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BACKGROUND



The Toronto Dementia Research Alliance (TDRA) is a collaboration among the University of Toronto (U of T), Baycrest (BYC), the Centre for Addiction and Mental Health (CAMH), Ontario Shores Centre for Mental Health Sciences (OSH), Sunnybrook Health Sciences Centre (SHSC), and the University Health Network (UHN)



TDRA aims to advance research and innovation in **prevention** and the **standardization of dementia care**



Timely and accurate diagnosis of neurodegenerative diseases is critical for implementing early interventions and disease modifying therapies, but remains a significant challenge



A standardized, research-embedded approach holds the potential to transform dementia care



Integrating research into routine clinical practice and systemic organization enhances real-world relevance and improves diversity in study populations TDRA enhances this model by supporting the delivery of standardized interventions and enabling effective care planning

METHODS

TDRA developed a suite of protocols and guidelines to lead the implementation of early diagnostics and access to care pathways and disease modifying interventions



STANDARDIZED CLINICAL TOOLS

Aimed at improving diagnostic accuracy and streamlining care processes for individuals with suspected neurodegenerative diseases.



Harmonized Intake Tool



Toronto Cognitive Assessment (TorCA)



Cognition MRI Protocol for detecting dementia



Biomarkers and Integrative Modelling



CLINICAL TABLE

Clinical leads who work on dementia care initiatives to be adopted provincially



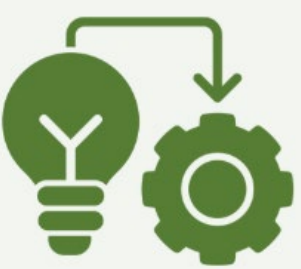
1 Regional access to dementia care services



2 Integration of primary and specialty care pathways



3 Education and equitable access to new investigations and treatments



IMPLEMENTATION OF DISEASE-MODIFYING THERAPY

Working group of primary care providers and clinical experts in neurodegenerative diseases who are developing implementation guidelines for Disease Modifying Therapies (DMTs)



1 Case-finding (patient eligibility)



2 Standard operating procedures (treatment implementation)

WHY THIS MATTERS

A coordinated model that integrates research into routine clinical care and supports system-wide optimization



Earlier and more accurate diagnosis



Consistent, equitable care



Efficient implementation of therapies



Real-world evidence and system impact

RESULTS

KEY ACHIEVEMENTS



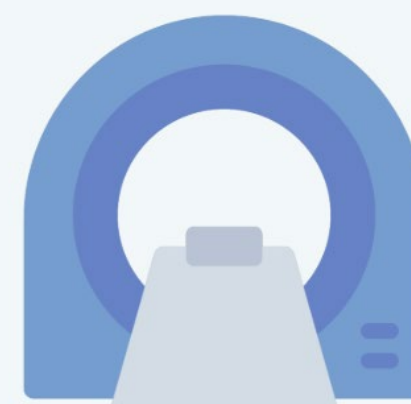
>5000
Standardized Intake Forms Conducted



637
TorCA downloads



4
TorCA Translations/Adaptations



10,000+
MRI scans



214
Patients enrolled

RESULTS

TABLE 1. TDRA PROTOCOL AND GUIDELINE OUTPUTS

Protocols and Guidelines	Output
Standardized Clinical Tools	
Intake Tool	Standardized intake form with over 5000 patient assessed
TorCA	>637 downloads 4 translations/adaptations*
MRI Protocol	15 (19%) academic and community sites** 37 (26%) MRI units*** 10,000+ scans
Biomarkers and Integrative Modelling	- Non-invasive diagnostic and prognostic algorithms 214 patients enrolled
Clinical Table	
Regional access, integrated care pathway, investigations and treatments	Proposal combining each group's workplan for funding and implementation
Implementation of DMTs	
Case-Finding	- Primary care eligibility checklist - Public resource
Standard Operating Procedures	Administration, treatment monitoring, asset mapping

*Quebec French, Argentinian Spanish, Indian English, Gulf Arabic

**MRI protocol at 15 sites accounts for 19% of all sites in Ontario

***37 MRI units accounts for 26% of all MRI units in Ontario

CONCLUSIONS



The implementation of these standardized guidelines exemplifies the successful integration of research within clinical care



These tools support consistent and accurate diagnosis, improve prognostic precision, and inform proper treatment strategies and care planning for individuals with neurodegenerative diseases



This approach demonstrates a scalable model for advancing both clinical practice and translational research in dementia care