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P4-328

**COMMUNICATING MILD COGNITIVE  
IMPAIRMENT DIAGNOSIS WITH AND WITHOUT  
AMYLOID IMAGING: RECOMMENDATIONS  
FROM AN EXPERT WORKGROUP**

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**Background:** The diagnosis of Mild Cognitive Impairment (MCI) is associated with uncertainty for patients and families and therefore may be challenging for clinicians to deliver. Amyloid imaging represents a new technology that may aid clinicians in determining MCI etiology and increase prognostic information for patients and families. **Methods:** We convened a meeting of an interdisciplinary group of experts representing multiple stakeholder perspectives to discuss the optimization of MCI diagnosis disclosure with and without amyloid imaging information. We formulated recommendations for clinicians providing care to MCI patients and families. **Results:** The MCI diagnosis should not be delivered to persons without objective impairment, nor should it be used to avoid delivering a diagnosis of dementia. Clinicians should use the MCI diagnosis to validate patient and family concerns about cognitive symptoms and educate them that their impairment is not normal for their age and education level. For patients meeting Appropriate Use Criteria after standard of care clinical workup (including structural neuroimaging), amyloid imaging may position specialists to offer more prognostic information. Positive and negative scan results should be communicated carefully, as neither is associated with 100% diagnostic certainty. Nevertheless, positive results should elicit further monitoring and conversations about appropriate advance planning. Communication of negative scan results should include that patients with MCI and a negative scan remain at elevated risk for dementia and that negative scans, while informative, do not indicate a specific diagnosis nor do they signify brain health. Clinicians should consider reviewing cognitive testing and amyloid imaging results with patients and their families and offer written summaries, including referral to appropriate social services. **Conclusions:** In patients with MCI, there is a need to devote considerable time and attention to patient education and shared decision-making, especially before engaging in diagnostic testing to elucidate disease etiology. Amyloid imaging can be a valuable tool to assess disease biology and aid the clinician in prognostication. Careful management of patient and family expectations and communication of scan results will be critical to the appropriate use of amyloid imaging information that enhances the clinical interaction.