

Online CME-Certified Patient Vignette Improves Use of Blood-Based Biomarker Tests in Alzheimer's Disease Among Physicians

Thomas Finnegan¹; Frances McFarland¹; Steven Smith¹; Suzanne E. Schindler²

¹Medscape, LLC, Newark, NJ, USA; ²Washington University School of Medicine, St. Louis, MO, USA

Presented at the **Alzheimer's Association International Conference (AAIC)**, July 12-15, 2026

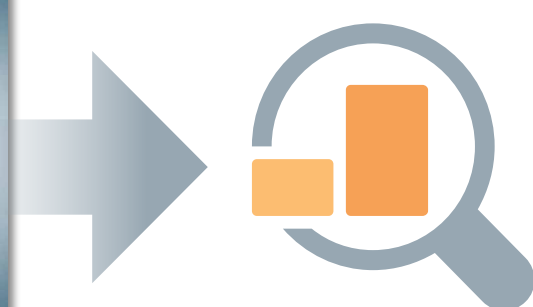
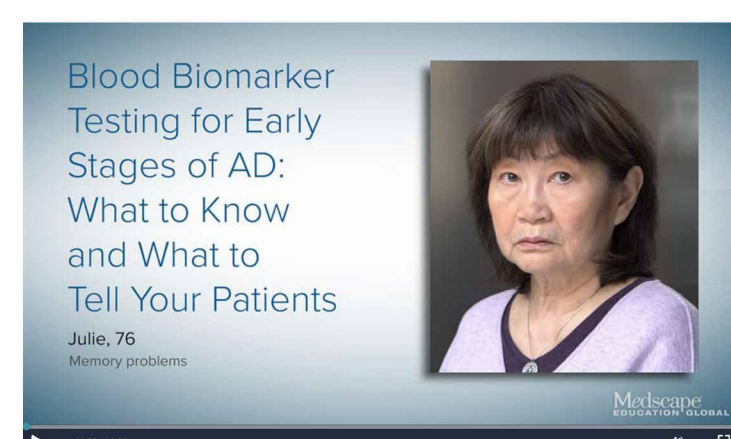
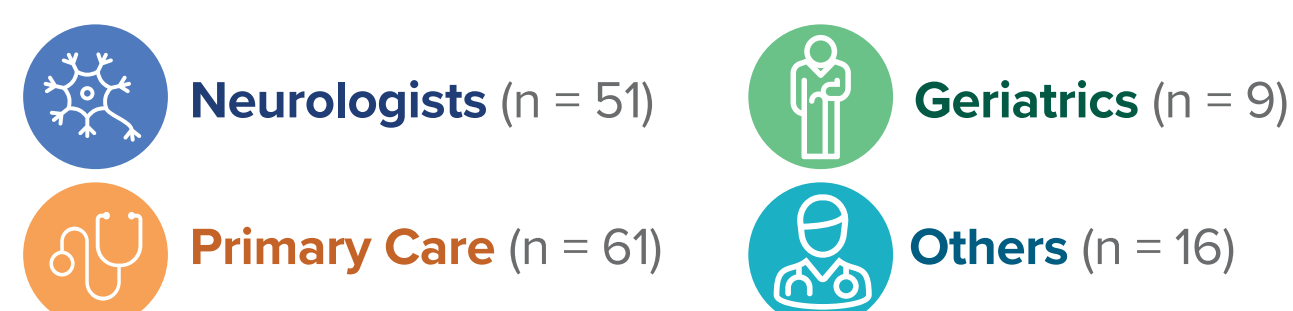
BACKGROUND

The early stages of Alzheimer's disease (AD) are when patients are most likely to experience a delay in diagnosis.¹ During this time, the use of biomarkers enables earlier detection and timely disease management.² Revised diagnostic criteria have been developed in response to rapid advances in fluid-based biomarkers, especially blood, and the approval of treatments targeting amyloid beta (A β) pathology. Blood-based biomarkers (BBMs) offer potential benefits of greater access to AD biomarker testing at a lower cost than more established biomarker tests. The challenge with BBMs is that their clinical application is still being evaluated. To help clinicians understand the current use of BBM, clinical guidelines have been developed.³ The goal of this study was to determine if providing neurologists and primary care physicians (PCPs) with recommendations on effectively communicating with patients about BBMs would improve their willingness to use BBMs in practice. Additionally, we also evaluated any barriers that prevented clinicians from integrating BBMs into practice.



METHODS

The online continuing medical education (CME) activity consisted of an online 15-minute video vignette with interspersed feedback from a single dementia expert. Learners in the first 3 months after participation in the activity were invited to complete a survey identifying practice changes and the identification of barriers preventing the implementation of changes. Each respondent reported for each possible practice whether they were a) implementing for the first time or had modified it due to education, b) already doing it prior to education, or c) not doing it before or after education. They also indicated barriers they experience at least "some" of the time for each practice. Data were collected between May 20, 2025 and October 13, 2025.⁴

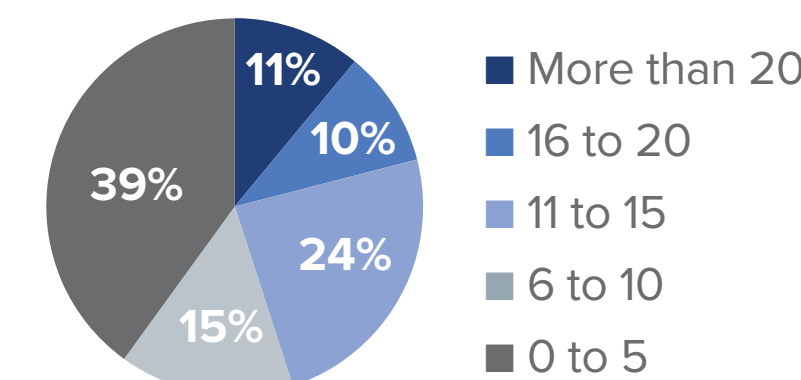


RESULTS

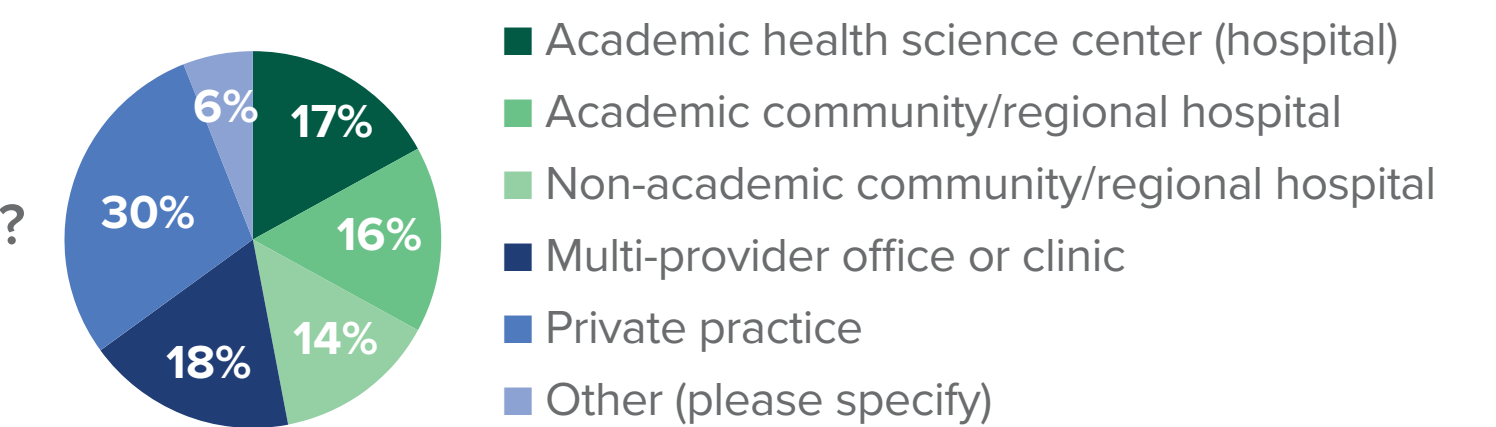
DEMOGRAPHICS

(n = 137)

How many patients with AD do you see in your practice in an average month?



What is your practice setting?



CLINICAL ACTIONS

- Most participants in the survey reported engaging in a new clinical action related to the use of BBMs in AD.
- Very few participants indicated that they were already engaging in any of the behaviors related to the use of BBMs for AD in clinical practice.
- Approximately 30% of participants reported not making any changes to clinical practicing suggesting the need for additional education or resources that address indicated barriers to clinical action.
- The most commonly selected actions that were being adopted into clinical practice related to counseling patients about the importance of the early recognition of AD and how the measurement of AD biomarkers helps to achieve that goal.

- Explain to patients and their families about the importance of early and timely diagnosis for Alzheimer's disease (AD)
12% 72% 17%
- Perform or order AD biomarker testing as part of a comprehensive evaluation in patients with evidence of cognitive impairment
5% 63% 32%
- Discuss procedures, benefits, and risks for all available AD biomarker testing modalities, including blood and AD biomarker testing
7% 71% 23%

- Evaluate patients for factors that might affect the accuracy of blood biomarker testing
7% 63% 30%
- When ordering blood AD biomarker testing, use one that measures phosphorylated tau 217 (p-tau 217)
4% 58% 38%
- Discuss with the patient and family the findings of blood AD biomarker test and what it means in relation to the cause of the patient's cognitive impairment
10% 63% 27%

- For patients with early-stage AD as confirmed by biomarker testing, discuss therapeutic options, including anti-amyloid therapies
8% 64% 28%
- Modified or implemented due to education
- Practice reinforced
- Not currently doing this

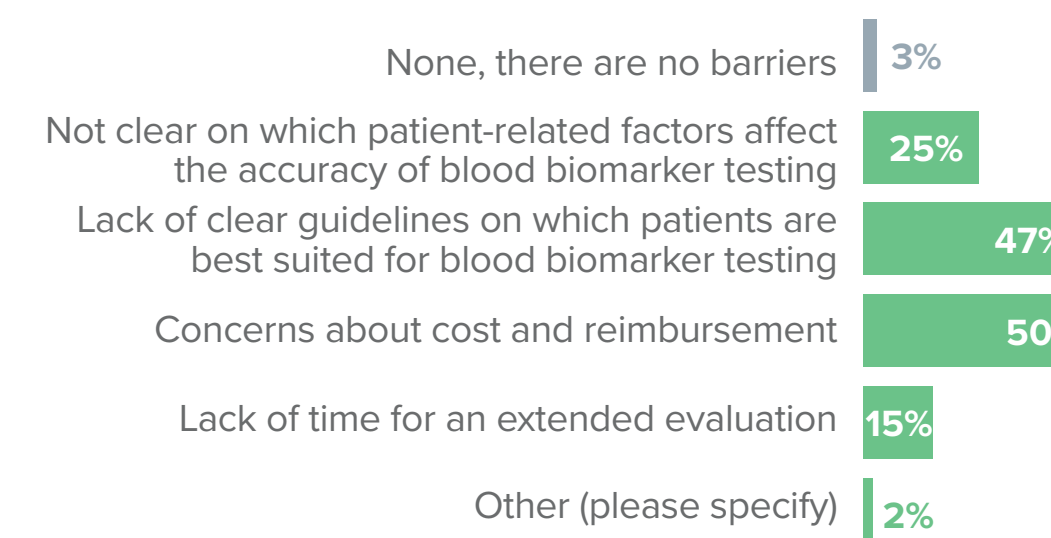


BARRIERS TO CLINICAL ACTIONS

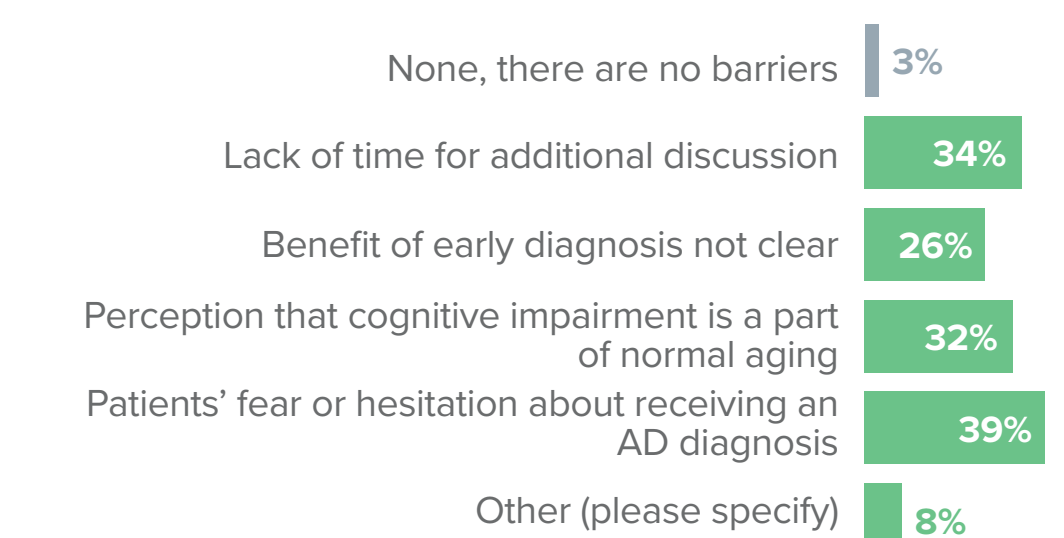
- Very few participants (< 10%) noted that "there are no barriers" to any of the practice changes.
- Limitations related to access and reimbursement associated with BBM for AD were among the most common barriers.
- Other frequently identified barriers were:

- Using or discussion BBM for AD related to concerns about patient-specific fears or stigma associated with an AD diagnosis
- Lack of clear guideline recommendations associated with the use of BBMs for AD
- Lack of knowledge of the relationship between AD biomarkers and cognitive impairment
- Uncertain as to when anti-amyloid therapies should be used

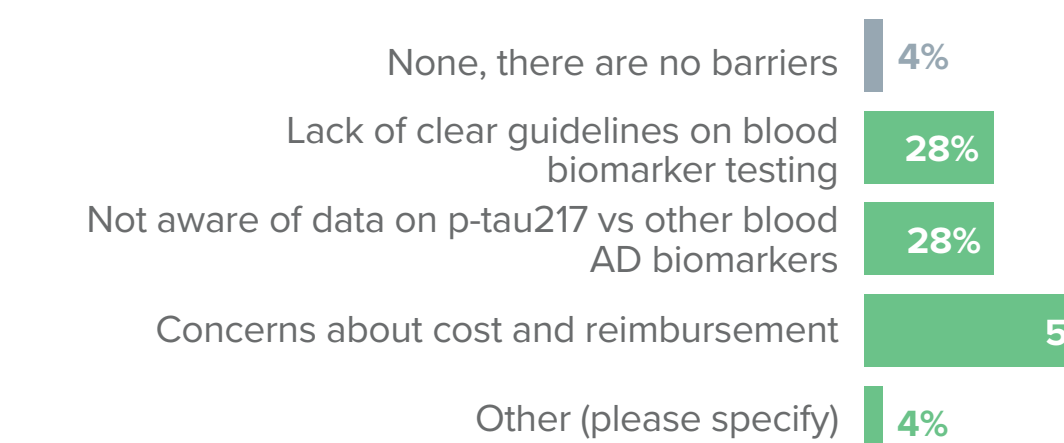
Which of the following are barriers to evaluating patients for factors that might affect the accuracy of blood biomarker testing, that you experience at least some of the time?



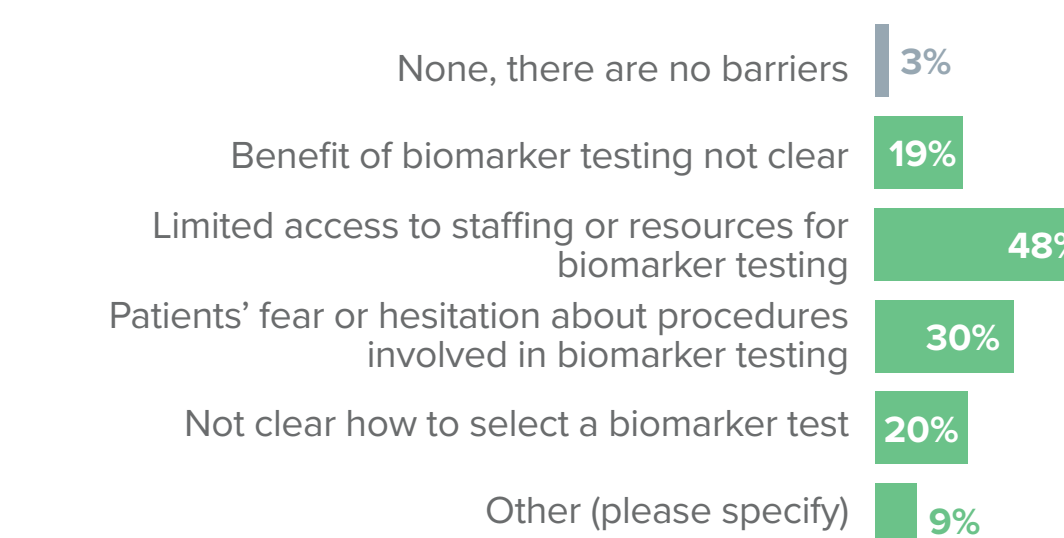
Which of the following are barriers to explaining to patients and their families about the importance of early and timely diagnosis for AD that you experience at least some of the time?



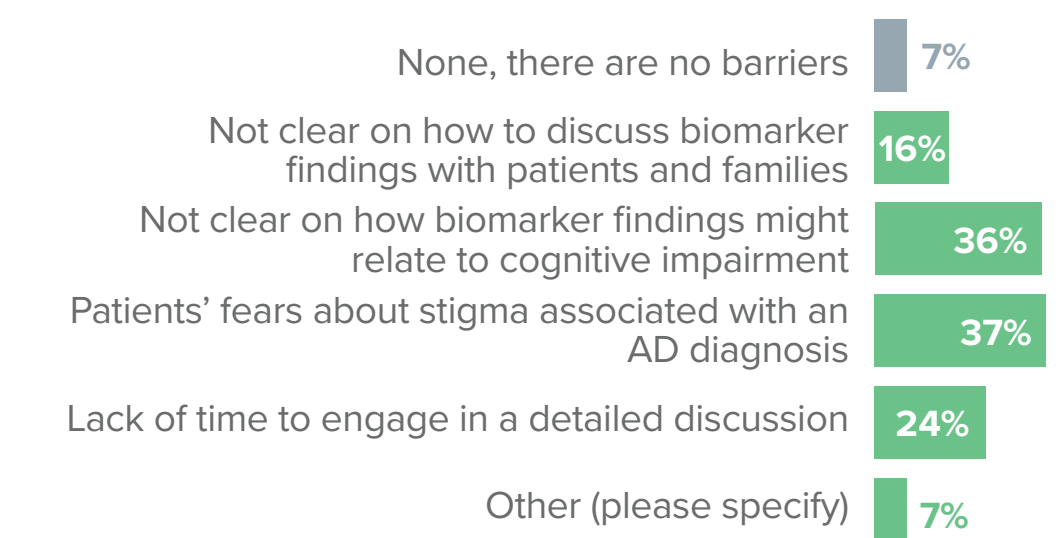
Which of the following are barriers to using a blood biomarker test that measures p-tau217 that you experience at least some of the time?



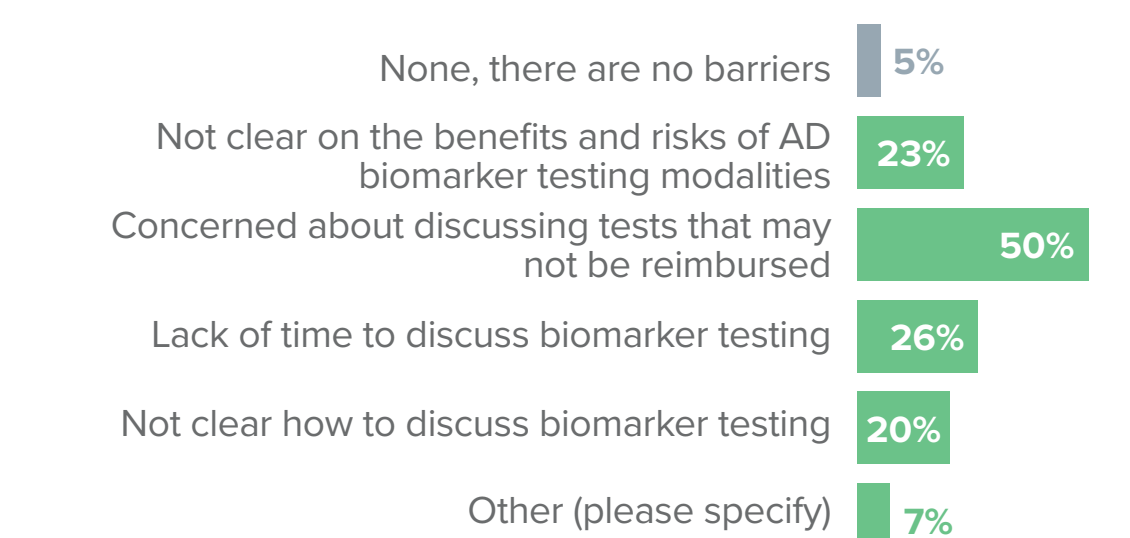
Which of the following are barriers to performing or ordering AD biomarker testing that you experience at least some of the time?



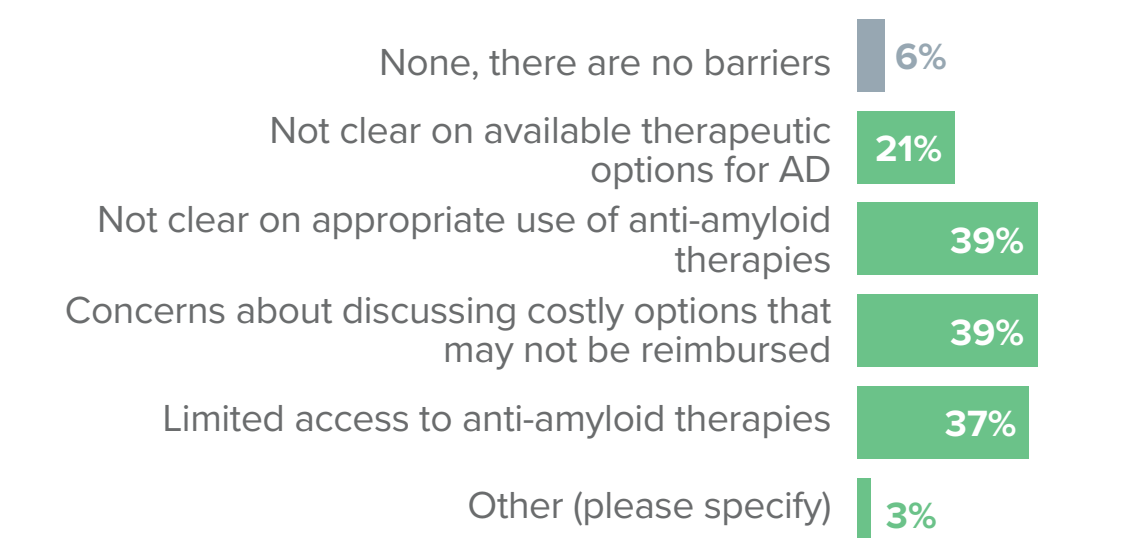
Which of the following are barriers to discussing blood-based AD biomarker findings and how they are related to cognitive impairment, that you experience at least some of the time?



Which of the following are barriers to discussing the procedures, benefits, and risks for all available AD biomarker testing modalities that you experience at least some of the time?



Which of the following are barriers to discussing therapeutic options for AD, including anti-amyloid therapies, that you experience at least some of the time?



CONCLUSIONS

- Physicians who participated in a single 15-minute online CME-certified program on BBMs used in the diagnosis of AD reported engaging in behaviors that support the clinical use of BBMs.
- Overall clinicians are better prepared to:
 - Counsel patients on the importance of a timely diagnosis of AD
 - Counsel patients on the relationship between biomarkers and the pathophysiologic mechanism of AD
 - Order appropriate BBMs as part of a comprehensive evaluation of patients with evidence of cognitive decline

- There were substantial barriers to the use of BBMs in the diagnosis of AD. Systems level barriers such as access and reimbursement were frequent concerns. Participants also noted several barriers that can be addressed through additional education, including:
 - Addressing patient-level concerns of fear and stigma around the diagnosis of AD
 - Guideline recommendations on the use of BBMs in clinical practice
 - The role BBMs play in helping to identify patients who are candidates for anti-amyloid therapies

ACKNOWLEDGEMENTS

The educational activity and outcomes analysis were funded through an independent educational grant from Lilly, Inc.

For more information, contact: Thomas Finnegan, PhD Senior Director, Clinical Strategy tfinnegan@medscape.net



Scan here to view this poster online.

REFERENCES

- Alzheimer's Association (AA). 2024 Alzheimer's Disease Facts and Figures. Special Report: Mapping a Better Future for Dementia Care Navigation. Published 2024. Accessed September 9, 2024. <https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf>
- Jack CR Jr, Andrews JS, Beach TG, et al. Revised criteria for diagnosis and staging of Alzheimer's disease: Alzheimer's Association Workgroup. *Alzheimers Dement*. 2024;20:5143-5169.
- Palmqvist S, Whitson HE, Allen LA, et al. Alzheimer's Association Clinical Practice Guideline on the use of blood-based biomarkers in the diagnostic workup of suspected Alzheimer's disease within specialized care settings. *Alzheimers Dement*. 2025;21:e70535.
- Schindler SE. Clinic 3: Blood Biomarker Testing for Early Stages of AD: What to Know and What to Tell Your Patients. Medscape Education. May 20, 2025. Accessed April 9, 2026. <https://www.medscape.org/viewarticle/1002504>