Dimensions

Dimensions is a publication of the UW Memory and Brain Wellness Center

Spring/Summer 2026

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UW Memory and Brain Wellness Center **uwmemoryandbrain.org** **mbwc@uw.edu**

UW Medicine
UNIVERSITY of WASHINGTON

MEMORY & BRAIN WELLNESS CENTER

Home to a National Institute on Aging-Designated Alzheimer's Disease Research Center (ADRC)

Spring/Summer 2026

Hello readers! We are pleased to bring you the Spring/Summer 2026 edition of *Dimensions*!

In a year that brought administrative and funding challenges, I am proud to report that our NIH-funded Alzheimer's Disease Research Center was competitively renewed, our programs are thriving, and we have attracted exciting new colleagues and projects. We are bringing some of these to you in this issue of Dimensions. We are proud to welcome Dr. Lynn Bekris to lead biomarker discovery, Dr. James Leverenz to push forward Lewy body dementia research, and Dr. Manizhe Eslami-Amirabadi to work in the memory clinic.

Our anti-amyloid monoclonal antibody infusion program in the Clinic has now treated more than 200 individuals with early symptomatic Alzheimer's disease, and we have achieved national recognition thanks to institutional support and Dr. Michael Rosenbloom's leadership. Dr. Rosenbloom and our Clinical Trials program have also been named to a prestigious Steering Committee role in the Alzheimer's Clinical Trials Consortium. Dr. Kimiko Domoto-Reilly is leading a new Progressive Supranuclear Palsy (PSP) Center of Care. On page 4, we highlight new studies that relied on ADRC resources or data from our dedicated research participants.

We also recently celebrated the 4-year anniversary of our landmark community center project, the Memory Hub, a partnership with the Frye Art Museum on Seattle's First Hill. The Memory Hub benefits our patients living with memory loss and their families, our wider Seattle community, and statewide medical professionals. The Memory Hub continues to develop innovative programming, such as the SOAR outdoor adventure program for those with early-onset memory loss, and is integrating its offerings with new therapies in the clinic.

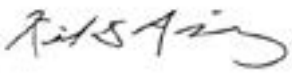
At the end of the issue, please find our acknowledgment of the generous donors who support our research and community initiatives. Your volunteerism and generosity are contributing to what can only be called a sea change in Alzheimer's disease research that is now reaching the memory clinic. Thank you for helping us advance to the day when threats to memory and brain health will be detected and prevented as the standard of care.

Happy reading!

Thomas J. Grabowski, MD,
Director

Genevieve Wanucha, MS

Dimensions Editor



Kimiko Domoto-Reilly, MD

Outreach, Recruitment and Engagement Core Co-Lead

Find us online

Clinical Care

UW Memory and Brain Wellness Center: uwmemoryandbrain.org

Community Offerings

The Memory Hub: thememoryhub.org

Research Studies and Education

UW Alzheimer's Disease Research Center: uwadrc.org

In Spanish memoria.uw.edu

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Find Inside

Cover art:
Kimberley Rettig. *Memory Amiss.* 2023, Acrylic

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Celebrating Dr. C. Dirk Keene: Passing the Torch of Leadership in ADRC Neuropathology

We want to hear from you!

What is your favorite part of this publication?

What could we do better?

What would you like to see more of?

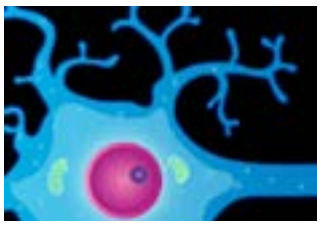
Do you have a story or creative project that you would like to share with the community?

Email the editor at:

mbwc@uw.edu

The UW Medicine Memory and Brain Wellness Center (MBWC) promotes the well-being of persons living with memory loss and their families, by providing exceptional care and building dementia-friendly communities. The MBWC is home to the UW Alzheimer's Disease Research Center (UW ADRC), affiliated with the Veterans Affairs Puget Sound Health Care System. The UW ADRC has been funded by the National Institute on Aging since 1985 to facilitate cutting-edge research on Alzheimer's disease and other neurodegenerative conditions that cause dementia. The UW ADRC focuses on Alzheimer's disease biomarker research and advancing prevention methods and clinical treatment for dementia. This publication connects readers with the latest news in research, clinical care, and community at our Center. The newsletter is produced by the MBWC communications team, under the leadership of MBWC and ADRC Director, Dr. Thomas Grabowski, MD. Questions or submissions, please contact mbwc@uw.edu.

Research Highlights



'Super agers' show unique cell signatures in the brain // C. Dirk Keene

"Super agers" are people over 80 whose brains show remarkable memory and cognitive function. This study reports that people whose brains continue to produce new neurons have better cognitive function than those whose neurogenesis slows with age.

The researchers studied autopsied brains of participants at different stages of cognitive health - superagers and people with normal cognition, preclinical Alzheimers disease, and dementia. The super agers came from the Northwestern University ADRC and all other samples came from the UW ADRC and the affiliated Adult Changes in Thought Study.

The study found that super agers had twice the neurogenesis of the other healthy older adults. People who had been experiencing cognitive decline or Alzheimer's disease showed far fewer immature neurons.

This profile of neurogenesis is a new "resilience signature" in the human brain. It could help researchers identify strategies to protect brain health as people age.

A. Disouky et al. Nature, Feb 2026

Scientists find genetic factor tied to African ancestry that protects against Alzheimer's // Julianna Brutman, Paul Valdmanis, Suman Jayadev, Elizabeth Blue, Ellen Wijsman

One variation of the APOE gene, called the APOE e4 allele, is the strongest risk factor for developing Alzheimer's disease, especially for individuals who carry two copies of APOE e4.

Now, researchers have identified a gene variant near APOE e4 that is protective against Alzheimer's disease in individuals of African ancestry.

The research relied on genetic sequence data from the 1000 Genomes Project and compared 5 African participants with APOE e4 to non-African participants with APOE e4, Africans with an APOE e3 allele, and non-Africans with an APOE e3 allele. They found a genetic variant present only in the African APOE e4 carriers.

The researchers estimate that this genetic variant is present in 60% of African Americans who carry 2 APOE e4 alleles.

This newly discovered genetic variant affects genes near APOE, providing insight into its role in health and disease.

J. Brutman et al. Nature Communications. Feb. 2026

Creating meaningful dementia-friendly programs // Marigrace Becker

In a roundtable discussion, experts shared their "secret sauces" for creating meaningful and sustainable dementia-friendly programs or research methods.

Recipes for success included listening to the stories and ideas of people living with memory loss and following their lead. Marigrace Becker of the UW MBWC shared that 15 years ago, the act of listening to—and then helping to enact—an individual's idea for dementia-friendly improv groups led to an early offering of the Momentia Seattle grassroots movement.

In Canada, Alison Phinney of the University of British Columbia has drawn on community strengths to foster dementia-friendly nature and arts programs.

In his tribal health research, Jordan P. Lewis of the University of Hawai'i at Manoa emphasized the importance of working in partnership with communities, which involves not only forming relationships and trust but also addressing the priorities of the community over the goals of an institution.

Fayron Epps of Alter Dementia and Alison Phinney shared about the importance of creating a small team of trusted colleagues who share the passion and dedication to dementia-friendly community goals.

N. Berlinger. The Hastings Report. Sept. 2025

The MBWC is the proud home of an NIA-designated Alzheimer's Disease Research Center (ADRC). Here, we highlight some recent studies supported by our faculty. Many of these discoveries relied on data from our research participants.

Finding the best clinic infrastructure to administer lecanemab // Micheal Rosenbloom

In 2023, the FDA approved Eisai's amyloid-clearing infusion treatment lecanemab (Leqembi) for early-stage Alzheimer's disease. This study addressed the question: 'Is it better to get Leqembi treatment at a large academic-affiliated clinic, such as the MBWC, or a private practice neurology clinic?'

The study assessed the treatment of 165 patients with Leqembi across two types of clinics. Patients treated at the academic clinic were more likely to have mild cognitive impairment (MCI), suggesting they received early diagnoses. Those seen in a private clinic were at a later stage of Alzheimer's disease.

However, even though people got diagnoses of Alzheimer's earlier in the academic clinic, it took an average of 50 days longer to start treatment after the diagnosis than in the private clinic.

The results show that Leqembi treatment in private clinics is just as safe as it would be in an academic setting. The authors argue that the sooner someone is diagnosed and starts treatment, the better.

M. Rosenbloom et al. The Journal of Neurology. May 2025

The role of the nighttime glymphatic system in brain health // Jeffrey Iliff, Donald Elbert

During sleep, the brain's waste clearance system gets to work. In the glymphatic system, fluid rushes along spaces next to blood vessels, delivering nutrients while clearing away debris and toxic proteins. During the day, these spaces are very narrow. But during sleep, the system relaxes a bit, allowing fluid to move faster.

In this study, researchers tested whether overnight glymphatic function contributes to the clearance of the hallmark Alzheimer's proteins, amyloid and tau, from the human brain.

The team recruited 48 healthy older adults, aged 49 - 66. Study participants wore a novel wearable device from the Applied Cognition company, during nights of sleep and nights of sleep deprivation. This in-ear device measures key aspects of glymphatic function, such as shifts in fluid within brain tissue, the neural activity from sleep to wakefulness, and changes in the brain's blood vessels.

The study identified several changes during sleep that sped up the clearance of amyloid and tau through the brain tissue. These results support a key role for glymphatic function in brain health and Alzheimer's disease.

P. Dagum et al. Nature Communications. Jan. 2026

Care preferences for persons with cognitive impairment // Soo Borson

A diagnosis of Alzheimer's disease or a related disorder can present a number of difficult decisions. Families may talk about transitions in supportive care, such as hiring more support within the home or moving from home-based care to institutional care settings.

However, there is a lack of evidence around the preferences of persons with cognitive decline and their care partners about dementia care.

This publication emerges from the 5-year NIH-funded Decision Making in Alzheimer's Research study, which aims to ensure the voices of adults living with dementia are heard in care decisions. The researchers recruited older adults with cognitive decline or dementia and their care partners from the UW ADRC and other community partners.

The team conducted online interviews with the dyads, to understand attitudes and preferences for supportive care transitions. They found that persons with cognitive decline engaged in decisions about the imagined future. Both partners preferred in-home care. Care partners felt that transitions to assisted living were more acceptable as the symptoms progressed.

D. Regier et al. Alzheimer's and Dementia. Feb. 2026

Healthy Aging in Rural Communities

Spotlight on the UW Northwest Rural Brain Health Initiative

By Genevieve Wanucha

About 1 million of the 8 million residents of Washington State live in rural areas. While rural communities often provide social and environmental benefits, rural residents often have lower access to healthcare, especially for specialty care. According to the U.S. Health Resources and Services Administration, 65% of rural areas have a shortage of primary care physicians. Other rural health obstacles include high rates of poverty, lower levels of education, and the lack of public transportation.

“When it comes to health care, and specifically neurology care, there’s a substantial lack of providers, resources, and capacity,” says Justin B. Miller, PhD, ABPP, Professor of Neurology at UW Medicine and Co-Lead of the Clinical Core at the UW Alzheimer’s Disease Research Center. As a neuropsychologist, he has a clinical focus on aging and dementia, and understanding risk for neurodegenerative disease in older adults. “This shortage creates substantial disparities in health and health care that I don’t think are being addressed.”

Research using medical claims data suggests that individuals living in rural areas have a higher risk of Alzheimer’s disease and other forms of dementia, but it is unclear why. “We don’t know a lot about how the aging process differs between rural and urban-dwelling adults,” says Miller. One reason is that rural residents are underrepresented in Alzheimer’s research.

In 2025, Miller launched the UW Northwest Rural Brain Health Initiative to study aging in rural communities to better understand brain health and dementia risk. For this project, Miller aimed to knock down common barriers to participation in research for rural residents. These barriers may include challenges in traveling to an urban center, the time required, and uncertainty about the benefits of engaging in a research study.

Over the past year, the UW Northwest Rural Brain Health Initiative has partnered with Mason Health in Shelton, Washington, to conduct a local brain health study and bring in needed clinical services and resources. Miller and program manager Nam Phuong Nguyen, PhD, work on-site at Mason General Hospital to carry out the study.

The Northwest Rural Brain Health Initiative is a two-part process in which Miller’s team collects blood to look at various biomarkers of brain health, and measures of memory and thinking skills, as well as life history, from rural-dwelling adults aged 50 and older. In return, participants can receive a copy of their clinical labs, as well as a cognitive health assessment and information on whether their cognitive abilities are expected for their age or indicate something out of the ordinary. Participants can also have this clinical information sent to their doctor.

“I’m reminded every time we meet with a participant in Shelton that we are having an immense impact in the community,” said Nam Phuong Nguyen. “We are providing resources for cognitive and memory care that can be

very difficult for rural communities to access, leading to health disparities that negatively affect many families. I have met so many rural-dwelling participants who are concerned about their neurological health but have felt ignored and disadvantaged by the current health care system, and this is the motivating factor behind our mission."

Miller's current work builds on previous rural brain health research at the Cleveland Clinic's Lou Ruvo Center for Brain Health, where he worked for almost 11 years before moving to the University of Washington. His preliminary findings suggest that some people in rural communities demonstrate better memory than urban dwellers with matching clinical characteristics. Benefits of living in a rural community include greater social connectedness, more green space and recreational opportunities, and lower pollution levels.

"One of my leading hypotheses is that, for some individuals, living and aging in a rural community will increase disease risk," said Miller. "But for others, it will foster resilience."

Now, with the Northwest Rural Brain Health Initiative, Miller is working to understand the relative influences of personal, social, economic, and environmental factors on brain health outcomes in rural communities. This knowledge could help researchers develop risk profiles for use in preventive medicine.

But Miller's ultimate goal comes from his clinical experience with individuals living with memory loss or with worries about their cognitive health. "I hope that people can receive the highest-quality care regardless of where they live." •

For more information or to register for the study, call 206-744-6280 or email brainhealth@uw.edu.

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MBWC Prescriptions for Brain Health

- ☐ Aim for engaging in aerobic activity **4 days a week and strengthening exercises 2 days a week.**
- ☐ **Stay socially connected!** Consider volunteering for a local organization or joining a group focused on an activity you enjoy, such as walking.
- ☐ **Challenge your brain** in ways that are fun to you! Try crossword puzzles, reading, games, or volunteering.
- ☐ Eat more greens, berries, fish, olive oil and nuts, and less fatty and processed foods. **We recommend taking a multivitamin.**
- ☐ Meet with your doctor to discuss target numbers for healthy blood pressure and LDL cholesterol levels. **For brain health, we recommend starting treatment at blood pressure readings of (130/80).**
- ☐ **Aim for 7-8 hours of sleep a night.** If you are struggling with sleep or breathing at night, talk to your doctor about treatment.
- ☐ If you are dealing with hearing loss, talk to your doctor about **hearing aids**.

2026-2027 Programs at a Glance

Offered at the Memory Hub by a variety of our community partners

Sign up Today! www.thememoryhub.org/calendar | 206.543.2440

Support Groups for People Living with Memory Loss and Caregivers

Free Memory Navigator Appointments

Nature Programs and Tea Workshops

Alzheimer's and Caregiving Education

Social Engagement

Arts, Movement, and Music

Monthly Memory Loss Orientations

Chinese Language Healthy Aging Programs

Photo credit: Erika Schultz / The Seattle Times

Celebrating Dr. C. Dirk Keene, as he passes the torch to the future leader of neuropathology at the UW ADRC

By Genevieve Wanucha

"This is the baton transfer of the century," says Thomas Grabowski, MD, Director of the UW Memory and Brain Wellness Center. He is referring to the recent career transition of C. Dirk Keene, MD, PhD, who served as the leader of the UW Alzheimer's Disease Research Center's Precision Neuropathology Core (PNC).

Keene is a renowned expert on studying brain changes in aging, traumatic brain injury, and Alzheimer's disease and related dementias. This year, he handed this UW ADRC leadership to his longtime colleague and PNC co-leader, Caitlin Latimer, MD, PhD, associate professor of laboratory medicine and pathology at UW School of Medicine.

Keene will now serve as the new chair of the Department of Pathology at the UC San Diego School of Medicine. UW ADRC faculty and staff wish him well as he begins overseeing and implementing strategies to advance education, clinical care, and research in a new department.

A central part of his work at the UW School of Medicine focused on building high-quality brain banks and collaborative data sharing to advance Alzheimer's research. In founding the UW BRaIN Lab and the Pacific Northwest Brain Donor Network, Keene helped build the infrastructure that provides access to brain tissue and its resulting clinical, imaging, and genetic data generated within the UW ADRC. These tissues, always anonymized, are shared with research partners around the world to amplify the impact each donor has in the search for new treatments.

"In my view, Dr. Keene's greatest accomplishment has been making the UW ADRC Neuropathology Core one of the best, if not the best, in the country," says Thomas Bird, MD, UW ADRC emeritus faculty, who worked closely with Keene in the Neuropathology-Neurogenetics group that supports junior faculty. "He is a leader in the field and a model for all the other ADRC centers."

As leader of the UW ADRC Precision Neuropathology Core, Keene maintained robust local collaborations with the Allen Brain Institute and the Adult Changes in Thought Study of the Kaiser Permanente Health Research Institute. With these partners, Keene helped lead the Seattle Alzheimer's Disease Brain Cell Atlas, a project to understand how Alzheimer's disease starts and progresses in the human brain. Research using this data revealed that certain types of neurons are selectively vulnerable to the disease and others increase in abundance, helping to identify potential treatment targets.

"Dr. Keene is leaving these effective collaborations and high-quality material resources in Dr. Latimer's care," says Grabowski. "She has been his faithful understudy for years and is well prepared for this position. The fact that this transition is going to feel seamless is because of the uniqueness of the UW BRaIN Lab and what Drs. Keene and Latimer have been able to build together."

With Keene as a supportive partner, Latimer has led the UW ADRC's work on the mechanisms behind resilience, or the ability of an individual to maintain normal cognition during life despite having Alzheimer's pathology in their brain. One of her key findings is that presence of a protein called TDP43 in the brain can undermine the capacity for resilience.

Along with his spirit of support and collaboration, Keene is known for his gratitude for ADRC research participants and families who agree to brain donation. As Keene often says, "brain donation is the most incredible gift a person can give to science." •

2026 Center Milestones

CurePSP recently designated the UW Memory and Brain Wellness Center as a CurePSP Center of Care for Progressive Supranuclear Palsy (PSP) and Corticobasal Syndrome (CBD), which are rare adult-onset neurological diseases.

The MBWC CurePSP Center of Care will be led by the UW ADRC's Dr. Kimiko Domoto-Reilly, MD, a neurologist and associate professor in the UW Department of Neurology and Raima Amin, MD, a neurologist in the UW Department of Neurology.

The flagship Center of Care program is a network of 38 specialized medical centers across the U.S. and Canada. These exist to enhance access to accurate diagnosis, state-of-the-art clinical care, and comprehensive support for Progressive Supranuclear Palsy (PSP) and related diseases.

"We are very excited to be a Cure PSP Center of Care," said Domoto-Reilly. "Working with Dr. Raima Amin allows us to bridge our offerings in cognitive and movement neurology, which is so important for the care of people and families affected by PSP and CBD.

PSP and CBD are known as atypical parkinsonisms. This means the conditions can resemble Parkinson's disease, with symptoms such as changes in balance, walking, and thinking.

As a CurePSP Center of Care, the UW MBWC and the affiliated UW ADRC will work to connect affected families to helpful resources and CurePSP's network of support and educational materials. You can learn more and find all available resources on their website: **www.psp.org/ineedsupport**. •

MBWC Becomes an Alzheimer's Disease Clinical Trial Consortium Site

"A Gamechanger for the Clinical Trials Program"

The Alzheimer's Clinical Trials Consortium (ACTC) is a nationally funded clinical trials infrastructure designed to accelerate the testing of new therapies for Alzheimer's disease and related dementias. The MBWC was recently chosen as one of the ACTC's 32 member sites. This membership means more opportunities for the MBWC to participate as a site for cutting-edge clinical trials supported by industry-academic partnerships.

The ACTC brings an influx of NIH funds and access to centralized resources and shared expertise of leaders in Alzheimer's disease and clinical trials. The ACTC will fund an outreach coordinator to help the UW team build partnerships with surrounding communities to increase engagement in clinical trials at the UW MBWC's Alzheimer's Disease Research Center.

Michael Rosenbloom, MD, Associate Professor of Neurology at UW Medicine, is the principal investigator for the ACTC site at the MBWC and is a member of the ACTC steering committee.

"The ACTC is a gamechanger for the MBWC's Clinical Trials program," said Rosenbloom. "We will now be able to take our clinical trials program to the next level, conducting the most promising and innovative trials, while tapping into the ACTC's network of world experts on Alzheimer's disease."

The UW ADRC Precision Neuropathology Core will also play a role in ACTC, performing post-mortem neuropathology evaluations on trial participants.

"We are honored to have this source of national visibility and recognition," said Thomas Grabowski, MD, Director of the MBWC and ADRC. "The ACTC ups the game on the kinds of clinical trials that we're doing here." For example, the Anti-Tau Platform Trial (ATP) will be testing the effects of combined anti-amyloid and anti-tau therapies on cognitive decline and will launch soon.

Darla Chapman, DNP, ARNP, a nurse practitioner and MBWC Clinic principal investigator and clinician, will serve as Co-Investigator on the studies run in partnership with the ACTC. This will involve overseeing the day-to-day operations of the studies, performing study-specific assessments, and monitoring the safety and health status of study participants.

"I am most excited about the opportunity to connect individuals living with Alzheimer's disease and related dementias to groundbreaking clinical trials that have the potential to benefit not only their own lives, but also future generations," said Chapman. •

Start a Memory Cafe in Your Community

FREE TRAINING • WASHINGTON STATE • LAUNCHING 2026

Memory Cafes are free, informal, social gatherings for people living with dementia and their caregivers. They typically take place in welcoming public spaces, such as restaurants, cafes, libraries, museums, and community centers.

Starting in 2026, the UW Memory and Brain Wellness Center, in alignment with the Memory Cafe Alliance, will work with community partners to launch the Memory Cafe Expansion project. No-cost training on how to start and operate a community Memory Cafe in Washington will be offered.

LET'S CONNECT!

memorycafeswa@uw.edu

@memorycafeswa

(206)685-6749

https://depts.washington.edu/mbwc/resources/memory-cafes-wa

Who Should Join a Training?*

We welcome people from many backgrounds, including:

- Community members and volunteers
- Libraries, senior centers, and community organizations
- Arts and culture facilitators
- Faith communities
- Care professionals and advocates
- Anyone passionate about dementia-friendly communities
- No prior experience running a Memory Cafe is required.

*Priority will be given to those planning to start a community-based Memory Cafe in the next year that is open to the public.

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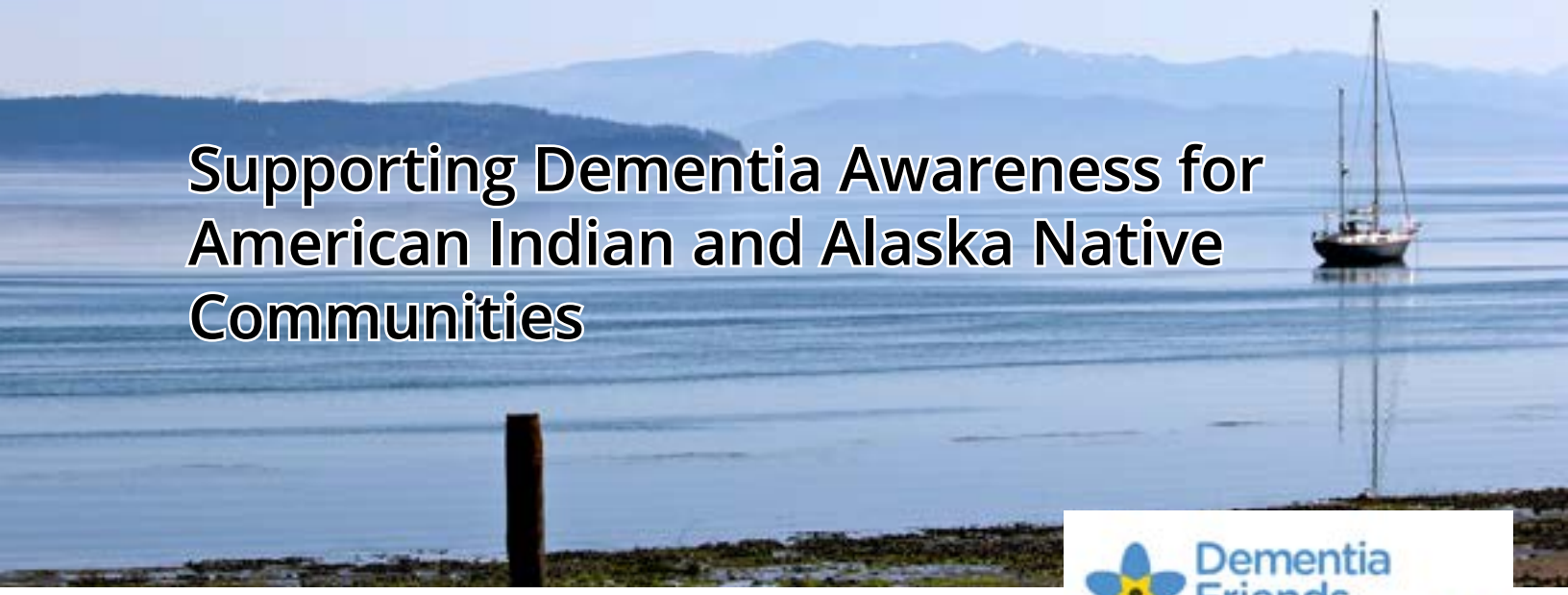

Supporting Dementia Awareness for American Indian and Alaska Native Communities

by Katie Zeitler, Program Manager, Dementia Friends, UW MBWC

Dementia Friends is a global public awareness movement changing the way people think, act, and talk about dementia through free information sessions. Anyone is welcome to attend a session to gain awareness about dementia and discover simple ways to support dementia-friendly communities.

Information sessions cover topics such as what dementia is, the most common type, less common types, typical aging compared to early signs and symptoms, key messages to know, communication tips, information about brain health, and free community resources.

In the United States, there are 38 states participating in the Dementia Friends program, housed within Dementia Friendly America, a part of USAging. Each state involved designates a state lead. In Washington, the state lead for the program, the UW Memory and Brain Wellness Center, partners with organizations, agencies, and volunteers around the state to expand the program and bring on new Dementia Friends. In the past two years, more than 4,000 people in WA have joined the movement.

The International Association for Indigenous Aging (IA2) serves as a national licensee of the Dementia Friends program for American Indian and Alaska Native (AI/AN) communities. Through a partnership with the Dementia Engagement, Education, and Research (DEER) program in Nevada and the CDC, the Dementia Friends curriculum was culturally adapted for these communities.

Section three of the culturally adapted curriculum highlights the strength and resiliency of AI/AN communities, the prevalence of dementia, and ways to reduce risk through health promotion, cultural practices, and social and emotional well-being. The progression of dementia is explained using a long analogy of a river in a winter storm, which was written by Dr. Anton (Waagosh) Treuer, Professor of Ojibwe, Bemidji State University. In the analogy, progressing dementia is like the wind and snow that makes the river harder and harder to navigate, yet emotional and feeling experiences can remain strong and continue to flow even under thick ice.

As stated in the curriculum, “American Indian and Alaska Native people living with dementia need to be understood and supported in their communities. You can help by becoming a Dementia Friend.” This culturally adapted curriculum is available to tribal communities throughout Washington state. Virtual information sessions and training opportunities are available to tribal members interested in sharing the program in their communities through IA2.

“The information was easy to understand and presented well,” said an AI/AN session attendee.

American Indian and Alaska Native community adaptation- virtual Dementia Friends Information Session dates:

www.iasquared.org/find-an-information-session

American Indian and Alaska Native community adaptation- Dementia Friends Champion training dates:

www.iasquared.org/dementia-friends/become-a-champion

Highlights from the AFTD 2026 Educational Conference

"I enjoyed seeing people with so many different perspectives come together and learn from each other—from those with lived experience to researchers, clinicians, and advocates. Being together in person created a real sense of community and left me feeling hopeful about where the field is headed," said **Alicia Adams, UW ADRC Research Coordinator, UW Department of Neurology.**

Pictured: Marigrace Becker, MSW, Jeanne Gallée, PhD, CCP-SLP, Thomas Bird, MD, Kimiko Domoto-Reilly, MD, Kristoffer Rhoads, PhD

On April 30 and May 1, 2026, our Center faculty and staff joined the AFTD's annual gathering to connect and engage around the newest directions in frontotemporal dementia research, care, and support.

Frontotemporal dementia (FTD) is the most common dementia for people younger than 60. Approximately 40% of people diagnosed with FTD have a family history. About 20% of people diagnosed with FTD have an underlying genetic cause. The first day of the conference was devoted to education around this topic of personal significance to audience members.

A Focus on Tau in Genetic FTD

Thomas Bird, MD - one of the first members of the AFTD Scientific Advisory Board - delivered the Genetic FTD Keynote Address on his seminal work in the 1980s and 1990s to identify a variation in the MAPT gene that causes a form of inherited FTD. This work was made possible by one local family who participated research at the UW ADRC in its early years and still maintains a connection with Dr. Bird.

Kimiko Domoto-Reilly, MD, helped the community understand the science of the tau protein, which is seen one shape in FTD and another shape in Alzheimer's disease. She shared that some people with FTD linked to the MAPT gene show a mix of FTD-tau and Alzheimer's-tau. "This is a window of opportunity for synergy in the Alzheimer's and FTD research and treatment," she said. There is now high interest in new PET scan biomarker called florzolotau because it can detect both both AD-tau and FTD-tau. Additionally, Domoto-Reilly notes that if a future Alzheimer's drug can target both shapes of tau, then it could be useful for FTD prevention or treatment as well. Blood tests and skin biopsies for detecting FTD-tau are on the horizon.

Flipping the Script on Speech Therapies in FTD

Jeanne Gallée, PhD, CCP-SLP, spoke about speech-language therapy and her newly published UW ADRC-supported research to create the Progressive Aphasia Communication Toolkit to assess communication strengths in individuals living with Primary Progressive Aphasia (PPA). PPA is a form of FTD that first affects language abilities.

"We have so many assessments that tell us about a specific diagnosis and stage, but not necessarily about quality of life in everyday living," said Gallée. "This is a tool to assess a person's strengths and is intended to really change how we think about ways to improve interventions and functional outcomes." This assessment is easy for a clinican to deliver; It is based on the conversation that happens anyway during a regular clinical or research visit. Gallée developed and tested the toolkit by working with UW ADRC research participants and their care partners. She is now trialing it at the University College London and the Mayo Clinic.

Anyone Can Help Push FTD Research Forward

Conference speakers, including Alicia Adams who coordinates FTD studies at the UW ADRC, emphasized the need for robust participation in research studies and clinical trials to find FTD therapies. Anyone with a connection to FTD disorders and an interest in research participation is encouraged to join the FTD Disorders Registry at ftdregistry.org. This tool is a non-profit registry linked to the national ALLFTD Study. After joining, you will be invited to participate in research surveys about your lived experience and will recieve customized information about research and resources. •

Art in Mind

Spotlight on the Compiled Works of Kimberley Rettig

I Sight. 2019, Digitized Pen

My thoughts form a committee to distinguish between past, present, and future.

Residing in the present offers a bundle of opportunity and encouragement!

A glimpse of the future captures what is forthcoming.

The clouds invite the sun to show itself every morning.

They put it to sleep every night.

A constant of time! (Excerpted from *Art in Mind*)

Kimberley Rettig, M. Arch, is a retired intern-architect and local community member. Throughout her career, she created hand-drawn renderings and floor plans for home and urban development projects. Her craft shifted into more creative territory as she found that making art helped her process her experience of illness across different stages of her life.

Rettig's book, titled *Art in Mind,* is a compilation of her artworks that she created as a therapy to manage her symptoms of bipolar disorder and mild cognitive impairment, over decades. "I close my eyes and start to sketch," she says. "I find it therapeutic and validating to spend my time that way." In the book, she includes prose that interprets each image.

Rettig found the Memory Hub through art exhibit opportunities. In 2024, her paintings were featured in the Memory Hub's Garden of Inspiration exhibit and Frame of Mind exhibit.

Rettig notices that the physical act of drawing does something special for her brain. "I see photographs I've taken," she says, "but I often can't share specifics about what's in the photos in conversation. But in many of my drawings, I can remember what was happening and share the story behind the art. My recall is better with things I've drawn."

Rise. 2004, Ink Wash

Face Line. 2017, Pen and Acrylic

Round About. 2014, Clay over Mesh Wire

For Rettig, art is a way to combine joy and creativity to create new meanings, whether it is the transformation from a state of illness to recovery (*Rise*), or the act of assembling pieces of hope (*Round About*). "That's the gift of art; it lets me interpret my experience and share reactions with others," she says.

Rettig hopes that her story can motivate others to use art or writing as an approach to living with memory loss. "Often we are unable to put our emotions into spoken words. Thus, creativity serves as a therapeutic vehicle for wellness," she writes in *Art of Mind*.

Currently, Rettig is maintaining and developing her website at artinmindkr.com. She continues to share copies of the book with professionals and colleagues and is researching more publication channels to get the book to more audiences. A copy of *Art In Mind* is in the Memory Hub Library for visitors to enjoy. •

Program Highlight: Garden Discovery

"In the garden, moments of genuine connection and a sense of purpose are both at work. - Dawn Robinson, Horticultural Therapist

The Garden Discovery Program, a longstanding collaboration between the UW MBWC and Seattle Parks and Recreation, is an opportunity to connect with nature and engage with others living with memory loss and family and friends. The experience is offered as distinct 3-part series during the spring, summer, and fall seasons in Maude's Garden at the Memory Hub. The 2026 season is made possible by generous support from Skyline Seattle.

Garden Discovery is in full swing this spring, when program participants are finding the garden in its most colorful season of growth and reflective of the garden care work of volunteer gardeners. Each session, social time in Maude's Garden leads into nature-inspired projects, led by horticultural therapist Dawn Robinson, where "plants become a shared language," as she often says.

"Since I've acquired memory loss, so much of my day is filled with thoughts of 'I can't do this anymore, and this is like the opposite of that," said a participant. "It was fun and simple and flies in the face of what I can't do anymore. It's nice to be in the frame of reference of things I can do."

Recent activities have included the ancient Japanese 'kokedama' art of growing plants in moss-covered balls of soil, making May Day baskets of marigolds, and enjoying edible flowers. Projects are always designed to be accessible, collaborative, and engaging to the senses. In conversation around the table, thoughtfully guided by Tamara Keefe of Seattle Parks and Recreation, participants often reflect on their experience of the day's program or the garden.

"It's therapeutic to work with beautiful stuff and to do it together," said a program participant. "I'm at peace." Learn more at: thememoryhub.org/page/garden-discovery.

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