

# AGS NEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

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From all of us at AGS, thank you for everything you do for us all as we age, and enjoy a restful holiday season.

## MARK YOUR CALENDAR: #AGS22 IS ON THE HORIZON!

We are pleased to invite you to attend the 2022 Annual Scientific Meeting of the American Geriatrics Society (AGS) from May 12–14 (pre-conference day: Wednesday, May 11) in Orlando, FL.

#AGS22 will address the educational needs of geriatrics professionals from all disciplines, offering continuing education sessions such as invited symposia, workshops, meet-the-expert sessions, geriatrics research updates, and advocacy information. Each year physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, health care administrators, and other health-related professionals gather for cutting edge information sessions and abundant networking opportunities. Attendees can look forward to updating their knowledge and skills through field-leading research presentations on the latest topics in geriatrics.

“At the Annual Meeting, attendees discover professional development tools, tips, and topics that promote practice-changing opportunities for geriatrics professionals,” said Christine Bradway, PhD, CRNP, #AGS22 Program Chair. “Attendees not only learn about the latest developments in the clinical care of older adults but also have tons of opportunities to explore new frontiers in research, policy, and public education for our growing older adult population.”

### Session Sneak-Peeks

Unique learning opportunities offered at #AGS22 include:

- **Long-term Pulmonary, Cognitive and Psychiatric Outcomes of COVID-19**, a symposium moderated by Jin Han, MD and Esther Oh, MD, PhD. This program will address the long-term clinical outcomes of COVID-19 (known

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Photo by N. Lundebjerg.

## AGS POLICY UPDATES: ADVOCATING FOR EQUITY, THE HEALTHCARE WORKFORCE, AND AGING RESEARCH

The AGS believes that in a just and equitable healthcare system, we should all have the right to self-determination around whether a treatment is right for us, especially when it comes to drugs that should be prescribed with caution. Since the U.S. Food and Drug Administration (FDA) approval of aducanumab in June 2021, the AGS was able to pivot our attention to engage in numerous activities related to its approval as outlined here.

### ■ Letter to FDA on Review of Biogen's Drug Aducanumab for Alzheimer's Disease

We expressed our concern about the agency's upcoming review and potential approval of Biogen's

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# AGS 360° WITH NANCY E. LUNDEBJERG, MPA



In 2021, I added birding and bird photography to the portfolio of things I do when not at work. Birding in my own backyard (Central Park) – both with and without a camera – has become an important way for me to integrate mindfulness into my life. It takes me out of my day-to-day concerns as I look for that small movement in the leaves and listen to the musical chatter of the birds who call NYC home or are just passing through.

Over the years, I have learned that these moments of introspection are important not just for my well-being but often also lead to my looking at our work here at AGS through a different lens. A key to this attention to my own well-being is setting boundaries.

Here are some practical tips for maintaining those boundaries: (1) set your emails to “pull” not “push” (pull means they only come in when you open your email up); (2) turn off notifications; and (3) only respond to emails/texts in off hours when a delay in responding would lead to a bad outcome. Find more information about preventing burnout and maintaining resiliency in our AGS/ADGAP Burnout Resiliency toolkit that was created by our fabulous AGS/ADGAP Education Committee and launched in 2021, available on [GeriatricsCareOnline.org](https://www.geriatricscareonline.org).

I always appreciate the opportunity to celebrate the work of AGS and want to highlight some of our other 2021 achievements and look ahead to 2022:

- **AGS 2021 Virtual Annual Meeting:** As our second-highest attended meeting in AGS history, over 2,800 people tuned in for #AGS21. The behind-the-scenes work of staff and leaders made for a successful first virtual meeting. Some data for those of you who are curious: (1) 40 paper presenters, 808 poster presenters, and symposia faculty recorded presentations and participated in 70 virtual sessions; (2) 310 trainees were supported by the AGS Health in Aging Foundation to attend this meeting; and (3) we’ve made all plenary sessions available online for our AGS members through May 2022.
- **Diversity, Equity, and Inclusion:** I devoted my Q3 AGS newsletter 360° column (available to read at [AmericanGeriatrics.org/Publications-Tools](https://www.AmericanGeriatrics.org/Publications-Tools)) to updating members on our efforts embedding attention to equity into the work of the Society. A huge thanks to our members who have shared their demographic data with us – knowing more about you is helpful to us in planning programs and ensuring that our leadership reflects the

diversity of our membership. If you haven’t provided your demographic data, you can do so when you log into your member account at [Account.AmericanGeriatrics.org](https://www.Account.AmericanGeriatrics.org). Stay tuned for a report of our findings in the first quarter of 2022.

Looking ahead to next year, AGS will be commencing two significant initiatives members should be on the lookout for:

- **Increasing Older Adult Immunization:** AGS is one of seven specialty medical societies with a subaward under a Council of Medical Specialty Societies (CMSS) contract with the CDC. CMSS will be leading a collaborative effort to increase adult vaccination rates in this country, called *Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations through Partnerships and Medical Subspecialty Professional Societies*. Look for more information – and opportunities to engage in this work – in 2022.
- **AGS/AGING Learning, Educating, and Researching National Initiative in Geriatrics (“LEARNING”) Collaborative:** With funding from the National Institute on Aging (NIA) and in collaboration with the Health Care Systems Research Network (HCSRN) – Older Americans Independence Centers (OAICs) AGING (Advancing Geriatrics Infrastructure and Network Growth) Initiative, AGS will be designing, implementing, and disseminating an innovative, multi-disciplinary, clinical and translational geriatrics-relevant research curriculum to reach emerging clinician and translational investigators who are interested in including older people with multiple chronic conditions in their research.

I am so very grateful to all our members for your dedication to the older adults that you serve. You each contribute to the well-being of all of us as we age, and you are always there to support each other. We truly would not be the organization that we are today without our members. On behalf of AGS leaders and staff, thank you for all that you do and know that you have our best wishes for a peaceful and healthy holiday season. A toast to continuing our work on behalf of older adults in 2022.

A handwritten signature in black ink, appearing to read 'Nancy'.



as “long COVID”). The presenters will review the most updated understanding of the biological impact of SARS-CoV-2 infection on various organ systems, and share findings from their own longitudinal cohort studies, including hospitalized older and younger adults with and without critical illness. Presenters will review pulmonary, cognitive, and psychiatric symptoms, summarizing what clinicians should know about treating unique long-term health concerns. Aimed at a broad audience of AGS attendees who wish to learn more about a multidisciplinary approach to caring for patients with long COVID, this program will include close involvement of subspecialists from different disciplines, allied health professionals, social workers, case managers, and caregivers including family members.

■ **Evidence-based Prescribing and De-Prescribing in the Mild, Moderate & Late-Stages of Dementia**, a symposium moderated by Zaldy S. Tan, MD, MPH, FACP. Alzheimer’s disease and related dementias present distinct medical, behavioral, and psychosocial challenges during the mild, moderate, and late stages. Those living with dementia are especially in need of individualized care, and the challenging decision to prescribe and de-prescribe medications often falls on geriatricians and other geriatrics health professionals across a variety of settings. This symposium will offer the geriatrician, nursing, and pharmacist perspective. Evidence for the starting and discontinuing of medications using the 5M’s framework as a guide will be provided over the course of three sessions.

■ **Getting Rid of FRIDs (Fall Risk-Increasing Drugs): A Deprescribing Balancing Act**, a symposium moderated by Zachary A. Marcum, PharmD, PhD. Nationally representative data show that the percentage of older adults prescribed at least one Fall Risk-Increasing Drug (FRID) increased from 57% in 1999 to 92% in 2017. At the same time, deaths due to falls increased among older adults in the United States. Patient-centered, evidence-based

strategies are needed to reduce fall-related morbidity and mortality. Attendees will be provided knowledge on contemporary evidence for interventions to deprescribe FRIDs, and challenges they may face as well as opportunities and tools to assist with their own deprescribing FRID work, no matter what stage they are in development.

### Boost Your Network

In addition to premier educational sessions, meeting attendees have many wonderful networking opportunities to exchange ideas and information with colleagues. The Presidential Poster Reception, Special Interest Group meetings to discuss more than 30 topics in geriatrics, and Section Meetings are just a handful of the events available to attendees.

“#AGS22 offers one of the leading networking events in geriatrics,” said Bradway. “Special interest groups, mentor meet-ups, top-notch research poster sessions, and fun activities—like dance parties!—bring together the diverse voices of geriatrics professionals from all corners of the country and the world to form lasting connections.”

### Follow #AGS22 for Updates!

Use the tags **#AGS22** and **#AGSProud** to spread the word about your meeting plans and connect with other attendees online. Look for updates from @AmerGeriatrics, @AGSJournals, @HealthinAging, and AGS CEO @NLundebjerg to remain in-the-know about all things #AGS22. Plus, remember to follow meeting updates on MyAGSOnline, the exclusive online forum for AGS members. Log in at MyAGSOnline.AmericanGeriatrics.org and view the AGS Member Forum to learn about sessions that already have your colleagues talking. For people who are unable to attend the meeting in person, AGS will be offering 19 sessions on-demand following the meeting and attendees at those sessions will be able to earn 19.5 CME/CE credits. ♦

➤ Visit Meeting.AmericanGeriatrics.org for meeting registration, a program schedule, and other updates. Check the site often for news about #AGS22!

# FROM OUR PRESIDENT

PETER HOLLMANN, MD, AGSF



When I think of the work we've accomplished in 2020 and 2021, the term that comes up over and over again is "pivot."

For those who are fans of the TV show *Friends*, the word itself might conjure a very specific image of Ross attempting to squeeze a couch around the corner of a narrow staircase, shouting "Pivot!" as he tries to get the furniture into his new apartment.

At AGS, we know a thing or two about what it means to navigate tight corners—and we know when we might need to pivot. However, unlike Ross, each turn we make creates a new piece in the web supporting our shared goal of providing the resources needed to protect what's most important to the older people in our care.

That web is centered on our core work. These are the things that we always do, such as our regular updates to the AGS Beers Criteria® (due out in 2022) or the *Geriatrics Review Syllabus*, with its new edition coming in January (see p. 8 for more details). We also have our policy and advocacy work focused on improving reimbursement for the types of services that geriatrics health professionals provide and increased funding for geriatrics health professions programs and aging research; and our efforts to ensure that the entire health professional workforce has the skills and knowledge that are needed to care for older adults. These are just a few examples of the work that we do year in and year out to ensure a better future for us all as we age.

There is no doubt that 2020 had lots of tight corners that we all needed to navigate in our personal and professional lives. Like our

members, AGS learned to adapt as we focused our efforts on serving member needs during the pandemic and on advocating for programs and policies that support older adults and the people who care for them. Also in 2020, we took stock of ourselves and determined that we needed to put addressing bias and discrimination front and center in our work. AGS CEO Nancy Lundebjerg reported on this new body of work in her AGS 360 column in the last newsletter (available at [AmericanGeriatrics.org/Publications-Tools](http://AmericanGeriatrics.org/Publications-Tools)), and we are committed to continued regular updates for our members on our progress towards achieving a future of health care that is free of bias and discrimination.

This year bought us another tight corner to navigate when, in the spring of 2021, we found ourselves on the cusp of a fast-track approval of aducanumab by the Food and Drug Administration (FDA). We are fortunate to be able to call on member experts, who helped us with our advocacy and professional and public education around this new therapy. The below table provides a road map to our work on this topic and this

## Summary of AGS Work to Date on Aducanumab

Policy Letters and AGS Publications	Date
Letter to the FDA opposing approval	June 2021
Joint Letter to CMS, with the American Academy of Neurology (AAN) and the Society of Nuclear Medicine and Molecular Imaging (SNMMI)	July 2021
Professional education piece, <i>Aducanumab: What Clinicians Should Know</i>	July 2021
Letter to CMS in response to its request for comments to inform its recently opened National Coverage Analysis	August 2021
Public Education Tip Sheet, <i>Aducanumab: What You Should Know</i>	September 2021
Joint Follow-Up Letter to the FDA, with SNMMI, Society of General Internal Medicine, and AMDA – Society for Post-Acute and Long-Term Care Medicine conveying our concerns about the label as approved	October 2021
<i>Jags</i> editorial: <i>Of Education and Public Policy: Aducanumab</i>	October 2021
Joint Follow-Up Letter to CMS, with the AAN and SNMMI on Medicare coverage of aducanumab	November 2021

All policy letters listed can be found at [AmericanGeriatrics.org/WhereWeStand](http://AmericanGeriatrics.org/WhereWeStand). The professional education resource, *Aducanumab: What Clinicians Should Know*, is available at [GeriatricsCareOnline.org](http://GeriatricsCareOnline.org) and the public education tip sheet is available at [HealthinAging.org](http://HealthinAging.org) and on page 13 of this newsletter. The editorial, *Of Education and Public Policy: Aducanumab* is available from the *Journal of the American Geriatrics Society* at [agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17523](https://doi.org/10.1111/jgs.17523).

newsletter includes our public education tip sheet, "Aducanumab: What You Should Know," (p.13). We talked about the "why" of how we approached our advocacy and education work in an editorial in the *Journal of the American Geriatrics Society (JAGS)*, titled *Of Education and Public Policy: Aducanumab*, that I co-authored with Mark Supiano (AGS Treasurer) and Nancy Lundeberg.

I suspect our members will join me in my hope that 2022 brings us fewer sharp corners and a chance to get together and celebrate all that is geriatrics at our 2022 AGS Annual Scientific meeting in Orlando, FL (May 12-14, 2022). Heading into the new year, we'll focus on work that supports our members and helps meet the needs of all older people. We will be ready to pivot when

needed—but we will not stray from the path of what matters most to our members and the people we serve.

I wish you all a happy and healthy holiday season, and the time to reflect on what matters most for you in the new year. ♦

*Proffman MD*



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To enroll, visit [MyAGSOnline.AmericanGeriatrics.org/Mentorship](https://MyAGSOnline.AmericanGeriatrics.org/Mentorship)

aducanumab for use in treating patients with mild cognitive impairment (MCI) and Alzheimer's disease (AD), noting that approval of aducanumab at this time is premature, given the lack of sufficient evidence to support that aducanumab reduces progression of AD and the potential benefits as a treatment for patients with MCI and AD could outweigh the potential harms.

#### ■ **Joint Society Letter to CMS on Beta Amyloid PET Limited Coverage**

Along with the American Academy of Neurology and Society for Nuclear Medicine and Molecular Imaging (SNMMI), we noted that the approval of aducanumab makes it imperative that clinicians have the full suite of tools that they need for determining if a patient has beta amyloid plaque to assure that this drug is only prescribed for patients who might benefit from this treatment. The letter urged the Centers for Medicare and Medicaid Services (CMS) to immediately cover beta amyloid PET to address access and equity issues and ensure that only those patients for whom there might be a clinical benefit are prescribed aducanumab.

#### ■ **Comments on NCA for Aducanumab for Treatment of Alzheimer's Disease**

For CMS' National Coverage Analysis (NCA) for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease, we focused specifically on a coverage determination for aducanumab. At this time, we believe that there are many questions that need to be answered about the safety and clinical effectiveness of aducanumab in the real world which will require collection of real-world evidence as a part of any coverage determination by CMS.

#### ■ **Joint Society Letter to FDA on Aducanumab Label**

Along with AMDA - The Society for Post-Acute and Long-Term Care Medicine, Society of General Internal Medicine, and SNMMI we expressed our concern that the FDA's label for the dispensing of aducanumab for patients with MCI and AD differs significantly from what was studied in the Phase III clinical trials.

#### ■ **Keeping Momentum on Advocacy Efforts**

We also continue various regulatory and advocacy work around our key priorities that will improve the health, independence, and quality of life of all older adults.

#### ■ **Letter to COVID-19 Health Equity Task Force on Pandemic Preparedness**

Prior to the COVID-19 Health Equity Task Force's sixth public meeting, Dr. Timothy W. Farrell, Chair of the AGS Ethics Committee, presented on behalf of AGS on pandemic preparedness for older adults and lessons learned from COVID-19 to inform the task force's recommendations to the President. In a follow-up to the presentation, we submitted a letter outlining our recommendations to invest in the healthcare workforce, home-based primary care, and preparing for future pandemics and other disasters.

#### ■ **Statement Supporting Voting Rights**

We expressed concern about the reduction in polling places and changes to states' election laws and that these laws are eroding the protections afforded to all older adults with functional impairments by the Americans with Disabilities Act (ADA), negatively impacting access to the ballot for older Americans. We also launched a grassroots advocacy

campaign urging AGS leaders to reach out to legislators in support of fair and equitable access to the ballot box for older people and persons with disabilities.

#### ■ **Funding Requests for Key Workforce and Aging Research Programs in FY 2022**

In written testimonies to appropriators, we stated support for increased funding in Fiscal Year (FY) 2022 for the geriatrics workforce training programs, the National Institute on Aging, and the Veterans Affairs Medical and Prosthetic Research Program, emphasizing the increasing need for training in geriatrics and gerontology and necessity of investing more in research on the nature of aging.

#### ■ **Letter to CMS on CY 2022 Medicare PFS and QPP Rule**

In response to CMS' Calendar Year (CY) 2022 proposed rule updating the Medicare Physician Fee Schedule (PFS) and Quality Payment Program (QPP), we commented extensively on a variety of topics, urging CMS to finalize proposals that will improve beneficiary access to care and allow audio-only telehealth services to continue after the public health emergency (PHE) ends. The final rule, released November 2, confirms a combined 9.75% cut in Medicare physician and other qualified health professional payments on January 1, 2022 due to PFS adjustments, Medicare sequester, and the statutory Pay-As-You-Go (PAYGO) Act. The AGS continues to urge Congress to address these pending cuts in Medicare payment to providers.

#### ■ **Letter to Rep. Suozzi on the WISH Act**

Representative Tom Suozzi introduced the Well-Being Insurance for Seniors to be at Home (WISH)

Act (H.R. 4289), a bill to create federal catastrophic long-term care insurance for older adults, which highlights the under-resourced nature of care for older adults and the historic underinvestment in the care we all need as we age. Prior to its introduction, we supported Rep. Suozzi's leadership to expand access to and address the cost challenges of long-term care.

■ **Comments on the Planning Process for ARPA-H**

We participated in the National Institutes of Health (NIH) and Office of Science and Technology Policy (OSTP) listening session on the Advanced Research Projects Agency for Health (ARPA-H). Our comments focused on attention to aging and

the whole person being infused across ARPA-H, noting that geroscience and gerontechnology are two areas in aging research where the new agency could move the needle. AGS Board Member Alison Moore, MD, MPH, AGSF presented on behalf of AGS during the session, expressing our support for the investment in establishing ARPA-H, an inflection point in ensuring that research leads to innovations that support all of us as we age.

■ **Comments to Rep. Eshoo on the DEPICT Act Discussion Draft**

Our recommendations on the draft legislation, the Diverse and Equitable Participation in Clinical Trials (DEPICT) Act, to increase diversity in clinical trials and ensure

robust and equitable biomedical research were around accountability in enrolling diverse participants, determining diversity enrollment targets, post-marketing requirements, and enhancing community engagement and outreach to underserved communities. We also recommended that age be reported meticulously to detect clinically important differences across and between older age subgroups as well as the inclusion of very old adults in clinical trials who would likely receive a large portion of medications once approved. We believe that inclusivity and representation are the core of rigorous research and development of safe and efficacious drugs, medical devices, and interventions for all. ♦



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## **THE GERIATRICS REVIEW SYLLABUS 11TH EDITION: A CORE CURRICULUM IN GERIATRIC MEDICINE**

The new 11th edition of the *Geriatrics Review Syllabus* will be released in January 2022 and is available for pre-orders now! This essential educational tool is a comprehensive reference work that contains the latest developments in the field of geriatric medicine, allowing users to stay up to date with new and critical information.

"We are really excited about the upcoming release of *GRS11*—we know how much our readers rely on the *GRS* to keep current on what's happening in geriatrics. For this latest edition, we've recruited many terrific new authors, added five new chapters, and we've given the book an updated look," said Michael Harper, MD, Professor of Medicine and the Associate Director for Strategy for Tideswell at UCSF. Dr. Harper and William Lyons, MD, Professor of Internal Medicine in the Division of Geriatrics at the University of Nebraska Medical Center, are serving again as the *GRS* Editors-in-Chief. Jane Potter, MD, Professor of Internal Medicine at the University of Nebraska, serves again as Editor-in-Chief for the self-assessment portion of *GRS11*.



### **The *GRS11* includes:**

- The 72-chapter *GRS11* Syllabus, available in print, digital, and mobile app formats
- 400 Self-Assessment Questions (Digital editions and mobile app only)
- Discussions about the novel coronavirus that causes COVID-19 are included within several chapters. (Given that COVID-related data are continually evolving, readers are asked to refer to the Centers for Disease Control (CDC) for latest guidelines and information).
- Five new chapters: Psychology of Aging, Advance Care Planning, Healthy Aging, Home-Based Medical Care, and Telehealth.

### **New for this edition: Get the Self-Assessment Questions via *GRS* Digital Editions!**

The Self-Assessment Questions are available only through the Digital editions as part of the digital, digital complete, and digital complete plus print packages. Additional highlights of the Digital editions include:

- The 72 chapters include hyperlinks throughout the content as well as DOI and PMID links in the chapter and question references.
- The ability to bookmark content and take notes as you review the digital content.
- 400 case-oriented, multiple-choice questions with answers, critiques, and references.
- The ability to bookmark questions.

- 115 AMA PRA Category 1 Credit(s)<sup>TM</sup> and 115 ABIM Maintenance of Certification (MOC) points for those who successfully pass the self-assessment portion of the *GRS11*.
- Ability to customize practice tests by topic.
- Customized test reports by topic to help identify knowledge gaps.
- Mobile App to take the *GRS* Syllabus content and Self-Assessment Questions with you offline and on the go.

### **Get Even More with the Digital Complete Plus Print Package!**

Also available is the new *GRS11* Digital Complete Plus Print Package, which includes everything in the Digital Edition, as well as:

- A print copy of the 72-chapter syllabus text
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- Extension Pack of Self-Assessment Questions: 100 additional case-oriented, multiple-choice questions, answers, critiques, and references
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# WITH THANKS TO NIA/NIH, AGS SET TO DELIVER CUTTING-EDGE GERIATRICS CURRICULUM & CONFERENCES

The American Geriatrics Society was awarded a new “R25” grant from the National Institute on Aging (NIA) that will support AGS's partnership with the Health Care Systems Research Network (HCSRN) – Older Americans Independence Centers (OAICs) AGING (Advancing Geriatrics Infrastructure and Network Growth) Initiative to create an AGS/AGING Learning, Educating, And Researching National Initiative in Geriatrics (“LEARNING”) Collaborative. Its purpose will be to fill educational and training gaps in multiple chronic conditions (MCCs) research.

In addition, AGS will continue to host a series of prestigious scientific conferences on emerging issues in aging research thanks to sustained funding from the NIA as part of the National Institutes of Health (NIH) Research Conference Grant (or “R13”) Program. Under this award, AGS will coordinate a series of “bench-to-bedside” conferences with a focus on resilience, a topic of extreme pertinence to older adults and their health care providers.

## New Curriculum Focuses on Understanding Multiple Chronic Conditions

The overarching goal of the new “R25” grant is to support the AGS/AGING LEARNING Collaborative in developing a national self-directed learning curriculum focused on the science of MCCs, with the goal of providing investigators with the knowledge and skills they need to include older people with multiple chronic conditions in research. The AGS/AGING LEARNING Collaborative will design, implement, and disseminate an innovative, multi-disciplinary,

clinical, and translational geriatrics-relevant research curriculum targeted to emerging clinician and translational investigators.

“We are so pleased to be supporting both investigators who are focused on multiple chronic conditions and also investigators who seek to include people with multiple chronic conditions in their research,” said Nancy Lundebjerg, MPA, the AGS CEO and a principal investigator on this grant along with Jerry Gurwitz, MD, AGSF, who is Chief of the Division of Geriatric Medicine at the UMass Chan Medical School. “Our collaboration with the network, led by Dr. Gurwitz, will ensure that our curriculum supports emerging investigators who are focused on improving care for all of us as we age.”

## Bench-to-Bedside Conference Examines Resilience

Currently, resilience—or how aging affects older adults’ health to varying degrees—is not well understood, and a comprehensive understanding requires focused exploration among scientists of different disciplines. This conference series will bring together leading scientists, researchers, scholars, and decision makers from around the nation to exchange new ideas, share knowledge, and explore recent developments in the field.

“We hope to build bridges and bring together resilience scientists and experts to discuss, debate, and learn from each with a focus on the dynamic multi-component phenomena of resilience,” said Peter Abadir, MD, Associate Professor of Medicine at Johns Hopkins Medicine. “This conference series will examine resilience through the lens of what is needed at

the bedside. Discussions will address basic, clinical, and population health research. The final product will form a roadmap for resilience research.”

“We’re grateful to the NIA and NIH for these awards and to our scientific community for their collective focus on improving the lives of older people,” said AGS President Peter Hollmann, MD, AGSF. “The NIA/NIH support for our bedside-to-bench conference series has not only moved the science forward but also sparked new collaborations across disciplines that are focused on improving care for older people. We believe our new AGS/AGING LEARNING curriculum will be a go-to resource for investigators who seek to do cutting edge research that is inclusive of diverse older people with multiple chronic conditions.”

The AGS R13 conference series is supported by the NIA through the NIH under Award Number R13AG054139 and the AGS/AGING R25 is supported under Award Number R25AG071488. This content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. ♦



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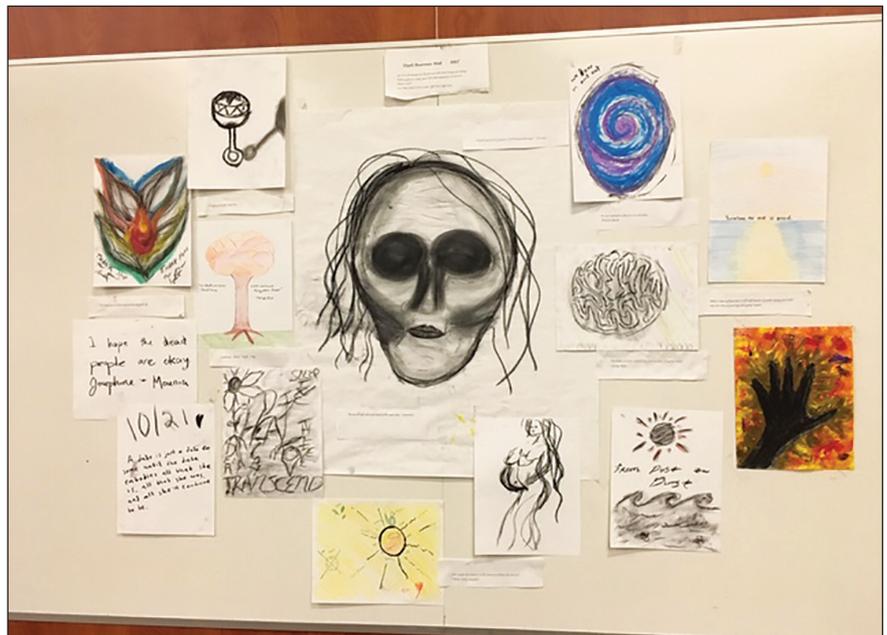
# AGS TRAINEE CHAPTERS SHOW THEIR #AGSPROUD SPIRIT

Student and resident interest groups in geriatrics are vital to the AGS mission of expanding geriatrics education and experience in training programs. AGS student and resident chapters help foster an early interest in geriatrics and supply connections and resources for trainees to learn about interdisciplinary care for older adults.

Despite the unique challenges of the past year, AGS student and resident chapters remained engaged with their communities virtually and kept us #AGSProud of their spirit. We congratulate the following chapters, which reported their unique successes in 2021 progress reports:

- Braving an October nor'easter, University of New England College of Osteopathic Medicine faculty member Victoria Stacey Thieme, DO, ran a session on "death art" for the UNECOM student chapter. The result (see image below right) was reported as a soothing experience for students, who learned to use a creative outlet to express and release grief.
- Students at the Baylor College of Medicine held interprofessional networking sessions, where trainees learned the fundamentals of geriatric care teamwork (see tweet image, above right). Students from various disciplines attended to learn from each other and work together in their common goal to provide high-quality care for older adults.
- The student chapter at the University of Nebraska Medical Center donated hand-tied blankets to local intercultural senior centers and volunteered their time at two assisted living facilities.
- Various groups, including the University of Missouri and Boston University, held letter-writing campaigns or sent care packages to communicate with nursing home residents affected by the COVID-19 pandemic.
- Almost all of our 30+ chapters held virtual programs, with varied topics from care during COVID-19 to career panels and group movie screenings. All of these activities focused on interprofessional and intercultural connections, emphasizing the unique needs and stories of older adults. We are #AGSProud of student and resident chapters for their work! ♦

*Interested in creating a student or resident chapter, or in registering an existing chapter to receive support from the AGS? Contact [membership@americangeriatrics.org](mailto:membership@americangeriatrics.org) to learn about the chapter application process and additional resources for trainees.*



**Don't forget: Students and residents can join AGS for free!**

Visit [AmericanGeriatrics.org/Join](https://AmericanGeriatrics.org/Join) to learn more about e-membership for trainees.

## AGS STATE AFFILIATES OFFER LOCAL AND REGIONAL OPPORTUNITIES

The AGS State Affiliates are a key component of the American Geriatrics Society. Since the program was launched in 1991, the state affiliates have enabled AGS to extend its reach to the state and local level. They provide opportunities for geriatrics professionals to network; to work together across competing healthcare systems and town divisions; to establish and strengthen interprofessional collaborations; to increase the amount and quality of geriatrics education; and to shape healthcare legislation.

Governed by the Council of State Affiliate Representatives (COSAR), each AGS State Affiliate is unique in its offerings and resources. Some examples of recent events held by state affiliates include:

- Arizona Geriatrics Society: The in-person fall symposium, "Geriatrics in a Disrupted New World," was a great success with attendance from professionals throughout the entire region.
- Florida Geriatrics Society: The 32nd Annual FGS Symposium included a GWEP pre-conference webinar.
- Indiana Geriatrics Society: IGS has focused on bolstering its webinars and virtual events in 2021, with various opportunities for networking, a dementia workshop, and more. The 2022 IGS Annual Spring Dinner will be held in April.
- Minnesota Association of Geriatrics Inspired Clinicians: MAGIC held its 2021 conference in November, highlighting keynote speaker Ashton Applewhite who kicked off a panel about confronting ageism.
- New York Metro Area Geriatrics Society: MAGS regularly holds expert panels, with events this year focused on discussing aducanumab as well as providing networking opportunities for fellows.
- Oregon Geriatrics Society: In addition to its annual meeting, OGS held a 4-part virtual CME series about tackling prescription overload.
- Pennsylvania Geriatrics Society – Western Division: PAGS-WD held its 30th Annual Geriatrics Update, attracting more than 350 attendees, as well as its Fall meeting, with Dr. Jason Karlawish discussing issues related to aducanumab.

The American Geriatrics Society remains #AGSProud of our State Affiliate programs! ♦

*Find a list of all State Affiliates, plus links to their websites, events, and contact information, at [AmericanGeriatrics.org/StateAffiliates](https://AmericanGeriatrics.org/StateAffiliates).*

Download resources to combat clinician burnout on [GeriatricsCareOnline.org](https://GeriatricsCareOnline.org)

Burnout Resiliency Toolkit

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# WHY I'M AN AGS MEMBER

## Brianna Wynne, MD

Assistant Professor of Geriatric Medicine, UF College of Medicine

From the time I was a little kid, I've enjoyed science and learning about the human body. I knew that I wanted to be a physician at the age of five, because it seemed like such a great way to help others. Once I realized that being a doctor combined science, the body, and helping others—I knew it would be the perfect career trifecta for me.

During medical school, I had some amazing experiences helping care for older adults, and in my family medicine residency I was struck by the joy I felt when working with the geriatric population. I appreciated the wisdom and stories older adults shared with me, and their care often required me to think critically when I encountered their complex medical conditions and the many drugs they often took. Those experiences inspired me to pursue additional training in geriatric medicine to provide the very best care I could for this amazing patient population.

At my current job at the University of Florida, I split my time between inpatient geriatric consults and the outpatient geriatric clinic. It's rewarding because I have the opportunity to work with medical students, residents, and geriatric fellows in each of these settings. Being a part of an academic institution allows me to participate in research as well, which I hope to get more involved in next semester.

I joined AGS as a family medicine resident in 2019, because I wanted to learn a bit more about the Society as I prepared to apply for my geriatric fellowship. I've gained so much from my membership! For example, as a fellow last year, I was a part of the Fellows-In-Training (FIT) section

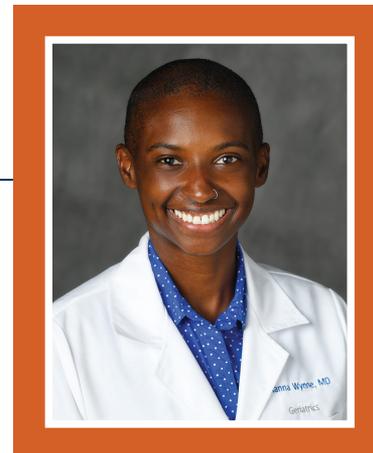
which provided me with networking opportunities and career guidance as I embarked on the interview process for faculty positions. For the upcoming year, I'm excited to be Chair of the FIT Committee, because I truly believe the key to our future success as a specialty is not only attracting people passionate about geriatrics but providing them with the tools they need to be successful.



I appreciated the wisdom and stories older adults shared with me, and their care often required me to think critically when I encountered their complex medical conditions and the many drugs they often took.

I attended my first AGS Annual Scientific Meeting last year, and was honored to present my research project, "Vitamin D Supplementation After Fracture," as a virtual poster presentation! I thoroughly enjoyed listening to the various speakers and presentations and look forward to the chance to connect with folks in-person at #AGS22 in Orlando.

The meeting offers change-your-practice types of learning experiences. One of the most interesting talks I attended discussed the risks associated with long-term use of proton-pump inhibitors (PPIs), and



after attending the lecture I became something of a champion for deprescribing unnecessary PPIs in the nursing home for the rest of my fellowship year.

In my off hours, I enjoy volunteering at my church, dancing, and spending time in nature. I'm an avid jogger and completed three marathons in three different states in the past few years and aim to do my next marathon in 2022. ♦



### AGS COMMUNICATIONS TEAM

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AGS News is published quarterly by the American Geriatrics Society. For more information or to become an AGS member, visit [AmericanGeriatrics.org](http://AmericanGeriatrics.org). Questions and comments about the newsletter should be directed to [info.amger@americangeriatrics.org](mailto:info.amger@americangeriatrics.org) or 212-308-1414.

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## Aducanumab: What You Should Know

(Based on available information as of September 24, 2021)

**A**lzheimer's disease is a brain disorder that destroys memory and thinking skills over time. It is the most common form of dementia in older adults. Today, some 5.3 million Americans live with Alzheimer's disease, and it is now the sixth leading cause of death in the United States. The number of older adults who will develop Alzheimer's disease is expected to more than triple by 2050.

The exact causes of Alzheimer's disease are not fully known, but some risk factors are recognized. Aging is the most important one. Others include genetics – you may be more likely to develop Alzheimer's disease if a family member was affected. Scientists are studying the relationship between problems with memory and thinking and other conditions such as high blood pressure, heart disease, stroke, and diabetes. Researchers have also been investigating how factors such as education, diet, and environment may play a role.

Like other chronic diseases, Alzheimer's has no cure. But much can be done to help people living with the disease and the family and friends who care for them. Some medications, such as donepezil (Aricept), galantamine (Razadyne) and rivastigmine (Exelon), can improve some symptoms. Other medications may help some individuals with Alzheimer's disease who are experiencing severe depression, anxiety, or changes in behavior. There are also many supportive services that can be provided to patients and their families to make living with Alzheimer's disease much easier. These include counseling and education, planned social activities, and taking breaks, among others.

**We consider the evidence inconclusive when it comes to prescribing this drug and believe that aducanumab should be used with caution.**

■ **A great deal of research has been focused on discovering new medical treatments for Alzheimer's disease.** In June 2021, the Food and Drug Administration (FDA) approved a drug called **aducanumab (Aduhelm™)**. In July, the FDA narrowed aducanumab's approval to treating patients with mild cognitive impairment or mild dementia due to Alzheimer's disease. People with more advanced stages of dementia are not eligible for this treatment.

The FDA used a special type of evaluation in its decision, called an 'accelerated approval pathway.' This allows patients with serious or life-threatening diseases access to a drug if there is hope of improvement—even if there is still uncertainty about the drug's benefits to patients. Accelerated approval can be granted when a drug affects a "surrogate endpoint." This means that a drug can get approval if it improves something that *could* eventually lead to patient benefit, but it isn't the same thing as directly leading to benefits.

■ **In Alzheimer's disease, the surrogate endpoint considered by the FDA is the removal of a protein called amyloid from the brain.** Abnormal amyloid build up is considered a "marker" of Alzheimer's disease. We do not yet know if reducing amyloid in the brain will benefit patients either by reducing Alzheimer's disease symptoms, or helping to sustain brain function over time.

■ **Because it's uncertain whether or how much aducanumab might help patients, the FDA is requiring Biogen, its manufacturer, to do an additional clinical trial.** This study is currently being designed, and intended to see whether aducanumab slows the progression of Alzheimer's disease when are measured by direct benefits to patients, not just by changes in a surrogate endpoint (brain amyloid deposits). Biogen has indicated that the study could take up to nine years to produce results.



## What this Means for You and Your Physician

From the perspective of the American Geriatrics Society, what matters most to people with Alzheimer's disease, their families, and their health team is whether a proposed new treatment offers clinical benefits that help them function better. Right now, we simply don't have enough scientific information to know whether aducanumab will slow cognitive decline and preserve function for those who receive this treatment. Importantly, we do not yet know whether treatments like aducanumab that remove amyloid from the brain can slow or prevent cognitive or functional decline in Alzheimer's disease.

For these reasons, we consider the evidence inconclusive when it comes to prescribing this drug and believe that aducanumab should be used with caution.

At the same time, we recognize that with FDA approval of aducanumab, patients and families are interested in finding out whether this new drug is right for them or their loved ones. We have developed preliminary advice to help inform you about the risks and benefits of this new treatment based on the available data.

## What You Should Know about aducanumab

There are differences between what the FDA approved and how aducanumab was studied and Tables 1 and 2 below compare those differences. Patients and caregivers considering aducanumab should know:

- **Aducanumab was studied only in generally healthy people with mild cognitive impairment or mild dementia due to Alzheimer's disease.** The studies did not include people over the age of 85. They also did not include people with common types of health issues you may have (such as atrial fibrillation, bleeding disorders, heart failure, previous heart attack or stroke, brain hemorrhages, or any uncontrolled medical condition, such as high blood pressure). People taking a blood thinner were not studied. There is no information about the safety or effectiveness of aducanumab for a person with any of these conditions.
- **Aducanumab has potential side effects.** In the studies, 30-40% of study participants developed "amyloid-related imaging abnormalities" (ARIA). These are changes seen in the brain using Magnetic Resonance Imaging (MRI) scans. ARIA can be a potentially serious adverse event that causes swelling of brain tissue (edema) and bleeding within or at the surface of the brain (called microhemorrhages or superficial siderosis). Patients may report headache, changes in mental state, confusion, vomiting, nausea, tremor, and trouble with walking. While ARIA seen on MRI scans may not cause any symptoms, some cases are severe. In the trials, if ARIA was found, treatment was discontinued until it was resolved and/or dosages were changed.

## Diagnosis: Determining if aducanumab is right for you

AGS has advised clinicians who are considering prescribing aducanumab to:

- **Confirm that a patient's difficulties represent mild cognitive impairment (decline in cognitive function without major effects on everyday functioning) or mild dementia due to Alzheimer's disease.** An example of tests that help clinicians to confirm this is the [Clinical Dementia Rating \(CDR\) Scale](#), a way of measuring severity. The CDR assesses key areas of brain function including memory, judgement and problem solving, and everyday life in the community and at home, including hobbies and personal care. Each area is graded from 0 to 3 based on the level of impairment (none to severe) as reported by the patient and someone who knows the patient well. Other measures based on the CDR can be used to 'stage' cognitive decline (that is, establish its severity).
- **Obtain confirmation that the patient has evidence of beta amyloid plaque in the brain.** In the aducanumab studies, researchers required a positive amyloid [Positron Emission Tomography](#) (PET scan). Alternatively, a spinal tap (lumbar puncture) can be done so that the levels of amyloid proteins in the cerebrospinal fluid can be measured.
- **Obtain a baseline brain MRI** (within one year prior to beginning treatment).
- **Fully inform patient and caregivers as to what is known about aducanumab including potential harms and benefits of treatment.** Discuss what matters to patients and whether aducanumab is the right treatment for them.



**Table 1: Diagnosis: Differences between what FDA Approved and what was Studied**

FDA Approved Use	Clinical Trials (ENGAGE, EMERGE)
<p><b>Population</b></p>	
<p>Aducanumab, marketed as Aduhelm™ is indicated for the treatment of Alzheimer's disease.</p> <p>Treatment with Aduhelm™ should be used only in Alzheimer's patients who have mild cognitive impairment or mild dementia. This is the group who received the drug in clinical trials. It is the only group we have any information on about how safe or effective Aduhelm™ might be. We have no information about its use at later stages of the disease because this was not studied.</p>	<p>This drug was only studied in people who had:</p> <p>A positive amyloid positron emission tomography (PET scan);</p> <p><b>AND</b></p> <p>Mild cognitive impairment or mild dementia due to Alzheimer's disease.</p> <p>A total of 1105 patients received doses of aducanumab based on their body weight. 52% were women, 76% were White, 10% were Asian, and 3% were of Hispanic or Latino ethnicity. Participants in the study were around 70 years old, with ages ranging from 50 to 85. People with dementia in earlier or later than 'mild' stages were not studied.</p>
<p><b>Contraindications and Trial Exclusion Criteria</b></p>	
<p>The FDA does not specify individuals or groups who should not receive this treatment.</p>	<p><u>Patients were excluded from the clinical trial if they met any of the following exclusion criteria:</u></p> <ol style="list-style-type: none"> <li>1. Over the age of 85</li> <li>2. Any uncontrolled medical condition</li> <li>3. Transient ischemic attack (TIAs or so-called "mini-stroke") or stroke, or any unexplained loss of consciousness within 1 year prior to screening</li> <li>4. A brain MRI performed before treatment showed evidence of bleeding (most types of hemorrhage), diffuse white matter disease, or certain other conditions.</li> <li>5. Any contraindication to having a brain MRI or PET scan</li> <li>6. History of bleeding disorder</li> <li>7. Use of medications with blood thinning properties, such as anti-platelet agents or anti-coagulants (except for aspirin at 325 mg daily or less)</li> <li>8. Uncontrolled high blood pressure or history of unstable angina, heart attack, chronic heart failure, or clinically significant heart conduction or rhythm abnormalities</li> </ol>
<p><b>Determining level of cognitive impairment and presence of amyloid plaque</b></p>	
<p>The label does not require any diagnostic tests before this drug is prescribed.</p>	<p>Before enrollment in either of the two trials, patients were required to undergo both an amyloid PET scan and detailed cognitive testing and staging.</p>



## Treatment: What to expect if your healthcare provider prescribes aducanumab

- You will need monthly infusions (approximately one hour in length) for 12 to 24 months or longer. Ask your clinician where you will receive treatment. You may receive treatments in locations such as in the physician's office or at a health care center.
- The FDA label advises that clinicians obtain MRIs before the 7th and the 12th infusions to monitor for ARIA.
- Given how little is known about whether aducanumab slows cognitive decline, you and your clinician should create a plan for closely monitoring your cognition and function over time to assess whether the treatment is slowing your cognitive decline. This plan should include discussions (at least annually) with your clinician about whether aducanumab is helping you or whether you should discontinue treatment.

**Table 2: Treatment: Differences between what the FDA Approved and Study Findings**

FDA Approved Use	Clinical Trials (ENGAGE, EMERGE)
<b>Ongoing screening to assess benefit to patients</b>	
None	Patients underwent repeated PET scans and cognitive assessments during the trials.
<b>Screening and treatment protocol for adverse events</b>	
<ul style="list-style-type: none"> <li>■ Obtain baseline MRI within one year prior to initiating treatment.</li> <li>■ Obtain MRIs prior to the 7th and 12th infusions.</li> <li>■ If radiographically severe ARIA-H is observed, treatment may be continued with caution only after a clinical evaluation and a follow-up MRI demonstrates stabilization (i.e., no increase in size or number of ARIA-H).</li> </ul>	<ul style="list-style-type: none"> <li>■ To detect ARIA (see note below) throughout the aducanumab clinical program, participants had routine brain MRI scans performed at specified timepoints, with follow-up MRI scans for participants in whom ARIA was detected. Researchers used an MRI reader staffed with expert radiologists highly experienced with ARIA during the study.</li> <li>■ In the clinical trial, patients with ARIA stopped taking aducanumab until they resolved. Follow-up brain MRIs for participants who developed ARIA were performed every 4 weeks until ARIA resolved (ARIA-E) or stabilized (ARIA-H).</li> </ul> <p><b>NOTE:</b> In the studies, 30 to 40% of the participants developed "amyloid-related imaging abnormalities" (ARIA). These are changes seen in the brain using MRI scans. ARIA can be a potentially serious adverse event that causes swelling of brain tissue (edema) and bleeding within or at the surface of the brain (called microhemorrhages or superficial siderosis). Patients may report headache, changes in mental state, confusion, vomiting, nausea, tremor, and trouble with walking. While ARIA seen on MRI scans may not cause any symptoms, some cases are severe. In the trials, if ARIA was found, treatment was discontinued until it was resolved and/or dosages were changed.</p>

## Payment: What you may pay if your healthcare provider prescribes aducanumab

Biogen, aducanumab's manufacturer, estimates that the drug's costs will start at \$56,000 per year. Additional expenses will include facilities and staff for administering the drug by infusion, ongoing brain monitoring by clinical assessment and MRI, and any other medical care (including hospitalization) that may be necessary to deal with complications of treatment. At present, Medicare has opened a national coverage analysis (NCA), the first step in determining whether the Centers for Medicare and Medicaid Services (CMS) will cover this treatment. In August 2021, the Department of Veterans Affairs announced that it will not cover aducanumab except in patients who meet strict criteria. If you have private insurance, you should check with your insurer about coverage. Third-party insurers have not issued decisions as to what, if any, expenses they will cover.



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The AGS Health in Aging Foundation is dedicated to improving the health, independence, and quality of life of all older people. We aim to empower older adults and caregivers to actively participate in their health care and decision-making.

*DISCLAIMER:* This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other healthcare provider. Always consult your healthcare provider about your medications, symptoms, and health problems. September 2021  
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