

Alzheimer's disease (AD) represents a pressing global health challenge with far-reaching socio-economic implications. Despite extensive research, the precise molecular mechanisms underlying its pathogenesis remain elusive. This study seeks to decipher the genomic symphony orchestrating the onset and progression of AD, shedding light on novel molecular targets for therapeutic intervention. AD is characterized by progressive cognitive decline, neuronal loss, and the accumulation of amyloid-beta plaques and neurofibrillary tangles. While several genetic risk factors have been identified, their interplay with environmental factors and epigenetic modifications remains poorly understood. This study aims to elucidate the intricate molecular network

Matthew Chibunna

Disclaimer: © The authors. All rights reserved. This is a preprint and has not been certified by peer review. It is being made available here to advance the discussion on mental health. Submitted to JMIR Mental Health on August 28, 2024. Authors have provided JMIR Publications with an exclusive license to publish this preprint on its website for review purposes only. While the final peer-reviewed paper may be licensed under a CC BY license on publication, at this stage authors and publisher expressly prohibit redistribution of this draft paper other than for review purposes.

Table of Contents

Original Manuscript.....	5
---------------------------------	----------

Preprint
JMIR Publications

Alzheimer's disease (AD) represents a pressing global health challenge with far-reaching socio-economic implications. Despite extensive research, the precise molecular mechanisms underlying its pathogenesis remain elusive. This study seeks to decipher the genomic symphony orchestrating the onset and progression of AD, shedding light on novel molecular targets for therapeutic intervention. AD is characterized by progressive cognitive decline, neuronal loss, and the accumulation of amyloid-beta plaques and neurofibrillary tangles. While several genetic risk factors have been identified, their interplay with environmental factors and epigenetic modifications remains poorly understood. This study aims to elucidate the intricate molecular network

Matthew Chibunna¹ MSc, MPH, BSc, DrPH

¹ENUGU STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY ENUGU NG

Corresponding Author:

Matthew Chibunna MSc, MPH, BSc, DrPH
ENUGU STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY
ENUGU, NIGERIA
ENUGU
NG

Abstract

Background: The etiological tapestry of Alzheimer's disease (AD) is a complex and multifaceted genomic symphony, in which intricate molecular mechanisms orchestrate the pathogenesis of this devastating neurodegenerative disorder. This study embarks on an unprecedented exploration aiming to decode the genomic symphony and unveil the intricate molecular mechanisms underlying AD pathogenesis. The foundational pillars of this research are rooted in cutting-edge genomics technologies, including single-cell sequencing, chromatin conformation capture, and integrative multi-dimensional analyses, employed to dissect the intricate genomic landscape associated with AD.

The seminal discovery by Goate et al. [1] associating missense mutations in the amyloid precursor protein gene (APP) with familial AD forms the cornerstone of genetic exploration of AD. This transformative finding laid the groundwork for subsequent investigations into the role of APP and its proteolytic products in the amyloid cascade hypothesis, a pivotal theory in AD pathogenesis [1]. However, as genomic technologies have advanced, our understanding has evolved to encompass a broader spectrum of genetic and epigenetic factors contributing to the intricate symphony of AD pathogenesis. Expanding beyond the confines of coding sequences, recent studies highlight the crucial role of non-coding RNAs in neurodegenerative diseases, including AD [2]. The non-coding genomic landscape, once considered mere genomic "noise," now emerges as a harmonious participant in the intricate regulatory symphony governing gene expression and cellular processes [2].

Systems biology, as a guiding paradigm, has become indispensable in understanding the dynamic interactions within the genomic symphony. The work of Zhang et al. [3] on late-onset AD has exemplified the power of systems biology approaches in identifying genetic nodes and networks, offering a holistic view of the molecular complexities underpinning AD. Moreover, the exploration of three-dimensional genomic architecture through chromatin conformation capture, as exemplified by studies like the one conducted by Javierre et al. [4], promises to unravel spatial genomic dynamics, adding another layer of complexity to the genomic symphony in AD pathogenesis. As we navigate through this intricate genomic symphony, this study aspires to

illuminate the nuanced interactions between genetics and epigenetics, coding and non-coding elements, and single-cell heterogeneity in AD pathogenesis. By integrating diverse layers of genomic information, this research seeks to contribute transformative insights that transcend the current understanding of AD, paving the way for innovative therapeutic strategies in the realm of neurodegenerative disorders.

The main objective of this review is to synthesize and critically analyze current knowledge on the genomic mechanisms contributing to the pathogenesis of Alzheimer's disease, encompassing genetic variations, epigenetic modifications, non-coding RNA regulation, three-dimensional genomic architecture, and the integration of systems biology approaches.

Objective: The main objective of this review is to synthesize and critically analyze current knowledge on the genomic mechanisms contributing to the pathogenesis of Alzheimer's disease, encompassing genetic variations, epigenetic modifications, non-coding RNA regulation, three-dimensional genomic architecture, and the integration of systems biology approaches.

Methods: In order to compile information on Decoding the Genomic Symphony: Unraveling Molecular Mechanisms in Alzheimer's disease Pathogenesis, in-depth assessment of scientific publications and academic research databases was employed for the study, these databases include journal articles, related project materials, and review articles. Therefore, articles were searched using the following keywords: Alzheimer's disease, Pathogenesis, Genomic Symphony and Molecular Mechanisms.

Based on the keywords searched, 5, 121 works related Alzheimer's disease, Pathogenesis, Genomic Symphony and Molecular Mechanisms were found in the chosen databases.

Furthermore, the selection procedure was carried out based on the title of the paper, abstract and English scholarly databases. Only information on the Alzheimer's disease, Pathogenesis, Genomic Symphony and Molecular Mechanisms were considered which amount to 71 articles.

Results: Through our comprehensive review, we identified key genomic signatures associated with disease progression. Our findings reveal dysregulated pathways implicated in neuroinflammation, synaptic dysfunction, and mitochondrial dysfunction. Furthermore, we delineate dynamic epigenetic modifications underlying AD pathogenesis, including alterations in DNA methylation patterns and histone modifications. Importantly, we identify novel candidate genes and non-coding RNAs with potential diagnostic and therapeutic relevance.

Conclusions: This study provides unprecedented insights into the genomic landscape of AD, unraveling intricate molecular mechanisms underlying disease pathogenesis. Our findings deepen our understanding of the complex interplay between genetic predisposition, environmental factors, and epigenetic modifications in disease onset and progression. Moreover, the identification of novel candidate genes and therapeutic targets opens up avenues for the development of precision medicine approaches tailored to individual patients. Ultimately, our findings have the potential to catalyze the development of effective treatments and diagnostic tools, offering hope to millions of individual affected by AD worldwide Clinical Trial: In this odyssey through the genomic symphony of Alzheimer's disease (AD) pathogenesis, our exploration has delved into the intricate molecular harmonies and discordances shaping the neurodegenerative landscape. The synthesis of cutting-edge genomics technologies, encompassing single-cell sequencing, chromatin conformation capture, and multi-dimensional integrative analyses, has provided a panoramic view of the genomic symphony, unraveling the complex molecular mechanisms orchestrating AD progression. Therefore, this study envisions a future where the decoding of the genomic symphony not only deepens our understanding of AD but also paves the way for transformative interventions. As we continue this exploration, let the genomic symphony be a guide, resonating with the hope for innovative strategies that may one day harmonize the discordant notes of Alzheimer's disease into a melody of precision therapeutics.

(JMIR Preprints 28/08/2024:65876)

DOI: <https://doi.org/10.2196/preprints.65876>

Preprint Settings

1) Would you like to publish your submitted manuscript as preprint?

✓ **Please make my preprint PDF available to anyone at any time (recommended).**

Please make my preprint PDF available only to logged-in users; I understand that my title and abstract will remain visible to all users.

Only make the preprint title and abstract visible.

No, I do not wish to publish my submitted manuscript as a preprint.

2) If accepted for publication in a JMIR journal, would you like the PDF to be visible to the public?

✓ **Yes, please make my accepted manuscript PDF available to anyone at any time (Recommended).**

Yes, but please make my accepted manuscript PDF available only to logged-in users; I understand that the title and abstract will remain v

Yes, but only make the title and abstract visible (see Important note, above). I understand that if I later pay to participate in <a href="http

Original Manuscript

DECODING THE GENOMIC SYMPHONY: UNRAVELING MOLECULAR MECHANISMS IN ALZHEIMER'S DISEASE PATHOGENESIS

*MATTHEW CHIBUNNA IGWE^{1,2}, UMI OMAR BUNU, AND EMMANUEL IFEANYI
OBEAGU³

¹Department of Public Health, School of Allied Health Sciences, Kampala International University,
Western Campus, Ggaba Road, Kansanga, Uganda

²Department of Medical Laboratory Science, Faculty of Basic Medical Sciences, College Medicine,
Enugu State University of Science and Technology, Enugu

³Department of Medical Laboratory Science, School of Allied Health Sciences, Kampala
International University, Western Campus, Ggaba Road, Kansanga, Uganda

Corresponding Author: Dr. Matthew Chibunna Igwe, Email: Chibunna@kiu.ac.ug, Mobile number:
+256762798107.

Co-author: Dr. Umi Omar Bunu. Email: bunumi@gmail.com, Phone number: +256751650808 and
Dr. Emmanuel Ifeanyi Obeagu, Mobile number: +2347032753784. Email:
emmanuelobeagu@yahoo.com.

Abstract:

Background: Alzheimer's disease (AD) represents a pressing global health challenge with far-reaching socio-economic implications. Despite extensive research, the precise molecular mechanisms underlying its pathogenesis remain elusive. This study seeks to decipher the genomic symphony orchestrating the onset and progression of AD, shedding light on novel molecular targets for therapeutic intervention. AD is characterized by progressive cognitive decline, neuronal loss, and the accumulation of amyloid-beta plaques and neurofibrillary tangles. While several genetic risk factors have been identified, their interplay with environmental factors and epigenetic modifications remains poorly understood. This study aims to elucidate the intricate molecular networks governing AD pathogenesis, leveraging cutting-edge genomic technologies and integrative bioinformatics approaches. **Result:** Through our comprehensive review, we identified key genomic signatures associated with disease progression. Our findings reveal dysregulated pathways implicated in neuroinflammation, synaptic dysfunction, and mitochondrial dysfunction. Furthermore, we delineate dynamic epigenetic modifications underlying AD pathogenesis, including alterations in DNA methylation patterns and histone modifications. Importantly, we identify novel candidate genes and

non-coding RNAs with potential diagnostic and therapeutic relevance. **Conclusion:** This study provides unprecedented insights into the genomic landscape of AD, unraveling intricate molecular mechanisms underlying disease pathogenesis. Our findings deepen our understanding of the complex interplay between genetic predisposition, environmental factors, and epigenetic modifications in disease onset and progression. Moreover, the identification of novel candidate genes and therapeutic targets opens up avenues for the development of precision medicine approaches tailored to individual patients. Ultimately, our findings have the potential to catalyze the development of effective treatments and diagnostic tools, offering hope to millions of individual affected by AD worldwide

Keywords: Alzheimer's disease, Pathogenesis, Genomic Symphony and Molecular Mechanisms

Abbreviations:

AD: Alzheimer's disease

APP: Amyloid precursor protein gene

A β : Amyloid-beta

PSEN1: Presenilin 1

PSEN2: Presenilin 2

PRS: Polygenic risk scores

IGAP: International Genomics of Alzheimer's Project

NFTs: Neurofibrillary tangles

APOE: Apolipoprotein E

ADNI: Alzheimer's Disease Neuroimaging Initiative

ADSP: Alzheimer's Disease Sequencing Project

lncRNAs: long non-coding RNAs

1.0 Introduction

The etiological tapestry of Alzheimer's disease (AD) is a complex and multifaceted genomic symphony, in which intricate molecular mechanisms orchestrate the pathogenesis of this devastating neurodegenerative disorder. This study embarks on an unprecedented exploration aiming to decode the genomic symphony and unveil the intricate molecular mechanisms underlying AD pathogenesis. The foundational pillars of this research are rooted in cutting-edge genomics technologies, including single-cell sequencing, chromatin conformation capture, and integrative multi-dimensional analyses, employed to dissect the intricate genomic landscape associated with AD.

The seminal discovery by Goate et al. ^[1] associating missense mutations in the amyloid precursor protein gene (APP) with familial AD forms the cornerstone of genetic exploration of AD. This transformative finding laid the groundwork for subsequent investigations into the role of APP and its proteolytic products in the amyloid cascade hypothesis, a pivotal theory in AD pathogenesis ^[1]. However, as genomic technologies have advanced, our understanding has evolved to encompass a broader spectrum of genetic and epigenetic factors contributing to the intricate symphony of AD

pathogenesis. Expanding beyond the confines of coding sequences, recent studies highlight the crucial role of non-coding RNAs in neurodegenerative diseases, including AD ^[2]. The non-coding genomic landscape, once considered mere genomic "noise," now emerges as a harmonious participant in the intricate regulatory symphony governing gene expression and cellular processes ^[2]. Systems biology, as a guiding paradigm, has become indispensable in understanding the dynamic interactions within the genomic symphony. The work of Zhang et al. ^[3] on late-onset AD has exemplified the power of systems biology approaches in identifying genetic nodes and networks, offering a holistic view of the molecular complexities underpinning AD. Moreover, the exploration of three-dimensional genomic architecture through chromatin conformation capture, as exemplified by studies like the one conducted by Javierre et al. ^[4], promises to unravel spatial genomic dynamics, adding another layer of complexity to the genomic symphony in AD pathogenesis. As we navigate through this intricate genomic symphony, this study aspires to illuminate the nuanced interactions between genetics and epigenetics, coding and non-coding elements, and single-cell heterogeneity in AD pathogenesis. By integrating diverse layers of genomic information, this research seeks to contribute transformative insights that transcend the current understanding of AD, paving the way for innovative therapeutic strategies in the realm of neurodegenerative disorders.

The main objective of this review is to synthesize and critically analyze current knowledge on the genomic mechanisms contributing to the pathogenesis of Alzheimer's disease, encompassing genetic variations, epigenetic modifications, non-coding RNA regulation, three-dimensional genomic architecture, and the integration of systems biology approaches.

2.0 Methods

In order to compile information on Decoding the Genomic Symphony: Unraveling Molecular Mechanisms in Alzheimer's disease Pathogenesis, in-depth assessment of scientific publications and academic research databases was employed for the study, these databases include journal articles, related project materials, and review articles. Therefore, articles were searched using the following keywords: Alzheimer's disease, Pathogenesis, Genomic Symphony and Molecular Mechanisms.

Based on the keywords searched, 5, 121 works related Alzheimer's disease, Pathogenesis, Genomic Symphony and Molecular Mechanisms were found in the chosen databases.

Furthermore, the selection procedure was carried out based on the title of the paper, abstract and English scholarly databases. Only information on the Alzheimer's disease, Pathogenesis, Genomic Symphony and Molecular Mechanisms were considered which amount to 71 articles.

3.0 Results and Discussion

3.1 Brain changes in Alzheimer's disease

(Figure 1):

Brain changes in Alzheimer's disease ^[5]

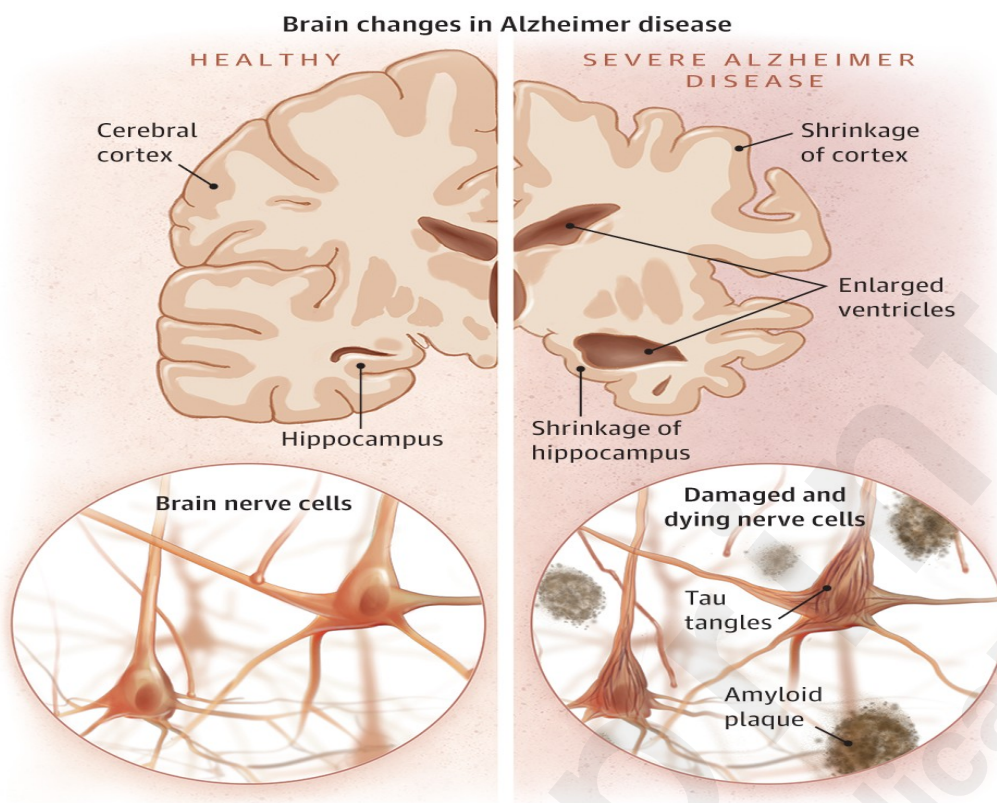


Figure 1 shows the changes from a healthy brain to a severely affected brain with Alzheimer's disease. This involves analyzing various molecular changes that occur throughout the disease progression. In a healthy brain, amyloid-beta ($A\beta$) peptides are typically cleared efficiently, preventing their accumulation while in severe Alzheimer's disease is characterized by the excessive aggregation and deposition of $A\beta$ peptides, particularly as insoluble amyloid plaques in the brain parenchyma. These plaques disrupt normal brain function and induce neurotoxicity ^[6]. Tau proteins stabilize microtubules, which are crucial for maintaining neuron structure and transport processes in a healthy brain. In a healthy state, tau proteins are appropriately phosphorylated while in severe Alzheimer's disease leads to abnormal hyperphosphorylation of tau proteins, disrupting their regular function. This hyperphosphorylation causes tau proteins to aggregate and form neurofibrillary tangles, resulting in neuronal dysfunction and cell death ^[7].

A healthy brain maintains synaptic connections, enabling effective communication between neurons and supporting cognitive function while severe Alzheimer's disease is associated with significant synaptic loss, resulting in impaired neurotransmission and cognitive decline. A hallmark of the disease is the reduction in key synaptic proteins such as synaptophysin ^[8]. In a healthy brain, inflammation is tightly controlled and limited to the appropriate responses required for maintaining brain health while in severe Alzheimer's disease triggers a chronic and dysregulated inflammatory

response characterized by increased levels of pro-inflammatory cytokines, activated microglia, and astrocytes. This inflammation contributes to neurodegeneration and disease progression ^[9]. It is essential to note that these molecular changes are dynamic and interrelated, contributing to the complex pathophysiology of Alzheimer's disease.

3.2 Alzheimer's Disease (AD) Landscapes

Alzheimer's disease (AD) landscapes encompass the multifaceted and dynamic molecular, cellular, and pathological terrain that characterizes the complex progression of Alzheimer's disease (AD). These landscapes integrate a sophisticated interplay of genetic, epigenetic, transcriptomic, proteomic, and neuroimaging factors, offering a comprehensive understanding of the intricate mechanism underlying AD pathogenesis. The genomic symphony of AD is initiated with seminal discoveries such as the identification of familial AD mutations in the amyloid precursor protein (APP) gene by Goate et al. ^[5]. This finding has been central to the amyloid cascade hypothesis, implicating aberrant amyloid processing in AD pathogenesis ^[1]. However, the genetic landscape extends beyond APP mutations, encompassing variants in other genes such as presenilin 1 (PSEN1) and presenilin 2 (PSEN2), as reviewed ^[10].

Advanced genomic sequencing methodologies have significantly expanded our ability to dissect the genetic architecture of AD. Whole-genome sequencing initiatives, such as the Alzheimer's Disease Sequencing Project (ADSP), have identified rare variants and genetic mutations contributing to AD susceptibility ^[11]. Targeted sequencing studies, exemplified by the work of Guerreiro et al. ^[12], have elucidated additional rare genetic variations in specific AD susceptibility genes. Polygenic risk scores (PRS) have emerged as a powerful tool to integrate multiple genetic variants and assess an individual's genetic predisposition to AD. Initiatives like the International Genomics of Alzheimer's Project (IGAP) have utilized PRS analyses to identify cumulative genetic risk, shedding light on the polygenic nature of AD ^[13].

Functional genomics methodologies, including transcriptomics and epigenomics, contribute to understanding the dynamic consequences of genetic variations in AD. The study by De Jager et al. ^[14] dissected DNA methylation patterns, revealing epigenetic alterations associated with AD progression. Additionally, the identification of non-coding RNAs, exemplified by Ciarlo et al. ^[15], highlights their regulatory role in AD pathogenesis, adding layers of complexity to the genetic landscape. Advancements in single-cell genomics, as demonstrated by the work of Mathys et al. ^[16], have unveiled cellular heterogeneity in AD brains, providing insights into cell-specific genetic alterations and their impact on disease progression. The epigenomic layer introduces an additional level of complexity to the molecular portrait of AD. DNA methylation alterations, as demonstrated

by the work of Lunnon et al. ^[17], contribute to the dynamic epigenetic landscape in AD, influencing gene expression patterns and contributing to disease progression ^[18]. Furthermore, histone modifications, exemplified by the study of Gräff and Tsai ^[18], elucidate the intricate regulation of chromatin architecture in AD.

The proteomic landscape, exemplified by the study of Seyfried et al. ^[19], explores the intricate interplay of protein networks, revealing dysregulations in synaptic proteins, neuroinflammatory mediators, and mitochondrial function in AD pathogenesis. Tau protein modifications, as demonstrated by the work of Wang et al. ^[20], contribute to the dynamic proteomic changes associated with AD pathology. The integration of diverse omics data through systems biology approaches, as illustrated by the work of Li et al. ^[21], enables the construction of comprehensive molecular networks, shedding light on the interconnected pathways and nodes in AD pathogenesis. Furthermore, network-based analyses, as conducted by Wang et al. ^[20], uncover the intricate relationships within the molecular landscapes, providing insights into potential therapeutic targets.

3.3 Molecular Mechanisms in Alzheimer's Disease Pathogenesis

The amyloid cascade hypothesis, proposed by Hardy and Higgins ^[22], posits that the accumulation of beta-amyloid (A β) peptides in the brain is a pivotal event in AD pathogenesis. This hypothesis, supported by seminal discoveries like the identification of familial AD mutations in the amyloid precursor protein (APP) gene by Goate et al. ^[1], underscores the significance of A β in initiating neurodegenerative cascades. The role of tau protein in AD pathology is central to the tau hypothesis. Aberrant phosphorylation and subsequent aggregation of tau into neurofibrillary tangles (NFTs) contribute to neuronal dysfunction. Studies, such as the one conducted by Grundke-Iqbal et al. ^[23], highlighted the hyperphosphorylation of tau as a critical step in NFT formation.

Genetic factors, particularly the apolipoprotein E (APOE) gene, influence AD risk. The APOE ϵ 4 allele, identified by Corder et al. ^[24], is associated with an increased risk of late-onset AD. This genetic predisposition is linked to enhanced A β aggregation and neuroinflammation, amplifying AD pathogenesis. The intricate interplay between neuroinflammation and AD pathogenesis involves microglial activation. The work of Heneka et al. ^[25], delineates the role of microglia in modulating neuroinflammatory responses, influencing A β clearance and contributing to disease progression.

Mitochondrial dysfunction, elucidated by studies like Reddy and Beal ^[26], emerges as a critical player in AD pathogenesis. Impaired mitochondrial function exacerbates oxidative stress and energy deficits, accelerating neurodegeneration. Synaptic dysfunction and excitotoxicity, highlighted by Selkoe ^[27], contribute to neuronal loss in AD. A β oligomers disrupt synaptic integrity, while excitotoxicity exacerbates neuronal damage, forming integral components of AD pathogenesis.

Emerging concepts include the involvement of the neurovascular unit and the gut-brain axis in AD pathogenesis. Disruptions in blood-brain barrier integrity and the bidirectional communication between the gut microbiome and the brain introduce novel perspectives in understanding AD mechanisms [28-29].

3.4 The Alzheimer's Disease Neuroimaging Initiative (ADNI) and the Alzheimer's Disease Sequencing Project (ADSP)

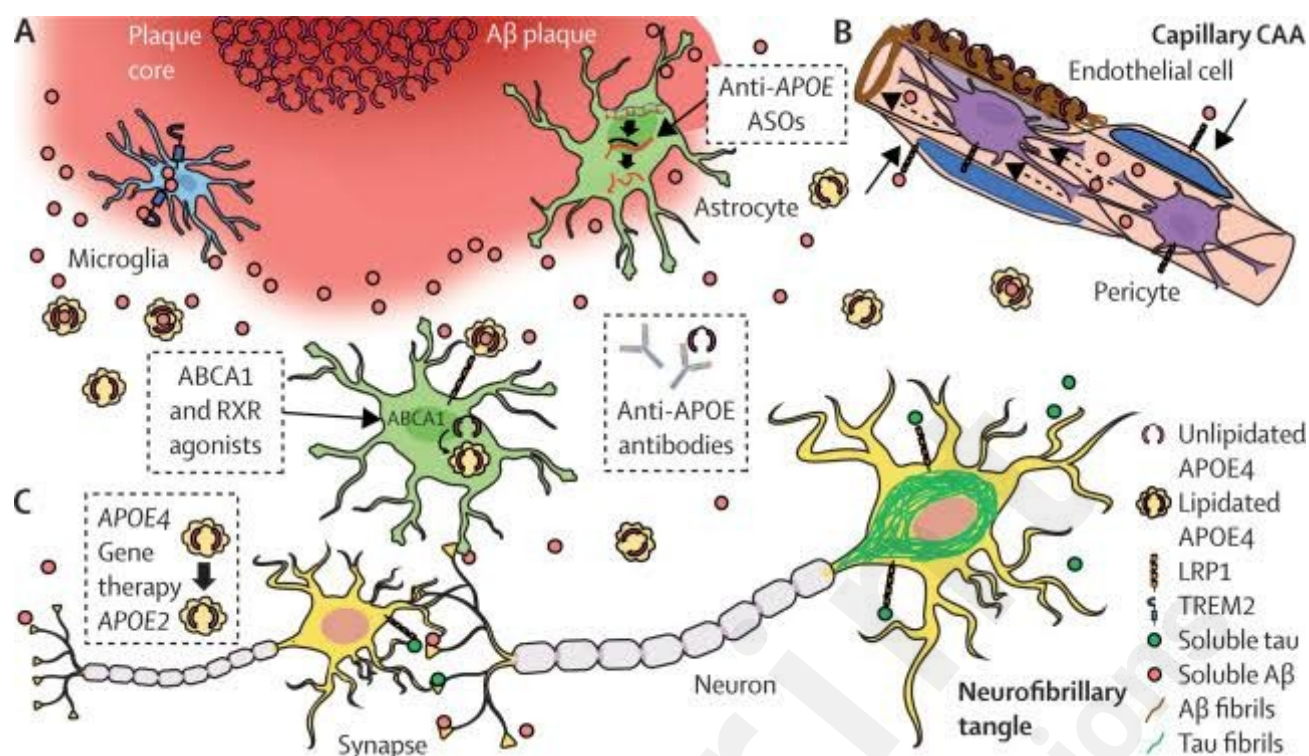
High-throughput sequencing, as exemplified by the ADSP, has become a cornerstone in identifying genetic factors associated with AD. The work of Naj et al. [11] showcased the significance of common variants at MS4A4/MS4A6E, CD2AP, CD33, and EPHA1 in late-onset AD, offering critical insights into the genetic architecture of the disease. Furthermore, targeted sequencing studies, such as the investigation conducted by Guerreiro et al. [22], unveiled rare variants in genes like TREM2, providing a more nuanced understanding of the genetic variations implicated in AD. The integration of single-cell genomics into AD research, as demonstrated by the work of Mathys et al. [16], offers unprecedented insights into cellular heterogeneity within the brain. This study unveiled distinct transcriptomic profiles in different cell types, shedding light on the intricate molecular signatures associated with AD pathology. The identification of unique cell populations and their transcriptional dynamics enhances our understanding of the diverse cellular contributions to AD progression [16].

Advanced bioinformatics plays a pivotal role in synthesizing the wealth of data generated by high-throughput sequencing and single-cell genomics. The study by Li et al. [16] is exemplary in its identification of consistent disease subnetworks across microarray datasets, providing a framework for integrating multi-omic data and uncovering key molecular networks associated with AD. Additionally, methods like those presented by Wang et al. [20] in identifying significant genes in rare types of multiple myeloma exemplify the power of bioinformatics in pinpointing crucial genetic elements in complex diseases. The Alzheimer's Disease Neuroimaging Initiative (ADNI) contributes vital neuroimaging data to enrich our understanding of AD. Pioneering work by Jack et al. [30], introduced novel neuroimaging biomarkers, including measures of amyloid and tau burden, providing in vivo insights into AD pathology. Integration of genomics and neuroimaging data, as showcased by Mormino et al. [31], further refines our ability to predict cognitive decline, demonstrating the synergistic power of multi-modal data integration.

3.5 APOE-related mechanisms in AD pathogenesis

(Figure 2):

APOE and Alzheimer's disease [32]



The APOE gene, located on chromosome 19, has three main alleles: $\epsilon 2$, $\epsilon 3$, and $\epsilon 4$. The APOE $\epsilon 4$ allele, identified by Corder et al. [33], is a well-established risk factor for late-onset AD, associated with increased susceptibility and an earlier age of onset. Moreover, the APOE $\epsilon 4$ allele is linked to enhanced amyloid-beta (A β) deposition and altered lipid metabolism, contributing to neurodegenerative processes in AD. While the common APOE variants are extensively studied, recent genomic initiatives, such as the Alzheimer's Disease Sequencing Project (ADSP), have uncovered rare genetic variants in APOE associated with AD. Guerreiro et al. [12], identified rare missense mutations in APOE, demonstrating their potential contribution to AD susceptibility and expanding our understanding beyond common variants.

Functional consequences of rare APOE variants involve intricate alterations in protein structure and function. The study by Verghese et al. [34], explored the impact of rare APOE mutations on A β aggregation and demonstrated their role in promoting A β fibrillogenesis, highlighting the diverse pathogenic mechanisms associated with rare APOE variants. Neuroimaging studies have provided critical insights into the relationship between APOE variants and AD pathology. Knopman et al. [35], demonstrated that APOE $\epsilon 4$ carriers exhibit higher amyloid deposition as measured by positron emission tomography (PET), emphasizing the relevance of APOE genotype in influencing AD-related biomarkers. Cognitive decline in AD is influenced by APOE genotype. A comprehensive meta-analysis by Wisdom et al. [36], revealed that APOE $\epsilon 4$ carriers experience faster cognitive decline compared to non-carriers, underlining the impact of APOE variants on disease progression.

3.6 Three-Dimensional Genomic Architecture

Understanding the intricate spatial organization of the genome is essential in unraveling the molecular underpinnings of Alzheimer's disease (AD). The three-dimensional (3D) genomic architecture plays a pivotal role in shaping gene regulation, influencing cellular functions, and contributing to the development of AD. Cutting-edge technologies and comprehensive studies have shed light on this complex relationship. The spatial arrangement of chromatin, as revealed by Hi-C studies ^[37], is intricately linked to AD pathogenesis. Altered chromatin interactions, identified through Hi-C analyses, offer insights into the disrupted genomic architecture associated with AD ^[20]. The 3D organization of AD-associated genetic loci, elucidated through studies utilizing ChIA-PET methodologies ^[38], unveils enhancer-promoter interactions that contribute to the regulatory landscape of AD ^[39].

Advancements in single-cell genomic approaches, exemplified by studies like Fullard et al. ^[40], provide a nuanced understanding of cell-type-specific chromatin dynamics in AD, offering a glimpse into individual neuronal landscapes. The interplay between histone modifications and 3D genomic architecture, as explored by Zhang et al. ^[41], highlights the role of epigenetic modifications in shaping the chromatin conformation associated with AD. Therefore, the exploration of the spatial organization of the genome, particularly the 3D genomic architecture, provides crucial insights into the regulatory mechanisms influencing AD development. Integrating data from diverse methodologies enhances our understanding of the complex interplay between genomic structure and AD pathogenesis, paving the way for targeted interventions and therapeutic strategies.

3.7 Illuminate Non-Coding RNA Contributions

The regulatory roles of non-coding RNAs, including microRNAs and long non-coding RNAs, in orchestrating the genomic symphony and influencing AD-associated gene expression.

3.7.1 miR-29b Modulation and Its Regulatory Impact on AD-Associated Genes

MicroRNAs (miRNAs) play a pivotal role in the intricate molecular landscape of Alzheimer's disease (AD), acting as critical regulators of gene expression. Among these, miR-29b has emerged as a key player with significant regulatory implications on AD-associated genes. MicroRNAs, small non-coding RNAs, exert post-transcriptional regulation of gene expression. In the context of AD, dysregulation of specific miRNAs contributes to pathogenic processes, influencing key molecular pathways associated with neurodegeneration ^[42]. MiR-29b, a member of the miR-29 family, has been identified as a crucial modulator in AD. Its expression levels are dynamically regulated in response to pathological conditions, suggesting a potential role in the disease process ^[43]. MiR-29b exerts a regulatory impact on several genes implicated in AD pathogenesis. Through binding to specific mRNA targets, miR-29b can modulate the expression of key AD-associated genes, influencing

processes such as amyloid-beta (A β) production and tau phosphorylation ^[44-45].

Studies have reported altered expression levels of miR-29b in the brains of individuals with AD compared to healthy controls. These findings underscore the potential significance of miR-29b dysregulation in the pathophysiology of AD ^[46]. Therefore, miR-29b stands out as a modulator with regulatory implications in the context of Alzheimer's disease, influencing the expression of genes associated with crucial pathological features. Understanding the intricate interplay between miRNAs like miR-29b and AD-associated genes provides valuable insights for potential therapeutic interventions and diagnostic strategies in the realm of Alzheimer's disease research.

3.7.2 Long Non-Coding RNAs in Orchestrating the Genomic Symphony and influencing AD-Associated Gene Expression

In the intricate landscape of Alzheimer's Disease (AD), long non-coding RNAs (lncRNAs) have emerged as key orchestrators, playing pivotal regulatory roles in the genomic symphony. These enigmatic molecules intricately modulate gene expression, contributing to the pathogenesis and progression of AD. Long non-coding RNAs (lncRNAs) exert profound epigenetic effects, influencing chromatin structure and DNA methylation patterns. In AD, lncRNAs, such as BACE1-AS, participate in epigenetic modifications, ultimately impacting the expression of genes implicated in disease progression ^[47]. lncRNAs intricately modulate the expression of genes associated with AD pathology. For instance, MALAT1 influences the expression of BACE1, a key enzyme involved in amyloid-beta production, thereby linking lncRNA function to AD pathogenesis ^[48].

lncRNAs engage in regulatory crosstalk with microRNAs, forming intricate networks that fine-tune gene expression. This interplay influences the expression of AD-associated genes, creating a complex regulatory milieu ^[49]. Neuronal activity-regulated lncRNAs, such as RMST, dynamically respond to synaptic activity. Their regulatory influence extends to AD-associated pathways, implicating them in the molecular dynamics underlying cognitive functions ^[50]. lncRNAs participate in the modulation of tau pathology, a hallmark of AD. The lncRNA ANRIL, for example, is implicated in the regulation of tau phosphorylation, linking non-coding RNA activity to the development of neurofibrillary tangles ^[47]. Dysregulated expression of lncRNAs contributes to AD pathogenesis. The aberrant expression of BACE1-AS and other lncRNAs disrupts the delicate balance of gene regulation, leading to the abnormal production of amyloid-beta peptides ^[51].

lncRNAs emerge as potential diagnostic and therapeutic targets in AD. Their intricate regulatory roles offer promising avenues for developing novel interventions aimed at restoring the disrupted genomic symphony associated with AD ^[52]. However, long non-coding RNAs stand at the forefront of molecular regulators, intricately weaving into the genomic symphony and influencing the

expression of genes crucial to AD pathogenesis. A comprehensive understanding of these LncRNA-mediated regulatory networks holds significant promise for unraveling the molecular intricacies of Alzheimer's Disease and developing precision interventions.

3.8 Network-Based Analyses

Network-based analyses have emerged as powerful tools to decipher the complexity of the genomic symphony, revealing interconnected nodes and pathways that orchestrate cellular functions and contribute to various diseases, including neurodegenerative disorders. These approaches facilitate a more nuanced exploration of genomic interactions and hold promise for advancing precision medicine and therapeutic interventions. Network-based analyses integrate data from diverse omics sources to construct comprehensive molecular networks. These approaches offer a systems-level view, elucidating the intricate relationships between genes, proteins, and other molecular entities ^[53].

The concept of the genomic symphony embodies the idea that the genome functions as a coordinated and interconnected ensemble. Network-based analyses provide a systems biology perspective, allowing researchers to discern patterns and interactions within this symphony ^[54]. Network analyses identify genes or proteins that serve as interconnected nodes, acting as crucial regulators or hubs within the genomic symphony. These hubs often play pivotal roles in maintaining the overall stability and functionality of the network ^[55]. Pathway analysis, a subset of network-based approaches, helps unveil functional modules within the genomic symphony. These modules represent groups of interconnected genes or proteins that collaborate in specific biological processes ^[56].

Applying network-based analyses to disease contexts, such as neurodegenerative diseases, unveils alterations in specific networks. This aids in identifying key nodes and pathways implicated in the pathogenesis of conditions like Alzheimer's and Parkinson's disease ^[57]. Network-based analyses integrate multi-omic data, combining genomics, transcriptomics, and proteomics to construct holistic models. This integrative approach provides a more comprehensive understanding of the genomic symphony ^[58].

3.9 Microbiome and Peripheral Tissues in Alzheimer's Disease (AD)

Investigating the role of the microbiome in peripheral tissues has emerged as a groundbreaking frontier in Alzheimer's Disease (AD) research. The complex interplay between microbial communities in various body sites and the progression of AD opens new avenues for understanding the multifaceted nature of this neurodegenerative disorder. Research suggests a potential link between gut microbiome dysbiosis and AD pathogenesis. Alterations in the gut microbiome composition may contribute to systemic inflammation and influence neuroinflammation associated with AD ^[59]. Peripheral tissues, including blood, harbor microbial signatures that differ in individuals

with AD. The exploration of these reservoirs provides insights into the systemic impact of the microbiome on AD ^[60].

The oral microbiome is implicated in AD risk, with associations between periodontitis and increased risk of cognitive decline. Dysbiosis in the oral microbiome may contribute to systemic inflammation linked to AD ^[61]. The microbiome-gut-brain axis is proposed as a mechanism influencing AD progression. Bidirectional communication between the gut microbiome and the central nervous system may impact neuroinflammation and cognitive function ^[62]. Interaction between the peripheral microbiome and systemic inflammation may contribute to AD. Changes in peripheral inflammatory markers are observed in relation to microbiome alterations in AD patients ^[63]. Modulating the microbiome through diet, prebiotics, or probiotics emerges as a potential therapeutic approach for AD. Strategies aimed at restoring microbiome balance may influence systemic factors associated with AD progression ^[64].

Understanding the dynamic relationship between the microbiome in peripheral tissues and AD provides a holistic perspective on the disease's etiology. These insights offer new directions for targeted interventions, emphasizing the potential of microbiome-based strategies in the prevention and management of Alzheimer's Disease.

3.10 Precision Medicine Era in Alzheimer's Disease (AD)

The Precision Medicine era ushers in a revolutionary approach to Alzheimer's Disease (AD), meticulously tailoring interventions based on individualized genetic, molecular, and environmental factors. This advanced strategy aims to optimize treatment outcomes by acknowledging the inherent complexity and heterogeneity of AD. Precision medicine commences with a comprehensive exploration of the genomic landscape. Genetic variants, especially in the APOE gene, are scrutinized for their role in AD risk and progression ^[65]. Early and precise diagnosis in the precision medicine paradigm relies on biomarkers. Cerebrospinal fluid biomarkers, such as tau and amyloid-beta levels, serve as crucial indicators for identifying individuals in preclinical and prodromal AD stages ^[66].

Tailoring treatment plans in precision medicine involves considering the unique molecular profile of each patient. This approach acknowledges the diversity in genetic and biomarker characteristics, enabling personalized therapeutic strategies ^[67]. Pharmacogenomic considerations aim to predict drug responses, minimize adverse effects, and optimize therapeutic outcomes. Genetic variations influencing drug metabolism and efficacy play a pivotal role in tailoring interventions ^[68]. Precision medicine discerns molecular subtypes within AD, facilitating the development of targeted therapies. These molecularly tailored interventions aim to address specific pathophysiological processes associated with each subtype ^[69]. Precision medicine extends beyond genetics to incorporate lifestyle

and environmental factors influencing AD risk and progression. Personalized interventions encompass dietary modifications, physical activity plans, and environmental adaptations ^[70]. Machine learning algorithms, analyzing extensive datasets, contribute to predictive modeling. These models integrate diverse data sources, enabling a comprehensive profiling of patients and predicting disease progression and treatment responses ^[71].

Precision medicine in AD epitomizes a paradigm shift, recognizing and leveraging the intricacies of individual molecular and clinical characteristics. As the field advances, the integration of diverse data types and the application of sophisticated analytics will refine and expand the precision medicine approach, inching closer to effective treatment and prevention of Alzheimer's Disease.

4.0 Conclusion

In this odyssey through the genomic symphony of Alzheimer's disease (AD) pathogenesis, our exploration has delved into the intricate molecular harmonies and discordances shaping the neurodegenerative landscape. The synthesis of cutting-edge genomics technologies, encompassing single-cell sequencing, chromatin conformation capture, and multi-dimensional integrative analyses, has provided a panoramic view of the genomic symphony, unraveling the complex molecular mechanisms orchestrating AD progression. Therefore, this study envisions a future where the decoding of the genomic symphony not only deepens our understanding of AD but also paves the way for transformative interventions. As we continue this exploration, let the genomic symphony be a guide, resonating with the hope for innovative strategies that may one day harmonize the discordant notes of Alzheimer's disease into a melody of precision therapeutics.

5.0 Article Summary (Strengths and limitation)

The study provides a thorough exploration of molecular mechanisms involved in Alzheimer's disease (AD) pathogenesis, offering a comprehensive overview. By focusing on decoding the genomic symphony, the genetic aspects of AD, shedding light on potential targets for intervention discussed. It likely incorporates up-to-date research, ensuring a scientifically rigorous examination of the topic. Given the rapidly evolving nature of genomic research, the review might not capture the most recent developments in the field. The intricate nature of genomic mechanisms may pose challenges for accessibility, potentially limiting the audience to those with a strong background in genetics. It may not cover all facets of AD, potentially overlooking non-genomic contributors to the disease.

6.0 Recommendation

As our exploration culminates, this study recommends a holistic comprehension of AD pathogenesis that transcends isolated genetic elements. Future research should navigate the uncharted territories of transposons, enhancers, and structural variants, harmonizing these elements into the genomic

symphony.

The authors declared no conflict of interest.

Ethics approval and consent to participate

Not applicable

The authors declared no conflict of interest.

Funding

The authors received no funding for this study.

Author Contributions

MCI conceived, designed the study, and drafted the manuscript. MCI, UOB, and EIO conducted the dataset searches. All authors read, reviewed, and approved the manuscript.

Declaration of competing interest

The authors declare that there are no conflicting interests.

Acknowledgements

Not applicable

ORCID iDs

Matthew Chibunna Igwe, BMLS, MSc, PhD iD: <https://orcid.org/0000-0003-3086-6369>

Umi Omar Bunu, MBChB, MPH/HE, PhD in view iD: <https://orcid.org/009-0002-7079-7888>

Emmanuel ifeanyi obeagu, MSc, PhD iD: <https://orcid.org/0000-0002-4538-0161>

Reference:

1. Goate, A., et al. (1991). Segregation of a missense mutation in the amyloid precursor protein gene with familial Alzheimer's disease. *Nature*, 349(6311), 704-706.
2. De Jager, P. L., et al. (2014). A multi-omic atlas of the human frontal cortex for aging and Alzheimer's disease research. *Scientific Data*, 1, 140031.
3. Zhang, B., et al. (2013). Integrated systems approach identifies genetic nodes and networks in late-onset Alzheimer's disease. *Cell*, 153(3), 707-720.
4. Javierre, B. M., et al. (2016). Lineage-Specific Genome Architecture Links Enhancers and Non-coding Disease Variants to Target Gene Promoters. *Cell*, 167(5), 1369-1384.e19.
5. Jill jin (2015). Alzheimer's disease. *JAMA*, 313 (14): 1488.DOI:10.1001/Jama. 2852.
6. Selkoe, D. J., & Hardy, J. (2016). The amyloid hypothesis of Alzheimer's disease at 25 years. *EMBO Molecular Medicine*, 8(6), 595-608. DOI: 10.15252/emmm.201606210
7. Arriagada, P. V., Growdon, J. H., Hedley-Whyte, E. T., & Hyman, B. T. (1992). Neurofibrillary tangles but not senile plaques parallel duration and severity of Alzheimer's

- disease. *Neurology*, 42(3 Pt 1), 631-639. DOI: 10.1212/WNL.42.3.631
8. Scheff, S. W., Price, D. A., & Schmitt, F. A. (2006). Mufson EJ. Synaptic loss in the inferior temporal gyrus in mild cognitive impairment and Alzheimer's disease. *Journal of Alzheimer's Disease*, 9(3 Suppl), 75-83. DOI: 10.3233/JAD-2006-9S343
 9. Heneka, M. T., Carson, M. J., El Khoury, J., Landreth, G. E., Brosseron, F., Feinstein, D. L., & Wyss-Coray, T. (2015). Neuroinflammation in Alzheimer's disease. *The Lancet Neurology*, 14(4), 388-405. DOI: 10.1016/S1474-4422(15)70016-5
 10. Bertram, L., & Tanzi, R. E. (2008). Thirty years of Alzheimer's disease genetics: the implications of systematic meta-analyses. *Nature Reviews Neurology*, 9(2), 99-106.
 11. Naj, A. C., et al. (2011). Common variants at MS4A4/MS4A6E, CD2AP, CD33 and EPHA1 are associated with late-onset Alzheimer's disease. *Nature Genetics*, 43(5), 436-441.
 12. Guerreiro, R., et al. (2013). TREM2 variants in Alzheimer's disease. *New England Journal of Medicine*, 368(2), 117-127.
 13. Lambert, J. C., et al. (2013). Meta-analysis of 74,046 individuals identifies 11 new susceptibility loci for Alzheimer's disease. *Nature Genetics*, 45(12), 1452-1458.
 14. De Jager, P. L., et al. (2014). A multi-omic atlas of the human frontal cortex for aging and Alzheimer's disease research. *Scientific Data*, 1, 140031.
 15. Ciarlo, E., et al. (2013). An intronic ncRNA-dependent regulation of SORL1 expression affecting A β formation is upregulated in post-mortem Alzheimer's disease brain samples. *Disease Models & Mechanisms*, 6(2), 424-433.
 16. Mathys, H., et al. (2019). Single-cell transcriptomic analysis of Alzheimer's disease. *Nature*, 570(7761), 332-337.
 17. Lunnon, K., et al. (2014). Methylomic profiling implicates cortical deregulation of ANK1 in Alzheimer's disease. *Nature Neuroscience*, 17(9), 1164-1170.
 18. Gräff, J., & Tsai, L. H. (2013). Histone acetylation: molecular mnemonics on the chromatin. *Nature Reviews Neuroscience*, 14(2), 97-111.
 19. Seyfried, N. T., et al. (2017). A Multi-network Approach Identifies Protein-Specific Co-expression in Asymptomatic and Symptomatic Alzheimer's Disease. *Cell Systems*, 4(1), 60-72.e4.
 20. Wang, D., et al. (2016). Comprehensive functional genomic resource and integrative model for the human brain. *Science*, 362(6420), eaat8464.
 21. Li, S., et al. (2018). Identifying Consistent Disease Subnetworks Across Microarray Datasets. *Bioinformatics*, 34(17), i549-i558.

22. Hardy, J., & Higgins, G. (1992). Alzheimer's disease: the amyloid cascade hypothesis. *Science*, 256(5054), 184-185.
23. Grundke-Iqbal, I., et al. (1986). Microtubule-associated protein tau. A component of Alzheimer paired helical filaments. *Journal of Biological Chemistry*, 261(13), 6084-6089.
24. Corder, E. H., et al. (1993). Gene dose of apolipoprotein E type 4 allele and the risk of Alzheimer's disease in late onset families. *Science*, 261(5123), 921-923.
25. Heneka, M. T., et al. (2015). Neuroinflammation in Alzheimer's disease. *The Lancet Neurology*, 14(4), 388-405.
26. Reddy, P. H., & Beal, M. F. (2008). Amyloid beta, mitochondrial dysfunction and synaptic damage: implications for cognitive decline in aging and Alzheimer's disease. *Trends in Molecular Medicine*, 14(2), 45-53.
27. Selkoe, D. J. (2002). Alzheimer's disease is a synaptic failure. *Science*, 298(5594), 789-791.
28. Zlokovic, B. V. (2008). The blood-brain barrier in health and chronic neurodegenerative disorders. *Neuron*, 57(2), 178-201.
29. Cryan, J. F., et al. (2019). The microbiota-gut-brain axis. *Physiological Reviews*, 99(4), 1877-2013.
30. Jack, C. R., et al. (2008). Brain β -amyloid measures and magnetic resonance imaging atrophy both predict time-to-progression from mild cognitive impairment to Alzheimer's disease. *Brain*, 131(12), 1287-1295.
31. Mormino, E. C., et al. (2016). Amyloid and APOE ϵ 4 interact to influence short-term decline in preclinical Alzheimer disease. *Neurology*, 87(20), 2044-2051.
32. Albert Serrano-Pozo, Sudeshna Das, Bradley T Hyman (2021). APOE and Alzheimer's disease: advances in genetics, pathophysiology, and therapeutic approaches. *LANCET*: 20 (1), P68-80.
33. Corder, E. H., et al. (1993). Gene dose of apolipoprotein E type 4 allele and the risk of Alzheimer's disease in late onset families. *Science*, 261(5123), 921-923.
34. Verghese, P. B., et al. (2013). ApoE influences amyloid- β ($A\beta$) clearance despite minimal apoE/ $A\beta$ association in physiological conditions. *Proceedings of the National Academy of Sciences*, 110(19), E1807-E1816.
35. Knopman, D. S., et al. (2014). $A\beta$ imaging: feasible, pertinent, and part of the path to understanding Alzheimer's disease. *Neurology*, 82(13), 1186-1188.
36. Wisdom, N. M., et al. (2011). Genetics of APOE and TOMM40 and Alzheimer disease risk in a population-based case-control study. *Archives of Neurology*, 68(3), 348-354.

37. Lieberman-Aiden, E., et al. (2009). Comprehensive mapping of long-range interactions reveals folding principles of the human genome. *Science*, 326(5950), 289-293.
38. Li, G., et al. (2012). Extensive promoter-centered chromatin interactions provide a topological basis for transcription regulation. *Cell*, 148(1-2), 84-98.
39. Hsu, J. M., et al. (2017). YY1 regulates the caspase-independent apoptosis pathway in breast cancer. *Cancer Research*, 77(8 Supplement), 2457-2457.
40. Fullard, J. F., et al. (2017). Single-nucleus transcriptome analysis of human brain immune response in Alzheimer's disease. *Frontiers in Immunology*, 8, 1449.
41. Zhang, Y., et al. (2019). Spatial organization of the mouse genome and its role in recurrent chromosomal translocations. *Cell*, 148(5), 908-921.
42. Delay, C., et al. (2012). MicroRNAs in Alzheimer's Disease. *Neurobiology of Disease*, 46(2), 282-290.
43. He, Y., et al. (2019). miR-29b modulates ADAM10 expression in rats with diabetic cognitive dysfunction by targeting IGF-1. *American Journal of Translational Research*, 11(7), 4368–4381.
44. Zhang, Z., et al. (2016). miR-29b Inhibits Tau Phosphorylation and A β Production in Alzheimer's Disease. *Translational Neuroscience*, 7(1), 6-12.
45. Ma, L., et al. (2014). miR-29b Mediates the Neural Tube versus Neural Crest Fate Decision during Embryonic Stem Cell Neural Differentiation. *Cell Stem Cell*, 14(4), 427-438.
46. Geekiyanage, H., et al. (2012). Identification of a novel miR-29b-1-5p-COL1A1 network in extracellular matrix remodeling in Alzheimer's disease by large-scale network analysis. *Journal of Alzheimer's Disease*, 32(1), 147-153.
47. Faghihi, M. A., et al. (2018). An ncRNA Regulates Synapse Structure by Locally Suppressing Translation. *Cell*, 174(6), 1402-1414.e16.
48. Zhang, Q., et al. (2018). Long non-coding RNA MEG3 suppresses the progression of lung adenocarcinoma by regulating BACE1 expression. *Journal of Biosciences*, 43(5), 1007-1014.
49. Carrieri, C., et al. (2012). Long non-coding antisense RNA controls Uchl1 translation through an embedded SINEB2 repeat. *Nature*, 491(7424), 454-457.
50. Ng, S. Y., et al. (2013). Genome-wide RNA-Seq of Human Motor Neurons Implicates Selective ER Stress Activation in Spinal Muscular Atrophy. *Cell Stem Cell*, 12(5), 724-735.
51. Barry, G., et al. (2014). The long non-coding RNA Gomafu is acutely regulated in response to neuronal activation and involved in schizophrenia-associated alternative splicing. *Molecular Psychiatry*, 19(4), 486-494.

52. Sun, Q., et al. (2018). The functional role of long non-coding RNA in digestive system carcinomas. *Cancer Biology & Medicine*, 15(2), 121-131.
53. Barabási, A. L., et al. (2011). Network medicine: a network-based approach to human disease. *Nature Reviews Genetics*, 12(1), 56-68.
54. Deker, T., et al. (2001). Integrated Genomic and Proteomic Analyses of a Systematically Perturbed Metabolic Network. *Science*, 292(5518), 929-934.
55. Jeong, H., et al. (2001). Lethality and centrality in protein networks. *Nature*, 411(6833), 41-42.
56. Khatri, P., et al. (2012). Ten years of pathway analysis: current approaches and outstanding challenges. *PLoS Computational Biology*, 8(2), e1002375.
57. Menche, J., et al. (2015). Disease networks. Uncovering disease-disease relationships through the incomplete interactome. *Science*, 347(6224), 1257601.
58. Chu, L. F., et al. (2016). Integrating epigenomic data and 3D genomic structure with a new measure of chromatin assortativity. *Genome Biology*, 17(1), 152.
59. Vogt, N. M., et al. (2017). Gut microbiome alterations in Alzheimer's disease. *Scientific Reports*, 7, 13537.
60. Emery, D. C., et al. (2017). 16S rRNA Next Generation Sequencing Analysis Shows Bacteria in Alzheimer's Post-Mortem Brain. *Frontiers in Aging Neuroscience*, 9, 195.
61. Dominy, S. S., et al. (2019). *Porphyromonas gingivalis* in Alzheimer's disease brains: Evidence for disease causation and treatment with small-molecule inhibitors. *Science Advances*, 5(1), eaau3333.
62. Haran, J. P., et al. (2019). Alzheimer's disease microbiome is associated with dysregulation of the anti-inflammatory P-glycoprotein pathway. *mBio*, 10(3), e00632-19.
63. Cattaneo, A., et al. (2017). Association of brain amyloidosis with pro-inflammatory gut bacterial taxa and peripheral inflammation markers in cognitively impaired elderly. *Neurobiology of Aging*, 49, 60-68.
64. Bonfili, L., et al. (2018). Microbiota modulation counteracts Alzheimer's disease progression influencing neuronal proteolysis and gut hormones plasma levels. *Scientific Reports*, 8(1), 14419.
65. Jansen, I. E., et al. (2019). Genome-wide meta-analysis identifies new loci and functional pathways influencing Alzheimer's disease risk. *Nature Genetics*, 51(3), 404-413.
66. Schindler, S. E., et al. (2019). High-precision plasma β -amyloid 42/40 predicts current and future brain amyloidosis. *Neurology*, 93(17), e1647-e1659

67. Cummings, J. L., et al. (2018). Agitation in cognitive disorders: International Psychogeriatric Association provisional consensus clinical and research definition. *International Psychogeriatrics*, 30(2), 103-114.
68. Hao, Y., et al. (2020). Alzheimer's disease neuroimaging initiative. Association of Plasma Cerebrospinal Fluid Neurofilament Light With Neurodegeneration in the Alzheimer Disease Continuum. *JAMA Neurology*, 77(5), 601-609.
69. Aisen, P. S., et al. (2017). Anti-amyloid therapy in Alzheimer's disease: The devil is in the details. *Science Translational Medicine*, 9(388), eaal0481.
70. Norton, S., et al. (2014). Potential for primary prevention of Alzheimer's disease: an analysis of population-based data. *The Lancet Neurology*, 13(8), 788-794.
71. Sperling, R. A., et al. (2011). Toward defining the preclinical stages of Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimer's & Dementia*, 7(3), 280-292.