



Radiologist Checklist and Key Questions

Radiologist's ARIA Documentation & Collaboration Checklist

1 IMAGING & INTERPRETATION

- ✓ **Confirm MRI Protocol Compliance**
 - Ensure MRI sequences are adequate for ARIA detection
 - Verify recent baseline MRI (within 1 year before starting amyloid-targeting therapy)
- ✓ **Assess for ARIA Findings**
 - **ARIA-E (Edema/Effusion):** Look for vasogenic edema or sulcal effusions
 - **ARIA-H (Hemorrhages):** Identify microhemorrhages or superficial siderosis
- ✓ **Compare with Prior Imaging**
 - Evaluate any interval changes, including new or worsening ARIA findings
 - Document stability, improvement, or progression

2 DOCUMENTATION & REPORTING

- ✓ **Describe Findings Clearly**
 - **Location:** Specify affected regions
 - **Severity:** Mild, moderate, or severe
 - **Comparison to Prior:** Report new, stable, or resolving ARIA
- ✓ **Include Clinical Correlation**
 - Note ARIA-associated symptoms, if provided
 - Recommend correlation with neurological status
- ✓ **Standardized Impression Statement**
 - **Example:** *Findings consistent with ARIA-E/ARIA-H in a patient receiving amyloid-targeting therapy. Recommend clinical correlation and consideration of follow-up MRI as per treatment protocol.*

3 COMMUNICATION WITH REFERRING PHYSICIAN

- ✓ **Timely Reporting**
 - Flag moderate/severe ARIA cases for urgent review
 - Communicate significant changes directly via phone/email if warranted
- ✓ **Recommend Next Steps**
 - Suggest follow-up imaging timeframe based on findings
 - Advise multidisciplinary discussion if ARIA severity may require treatment adjustment
- ✓ **Document Communication**
 - Record discussion with referring specialist in the report or medical record



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Key Questions for Radiologists to Ask Referring Specialists When Monitoring for ARIA

1 CLINICAL CONTEXT & PATIENT HISTORY

- What is the patient's current amyloid-targeting therapy?
- When was the last dose administered?
- Has the patient experienced any neurological symptoms that may correlate with ARIA?
- Does the patient have a history of cerebrovascular disease, microhemorrhages, or other risk factors that may predispose them to ARIA?

2 IMAGING & MONITORING CONSIDERATIONS

- Are there specific ARIA monitoring protocols you follow for this patient?
- Would you like a comparison with prior MRIs, and how do you grade ARIA severity?
- If ARIA is detected, what threshold do you use for modifying or pausing treatment?

3 FOLLOW-UP & COMMUNICATION PREFERENCES

- How would you like to be notified of significant ARIA findings?
- What timeframe do you recommend for follow-up imaging in this case?
- Which other specialists need to be notified to ensure comprehensive ARIA management?