Role of Florbetapir Scanning in Diagnosing Cognitive Disorders among First 20 Consecutive Patients Imaged at Mount Sinai Medical Center from June 1-December 1, 2012

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Disclosures

<u><$10,000/yr</u>
DSMB member, AAC-001 (Aβ vaccine) trial
Janssen Alzheimer Immunotherapy Alliance (J&J, Pfizer)

SAB member, blood biomarker discovery
Diagenic

SAB member, clinical trial in Down Syndrome
Balance Therapeutics

<u>>$100,000/yr (research costs, not personal income)</u>
Grantee, Amicus Therapeutics, GM1 modulation

Florbetapir had an obvious impact on diagnosis in 9 of first 20 consecutive patients imaged at a teritary, urban Alzheimer Center

- “FTD-like” clinical picture (PPA or predominant behavioral disorder) but over age 70 yrs
- Rapidly progressive dementias
- Exclusion of AD in clinical CTE
- Exclusion of AD in depression + MCI
- Exclusion of AD in static MCI

In some of the 11 other cases, patient preference over LP and/or physician confidence in imaging over CSF played a role.

- Patients 1-10 (florbetapir status)

- 80, M, static memory disorder, *APOE4*+ (negative)
- 70, F, PPA, (positive)
- 60, F, PPA (negative)
- 67, F, PPA (negative)
- 81, M, Parkinson’s with dementia (positive)
- 79, F, worried well (negative)
- 78, M, MCI (positive)
- 75, F, Parkinson’s with depression (negative)
- 74, M, behavioral disorder (negative)
- 89, F, MCI, positive

- Patients 11-20 (florbetapir status)

- 83, M, MCI, positive
- 77, M, MCI, positive
- 77, F, depression & MCI, negative
- 71, F, AD, positive
- 72, M, AD, positive
- 71, M, CTE vs AD (experts disagreed), negative
- 77, M, AD, positive
- 65, F, AD, positive
- 50, M, limbic encephalitis vs AD, positive
- 59, M, dementia w TBI, focally positive at impact

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