Randomized Study of Methods for Returning *APOE* and pTau-217 Results: eSMARTER Design and Recruitment

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eSMARTER
ALZHEIMER'S PREVENTION INITIATIVE

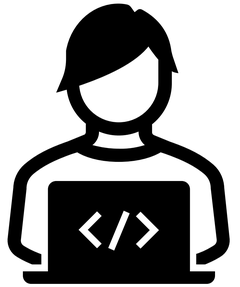
Context – Why We Did It

- Availability of amyloid modifying therapies will increase the need for disclosure of Alzheimer's related genetic and biomarker test results.
  - A shortage of genetic counselors and dementia specialists already exists
  - 21st Century Cures Act requires the immediate return of most medical test results
- **Need for scalable methods to responsibly communicate results**

eSMARTER Study – What We Did

- The Evaluation of Self-Mediated Alternatives for Risk Testing Education and Return of Results (eSMARTER) (#NCT06459583)
- Decentralized, randomized, non-inferiority trial to evaluate scalable digital return of *APOE* and plasma pTau-217 results
- Participants randomized to receive results via telehealth care provider or by eHealth platform (participant-led).

Clinician-Mediated Disclosure
VS.
Digital Self-Mediated Disclosure



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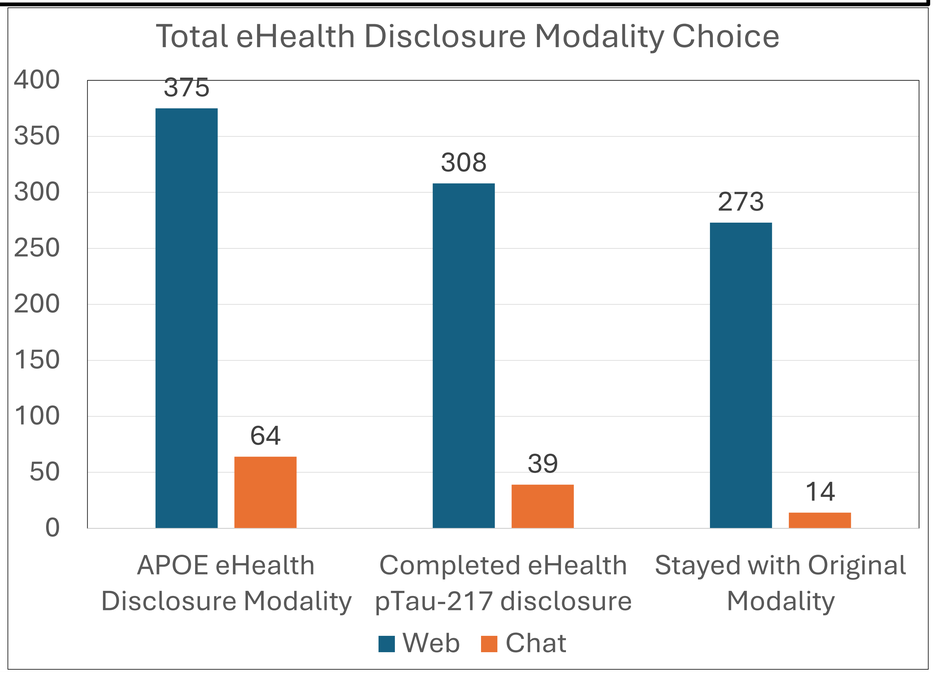
What We Found

- Data collection completed November 2025
- N=658 learned *APOE* result → 439 self-mediated, 219 by clinician
- N=505 learned pTau-217 result → 347 self-mediated, 158 by clinician

Overall Demographics (n=681)	
Sex	
Male	225
Female	456
Average Age	67.97
Age 60 - 65	235
Age 66 - 70	238
Age 71 - 75	161
Age 76 - 80	47
Telephone MoCA (Range 0 - 22)	19±2
APOE Carrier Status	
APOE4 Homozygote	65
APOE4 Heterozygote	392
APOE4 Non-Carrier	224



What's Next

- Primary analysis: Non-inferiority tests to examine if self-mediated disclosure provides equivalent or improved outcomes compared to usual care.
- Additional analyses will examine result comprehension, individual impact of learning AD genetic and biomarker information, and participant experiences using the eHealth platforms.