

POST-PET CLINICAL ASSESSMENT FORM

This form is used to record the revised diagnosis and actual management plan at 90 days post-PET clinical visit (allowable range is 75-105 days), now incorporating amyloid PET results. This form must be submitted within 15 days of the patient's Post-PET clinical visit.

FOLLOW-UP VISIT STATUS

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 below.

1. Was the follow-up visit completed?

- No (Complete question below, then complete the rest of the form with any information you have about your plan for this patient.)

a. Specify the reason the 90-day follow up was not completed (check the most important reason):

- Participant died

Date of death ____ / ____ / _____

Date of death unknown

- Withdrew from care of dementia specialist
- Withdrew consent for participation in the IDEAS Study
- Was lost to follow up (*Dementia expert or designee is expected to make a minimum of three attempts to contact participant and/or proxy before declaring the participant lost to follow-up.*)

- Yes

b. Date of clinic visit or patient contact: ____ / ____ / _____

Days since PET scan _____ (calculated by system)

c. If days since PET scan <75 or >105, indicate the reason(s) follow-up visit was not completed within the expected timeframe, and then complete the rest of the form:

- Patient or caregiver was unable to make arrangements to return within window
- Patient developed intercurring illness that prevented return within window
- Dementia specialist was unavailable within window
- Other, specify: _____

d. Was this follow-up visit a face-to-face meeting between the treating physician and the patient?

- Yes
- No (Complete questions below to explain this protocol deviation. Note that some IRBs require reporting of protocol deviations either immediately or in an annual progress report.)

d.1 If you, the physician who enrolled this case, did not see your patient for a face-to-face consultation, indicate how you collected the data for the Post-PET follow-up form (CHECK ALL THAT APPLY):

- I spoke with the patient and/or patient's proxy via telephone
 - i. With whom did you speak? (CHECK ALL THAT APPLY):
 - Patient
 - Family member
 - Patient's care provider
 - Other proxy for patient

Role: _____

Proxy first name: _____

Proxy last name: _____

ii. What was the approximate duration of the call in minutes? _____

iii. The protocol requires that data for the Post-PET form be collected by the enrolling dementia expert physician. Please certify that you, the physician who enrolled this patient, collected the data yourself via telephone:

- I certify that I collected the data personally
- I did not collect the data myself

- Other method of gathering the data (*NOTE: Your response will be reviewed by IDEAS investigators to determine whether the method is acceptable. This may affect your final payment.*)

d.2 Why was it not possible to see the patient face-to-face?

- Patient moved out of the area or was travelling during the allowed time window.
- Patient's physical health prevented a visit.
- Appointment could not be scheduled within the allowed time window.
- Other _____

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

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

3. Did the patient, family or proxy report any adverse effects due to learning amyloid scan result?

- No (*Skip to question 4*)
 - Yes (*Please describe the adverse effects of learning results of amyloid PET scan.*)
-

4. Since the date of the PET scan, has this patient

a. had any hospital admissions?

- Yes
- No

b. had any visits to an emergency room (in hospital or free standing, but not urgent care)?

- Yes
- No

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, given the results of the amyloid PET scan.
- 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:

- Chronic traumatic encephalopathy (CTE)
- Diffuse Lewy body disease
- Frontotemporal dementia (includes behavioral and language-predominant presentations, corticobasal syndrome and progressive supranuclear palsy)
- 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, neurosyphilis, 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:

- 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

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

Other Diagnosis

- Other diagnosis

DIFFERENTIAL DIAGNOSIS.

5. 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	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. You may select up to 3 additional diagnoses for this patient. Enter additional diagnoses in your perceived order of likelihood.

- Do you wish to add another diagnosis? (optional)
 Yes No

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:
-

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

Not at all likely										Certain
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. MANAGEMENT PLAN

This section consists of 5 parts.

PART 1: Overview of Management Plan

PART 2: Status of Non-Pharmaceutical Interventions recommended on the Pre-PET form.

PART 3: NEW Non-Pharmaceutical Interventions recommended since the PET scan.

PART 4: Status of Pharmaceutical Interventions recommended on the Pre-PET form.

PART 5: NEW Pharmaceutical Interventions recommended since the PET scan.

You will be reminded of your selections on the Pre-PET form before each Part. You will only be shown parts that are applicable based on your Pre-PET responses and answers you give in Part 1.

PART 1: OVERVIEW OF MANAGEMENT PLAN

THIS IS THE MANAGEMENT PLAN YOU REPORTED PRIOR TO THE A β PET SCAN.

Non-Pharmaceutical Interventions

Pharmaceutical Interventions

The Electronic Data Collection System will present items in this section ADAPTIVELY, based on your responses on the Pre-PET form. Some questions will not be available if no response is appropriate given your Pre-PET Management Plan.

If Watchful waiting was the plan you reported for this patient on the pre-PET form. Select the option from this list that matches your current plan.

- Watchful waiting is still the plan. I have **NOT** recommended any **NEW** counselling, referrals to specialists or clinical trials for cognitive impairment, additional testing, or pharmaceutical therapy.
- Watchful waiting is no longer the plan. Since the PET scan, I have recommended **BOTH** non-pharmaceutical and pharmaceutical interventions.
- Watchful waiting is no longer the plan. Since the PET scan, **I have recommended non-pharmaceutical interventions** (counselling, referrals to specialists or clinical trials, or additional testing.) I have not recommended pharmaceutical intervention.
- Watchful waiting is no longer the plan. Since the PET scan, **I have recommended pharmaceutical interventions** (i.e. prescribed drugs or vitamins for cognitive condition) I have not recommended non-pharmaceutical interventions such as counselling, additional testing, referrals to specialists or referral to clinical trials.

You indicated at least one intervention, either non-pharmaceutical or pharmaceutical, on the Pre-PET form as your plan for managing this patient. **Have you ADDED any NEW interventions since the PET scan?**

- I have added **BOTH non-pharmaceutical and pharmaceutical interventions** to the management plan for this patient since the PET scan.
- I have added **NEW non-pharmaceutical interventions** to the management plan for this patient since the PET scan, but I have **NOT changed the plan for pharmaceutical management**.
- I have added **NEW pharmaceutical interventions** to the management plan for this patient since the PET scan, but I have **NOT added any non-pharmaceutical interventions** (e.g. referrals to specialists or clinical trials, additional tests, or counseling.)
- I have **NOT ADDED ANY NEW INTERVENTIONS** that were not part of the Pre-PET management plan for this patient.

PART 2: STATUS OF NON-PHARMACEUTICAL INTERVENTIONS SELECTED ON THE PRE-PET FORM

Instructions: Report the status of the non-pharmaceutical interventions you included in this patient's Pre-PET management plan. Complete EVERY ROW of this table, as each of the items shown is an intervention you selected on the Pre-PET form.

These are the items you selected on the Pre-PET form for Non-Pharmaceutical Interventions

NON-PHARMACEUTICAL INTERVENTIONS	<i>7a. Status of interventions that were part of your Pre-PET management plan for this patient.</i>	<i>7b. Did the amyloid PET results contribute significantly to this decision?</i>
Counseling for safety, planning & social support		
Counseling about safety precautions (home safety, medication monitoring, driving, whether to continue working)	<ul style="list-style-type: none"> ○ Implemented <ul style="list-style-type: none"> ○ Completed as recommended on Pre-PET ○ Significantly modified from Pre-PET ○ Not implemented 	<ul style="list-style-type: none"> ○ Yes ○ No

NON-PHARMACEUTICAL INTERVENTIONS	7a. Status of interventions that were part of your Pre-PET management plan for this patient.	7b. Did the amyloid PET results contribute significantly to this decision?
Counseling about financial/medical decision making, advanced directives	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Referral to community patient/caregiver support resources (e.g. social work, Alzheimer’s Association, Family caregiver Alliance, etc.)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Other (specify)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Additional diagnostic procedures		
Neuropsychological testing referral	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Imaging (brain/head)		
CT/CTA with/without contrast	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
MRI/MRA with/without contrast	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Brain FDG-PET	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
DaTscan (Parkinson’s disease)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

NON-PHARMACEUTICAL INTERVENTIONS	7a. Status of interventions that were part of your Pre-PET management plan for this patient.	7b. Did the amyloid PET results contribute significantly to this decision?
SPECT for regional cerebral perfusion	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Other imaging	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Laboratory testing (non-imaging)		
Lumbar puncture		
AD CSF biomarkers (CSF Aβ42, total tau, phosphorylated tau)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Other CSF studies	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Serologic (RPR, HIV, auto-antibodies)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Genetic tests		
ApoE genotyping	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Autosomal dominant mutations for AD	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Autosomal dominant mutations for other conditions	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

NON-PHARMACEUTICAL INTERVENTIONS	<i>7a. Status of interventions that were part of your Pre-PET management plan for this patient.</i>	<i>7b. Did the amyloid PET results contribute significantly to this decision?</i>
Other testing		
EEG	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Polysomnography	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Other (specify)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Referral to non-pharmacological interventions		
Other specialist (e.g. psychiatrist, sleep medicine)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Surgical intervention (e.g. shunting for hydrocephalus)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Substance abuse treatment/support programs	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Physical, occupational or speech therapy rehabilitation	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Cognitive rehabilitation	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

NON-PHARMACEUTICAL INTERVENTIONS	7a. Status of interventions that were part of your Pre-PET management plan for this patient.	7b. Did the amyloid PET results contribute significantly to this decision?
Clinical trial referral		
Drug therapy or other therapeutic trial for AD (includes amyloid (+) MCI)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Drug therapy or other therapeutic trial for non-AD disorder (please specify)	<input type="radio"/> Implemented <input type="radio"/> Completed as recommended on Pre-PET <input type="radio"/> Significantly modified from Pre-PET <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

PART 3: NEW NON-PHARMACEUTICAL INTERVENTIONS RECOMMENDED AFTER THE PET SCAN WAS COMPLETED

Instructions: Complete only the rows of this table for interventions you **recommended** since the PET scan. Items that were part of your pre-PET management plan are not shown here. List **all recommended interventions**, even if they have not yet been implemented.

NON-PHARMACEUTICAL INTERVENTIONS	7a. Status of interventions	7b. Did the amyloid PET results contribute significantly to this decision?
Counseling for safety, planning & social support		
Counseling about safety precautions (home safety, medication monitoring, driving, whether to continue working)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Counseling about financial/medical decision making, advanced directives	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Referral to community patient/caregiver support resources (e.g. social work, Alzheimer’s Association, Family caregiver Alliance, etc.)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

NON-PHARMACEUTICAL INTERVENTIONS	7a. Status of interventions	7b. Did the amyloid PET results contribute significantly to this decision?
Other (specify)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Specify other counseling, planning or social support:		
Additional diagnostic procedures		
Neuropsychological testing referral	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Imaging (brain/head)		
CT/CTA with/without contrast	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
MRI/MRA with/without contrast	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Brain FDG-PET	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
DaTscan (Parkinson's disease)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
SPECT for regional cerebral perfusion	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Other imaging	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

NON-PHARMACEUTICAL INTERVENTIONS	7a. Status of interventions	7b. Did the amyloid PET results contribute significantly to this decision?
Laboratory testing (non-imaging)		
Lumbar puncture		
AD CSF biomarkers (CSF Aβ42, total tau, phosphorylated tau)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Other CSF studies	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Serologic (RPR, HIV, auto-antibodies)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Genetic tests		
ApoE genotyping	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Autosomal dominant mutations for AD	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Autosomal dominant mutations for other conditions	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Other testing		
EEG	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

NON-PHARMACEUTICAL INTERVENTIONS	7a. Status of interventions	7b. Did the amyloid PET results contribute significantly to this decision?
Polysomnography	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Other	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Specify other testing:		
Referral to non-pharmacological interventions		
Other specialist (e.g. psychiatrist, sleep medicine)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Surgical intervention (e.g. shunting for hydrocephalus)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Substance abuse treatment/support programs	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Physical, occupational or speech therapy rehabilitation	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Cognitive rehabilitation	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Clinical trial referral		
Drug therapy or other therapeutic trial for AD (includes amyloid (+) MCI)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

NON-PHARMACEUTICAL INTERVENTIONS	7a. Status of interventions	7b. Did the amyloid PET results contribute significantly to this decision?
Drug therapy or other therapeutic trial for non-AD disorder (please specify)	<input type="checkbox"/> Recommended Status <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Specify other type of clinical trial		

PART 4: STATUS OF PHARMACEUTICAL INTERVENTIONS SELECTED ON THE PRE-PET FORM

Instructions: Report the status of the pharmaceutical interventions you included in this patient's Pre-PET management plan. Complete EVERY ROW of this table, as each of the drugs shown is one you selected on the Pre-PET form.

*These are the items you selected on the Pre-PET form for
Pharmaceutical Interventions*

Your Pre-PET response is shown in the left-most column. Status options in the middle column will vary depending upon your Pre-PET selection. Respond the the right-most column regardless of your answer in the middle column.

PHARMACEUTICAL INTERVENTIONS	8a. Status of Drug	8b. Did the amyloid PET results contribute significantly to this decision?
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PHARMACEUTICAL INTERVENTIONS	8a. Status of Drug	8b. Did the amyloid PET results contribute significantly to this decision?
AD Symptomatic Drugs		
Cholinesterase inhibitors (donepezil, rivastigmine, galantamine) <ul style="list-style-type: none"> ○ Patient already on drug; recommended continuing ○ Patient already on drug; recommended adjusting ○ Patient already on drug; recommended stopping ○ Recommended starting this drug 	<ul style="list-style-type: none"> ○ Patient [<i>action from pre-PET</i>] this drug as recommended on the Pre-PET form <p style="margin-left: 20px;">Actions from Pre-PET are these:</p> <ul style="list-style-type: none"> ○ Continued ○ Adjusted ○ Stopped ○ Started ○ Management varied from Pre-PET [<i>Action options available will depend upon your responses on the pre-PET form.</i>] <ul style="list-style-type: none"> ○ Continued ○ Adjusted ○ Stopped ○ Started 	<ul style="list-style-type: none"> ○ Yes ○ No
Memantine	<i>Options are as described above for each item in the table.</i>	<ul style="list-style-type: none"> ○ Yes ○ No
Neuropsychiatric drugs impacting cognition		
Anti-depressants, mood stabilizers	<i>Options are as described above for each item in the table.</i>	<ul style="list-style-type: none"> ○ Yes ○ No
Anti-psychotics	<i>Options are as described above for each item in the table.</i>	<ul style="list-style-type: none"> ○ Yes ○ No
Sedatives/sleep aids	<i>Options are as described above for each item in the table.</i>	<ul style="list-style-type: none"> ○ Yes ○ No
Non-neuropsychiatric drugs impacting cognition		
Anti-cholinergic drugs, opiates, muscle relaxants, etc.	<i>Options are as described above for each item in the table.</i>	<ul style="list-style-type: none"> ○ Yes ○ No
Non-neurology/psychiatric pharmacologic therapies*		
Medical/vascular risk factors (e.g. anti-platelets, anti-hypertensives, diabetes medications, lipid lowering, etc.)	<i>Options are as described above for each item in the table.</i>	<ul style="list-style-type: none"> ○ Yes ○ No

<i>PHARMACEUTICAL INTERVENTIONS</i>	<i>8a. Status of Drug</i>	<i>8b. Did the amyloid PET results contribute significantly to this decision?</i>
Other neurologic condition		
Treatment for Parkinson’s Disease (e.g. carbidopa/levodopa, dopamine agonists, MAO-B inhibitors, others)	<i>Options are as described above for each item in the table.</i>	<input type="radio"/> Yes <input type="radio"/> No
Treatment for Epilepsy (i.e. anti-epileptics)	<i>Options are as described above for each item in the table.</i>	<input type="radio"/> Yes <input type="radio"/> No
Targeted therapies		
Immunosuppressant (auto-immune/inflammatory encephalopathy)	<i>Options are as described above for each item in the table.</i>	<input type="radio"/> Yes <input type="radio"/> No
Vitamin repletion (nutritional deficiency)	<i>Options are as described above for each item in the table.</i>	<input type="radio"/> Yes <input type="radio"/> No
Antimicrobials (infectious encephalopathy)	<i>Options are as described above for each item in the table.</i>	<input type="radio"/> Yes <input type="radio"/> No

PART 5: NEW PHARMACEUTICAL INTERVENTIONS RECOMMENDED AFTER THE Aβ PET SCAN

Instructions: Complete only the rows of this table for interventions you **recommended** since the PET scan. Items that were part of your pre-PET management plan are not shown here. List **all recommended interventions**, even if they have not yet been implemented.

<i>PHARMACEUTICAL INTERVENTIONS</i>	<i>8a. Status of Drug</i>	<i>8b. Did the amyloid PET results contribute significantly to this decision?</i>
AD Symptomatic Drugs		
Cholinesterase inhibitors (donepezil, rivastigmine, galantamine)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

PHARMACEUTICAL INTERVENTIONS	8a. Status of Drug	8b. Did the amyloid PET results contribute significantly to this decision?
Memantine	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Neuropsychiatric drugs impacting cognition		
Anti-depressants, mood stabilizers	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Anti-psychotics	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Sedatives/sleep aids	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Non-neuropsychiatric drugs impacting cognition		
Anti-cholinergic drugs, opiates, muscle relaxants, etc.	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Non-neurology/psychiatric pharmacologic therapies*		
Medical/vascular risk factors (e.g. anti-platelets, anti-hypertensives, diabetes medications, lipid lowering, etc.)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Other neurologic condition		
Treatment for Parkinson’s Disease (e.g. carbidopa/levodopa, dopamine agonists, MAO-B inhibitors, others)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Treatment for Epilepsy (i.e. anti-epileptics)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

PHARMACEUTICAL INTERVENTIONS	8a. Status of Drug	8b. Did the amyloid PET results contribute significantly to this decision?
Targeted therapies		
Immunosuppressant (auto-immune/inflammatory encephalopathy)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Vitamin repletion (nutritional deficiency)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No
Antimicrobials (infectious encephalopathy)	<input type="checkbox"/> Recommended <u>Status</u> <input type="radio"/> Implemented <input type="radio"/> Not implemented	<input type="radio"/> Yes <input type="radio"/> No

9. *A list of the non-pharmaceutical and pharmaceutical interventions you selected on the Pre-PET form, the status of those actions as indicated above, and additional interventions selected above appear in the boxes below. Please certify that these represent your complete management plan for your patient.*

Pre-PET Management Plan	Status of Pre-PET Plan	New Interventions
Non-Pharmaceutical Interventions	Non-Pharmaceutical Interventions	Non-Pharmaceutical Interventions
1. 2. 3. 4. ...	1. 2. 3. 4. ...	1. 2. ...
Pharmaceutical Interventions	Pharmaceutical Interventions	Pharmaceutical Interventions
5. 6. 7. 8. ...	1. 2. 3. 4. ...	1. 2. ...

I certify that the list above is my complete management plan for this patient, and that the status of items I had selected on the Pre-PET form are accurate.

I wish to make changes to my selections.
Return to question 7.

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