

Supplementary Data

Dementia Specialists and Early Adoption of Amyloid Imaging

Eran P. Klein^{a,b,*} and Jeffrey Kaye^{a,b}

^a*Department of Neurology, Oregon Health and Sciences University, Portland, OR, USA*

^b*Neurology Service, Department of Veterans Affairs Medical Center, Portland, OR, USA*

Handling Associate Editor: Peter Whitehouse

Accepted 6 August 2012

*Correspondence to: Eran P. Klein, MD, PhD, Department of Neurology, Oregon Health and Sciences University, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239-3098, USA. Tel.: +1 503 220 8262; Fax: +1 503 721 1048; E-mail: kleine@ohsu.edu.

We are interested in your view on the potential use of amyloid imaging in the diagnosis and prediction of Alzheimer disease.

This survey consists of 20 short multiple choice questions and will take approximately 5 minutes. Your responses will be deidentified and completely anonymous. We appreciate your help with our project.

As you answer the questions, assume that some form of amyloid imaging is FDA-approved, available at your institution, and covered by insurance.

Please consider maximizing your browser screen.

1. I will use amyloid imaging in my practice to help diagnose or predict Alzheimer disease.

- Yes
 No

2. I will use this test in ____ patients per month:

- <1
 1-2
 3-5
 6-10
 >11

3. I will use amyloid imaging to (select all that apply):

- Screen asymptomatic adults for Alzheimer disease who are at elevated risk for Alzheimer disease
- Screen asymptomatic adults for Alzheimer disease who are not at elevated risk of Alzheimer disease
- Provide evidence for Alzheimer disease in a patient I suspect has Alzheimer disease
- Provide evidence against Alzheimer disease in a patient I suspect does not have Alzheimer disease
- Guide further diagnostic workup
- Satisfy patient/family that I have done all available testing
- Satisfy referring clinician that I have done all available testing
- Other (please specify)

4. I will not use amyloid imaging because (select all that apply):

- It will not improve on existing diagnostic tools
- It will not be a prudent use of resources
- It will provide results that patients may misinterpret
- It will provide results that clinicians may misinterpret
- Other (please specify)

5. What will influence your decision whether to use or not use amyloid imaging (select all that apply):

- Patient requests for testing
- Referring clinician requests for testing
- Scientific literature
- Media coverage of testing
- Industry-provided information on testing
- Colleague experience with testing
- Professional body recommendations or practice parameters
- Other (please specify)

6. What will be the most important influence on your decision whether to use or not use amyloid imaging:

- Patient requests for testing
- Referring clinician requests for testing
- Scientific literature
- Media coverage of testing
- Industry-provided information on testing
- Colleague experience with testing
- Professional body recommendations or practice parameters
- Other (please specify)

7. Amyloid imaging will improve the diagnostic accuracy of (select all that apply):

- Neurologists with specialized training in dementia
- Neurologists without specialized training in dementia
- Non-neurologists with specialized training in dementia
- Primary care clinicians
- None. It will not improve diagnostic accuracy.
- Other (please specify)

8. Should patients be counseled on the meaning of a genetic test associated with Alzheimer disease (e.g., APOE) before undergoing the test.

- Yes
- No
- I am not sure

9. Should patients be counseled on the meaning of an _imaging test_ (e.g., amyloid PET) associated with Alzheimer disease before undergoing the test.

- Yes
- No
- I am not sure

10. Who currently possess the skills to counsel patients on the meaning of amyloid imaging testing in Alzheimer disease (select all that apply):

- Neurologists with specialized training in dementia
- Neurologists without specialized training in dementia
- Non-neurologists with specialized training in dementia
- Primary care clinicians
- Health professionals involved in risk-based counseling (e.g., genetic counselors).
- No one currently possesses the relevant skills
- Other (please specify)

11. Who should receive training to counsel patients on the meaning of amyloid imaging testing (select all that apply):

- Neurologists with specialized training in dementia
- Neurologists without specialized training in dementia
- Non-neurologists with specialized training in dementia
- Primary care clinicians
- Health professionals involved in risk-based counseling (e.g., genetic counselors)
- No one should be trained to provide this counseling
- Other (please specify)

12. What factors will influence whether amyloid imaging becomes commonly used in clinical practice (select all that apply):

- Scientific literature
- Patient requests for testing
- Referring clinician requests of dementia specialists for testing
- Media coverage of testing
- Industry-provided information on testing
- Colleague experience with testing
- Professional body recommendations or practice parameters
- Other (please specify)

13. What will be the _most important_ factor influencing whether amyloid imaging becomes commonly used in clinical practice (select one):

- Scientific literature
- Patient requests for testing
- Referring clinician requests of dementia specialists for testing
- Media coverage of testing
- Industry-provided information on testing
- Colleague experience with testing
- Professional body recommendations or practice parameters
- Other (please specify)

14. How many years ago did you finish formal clinical training (residency or fellowship)?

- Less than 5
- 5-10
- 11-15
- 16-20
- Greater than 20

15. What area did you complete residency in (select all that apply)?

- Neurology
- Psychiatry
- Internal Medicine
- Other (please specify)

16. Do you have fellowship or post-doctoral training in dementia, geriatrics, or neurodegenerative disorders?

- Yes
- No

17. What percentage of your work is dedicated to patient care (as opposed to research, administration, etc.)?

- Less than 10%
- 11-25%
- 26-50%
- 51-75%
- Greater than 75%

18. Approximately what percentage of your _clinical_ practice is devoted to the care of patients with a primary cognitive complaint?

- Less than 10%
- 11-25%
- 26-50%
- 51-75%
- Greater than 75%

19. Do you see patients with primary cognitive complaints in a Veteran's Administration hospital?

- Yes
 No

20. Are you male or female?

- Male
 Female

21. Which area of the U.S. do you practice in?

- Northeast
 Midwest
 South
 West

22. Would you be receptive to our contacting you for a followup survey within a year?

- Yes
 No
 I'm not sure

23. Feel free to leave us comments about this project (optional):