The use of amyloid-PET in memory clinic patients: AMYPAD-DPMS

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Background

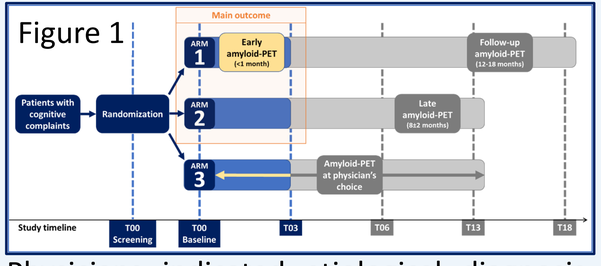
Amyloid-PET is not widely reimbursed due to the lack of appropriately designed studies demonstrating its clinical impact.

→ AMYPAD-DPMS aims to fill this gap.

Methods

Memory clinic patients, enrolled from 8 European memory clinics, were randomized into the three study arms (Figure 1).

Figure 1



Physicians indicated etiological diagnosis, diagnostic confidence (50-100%), and treatment plan at T00 and T03.

Results

794 participants (272 ARM1, 260 ARM2, 262 ARM3)underwent both the baseline (T00) and the 3-month (T03) visits.

In ARM3, the time from baseline to performing an amyloid-PET was 46±58 days.

MAIN OUTCOME

Proportion of participants with very high diagnostic confidence (≥90%) at T03 (Figure 2):

- ARM1 (40%) and ARM3 (37%) > ARM2 (11%).

SECONDARY OUTCOMES

Change in etiological diagnosis at T03:

- ARM1 (44%) > ARM3 (29%) > ARM2 (11%).

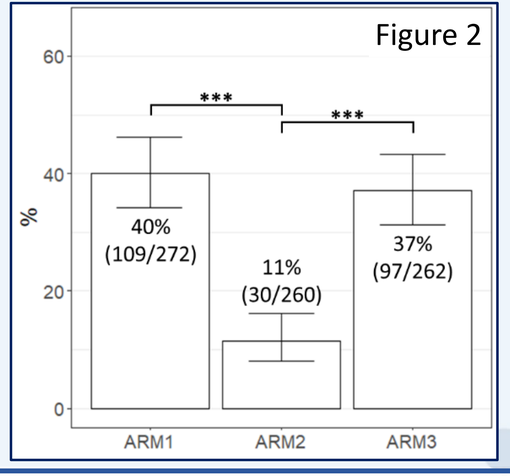
Change in diagnostic confidence at T03:

- Confirmed AD diagnosis, ARM1 (+14%) and ARM3 (+11%) > ARM2 (+1%);
- Confirmed non-AD diagnosis, ARM1 (+12%) and ARM3 (+10%) > ARM2 (+1%).

Change in cognition-specific medications at T03:

- ARM1 (15%) = ARM2 (14%) = ARM3 (15%).

Figure 2



Conclusion

Performing amyloid-PET early in the diagnostic workup allowed 40% of memory clinic patients to receive an etiological diagnosis with very high confidence after only 3 months, 3.5 times more frequently than patients who had not yet undergone amyloid-PET (11%).

Moreover, patients performing an early amyloid-PET changed etiological diagnosis more frequently and feature a greater increase in diagnostic confidence than those without amyloid-PET.

These results support the implementation of amyloid-PET early in the diagnostic workup.

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Academic partners

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