

AWARD NUMBER: W81XWH-16-1-0507

TITLE: Risk and Resiliency for Dementia: Comparison of Male and Female Veterans

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REPORT DATE: September 14, 2019

TYPE OF REPORT: Annual progress report

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
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REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

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1. REPORT DATE 14-SEP-2019		2. REPORT TYPE Annual		3. DATES COVERED 15 AUG 2018– 14 AUG 2019	
4. TITLE AND SUBTITLE Risk and Resiliency for Dementia: Comparison of Male and Female Veterans				5a. CONTRACT NUMBER W81XWH-16-1-0507	
				5b. GRANT NUMBER 13267015	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Kristine Yaffe, MD EMAIL: kristine.yaffe@ucsf.edu				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Northern California Institute for Research and Education 4150 Clement Street (151 NC) San Francisco, CA 94121-1545				8. PERFORMING ORGANIZATION REPORT NUMBER	
				10. SPONSOR/MONITOR'S ACRONYM(S)	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Material Command Fort Detrick, Maryland 21702-5012				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
				12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited	
13. SUPPLEMENTARY NOTES					
14. ABSTRACT The goal of this project is to identify key factors associated with risk and resiliency for cognitive impairment and dementia in older Veterans. In Year 3, we sought to accomplish this goal through completing planned analyses, delivering conference presentations, and finishing studies for publication for <u>AIMS 1-3</u> . For <u>AIM 1</u> , we published a paper on rates of cognitive impairment and associated conditions in veteran women age 65+. About 63.5% were diagnosed with dementia, with rates increasing with age. About 41% had dementia subtypes with Alzheimer's disease being the most prevalent (72%). Results were presented at the 2018 Alzheimer's Association International Conference (AAIC) and were published in <i>The American Journal of Geriatric Psychiatry</i> . For <u>AIM 2</u> , we published a paper on the association of military-related risk factors and dementia in 109,104 female veterans age 55+. During follow-up (mean 4.0 years) 4% of female veterans developed dementia. We found veteran women with TBI, PTSD, and depression were >1.5 times risk of dementia than those without diagnoses after adjusting for demographics and medical conditions. Results were published in <i>Neurology</i> . For <u>AIM 2</u> , we also completed a study comparing veteran women age 55+ with and without a history of military sexual trauma (MST) on medical and psychiatric disorders. After multivariable adjustment, the odds of having most conditions examined were 2 to 7 times higher for those with MST than those without, except for tobacco use and dementia (P's > 0.001). Results were accepted for publication in the <i>Journal of General Internal Medicine</i> . For <u>AIM 3</u> , we also finished new analyses on the association between alcohol use disorder (AUD) and dementia in female veterans age 55+, in 2207 veteran women with AUD, and 2207 age-matched veteran women without AUD. During follow-up (mean 3.6 years) more women (4%) with AUD developed dementia than women without AUD (1%). After adjustment, women with AUD had over 3-fold risk (aHR=3.06 95% CI 1.83-5.13) of developing dementia than those without AUD. Results were presented at the 2019 AAIC and we are developing a draft of the manuscript to submit for publication. Findings highlight the importance of identifying risk and resiliency factors for dementia, particularly in female veterans.					
15. SUBJECT TERMS Dementia, Women, aging, cognitive impairment (CI), Alzheimer's Disease (AD), Traumatic brain injury (TBI), Post-Traumatic Stress Disorder (PTSD)					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT Unclassified	b. ABSTRACT Unclassified	c. THIS PAGE Unclassified			USAMRMC
			Unclassified	18	19b. TELEPHONE NUMBER (include area code)

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1. INTRODUCTION:

Cognitive impairment and dementia are major contributors to declines in functional independence. To date, however, prior work has primarily focused on male Veterans, despite that the overall number of female Veterans is increasing with a related rise in the population of older female Veterans at risk for dementia. To further our knowledge of effects between dementia, gender, and risk factors of cognitive impairment, our goal is to identify and examine key health and military-related factors linked with risk and resiliency for cognitive impairment in older Veterans. We hypothesize that older female Veterans have unique risks for cognitive impairment and dementia, with additive increases in risk for factors that are related to military service, such as post-traumatic stress disorder and traumatic brain injury. We will capitalize on our prior work with the Veterans Health Administration National Patient Care Database, by using data from this well-defined, existing cohort of Veterans age 55+ to gain key insights into risk factors that are associated with cognitive impairment and dementia in older female Veterans.

2. KEYWORDS:

Dementia, Women, aging, cognitive impairment (CI), Alzheimer's Disease (AD), Traumatic brain injury (TBI), Post-Traumatic Stress Disorder (PTSD)

3. **ACCOMPLISHMENTS:** The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency Grants Officer whenever there are significant changes in the project or its direction.

What were the major goals of the project?

List the major goals of the project as stated in the approved SOW. If the application listed milestones/target dates for important activities or phases of the project, identify these dates and show actual completion dates or the percentage of completion.

1. Planning and regulatory approval: Months 1-5
 - In Year 1 Quarter 1, study IRB protocols were approved by UCSF IRB and by HRPO and we received approval to receive data from VHA NPCD.
2. Obtain data from the VHA NPCD: Months 6-12.
 - In Year 1, we submitted/received approval to receive data from VHA NPCD (Quarter 2) and cleaned and prepared data for analysis (Quarter 3).
3. Specific AIM 1: Months 12-19.
 - In Year 2, we completed one analysis, presented the results at a conference, finished the paper and submitted it for publication. In Year 3, the paper was published The American Journal of Geriatric Psychiatry.
4. Specific AIM 2: Months 20-26
 - In Year 2, we completed 2 analyses. For the first analysis, we presented the results at a conference, finished the paper, and submitted it for publication. In Year 3, the paper was published in Neurology. For the 2nd analysis, we presented the results at a conference, we submitted an additional conference presentation, finished the paper, and submitted it for publication. The manuscript was accepted for publication in the Journal of General Internal Medicine in Year 3.
5. Specific AIM 3: Months 27-33
 - In Year 3 Quarter 3, we completed one analysis, presented the results at a conference and are developing a draft of the manuscript to submit for publication.

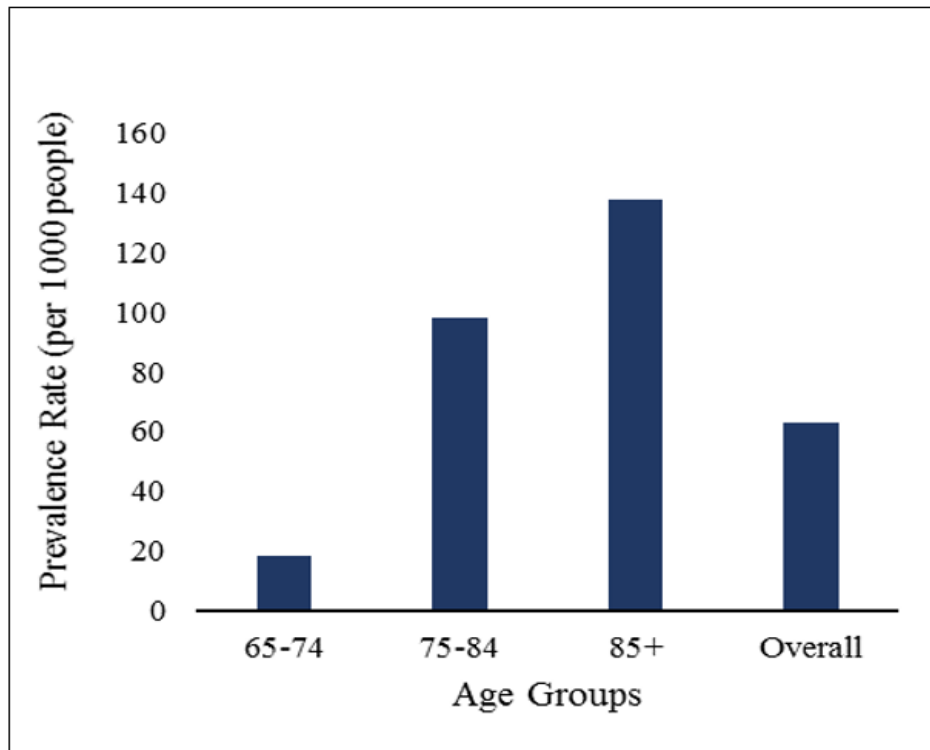
What was accomplished under these goals?

For this reporting period describe: 1) major activities; 2) specific objectives; 3) significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative); and/or 4) other achievements. Include a discussion of stated goals not met.

Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.

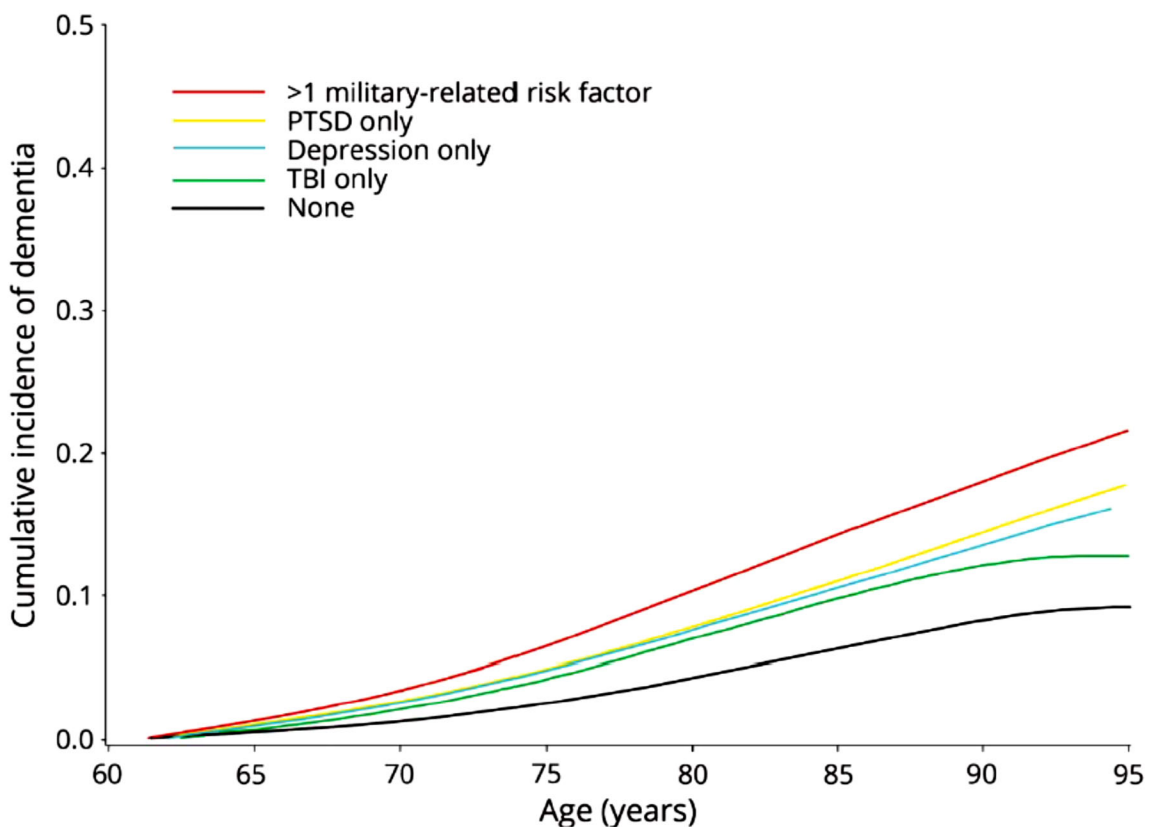
In the past year, we published a paper that focused on AIM 1, in which rates of cognitive impairment and associated conditions (medical conditions and psychiatric comorbidities) were estimated in 165,825 veteran women age 65+. About 10,430 (6.3%) female Veterans had dementia diagnoses. As shown below, dementia prevalence increased from 1.8% at age 65 to 13.8% by age 85. A total of 41% had dementia subtype diagnoses; Alzheimer’s disease was the most prevalent (72%). Most prevalent medical conditions were hypertension, pain, and depression. Results were presented at the 2018 Alzheimer’s Association International Conference. Results were published in a paper entitled “Prevalence of Dementia and Associated Medical and Psychiatric Conditions in a National Cohort of Older Female Veterans” in *The American Journal of Geriatric Psychiatry*.

Prevalence Rates (per 1000 people) for female veterans with dementia, stratified by age group



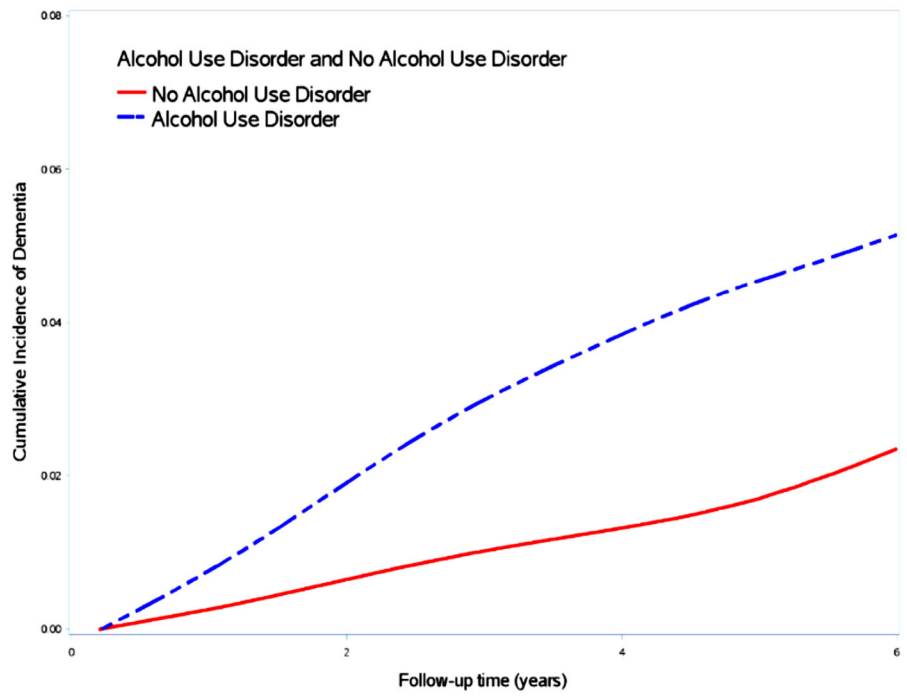
In the past year, we published a paper centered on AIM 2, which leveraged data from 109,140 female veterans aged 55+ who were receiving care from VHA medical centers between October 2004 and September 2015, to determine the association between military-related risk factors (TBI, PTSD, and depression) and dementia diagnosis. During follow-up (mean 4 years), 4% of female veterans developed dementia. After adjustment for demographics and medical comorbidities, women with TBI, PTSD, and dementia had a significant increase in risk of developing dementia compared to women without these diagnoses (TBI-adjusted sub distribution hazard ratio [adjusted sHR] 1.49, 95% confidence interval [CI] 1.01-2.20; PTSD adjusted sHR 1.78, 95% CI 1.34-2.36; and depression adjusted sHR 1.67, 95% CI 1.55-1.80), while women with >1 diagnosis had highest risk for dementia (adjusted sHR 2.15, 95% CI 1.84-2.51). Cumulative incidence of dementia adjusted for demographics and comorbid conditions across groups is shown in the figure below. Results were published in *Neurology* in a paper entitled “Military-related risk factors in female veterans and risk of dementia.”

Figure Cumulative incidence of dementia among older female veterans



In the past year, we had another paper accepted for publication that focused on AIM 2, in which we compared veteran women age 55+ with and without a history of military sexual trauma (MST) on key medical and psychiatric disorders. Approximately 13% of veteran women had MST, and rates decreased from ~17.7% between age 55-64 to ~1.6% by age 85%. After multivariable adjustment, the odds of having most of the conditions examined were 2 to 7 times higher for female veteran with MST than female veterans without MST, except for tobacco use and dementia (P's > 0.001). From this cohort, we presented our findings on MST and chronic pain at the 2018 Traumatic Stress Studies Annual Meeting. We also wrote up an abstract based on these findings to present at the 2019 annual meeting for the North American Menopause Society in September. Results were accepted for publication in the *Journal of General Internal Medicine* in a manuscript entitled "Military sexual trauma in older women veterans: prevalence and comorbidities."

Lastly, we finished analyses that focused on AIM 3, in which we examined the association between alcohol use disorder (AUD) and dementia in female veterans. In 2207 female veterans age 55+ with AUD and 2207 age-matched women without AUD, more women with AUD (4%) developed dementia over follow-up (mean ~3.5 years) than women without AUD (1%). After multivariable adjustment for demographics, medical conditions and psychiatric comorbidities, women with AUD had greater risk of developing dementia than those without AUD (aHR = 3.06, 95% CI 1.83-5.13). The figure shows adjusted cumulative incidence of dementia by AUD among women veterans. Results were presented at the 2019 Alzheimer's Association International Conference. We are developing a draft of the manuscript to submit for publication.



What opportunities for training and professional development has the project provided?

If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. “Training” activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. “Professional development” activities result in increased knowledge or skill in one’s area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.

1. Training Opportunities

- In Year 3, Dr. Shira Magen PhD with Kristine Yaffe MD met with postdoctoral fellow Dr. Carolyn Gibson to provide training and mentorship related to administrative data uses and military-related risk factors. Dr. Gibson’s work with this project has produced one paper that has been accepted for publication in the *Journal of General Internal Medicine* in a manuscript entitled “Military sexual trauma in older women veterans: prevalence and comorbidities.”

2. Professional Development

- Nothing to report.

How were the results disseminated to communities of interest?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how the results were disseminated to communities of interest. Include any outreach activities that were undertaken to reach members of communities who are not usually aware of these project activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities.

For projects focused on AIMS 1, 2 and 3, we selected national/international meetings to disseminate our work through poster and oral presentations in which a broad range of multidisciplinary researchers and clinicians invested in reducing the effects of cognitive aging and improving Veteran’s health would be present. We have also published our completed projects in journals that also target multidisciplinary researchers and clinicians who are invested in improving Veteran’s health.

What do you plan to do during the next reporting period to accomplish the goals?

If this is the final report, state “Nothing to Report.”

Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.

In the past quarter, we requested and were granted a one-year NCE, which will allow us to continue the project as originally designed. Our plans for the one-year NCE include finalizing the results from the AUD and dementia risk manuscript and submitting it for publication. Because little is known about whether dementia rates differ among Veterans by race and sex, we also plan to start a new analysis during the one-year NCE, to examine the association between dementia prevalence by race and sex in our nationwide cohort of Veterans. We will continue to hold regular meetings with all study investigators and study personnel to discuss goals and objectives.

- 4. IMPACT:** Describe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:

What was the impact on the development of the principal discipline(s) of the project?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how findings, results, techniques that were developed or extended, or other products from the project made an impact or are likely to make an impact on the base of knowledge, theory, and research in the principal disciplinary field(s) of the project. Summarize using language that an intelligent lay audience can understand (Scientific American style).

Very few studies have critically explored the unique set of military and health related risk factors facing older Veterans today. Unfortunately, even less is known about older female Veterans, who may be at an increased risk of dementia relative to the general population and male Veterans. We were one of the first research groups to leverage administrative VHA data to extract all female Veterans aged 55+ and explore these factors to increase our understanding of risk and resiliency in this population. We found dementia prevalence among female Veterans is lower than the general population and is also somewhat lower than male Veterans. Our results also highlighted very important medical and psychiatric conditions to be very prevalent in female Veterans, which emphasize a unique population with specific healthcare burdens. In another study of female Veterans, military-related risk factors, including PTSD, TBI, and depression increase dementia risk by 70-90% when occurring alone, and two-fold when occurring together. We also found a history of military sexual trauma is common among older female veterans, and is associated with a range of medical and mental health diagnoses affecting health and functioning. In another study of female veterans, we found older female veterans with AUD had a 3-fold risk of developing dementia relative to women without AUD, which emphasize the need for increased screening for both AUD and dementia in this population. Because little is still known about the long-term health and cognitive consequences of female Veterans, the implications from these studies suggest a need for more comprehensive studies into prevention, treatment, and care of dementia and highlight the potential role of military-related risk factor and AUD screening and treatment to reduce dementia risk.

What was the impact on other disciplines?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how the findings, results, or techniques that were developed or improved, or other products from the project made an impact or are likely to make an impact on other disciplines.

Nothing to report

What was the impact on technology transfer?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe ways in which the project made an impact, or is likely to make an impact, on commercial technology or public use, including:

- *transfer of results to entities in government or industry;*
- *instances where the research has led to the initiation of a start-up company; or*
- *adoption of new practices.*

Nothing to report

What was the impact on society beyond science and technology?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how results from the project made an impact, or are likely to make an impact, beyond the bounds of science, engineering, and the academic world on areas such as:

- *improving public knowledge, attitudes, skills, and abilities;*
- *changing behavior, practices, decision making, policies (including regulatory policies), or social actions; or*
- *improving social, economic, civic, or environmental conditions.*

Nothing to report

5. CHANGES/PROBLEMS: The Project Director/Principal Investigator (PD/PI) is reminded that the recipient organization is required to obtain prior written approval from the awarding agency Grants Officer whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, “Nothing to Report,” if applicable:

Changes in approach and reasons for change

Describe any changes in approach during the reporting period and reasons for these changes. Remember that significant changes in objectives and scope require prior approval of the agency.

Nothing to report

Actual or anticipated problems or delays and actions or plans to resolve them

Describe problems or delays encountered during the reporting period and actions or plans to resolve them.

Nothing to report

Changes that had a significant impact on expenditures

Describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.

Although, we were awarded the grant on 15-AUG-2016, due to delays from first level UCSF IRB, VA ACOS/R&D, and second level HRPO approval, we were delayed in initiating spending. Per our institutional rules, we are required to have approvals in place before we can begin to spend. In Year 1 Quarter 2, two investigators were added to the project; however, they are unable to take their level of effort detailed in the budget until the Year 1 Quarter 4 due to unforeseen prior commitments. We added all staff and investigators Year 1 Quarter 4 as detailed in the budget. Because of this delay in work and in spending, we requested and received a 1-year NCE to complete the project as originally designed.

Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents

Describe significant deviations, unexpected outcomes, or changes in approved protocols for the use or care of human subjects, vertebrate animals, biohazards, and/or select agents during the reporting period. If required, were these changes approved by the applicable institution committee (or equivalent) and reported to the agency? Also specify the applicable Institutional Review Board/Institutional Animal Care and Use Committee approval dates.

Significant changes in use or care of human subjects

Nothing to report

Significant changes in use or care of vertebrate animals.

Nothing to report

Significant changes in use of biohazards and/or select agent

Nothing to report

6. **PRODUCTS:** List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state “Nothing to Report.”

- **Publications, conference papers, and presentations**

Report only the major publication(s) resulting from the work under this award.

Journal publications. *List peer-reviewed articles or papers appearing in scientific, technical, or professional journals. Identify for each publication: Author(s); title; journal; volume: year; page numbers; status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Publications

1. Yaffe K, Lwi SJ, Hoang TJ, Xia F, Barnes DE, Maguen S, Peltz CB. Military-Related Risk Factors in Female Veterans and the Impact on Dementia Risk. *Neurology*, 92 (3) e205-e211. doi: 10.1212/WNL.0000000000006778. Epub 2018 Dec 12. acknowledgement of federal support/ yes.
2. Lwi SJ, Barnes DE, Xia F, Peltz C, Hoang T, Yaffe K. 10-Year Prevalence of Cognitive Impairment Diagnoses and Associated Medical and Psychiatric Conditions in a National Cohort of Female Veterans. *The American Journal of Geriatric Psychiatry*, 2019 Apr;27(4):417-425. doi: 10.1016/j.jagp.2018.12.015. Epub 2018 Dec 13. Acknowledgement of federal support/ yes
3. Gibson CJ, Maguen S, Xia F, Barnes DE, Peltz CB, Yaffe K. Military Sexual Trauma in Older Women Veterans: Prevalence and Comorbidities, *Journal of General Internal Medicine*, in press. Acknowledgement of federal support/ yes.

Books or other non-periodical, one-time publications. *Report any book, monograph, dissertation, abstract, or the like published as or in a separate publication, rather than a periodical or series. Include any significant publication in the proceedings of a one-time conference or in the report of a one-time study, commission, or the like. Identify for each one-time publication: Author(s); title; editor; title of collection, if applicable; bibliographic information; year; type of publication (e.g., book, thesis or dissertation); status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to report

Other publications, conference papers, and presentations. *Identify any other publications, conference papers and/or presentations not reported above. Specify the status of the publication as noted above. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (*) if presentation produced a manuscript.*

1. *Gibson CJ, Maguen S, Xia F, Barnes DE, Peltz CB, Yaffe K. Military Sexual Trauma and Chronic Pain among Older Women Veterans. Poster presented at the 2018 International Traumatic Stress Studies Annual Meeting (November 2018)
2. Bahorik AL, Barnes DE, Xia F, Hoang TD, Tangog, E, Yaffe K. Alcohol Use Disorders in Female Veterans and the Impact on Dementia Risk. Poster presented at the 2019 Alzheimer’s Association International Conference (July 2019)

- **Website(s) or other Internet site(s)**

List the URL for any Internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above in this section.

Nothing to report

- **Technologies or techniques**

Identify technologies or techniques that resulted from the research activities. In addition to a description of the technologies or techniques, describe how they will be shared.

Nothing to report

the research. State whether an application is provisional or non-provisional and indicate the application number. Submission of this information as part of an interim research performance progress report is not a substitute for any other invention reporting required under the terms and conditions of an award.

Nothing to report

- **Other Products**

Identify any other reportable outcomes that were developed under this project. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment, and/or rehabilitation of a disease, injury or condition, or to improve the quality of life. Examples include:

- *data or databases;*
- *biospecimen collections;*
- *audio or video products;*
- *software;*
- *models;*
- *educational aids or curricula;*
- *instruments or equipment;*
- *research material (e.g., Germplasm; cell lines, DNA probes, animal models);*
- *clinical interventions;*
- *new business creation; and*
- *other.*

We created a database containing demographic, psychiatric, medical information, etc., for all women age 55 and over who received healthcare in the VA from 2005-2015. We have used this database for all of our analyses, have selected subsamples, and created variables as appropriate for each project.

Name:	<i>Deborah Barnes</i>
Project Role:	<i>Co-Investigator</i>
Researcher Identifier (e.g. ORCID ID):	<i>BARNESD</i>
Nearest person month worked:	1
Contribution to Project:	<i>Dr. Barnes provides expertise on dataset creation, data analysis, and is involved in manuscript publication.</i>
Funding Support:	<i>n/a</i>

Name:	<i>Kristine Yaffe</i>
Project Role:	<i>Principal Investigator</i>
Researcher Identifier (e.g. ORCID ID):	<i>KYAFFE</i>
Nearest person month worked:	1
Contribution to Project:	<i>Dr. Yaffe provides leadership and oversees research activities.</i>
Funding Support:	<i>n/a</i>

Name:	<i>Shira Maguen</i>
Project Role:	<i>Co-Investigator</i>
Researcher Identifier (e.g. ORCID ID):	<i>SMAGUEN</i>
Nearest person month worked:	1
Contribution to Project:	<i>Dr. Maguen provides expertise in women's mental health and is involved in manuscript publication.</i>
Funding Support:	<i>n/a</i>

Name:	<i>Carrie Peltz</i>
Project Role:	<i>Project Coordinator</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	2
Contribution to Project:	<i>Dr. Peltz coordinates the project and assists with data analysis and publication.</i>
Funding Support:	<i>n/a</i>

Name:	<i>Feng Xia</i>
Project Role:	<i>Programmer</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>2</i>
Contribution to Project:	<i>Ms. Xia performs the data analyses for this project.</i>
Funding Support:	<i>n/a</i>

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

What individuals have worked on the project?

Provide the following information for: (1) PDs/PIs; and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort). If information is unchanged from a previous submission, provide the name only and indicate “no change.”

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

If the active support has changed for the PD/PI(s) or senior/key personnel, then describe what the change has been. Changes may occur, for example, if a previously active grant has closed and/or if a previously pending grant is now active. Annotate this information so it is clear what has changed from the previous submission. Submission of other support information is not necessary for pending changes or for changes in the level of effort for active support reported previously. The awarding agency may require prior written approval if a change in active other support significantly impacts the effort on the project that is the subject of the project report.

Dr. Yaffe: Summary: Dr. Yaffe had two grants end and three grants begin in the past year.

Title: Change in Sleep & Cognition in Older Women

(Yaffe: Multiple-PI)

Time Commitment: 0.12 calendar months

Supporting Agency: NIA

Performance Period: 10/12 – 03/19 NCE

Level of Funding: \$2,068,666

Title: Alzheimer’s Disease Research Centers: Data and Statistical Core

(Yaffe: PI of Data and Statistical Core C)

Time Commitment: 1% (0.12 calendar months)

Supporting Agency: NIA

Performance Period: 04/14 – 03/19 NCE

Level of Funding: \$528,482 TDC (core)

Dr. Yaffe (continued)

Title: Hillblom Network for the Prevention of Age-Associated Cognitive Decline
(Yaffe: Co-Investigator)
Time Commitment: 1% (0.12 calendar months)
Supporting Agency: Larry L. Hillblom Foundation
Performance Period: 01/19 – 12/22
Level of Funding: \$810,000 TDC

Title: New Approaches to Dementia Heterogeneity (Alzheimer's Disease Research Centers)
(Yaffe: REC Lead, Co-Investigator on Core C)
Time Commitment: 0.36 calendar months Core C, 0.36 calendar months, REC
Supporting Agency: NIH/NIA
Performance Period: 04/01/19 – 03/31/24
Level of Funding: \$2,055,368 Yr01 DC

Title: Genetics, Comorbidities, and Ethnicity: Effects of TBI on Dementia
(Yaffe/ Plassman: Multiple-PI)
Time Commitment: 1% (0.12 calendar months)
Supporting Agency: Department of Army
Performance Period: 09/30/18 – 09/29/21
Level of Funding: \$348,098 Yr01 DC

Dr. Barnes: Summary: Dr. Barnes had one grant end in the past year.

Title: UCSF Tideswell: Innovation Center for Action- Oriented Aging Research (ICAP)
Barnes: Co-Investigator
Time Commitment: 5% effort
Supporting Agency: SD Betchel Jr. Foundation
Performance Period: 07/01/16 – 06/30/2019
Level of Funding: \$100,000 (annual DC)

Dr. Maguen: Summary: Dr. Maguen had two grants end and one begin in the past year.

Title: Telephone-Facilitated Insomnia Treatment in Primary Care for OEF/OIF/OND Veterans
(PI: Maguen)
Time Commitment: 2.4 calendar months
Supporting Agency VA RR&D
Performance Period: 10/01/15 – 06/31/19
Level of Funding: \$273,938

Title: Does Evidence-Based PTS Treatment Reduce PTS Symptoms and Suicide in Iraq and Afghanistan Veterans Seeking VA Care?
(PI: Maguen)
Time Commitment: 1.2 calendar months
Supporting Agency: DoD Joint Warfighter Medical Research Program
Performance Period: 05/01/15 – 04/30/19
Level of Funding: \$780,490

Dr. Maguen (continued)

Title: A Novel Posttraumatic Stress Disorder Treatment for Veterans with Moral Injury
(PI: Maguen)
Time Commitment: 2.4 calendar months
Supporting Agency: VA RR&D
Performance Period: 04/01/19 – 04/30/23
Level of Funding: \$272,364

What other organizations were involved as partners?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe partner organizations – academic institutions, other nonprofits, industrial or commercial firms, state or local governments, schools or school systems, or other organizations (foreign or domestic) – that were involved with the project. Partner organizations may have provided financial or in-kind support, supplied facilities or equipment, collaborated in the research, exchanged personnel, or otherwise contributed.

Provide the following information for each partnership:

Organization Name:

Location of Organization: (if foreign location list country)

Partner’s contribution to the project (identify one or more)

- *Financial support;*
- *In-kind support (e.g., partner makes software, computers, equipment, etc., available to project staff);*
- *Facilities (e.g., project staff use the partner’s facilities for project activities);*
- *Collaboration (e.g., partner’s staff work with project staff on the project);*
- *Personnel exchanges (e.g., project staff and/or partner’s staff use each other’s facilities, work at each other’s site); and*
- *Other.*

Nothing to report

8. SPECIAL REPORTING REQUIREMENTS

COLLABORATIVE AWARDS:N/A

QUAD CHARTS: N/A

9. APPENDICES: N/A

Risk and Resiliency for Dementia: Comparison of Male and Female Veterans

(#AZ150046)

W81XWH-16-1-0507



PI: Dr. Kristine Yaffe **Org:** Northern California Institute for Research and Education **Award Amount:** \$418,886 (directs)

Study/Product Aim(s)

- Aim 1.** Compare prevalence of mild cognitive impairment and dementia among male and female veterans receiving VHA healthcare and identify key health-related risk factors for developing cognitive impairment
- Aim 2.** Examine the associations between key military related factors and diagnoses of mild cognitive impairment and dementia among older female and male veterans
- Aim 3.** Determine whether the risk of nursing home placement and mortality differs between older female and male veterans with a documented diagnosis of dementia, and examine whether there are gender specific associations between military and health-related factors and nursing home placement and mortality

Approach

We propose a series of specific aims that capitalize on existing national databases to further our understanding of the association between dementia, gender, and risk factors for cognitive impairment.



Accomplishments: Published three manuscripts, have one underway, and have another project in preparation.

Timeline and Cost

Activities	Year 1	Year 2	Year 3	Year 4 (NCE)
Planning and regulatory approval	█			
Conduct Analyses		█		
Manuscript Prep & Submission		█		
Dissemination		█		
Estimated Budget (\$K)	\$127	\$164	\$127	-

Goals/Milestones

Year 1 Goal

- Obtain all necessary regulatory approvals
- Clean and prepare data

Year 2 Goals

- Conduct Analyses for Aims 1-3

Year 3 Goal –

- Write Manuscripts
- Dissemination and Publication

Comments/Challenges/Issues/Concerns

- We have received IRB and HRPO approval, as well as approval and access to VHA databases
- We encountered budgetary delays due to a slower start-up than anticipated and plan to use the unspent funds for the same purpose as proposed and awarded during the NCE period

Budget Expenditure to Date

Projected Expenditure: \$418,886 (directs only)

Actual Expenditure: \$118,969 (directs only)

Updated: (9/11/19)