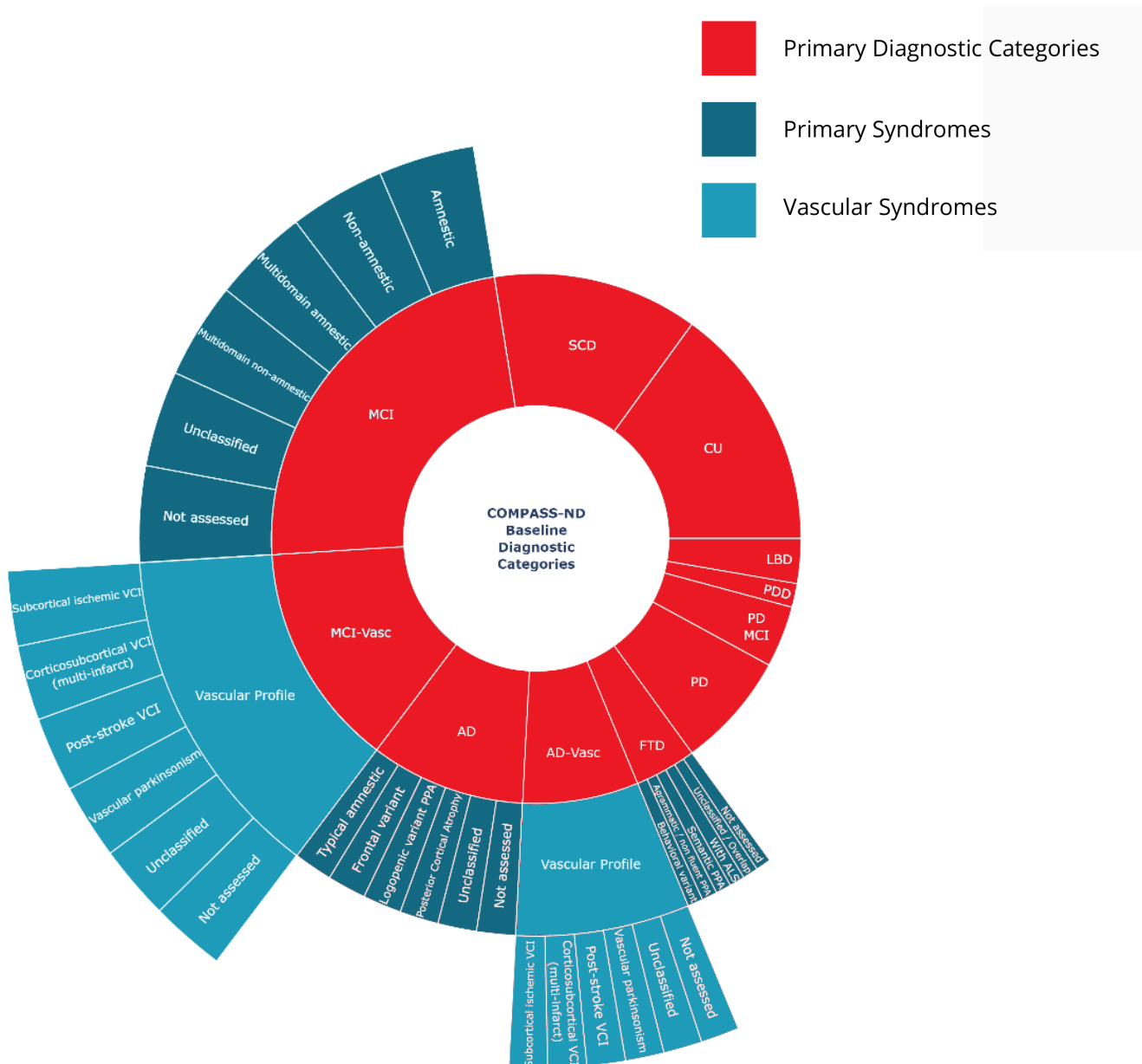


# COMPASS-ND

The Comprehensive Assessment of Neurodegeneration and Dementia

## COMPASS-ND Manual of Diagnostic Evaluation

This manual aims to provide more information on the vast array of diagnostic cohorts that are being hosted under COMPASS-ND. To this effort, COMPASS-ND diagnostic classification is being conducted under the following structures at any given instrument:



## COMPASS-ND Diagnostic Overview

**Primary Diagnosis:** Refers to the main diagnostic category for the given participant. The personnel conducting the diagnostic evaluation must select at least one diagnostic category for this field. The vascular cases are to be co-selected only for the primary participants with MCI or AD.

- Cognitively Unimpaired (CU)
- Subjective Cognitive Impairment (SCI)
- Mild Cognitive Impairment (MCI) - Syndromes
- Vascular Mild Cognitive Impairment (MCI-Vasc) - Syndromes + Vascular Syndromes
- Alzheimer's Disease (AD) - Syndromes
- Vascular Alzheimer's Disease (AD-Vasc) - Syndromes + Vascular Syndromes
- Parkinson's Disease (PD)
- Parkinson's Disease with Mild Cognitive Impairment (PDMCI)
- Parkinson's Disease Dementia (PDD)
- Lewy Body Dementia (LBD)
- Frontotemporal Dementia (FTD) - Syndromes

**Primary Syndrome:** Some of the primary categories have sub-categories providing further detail on the nature of the primary diagnostic category (e.g., MCI, AD, FTD). For the primary diagnoses that host syndromes nested under them, one of the syndromes must be selected during diagnostic evaluation. If the participant was not assessed for any syndromes, "Not assessed" is registered.

**Primary Vascular Syndrome:** If Vascular Profile is selected as the second primary diagnosis (only in the cases of MCI-Vasc and AD-Vasc), a primary vascular syndrome for the vascular profile must be selected. If the participant was not assessed for any vascular syndromes, "Not assessed" is registered.

**Alternate Diagnosis:** This is an optional field to be used in case an alternate diagnostic category is needed to be indicated during diagnostic evaluation. The same conditions apply as mentioned in the primary diagnosis, primary syndrome and primary vascular syndrome.

**Contributing Factor:** Contributing factors are not a part of the main diagnostic factors in the diagnostic evaluation, but may be contributing to the phenotype. Different from the alternate diagnosis, there is no limit to the number of contributing factors to be selected and no syndromes can be selected as a contributing factor. For example, the vascular profile in the cases of LBD and FTD is registered as a contributing factor instead of 2 primary diagnosis categories.

## COMPASS-ND Diagnoses

**Screening Referring Clinical Diagnosis** [*Baseline*]: The diagnosis estimated at the time of the referral to the study. This evaluation is informed by the clinical charts available at the site prior to participant recruitment and is made by the data collection staff (e.g., nurse, research assistant).

**Screening Summary and Diagnosis** [*Baseline, 2-Year Follow-up, Time 3*]: At the end of the screening visit, a diagnostic evaluation is informed by the Inclusion/Exclusion Criteria which is tailored specific to each cohort and is made by the data collection staff (e.g., nurse, research assistant).

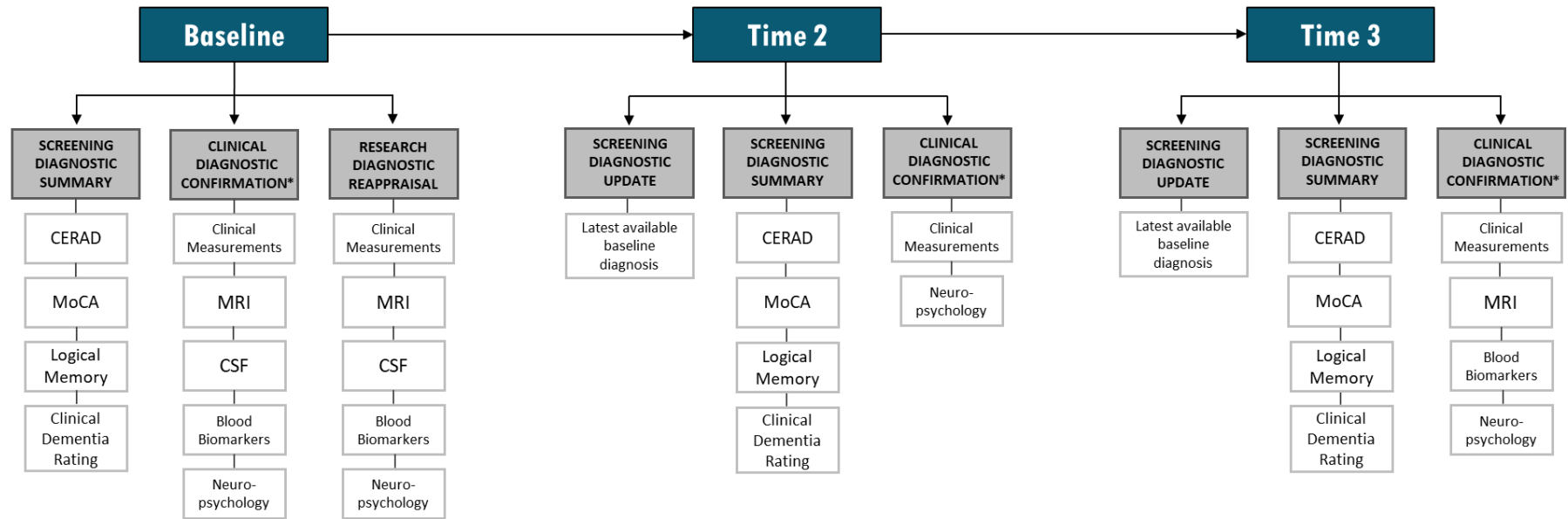
Inclusion/Exclusion criteria mainly takes cognitive batteries included in the screening visit (e.g., MoCA, CERAD, Logical Memory) through cohort-specific cutoffs.

**Clinical Diagnosis Confirmation** [*Baseline, 2-Year Follow-up, Time 3*]: At the end of the clinical visit, a diagnostic evaluation is made by the clinician (e.g., neurologist, geriatrician, physician) informed by the clinical test battery. Depending on the availability of the results; MRI, blood biomarkers, CSF biomarkers or Neuropsychology testing might be taken into account upon diagnostic classification.

**Research Diagnosis Reappraisal** [*Baseline*]: After the baseline data collection is completed, another diagnostic evaluation was conducted to reappraise the baseline data collection diagnosis by the COMPASS-ND Diagnostic Committee members. The diagnosis reappraisal was informed by every material at hand at the time of baseline (including; MRI data, Synoptic reports, Neuropsychology test battery, blood and CSF biomarkers).

**Screening Diagnostic Update** [*2-Year Follow-up, Time 3*]: At the beginning of any follow-up timepoint, screening diagnostic evaluation was conducted informed mostly by the latest diagnosis from the last time point (e.g., Baseline, 2-Year Follow-up).

# COMPASS-ND Diagnostic Timeline



\*if any of these are available at the time of visit

□ Instruments    □ Diagnosis    ■ Time Points

## Note to the Researchers

COMPASS-ND uses the latest diagnostic evaluation in baseline for the diagnostic classification of the database in any of the communications and/or abstracts, since it is the most informed diagnostic evaluation. However, the diagnostic classification should be tailored to the requirements of each research question as it is subject to change over time: either the nature of the condition progresses due to passage of time, or better informed with the help of multiple diagnostic tools. The intervals might reach up to 6 months in between visits (e.g., screening and MRI), despite being in the same timepoint. During the passage of time, the cognition of the participant is sometimes subject to decline in certain cases. On the other hand, better diagnostic tools further into the testing can enable clinicians to diagnose participants effectively, thus resulting in a change in diagnoses.