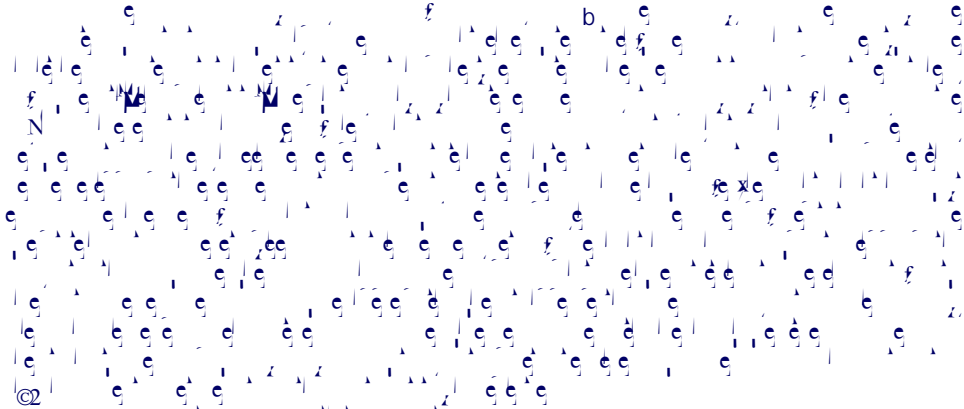


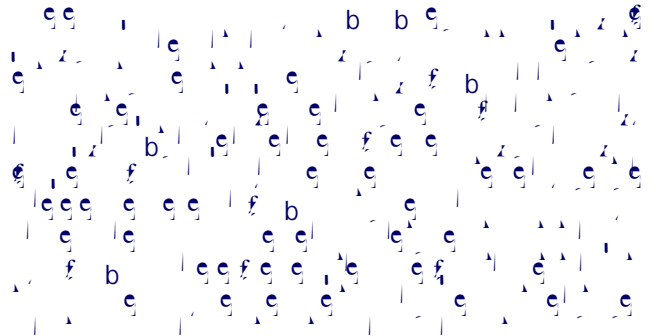
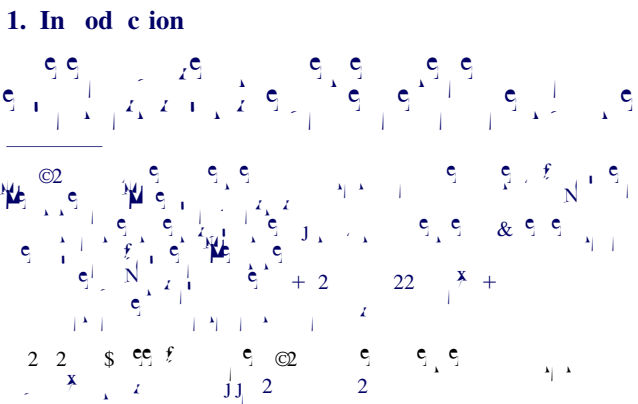
Ab ac



Ke n' d :



1. In od c ion



3. Me hod

Musical notation for the first system of 'Me hod'. It consists of a single staff with a treble clef. The notation includes various rhythmic values (quarter, eighth, and sixteenth notes), rests, and dynamic markings such as 'f' (forte) and 'ff' (fortissimo). There are also some blue annotations, including a blue 'x' and a blue arrow pointing to a note.

3.1. *P b e d ca a d d ca f c ca
ce a*

Musical notation for the second system of 'Me hod'. It consists of a single staff with a treble clef. The notation includes various rhythmic values, rests, and dynamic markings such as 'f' and 'ff'. There are also some blue annotations, including a blue 'x' and a blue arrow pointing to a note.

3.2. *E y de ce e y e^v a d a a ca fa e^v*

Musical notation for the third system of 'Me hod'. It consists of a single staff with a treble clef. The notation includes various rhythmic values, rests, and dynamic markings such as 'f' and 'ff'. There are also some blue annotations, including a blue 'x' and a blue arrow pointing to a note.

Am loid po i i /nega i i he de e a b a
ag ge e ha he a dPET ca d ca e he e -
e ce ab e ce fAb a,2e.

Musical notation for the first section, featuring a staff with notes and rests.

5. PET Ab adiopha mace ical

Musical notation for the second section, featuring a staff with notes and rests.

Musical notation for the third section, featuring a staff with notes and rests.

7. Discussion of individual indication

) a7. a354 - a v

7.1. Pf

Musical score for section 6.1. A, featuring a complex arrangement of notes, rests, and dynamic markings.

6.1. A a e 2 e c e a

Preamble:

Musical score for section 6.1. A, including a 'Preamble' section and a 'M' section, with various musical notations.

M

2

APOE ε

7.2. *I d ca 1(a a e): Pa e w h e e*
g e ve 2 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
c 2 e e g ca ed e e a)

8. Limitations of amyloid PET in clinical evaluation

The use of amyloid PET in clinical evaluation is limited by several factors. First, the availability of amyloid PET tracers is limited, with only a few tracers currently approved for clinical use. Second, the cost of amyloid PET is high, making it difficult to use in large-scale clinical trials. Third, the interpretation of amyloid PET results is complex, as the presence of amyloid plaques does not necessarily correlate with cognitive impairment. Fourth, the sensitivity of amyloid PET is limited, particularly in the early stages of Alzheimer's disease. Finally, the specificity of amyloid PET is also limited, as other conditions can also cause amyloid deposition in the brain.

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9. Amyloid PET and anticipated impact on patient care

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9.1. Change in caregiver burden

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9.2. Change in caregiver burden

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11. F he e ea ch q e ion

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

e₁ e₂ e₃ e₄ e₅ e₆ e₇ e₈ e₉ e₁₀ e₁₁ e₁₂ e₁₃ e₁₄ e₁₅ e₁₆ e₁₇ e₁₈ e₁₉ e₂₀ e₂₁ e₂₂ e₂₃ e₂₄ e₂₅ e₂₆ e₂₇ e₂₈ e₂₉ e₃₀ e₃₁ e₃₂ e₃₃ e₃₄ e₃₅ e₃₆ e₃₇ e₃₈ e₃₉ e₄₀ e₄₁ e₄₂ e₄₃ e₄₄ e₄₅ e₄₆ e₄₇ e₄₈ e₄₉ e₅₀ e₅₁ e₅₂ e₅₃ e₅₄ e₅₅ e₅₆ e₅₇ e₅₈ e₅₉ e₆₀ e₆₁ e₆₂ e₆₃ e₆₄ e₆₅ e₆₆ e₆₇ e₆₈ e₆₉ e₇₀ e₇₁ e₇₂ e₇₃ e₇₄ e₇₅ e₇₆ e₇₇ e₇₈ e₇₉ e₈₀ e₈₁ e₈₂ e₈₃ e₈₄ e₈₅ e₈₆ e₈₇ e₈₈ e₈₉ e₉₀ e₉₁ e₉₂ e₉₃ e₉₄ e₉₅ e₉₆ e₉₇ e₉₈ e₉₉ e₁₀₀

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.

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 brilar amyloid in the brain.

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