Dear Chairman Grassley and Ranking Member Wyden:

On behalf of the more than 38,000 members of the American College of Radiology (ACR), I am writing to reiterate the importance of the Imaging Dementia – Evidence for Amyloid Scanning (IDEAS) Study and respectively request the inclusion of legislative language to protect the scientific validity of the forthcoming “New IDEAS” study in any relevant year-end legislation.

Alzheimer’s disease is the most common form of dementia and the sixth leading cause of death in the United States, and while we still lack a cure for Alzheimer’s Disease, the IDEAS study is a critical example of the promising research aimed at detecting the disease in its early stages and identifying treatments to prevent its advancement. Throughout its duration, the IDEAS Study provided access to PET imaging for over 18,000 patients age 65 or older, at 343 imaging facilities in the United States, for whom there was ambiguity about the cause of their cognitive decline/dementia.

The early results of the study have generated dramatic results for the management and care of Alzheimer’s patients, with physicians changing their clinical management of more than 60 percent of patients, by increasing the prescription of Alzheimer’s drugs where brain scans showed significant amyloid deposits and discontinuing the use of such drugs where scans revealed minimal amyloid deposition. Physicians were also able to rule out Alzheimer’s disease in one out of three patients with a previous Alzheimer’s disease diagnosis. Given the positive impact of the initial study, researchers and relevant stakeholders are working to launch the follow-up “New IDEAS” study, which will seek to provide data on important subpopulations, such as African-Americans, Hispanic Americans, and patients with early-age-of-onset-dementia.

Unfortunately, Sec. 1301 of the Consolidated Appropriations Act of 2018 (Pub. L. 115-141) inadvertently created a payment inequity among the study’s FDA-approved radiopharmaceuticals by extending the “pass-through” status for only one of the relevant three drugs. Absent Congressional intervention, the payment differential between the drugs will negatively impact access patterns associated with New IDEAS and undermine the ability to sample and compare data between these two critical studies.

To mitigate the impact of this unintended payment inequity, the College urges Congress to extend the pass-through payment status for ALL the relevant radiopharmaceutical drugs necessary to maintain the scientific validity of New IDEAS Study.

The College looks forward to working with you to resolve this critical issue. If you have questions or would like additional information, please contact Megan Marcinko (mmarcinko@acr.org/703-715-3488) in the ACR’s Government Relations office.

Sincerely,

William T. Thorwarth Jr. MD, FACR
Chief Executive Officer