

#### Publishable Summary

This deliverable describes the baseline clinical and amyloid-PET features of the first patients included in AMYPAD-DPMS. As of March 17th, 2020, 680 patients (SCD+: 178, MCI: 323, dementia: 179) have been enrolled from the 8 recruiting memory clinics and have complete screening and baseline eCRFs.

We observed that SCD+ patients were younger (median±IQR: 69±9 years,  $p<0.05$ ), better educated (14±6 years of education,  $p<0.05$ ), and had better global cognition (MMSE=29±2,  $p<0.05$ ) than both MCI (age: 72±11, education: 12±5, MMSE: 26±4) and dementia (age: 75±10, education: 11±4, MMSE: 22±6); and the same is true for MCI as compared to dementia patients ( $p<0.05$ ). Moreover, MCI and dementia patients showed higher prevalence of hypertension (49% and 61% respectively) as compared to SCD+ (35%,  $p<0.05$ ). The proportion of dementia patients who are still working (8%) is lower than that of SCD+ (20%,  $p<0.05$ ). Moreover, dementia patients took one or more cognition-specific medications (23%,  $p<0.05$ ) and were involved in one or more patient management activities (23%,  $p<0.05$ ) more frequently than those with SCD+ (7% and 11%) or MCI (9% and 12%). Dementia patients reported the poorest health status as measured by the EQ-5D-5L questionnaire, while SCD+ had overall better coping strategies than MCI and dementia patients. Dementia patients made use of medical resources more frequently than those with SCD+ and MCI. Finally, MCI and dementia patients were amyloid-positive more frequently than SCD+ patients (56% and 72% vs 31%,  $p<0.001$ ).

To conclude, the socio-demographic and cognitive features of the first 75% of AMYPAD-DPMS participants are as expected for a memory clinic population, confirming the inclusion/exclusion criteria are selecting a sample representative of the general European memory clinic population. These results support the generalizability of the final study results.

**For more information:** [info@amypad.org](mailto:info@amypad.org)

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