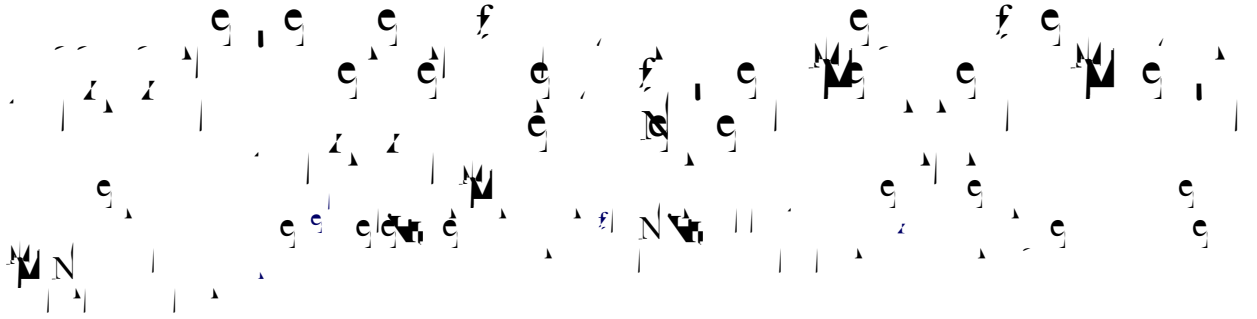
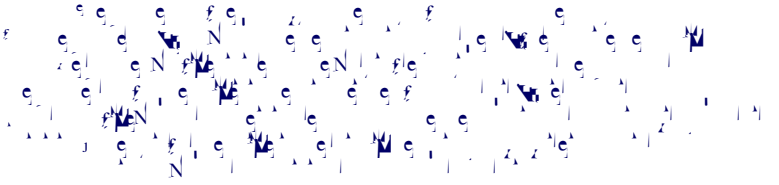
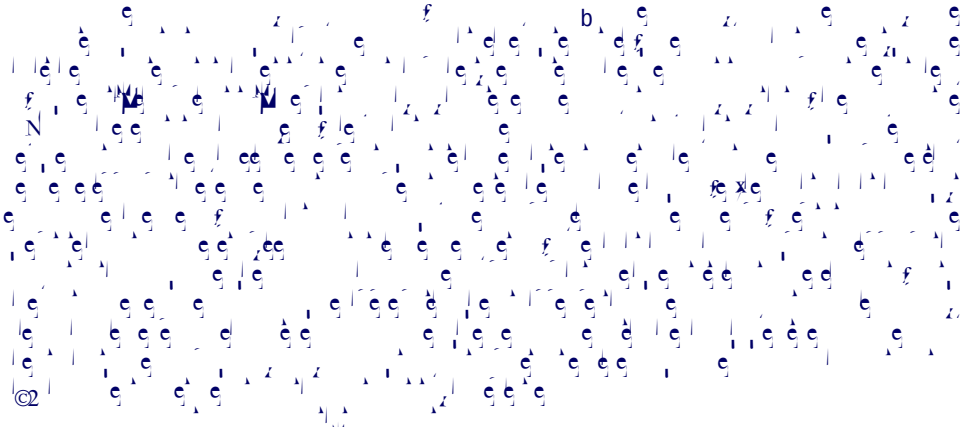




Ab ac



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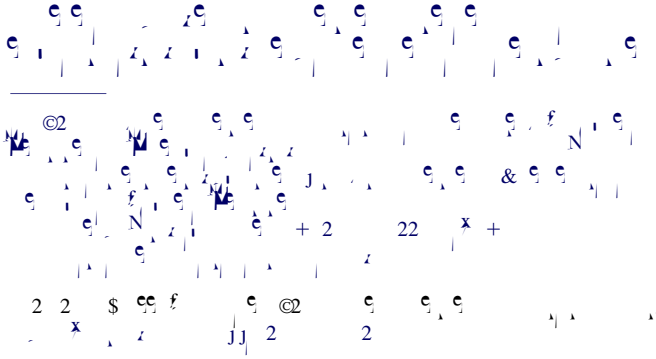
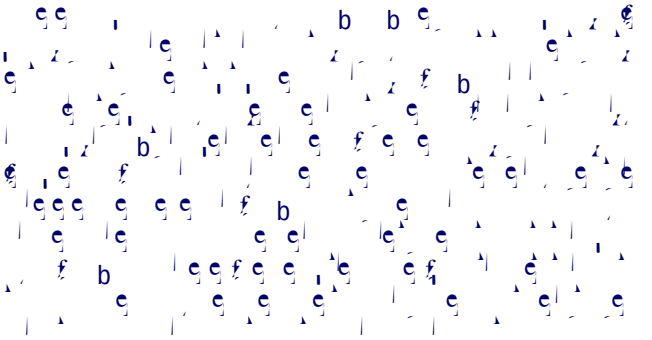
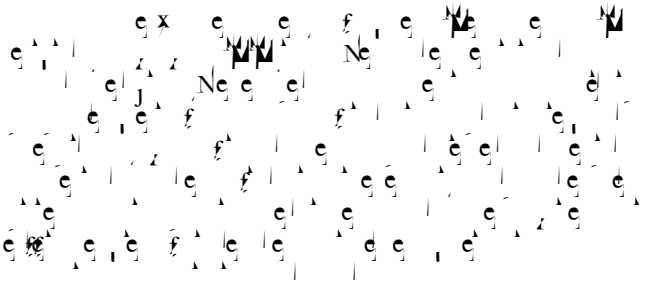
Ke w d :

1. In od c ion







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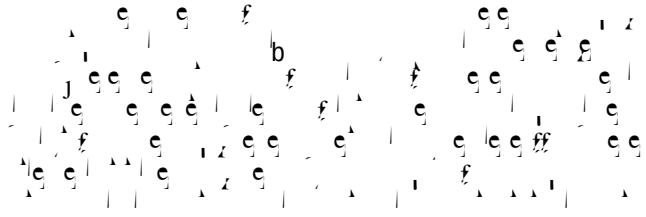
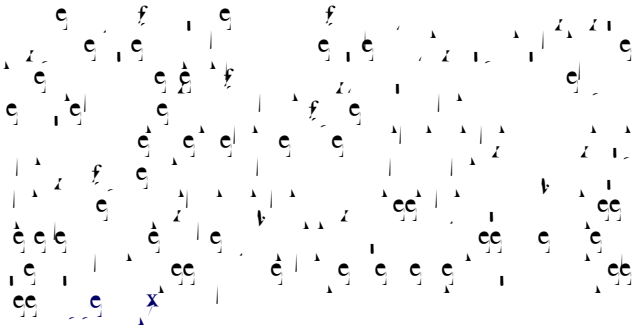


3. Me hod



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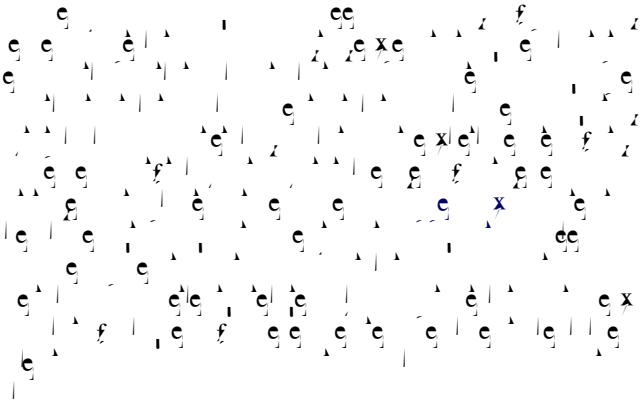
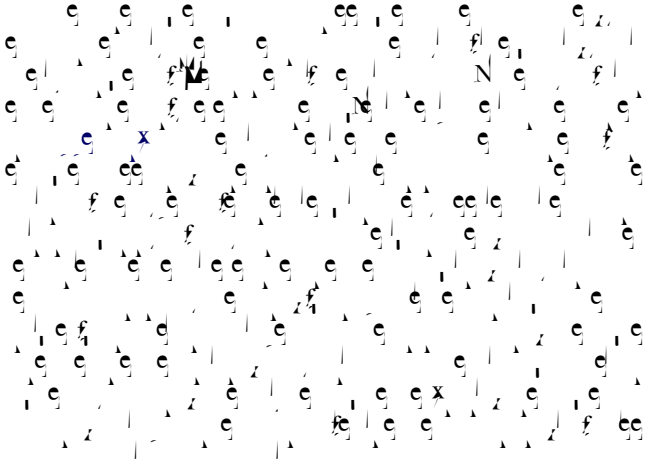
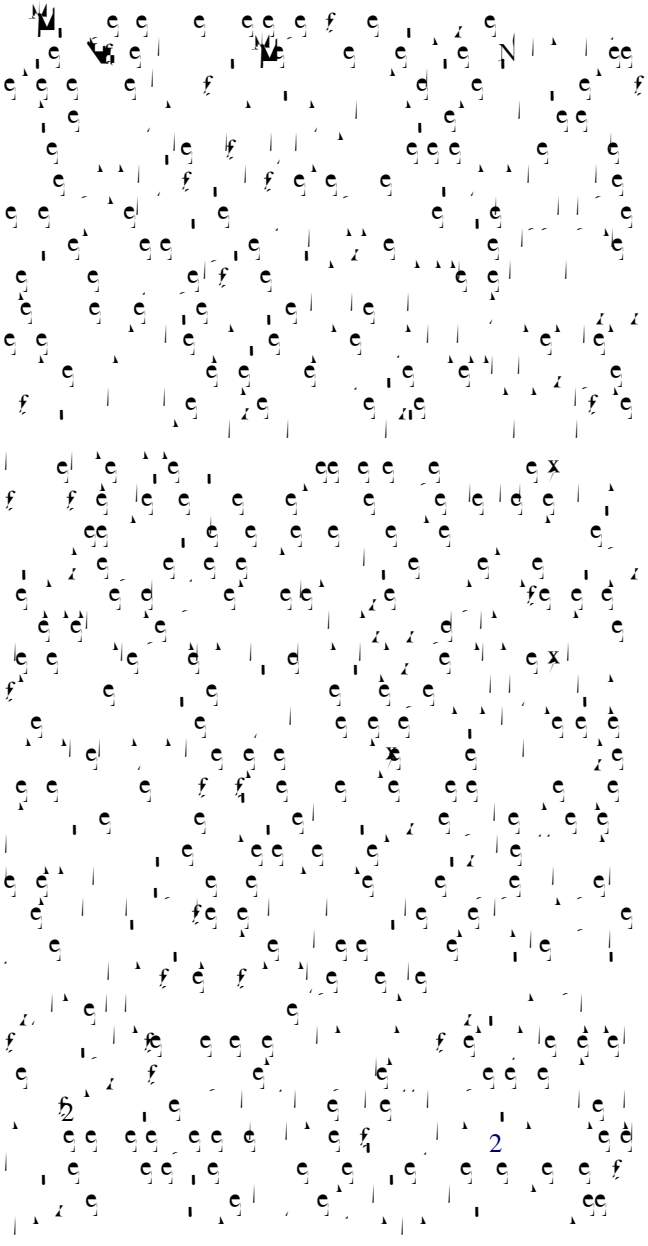
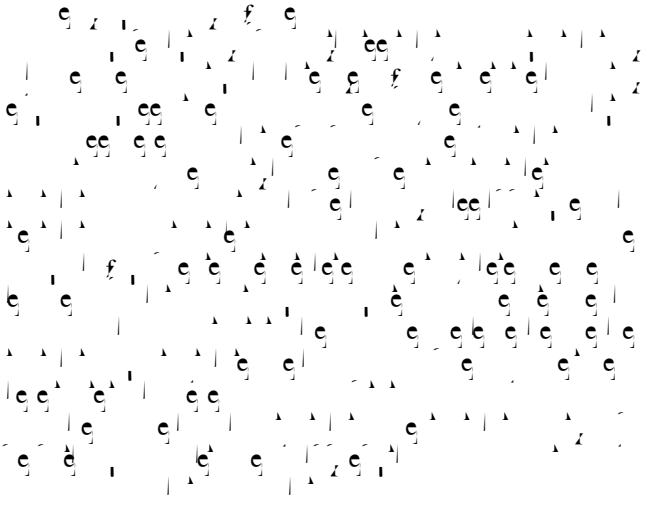


3.2. E de ce e e a d a a ca f a e





3.3. Ra g f he AUC



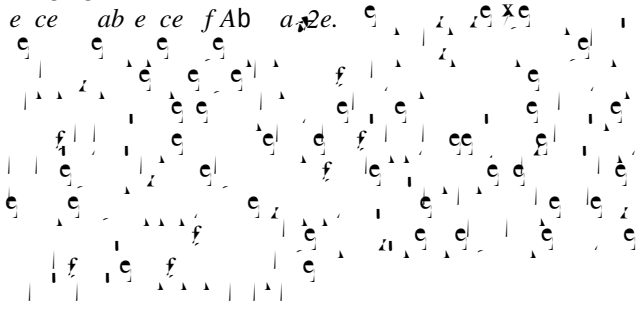
4. Dis ni ion

Demen ia e pe *a h c a e e ced he a e - e a d d ag f de e a*

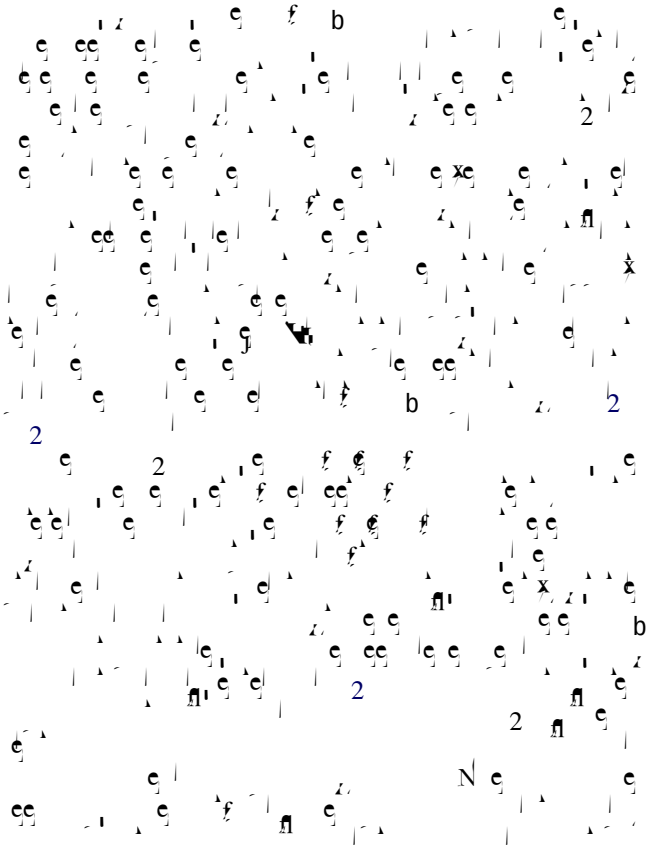
Al heime ' di ea e (AD) *he a h g ca ce e- ec ed ec c e h a h g ca c e a [34], wh ch f e2e l2 ece a a c a ed wh a cha ac e c de e a d e [7,8]*

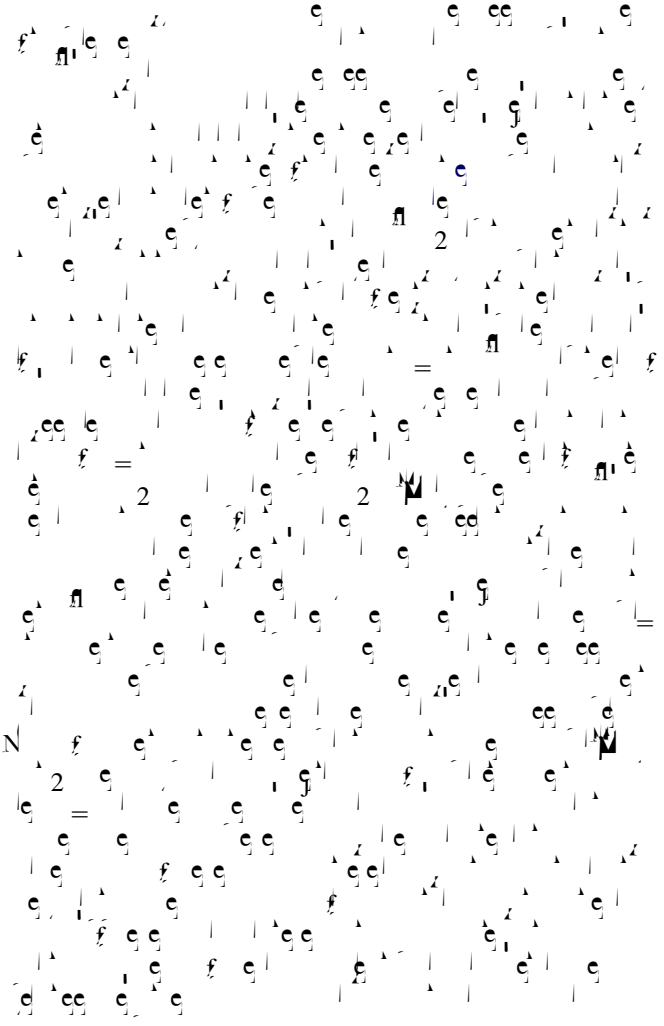
P obable AD demen ia *a c ca d e ee g he*

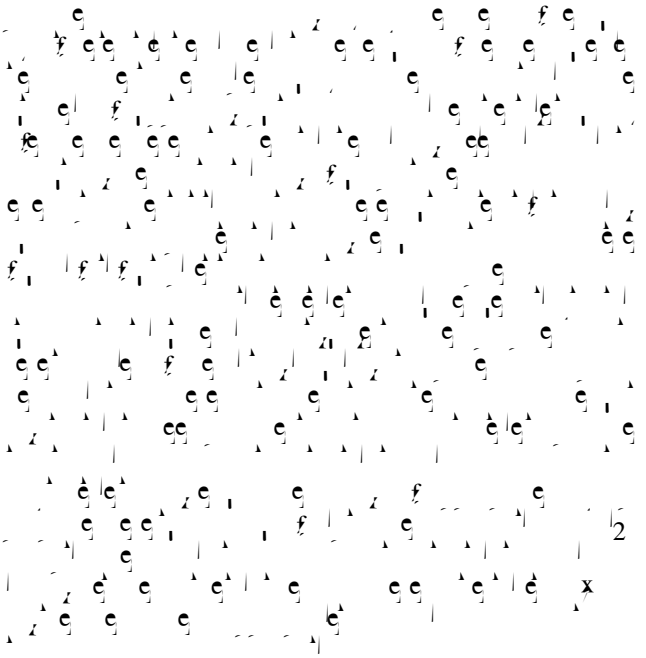
Am loid po i j i /nega j i *he de e a b a ag g e e ha he a d PET ca d ca e he e- e ce ab e ce f Ab a 2e.*



5. PET Ab adiopha mace ical

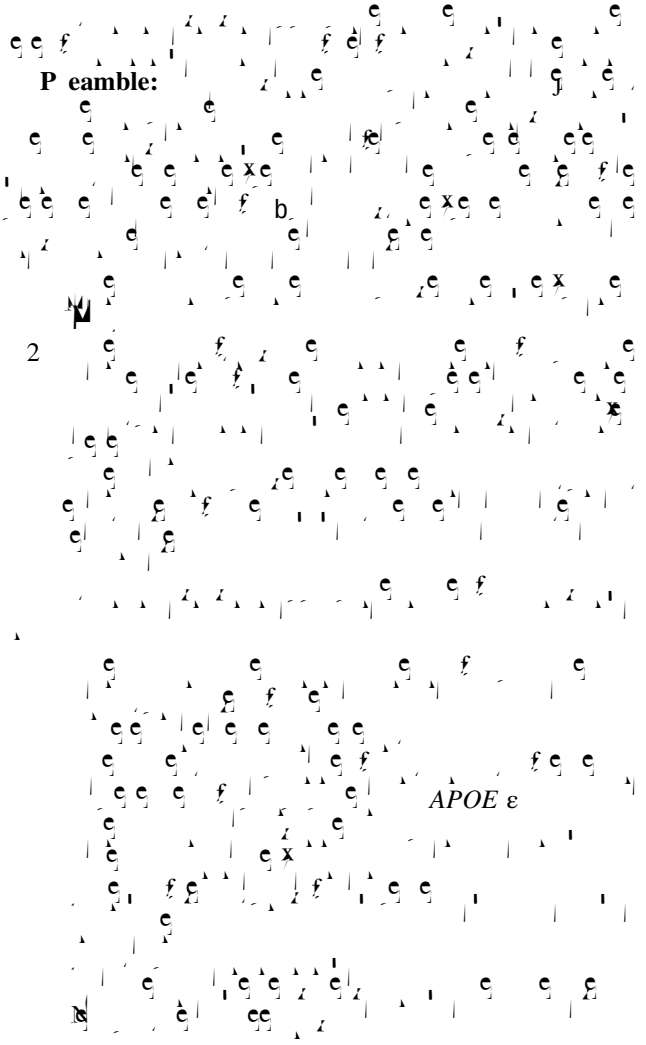






6.1. A a e 2 e c e a

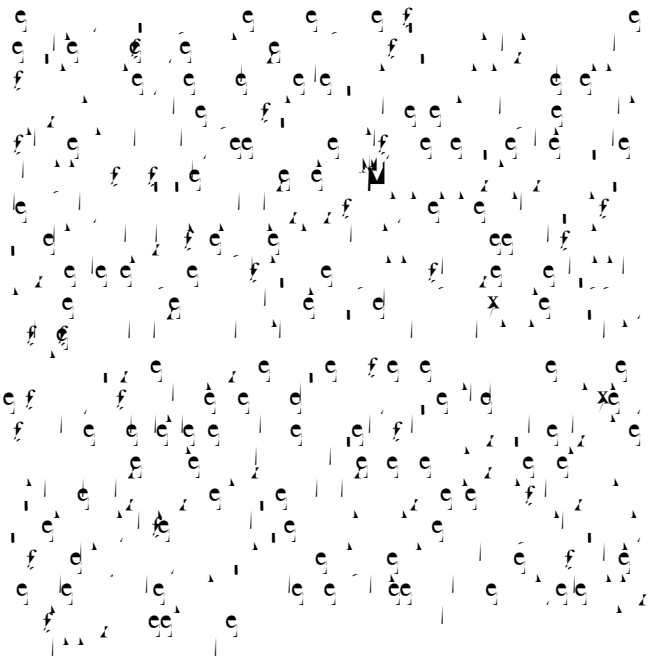
P eamble:



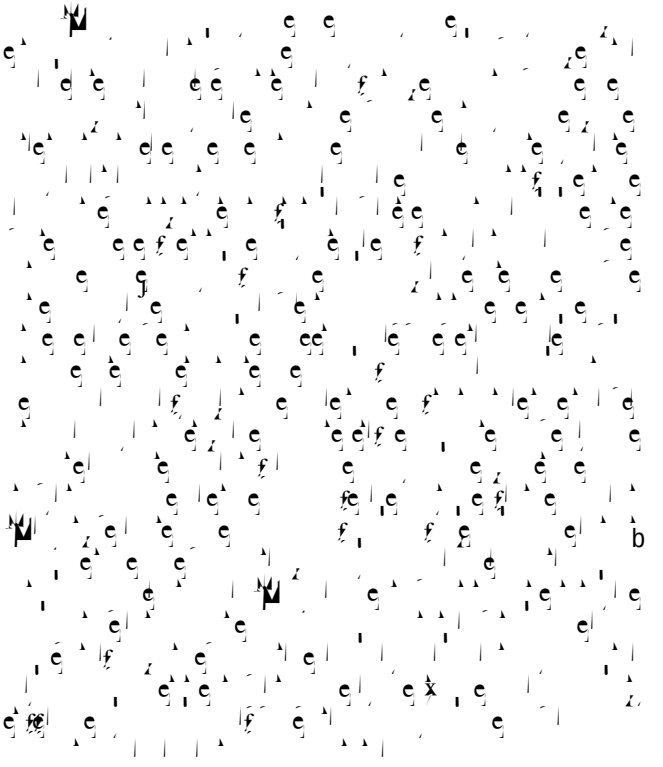
7. Di c ion of indi id al indica ion

) a7. a354 - a v

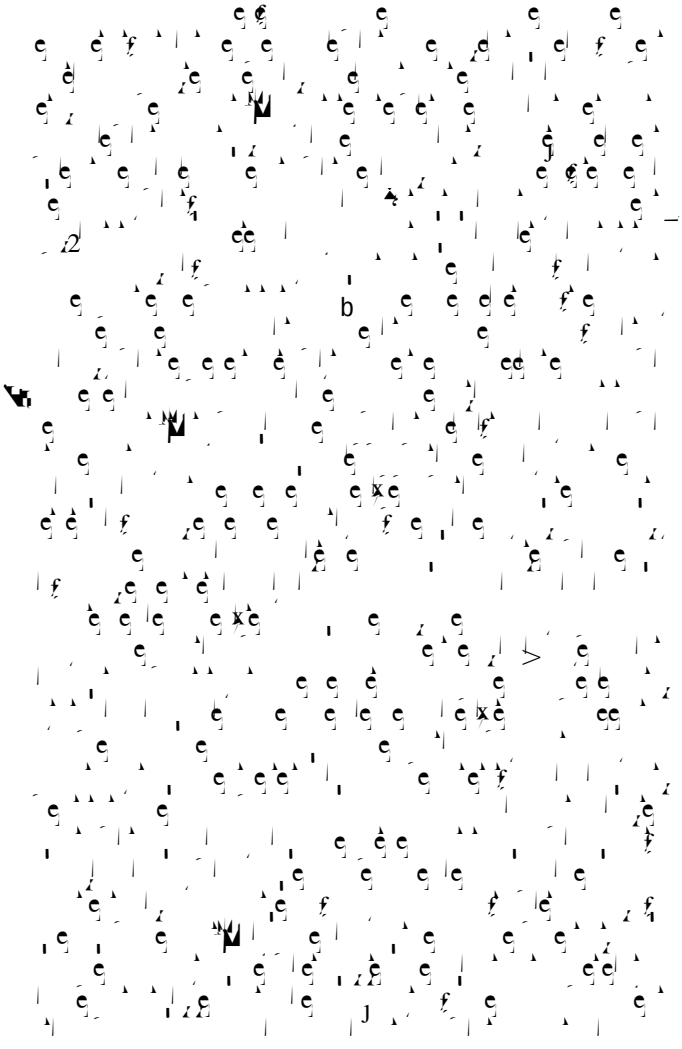
7.1. P f



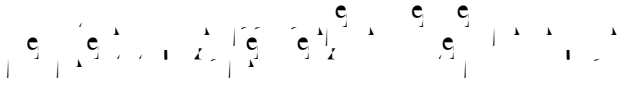
7.2. I d ca 1 (a a e): Pa e w h e e g e ve2 e a ed MCI



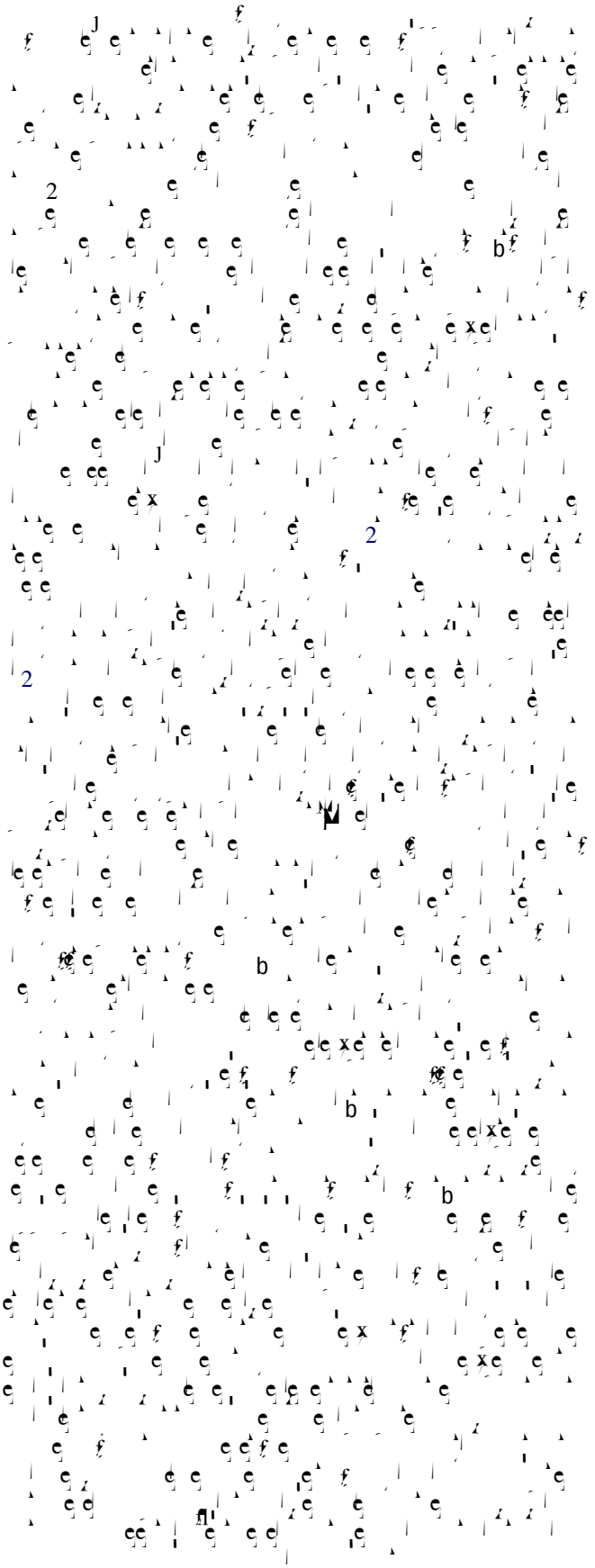
7.3. I d ca 2 (a a e): Pa e a f g c e c ca c e af b e AD (.e., a ca c ca c2 e e g ca ed e e a)

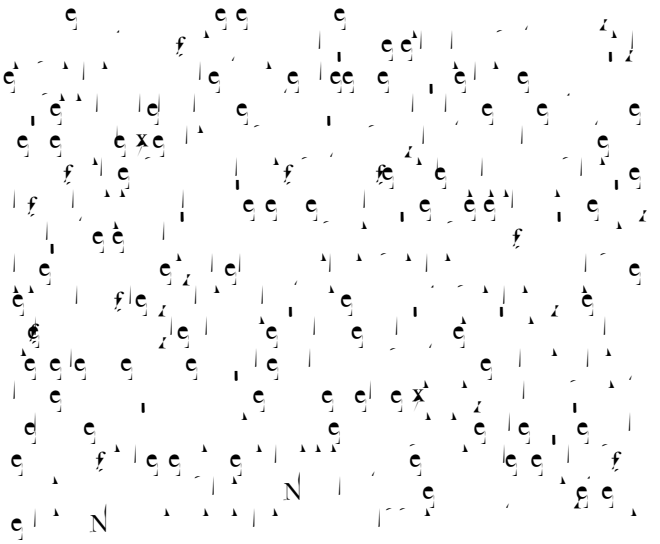


7.4. I d ca 3 (a a e): Pa e w h a ca
2 g- e de e a

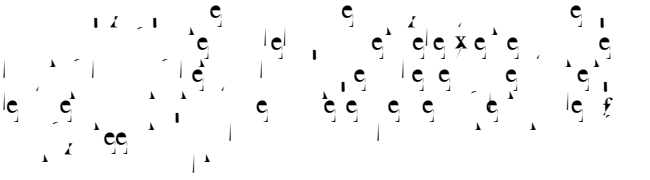


8. Limi a ion of am loid PET in clinical e al a ion

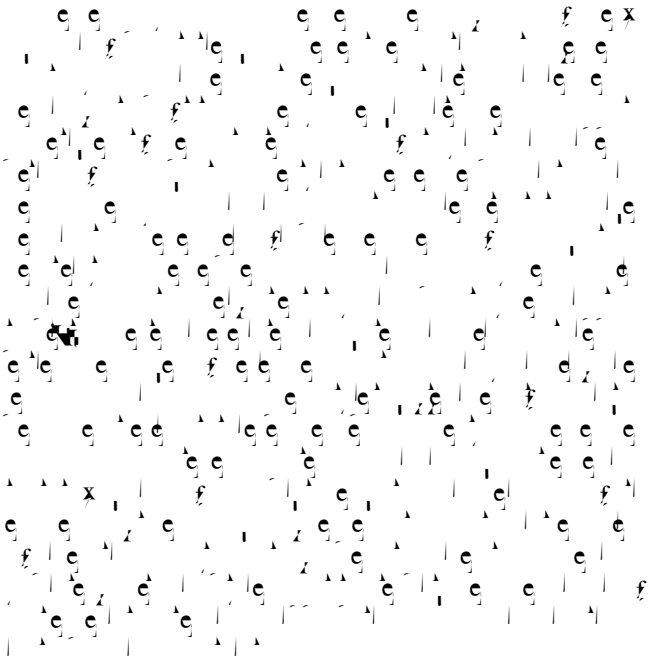




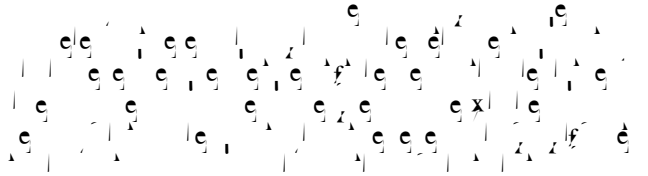
9. Am loid PET and an icipa ed impac on pa ien ca e



9.1. Cha ge ed ca a age e

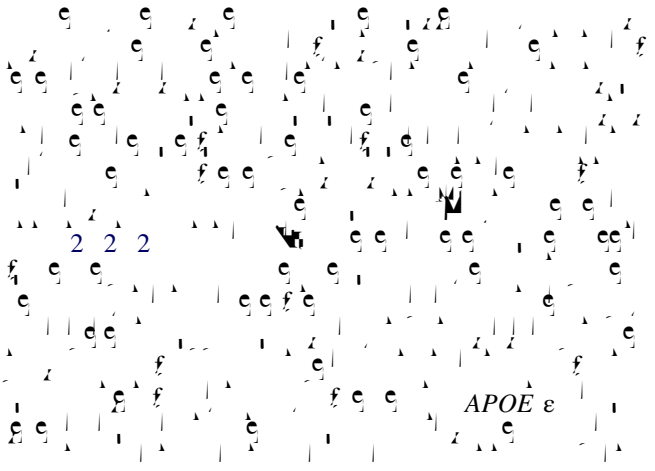


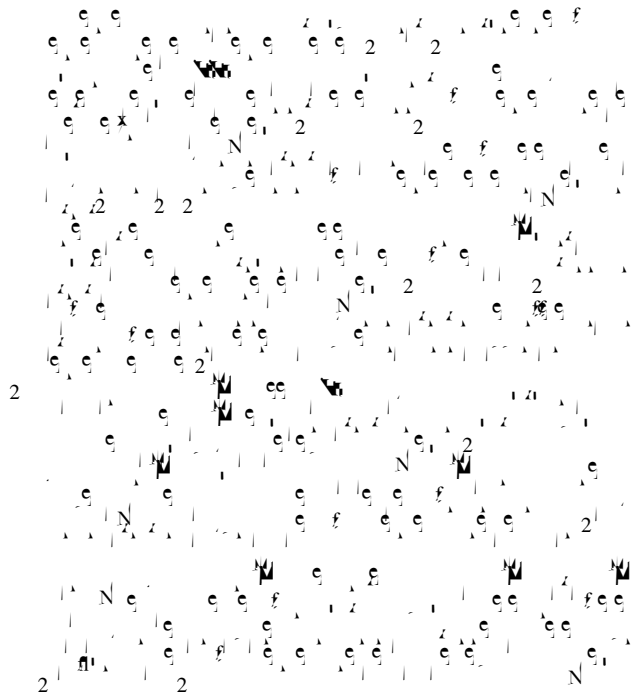
9.2. Cha ge de g he e

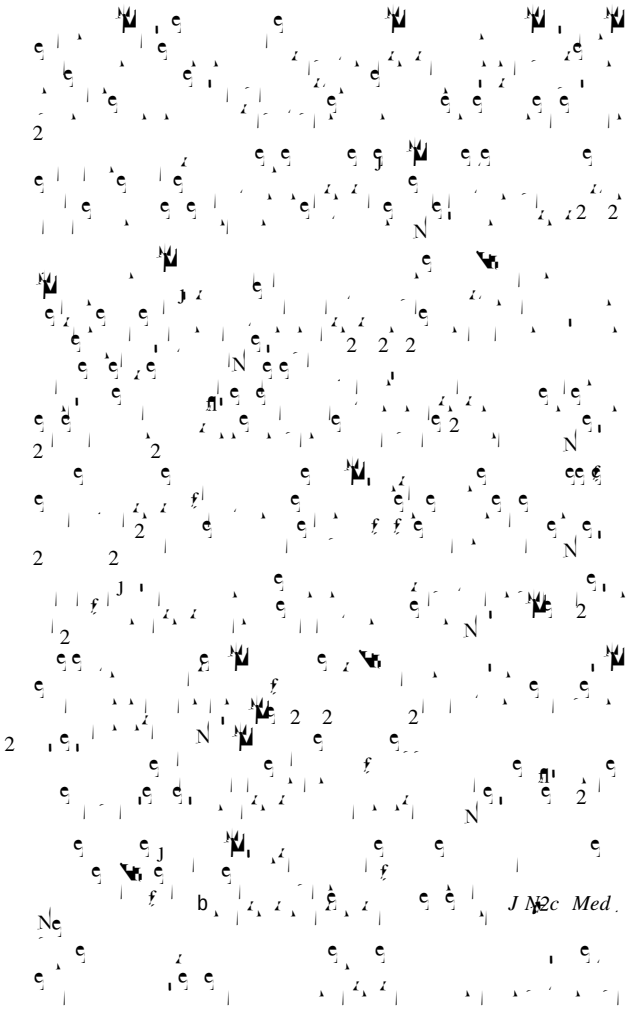


11. F he e ea ch q e ion

11.1. P g hea h d v d2a a d a e w h MCI







Appendi A: Ta k fo ce membe and li e a e e ie e

Ta k Fo ce Membe (alphabe ical)
Co-chai (alphabe ical)

Scien i c Ad i o

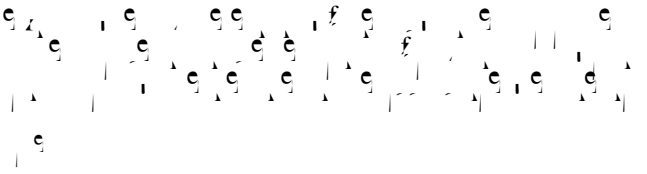
Socie of N clea Medicine and Molec la Imaging (SNMMI) and he Al heime ' A ocia ion (AA) AA Membe (alphabe ical)

Indica ion S bcommi ee (alphabe ical)

Li e a e S bcommi ee (alphabe ical)

Li e a e Re ie e (alphabe ical)

Appendi B: Indica ion S bcommi ee



nonresearch activities that exceed $5000 in funding over the previous or upcoming 12-month period.

In addition, if external expert reviewers of the documents were either a principle investigator or other key study personnel on a study, their participation in the review would likely present a COI. All reviewers completed COI forms. Document authors and sponsors were identified and then cross-checked against reviewers' financial and intellectual COIs. Conflicted individuals were noted as unable to review documents in which there was a real COI present.

Of note, William Klunk, MD, co-invented the PiB-class and Chrysamine-G-class amyloid imaging agents, was appointed as an advisor to the AIT, contributing expertise as requested, but recused himself from any and all discussions that resulted in a vote among writing committee members.

Table D1
Table of relationships with industry and other entities for task force members and outside reviewers

Name	Reported relationships with industry or other entities
Bohnen, Nic	None
Devous, Michael	Avid Pharmaceuticals
	Lilly Healthcare
	Bayer (now Piramal Pharmaceuticals)
Donohoe, Kevin	None
Drzezga, Alexander	Avid Radiopharmaceuticals/Lilly Healthcare
	Bayer Healthcare
	GE Healthcare
	Siemens Healthcare
Foster, Norman	Bristol-Meyers Squibb
	GE Healthcare
	Janssen AI
	Center for Health Improvement
Herholz, Karl	GE Healthcare
	Elan
	Avid Radiopharmaceuticals/Lilly Healthcare
Herscovitch, Peter	None
Johnson, Keith	Siemens
	Avid Radiopharmaceuticals/Lilly Healthcare
	Janssen AI
	Bayer
	Navidea Biopharmaceuticals
	Piramal Healthcare
Karlawish, Jason	Alzheimer's Disease Cooperative Study (member)
Minoshima, Satoshi	None
Rabinovici, Gil	Avid Radiopharmaceuticals
Rowe, Christopher	Bayer
	GE Healthcare
	AstraZeneca
	Piramal Healthcare
	Avid Radiopharmaceuticals/Lilly Healthcare
	Navidea Biopharmaceuticals
Villemagne, Victor	Bayer
Wolk, David	Pfizer
	GE Healthcare

Appendix E: Public commentary

The Amyloid Imaging Taskforce solicited information from all communities through the Society of Nuclear Medicine and Molecular Imaging and the Alzheimer's Association websites and by direct solicitation to members of these societies. The comments and input helped to shape the development of these appropriate use criteria and the consensus recommendation for the appropriate use of amyloid imaging for clinical indications of the detection of fibrillar amyloid in the brain.