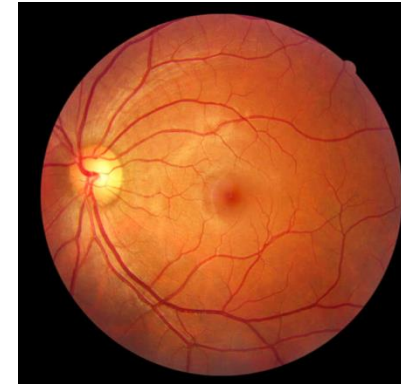


# Mile High Masters of Retina 2026

## Retinal Manifestations of Alzheimer's disease

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# Disclosures

- Esai
- Lilly
- Alzheimer's Association
- NIH Grant Funding

# Objectives

- Update the current definition of Alzheimer's disease (AD) and available biomarkers for AD
- Provide background of retinal pathology and optical coherence tomography (OCT) retinal imaging findings in AD
- Understand the potential future use of retinal OCT and other retinal imaging biomarkers in AD

# Define Alzheimer's disease biologically

- **Hallmarks of AD Pathology:** amyloid and tau proteinopathy
- **Biomarkers**
  - amyloid PET imaging
  - CSF amyloid beta ( $A\beta$ )<sub>42/40</sub>
  - CSF p-tau<sub>181</sub>/ $A\beta$ <sub>42</sub>
  - Plasma p-tau<sub>217</sub>
- **Stage: Severity of Cognitive Impairment**
  - Mild Cognitive Impairment
  - Dementia (mild, moderate, severe)

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RESEARCH ARTICLE

Alzheimer's & Dementia®  
THE JOURNAL OF THE ALZHEIMER'S ASSOCIATION

**Revised criteria for diagnosis and staging of Alzheimer's disease: Alzheimer's Association Workgroup**

# Treatment is only for those with cognitive impairment

- Do not order biomarkers on asymptomatic people
- **Disease-modifying anti-amyloid antibody therapy: IV infusion**
  - FDA-approved
  - lecanemab (2023)
  - donanemab (2024)
- **Cognitive support: oral**
  - FDA-approved
  - Multiple acetylcholinesterase inhibitors



# Retinal pathology in Alzheimer's disease (AD)

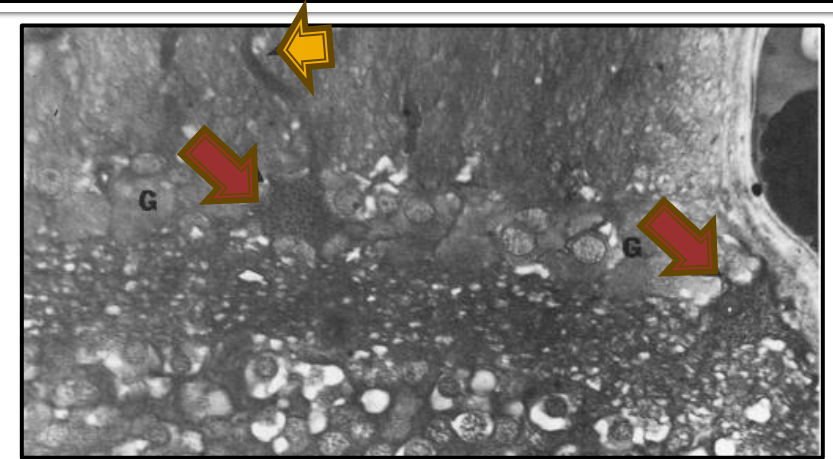
## I. Human post-mortem retinal tissue: AD v. Healthy

### ■ 1990: histopathology

- Loss and degenerating retinal ganglion cells and axons (inner retina)

### ■ 1980-present: amyloid and tau protein deposits

- 2024 - amyloid and tau deposits (Hart de Ruyter et al.)
- retinal protein morphology differs from that in the brain



A. Sadun 1990

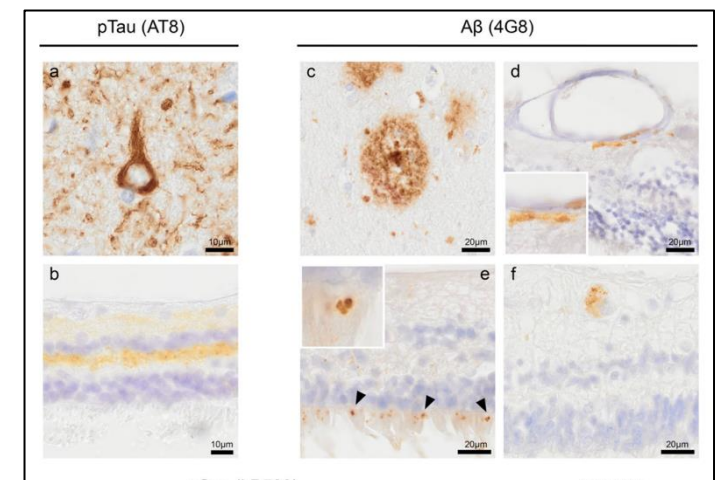
## II. In vivo human retinal imaging: AD v. Healthy

### ■ 2001: retinal imaging with optical coherence tomography (OCT)

- thinning of retinal ganglion cell and axonal layers (inner retina)

### ■ 2005-present: imaging amyloid and tau protein deposits

- Using labeling - but replication of findings has been poor



Hart de Ruyter et al. 2024

# In Vivo Retinal OCT and AD: Not for clinical practice

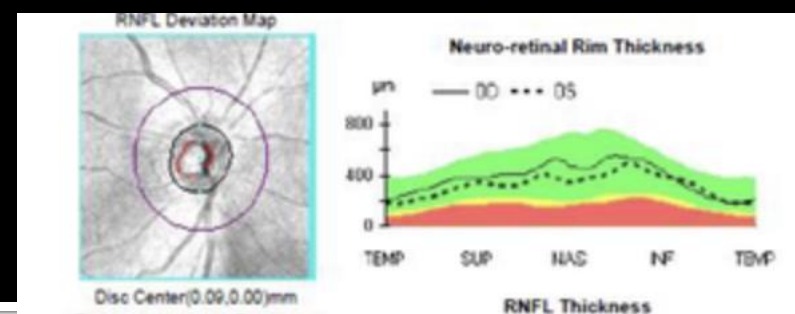


Figure 2. Optical Coherence Tomography Parameters • Ganglion cell and axon thickness

Area under the curve (AUC)

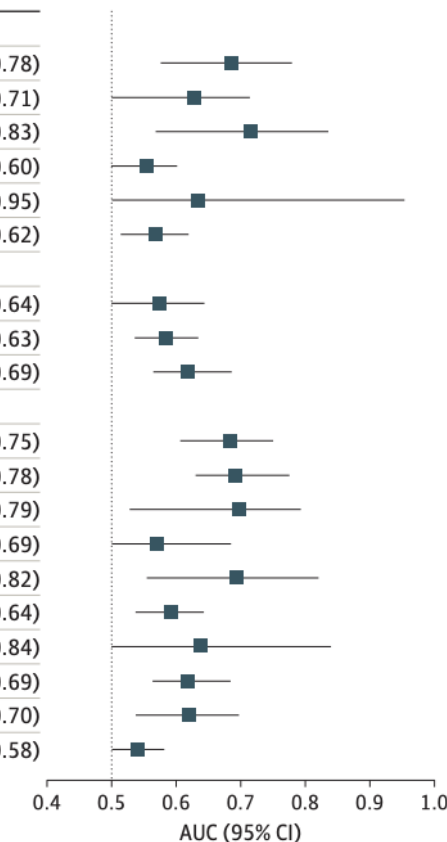
AD v. Healthy:

- Ganglion cell and axon thickness  
Low AUC = 0.7
- Foveal avascular zone size (OCT-A)  
Low AUC = 0.73

Not appropriate for individual screening (2-7% difference thickness)

Study populations: excluded glaucoma, macular degeneration

| Parameter and source                      | Study population | No. of studies (No. of patients) | Risk of bias | AUC (95% CI)     |
|---|------------------|----------------------------------|--------------|------------------|
| <b>GC-IPL</b>                             |                  |                                  |              |                  |
| Ge et al, <sup>6</sup> 2021               | AD vs HC         | 11 (1900)                        | Low          | 0.69 (0.58-0.78) |
| Chan et al, <sup>10</sup> 2019            | AD vs HC         | 5 (540)                          | Low          | 0.63 (0.50-0.71) |
| Chan et al, <sup>10</sup> 2019            | MCI vs HC        | 4 (350)                          | Low          | 0.72 (0.57-0.83) |
| Ge et al, <sup>6</sup> 2021               | MCI vs HC        | 8 (1377)                         | Low          | 0.55 (0.50-0.60) |
| → Mejia-Vergara et al, <sup>15</sup> 2020 | MCI vs HC        | 5 (375)                          | High         | 0.63 (0.50-0.95) |
| Ge et al, <sup>6</sup> 2021               | AD vs MCI        | 7 (971)                          | Low          | 0.57 (0.51-0.62) |
| <b>mRNFL</b>                              |                  |                                  |              |                  |
| Ge et al, <sup>6</sup> 2021               | AD vs HC         | 5 (967)                          | Low          | 0.57 (0.50-0.64) |
| Ge et al, <sup>6</sup> 2021               | MCI vs HC        | 3 (756)                          | Low          | 0.58 (0.54-0.63) |
| Noah et al, <sup>16</sup> 2020            | MCI vs HC        | 17 (1776)                        | Low          | 0.62 (0.56-0.69) |
| <b>pRNFL</b>                              |                  |                                  |              |                  |
| Chan et al, <sup>10</sup> 2019            | AD vs HC         | 24 (2219)                        | Low          | 0.68 (0.61-0.75) |
| den Haan et al, <sup>12</sup> 2017        | AD vs HC         | 24 (1715)                        | Unclear      | 0.69 (0.63-0.78) |
| Ge et al, <sup>6</sup> 2021               | AD vs HC         | 38 (4393)                        | Low          | 0.70 (0.53-0.79) |
| Chan et al, <sup>10</sup> 2019            | MCI vs HC        | 7 (507)                          | Low          | 0.57 (0.50-0.69) |
| den Haan et al, <sup>12</sup> 2017        | MCI vs HC        | 8 (582)                          | Unclear      | 0.69 (0.55-0.82) |
| Ge et al, <sup>6</sup> 2021               | MCI vs HC        | 21 (3454)                        | Low          | 0.59 (0.54-0.64) |
| → Mejia-Vergara et al, <sup>15</sup> 2020 | MCI vs HC        | NA                               | High         | 0.64 (0.50-0.84) |
| Noah et al, <sup>16</sup> 2020            | MCI vs HC        | 17 (1776)                        | Low          | 0.62 (0.56-0.69) |
| den Haan et al, <sup>12</sup> 2017        | AD vs MCI        | 8 (538)                          | Unclear      | 0.62 (0.54-0.70) |
| Ge et al, <sup>6</sup> 2021               | AD vs MCI        | 14 (1503)                        | Low          | 0.54 (0.50-0.58) |



Costanzo E et al. *JAMA Ophthalmol.* 2023;141(1):84–91.

# Cognition community-dwelling populations associated with inner retinal thinning by OCT

Macula retinal nerve fiber layer  
(retinal ganglion cell axons)

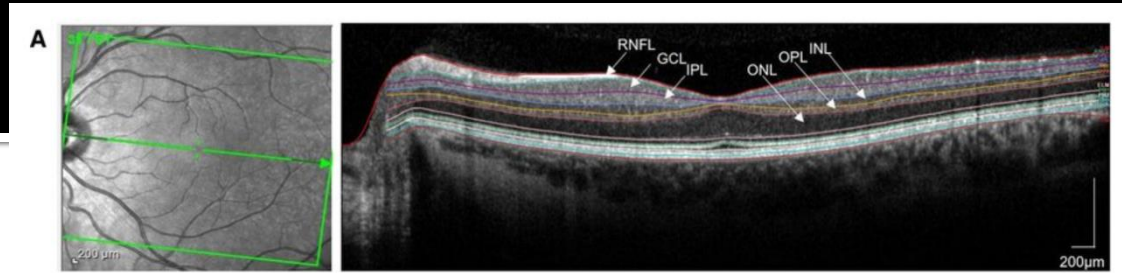
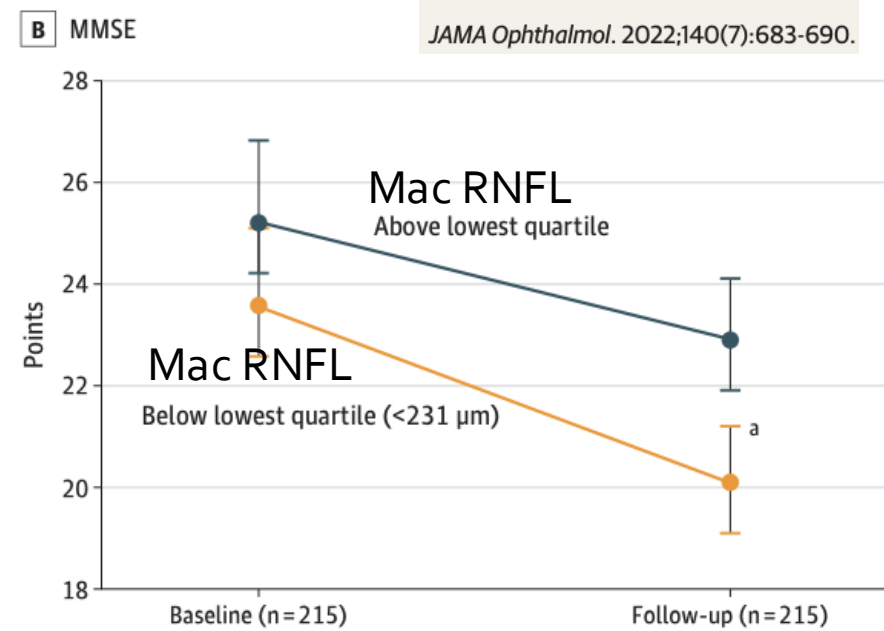
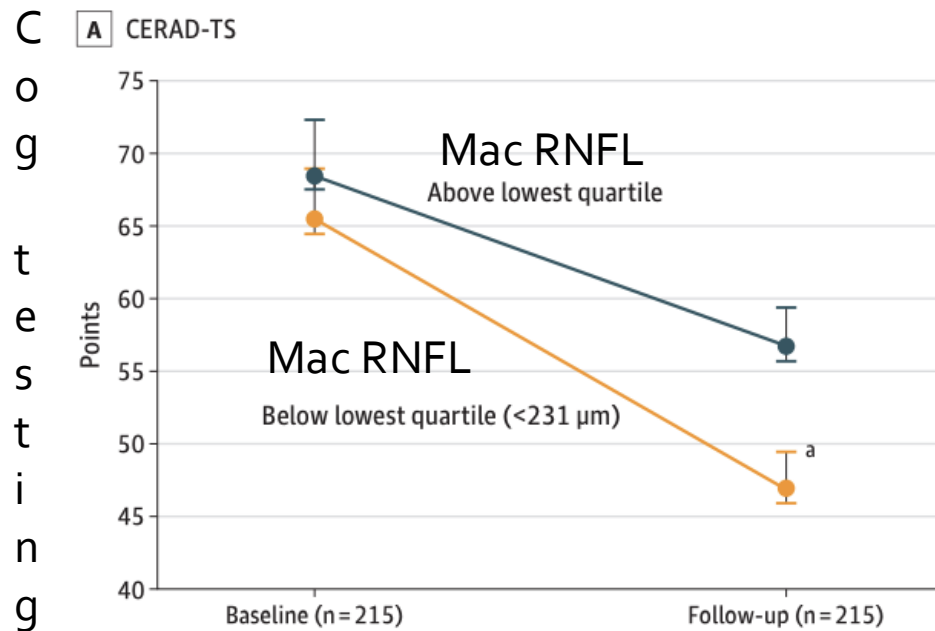


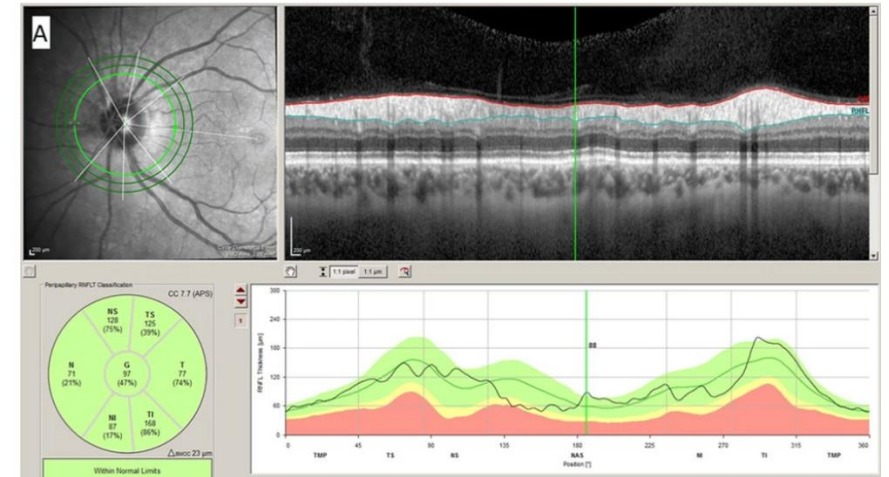
Figure 2. Cognitive Performance Scores According to the Baseline Total Macular Retinal Nerve Fiber Layer (RNFL) Quartile Groups



# Summary: Retinal OCT and AD

Retinal ganglion cell and axon layers

- Thinning in AD v. healthy controls
- Thinning in community populations is tied to future cognition decline
- Can't use retinal OCT for diagnostic purposes



# Future: hyper- or tri-spectral retinal imaging

In vivo imaging mice models of AD



More et al. IOVS June 2016

Hyperspectral endoscopic amyloid imaging

**Human: hyperspectral imaging detected wavelength-dependent (450-585 nm) differences in retinal reflectance in those with amyloid beta brain biomarkers:**

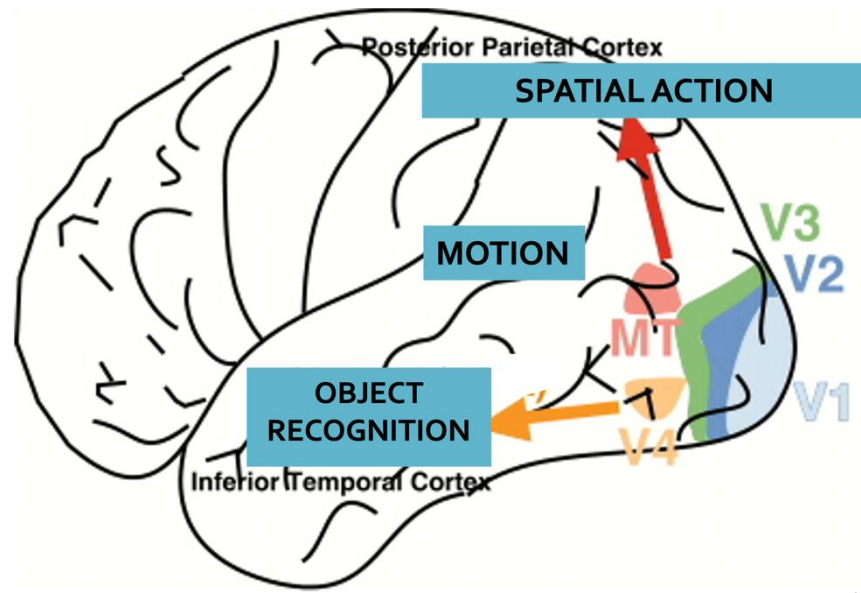
- AUC: 0.8 (+) Amyloid PET v. (-) Amyloid PET  
J Alzheimers Dis. 2024;100(s1):S131-S152.

**Tri-spectral retinal imaging + clinical + demographic data + machine learning models**

- AUC: 0.91 (+)AD brain biomarker v. healthy (no biomarker tested)  
Sci Rep. 2026 Jan 13;16(1):5083

# Visual symptoms and Alzheimer's disease

Caused by:  
Visual Brain Dysfunction



Modified from Pelak 2009



## Rapid Eye Clinic Screening Battery for Visual Cortical Dysfunction (VisCorD) & Visual Field Perimetry

The VisCorD screening battery is designed for use in eye clinics along with the Visual Field Perimetry to identify potential posterior cortical visual dysfunction in patients who have **unexplained visual complaints following a comprehensive eye exam\* see disclaimer.**

[Click here to take the survey](#) to help the designers know more about who is utilizing this screening assessment. This information will only be accessible by the team base at University of Colorado School of Medicine.DV

## Web-based Visual Cortical Screening Battery (VisCorD)



VisCorD Assessment

This screening battery consists of a threshold visual field perimetry and six test items. Information about each item is found on the instructions page, including information on the stimulus (or stimuli), administration instructions, and what constitutes a pass or fail for each item.

While the battery itself has not been validated, the CPC-Q item has been validated for screening for posterior cortical visual dysfunction (see the instruction page for references). The other five items were arrived at through expert consensus by the PCA Assessment Working Party. It is recommended that visual field perimetry and at least two additional items from the VisCorD are performed for screening.

Poppelreuter-Ghent overlapping figures tasks →

# Summary: Retina and Alzheimer's Disease

- AD: biologically defined by biomarkers for symptomatic people
- AD: associated with post-mortem inner retinal degeneration (retinal ganglion cells and their axons) and AD proteinopathies
- AD: in vivo OCT retinal imaging can detect inner retinal thinning but lacks diagnostic accuracy
- Community populations (unknown biomarker status): associations between OCT inner retinal thinning and future cognitive decline
- Future: spectral retinal imaging promising to detect AD proteinopathies
- Visual symptoms due to AD stem from visual brain dysfunction

Thank you

