**MGB Alzheimer Therapeutics Program (ATP)**

**Follow-Up Clinic Note**

**Patient Demographics:**

Patient name: @NAME@

Patient date of birth: @DOB@

Medical record number: @MRN@

Preferred language: @LANGUAGE@

Sex: @SEX@

**Insurance Information:**

Insurance Coverage: @INSURANCECOVERAGE@

Primary Insurance ID: @INSURANCEID@

**Healthcare Team:**

PCP: @PCP@

Referring provider: @REFPROVFULLNAME@

Longitudinal care provider (if different from above): \*\*\*

Other members of the care team: \*\*\*

**History of the Present Illness:**

@NAME@ is a @AGE@ {Handedness:6000002} @SEX@ with a history of \*\*\* who presents for follow-up regarding anti-amyloid therapy with {ATP anti-amyloid drugs:84794}.

@CAPHIS@ treatment history with {ATP anti-amyloid drugs:84794} is summarized below:

Initial treatment date: \*\*\*

Most recent treatment date: \*\*\*

Most recent infusion cycle number: \*\*\*

Any interruptions in infusion cycle?: {ATP Infusion interruption:69512}

@CAPHE@ has undergone MRI monitoring for ARIA as detailed below:

\*\*\*For lecanemab:

MRI prior to 5th infusion: {MRI ARIA Outcomes:69517}

MRI prior to 7th infusion: {MRI ARIA Outcomes:69517}

MRI prior to 14th infusion: {MRI ARIA Outcomes:69517}

MRI prior to 27th infusion: {MRI ARIA Outcomes:69517}

\*\*\*For donanemb:

MRI prior to 2nd infusion: {MRI ARIA Outcomes:69517}

MRI prior to 3rd infusion: {MRI ARIA Outcomes:69517}

MRI prior to 4th infusion: {MRI ARIA Outcomes:69517}

MRI prior to 7th infusion: {MRI ARIA Outcomes:69517}

MRI prior to 13th infusion: {MRI ARIA Outcomes:69517}

Unscheduled MRI due to possible ARIA symptoms: {MRI ARIA Outcomes:69517}

Symptomatic ARIA screen:

Headache: {YES/NO:29693}

Confusion: {YES/NO:29693}

Visual changes: {YES/NO:29693}

Dizziness: {YES/NO:29693}

Nausea: {YES/NO:29693}

Gait difficulty: {YES/NO:29693}

Seizures: {YES/NO:29693}

Status epilepticus: {YES/NO:29693}

Encephalopathy: {YES/NO:29693}

Stupor: {YES/NO:29693}

Focal neurologic deficits: {YES/NO:29693}

Focused review of symptoms:

Memory impairment: {YES/NO:29693}

Language impairment/aphasia: {YES/NO:29693}

Visuospatial impairment: {YES/NO:29693}

Executive dysfunction: {YES/NO:29693}

Motor weakness: {YES/NO:29693}

Gait disorder: {YES/NO:29693}

Frequent falls: {YES/NO:29693}

Parkinsonian symptoms: {YES/NO:29693}

Visual hallucinations: {YES/NO:29693}

REM sleep behavior disorder: {YES/NO:29693}

Fluctuating cognition with variations in attention and alertness: {YES/NO:29693}

Early changes in personality and/or behavior: {YES/NO:29693}

Overall, @M@ @LNAME@ reports the current severity of cognitive symptoms is {MILD/MOD:22537}. In terms of functional status, @HE@ is {dependence level:69055} in instrumental activities of daily living and {dependence level:69055} in basic activities of daily living.

Surveys of symptoms severity and functional status have revealed the following:

**Functional Activities Questionnaire:**

1. Writing checks, paying bills, balancing checkbook: {Functional Activities Questionnaire Responses:69480}
2. Assembling tax records, business affairs, or papers: {Functional Activities Questionnaire Responses:69480}
3. Shopping alone for clothes, household necessities, or groceries: {Functional Activities Questionnaire Responses:69480}
4. Playing a game of skill, working on a hobby: {Functional Activities Questionnaire Responses:69480}
5. Heating water, making a cup of coffee, turning off stove after use: {Functional Activities Questionnaire Responses:69480}
6. Preparing a balanced meal: {Functional Activities Questionnaire Responses:69480}
7. Keeping track of current events:{Functional Activities Questionnaire Responses:69480}
8. Paying attention to, understanding, discussing TV, book, magazine: {Functional Activities Questionnaire Responses:69480}
9. Remembering appointments, family occasions, holidays, medications: {Functional Activities Questionnaire Responses:69480}
10. Traveling out of neighborhood, driving, arranging to take buses: {Functional Activities Questionnaire Responses:69480}

Total FAQ score: \*\*\*

**Quick Dementia Rating System (QDRS):**

1. Memory and recall: {Clinical Dementia Rating (CDR):35939}
2. Orientation: {Clinical Dementia Rating (CDR):35939}
3. Decision making and problem solving abilities: {Clinical Dementia Rating (CDR):35939}
4. Activities outside the home: {Clinical Dementia Rating (CDR):35939}
5. Function at home and hobby activities: {Clinical Dementia Rating (CDR):35939}
6. Toileting and personal hygiene: {Clinical Dementia Rating (CDR):35939}
7. Behavior and personality changes: {Clinical Dementia Rating (CDR):35939}
8. Language and communication abilities: {Clinical Dementia Rating (CDR):35939}
9. Mood: {Clinical Dementia Rating (CDR):35939}
10. Attention and concentration: {Clinical Dementia Rating (CDR):35939}

Cognitive subtotal (questions 1,2,3,8): \*\*\*

Behavioral subtotal (questions 4,5,6,7,9,10): \*\*\*

Total QDRS score: \*\*\*

**Clinical Dementia Rating (CDR):**

CDR-Memory box score: {Clinical Dementia Rating (CDR):35939}

CDR-Global: {Clinical Dementia Rating (CDR):35939}

@PMH@

@PSH@

@FAMHX@

@SOCHX@

Living situation: \*\*\*

Care partner name, relationship, and contact: \*\*\*

Transportation concerns: \*\*\*

Medications:

@ACTMED@

Allergies:

@ALLERGY@

**Examination:**

Vital signs: @VS@

General: No acute distress.

**Neurologic Exam:**

MENTAL STATUS:

Wake and alert. Details of cognitive screening exam as below:

CRANIAL NERVES II-XII:

Visual fields full to confrontation. No visual neglect.

Pupils equal and reactive to light (4mm -> 3mm). No ptosis. Extraocular movements intact without nystagmus or saccadic intrusion.

Light-touch normal on face bilaterally.

Face symmetric with normal forehead wrinkle, blink, smile and cheek puff.

Hearing grossly intact.

Palate elevates symmetrically. Tongue midline with protrusion. No dysarthria.

Shoulder shrugs normal bilaterally.

MOTOR: Normal bulk and tone, without bradykinesia, fasciculations, myoclonus or tremor. No pronator drift or orbiting. Strength 5/5 throughout bilateral upper and lower extremities with the exception of \*\*\*.

SENSATION:

Diffusely intact to light touch, temperature, pinprick, vibration and position. No extinction.‎

REFLEXES:

Deep tendon reflexes normal and symmetric bilaterally at the triceps, biceps, brachioradialis, quadriceps and gastrocnemius/soleus. Plantar reflexes flexor bilaterally.‎

CEREBELLAR:

Finger-to-nose and rapid alternating movements normal. No truncal ataxia.‎

GAIT/STANCE:

Normal stance and stride. Toe and heel-walking intact. Tandem gait intact. No turning *en bloc*. Romberg test negative.‎

**Cognitive Screening Exam:**

**Mini-Mental State Examination (MMSE)**

Orientation to time (year, season, date, day of the week, month): {Numbers; 0-5:140013}

Orientation to place (state, county, town/city, hospital, floor): {Numbers; 0-5:140013}

Registration of 3 words (Number of trials = \*\*\*): {0-3:60949}

Serial 7's (93, 86, 79, 72, 65) or WORLD backward (D-L-R-O-W): {Numbers; 0-5:140013}

Recall of 3 words: {0-3:60949}

Naming two objects: {0-2:17862}

Repeat "No ifs, ands, or buts.": {Numbers 0 or 1:69499}

"Take the paper in your right hand, fold it in half, and put it on the floor": {0-3:60949}

"Please read this and do what it says" (Written instructions: "Close your eyes."): {Numbers 0 or 1:69499}

"Make up and write a sentence about anything": {Numbers 0 or 1:69499}

Intersecting pentagons: {Numbers 0 or 1:69499}

Total score: {Numbers; 0-30:31392}

**Montreal Cognitive Assessment (MoCA), Version \*\*\***

@FLOWDT(9222,9226,9235,9249,9251,9263,9268,9274)@

**Data:**

MRI brain

@PHSAMBLASTIMG(MR.NE.BRAIN)@

I personally reviewed the MRI brain images and note the following:

Atrophy pattern: \*\*\*

Number of microhemorrhages (≤10 mm in the greatest diameter): \*\*\*

Number of macrohemorrhages (>10 mm but ≤ 1 cm in greatest diameter): \*\*\*

Cortical hemorrhage: {gen present/absent:312805}

Superficial siderosis: {gen present/absent:312805}

Vasogenic edema: {gen present/absent:312805}

Fazekas score: {Fazekas score (deep white matter):69070}

Lacunar infarcts: {gen present/absent:312805}

Cortical infarcts: {gen present/absent:312805}

Laboratory Testing

@RESUFAST(VITAMINB12,B12)@

@RESULAST(TSH:1,TSH3:1)@

@RESUFAST(WBC:1,RBC:1,HGB:1,HCT:1,PLT:1,MCV:1,MCH:1,MCHC:1,RDW:1,MVP:1,NRBC:1,NRBCA:1)@

@RESULAST(INR:1,PTINR:1)@

@RESUFAST(PTT)@

@RESUFAST(NA:1,K:1,CL:1,CO2:1,BUN:1,CSFGLU:1,CRE:1,UCRE:1,CREATPOC:1,CREATINE:1,CAFL:1,GLU:1,CA:1,GFR:1,ANION:1)@

@RESUFAST(ALB:1,TBILI:1,DBILI:1,ALKP:1,SGOT:1,SGPT:1,TP:1,GLOB:1)@

**Assessment:**

@NAME@ is a @AGE@ {Handedness:6000002} @SEX@ with a history of \*\*\* who presents for follow-up lecanemab therapy.

@CAPHE@ has been treated with lecanemab and {has has not:63974} experienced known potential treatment-related side effects.

Summary of potential side effects:

ARIA:

{ARIA history summary:69537}

Treatment impact:

{ARIA infusion impact:69539}

Infusion-related reaction:

{Infusion-related reaction severity (CTCAE):69540}

Treatment impact:

{infusion reaction treatment impact:69541}

Other:

\*\*\*

Treatment impact:

\*\*\*

**Recommendations:**

{ATP follow-up/urgent recommendations:69542}

\*\*\*For 6 month follow-up visit: We discussed the possibility of obtaining an amyloid PET scan at ~12 months of anti-amyloid treatment. If an amyloid PET scan is obtained at ~12 months of treatment, there are potential implications for treatment. Depending on the results, treatment options may include continuing the current treatment regimen, switching to maintenance dosing of lecanemab, or discontinuing anti-amyloid treatment. Obtaining an amyloid PET scan at ~12 month is optional. Based on this discussion, @NAME@ chose {to-not to:87388} proceed with amyloid PET scan at ~12 months.

**Signature and Attestation:**

@ME@

MGB Alzheimer Therapeutics Program (ATP)

I personally spent a total of \*\*\* minutes on care for this patient on the date of the encounter. This includes face-to-face time during the visit as well as non face-to-face time spent on chart review, documentation, and care coordination.

I completed the CMS registry (https://qualitynet.cms.gov/alzheimers-ced-registry/submission) required for Medicare coverage. The confirmation number is \*\*\*.

\*\*\*Optional: The patient decided to enroll in the ALZ-NET Registry.

Case registration: https://sso.acr.org/

Data entry: https://login.imedidata.com/login