

Christopher M. Clark, MD



For many in the Alzheimer's disease (AD) community, the Food and Drug Administration's approval in April 2012 of florbetapir for imaging amyloid plaques in individuals being evaluated for AD or other causes of cognitive decline was bittersweet. The field celebrated the progress made in developing imaging biomarkers of AD, but it also mourned the loss of an individual whose contributions were critical for this success. In January 12th, 2012, Chris Clark died from the effects of a sarcoma, just 29 days after his 65th birthday.

Christopher M. Clark, MD, after retiring from the Department of Neurology at the University of Pennsylvania in 2007, became the Medical Director for AVID Radiopharmaceuticals in Philadelphia. In was in this role that he led the investigative team that ultimately demonstrated the ability of a florbetapir PET scan to detect brain deposits of A β amyloid. This landmark research, published in the *Journal of the American Medical Association* in 2011, represented a key advance in the development of clinically applicable AD diagnostics. It also was the culmination of Chris' career that was dedicated to moving AD from a poorly understood, rarely diagnosed disorder, to a widely recognized common cause of late-life dementia.

After training in neurology at Pennsylvania Hospital and the Columbia-Presbyterian Medical Center, in 1985 Chris took a faculty appointment at Duke University. He soon joined Al Heyman, MD, and others from Duke to establish the multicenter Consortium to Establish a Registry for Alzheimer's Disease (CERAD), which was the first effort in the United States to standardize the clinical, cognitive, and neuropathological assessment of AD. Chris was a major contributor to CERAD's Clinical Core, which relied on his clinical acumen and sound judgment to develop and implement a standard diagnostic approach to AD. Chris also served as the Clinical Core Leader for Duke University's Joseph and Kathleen Bryant Alzheimer Disease Center (ADC) and directed Duke's Memory Disorders Clinic. He then accepted a

faculty appointment in the Department of Neurology at the University of Pennsylvania in 1990 where, until his retirement in 2007, he led the Clinical Core of its ADC as well as serving as the ADC Associate Director. Chris was instrumental in establishing the Penn Memory Center, which he directed.

Chris had a particular talent for developing efficient and clinically applicable methods for the early and reliable diagnosis of AD that could be readily adopted into primary care practice. He co-developed the Dementia Severity Rating Scale, a self-administered scale that a family member could complete and whose scores assisted in diagnosing dementia and mild cognitive impairment. He also made important scholarly contributions to the development of therapies for AD, the characterization of cerebrospinal biomarkers for AD, and the exploration of the relationship between Parkinson's disease and AD.

Beyond these accomplishments, he was a masterful clinician and was widely loved and revered by his patients and their families and highly regarded as a colleague by his peers. He was a wise mentor to many faculty and staff. People were drawn to Chris by his kindness, good humor, and willingness to listen carefully to what others had to say. When he deigned to speak, others listened intently because it was always carefully considered and constructive. Chris

made almost any situation better by his involvement. He also was exceptionally well-rounded, with interests that went far beyond medicine. Among other interests, he enjoyed horseback riding, good food and drink, history, and travel. He was happiest when he could share his experiences with others, and most especially his beloved wife, Anne.

In the months that followed his death, as papers on florbetapir were published that bore his name with an asterix indicating "deceased," we witness how his legacy endures. While an ambitious and deeply committed researcher, he had a quality that is perhaps uncommon amongst researchers. The work was not about him, but instead, it was about the cause. A colleague related a story of how in December 2011 he sent her a friendly email inquiring how she was and wishing her well. He asked about her children, but said little of himself. In the weeks that followed, he made many other contacts with colleagues and friends, finished papers, and took a final trip with Anne to The Netherlands. What few knew, and could not guess from his continued expressed joy of life, was that he had decided to cease further therapy for a tumor that was, sadly, relentlessly growing and soon to claim his life.

Most would say that there never is a good time to die, but up to his very last day, Chris Clark showed all of us a good way to live.