PRE-PET MEDICAL HISTORY FORM

This form is to be completed by the referring clinician pre-PET. The goal is to validate the items of the medical history used for the matching paradigm of Aim 2 versus Pre-PET CRF completed in Aim 1.

Please check all of the following items that are part of the patient's past medical history:

- ☐ Congestive Heart Failure (with or without atrial fibrillation)
- ☐ Other Heart Disease (check all that apply)
    - o Atrial fibrillation
    - o History an acute myocardial infarction
    - o Ischemic heart disease (including angina pectoris and/or prior CABG)
    - o Hypertension
- ☐ Chronic Kidney Disease
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Diabetes
- ☐ Active Depression
- ☐ Bipolar Affective Disorder
- ☐ Schizophrenia
- ☐ Prior History of Stroke and/or Transient Ischemic Attack (within past 24 months)
- ☐ Cerebrovascular Disease without Stroke
- ☐ Epilepsy/Seizure Disorder
- ☐ Parkinson's Disease
- ☐ Multiple Sclerosis
- ☐ Traumatic Brain Injury (within past 24 months)

CLINICAL ASSESSMENT FORM (PRE-PET FORM)

This form is intended to capture your diagnosis and management plan prior to amyloid PET. Please state the diagnosis and management plan you would recommend if amyloid PET were not available. However, for management items you can state if you wish to defer implementation pending the results of amyloid PET. After this form is completed, it must be submitted within 7 days to the ACRIN Data Management Center via www.IDEAS-Study.org.

PATIENT CHARACTERISTICS

1. ***Please specify the level of cognitive impairment:***

[ ] Mild cognitive impairment

[ ] Dementia

2. ***Please enter MMSE or MoCA score at last clinical evaluation:***

[ ] MMSE:

[ ] MoCA:

3. ***Please check all of the following diagnostic procedures that have already been performed (prior to amyloid PET):***
   - ☐ Basic laboratory work-up (complete metabolic panel, TSH, B12) within last 12 months (required)
   - ☐ Structural brain imaging (CT or MRI) within past 24 months (required)
   - ☐ Neuropsychological testing
   - ☐ Additional serum laboratory tests (e.g. for infectious or auto-immune encephalopathies)
   - ☐ Genetic tests
   - ☐ Lumbar puncture (check any that apply)
     - AD CSF biomarkers (CSF $A\beta_{42}$, total tau, phosphorylated tau)
     - Other CSF studies
   - ☐ Additional brain imaging (check any that apply)
     - FDG-PET
     - SPECT- Dopamine transporter (DaTscan)
     - SPECT- cerebral perfusion
   - ☐ Other

4. ***Please indicate whether the patient is currently taking the following AD medications (yes/no):***
   - ☐ Cholinesterase inhibitor
   - ☐ Memantine

DIFFERENTIAL DIAGNOSIS

5. 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 paly)
    - ☐ 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.)
  - ☐ Infectious encephalopathy (e.g. encephalitis or post-encephalitic encephalopathy, HIV, neurospyphilis, 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):

6. 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
    - ☐ Parkinson's disease
    - ☐ Frontotemporal dementia (includes behavioral and language-predominant presentations, corticobasal syndrome and progressive supranuclear paly)
    - ☐ 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.)
  - ☐ Infectious encephalopathy (e.g. encephalitis or post-encephalitic encephalopathy, HIV, neurospyphilis, 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):

7. ***Please rate you 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

8. ***Please check all of the following pertaining to your pre-PET management plan (your* intended *plan assuming that the patient would not have access to amyloid PET):***

MANAGEMENT ACTIONS (See next table/questions for drug management)	**Recommend**	**For all checked items:** This item will be deferred until amyloid PET result is known (**Y/N**)
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)		
CT/CTA with/without contrast		
MRI/MRA with/without contrast		
Brain FDG-PET		
DaTscan (Parkinson's disease)		

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MANAGEMENT ACTIONS (See next table/questions for drug management)	**Recommend**	**For all checked items:** This item will be deferred until amyloid PET result is known (**Y/N**)
SPECT for regional cerebral perfusion		
Other imaging (free text for pilot testing)		
Laboratory testing (non-imaging)		
Lumbar puncture		
AD CSF biomarkers (CSF $A\beta_{42}$, total tau, phosphorylated tau)		
Other CSF studies		
Serologic (RPR, HIV, auto-antibodies)		
Genetic tests		
ApoE genotyping		
Autosomal dominant mutations for AD		
Autosomal dominant mutations for other conditions		
Other testing		
EEG		
Polysomnography		
Other (specify -- free text for pilot testing)		
Referral for 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)		

Mark All <u>Drugs</u>: Therapies that will be started, continued, adjusted, stopped, or decision deferred until amyloid PET results are known

DRUG DESCRIPTION	**STARTED**	**CONTINUED**	**ADJUSTED**	**STOPPED**	**DEFERRED**
AD Symptomatic Drugs					
Cholinesterase inhibitors (donepezil, rivastigmine, galantamine)					
Memantine					
Non-AD drug modification					

DRUG DESCRIPTION	STARTED	CONTINUED	ADJUSTED	STOPPED	DEFERRED
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)					