![IDEAS - Imaging Dementia—Evidence For Amyloid Scanning]

# Pre-PET Clinical Assessment Form

**PRE-PET CLINICAL ASSESSMENT FORM**

*This form is intended to capture demographic and medical history data on your patient, as well as your diagnosis and management plan prior to amyloid PET. The management plan section asks that you describe your plan <u>as if amyloid PET imaging were not available to your patient</u>. This form must be submitted within 7 days of the patient's Pre-PET clinic visit.*

1. *Before patient can proceed to Aβ PET scan, Dementia Expert must certify that patient is aware of the ramifications of the test.*

   <table>
   <tr>
   <td>I certify that I have discussed the medical and psychological ramifications of positive and negative amyloid scan results with the patient, family and caregivers, and they wish to proceed.</td>
   <td>I have not discussed the medical and psychological ramifications of an amyloid scan. I understand that this makes the patient ineligible to proceed.</td>
   </tr>
   </table>

*1a.* *Please verify the patient meets the Appropriate Use Criteria for Amyloid PET (all must be checked):*

   *1.a.1.* *Cognitive complaint with objectively confirmed impairment;*

   ○ *Yes* ○ *No*

   *1.a.2* *The etiologic cause of cognitive impairment is uncertain after a comprehensive evaluation by a dementia specialist, including general medical and neurological examination, mental status testing including standard measures of cognitive impairment, laboratory testing, and structural neuroimaging;*

   ○ *Yes* ○ *No*

   *1.a.3* *Alzheimer's disease is a diagnostic consideration;*

   ○ *Yes* ○ *No*

   *1.a.4* *Knowledge of amyloid PET status is expected to alter diagnosis and management.*

   ○ *Yes* ○ *No*

**PATIENT DEMOGRAPHICS**

2. *Please specify marital status:*
   o Married or domestic partnership
   o Widowed
   o Divorced or separated
   o Never Married

3. *Please specify living arrangements:*
   o Patient lives alone
   o Patient lives with at least one other person

   With whom does patient live (check all that apply):
   ☐ Spouse or domestic partner
   ☐ Child(ren)
   ☐ Other relative
   ☐ Caregiver/Household worker/Assisted Living
   ☐ Friend/Roomate/Other

4. *Please specify the highest level of education:*
   o Doctoral or professional degree
   o Master's Degree
   o Bachelor's Degree
   o Some college or associate degree
   o High school graduate (including equivalency)
   o Some high school
   o Grade school
   o No formal education

5. *What is patient's primary language?*
   o English
   o Spanish
   o Other, specify _____

6. *In what language was the consent form completed?*
   o English
   o Spanish

**PATIENT CHARACTERISTICS**

7. *Please specify the level of cognitive impairment:*
   o Mild cognitive impairment
      o Amnestic (single domain or mixed)
      o Non-amnestic (single domain or mixed)
   o Dementia

8. *Please enter MMSE and/or MoCA score at last clinical evaluation:*
   a. *MMSE:* _____
   b. *MoCA:* _____

9. *Confirm the patient's amyloid status is <u>not</u> known to you or the patient:*
   ☐ Patient has had no prior amyloid imaging or results are not available
   ☐ Patient has had no prior CSF testing for Aβ, or previous testing was equivocal

10. *Year of onset of cognitive impairment:* ___ ___ ___ ___          ☐ *Year unknown:*

11. *Indicate diagnostic procedures which have been performed:*

    a. *Confirm these required tests have been completed:*
       ☐ 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)

    b. *Indicate all of the following that have been done:*
       ☐ Neuropsychological testing
       ☐ Additional serum laboratory tests (e.g. for infectious or auto-immune encephalopathies)
       ☐ Genetic testing for Apolipoprotiein E genotyping
       ☐ Genetic testing for autosomal dominant mutations associated with AD (e.g. APP, PSEN1, PSEN2)
       ☐ Genetic testing for autosomal dominant mutations associated with other dementia (e.g. mutations associated with PD, FTD, etc.)
       ☐ Lumbar puncture for CSF studies excluding AD CSF biomarkers (CSF Aβ42, total tau, phosphorylated tau)
       ☐ FDG-PET
       ☐ SPECT- Dopamine transporter (DaTscan)
       ☐ SPECT- cerebral perfusion
       ☐ Polysomnogram
       ☐ Other brain imaging (Specify) _____
       ☐ Other, specify:_____

12. *Please indicate whether the patient is currently taking the following AD medications (Check all that apply):*
    ☐ Cholinesterase inhibitor (e.g. donepezil, rivastigimine, galantamine)
    ☐ Memantine

**PATIENT MEDICAL HISTORY**

13. *Please check all of the following items that are part of the patient's past or current medical history:*
    o No clinically relevant medical history
    o At least one condition is checked below *(Check all that apply):*

    ☐ Congestive Heart Failure (with or without atrial fibrillation)
    ☐ Atrial fibrillation
    ☐ History of acute myocardial infarction
    ☐ Ischemic heart disease (including angina pectoris and/or prior CABG)
    ☐ Hypertension
    ☐ Dyslipidemia
    ☐ Chronic Kidney Disease
    ☐ Chronic Obstructive Pulmonary Disease
    ☐ Diabetes
    ☐ Active Depression
    ☐ Bipolar Affective Disorder
    ☐ Schizophrenia
    ☐ Prior History of Stroke and/or Transient Ischemic Attack (TIA)

    *Please indicate timing of stroke or TIA:*
    o Stroke or TIA occurred within past 24 months
    o Stroke occurred more than 24 months ago

    ☐ Cerebrovascular Disease without Stroke
    ☐ Previous delirium
    ☐ Epilepsy/Seizure Disorder
    ☐ Parkinson's Disease
    ☐ Multiple Sclerosis
    ☐ Traumatic Brain Injury (TBI)

    *Please indicate timing of TBI:*
    o TBI occurred within past 24 months
    o TBI occurred more than 24 months ago

    ☐ Tobacco use

    *Please indicate timing of tobacco use:*
    o Past
    o Current

    ☐ Family history of dementia
    o Family member diagnosed with Alzheimer's Disease
    o Family member diagnosed with other or unknown type of dementia

## DIFFERENTIAL DIAGNOSIS

*PRIORITIZE your differential diagnosis of your patient's cognitive condition using this long list of options. For your convenience you may view the entire list in a separate window or print a copy of it for reference.*

- *You will be asked to SELECT the MOST likely etiologic cause of the condition.*
- *Then you will be asked to SELECT at least one, and up to 3, other causes from this list.*

*We have grouped the options by category, and alphabetized entries within category. Several categories include an option of "other." If "other" is selected, you will be asked to specify with free text the other cause of the condition.*

## Code Table for Differential Diagnoses

**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):**
- ○ Chronic traumatic encephalopathy (CTE)
- ○ Diffuse Lewy body disease
- ○ Frontotemporal dementia (includes behavioral and language-predominant presentations, corticobasal syndrome and progressive supranuclear paly)
- ○ Hippocampal sclerosis
- ○ Parkinson's disease
- ○ Vascular cognitive impairment (includes: multi-infarct, subcortical, intracerebral hemorrhage, other)
- ○ Other non-AD neurodegenerative disease (Specify in space provided below)

**Other CNS conditions:**
- ○ Auto-immune encephalopathy (e.g. CNS lupus, cerebral vasculitis, limbic encephalitis, paraneoplastic syndrome, etc.)
- ○ Brain mass
- ○ Encephalopathy NOS
- ○ Epilepsy
- ○ Hydrocephalus (idiopathic or secondary)
- ○ Infectious encephalopathy (e.g. encephalitis or post-encephalitic encephalopathy, HIV, neurospyphilis, Lyme disease, etc.)
  *Specify disease* _____
- ○ Multiple sclerosis
- ○ Prion disease
- ○ Traumatic brain injury (static)
- ○ Other CNS condition (Specify in space provided below)

**Cognitive changes due to normal aging (no pathological process suspected)**
- ○ Cognitive changes due to normal aging (no pathological process suspected)

**Primary psychiatric disease:**
- ○ Bipolar affective disorder
- ○ Major depression
- ○ Schizophrenia
- ○ Other primary psychiatric disease (Specify in space provided below)

**Toxic-metabolic encephalopathy:**
- ○ Hypoxic-ischemic encephalopathy
- ○ Nutritional deficiency (e.g. Vitamin B12, folate, thiamine)
- ○ Polypharmacy or prescription drug side effects
- ○ Primary systemic illness (e.g. hypo/hyperglycemia, CHF, COPD, kidney or liver failure, hypothyroidism, etc.)
- ○ Substance abuse (alcohol or recreational drugs)
- ○ Other toxic-metabolic encephalopathy (Specify in space provided below)

**Primary sleep disorder (e.g. insomnia, sleep apnea, etc.)**
- ○ Primary sleep disorder (e.g. insomnia, sleep apnea, etc.)

**Other Diagnosis**
- ○ Other diagnosis (Specify in space provided below)

**DIFFERENTIAL DIAGNOSIS**.

**14.** *Please enter the __MOST likely etiologic cause__ of cognitive impairment*

> *Complete list will pop up*

    **a.** *If diagnosis listed above is among these, this question will appear:*
Other non-AD neurodegenerative disease, Other CNS condition, Other primary psychiatric disease, Other toxic-metabolic encephalopathy, *or* Other diagnosis
*Specify your differential diagnosis:*

    _____

    **b.** *Indicate your confidence in your primary diagnosis*:

Not at all
confident                                                  Certain

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**15.** *Please enter at least one (and up to 3) additional items on your current differential diagnosis, __in your perceived order of likelihood.__*

    **a.** *Additional differential diagnosis*

> *Complete list will pop up*

        **i.** *If diagnosis listed above is among these, this question will appear:*
Other non-AD neurodegenerative disease, Other CNS condition, Other primary psychiatric disease, Other toxic-metabolic encephalopathy, *or* Other diagnosis
*Specify your differential diagnosis:*

        _____

        **ii.** *Do you wish to add another diagnosis?*
           ○ Yes          ○ No

    **b.** *Additional differential diagnosis* (optional)

> *Complete list will pop up*

        **i.** *If diagnosis listed above is among these, this question will appear:*
Other non-AD neurodegenerative disease, Other CNS condition, Other primary psychiatric disease, Other toxic-metabolic encephalopathy, *or* Other diagnosis
*Specify your differential diagnosis:*

        _____

        **ii.** *Do you wish to add another diagnosis?*
           ○ Yes          ○ No

    **c.** *Additional differential diagnosis* (optional)

> *Complete list will pop up*

        **i.** *If diagnosis listed above is among these, this question will appear:*
Other non-AD neurodegenerative disease, Other CNS condition, Other primary psychiatric disease, Other toxic-metabolic encephalopathy, *or* Other diagnosis
*Specify your differential diagnosis:*

        _____

**16.** *Please rate your estimated likelihood that AD pathology is present and causing or contributing to cognitive symptoms:*

Definitely
not                                                    Certain

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**MANAGEMENT PLAN**

> *INSTRUCTIONS:*
>
> *Throughout this section, respond ASSUMING THAT YOUR PATIENT COULD NOT HAVE AN AMYLOID PET SCAN at any time in the near future.*
>
> *The post-PET form, which will be due approximately 90 days after your patient has the Aβ PET scan, will ask which items <u>from this pre-PET management plan</u> have been implemented.*
>
> *Non-pharmaceutical interventions include counseling, new testing or imaging, new referrals to specialists or to clinical trials for cognitive conditions. You may also specify other interventions.*
>
> *Pharmaceutical interventions include drugs or vitamins to treat the complaint with which this patient presented.*

17. *If your patient could not have an Aβ PET scan, what would your management plan be at this time?*
    *(Consider both pharmaceutical and non-pharmaceutical interventions when answering this first question in this section.)*

    o   Watchful waiting only (i.e. The patient is not already taking drugs for cognition; I plan no drug additions or adjustments; and no new diagnostic tests, counselling or other referrals).

    o   I would recommend both non-pharmaceutical and either new pharmaceutical interventions or <u>my patient is already taking drugs for their cognitive condition</u>. (*Select at least one option from Question 17a and at least one from 17b.*)

    o   I would recommend non-pharmaceutical intervention(s), but no new drugs <u>and the patient is not already taking drugs for their cognitive condition</u>. (*Select at least one option from Question 17a but do not respond to Question 17b.*) ).

    o   I would recommend new or modified pharmaceutical intervention(s), <u>or my patient is already taking drugs for their cognitive condition</u>. I do not recommend any new diagnostic tests, counselling or other referrals. (*Do not respond to Question 17a, but select at least one item from Question 17b.*)

**17a.   *NON-PHARMACEUTICAL MANAGEMENT***

| NON-PHARMACEUTICAL INTERVENTIONS<br><br>*(See next table/questions for drug management)* | *17a. Would you recommend this action?* <br>*For this question, you should assume that the patient DOES NOT HAVE ACCESS TO AMYLOID PET* |
|---|---|
| ***Counseling for safety, planning & social support*** | |
| Counseling about safety precautions (home safety, medication monitoring, driving) | ☐ Recommend |
| Counseling about financial/medical decision making, advanced directives | ☐ Recommend |
| Referral to community patient/caregiver support resources (e.g. social work, Alzheimer's Association, Family caregiver Alliance, etc.) | ☐ Recommend |
| Other (specify) – free text for pilot testing | ☐ Recommend |
|     Specify other counseling: | |
| ***Additional diagnostic procedures*** | |
| Neuropsychological testing referral | ☐ Recommend |
| ***Imaging (brain/head)*** | |
| CT/CTA with/without contrast | ☐ Recommend |
| MRI/MRA with/without contrast | ☐ Recommend |
| Brain FDG-PET | ☐ Recommend |
| DaTscan (Parkinson's disease) | ☐ Recommend |
| SPECT for regional cerebral perfusion | ☐ Recommend |
| Other imaging (free text for pilot testing) | ☐ Recommend |
|     Specify other imaging: | |
| ***Genetic tests*** | |
| ApoE genotyping | ☐ Recommend |
| Autosomal dominant mutations for AD | ☐ Recommend |
| Autosomal dominant mutations for other conditions | ☐ Recommend |
| ***Laboratory testing (non-imaging)*** | |
| Lumbar puncture: | |
|     AD CSF biomarkers (CSF Aβ42, total tau, phosphorylated tau) | ☐ Recommend |
|     Other CSF studies | ☐ Recommend |
| Serologic (RPR, HIV, auto-antibodies) | ☐ Recommend |
| ***Other Tests*** | |
| EEG | ☐ Recommend |
| Polysomnography | ☐ Recommend |
| Other Tests | ☐ Recommend |
|     Specify other test: | |

| NON-PHARMACEUTICAL INTERVENTIONS<br><br>*(See next table/questions for drug management)* | *17a. Would you recommend this action?* <br>*For this question, you should assume that the patient DOES NOT HAVE ACCESS TO AMYLOID PET* |
|---|---|
| *Referral to non-pharmacological interventions* | |
| Other specialist (e.g. psychiatrist, sleep medicine) | ☐ Recommend |
| Surgical intervention (e.g. shunting for hydrocephalus) | ☐ Recommend |
| Substance abuse treatment/support programs | ☐ Recommend |
| Physical, occupational or speech therapy rehabilitation | ☐ Recommend |
| Cognitive rehabilitation | ☐ Recommend |
| *Clinical trial referral* | |
| Drug therapy or other therapeutic trial for AD (includes amyloid (+) MCI) | ☐ Recommend |
| Drug therapy or other therapeutic trial for non-AD disorder (please specify) | ☐ Recommend |
| Specify other type of clinical trial: | |

**17b.** *PHARMACEUTICAL MANAGEMENT*

> **INSTRUCTIONS:**
>
> a. *ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate all drugs that your patient is <u>currently taking</u> OR that you <u>recommend starting</u> at this time.*
>
> b. *For any drug your patient is <u>already taking</u>, and STILL ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate your plan for managing that drug.*

| *PHARMACEUTICAL INTERVENTIONS* | *17.b.i. ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate all drugs that your patient is currently taking OR that you recommend starting at this time* | *17.b.ii. For any drug that your patient is already taking, and STILL ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate your plan for managing this drug* |
|---|---|---|
| **AD Symptomatic Drugs** | | |
| Cholinesterase inhibitors (donepezil, rivastigmine, galantamine) | o Currently taking<br>o Recommend starting at this time | o Continue<br>o Adjust<br>o Stop |
| Memantine | o Currently taking<br>o Recommend starting at this time | o Continue<br>o Adjust<br>o Stop |
| **Neuropsychiatric drugs impacting cognition** | | |
| Anti-depressants, mood stabilizers | o Currently taking<br>o Recommend starting at this time | o Continue<br>o Adjust<br>o Stop |
| Anti-psychotics | o Currently taking<br>o Recommend starting at this time | o Continue<br>o Adjust<br>o Stop |
| Sedatives/sleep aids | o Currently taking<br>o Recommend starting at this time | o Continue<br>o Adjust<br>o Stop |
| **Non-neuropsychiatric drugs impacting cognition** | | |
| Anti-cholinergic drugs, opiates, muscle relaxants, etc. | o Currently taking<br>o Recommend starting at this time | o Continue<br>o Adjust<br>o Stop |
| **Non-neurology/psychiatric pharmacologic therapies\*** | | |
| Treatment for medical/vascular risk factors (e.g. anti-platelets, anti-hypertensives, diabetes medications, lipid lowering, etc.) | o Currently taking<br>o Recommend starting at this time | o Continue<br>o Adjust<br>o Stop |

| PHARMACEUTICAL INTERVENTIONS | 17.b.i. ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate all drugs that your patient is currently taking OR that you recommend starting at this time | 17.b.ii. For any drug that your patient is already taking, and STILL ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate your plan for managing this drug |
|---|---|---|
| **Other neurologic condition** | | |
| Treatment for Parkinson's Disease (e.g. carbidopa/levodopa, dopamine agonists, MAO-B inhibitors, others | o  Currently taking<br>o  Recommend starting at this time | o  Continue<br>o  Adjust<br>o  Stop |
| Treatment for Epilepsy (i.e. anti-epileptics) | o  Currently taking<br>o  Recommend starting at this time | o  Continue<br>o  Adjust<br>o  Stop |
| **Targeted therapies** | | |
| Immunosuppressant (auto-immune/ inflammatory encephalopathy) | o  Currently taking<br>o  Recommend starting at this time | o  Continue<br>o  Adjust<br>o  Stop |
| Vitamin repletion (nutritional deficiency) | o  Currently taking<br>o  Recommend starting at this time | o  Continue<br>o  Adjust<br>o  Stop |
| Antimicrobials (infectious encephalopathy) | o  Currently taking<br>o  Recommend starting at this time | o  Continue<br>o  Adjust<br>o  Stop |

*CERTIFICATIONS*

**18.** *All of the actions and prescriptions you planned are listed below. Please certify that this represents your complete management plan, <u>if you could not order an Aβ PET scan.</u>*

<div>
I certify that the list above is my complete management plan for this patient, assuming Amyloid PET were unavailable at this time.
</div>

<div>
I wish to make changes to my selections. Return to management plan questions.
</div>

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