

# Form A4a: ADRD-Specific Treatments

ADRC: \_\_\_\_\_ PTID: \_\_\_\_\_ Form date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visit #: \_\_\_\_\_ Examiner's initials: \_\_\_\_\_

<b>Language:</b> <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	<b>Mode:</b> <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Remote (reason): _____ <input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video	<b>Key (remote reason):</b> 1=Too cognitively impaired 2=Too physically impaired 3=Homebound or nursing home 4=Refused in-person visit 5=Other
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**INSTRUCTIONS:** This form should be used to record treatments expected to significantly impact Alzheimer's disease and related dementias (ADRD) biomarkers, whether a disease-modifying treatment that is FDA-approved for ADRD and received as part of clinical care or an investigational treatment received as part of a clinical trial. For treatments received as part of clinical care, only those that are FDA-approved for disease-modification of ADRD should be included on this form. If the participant is receiving one of these treatments as part of their clinical care at the time of clinical assessment (e.g., they are receiving lecanemab infusions), the treatment should be included on both this form and the A4 Medication form. Participation in any ADRD drug trial over an individual's lifetime should be included. If available, the ClinicalTrials.gov identifier should be entered into the "specific treatment and/or trial" cell. Information on the type of treatment can be found via ClinicalTrials.gov and is summarized in "Alzheimer's disease drug development pipeline."<sup>1</sup> This form should be completed based on participant interview and/or co-participant report. For additional clarification and examples, see [UDS Coding Guidebook, Form A4a](#). Check only one box per question, unless otherwise stated.

1.	Has the participant ever been prescribed a treatment or been enrolled in a clinical trial of a treatment expected to modify ADRD biomarkers?	<input type="checkbox"/> 0 No ( <b>END FORM HERE</b> ) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown ( <b>END FORM HERE</b> )
1a.	Since the last UDS visit, is new information available concerning any of the participant's prescribed treatments or clinical trial(s) of a treatment expected to modify ADRD biomarkers?	<input type="checkbox"/> 0 No ( <b>END FORM HERE</b> ) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown ( <b>END FORM HERE</b> )

2. Please provide information about the clinical treatment(s) and/or trial(s). INCLUDE ALL HISTORICAL CLINICAL TREATMENT(S) AND/OR TRIAL(S) even if there is no new information on those treatments/trials. If there is a new treatment and/or trial to report, please add it after all of the historical information. (If participant is exposed to more than two treatments and/or trials, use extended table on Page 2):					
Primary Drug Target (check all that apply)	Specific treatment and/or trial	Start date (99/9999 =Unknown)	End date (month/year) (99/9999=Unknown; 88/8888=Ongoing)	How was the treatment provided?	If clinical trial, in which group was the participant?
<input type="checkbox"/> 1 Amyloid beta <input type="checkbox"/> 1 Tau <input type="checkbox"/> 1 Inflammation <input type="checkbox"/> 1 Synaptic plasticity/neuroprotection <input type="checkbox"/> 1 Other target(s)	NCT-_____	____/____/____	____/____/____	<input type="checkbox"/> 1 Clinical care <input type="checkbox"/> 2 Clinical trial <input type="checkbox"/> 3 Clinical care and clinical trial	<input type="checkbox"/> 1 Active treatment <input type="checkbox"/> 2 Placebo <input type="checkbox"/> 9 Unknown

3.	Has the participant ever experienced amyloid related imaging abnormalities–edema (ARIA-E), amyloid related imaging abnormalities–hemorrhage (ARIA-H), or other major adverse events associated with treatments expected to modify ADRD biomarkers?		<input type="checkbox"/> 0 No ( <b>END FORM HERE</b> ) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown ( <b>END FORM HERE</b> )
3a.	Since the last UDS visit, is new information available concerning the participant's experience of amyloid related imaging abnormalities–edema (ARIA-E), amyloid related imaging abnormalities–hemorrhage (ARIA-H), or other major adverse events associated with treatments expected to modify ADRD biomarkers?		<input type="checkbox"/> 0 No ( <b>END FORM HERE</b> ) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown ( <b>END FORM HERE</b> )
3b.	What major adverse events associated with treatments expected to modify ADRD biomarkers did they experience? (check all that apply)	3b1. <input type="checkbox"/> 1 Amyloid related imaging abnormalities–edema (ARIA-E) 3b2. <input type="checkbox"/> 1 Amyloid related imaging abnormalities–hemorrhage (ARIA-H)	3b3. <input type="checkbox"/> 1 Other issues _____ _____

<sup>1</sup> Cummings et al., "Alzheimer's disease drug development pipeline: 2024," Alzheimer's and Dementia. 2024 April 24; 10(2):e12465.

2. Please provide information about the clinical treatment(s) and/or trial(s). INCLUDE ALL HISTORICAL CLINICAL TREATMENT(S) AND/OR TRIAL(S) even if there is no new information on those treatments/trials. If there is a new treatment and/or trial to report, please add it after all of the historical information.  
(continued from Page 1):

Primary Drug Target (check all that apply)	Specific treatment and/or trial	Start date (month/year) (99/9999 = Unknown)	End date (month/year) (99/9999 = Unknown; 88/8888 = Ongoing)	How was the treatment provided?	If clinical trial, in which group was the participant?
<input type="checkbox"/> 1 Amyloid beta <input type="checkbox"/> 1 Tau <input type="checkbox"/> 1 Inflammation <input type="checkbox"/> 1 Synaptic plasticity/neuroprotection <input type="checkbox"/> 1 Other target(s)	_____ NCT-_____	____ / ____ ____ - ____	____ / ____ ____ - ____	<input type="checkbox"/> 1 Clinical care <input type="checkbox"/> 2 Clinical trial <input type="checkbox"/> 3 Clinical care and clinical trial	<input type="checkbox"/> 1 Active treatment <input type="checkbox"/> 2 Placebo <input type="checkbox"/> 9 Unknown
<input type="checkbox"/> 1 Amyloid beta <input type="checkbox"/> 1 Tau <input type="checkbox"/> 1 Inflammation <input type="checkbox"/> 1 Synaptic plasticity/neuroprotection <input type="checkbox"/> 1 Other target(s)	_____ NCT-_____	____ / ____ ____ - ____	____ / ____ ____ - ____	<input type="checkbox"/> 1 Clinical care <input type="checkbox"/> 2 Clinical trial <input type="checkbox"/> 3 Clinical care and clinical trial	<input type="checkbox"/> 1 Active treatment <input type="checkbox"/> 2 Placebo <input type="checkbox"/> 9 Unknown
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