prevention



AI-Mind is a 5-year project funded by Horizon 2020, with the goal of facilitating a paradigm shift in clinical practice, is starting on March 1, 2021. AI-Mind will create intelligent digital tools for screening of brain connectivity and dementia risk estimation in people affected by mild cognitive impairment.

During its lifecycle, two new artificial intelligence-based digital tools will be developed by AI-Mind. The AI-Mind Connector will identify dysfunctional brain networks, and the AI-Mind Predictor will assess dementia risk using data from the Connector, advanced cognitive tests, and genetic biomarkers. These two tools will be integrated into an intelligent diagnostics platform to identify both brain network disturbances and dementia risk, creating personalized patient reports for further intervention recommendations.

Dementia affects tens of million worldwide

Currently, there are over 50 million people living with dementia across the globe. By 2030 we can expect that number to reach 82 million. Besides time-consuming patient investigations with low discriminative power for dementia risk, current treatment options focus on late symptom management. This has numerous implications in terms of familial, medical, and care costs.

Delaying the decline of dementia causes will significantly reduce the overall medical and social costs for patients and lessen the pressure on insurance companies and healthcare systems. Studies have consistently shown that the average medical, non-medical, and indirect costs for individuals with dementia are higher compared to those without dementia. Many underestimate the overall economic burden of dementia as many non-trivial components of costs, such as direct non-medical costs and indirect costs, are not included in the cost estimates.

AI-Mind enables earlier preventative therapies

The risk of dementia can be reduced by adopting healthy lifestyle habits and managing treatable conditions such as diabetes and high blood pressure. Thanks to the AI-Mind tools,

the time to make a diagnosis, which can take several years with current technologies, could be reduced to only one week. This gives doctors and patients a window for preventive interventions, therapies, and rehabilitation measures early in the course of the disease.

With the currently available technology, many patients receive their diagnosis only after the onset of dementia. As a consequence, there might not be the opportunity to start preventive therapies. For people with mild cognitive impairment (MCI), the dementia risk is almost 30% higher than unaffected individuals. Therefore, we need effective diagnostic tools for early dementia risk assessment and intervention for people with MCI.

The doctor's new best friend: AI

What are now complex, labour-intensive, costly, and poorly predictive screening methods for mild cognitive impairment (MCI) shall be replaced by automated diagnostic screening tools. These are driven by artificial intelligence to address the urgent need for early accurate diagnosis and risk prediction.

About AI-Mind

The Norwegian coordinated AI-Mind project has received substantial funding from the European Union's Horizon 2020 research and innovation program under grant agreement No 964220. AI-Mind is a five-year Research and Innovation Action (RIA) that officially starts in March 2021, with a budget of EUR14 million.

Fifteen project partners, from eight European countries, including academic institutions, medical centres, SMEs and patient organizations, make up the AI-Mind consortium: Tallinn University from Estonia, Aalto University and Helsinki University Hospital from Finland, Oslo University Hospital, BrainSymph AS, DNV-GL, and Oslo Metropolitan University from Norway, Scientific Institute for Research, Hospitalization and Healthcare, San Raffaele Pisana, Neuroconnect Srl, Università Cattolica del Sacro Cuore from Italy, Radboud University Medical Center from the Netherlands, Alzheimer Europe from Luxembourg, Complutense University of Madrid (and Universidad Politécnica de Madrid as third party) and Lurtis Rules from Spain, and accelopment Schweiz AG from Switzerland. AI-Mind is a partner project of DigitalLife Norway. Supporting organisations: CLAIRE and NORA.

https://www.ai-mind.eu/

5 February: DISTINCT project researchers find there is still little evidence available to show that new technologies help people with dementia remain socially active

Researchers in the Netherlands have found that until now, there is almost no high-quality scientific evidence that new technologies can help people with dementia remain socially active. In their new paper, published this week in a special issue of the Journal of Clinical Medicine, the researchers report that globally, only nine relevant randomised controlled trials – the gold standard for scientific evidence – have produced published results. Only one of those studies was of good quality: an evaluation of a Korean computer-based cognitive training programme.

This is bad news for healthcare system leaders. Because of the COVID-19 pandemic, investment in technologies which claim to help people with dementia is growing rapidly. Many people hope that technology might make up for reduced physical contact and strained resources. But with so little evidence, any investments remain a gamble.

The researchers recommend several ways of improving the quality of evidence in future, so that effective technologies can be recommended and rolled out confidently, on the basis of good evidence for their effectiveness.

In the meantime, they warn healthcare leaders to make decisions, about which technologies might help people with dementia, very carefully, on a case-by-case basis.

The research has been published online in a special issue of the Journal of Clinical Medicine. The full text can be found here: https://www.mdpi.com/2077-0383/10/4/604

16 February: The RECOGNISED project hosts a mini-symposium on the progress of its clinical studies

On 16 February, clinical partners in the RECOGNISED project hosted a mini-symposium updating on the progress and procedures of the RECOGNISED clinical research studies.

Bringing together 21 project partners from academia, SMEs and patient organisations, RECOGNISED aims to evaluate whether non-invasive retinal tests could be used to identify people with type 2 diabetes (T2D) who are at a higher risk of developing mild cognitive impairment (MCI) and dementia. To do this, RECOGNISED has launched cross-sectional and prospective, observational longitudinal cohort studies, aiming to recruit over 200 participants from 11 study sites in 7 countries.

The mini-symposium provided an update on the progress and procedures for the RECOGNISED studies, to ensure good alignment between site investigators and inform the wider consortium. Noemi Lois of Queen's University, Belfast, kicked off the mini-symposium by providing an overview of the recruitment processes and progress. Next, Lieza Exalto of UMC Utrecht provided an update of the cognitive testing strategy being employed in the RECOGNISED studies, which includes the MoCA (Montreal Cognitive Assessment) and CDR tests.

Finally, clinical partners discussed the impact of COVID-19 on recruitment, enrollment and follow-up, identifying potential strategies that could mitigate issues in relation to COVID-19 and confinement. To find out more about RECOGNISED:

https://sites.google.com/view/recognised/