

Imaging Dementia-Evidence for Amyloid Scanning Study Forms (IDEAS) (version March 31, 2015)

CLINICAL ASSESSMENT FORM (POST-PET FORM)

This form is used to record the revised diagnosis and actual management plan at the 3 months post-PET clinical visit, now incorporating amyloid PET results.

If 90-day follow-up cannot be completed because the patient died, withdrew from care by the dementia specialist, withdrew consent, or was lost to follow-up, the specific reasons must be recorded on the post-PET CRF.

1. Please specify the reason if the 90-day follow up was not completed because participant:

- Died
- Withdrew from care by dementia specialist
- Withdrew consent
- Was lost to follow up (after a minimum of three attempts to contact participant and/or proxy as appropriate)

2. Please specify the results of the amyloid PET scan (as you understand them):

- Positive for cortical beta-amyloid
- Negative for cortical beta-amyloid
- Uninterpretable/technically inadequate study

3. Did the patient or family report any adverse effects due to learning amyloid status?

YES (If YES, please describe adverse event in comments)

NO

DIFFERENTIAL DIAGNOSIS

(Note: for any changes in diagnosis, the clinician is asked: “Is this change related to the amyloid PET result [yes/no])?

4. Please enter the MOST likely etiologic cause of cognitive impairment (select one):

• **Neurodegenerative:**

○ **Alzheimer’s disease (please specify below):**

- AD, clinically typical (memory-predominant)
- AD, clinically atypical (non-amnestic)
- AD, mixed pathology (e.g. mixed vascular, Lewy body, etc.)
- AD, NOS

○ **Non-AD neurodegenerative (please specify below):**

- Vascular cognitive impairment (includes: multi-infarct, subcortical, intracerebral hemorrhage, other)
- Diffuse Lewy body disease
- Parkinson’s disease
- Frontotemporal dementia (includes behavioral and language-predominant presentations, corticobasal syndrome and progressive supranuclear palsy)
- Hippocampal sclerosis

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- Chronic traumatic encephalopathy (CTE)
- Other (allow free text):
- **Other CNS conditions (please specify below – forced to choose one):**
 - Hydrocephalus (idiopathic or secondary)
 - Epilepsy
 - Multiple sclerosis
 - Brain mass
 - Traumatic brain injury (static)
 - Auto-immune encephalopathy (e.g. CNS lupus, cerebral vasculitis, limbic encephalitis, paraneoplastic syndrome, etc.)
 - Infectious encephalopathy (e.g. encephalitis or post-encephalitic encephalopathy, HIV, neurosyphilis, Lyme disease, etc.)
 - Prion disease
 - Encephalopathy NOS
 - Other (allow free text):
- **Cognitive changes due to normal aging (no pathological process suspected)**
- **Primary psychiatric disease (please specify below – forced to choose one):**
 - Major depression
 - Bipolar affective disorder
 - Schizophrenia
 - Other (allow free text):
- **Toxic-metabolic encephalopathy (please specify below – forced to choose one):**
 - Substance abuse (alcohol or recreational drugs)
 - Polypharmacy or prescription drug side effects
 - Primary systemic illness (e.g. hypo/hyperglycemia, CHF, COPD, kidney or liver failure, hypothyroidism, etc.)
 - Hypoxic-ischemic encephalopathy
 - Nutritional deficiency (e.g. Vitamin B12, folate, thiamine)
 - Other (allow free text):
- **Primary sleep disorder** (e.g. insomnia, sleep apnea, etc.)
- **Other** (allow free text):

5. *Please enter at least one (and up to 3) additional items on your current differential diagnosis:*

- **Neurodegenerative:**
 - **Alzheimer's disease (please specify below):**
 - AD, clinically typical (memory-predominant)
 - AD, clinically atypical (non-amnestic)
 - AD, mixed pathology (e.g. mixed vascular, Lewy body, etc.)
 - AD, NOS
 - **Non-AD neurodegenerative (please specify below):**
 - Vascular cognitive impairment (includes: multi-infarct, subcortical, intracerebral hemorrhage, other)
 - Diffuse Lewy body disease
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(version March 31, 2015)

- Frontotemporal dementia (includes behavioral and language-predominant presentations, corticobasal syndrome and progressive supranuclear palsy)
- Hippocampal sclerosis
- Chronic traumatic encephalopathy (CTE)
- Other (allow free text):
- **Other CNS conditions (please specify below – forced to choose one):**
 - Hydrocephalus (idiopathic or secondary)
 - Epilepsy
 - Multiple sclerosis
 - Brain mass
 - Traumatic brain injury (static)
 - Auto-immune encephalopathy (e.g. CNS lupus, cerebral vasculitis, limbic encephalitis, paraneoplastic syndrome, etc.)
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 - Prion disease
 - Encephalopathy NOS
 - Other (allow free text):
- **Cognitive changes due to normal aging (no pathological process suspected)**
- **Primary psychiatric disease (please specify below – forced to choose one):**
 - Major depression
 - Bipolar affective disorder
 - Schizophrenia
 - Other (allow free text):
- **Toxic-metabolic encephalopathy (please specify below – forced to choose one):**
 - Substance abuse (alcohol or recreational drugs)
 - Polypharmacy or prescription drug side effects
 - Primary systemic illness (e.g. hypo/hyperglycemia, CHF, COPD, kidney or liver failure, hypothyroidism, etc.)
 - Hypoxic-ischemic encephalopathy
 - Nutritional deficiency (e.g. Vitamin B12, folate, thiamine)
 - Other (allow free text):
- **Primary sleep disorder** (e.g. insomnia, sleep apnea, etc.)
- **Other** (allow free text):

6. *Please rate your level of confidence in the PRESENCE of AD pathology on a scale of 0-10*

0 1 2 3 4 5 6 7 8 9 10

MANAGEMENT PLAN

7. *Please check all of the following pertaining to the actual management plan (incorporating the result of amyloid PET):*

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MANAGEMENT ACTIONS (See next table/questions for drug management)	Imple- mented	Recommended and pending	Recommended but deferred (by patient or primary provider)	Yes, Change in management is related to PET result	No, Change in management is <u>unrelated</u> amyloid PET result
Watchful waiting only (no new diagnostic tests, drug adjustments, counseling or referrals)					
Counseling for safety, planning & social support					
Counseling about safety precautions (home safety, medication monitoring, driving)					
Counseling about financial/medical decision making, advanced directives					
Referral to community patient/caregiver support resources (e.g. social work, Alzheimer’s Association, Family caregiver Alliance, etc.)					
Other (specify) – free text for pilot testing					
Additional diagnostic procedures					
Neuropsychological testing referral					
Imaging (brain/head) <ul style="list-style-type: none"> • CT/CTA with/without contrast • MRI/MRA with/without contrast • Brain FDG-PET • DaTscan (Parkinson’s disease) • SPECT for regional cerebral perfusion • Other imaging (free text for pilot testing) 					
Additional diagnostic procedures, continued					
Genetic tests <ul style="list-style-type: none"> • ApoE genotyping 					

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<ul style="list-style-type: none"> • Autosomal dominant mutations for AD • Autosomal dominant mutations for other conditions 					
EEG					
Polysomnography					
Other (specify -- free text for pilot testing)					
Referral to non-pharmacological interventions					
Other specialist (e.g. psychiatrist, sleep medicine)					
Surgical intervention (e.g. shunting for hydrocephalus)					
Substance abuse treatment/support programs					
Physical, occupational or speech therapy rehabilitation					
Cognitive rehabilitation					
Clinical trial referral					
AD therapeutic trial includes amyloid (+) MCI					
To non-AD therapeutic trial (please specify)					
Other: _____					

*Mark All Drugs: Therapies that have been be started, continued, adjusted, or stopped
(Incorporating Amyloid PET Result)*

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					Yes, Change in management <u>is related</u> to PET result	No, Change in management <u>is unrelated</u> amyloid PET result
DRUG DESCRIPTION	STARTED	CONTINUED	ADJUSTED	STOPPED		
AD Symptomatic Drugs						
Cholinesterase inhibitors (donepezil, rivastigmine, galantamine)						
Memantine						
Non-AD drug modification						
Anti-depressants, mood stabilizers						
Anti-psychotics						
Sedatives/sleep aids						
Non-neuropsychiatric drugs impacting cognition						
Anti-cholinergic drugs, opiates, muscle relaxants, etc.						
Non-neurology/psychiatric pharmacologic therapies*						
Medical/vascular risk factors (e.g. anti-platelets, anti-hypertensives, diabetes medications, lipid lowering, etc.)						
Other neurologic condition						
Parkinson's Disease						
Epilepsy						
Targeted therapies						
Immunosuppressant (auto-immune/inflammatory encephalopathy)						
Vitamin repletion (nutritional deficiency)						
Antimicrobials (infectious encephalopathy)						