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definitive evidence clinical No utility on effectiveness of amyloid-PET \rightarrow Amyloid-PET is not reimbursed

AMYPAD-DPMS aims to fill this evidence gap.

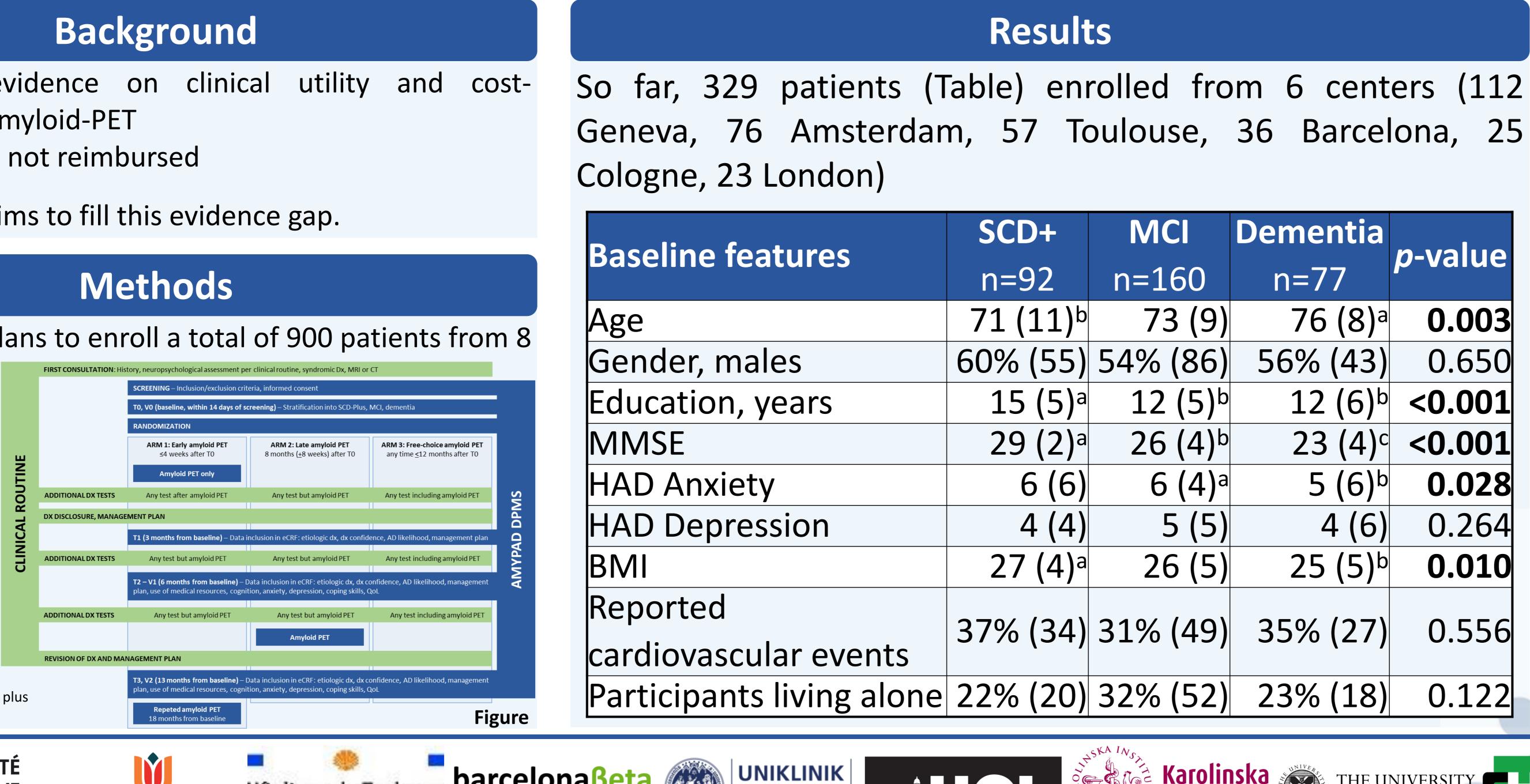
Amsterdam UMC 🔳

AMYPAD-DPMS plans to enroll a total of 900 patients from 8

memory clinics

- 300 SCD+*
- 300 MCI°
- 300 dementia

Patients will be randomized into the 3 study arms (Figure).



*SCD+: subjective cognitive decline plus °MCI: mild cognitive impairment





AMYPAD-DPMS preliminary results: participants' baseline features

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<i>p</i> -value	Dementia	MCI
	n=77	=160
0.003	76 (8) ^a	73 (9)
0.650	56% (43)	1% (86)
<0.001	12 (6) ^b	12 (5) ^b
<0.001	23 (4) ^c	26 (4) ^b
0.028	5 (6) ^b	6 (4) ^a
0.264	4 (6)	5 (5)
0.010	25 (5) ^b	26 (5)
0.556	35% (27)	L% (49)
0.122	23% (18)	2% (52)

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Conclusion

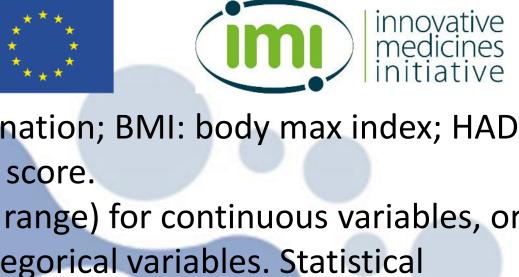
Participants' features are as clinic expected for а memory population \rightarrow The inclusion criteria are selecting a sample representative of the larger memory clinic population This observation reassures on the generalizability of the final study results

Table

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MMSE: Mini-Mental State Examination; BMI: body max index; HAD: Hospital Anxiety and Depression score. Values are median (interquartile range) for continuous variables, or percentage (raw number) for categorical variables. Statistical analyses: Kruskal-Wallis rank sum test for continuous variables, chisquared test for categorical variables. Post-hoc: a > b > c.

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