

# CLARiTI

---

ADRC Consortium for Clarity in ADRD Research Through Imaging



**Visual Reads &  
PET Scan Processes**

**August 28, 2024**

# Agenda

## Intro & Study Updates

Drs. Sterling Johnson and Beth Mormino,  
Erin Chin and Heather O'Connell

## CLARiTI PET Processes with Visual Reads Core

Drs. Gil Rabinovici and  
David Soleimani-Meigooni, UCSF

## Q & A

## Closing

Erin Chin



Scan QR code for webinar slides  
and materials

# Study Updates

- First participant
- MRI Memo
- Disclosure name change
- Protocol V3 and Consent Template Changes
- Site Initiation Visits
- Study Start-Up Leaderboard
- Study Handbook
- CLARiTI Office Hours



**First participant scanned at Wisconsin!!!**



# MEMO: CLARiTI MRI Protocol\_V2\_8.15.2024

## Required Sequences

- SCAN T1 Volume
- SCAN FLAIR

## Additional Options

1. Remaining SCAN sequences
2. Locally prioritized sequences
3. CLARiTI Advanced Sequences: (optional)
  - SWI/QSM
  - Motion corrected T1 weighted volume
  - Long label/long delay ASL; as applicable, multi delay ASL

[Read the memo](#) and be in touch with any questions.



## MEMO

To: CLARiTI MRI teams, CLARiTI Investigators, CLARiTI Site PIs, CLARiTI Advanced MRI Core, CLARiTI Site Physicists, ADRC Center Administrators, ADRC Imaging Core.

From: CLARiTI Advanced MRI Core

Date: August 15, 2024

Subject: CLARiTI MRI protocol and Advanced MRI sequences

### CLARiTI MRI

As we get closer to enrolling and scanning participants, we wanted to provide guidance regarding the CLARiTI MRI protocol.

**Please reach out if you have questions.**

Direct all questions and communications to [clariti@medicine.wisc.edu](mailto:clariti@medicine.wisc.edu).

For questions about site MRI certification for CLARiTI: please email both [clariti@medicine.wisc.edu](mailto:clariti@medicine.wisc.edu) and [claritimri@mayo.edu](mailto:claritimri@mayo.edu).

Will we be acquiring the SCAN sequences?

Yes.

The Mayo-ADIR MRI core who is subcontracted to handle SCAN and ADNI4 will also support the CLARiTI MRI sequences as well. We will provide you with the entire set of SCAN/ADNI4 sequences specific to CLARiTI. Each of these sequences will have "CLARiTI" in the series description.

The expectation of the NIA is that all ADRCs agree to acquire at least the minimum tier of the SCAN/ADNI4 MRI set of standard sequences. The same expectations and flexibility are in place for CLARiTI.

What scans are required for the exam to be considered successful and compliant?

For the exam to be considered successful and compliant, your site will need to complete the 3D CLARiTI T1-Weighted Volume, and the CLARiTI FLAIR T2-weighted-FLAIR volume. These are identical to the ADNI4/SCAN sequences. The only difference is that they are labeled with "CLARiTI" in the series description. These two foundational sequences must be acquired for the exam to be CLARiTI compliant. The scan time for those sequences is approximately 12 mins. Following those sequences your site will need to determine how to use the rest of the 40 minutes of scan time.



# Disclosure → Return of Results CORE

Disclosure Core is changing its name to **Return of Results (RoR) Core**.

This decision was made after the team met with pilot sites.

**"Return of Results"** provides more ownership to participants of their own scientific contributions, rather than suggesting that we are "disclosing" something to them that is not already theirs.



# Protocol V3

- Changing the eligibility age to 50 and older for all participants regardless of cognitive status
- Modifying the process for return of results
- Revisions for readability and consistency

## Consent Templates V3

- Removing the separate Disclosure consent
- Two consent form options
  - CLARiTI Consent
  - CLARiTI Consent with Return of Results (RoR)
    - If your site will be sharing PET results, the process will be the same for both impaired and unimpaired participants
  - If your site shares PET results with ALL participants you only need the Consent w/ RoR
  - If your site doesn't share PET results, you have the option to only use the CLARiTI Consent
  - Language can be modified in the consent documents to align with your sites specific needs



# Site Initiation Visits (SIVs)

- All sites must complete a Site Initiation Visit (SIV) with the UW-Madison Central Monitoring Service (CMS) *prior* to site activation.
- In order to schedule your SIV, you **must have obtained approval from WCG**
- Your Site's Regulatory Documents and Regulatory Binder must be completed by your scheduled SIV
- CMS is providing 2 SIV dates per month for 3 sites/per SIV, = 6 sites per month.
- **\*Please be prepared to devote 5 hours to this training. Site PI's are required to attend!**



# SIV training Cont'd

- **Members of your team that **must** be (virtually) present at the SIV include:**
  - Site PI, Co/Sub -Investigator(s)
  - Study coordinator(s)
  - Regulatory Coordinator(s)
  - Outreach Specialist(s)
- **The SIV covers:**
  - Protocol Review
  - Regulatory Overview
  - Subject and Data Management
  - Monitor Overview
  - Regulatory File Review (separate day)
  - PI Debrief Meeting (separate day)

## Currently Scheduled SIVs

<u>Site</u>	<u>SIV Date</u>
Boston	Sept. 9
Kansas	Sept. 9
South Texas	Sept. 9
Stanford	Sept 20
1 Florida	Sept 20
	Sept 20
	Oct 14
	Oct 14
	Oct 14
Mayo	Oct 25
	Oct 25
	Oct 25



# Study Start-Up Leaderboard

ADRC Affiliation	Site Initiation Meeting Completed	Site CLARITI Study Coordinator Designated	Site CLARITI Outreach Specialist Designated	NACC Subaward Executed	IRB Review Ceded To WCG	WCG Approval	SCAN Qualified Site for CLARITI	Radiotracers Selected	Manufacturer SOW Filed	Regulatory Documents Completed	UWisc Central Monitoring SV	LONI Access	ADCFB Protocol Training With NCRAD	Blood Collection Kits Ordered	Site Recruitment Strategy Finalized	Site Activation Notice Sent
Wisconsin ADRC	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Mayo Clinic ADRC	Complete	Complete	Not Designated	In Progress	Complete	Complete	Complete	Complete	In Progress	Not Started	In Progress	Complete	Not Started	Not Started	Not Started	Not Sent
Florida ADRC	Complete	Complete	Complete	In Progress	Complete	Complete	Not Started	Complete	In Progress	Not Started	In Progress	Complete	Not Started	Not Started	Not Started	Not Sent
Boston University ADRC	Complete	Complete	Complete	In Progress	Complete	Complete	Not Started	Complete	Not Started	Complete	In Progress	Not Started	Not Started	Not Started	In Progress	Not Sent
South Texas ADRC	Complete	Complete	Complete	In Progress	Complete	Complete	In Progress	Complete	Not Started	Not Started	In Progress	Complete	Not Started	Not Started	Not Started	Not Sent
University of Kansas ADRC	Complete	Complete	Complete	In Progress	Complete	Complete	Not Started	Complete	In Progress	Not Started	In Progress	Complete	Not Started	Not Started	Not Started	Not Sent
Penn ADRC / Penn Memory Center	Complete	Complete	Complete	In Progress	Complete	In Progress	Not Started	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Stanford ADRC	Complete	Complete	Not Designated	In Progress	Complete	Complete	In Progress	Complete	Not Started	Not Started	In Progress	Complete	Not Started	Not Started	Not Started	Not Sent
University of Michigan ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	Not Started	Complete	Not Started	Complete	Complete	Not Started	Not Started	Not Sent
Cleveland ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	In Progress	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Duke/UNC ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	Not Started	Complete	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Indiana University ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Johns Hopkins ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	In Progress	Complete	Not Started	Complete	Not Started		Not Started	Not Started	Not Started	Not Sent
Mount Sinai School of Medicine ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
NYU ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Rush University Alzheimer's Disease Center	Complete	Complete	Not Designated	In Progress	In Progress	Not Started	In Progress	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
UC Davis ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	Not Started	Complete	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
UC Irvine, ADRC	Complete	Complete	Complete	In Progress	Complete	In Progress	Not Started	In Progress	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
UCSD Shiley-Marcos ADRC	Complete	Complete	Complete	In Progress	In Progress	Not Started	Not Started	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
University of Pittsburgh ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Wake Forest University, ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Washington University Knight ADRC	Complete	Complete	Not Designated	In Progress	Not Started	Not Started	In Progress	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Columbia University ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	Not Started	Complete	Not Started	Not Started	Not Started	Not Started	Not Started	Not Sent
Emory University, Goizueta ADRC	Complete	Not Designated	Not Designated	In Progress	Not Started	Not Started	Not Started	Complete	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Massachusetts ADRC	Complete	Complete	Not Designated	In Progress	Not Started	Not Started	Not Started	In Progress	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
UCSF ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
University of Kentucky ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	In Progress	Complete	Not Started	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
USC ADRC	Complete	Complete	Not Designated	In Progress	Not Started	Not Started	Not Started	In Progress	In Progress	Not Started	Not Started	Complete	Not Started	Not Started	Not Started	Not Sent
Yale University ADRC	Complete	Complete	Complete	In Progress	Not Started	Not Started	Not Started	Complete	Not Started	Complete	Not Started	Not Started	Not Started	Not Started	Not Started	Not Sent

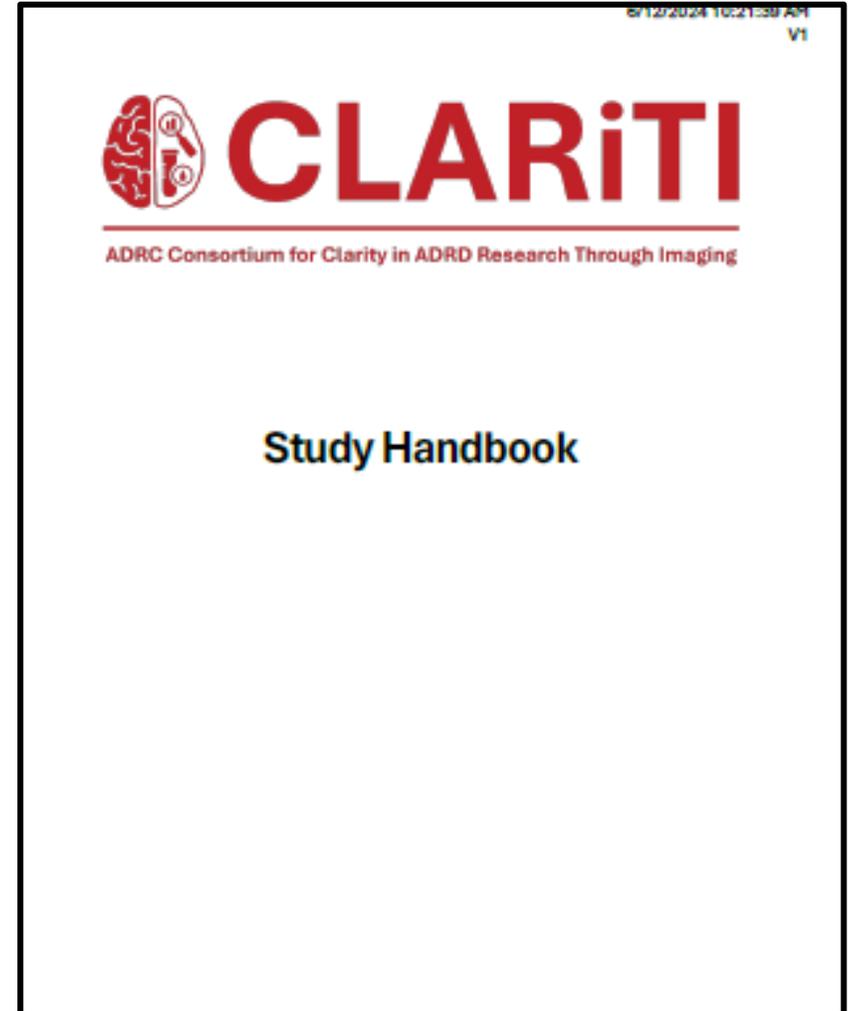
[Link to the Study Start-Up Leaderboard](#)

# Study Handbook

Keep an eye out for the September release of the **CLARiTI Study Handbook**

This is your site's "go to" source for all information, including:

- Study Background
- Study Start Up
- CLARiTI Study Procedures and SOPs
- Recruitment & Inclusion
- Disclosure
- Regulatory
- Subawards



# CLARiTI Office Hours

Thursday, August 29 at 10:00 - 11:00am CT

Tuesday, September 10 at 2:00 - 3:00pm CT

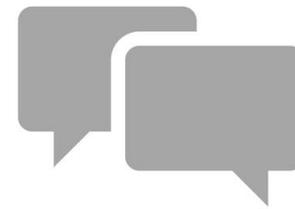
Wednesday, September 18 at 10:00 - 11:00am CT

Friday, October 11 at 1:30 - 2:30pm CT

<https://uwmadison.zoom.us/my/clariti>

Registration is not required

**Study Start-Up  
Office Hours**



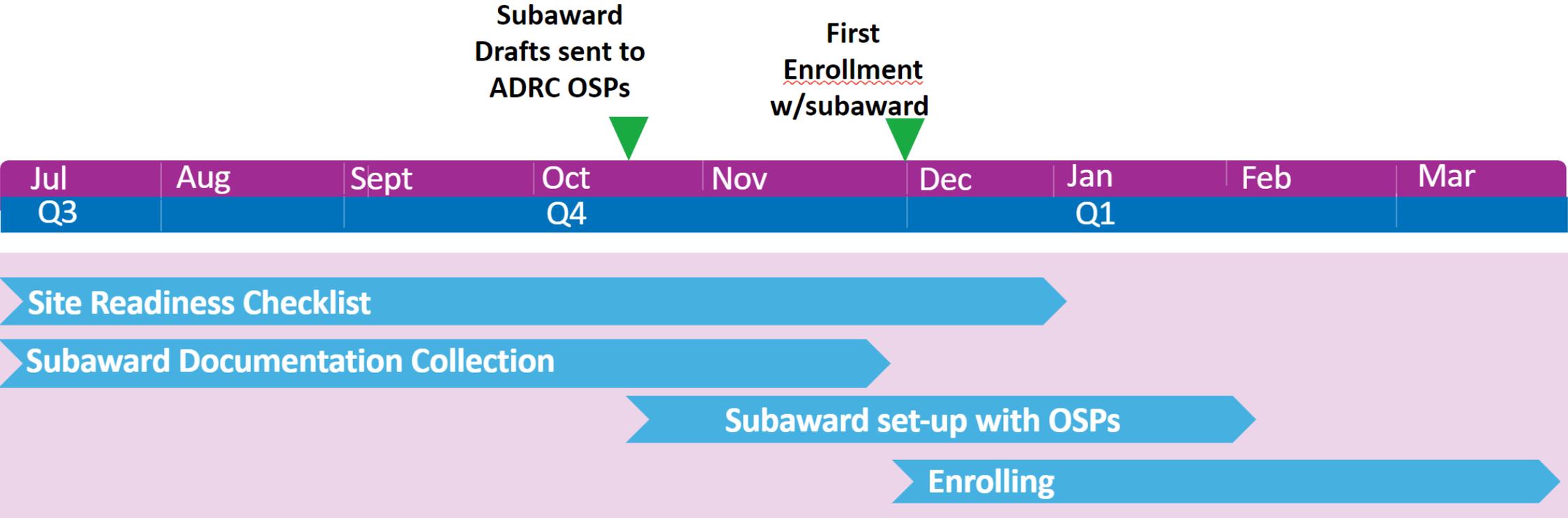
# NACC Subaward Updates

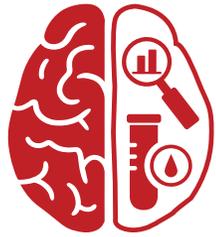


- First ADRC subawards will now have start date of 9/1/2024-8/31/2025
- Budget & Payment Schedules that have been communicated will remain the same, but budget period is shifted
- Required documentation
  - Letter of Intent – are under review case-by-case
  - Cede IRB letter – will not hold up subaward processing



# NACC Subaward Set-up Timeline





# CLARiTI

ADRC Consortium for Clarity in ADRD Research Through Imaging

## Visual Reads and PET Scan Processes

**Gil Rabinovici, MD**

CLARiTI MPI and Image Reads Lead

**David Soleimani-Meigooni, MD**

Sub-Investigator and Visual Reader



# Agenda

- Image Reads Team Introductions
- Visual Read Process Workflow
- Visual Reads and Quantitation
- Case Report Form
- Return of Read
- Tau Working Group

# Image Reads Team

Contact: [mac-clariti-petcore@ucsf.edu](mailto:mac-clariti-petcore@ucsf.edu)

## Visual Readers



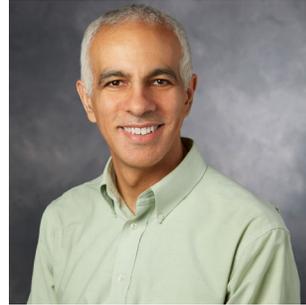
**Gil Rabinovici, MD**  
UCSF ADRC



**David Soleimani-Meigooni, MD**  
UCSF ADRC



**Jeremy Tanner, MD**  
South Texas ADRC



**Michael Zeineh, MD, PhD**  
Stanford ADRC



**Derek R. Johnson, MD**  
Mayo ADRC



**Charles Windon, MD**  
UCSF ADRC



**Ilya Nasrallah, MD, PhD**  
UPenn ADRC



**Mary Ellen Koran, MD, PhD**  
Vanderbilt University/  
Arizona ADRC



**Jonathan McConathy, MD, PhD**  
University of Alabama,  
Birmingham ADRC



**Victor Villemagne, MD**  
Pittsburgh ADRC

## Researchers



**Ganna Blazhenets, PhD**  
UCSF ADRC



**Renaud La Joie, PhD**  
UCSF ADRC

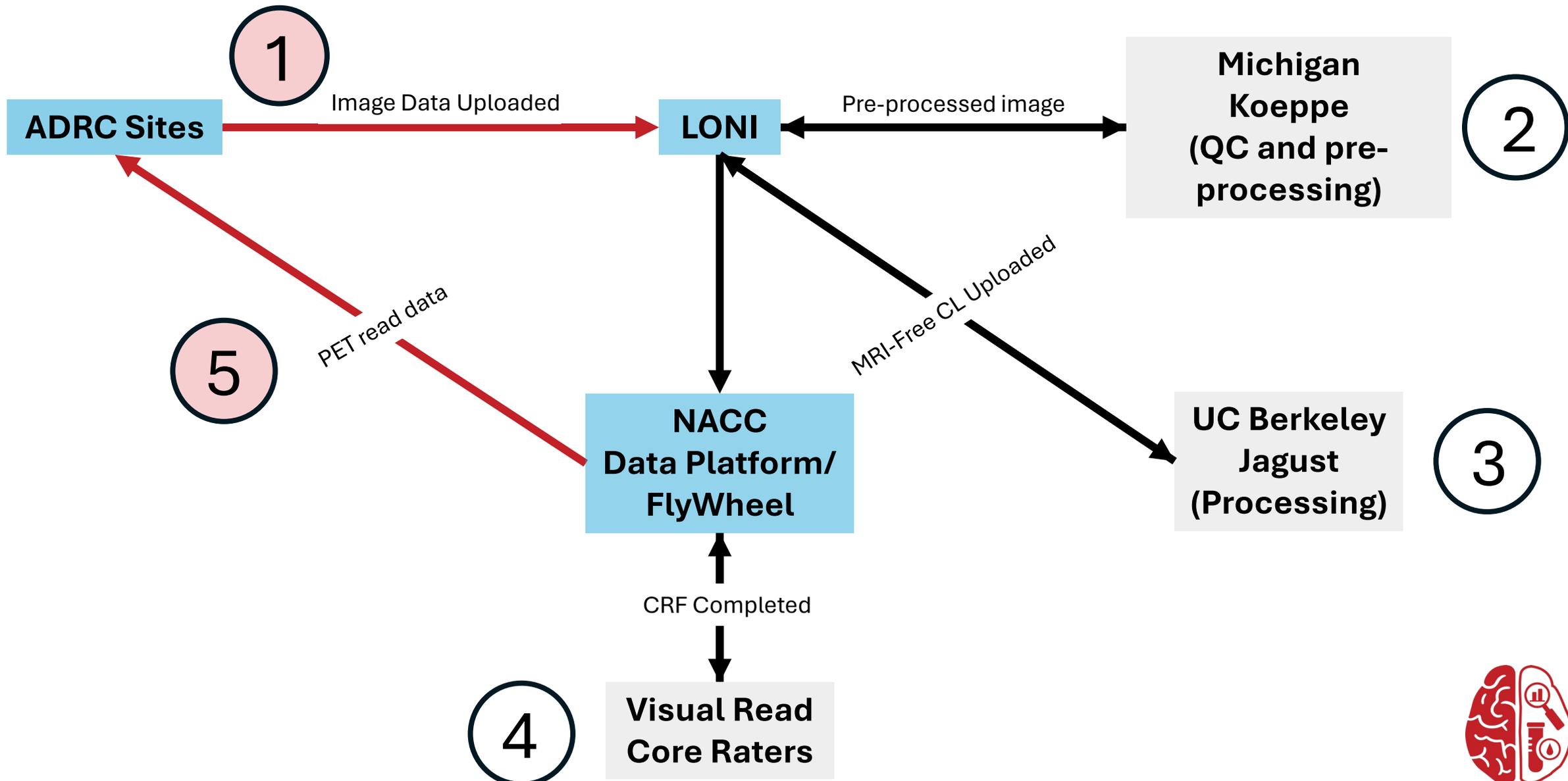


**Carol Soppe, MBT**  
UCSF ADRC

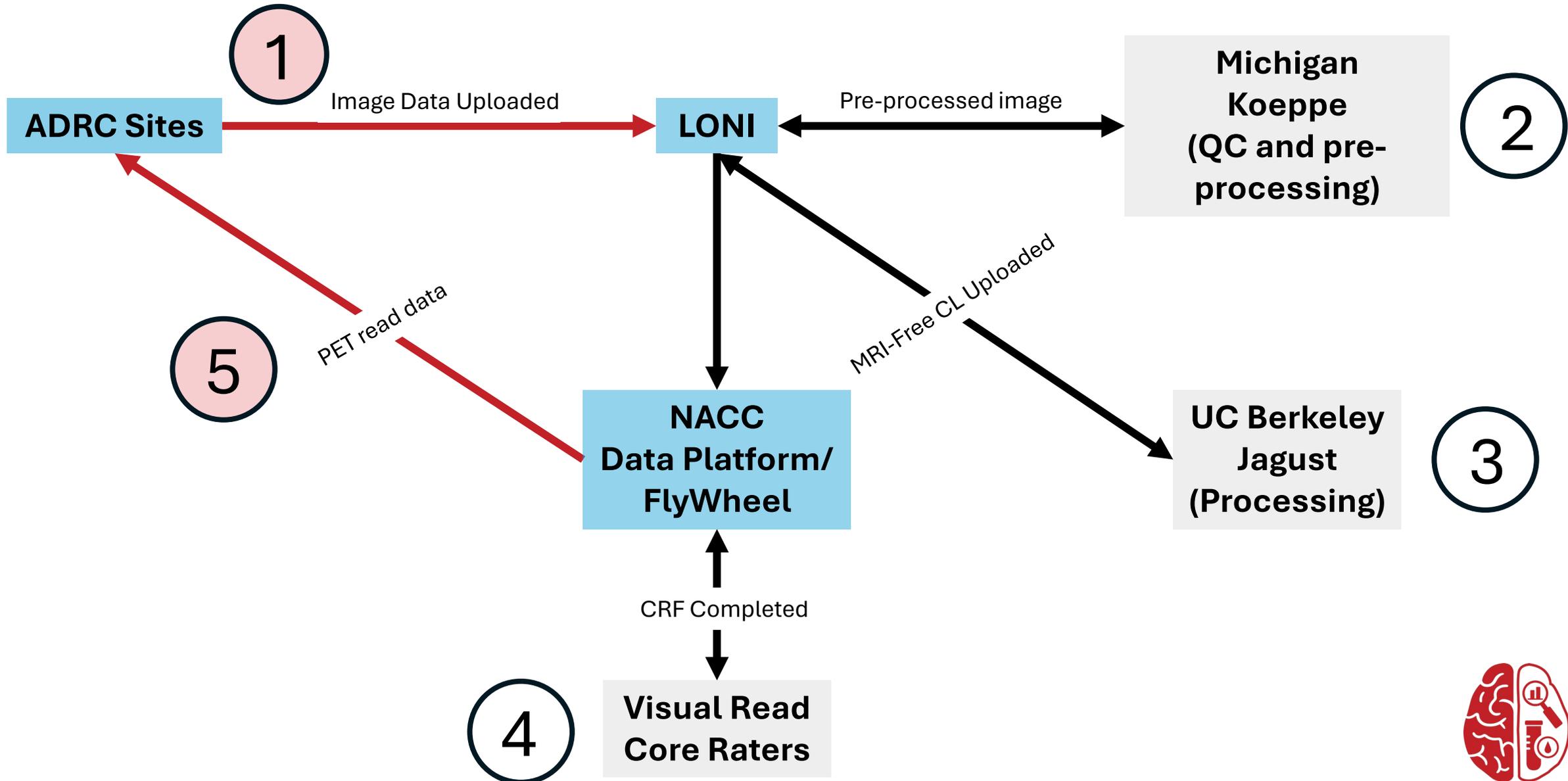


**Zoe Lin, BA**  
UCSF ADRC

# CLARiTI Visual Reads Flow

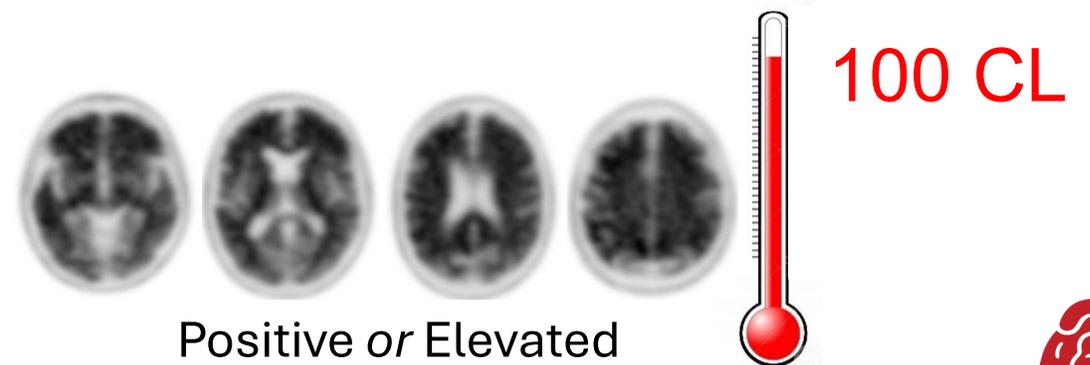
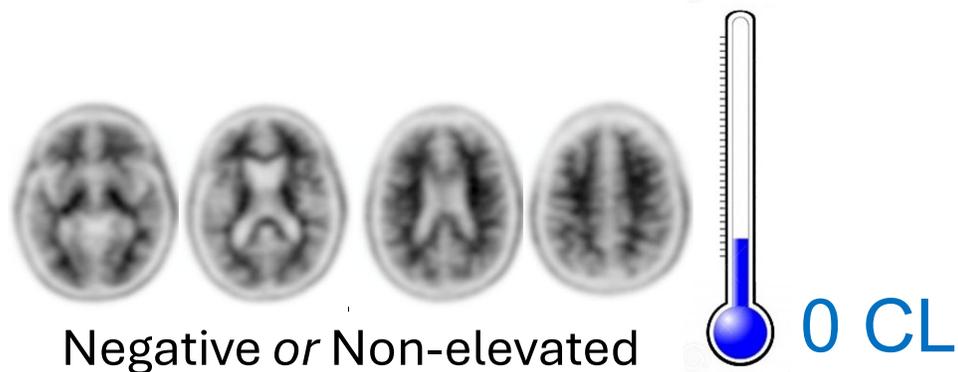


# CLARiTI Visual Reads Flow



# Amyloid PET Visual Reads

- Clinical assessment of amyloid ( $A\beta$ ) PET primarily relies on visual reads
  - The U.S. FDA approves visual read *only* to distinguish between negative/non-elevated and positive/elevated  $A\beta$ -PET scans.
- Typical Centiloid threshold between 10 and 40 CL
  - ADNI Thresholds: **FBB**: 18 CL **FBP**: 20 CL



# CLARiTI Amyloid Radiotracers

Example of **negative** scan



Example of **positive** scan



18F-Florbetapir



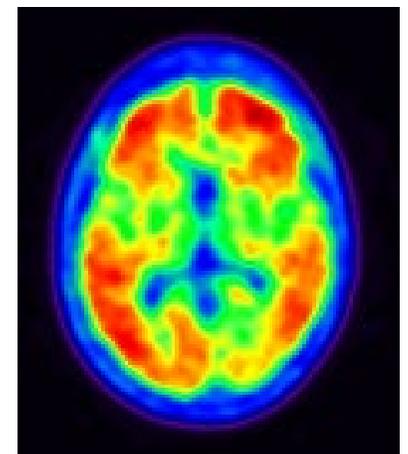
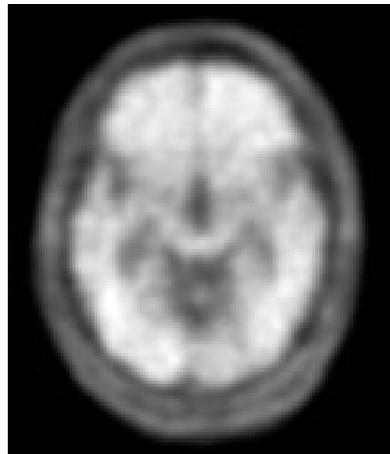
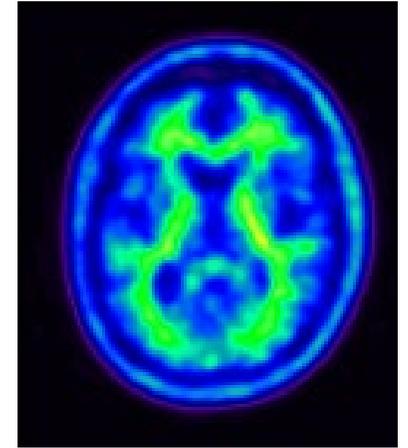
18F-Florbetaben



11C-PiB



18F-Flutafuranol  
(18F-NAV4694)



Note: Tracer-specific threshold cutoffs to be determined.

# Amyloid PET Read Method

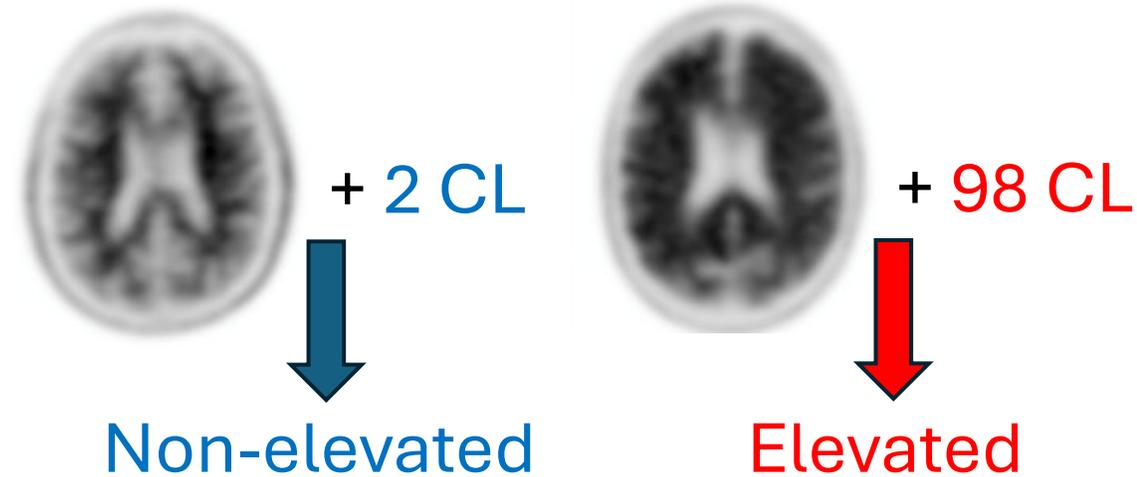
## Independent visual read



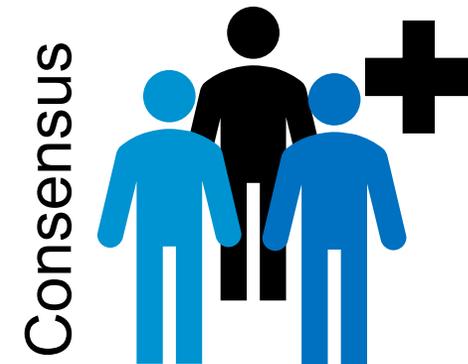
## Review of quantitation



## Concordant reads and quantitation



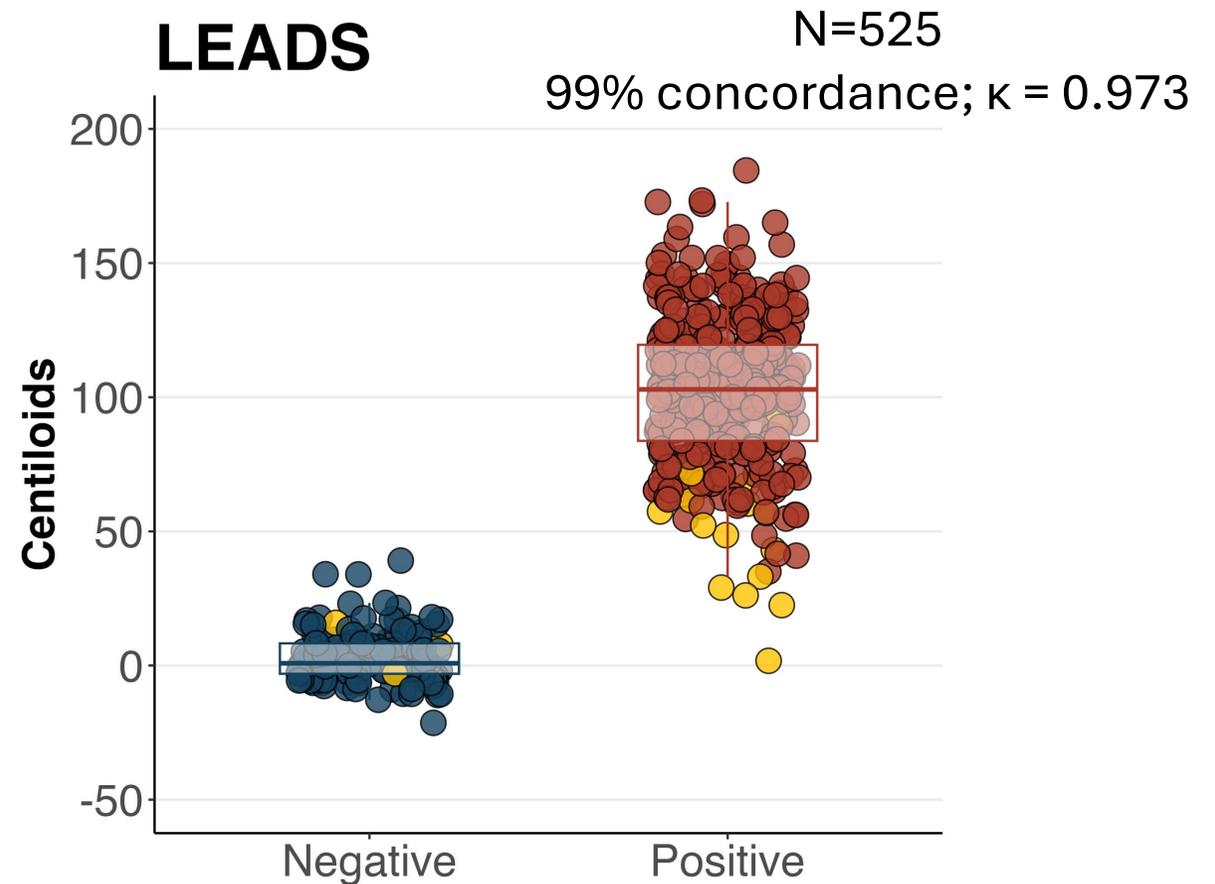
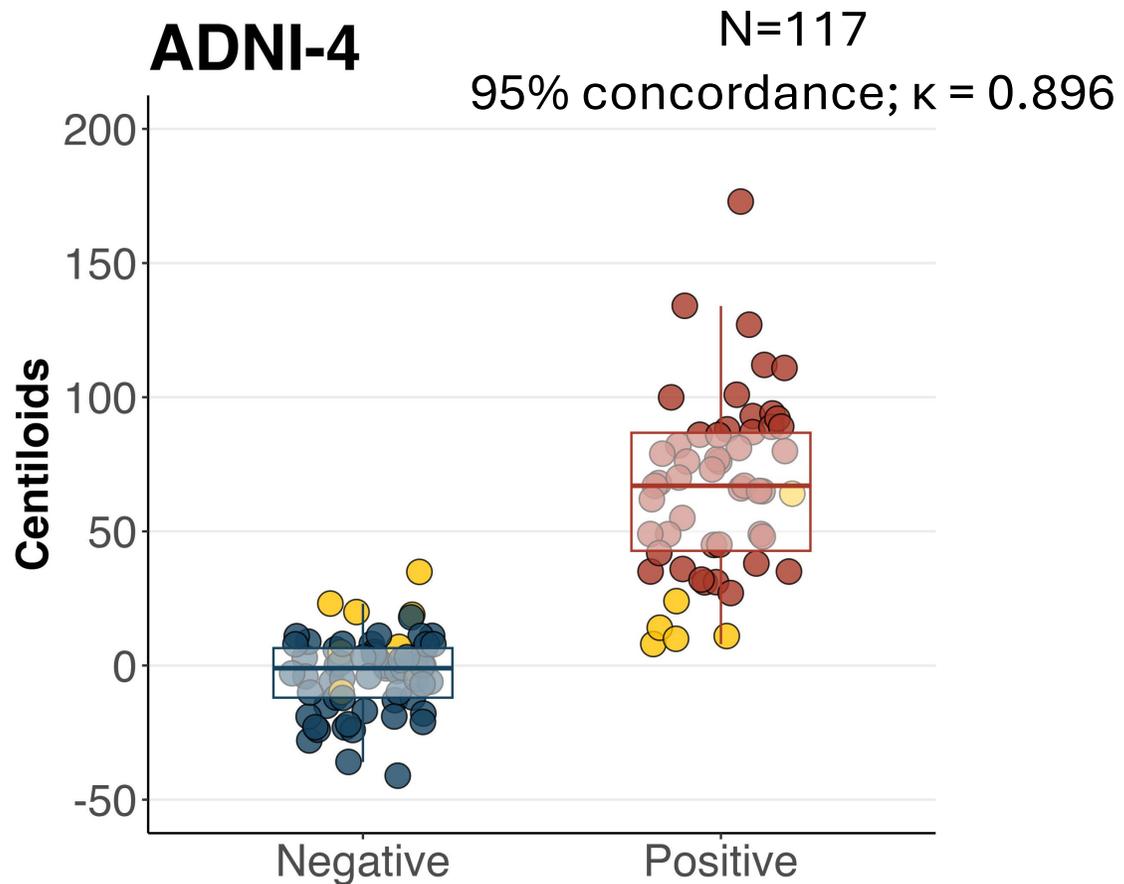
## Discordant reads and quantitation (or concordant but quantitation in “gray zone” or challenging scan to interpret)



- FDA-approved, tracer-specific criteria
- Blinded to quantitation

- Interpret in context of study’s tracer-specific thresholds

# Visual Reads vs. Quantification



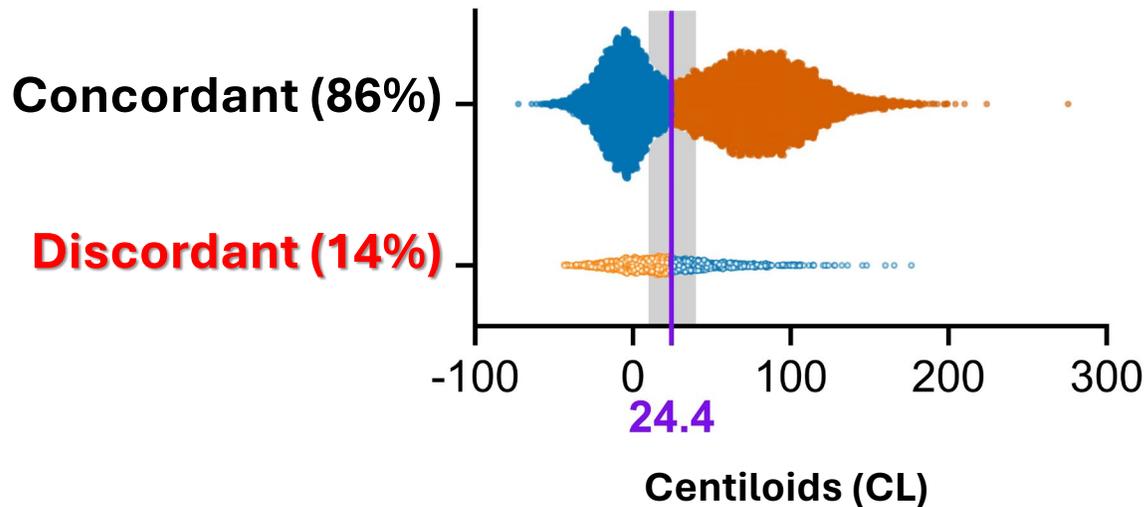
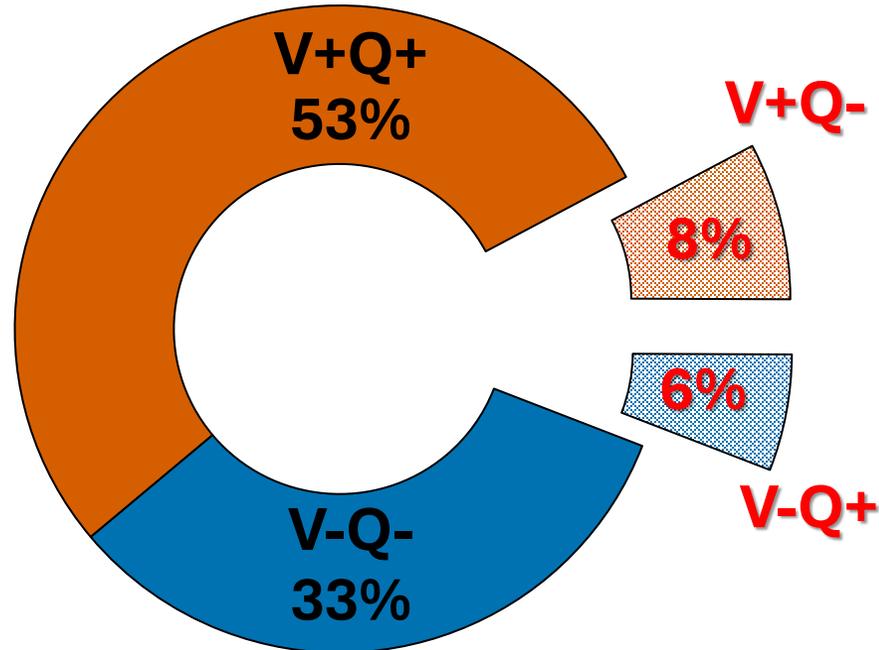
● Negative visual read

● Discordant

● Positive visual read



N=10,361  
388 Clinical Sites  
525 Visual Readers



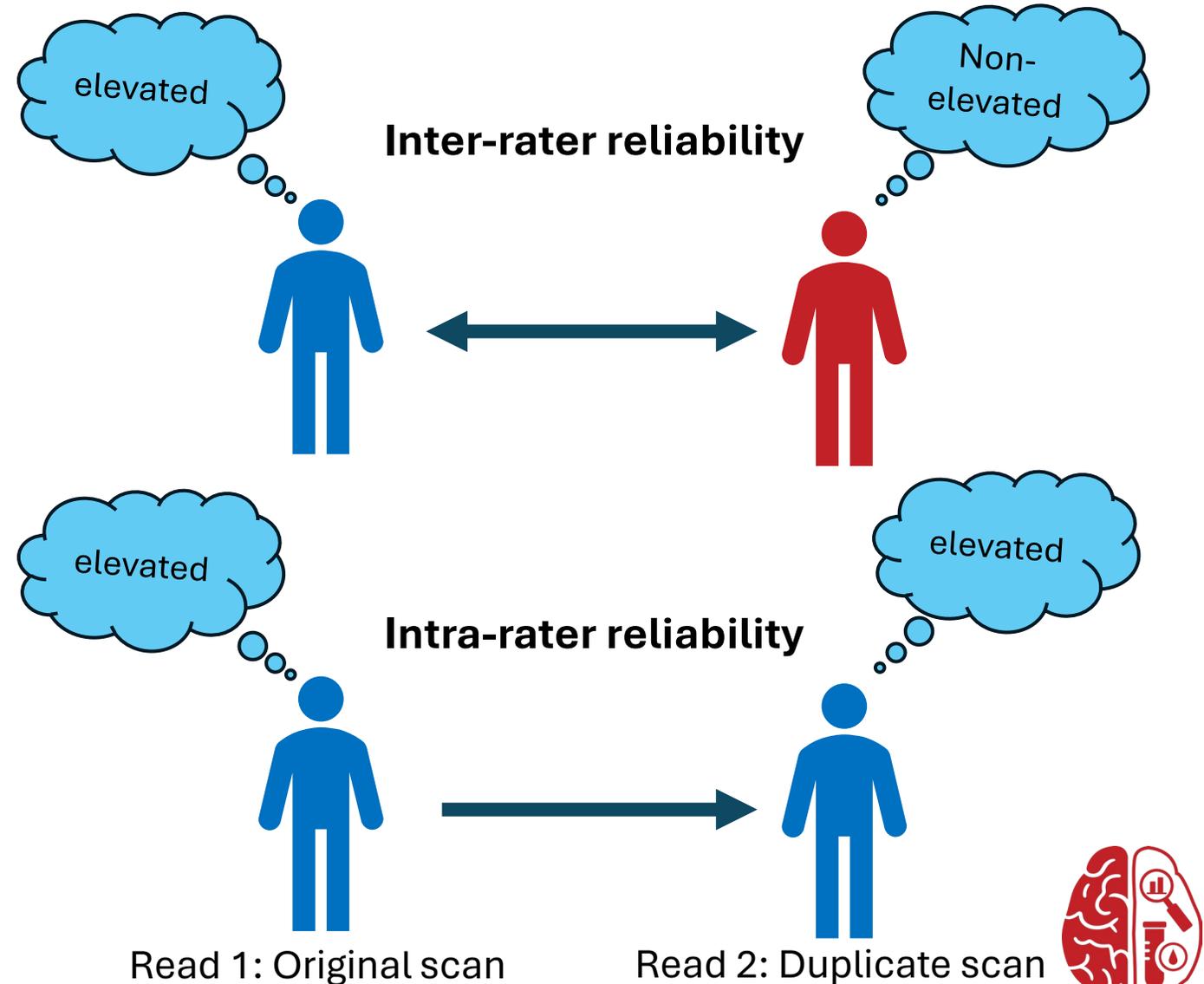
$A\beta$ -PET visual reads and quantitation are frequently concordant, even in real-world clinical practice

- 86-92% agreement
- $\kappa = 0.72-0.85$



# Reader Calibration: Ensuring Reliability

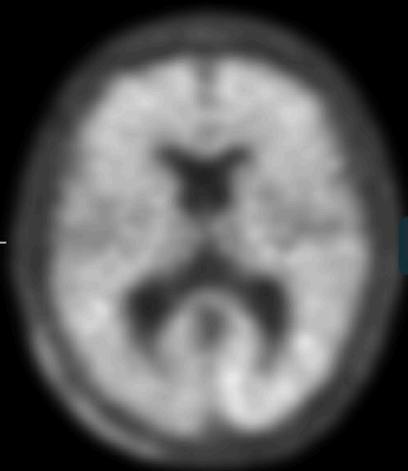
- Calibration will be completed by all CLARiTI visual readers to ensure the reliability of reads
- 30 unique PET scans for each of the four tracers to assess inter-rater reliability
- 15 duplicated PET scans to assess intra-rater reliability
- 80-90% agreement and  $\kappa \geq 0.7$  anticipated



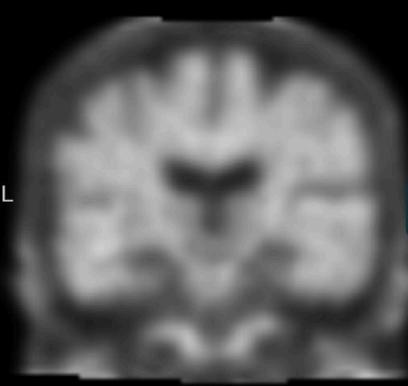
# Case Report Form

Series Nav Layout Study List Stack Scroll Zoom Levels Pan Orient Probe Previous Next Color Map Link Crosshairs Download Reset Help Support New Tab Forms Annotations

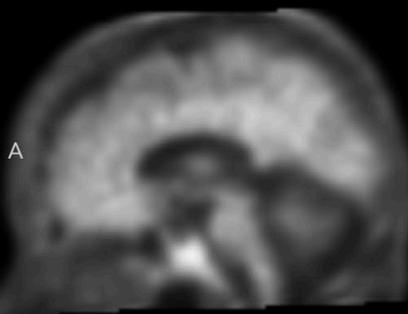
**Axial**  
Image Size: 111 × 91  
WL: 1.42 WW: 2.83  
X: 68px Y: 111px  
Zoom: 298%  
Im: 43/86 Series: 1



**Coronal**  
Image Size: 86 × 91  
WL: 1.42 WW: 2.83  
X: 41px Y: 0px  
Zoom: 298%  
Im: 56/111 Series: 2



**Sagittal**  
Image Size: 86 × 111  
WL: 1.42 WW: 2.83  
X: 2px Y: 0px  
Zoom: 244%  
Im: 46/91 Series: 3



Annotations 0

Viewer Form

### 1. Scan acquisition

1.1 Tracer type  
Tracer 18F-Florbetaben/NeuraCeqTM

### 2. Initial Visual Read

2.2 Indicate regions where cortical tracer retention is observed in one or both hemispheres

<input type="checkbox"/> Frontal	<input type="checkbox"/> Temporal
<input type="checkbox"/> Parietal	<input type="checkbox"/> Occipital
<input type="checkbox"/> Post Cingulate/Precuneus	<input type="checkbox"/> None

2.3 Based on tracer-specific guidelines, scan was read as

- Non-Elevated (No evidence for cortical tracer binding)
- Elevated

### 2.4 Initial visual read notes

<< Back Draft Submit Next >>

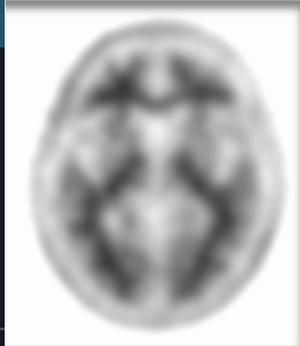
# Concordant visual read and quantification

## Step 1: Blinded Visual Read

Viewer Form

2.2 Indicate regions where cortical tracer retention is observed in one or both hemispheres

- Frontal
- Parietal
- Post Cingulate/Precuneus
- Temporal
- Occipital
- None



2.3 Based on tracer-specific guidelines, the scan was read as

- Non-Elevated (No evidence for cortical tracer binding)
- Elevated

2.4 Initial visual reads notes

None

2.5 Read complete?

- Yes, final
- No

## Step 2: Comparison to Quantification

Viewer Form

3. Quantification

3.1 Quantification

Centiloid Value 2  
Based on the centiloid value, this scan is Non-Elevated

3.2 Is a consensus review needed for this scan?

- Yes
- No

Additional notes

5.1 Is the read final and ready to be returned?

- Yes, visual read process is complete
- No

# Discordant visual read and quantification

## Step 1: Blinded Visual Read

### Viewer Form

2.2 Indicate regions where cortical tracer retention is observed in one or both hemispheres

- Frontal
- Parietal
- Post Cingulate/Precuneus
- Temporal
- Occipital
- None



2.3 Based on tracer-specific guidelines, the scan was read as

- Non-Elevated (No evidence for cortical tracer binding)
- Elevated

2.4 Initial visual reads notes

None

2.5 Read complete?

- Yes, final
- No

## Step 2: Comparison to Quantification

### Viewer Form

2.5 Read complete?

- Yes, final
- No

3. Initial Visual Read versus Quantification

3. Quantification

3.1 Quantification

Centiloid Value	50
Based on the centiloid value, this scan is	Elevated

3.2 Is a consensus review needed for this scan?

- Yes
- No

3.2.1 This scan should be reviewed in a consensus session because

- Incongruency between initial visual read and quantification
- Congruency, but borderline
- Other reason, add to Additional Notes below

# Discordant visual read and quantification

## Step 3: Consensus Visual Read

Viewer Form

### 4. Consensus Review

#### 4.1 Reader IDs Present

<input type="checkbox"/> ID 1	<input checked="" type="checkbox"/> ID 6
<input checked="" type="checkbox"/> ID 2	<input type="checkbox"/> ID 7
<input type="checkbox"/> ID 3	<input type="checkbox"/> ID 8
<input checked="" type="checkbox"/> ID 4	<input type="checkbox"/> ID 9
<input type="checkbox"/> ID 5	<input type="checkbox"/> ID 10

Results of consensus review meeting:

- Non-Elevated (No evidence of cortical tracer binding)
- Elevated

#### 4.2 Consensus read notes

There is elevated gray matter binding that exceeds white matter binding in right posterolateral temporal and occipital regions.



## Step 4: Read Complete

### 5. Finalized Read

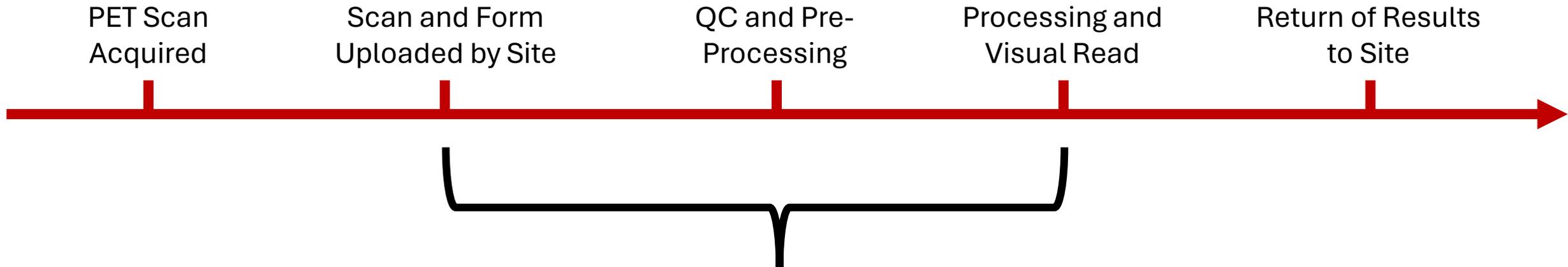
#### 5.1 Is the read final and ready to be returned?

- Yes, visual read process is complete
- No

<< Back      Draft      Submit      Next >>

# Return of Results

- Sites will receive via NACC ADRC Portal (*Under Construction*):
  - (1) Visual Read Notes and Consensus Information from CRF
  - (2) Visual Read: Elevated or Non-elevated
  - (3) PET-Only Centiloid Value
  - (4) Multislice images of participant scan

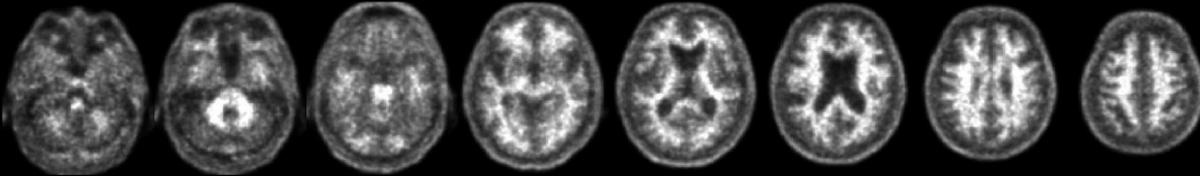


Goal: Final visual read result will be uploaded within  
**90 days** of **scan/form upload by site**.

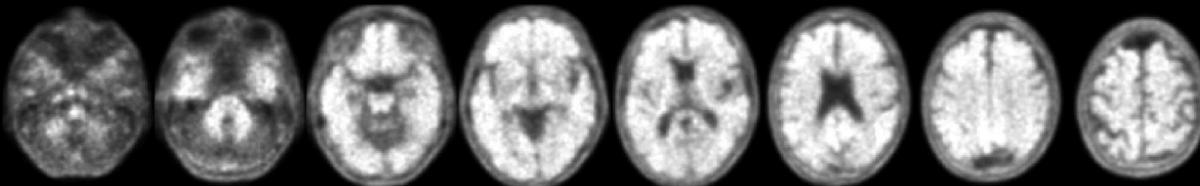
# Standardized Image Display

## Example [<sup>18</sup>F]Florbetaben PET Scans

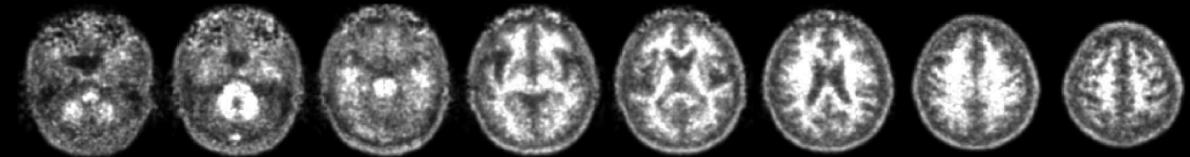
Non-elevated amyloid scan:



Elevated amyloid scan:



001\_S\_0001\_FBB\_2024-01-01.nii  
Participant: 001\_S\_0001  
Scan date: 2024-01-01  
Tracer: [<sup>18</sup>F]Florbetaben SUVR  
range: 0.0-2.5



Note: Adapted from ADNI-4 Study. CLARiTI return of results may appear slightly differently.



# Tau Working Group

- Not releasing tau reads **yet**
- Developing tau PET read methodology
  - Flortaucipir, MK-6240, PI-2620
  - Tau staging conforming to new criteria: MTL only, moderate neocortical, high neocortical

TABLE 4. Operationalization of biological staging by positron emission tomography (PET).

Stage	Amyloid PET	Tau PET medial temporal	Tau PET moderate neocortical uptake	Tau PET high neocortical uptake	AT <sub>2</sub> notation
<b>A</b>	+	–	–	–	A+T <sub>2</sub> –
<b>B</b>	+	+	–	–	A+T <sub>2</sub> MTL+
<b>C</b>	+	+	+	–	A+T <sub>2</sub> MOD+
<b>D</b>	+	+	+	+	A+T <sub>2</sub> HIGH+

- Tammie Benzinger
- Brian Burkett
- Konstantinos Chiotis
- Ana Franceschi
- Clifford Jack
- Bill Jagust
- Derek Johnson
- Sterling Johnson
- Mary Ellen Koran
- Renaud La Joie
- Susan Landau
- Val Lowe
- Gil Rabinovici
- Chris Schwartz
- David Soleimani-Meigooni
- Jeremy Tanner
- Victor Villemagne
- Michael Zeineh

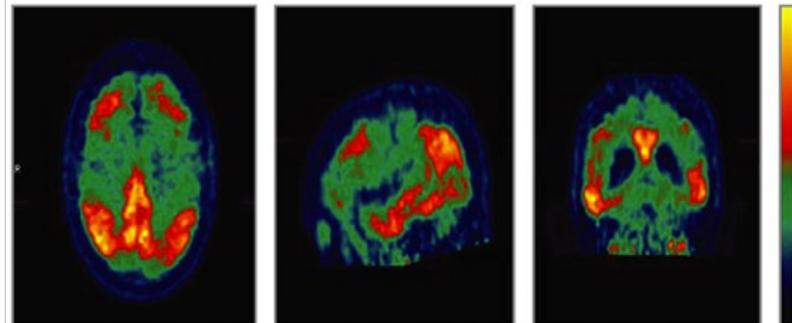
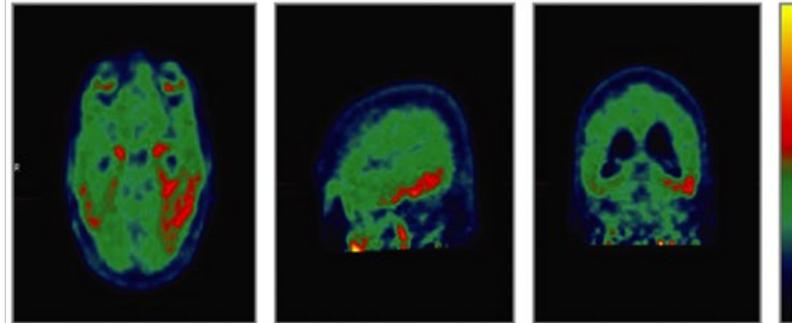
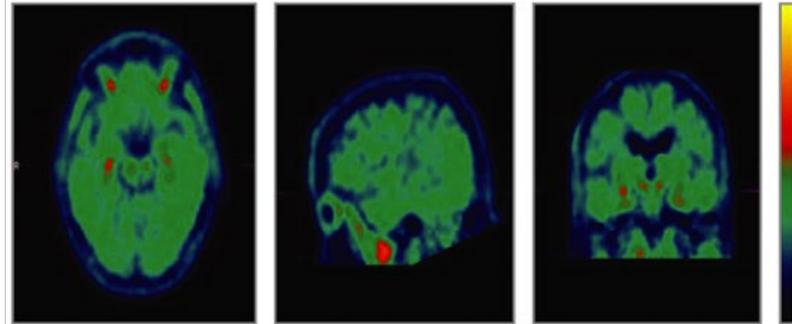
# FDA Approved FTP Visual Read Approach

**Negative:** Isolated to the mesial temporal, anterolateral temporal, and/or frontal regions

**Moderate:** Posterolateral temporal (PLT) or occipital (OCC)

**Advanced:** PLT/OCC + parietal/frontal

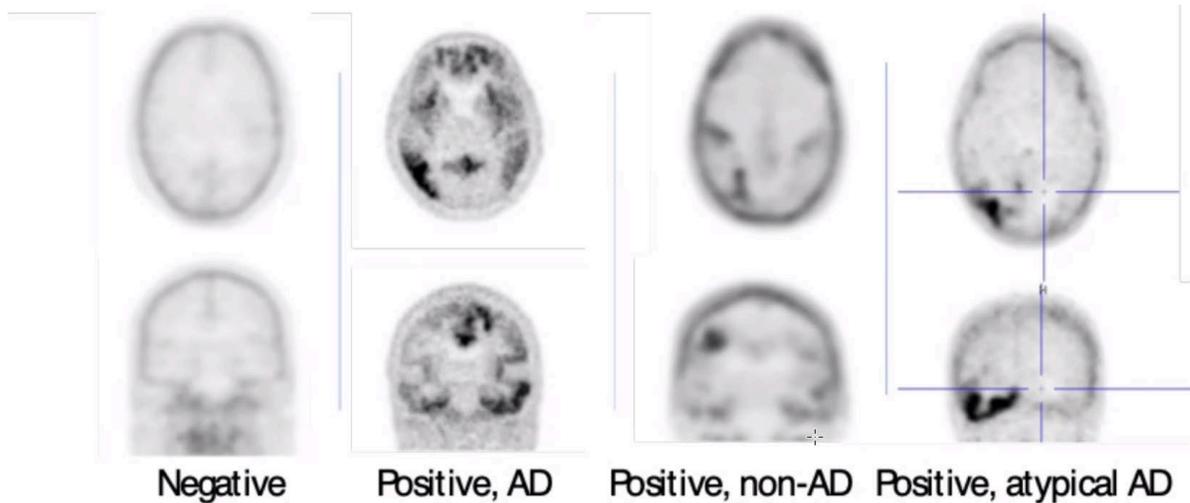
PET scan image example



# Variability in Tau PET Visual Interpretation

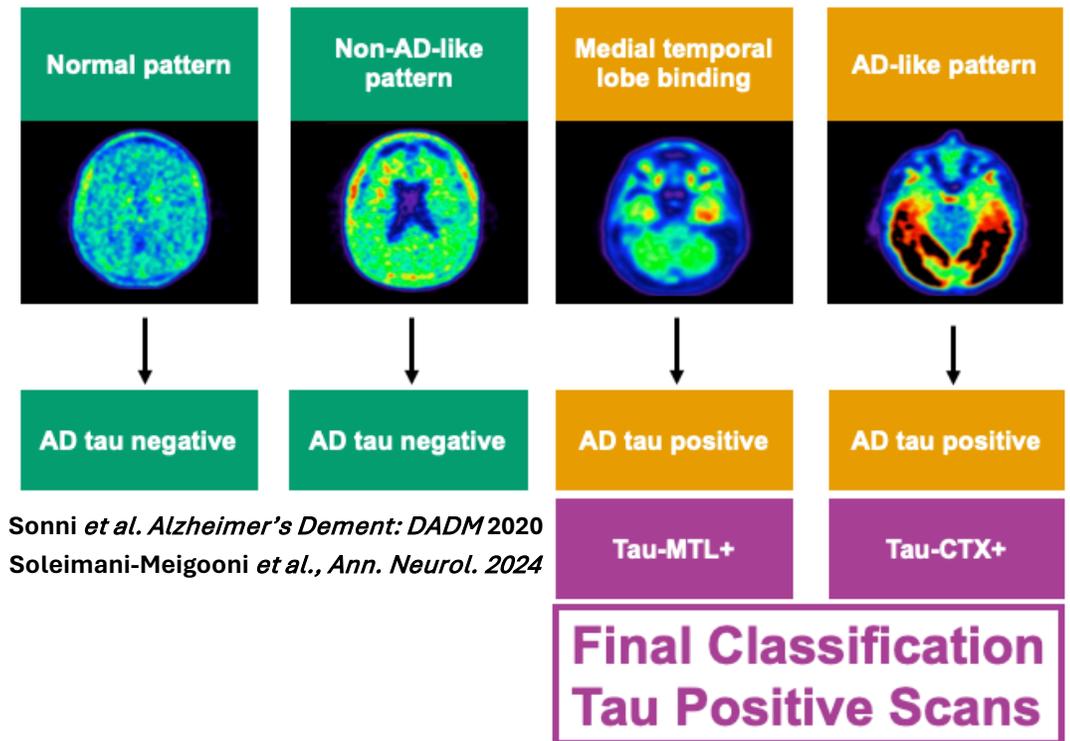
- Tau read approach is analogous to amyloid reads
- Differences in visual read methods across (and within) tracers
  - Only 1 FDA approved method (FTP)
  - No published visual read method for PI-2620

MK-6240



Seibyl et al., J Nucl Med 2022

Flortaucipir



Sonni et al. *Alzheimer's Dement: DADM* 2020  
Soleimani-Meigooni et al., *Ann. Neurol.* 2024

# Questions?

Contact: [mac-clariti-petcore@ucsf.edu](mailto:mac-clariti-petcore@ucsf.edu)



**Q&A**



# Announcements

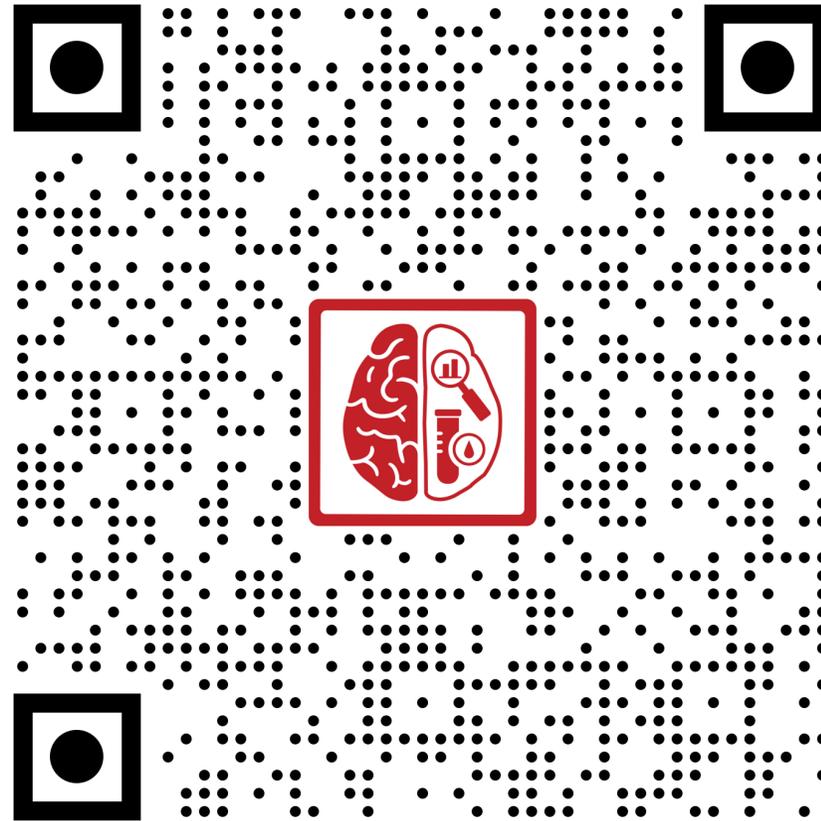
Join us in person or virtually for the

**CLARiTI Session** at the **NACC Fall ADRC Meeting, 4pm ET, October 17 in Boston (& online).**

- CLARiTI **Administrative Team (CAT):** [clariti@medicine.wisc.edu](mailto:clariti@medicine.wisc.edu)
- CLARiTI **Regulatory Team:** [clariti-regulatory@medicine.wisc.edu](mailto:clariti-regulatory@medicine.wisc.edu)
- CLARiTI **Inclusion Team:** [clariti-inclusion@medicine.wisc.edu](mailto:clariti-inclusion@medicine.wisc.edu)
- CLARiTI **Website:** <https://naccddata.org/nacc-collaborations/clariti>



# Thank you for attending!



scan for slide deck and resources