CLINICAL ASSESSMENT FORM (POST-PET FORM)

This form is used to record the revised diagnosis and <u>actual</u> 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

<u>DIFFERENTIAL DIAGNOSIS</u>

(<u>Note</u>: 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 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):

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
    - ☐ 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 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

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

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 <u>is related</u> 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) • 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 • ApoE genotyping					

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 unrelated amyloid PET result
• 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)

DRUG DESCRIPTION	STARTED	CONTINUED	ADJUSTED	STOPPED	**Yes,** Change in management is related to PET result	**No**, Change in management is unrelated amyloid PET result
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)						