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Rhode Island Hospital 593 Eddy St. Providence, RI 02903 December 12, 2012

Medicare Evidence Development and Coverage Advisory Committee on Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease

Louis Jacques, M.D. Director, Coverage and Analysis Group Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

Dear Dr. Jacques:

We are writing to express our support for Medicare coverage of Beta Amyloid Positron Emission Tomography (PET) in patients with dementia and neurodegenerative diseases. As physicians who have extensively used beta amyloid PET agents in various research projects, we believe that this technology does play a highly useful role in helping to properly categorize patients with unexplained mild cognitive impairment and those dementia patients with atypical presentations. These unfortunate patients may currently have exhausted other, less accurate diagnostic options to help shed light on their disease process and beta amyloid PET has been clearly shown to be accurate in determining the presence or absence of amyloid plaques in the brain in these patients.

This is extremely useful information in the hands of a neurologist experienced in treating patients with memory disorders, and recent research (Grundman et al, Alzheimer Disease and Associated Disorders, 2012) clearly shows that the results of these scans change management of these patients. This includes more appropriate use of medications and reduction in the number of other unnecessary and less accurate testing modalities. We do believe that the use of these agents should be constrained by currently available evidence and should only be ordered by physicians with experience in dealing with memory disorders. In these circumstances, beta amyloid PET is a powerful tool that has the potential to help many Medicare beneficiaries who are afflicted with neurodegenerative disorders.

We believe it would constitute sub-optimal care and would be cost-ineffective for CMS to markedly reduce access to this technology for its members by denying coverage. Thank you for the opportunity to comment on this important decision, and please let us know if we can provide any further information.

Sincerely,

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Richard B. Noto, MD

Brian R. Ott, MD