

Conclusion

Sufficient evidence exists to argue that PART represents a distinct pathological category, and the rapid adoption of the terminology indicates that practicing neuropathologists find utility in the terminology. This new conceptual framework will provide physician scientists and basic researchers with a new approach to stratifying subjects with AD neuropathological change, especially at the earliest stages when there is the highest likelihood of interventions achieving therapeutic success. Should PART be an A β -independent cause of AD-type dementia, it may be an exception that helps to establish the validity of the amyloid cascade hypothesis.

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