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histopathological diagnosis on autopsy. One international open-label multicenter phase 3 studies identi ed a negative predictive value of F18 amyloid imaging of 96%, suggesting that imaging techniques for detecting amyloid could rule out the presence of underlying Alzheimer's pathology with 96% certainty for patients with or without a clinical diagnosis of Alzheimer's disease [4]. Of the 57 patients meeting the clinical diagnosis of AD who underwent B-amyloid imaging and autopsy, 13 patients were amyloid negative on imaging (ante-mortem) and at autopsy despite meeting the clinical criteria for a diagnosis of Alzheimer's disease. While 12 of the 13 patients had neurodegenerative changes other than those consistent with Alzheimer's disease detected on autopsy, one patient lacked neurodegenerative disease on histopathological diagnosis [4]. is nding suggests that there might be more speci c clinical characteristics correlated with the presence of amyloid pathology and that *in-vivo* depen-\$lo2r an Abstract

(neuropsychological testing). Detection of cognitive de cits correlated with the presence of B-amyloid pathology may help identify individuals at an earlier stage of the disease (i.e., MCI), which could allow them to bene t from earlier treatment interventions aimed at slowing the progression of Alzheimer's disease [5].

is study was carried out to examine the neuropsychological pro les of patients who had amnestic MCI to ascertain di erences between patients who were amyloid PET positive and amyloid PET

a time a



they did not score lower on all of the neuropsychological measures. $\quad e$ signi $\,$ cant correlations were primarily observed for measures of higher-

results. e standard deviation for the Dementia Rating Scale for PET negative (26.14) was signicantly higher than the standard deviation for PET positive (6.18). ese results are to be expected as many of the PET negative results included MCI patients while most of the PET positive were d0-1.2 Td[(w)8 (ersB-3 (a/AD))7.1. A(e.)8.9 (er)13e ind ie standr2-4.9 (d.)4 (ersB-3 (a/AD))7.1. A(e.)8.9 (ersB-3 (a/AD))7.1. A

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negativsig4-5.9

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was surprising. Signi cant correlations were expected for several of the neuropsychological measures given that a higher percent of PET positive patients were diagnosed as dementia/AD.

e standard deviations for each test are provided in the table of