

PEOPLE FOR
THE ETHICAL
TREATMENT
OF ANIMALS

January 25, 2024

Monica M. Bertagnolli, M.D.
Director
National Institutes of HealthVia e-mail: monica.bertagnolli@nih.gov; NIHDirectorInvitations@nih.gov

Dear Dr. Bertagnolli:

On behalf of People for the Ethical Treatment of Animals (PETA), I'd like to congratulate you on your appointment as director of the National Institutes of Health (NIH). We look forward to the exciting new directions you will take the agency and biomedical research in the U.S. Today, however, I'm writing to share grave concerns about a project currently being funded by the National Institute on Aging (NIA). Specifically, I'm writing about Project Number [5R21AG074251-02](#), titled "Experimental Sleep Fragmentation and Cognition in Aged Marmosets."¹ This NIA-funded project is led by Principal Investigator (PI) Agnès Lacreuse of the University of Massachusetts–Amherst and is being conducted at the Wisconsin National Primate Research Center at the University of Wisconsin–Madison. As outlined below, the proposed experiments involve causing nonhuman primates irreversible harm for experiments that offer little to no new scientifically valuable knowledge or human benefit.

Irreversible Harm

As part of the proposed project, aging marmoset monkeys would be subjected to procedures that may cause long-lasting harm, including chronic sleep deprivation, restraint, and fluid restriction. For these experiments, marmosets would be exposed to audio stimuli at 60 to 90 decibels lasting for six minutes every 15 minutes throughout the night. By comparison, the noise that an average vacuum cleaner makes is about 70 decibels. The marmosets would be awakened as often as 46 times per night for a total of 276 minutes, three consecutive nights a week. There is no existing literature on the negative effects of sleep deprivation in nonhuman primates. However, the literature suggests that in humans, sleep deprivation is associated with various aversive effects, ranging from impaired cognition to altered gut microbiota and increased risk for anxiety, depression, and immunological impairments. To ensure cooperation on the cognitive tests that the laboratory subjects them to, the marmosets are deprived of one of their most basic necessities—water—for hours on end. Water restriction can cause "decreased skin turgor, dry mucous membranes, increased plasma osmolality, and behavior suggestive of extreme thirst or hunger. Distressed primates might also show behavioral changes such as lethargy, agitation, or altered patterns of aggression,"² and smaller species of primates "may be especially susceptible to dehydration." The procedures proposed for this project are severe enough that the

Washington

1536 16th St. N.W.
Washington, DC 20036
202-483-PETA

Los Angeles

2154 W. Sunset Blvd.
Los Angeles, CA 90026
323-644-PETA

Norfolk

501 Front St.
Norfolk, VA 23510
757-622-PETAInfo@peta.org
PETA.org

Entities

- PETA Asia
- PETA India
- PETA France
- PETA Australia
- PETA Germany
- PETA Switzerland
- PETA Netherlands
- PETA Foundation (U.K.)

Institutional Animal Care and Use Committee (IACUC) at UW-Madison classified them as category E because the animals would be “subjected to painful or stressful procedures” that induce permanent physical and psychological harm and that wouldn’t be “alleviated through the use of anesthetics, analgesics, or tranquilizers.”³

Moreover, marmosets in laboratories are at high risk of developing a condition referred to as “marmoset wasting syndrome” (also called “chronic lymphocytic enteritis”), a systemic inflammatory disorder that leads to weight loss, diarrhea, anemia, alopecia, weakness, intestinal inflammation, osteoporosis, paralysis, and death.^{4,5} Efforts to curb the profound and deadly weight loss associated with improper nutrition have only caused additional health concerns. If they don’t waste away, marmosets in laboratories become obese and suffer from health complications associated with that condition, including altered glucose metabolism, reduced insulin sensitivity, increased risk of heart disease and diabetes, and various metabolic dysfunctions.⁶ Captive marmosets are also prone to metabolic bone disease,⁷ which results in bone lesions and fractures and may be the cause of the oral disease, including tooth decay, frequently affecting these animals. Experimenters currently believe this issue may be related to the high vitamin D requirements of marmosets, differences in vitamin D metabolism in marmosets, or vitamin D deficiency caused by complete deprivation of sunlight in laboratory cages.⁸ Marmosets in laboratories are also likely to suffer from secondary systemic amyloidosis⁹ and insulin resistance.¹⁰ Use of them in laboratories should be highly selective, if not forbidden altogether.

Limited Scientific Value or Merit

The purpose of the experiments is to determine whether sleep deprivation precedes or succeeds cognitive decline and related Alzheimer’s disease (AD) biomarkers in these animals, assuming that this would provide insight into the role of sleep disruption and neurodegenerative disease in humans. PI Lacreuse repeatedly asserts in her grant application that these invasive experiments are necessary and significant because “human studies are unable to determine whether sleep disturbances precede or follow the development of AD pathology.”¹¹ However, this claim is untrue and misleading. A multitude of *already published* studies conducted using human volunteers answer this question.^{12,13,14,15,16,17,18,19,20,21,22,23} These experiments are wholly unnecessary for understanding the relationship between sleep disruption, cognitive impairment, and the risk for neurodegenerative disease.

In addition to being redundant, there are several critical limitations to the scientific value of this study:

- The PI is planning on titrating the level of sleep disturbance to determine what amount of sleep disruption is necessary to manufacture the level of cognitive impairment she wants to obtain. This necessarily removes the investigators’ ability to determine any causative relationship between sleep disruption, cognitive impairment, and AD-related biomarkers they choose to measure in these animals (the purported purpose), as the experiment’s design has already predetermined this relationship for the marmosets.
- The sleep disruption associated with cognitive impairments and AD in humans isn’t caused by unpredictable (and potentially frightening and stressful) loud noises—nor are these periods of wakefulness likely to occur at set, discrete increments over the course of a night. Instead, most humans who experience sleep disruption in old age report poor quality of sleep throughout the night (due to dampening circadian rhythms, increased time in non-REM sleep, changes in daytime work, eating and exercise habits, increased daytime napping, and/or side effects from medications).^{24,25,26} Similarly, aging humans report difficulty returning to sleep after waking, not due to increased heart rates and alertness associated with being suddenly awakened by loud,

startling sounds but rather due to racing thoughts, physical discomfort, or not feeling tired.²⁷ The sleep deprivation this protocol is attempting to create is unlike that experienced by aging humans. Any disruption in cognition or increase in AD pathology would be difficult to compare to that seen in humans.

- The experimenters are attempting to disrupt the sleep of the marmosets to the point where they show impairments on an over-trained task *but do not* demonstrate “sleepiness,” as measured by reduced overall physical activity. Unfortunately, this approach also makes the experiments a poor “model” of what humans who endure sleep disruption actually experience. Most humans who report cognitive difficulty associated with poor sleep attribute it to fatigue sleepiness (which is the most common complaint associated with sleep loss in aging humans and is associated with cognitive difficulties).²⁸ The titrations that the investigators are proposing would further interfere with the translatability of the data.

In addition, marmosets are an exceptionally inappropriate species to study human sleep disruption and its relationship to age-related cognitive and neurological change. Inherent differences in sex hormone function, aging, and gene expression between marmosets and humans; critical differences in endocrine and neurological processes between the two species; and the profound impact of captivity on marmosets’ physiological systems render data from these experiments irrelevant to humans.

Please consider the following information:

- There are fundamental differences in gene expression and protein function in the brains of marmosets compared to those of humans.²⁹ There are also differences in neurodevelopment^{30,31} and neuroanatomy,^{32,33} including in the timing, rate, and patterns of gray- and white-matter development across a lifetime.^{34,35,36,37,38,39} In marmosets, tau—a protein that makes up a major component of the neurofibrillary tangles in Alzheimer’s disease—is actually much more similar to the protein found in rodents’ brains than that found in humans’.⁴⁰ While marmosets exhibit some evidence of cognitive decline with age, they don’t develop human-like Alzheimer’s disease, a condition unique to humans that has never been successfully recapitulated in another species.^{41,42,43,44,45}
- Marmosets’ accelerated development makes them an inappropriate choice for studying the much more protracted age-related changes in human cognitive behavior, sleeping patterns, or age-related changes in the human brain. In a recent review (2019), biological anthropologist and experimenter at Yerkes National Primate Research Center (now Emory National Primate Research Center) Todd Preuss wrote:

The very small size of the marmoset brain makes it very likely that the functions of its cortical systems differ in important ways from those of larger-brained primates, if only because of the much more limited amount of neural machinery marmosets and other callitrichines have to work with. ... Given the small size and rapid development of marmosets, it is tempting to view marmoset life history as a condensed version of that of longer-lived primates. Yet there is evidence primates vary in patterns of postnatal growth and development. Bogin (2007) indicates that cercopithecoid and hominoid development includes an extended period of slow growth, defining a juvenile stage that has no counterpart in marmosets. This difference, and the specializations of human development recognized by Bogin—namely, the addition of childhood and adolescent stages—imply differences in the hormonal control of development.⁴⁶

Lack of Competence

After a series of public records requests submitted by PETA to both NIH and UW-Madison, we now have new information that, despite having had more than two years to initiate the project, data collection has not yet commenced on it. As noted in our earlier letter, documents received via public records requests indicate there have been a host of difficulties getting this project started at UW-Madison, including delays in purchasing equipment and/or shipping it from UMass-Amherst to UW-Madison, training personnel at UW-Madison, staff absences and changes, and investigators who have been too busy with conferences, study sections, and/or teaching responsibilities to get the project up and running. In June 2023 correspondence between the two institutions, investigators at UMass-Amherst requested that their counterparts at UW-Madison collect unplanned baseline blood values from marmosets in order to have tangible measurements to demonstrate “progress” on the project. In short, it has been more than two years since the Notice of Award was sent to Lacreuse, but no data has been collected for this project and design details of the experiments haven’t been finalized.

We have attempted to contact leadership at NIA and the UW-Madison IACUC on multiple occasions but have received no response. It’s deeply concerning that taxpayer funds are being used to support a project that is not only unnecessary and harmful to animals but also was so poorly planned that the investigators are *still* unclear about procedural details, the effects of the procedures on the animals, and the equipment needed to conduct the experiments. Please consider discontinuing funding for these extremely invasive experiments so that those resources can be directed toward research that could actually help our ever-growing aging population.

Thanks for your consideration. I look forward to hearing from you.

Sincerely,



Katherine V. Roe, Ph.D.
Chief Scientist
Laboratory Investigations Department
PETA
501 Front St.
Norfolk, VA 23510
KatherineR@peta.org | 240-893-7292

¹Lacreuse A. Experimental sleep fragmentation and cognition in aged marmosets. Application funded by the National Institute of Aging as Project AG-074251, August 2021.

²Willems RA. Regulatory issues regarding the use of food and water restriction in laboratory animals. *Lab Anim (NY)*. 2009;38(10):325-328. doi:10.1038/labani009-325

³Animal and Plant Health Inspection Service. https://www.aphis.usda.gov/publications/animal_welfare/fs-pain-distress-categories.pdf

⁴Otovic P, Smith S, Hutchinson E. The use of glucocorticoids in marmoset wasting syndrome. *J Med Primatol*. 2015;44(2):53-59. doi:10.1111/jmp.12159

⁵Cabana F, Maguire R, Hsu CD, Plowman A. Identification of possible nutritional and stress risk factors in the development of marmoset wasting syndrome. *Zoo Biol*. 2018;37(2):98-106. doi:10.1002/zoo.21398

-
- ⁶Ross CN, Colman R, Power M, Tardif S. Marmoset metabolism, nutrition, and obesity. *ILAR J*. 2021;ilab014. doi:10.1093/ilar/ilab014
- ⁷Olson EJ, Shaw GC, Hutchinson EK, et al. Bone disease in the common marmoset: radiographic and histological findings. *Vet Pathol*. 2015;52(5):883-893. doi:10.1177/0300985815589354
- ⁸Goodroe A, Wachtman L, Benedict W, et al. Current practices in nutrition management and disease incidence of common marmosets (*Callithrix jacchus*). *J Med Primatol*. 2021;50(3):164-175. doi:10.1111/jmp.12525
- ⁹Ludlage E, Murphy CL, Davern SM, et al. Systemic AA amyloidosis in the common marmoset. *Vet Pathol*. 2005;42(2):117-124. doi:10.1354/vp.42-2-117
- ¹⁰Perez-Cruz C, Rodriguez-Callejas JD. The common marmoset as a model of neurodegeneration. *Trends Neurosci*. 2023;46(5):394-409.
- ¹¹Barthélemy NR, Liu H, Lu W, Kotzbauer PT, Bateman RJ, Lucey BP. Sleep deprivation affects tau phosphorylation in human cerebrospinal fluid. *Ann Neurol*. 2020;87(5):700-709. doi:10.1002/ana.25702
- ¹²Blattner MS, Panigrahi SK, Toedebusch CD, et al. Increased cerebrospinal fluid amyloid- β during sleep deprivation in healthy middle-aged adults is not due to stress or circadian disruption. *J Alzheimers Dis*. 2020;75(2):471-482. doi:10.3233/JAD-191122
- ¹³Chen DW, Wang J, Zhang LL, Wang YJ, Gao CY. Cerebrospinal fluid amyloid- β levels are increased in patients with insomnia. *J Alzheimers Dis*. 2018;61(2):645-651. doi:10.3233/JAD-170032
- ¹⁴Chou CA, Toedebusch CD, Redrick T, et al. Comparison of single-channel EEG, actigraphy, and sleep diary in cognitively normal and mildly impaired older adults. *Sleep Adv*. 2020;1(1):zpa006. Published 2020 Oct 24. doi:10.1093/sleepadvances/zpa006
- ¹⁵Gao Y, Wei S, Gao F, et al. Sleep disturbance is associated with higher plasma a β levels in cognitively normal adults—a population-based cross-sectional study. *Front Aging Neurosci*. 2021;12:615838. Published 2021 Jan 18. doi:10.3389/fnagi.2020.615838
- ¹⁶Ju YS, Ooms SJ, Sutphen C, et al. Slow wave sleep disruption increases cerebrospinal fluid amyloid- β levels. *Brain*. 2017;140(8):2104-2111. doi:10.1093/brain/awx148
- ¹⁷Kam K, Parekh A, Sharma RA, et al. Sleep oscillation-specific associations with Alzheimer's disease CSF biomarkers: novel roles for sleep spindles and tau. *Mol Neurodegener*. 2019;14(1):10. Published 2019 Feb 21. doi:10.1186/s13024-019-0309-5
- ¹⁸Li P, Gao L, Gaba A, et al. Circadian disturbances in Alzheimer's disease progression: a prospective observational cohort study of community-based older adults. *Lancet Healthy Longev*. 2020;1(3):e96-e105. doi:10.1016/s2666-7568(20)30015-5
- ¹⁹Olsson M, Ärlig J, Hedner J, Blennow K, Zetterberg H. Sleep deprivation and cerebrospinal fluid biomarkers for Alzheimer's disease. *Sleep*. 2018;41(5):10.1093/sleep/zsy025. doi:10.1093/sleep/zsy025
- ²⁰Osorio RS, Ducca EL, Wohlleber ME, et al. Orexin-A is Associated with increases in cerebrospinal fluid phosphorylated-tau in cognitively normal elderly subjects. *Sleep*. 2016;39(6):1253-1260. Published 2016 Jun 1. doi:10.5665/sleep.5846
- ²¹Osorio RS, Ayappa I, Mantua J, et al. Interaction between sleep-disordered breathing and apolipoprotein E genotype on cerebrospinal fluid biomarkers for Alzheimer's disease in cognitively normal elderly individuals. *Neurobiol Aging*. 2014;35(6):1318-1324. doi:10.1016/j.neurobiolaging.2013.12.030
- ²²Mander BA, Dave A, Lui KK, et al. Inflammation, tau pathology, and synaptic integrity associated with sleep spindles and memory prior to β -amyloid positivity. *Sleep*. 2022;45(9):zsac135. doi:10.1093/sleep/zsac135
- ²³Thomas J, Overeem S, Dresler M, Kessels RPC, Claassen JAHR. Shift-work-related sleep disruption and the risk of decline in cognitive function: The CRUISE Study. *J Sleep Res*. 2021;30(2):e13068. doi:10.1111/jsr.13068
- ²⁴Gilley RR. The role of sleep in cognitive function: the value of a good night's rest. *Clin EEG Neurosci*. 2023;54(1):12-20.
- ²⁵Carlson EJ, Wilckens KA, Wheeler ME. The interactive role of sleep and circadian rhythms in episodic memory in older adults. *J Gerontol A Biol Sci Med Sci*. 2023;78(10):1844-1852.
- ²⁶Taillard J, Gronfier C, Bioulac S, Philip P, Sagaspe P. Sleep in normal aging, homeostatic and circadian regulation and vulnerability to sleep deprivation. *Brain Sci*. 2021;11(8):1003.
- ²⁷Neikrug AB, Ancoli-Israel S. Sleep disorders in the older adult—a mini-review. *Gerontology*. 2010;56(2):181-189.
- ²⁸Carvalho DZ, St Louis EK, Boeve BF, et al. Excessive daytime sleepiness and fatigue may indicate accelerated brain aging in cognitively normal late middle-aged and older adults. *Sleep Med*. 2017;32:236-243.
- ²⁹Bailey J. Monkey-based research on human disease: the implications of genetic differences. *Altern Lab Anim*. 2014;42(5):287-317. doi:10.1177/026119291404200504
- ³⁰Charvet CJ, Finlay BL. Comparing adult hippocampal neurogenesis across species: translating time to predict the tempo in humans. *Front Neurosci*. 2018;12:706. doi:10.3389/fnins.2018.00706
- ³¹Sakai T, Komaki Y, Hata J, et al. Elucidation of developmental patterns of marmoset corpus callosum through a comparative MRI in marmosets, chimpanzees, and humans. *Neurosci Res*. 2017;122:25-34. doi:10.1016/j.neures.2017.04.001

-
- ³²Fukushima M, Ichinohe N, Okano H. Neuroanatomy of the marmoset. In: Marini RP, Wachtman LM, Tardif SD, Mansfield K, Fox JG, eds. *The Common Marmoset in Captivity and Biomedical Research*. Academic Press; 2019:43-62. doi:10.1016/b978-0-12-811829-0.00003-0
- ³³Charvet CJ, Palani A, Kabaria P, Takahashi E. Evolution of brain connections: integrating diffusion MR tractography with gene expression highlights increased corticocortical projections in primates. *Cereb Cortex*. 2019;29(12):5150-5165. doi:10.1093/cercor/bhz054
- ³⁴Seki F, Hikishima K, Komaki Y, et al. Developmental trajectories of macroanatomical structures in common marmoset brain. *Neuroscience*. 2017;364:143-156. doi:10.1016/j.neuroscience.2017.09.021
- ³⁵Walker LC, Jucker M. The exceptional vulnerability of humans to Alzheimer's disease. *Trends Mol Med*. 2017;23(6):534-545. doi:10.1016/j.molmed.2017.04.001
- ³⁶Drummond E, Wisniewski T. Alzheimer's disease: experimental models and reality. *Acta Neuropathol*. 2017;133(2):155-175. doi:10.1007/s00401-016-1662-x
- ³⁷Duyckaerts C, Potier MC, Delatour B. Alzheimer disease models and human neuropathology: similarities and differences. *Acta Neuropathol*. 2008;115(1):5-38. doi:10.1007/s00401-007-0312-8
- ³⁸Neha, Sodhi RK, Jaggi AS, Singh N. Animal models of dementia and cognitive dysfunction. *Life Sci*. 2014;109(2):73-86. doi:10.1016/j.lfs.2014.05.017
- ³⁹Heuer E, Rosen RF, Cintron A, Walker LC. Nonhuman primate models of Alzheimer-like cerebral proteopathy. *Curr Pharm Des*. 2012;18(8):1159-1169. doi:10.2174/138161212799315885
- ⁴⁰Sharma G, Huo A, Kimura T, et al. Tau isoform expression and phosphorylation in marmoset brains. *J Biol Chem*. 2019;294(30):11433-11444. doi:10.1074/jbc.RA119.008415
- ⁴¹Walker LC, Jucker M. The exceptional vulnerability of humans to Alzheimer's disease. *Trends Mol Med*. 2017;23(6):534-545. doi:10.1016/j.molmed.2017.04.001
- ⁴²Drummond E, Wisniewski T. Alzheimer's disease: experimental models and reality. *Acta Neuropathol*. 2017;133(2):155-175. doi:10.1007/s00401-016-1662-x
- ⁴³Duyckaerts C, Potier MC, Delatour B. Alzheimer disease models and human neuropathology: similarities and differences. *Acta Neuropathol*. 2008;115(1):5-38. doi:10.1007/s00401-007-0312-8
- ⁴⁴Neha, Sodhi RK, Jaggi AS, Singh N. Animal models of dementia and cognitive dysfunction. *Life Sci*. 2014;109(2):73-86. doi:10.1016/j.lfs.2014.05.017
- ⁴⁵Heuer E, Rosen RF, Cintron A, Walker LC. Nonhuman primate models of Alzheimer-like cerebral proteopathy. *Curr Pharm Des*. 2012;18(8):1159-1169. doi:10.2174/138161212799315885
- ⁴⁶Preuss TM. Critique of pure marmoset. *Brain Behav Evol*. 2019;93(2-3):92-107. doi:10.1159/000500500