GSA
GERONTOLOGICAL
SOCIETY OF AMERICA®

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

GLOBAL
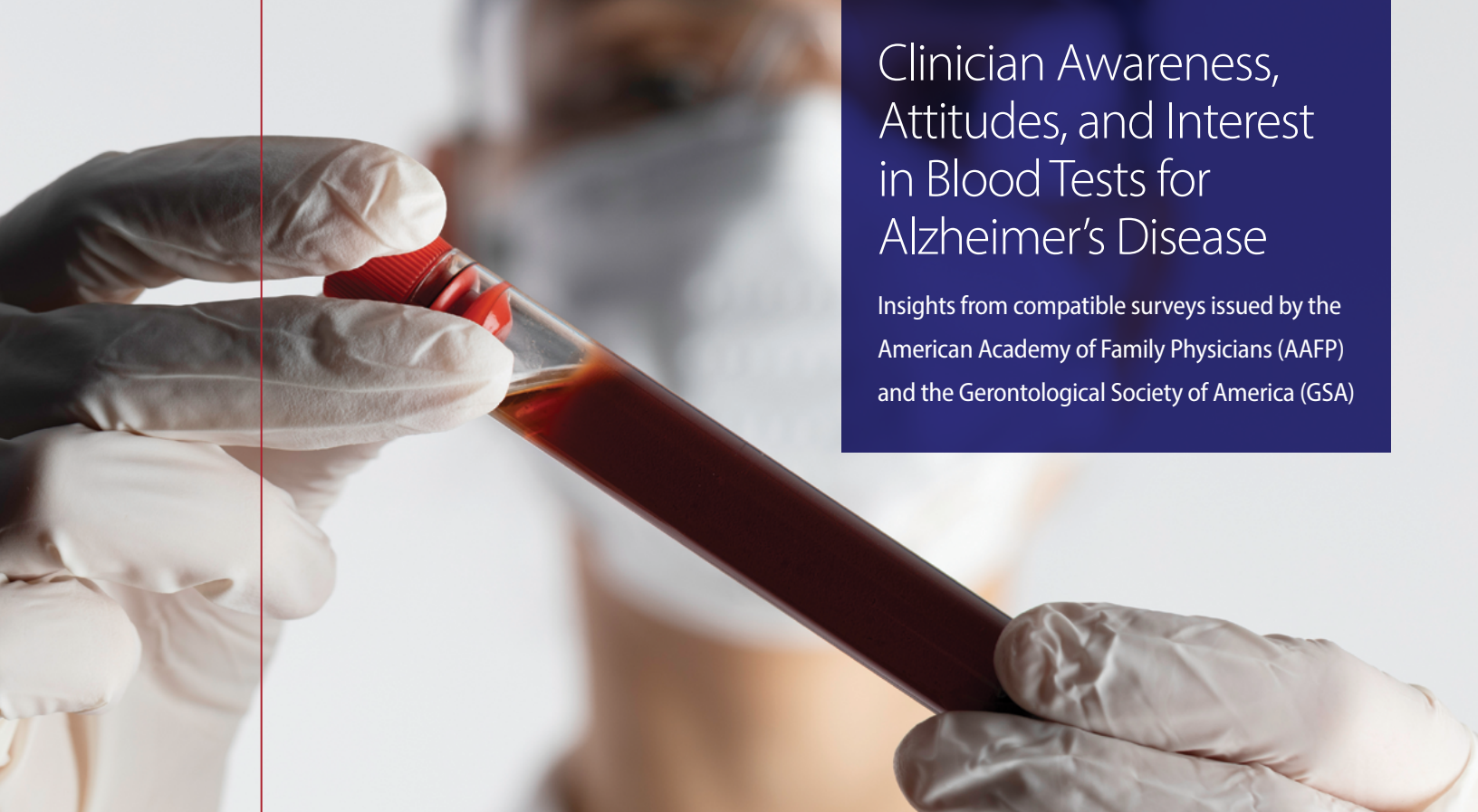CEOINITIATIVE
—ON ALZHEIMER'S DISEASE—

Advancing Patient Care

Clinician Awareness, Attitudes, and Interest in Blood Tests for Alzheimer's Disease

Insights from compatible surveys issued by the American Academy of Family Physicians (AAFP) and the Gerontological Society of America (GSA)

Clinical research demonstrates the value of early detection of dementia, including dementia caused by Alzheimer's disease (AD) and related disorders. Yet, timely and accurate diagnosis of AD in clinical practice remains challenging. The most widely used biomarkers to aid diagnosis of AD are positron emission tomography (PET) scans and cerebrospinal fluid (CSF) biomarkers. However, the clinical community recognizes that these tests have some limitations. Blood tests, also known as blood-based biomarkers (BBMs), are emerging as an aid for detecting and diagnosing AD. These include tests that measure circulating levels of amyloid or phosphorylated tau protein.

The Global CEO Initiative on Alzheimer's Disease (CEOi) is leading a global effort to prepare for the widespread adoption of BBMs for diagnosis of AD into clinical practice. As part of this effort, CEOi commissioned AAFP and GSA to issue surveys to their members in May and June 2024 to explore current perceptions and experience with BBM[1] testing. Members were also asked to share their thoughts on how BBMs might be used in clinical practice and what is needed to strengthen their knowledge about BBMs.

[1] AAFP issued a survey to its online research community, Member Insight Exchange, during May 2024. Reminder emails were issued to nonresponders. A response rate of 23.9% was achieved, with 167 unique respondents. GSA issued a similar online survey in June 2024 to its members who identified themselves as physicians, nurses, occupational therapists, psychologists, and public health professionals. Members of GSA's AD/related dementias, brain health, and nursing care interest groups also received the survey. The list was deduplicated. Reminder emails were issued to nonresponders. A response rate of 7.8% was achieved with 114 unique respondents
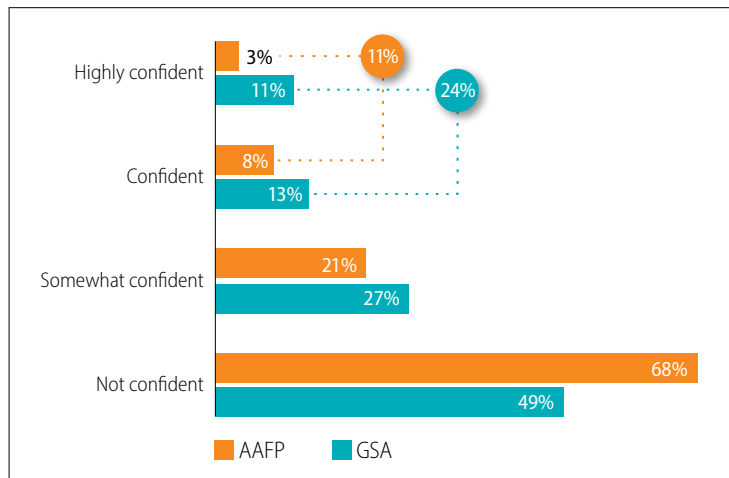
1

Limited Access to Existing Tools Constrains Patient Diagnosis

Clinicians lack confidence that patients can receive timely access to current testing methods (i.e., CSF and PET tests).

Only 11% of AAFP respondents and 24% of GSA respondents were confident or highly confident that patients could receive an amyloid PET scan or lumbar puncture for CSF biomarkers within 6 months.

Confidence That Patients Could Receive Amyloid PET Scan or Lumbar Puncture For CSF Biomarkers Within 6 Months

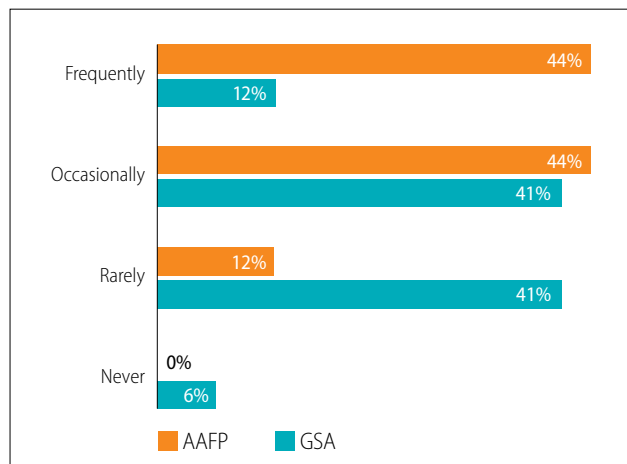| Category	AAFP	GSA
Highly confident	3%	11%
Confident	8%	13%
Somewhat confident	21%	27%
Not confident	68%	49%

11% 24%

■ AAFP ■ GSA

2

Blood Test for Alzheimer's Disease Seen as Major Opportunity

Clinicians see great opportunity with using BBMs. While challenges exist, there are several benefits of BBMs compared with existing tools.

100% of AAFP respondents and 94% of GSA respondents see themselves using BBMs in the future. Nearly half of the AAFP respondents see themselves using BBMs frequently.

Expected Future Use of BBMs for AD

| Category	AAFP	GSA
Frequently	44%	12%
Occasionally	44%	41%
Rarely	12%	41%
Never	0%	6%

■ AAFP ■ GSA

3

Existing Experience With BBMs For Diagnosing AD

Despite the future potential, few clinicians have experience with the use of BBMs for diagnosing AD. The majority of respondents from both organizations have no experience with them to date.

> "I feel as though the field is exploding with different biomarkers and I am not really sure which ones are legitimate or helpful."
>
> —*AAFP respondent*

Existing Experience with BBMs for Diagnosing AD

74%   64%

No experience to date   ● AAFP   ● GSA
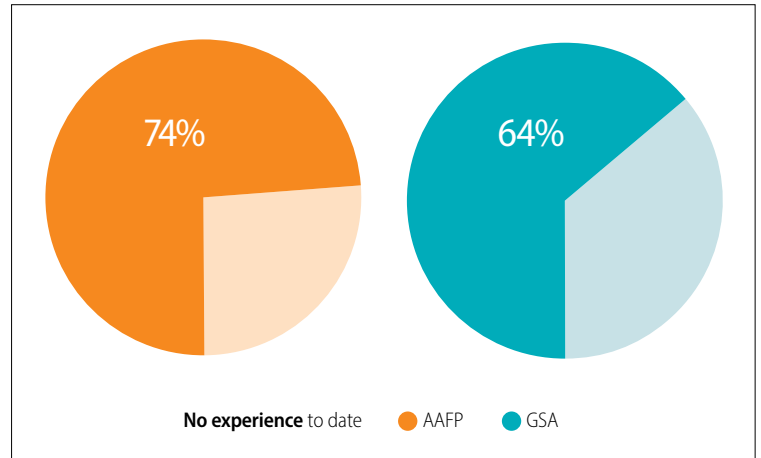
Respondents could check all that apply.

4

Perceived Challenges and Barriers to BBM Adoption

AAFP and GSA respondents considered a number of potential challenges regarding why adoption of BBMs could be limited.

Several common issues were ranked highly in both organizations, including lack of information on how to interpret results and lack of evidence for the tests. Reimbursement, ordering, and communication challenges were also cited.

Top 5 Challenges to Patients Receiving BBM Tests

AAFP		#	GSA	
Lack of information on how to interpret results	55%	1	Lack of reimbursement for patients and/or clinician for ordering or discussing tests	70%
Lack of evidence for tests (e.g., test accuracy)	45%	2	Lack of information on how to interpret results	56%
I did not know it was available / how to order	36%	3	Lack of evidence for tests (e.g., test accuracy)	52%
Unable to order tests in current workflow / health system	31%	4	Lack of information on how to communicate with patients about these tests	36%
Lack of reimbursement for patients and/or clinician for ordering or discussing tests	29%	5	Unable to order tests in current workflow/health system	33%

Respondents could check up to 3 challenges.

Ranked List of Advantages of BBMs

Faciliates earlier access to disease-modifying treatment — AAFP 3.91, GSA 2.55

Allows for clinicians to have earlier conversations with their patients — AAFP 3.90, GSA 3.04

Quantifiable biological data to complement behavioral assessment — AAFP 3.61, GSA 3.70

Helps identify the most appropriate patients for referral to dementia specialists — AAFP 3.38, GSA 2.65

Allows for clinicians to maintain continuity of care for patients with co-morbidities — AAFP 3.27, GSA 1.69

1.00 Least — 2.00 — 3.00 — 4.00 Most

■ AAFP   ■ GSA

5 Clinicians See Several Advantages for BBMs

Despite these barriers, there are a number of advantages to using BBMs to diagnose AD.

Respondents highlighted the value of having quantifiable biological data to complement other assessments, the opportunity to facilitate access to new disease-modifying therapies, and the benefit of facilitating earlier conversations with patients as key features.

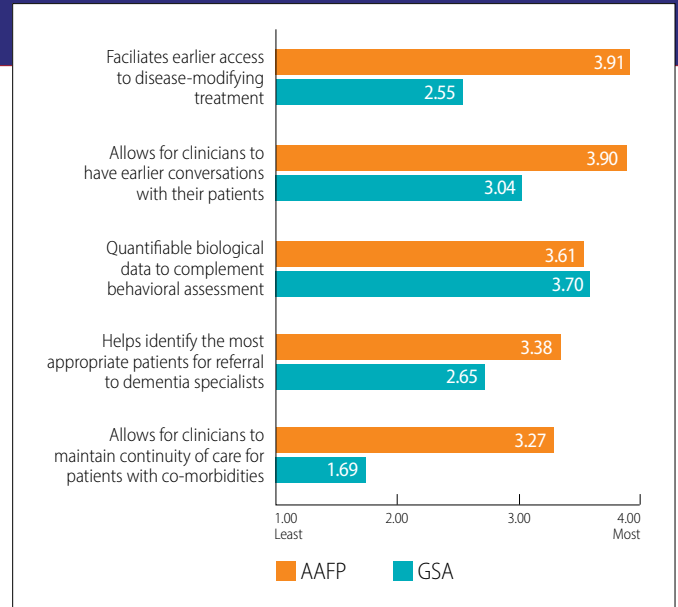## 6 Education Will Be Key to Driving Adoption of BBMs

Clinicians are eager to learn more about using BBMs as an aid to diagnose or as a tool to triage for further testing.

Education about test selection criteria and test characteristics was rated as an area of greatest interest, while learning about how tests fit into diagnosis and care pathways was second for both groups.

BBM Education Topics of Most Interest

1 Test selection criteria and test characteristics

2 Diagnosis and care pathway

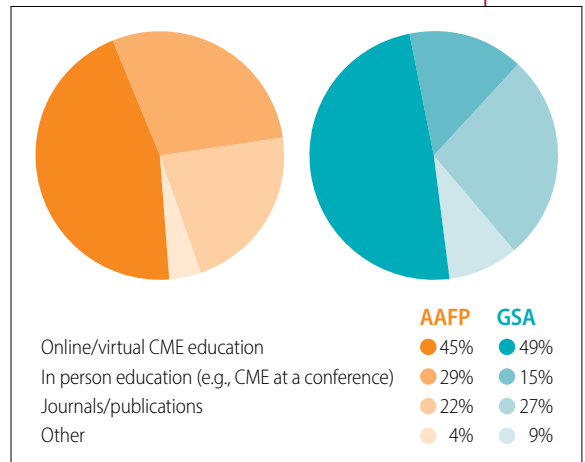3 Basic science/technology

4 Patient selection

7 Preferred Methods For Learning More About BBMs

Online or virtual Continuing Medical Education (CME) was ranked as the top mechanism for learning more about BBMs, with in-person CME and journal publications also ranked highly.

Education Preferences

	AAFP	GSA
Online/virtual CME education	45%	49%
In person education (e.g., CME at a conference)	29%	15%
Journals/publications	22%	27%
Other	4%	9%

Conclusions

BBMs are perceived by clinicians to have significant potential in diagnosing AD. Clinicians would be most likely to employ BBM tests if there were:

- Validation of test accuracy and evidence to use the tests.
- Clarity on how to interpret test results and communicate them to patients.
- Education on how to use the tests in diagnosis and in caring for their patients.

For more information, visit www.alzbiomarkerhub.org

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