12th Canadian Conference on Dementia
Calgary, Alberta | October 16-18, 2025
Calgary Telus Convention Centre

# DETAILED PROGRAM AGENDA

**October 16 – 18, 2025 | Times are in Mountain Daylight Time | Calgary Telus Convention Centre**

## Day 1: Thursday October 16, 2025

| TIME | SESSION DETAILS |
|---|---|
| **15:00 – 16:00** | **REGISTRATION** |
| **16:00 – 16:30**<br>*(30 min)*<br><br>*Exhibition Hall E* | **OPENING REMARKS**<br>**Zahinoor Ismail, MD – Conference Chair**<br>*Professor of Psychiatry, Neurology, and Epidemiology, Hotchkiss Brain Institute and O'Brien Institute for Public Health, University of Calgary* |
| **16:30 – 17:30**<br>*(60 min: 45 min presentation + 15 min Q & A)*<br><br>*Exhibition Hall E* | **RISK FACTORS, PATHOLOGY, AND THE CLINICAL EXPRESSION OF ALZHEIMER'S DISEASE**<br>**David Bennett, MD**<br>*Robert C Borwell Professor of Neurology, Rush University Medical Center*<br><br>The presentation will provide an overview of two harmonized studies of risk factors for AD in which all participants agree to brain donation. It will summarize several risk factors for AD, review common brain pathologies, and discuss potential pathways linking risk factors to clinical disease.<br><br>Learning Objectives:<br>1. List common risk factors for AD.<br>2. Understand the concept of mixed dementia.<br>*3.* Understand the implications of resilience. |
| **17:30 – 18:15**<br>*(45 min: 35 min presentation + 10 min Q & A)*<br><br>*Exhibition Hall E* | **BRAIN STIMULATION AS A POTENTIAL TREATMENT OPTION FOR DEMENTIA**<br>**Howard Chertkow, MD, FRCP, FCAHS**<br>*Chair in Cognitive Neurology and Innovation and Senior Scientist, Baycrest Academy for Research & Education; Director, Kimel Centre for Brain Health and Wellness and Anne & Allan Bank Centre for Clinical Research Trials; Scientific Director, Canadian Consortium on Neurodegeneration in Aging; Adjunct Professor, Dept. of Neurology and Neurosurgery, McGill University; Professor of Neurology (Medicine), University of Toronto*<br><br>Neuromodulation is a therapeutic approach in which electical or magnetic stimulation (rather than medications) is applied to the brain. Of the various types being explored for dementia, tDCS (transcranial direct current stimulation) has all |

| | |
|---|---|
| | the advantages- inexpensive, safe, easy, and practical. I will review the recent work (including work by myself and Dr. Tyler Roncero) to establish the parameters necessary for tDCS to provide meaningful clinical improvement in a variety of NDD patients.<br><br>Learning Objectives:<br>1. List the different kinds of neuromodulation, and where they have been shown to be effective.<br>2. Describe the process of administering TDCS.<br>*3.* Evaluate the preliminary evidence for its efficacy in AD, MCI, PSP, AND PPA. |
| **18:15 – 19:00**<br>*(45 min: 35 min presentation + 10 min Q & A)*<br><br>*Exhibition Hall E* | **HEALTHY SLEEP, HEALTHY BRAIN - BIDIRECTIONAL MECHANISTIC AND CLINICAL LINKS BETWEEN SLEEP AND DEMENTIA**<br>**Andrew Lim, MI, MMSc, FRCPC**<br>*Sleep neurologist, Sunnybrook Health Sciences Centre; Associate professor, department of neurology, University of Toronto; Scientist, Sunnybrook Research Institute*<br><br>A growing body of evidence supports a bidirectional relationship between sleep disruption and dementia such that sleep disruption may accelerate pathological processes leading to dementia, while dementia-related brain changes may in turn promote disrupted sleep by affecting sleep-related brain regions. In this talk, I will discuss studies from our laboratory and others linking disrupted sleep to dementia in human populations and dissecting the underlying pathological, cellular, and molecular correlates. I will also present data suggesting that treatment of sleep disorders may alter the trajectories of some of these processes.<br><br>Learning Objectives:<br>1. Discuss epidemiological evidence supporting a bidirectional relationship between sleep and dementia.<br>2. Discuss pathological, cellular, and molecular mechanisms underlying these links in the human brain.<br>3. Discuss evidence suggesting that sleep improvement may alter trajectories of selected pathophysiological correlates of dementia. |
| **19:00 – 21:00** | **Opening Reception \| Telus Convention Centre** |

# Day 2: Friday October 17, 2025

| TIME | SESSION DETAILS |
|---|---|
| **07:00 – 08:00** | **Registration and Breakfast** |
| **08:00 – 08:15**<br>*(15 minutes)*<br><br>*Exhibition Hall E* | **OPENING REMARKS**<br>**Zahinoor Ismail, MD – Conference Chair**<br>*Professor of Psychiatry, Neurology, and Epidemiology, Hotchkiss Brain Institute and O'Brien Institute for Public Health, University of Calgary* |
| **08:15 – 09:15**<br>*(60 min: 45 min presentation + 15 min Q & A)*<br><br>*Exhibition Hall E* | **PSYCHOSIS IN DEMENTIA AND PRECLINICAL DEMENTIA**<br>**Clive Ballard, MD, PhD**<br>*Professor of Age-Related Diseases, Pro-Vice Chancellor, University of Exeter Faculty of Health and Life Sciences*<br><br>The presentation will review the frequency, impact and course of psychosis in people with dementia, before focussing on what we know about the underpinning biological mechanisms and a review of current and emerging therapies. The final section of the presentation will then discuss emerging data regarding MBI psychosis as an initial presenting symptom of progressive cognitive decline, and discuss potential opportunities for research and practice.<br><br>Learning Objectives:<br>1. The natural course of psychosis in people with dementia is remitting and relapsing, which is important when making clinical treatment decisions and planning trials.<br>2. Atypical antipsychotics have marginal benefits and significant harms when treating psychosis in people with Alzheimer's disease.<br>3. Emerging therapies targeting serotonergic and muscarinic targets align well with biological mechanisms and are currently being evaluated in a number of ongoing clinical trials. |
| **09:15 – 10:00**<br>*(45 min: 35 min presentation + 10 min Q & A)*<br><br>*Exhibition Hall E* | **DEMENTIA PREVENTION MEMORY CLINICS**<br>**Giovanni Frisoni, MD**<br>*Director, Centre de la Mémoire, Geneva University Hospital*<br>*Professor in Clinical Neurosciences, University of Geneva*<br><br>This presentation will provide an overview of the concept and protocols for the setup of the innovative health offer of Brain Health Services for the secondary prevention of dementia and cognitive impairment (dBHS). dBHS are outpatient health care facilities where adult persons can find an assessment of their risk of developing cognitive impairment and dementia, have their risk level and contributing factors communicated using appropriate language supported by adequate communication tools, can decide to participate to programs for personalized risk reduction if at higher risk, and benefit from cognitive enhancement interventions. An International Conference on this topic will be on its second event in 2026 (https://www.icopad.ch/en/background-and-objectives). |

Learning Objectives:

1. List the four pillars of dementia prevention in Brain Health Services.
2. Describe the activities the 4 pillars consist of.
3. Discuss the implications for clinical practice of the BHS concept.

**10:00 – 10:30** **MORNING BREAK, SPONSOR EXHIBIT (FOYER) & POSTER VIEWING (EXHIBITION HALL C)**

**10:30 – 12:00** **PARALLEL SESSIONS 1 & 2**

*Parallel Sessions one and two will each have three thirty-minute presentations (20-minute presentation followed by 10 minutes Q & A) and will run concurrently from 10:30 am – 12:00 pm.*

**10:30 – 12:00**

*(3 presentations, 30 min each: 20 min presentation + 10 min Q & A)*

*Exhibition Hall D*

**PARALLEL SESSION 1: BRAIN SCIENCE AND ANALYTICS**

**10:30 – 11:00 SEX DIFFERENCES IN THE EFFECT OF EXERCISE ON THE BRAIN: POTENTIAL ROLE OF GENETICS**

**Cindy Barha, PhD**

*Assistant Professor - Neuroscience (Faculty of Kinesiology); Full Member, Hotchkiss Brain Institute; Full Member, Libin Cardiovascular Institute, University of Calgary*

This presentation will provide an overview of the potential sex difference in exercise efficacy to promote cognition in older adults. Additionally, the moderation of exercise efficacy by the interaction between sex and two genetic risk factors for dementia (APOE4 and BDNF Val66Met) will be discussed.

Learning Objectives:

1. Describe the sex difference in the relationship between exercise and cognitive aging in older adults.
2. Discuss the interaction between biological sex and common genetic polymorphisms implicated in dementia.

**11:00 – 11:30 AMYLOID, ALPHA-SYNUCLEIN AND TAU: IMPACTS ON CLINICAL PHENOTYPES**

**Richard Camicioli, MDCM, FAAN**

*Professor of Medicine, University of Alberta*

This presentation will provide an overview of biomarkers and neuropathological changes in neurodegenerative dementias and their relationship to clinical phenotypes.

Learning Objectives:

1. Know the neuropathological hallmarks of age-related degenerative dementias.
2. Describe the interactions between co-pathologies in Alzheimer disease and the Lewy body spectrum.
3. Understand the impact of blood and CSF biomarkers in evaluating mixed pathologies in aging neurodegenerative disorders.

**11:30 – 12:00 DIGITAL MARKERS AND PHENOTYPES OF BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS IN DEMENTIA CARE**

**Andrea Iaboni, MD, DPhil, FRCPC**
*Associate Professor, Dept. of Psychiatry, University of Toronto*
*Seniors Mental Health Division Lead, University Health Network*
*Senior Scientist, KITE research institute, Toronto Rehab, UHN*

Digital phenotyping refers to the quantification of a symptom or behaviour using different sources of data collected moment-to-moment in daily life. One promising application is the use of wearable or environmental sensors to help guide the care of people with dementia. In this session, I will present the development of some innovative technologies applied to the problem of how to objectively measure and monitor the behavioural and psychological symptoms of dementia.

Learning Objectives:

1. Describe the use of artificial intelligence for behaviour analytic technologies in dementia care.
2. Identify the uses of machine and deep learning approaches for digital phenotyping using different passive data sources (wearables, video, location-tracking systems).
3. Explore the implications of these applications of AI in clinical dementia care.

**10:30 – 12:00**
*(3 presentations, 30 min each: 20 min presentation + 10 min Q & A)*

*Exhibition Hall E*

**PARALLEL SESSION 2: PREVENTION AND PUBLIC HEALTH**

**10:30 – 11:00 PREVENTION OF DEMENTIA WITH LIFESTYLE INTERVENTIONS: A SYSTEMATIC REVIEW AND NETWORK META- ANALYSIS**

**Zahra Goodarzi, BHSc (Hon), MD, MSc, FRCPC**
*Associate Professor, Division of Geriatrics, Department of Medicine, Community Health Sciences, and Clinical Neurosciences; Division Head, Geriatric Medicine; Medical Lead, Specialized Geriatric Services and Transition Services; Program Director, Leaders in Medicine; Cumming School of Medicine, Hotchkiss Brain Institute, and O'Brien Institute of Public Health, University of Calgary*

This presentation will cover all the lifestyle interventions in health populations to prevent cognitive impairment.

Learning Objectives:

1. Discuss efficacious lifestyle interventions that healthy persons can use to prevent cognitive impairment.
2. Consider how these interventions could be deployed wider from a health care and policy perspective.

**11:00 – 11:30 WHO BENEFITS? ALIGNING LIFESTYLE INTERVENTIONS AND DISEASE-MODIFYING TREATMENTS FOR DEMENTIA WITHIN A PRECISION MEDICINE FRAMEWORK**

**Manuel Montero, MD, PhD, FRCPC, AGSF, FGSA, FCAHS**

*Professor, Departments of Medicine (Geriatrics), and Epidemiology and Biostatistics; Wolfe Research Professorship in Aging, Western University; Canada Past-President, Canadian Geriatrics Society (CGS); CCNA Team leader and Training & Capacity Building Program Lead*

Alzheimer's disease is biologically diverse, often involving vascular changes, inflammation, and co-existing proteinopathies beyond amyloid and tau. This complexity underscores the need for combination strategies that integrate lifestyle interventions with disease-modifying treatments.

This talk will examine how a precision medicine approach can guide the selection of targeted interventions based on patient profiles and disease stage. We will discuss how combining lifestyle-based programs—such as those validated in SYNERGIC and WW-FINGER—with emerging treatments like anti-amyloid monoclonal antibodies may yield greater clinical benefit. The aim is to move beyond one-size-fits-all care and toward more personalized strategies for dementia prevention and treatment.

Learning Objectives:

1. Highlight the biological complexity and heterogeneity of Alzheimer's disease.
2. Explore the need for combination therapies to address multiple disease pathways.
3. Identify potential responders under a precision medicine approach and assess which add-on therapies may enhance clinical outcomes.

**11:30 – 12:00 NUTRITION FOR THE AGING BRAIN**

**Jacqueline Pettersen, MD, MSc, FRCPC (Neurology)**

*Associate Professor and Cognitive Neurologist,*
*Division of Neurology, Department of Medicine, University of British Columbia & Affiliate Associate Professor, Division of Medical Sciences, University of Northern British Columbia*

This presentation will provide an overview of nutrition and its role in the brain. We will review the literature on the evidence linking dietary patterns (Mediterranean, MIND diets) as well as nutrients/supplements to cognition and dementia.

Learning Objectives:

1. Describe the impact of dietary patterns (Mediterranean, MIND) on cognitive aging and dementia risk.
2. Interpret emerging research on notable nutrients/supplements including vitamin D and multivitamins.
3. Apply evidence-based nutritional strategies to support cognitive aging (what to recommend to your patients).

| | |
|---|---|
| **12:00 – 13:30** | **LUNCH, SPONSOR EXHIBIT (FOYER) & POSTER VIEWING (EXHIBITION HALL C)** |
| **13:30 – 15:00** | **PARALLEL SESSIONS 3 & 4**<br>*Parallel Sessions three and four will each have three thirty-minute presentations* |

*(20-minute presentation followed by 10 minutes Q & A) and will run concurrently from 13:30 – 15:00.*

**13:30 – 15:00**
*(3 presentations, 30 min each: 20 min presentation + 10 min Q & A)*

*Exhibition Hall E*

**PARALLEL SESSION 3: MEMORY CLINIC**

**13:30 – 14:00 LATE-NC AND LANS: CLINICAL PRESENTATION, IMAGING AND NEUROPATHOLOGICAL CONSIDERATIONS**

**Mario Masellis, MSc, MD, PhD, FRCPC**
*Professor of Medicine (Neurology), University of Toronto; Cognitive Neurologist, Sunnybrook Health Sciences Centre*

This presentation will provide an overview of the clinical diagnostic criteria for limbic-predominant amnestic neurodegenerative syndrome (LANS), clinical and imaging features, and underlying neuropathologies, including Limbic-Predominant Age-Related TDP-43 Encephalopathy-Neuropathological Changes (LATE-NC).

Learning Objectives:

1. Describe the clinical and imaging features of LANS and how this compares to Alzheimer`s disease.
2. Describe the clinical diagnostic criteria for LANS.
3. Understand the underlying neuropathologies that contribute to LANS, including LATE-NC.

**14:00 – 14:30 CEREBRAL AMYLOID ANGIOPATHY-RELATED INFLAMMATION: DIAGNOSIS, MANAGEMENT, AND LESSONS FOR AMYLOID-RELATED IMAGING ABNORMALITIES**

**Eric Smith, MD, MPH**
*Professor of Neurology, Department of Clinical Neurosciences; Katthy Taylor Chair in Vascular Dementia, University of Calgary*

Cerebral amyloid angiopathy (CAA) is caused by vascular amyloid deposition and can trigger a vascular and peri-vascular inflammatory response, either spontaneously or in response to amyloid targeted therapies. Without sufficient knowledge, it is easy to overlook this potentially treatable condition. This presentation will review the latest evidence on how CAA causes inflammation and contributes to risk for amyloid-related imaging abnormalities (ARIA), including diagnostic criteria, neuroimaging manifestations, and treatment.

Learning Objectives:

1. Describe the clinical manifestations of CAA-related inflammation.
2. Recognize signs of CAA-inflammation on magnetic resonance imaging.
3. Apply diagnostic criteria for CAA-related inflammation in their clinical practice.

**14:30 – 15:00 CLINICAL MEANINGFULNESS OF DMT FOR AD: FROM CLINICAL TRIALS TO CLINICAL PRACTICE**

**Serge Gauthier, C.M., C.Q., MD, FRCPC**
*Emeritus Professor in Neurology and in Psychiatry, Co-Lead, Dementia Education*

*Program, McGill University*

**Paolo Vitali, MD, PhD**
*Neurologist – Neuropsychologist, McGill University Research Centre for Studies on Aging, Douglas Mental Health University Institute; Associate Professor, Department of Neurology and Neurosurgery, Faculty of Medicine, McGill University*

There are models of how cognitive and functional decline is modified over time in groups of persons receiving anti-amyloid monoclonal antibodies in randomized clinical trials for AD, but clinicians deal with individual patients. We thus need a precision medicine approach for predictors of a safe and successful therapy, measurement of the clinical course, decisions about changes in therapy. Various resources towards this goal include natural history of AD from observational cohorts, Appropriate Use Recommendations and published experience from individual clinics.

Learning Objectives:

1. Review the evidence for clinical efficacy from available disease-modifying therapies.
2. Give updates on predictors of safe and successful therapy using anti-amyloid monoclonal antibodies.
3. Propose a treatment algorithm for individual persons receiving therapy based on clinical response.
4. Discuss how to build real world evidence of successful delivery of DMT in Canada.

**13:30 – 15:00**
*(3 presentations, 30 min each: 20 min presentation + 10 min Q & A)*

*Exhibition Hall D*

**PARALLEL SESSION 4: PRIMARY AND CONTINUING CARE**

**13:30 – 14:00 MY PATIENT IS FALLING - WHAT DO I DO NEXT?**
**Jacqueline McMillan, MD MSc, FRCPC**
*Internal Medicine, Geriatric Medicine; Assistant Professor, Cumming School of Medicine, University of Calgary*

This presentation will provide an approach to falls in older adults. This will include key aspects of the history and physical examination as well as an approach to investigations.

Learning Objectives:

1. Describe an approach to falls in older adults.
2. List the common causes of falls in older adults.
3. Discuss the implications of falls in older adults.

**14:00 – 14:30 BRIDGING ACADEMIA AND COMMUNITY TO EDUCATE MEDICAL STUDENTS AND HEALTHCARE PROFESSIONALS ON STRATEGIES TO SUPPORT CAREGIVERS**
**Claire Webster, Certified Dementia Care Consultant (PAC), Certified Professional Consultant on Aging (CPCA)**

*Founder, Ambassador and Lecturer, Dementia Education Program, McGill University*

This presentation will demonstrate how an academic institution can partner with people with lived experience to create an important educational program for patients, caregivers, medical students, healthcare professionals and the community.

Learning Objectives:

1. Describe the benefits of bringing together multidisciplinary healthcare professionals and caregivers with lived experience to develop a comprehensive educational program at the university level.
2. Explain the necessary components needed to establish a similar program at their institution.
3. Highlight the global impact and reach of the McGill Dementia Education Program.

**14:30 – 15:00 UPDATE ON PSYCHOTROPIC DRUG SAFETY AND DEPRESCRIBING IN DEMENTIA**

**Jennifer Watt, MD, PhD, FRCPC**

*Associate Professor, Department of Medicine, University of Toronto; Geriatrician, Unity Health Toronto; Scientist, Knowledge Translation Program, Li Ka Shing Knowledge Institute; Adjunct Scientist, Institute for Clinical Evaluative Sciences (ICES)*

This presentation will provide an overview of the latest evidence on potential harms associated with psychotropic medications in people with dementia, outcomes associated with deprescribing and appropriate prescribing in people with dementia, and implementation strategies to support deprescribing and appropriate prescribing in routine clinical care.

Learning Objectives:

1. Describe and appraise the latest evidence on psychotropic drug-related harms in people with dementia.
2. Describe and appraise evidence from randomized trials testing the efficacy of deprescribing and appropriate prescribing interventions in people with dementia.
3. Discuss implementation strategies to support deprescribing and appropriate prescribing as part of routine clinical care of people with dementia.

| | |
|---|---|
| **15:00 – 15:30** | **AFTERNOON BREAK, SPONSOR EXHIBIT (FOYER) & POSTER VIEWING (EXHIBIT HALL C)** |
| **15:30 – 16:15**<br>*(45 min: 35 min presentation + 10 min Q & A)*<br><br>*Exhibition Hall E* | **FROM RESEARCH TO CLINICAL USE: THE DEVELOPMENT OF A BLOOD TEST FOR ALZHEIMER'S DISEASE**<br>**Nicholas Ashton, PhD**<br>*Senior Director, Fluid Biomarker Program, Banner Research, Banner Sun Health* |

*Research Institute / Banner Alzheimer's Institute, Banner Health; Associate Professor (research appointment), University of Gothenburg, Sweden*

The development of a blood test for Alzheimer's disease (AD) represents a significant breakthrough in neurology and diagnostic medicine, transforming how this complex condition is detected and managed. Historically, the diagnosis of AD has relied on invasive and costly techniques such as PET imaging and cerebrospinal fluid (CSF) analysis. While effective, these methods are often inaccessible, limiting their utility for widespread screening and early intervention. In this presentation, we will focus on the emergence of phosphorylated tau (p tau) as a reliable blood-based biomarker for AD. We will examine key aspects of assay design, evaluate the accuracy of current tests, and discuss their appropriate clinical applications. Looking ahead, we will explore how blood biomarkers can support prevention studies and inform clinical decision-making in the preclinical stages of AD—well before symptoms emerge. Can we make a blood tests even more accessible by using remote collection strategies to address AD on the global stage? Finally, we will consider the broader potential of blood-based diagnostics by discussing the development of similar assays targeting other dementia-related pathologies, including alpha-synuclein (α-syn), TDP-43, and cerebral amyloid angiopathy (CAA). These efforts represent the next frontier in building a comprehensive, scalable, and minimally invasive diagnostic toolkit for neurodegenerative diseases.

Learning Objectives:

1. Understand the current appropriate use of a blood p-tau217.
2. Recognize that blood p-tau217 has potential in highlighting preclinical disease but is not currently recommended for this use.
3. Multi-analyte protein detection methods are transforming how we can identify common co-pathologies in AD.

**16:15 – 16:45**

*(30 min: 25 min presentation + 5 min Q & A)*

*Exhibition Hall E*

## EVERYONE LOVES A LIST! TOP TEN DEMENTIA RESEARCH ARTICLES OVER THE YEAR

**Aravind Ganesh, MD, DPhil (Oxon), FRCPC**

*Assistant Professor, Department of Clinical Neurosciences; Assistant Professor, Department of Community Health Sciences; Full Member, Hotchkiss Brain Institute; Full Member, Mathison Centre for Mental Health Research and Education; Cumming School of Medicine, University of Calgary*

**Zahra Goodarzi, BHSc (Hon), MD, MSc, FRCPC**

*Associate Professor, Division of Geriatrics, Department of Medicine, Community Health Sciences, and Clinical Neurosciences; Division Head, Geriatric Medicine; Medical Lead, Specialized Geriatric Services and Transition Services; Program Director, Leaders in Medicine; Cumming School of Medicine, Hotchkiss Brain Institute, and O'Brien Institute of Public Health, University of Calgary*

This presentation will provide an update on the top 10 research and practice changing articles on dementia research over the last year

Learning Objectives:

1. Understand the updated research in dementia.

2. Discuss the implications of current research in clinical practice.

| | |
|---|---|
| **19:30 – 23:00**<br>*Exhibition Hall E* | **GALA DINNER & DANCE \| CALGARY TELUS CONVENTION CENTRE**<br>**Performance by The Rondel Roberts Band** |

# Day 3: Saturday October 18, 2025

| TIME | SESSION DETAILS |
|---|---|
| **07:00 – 08:00** | **Registration and Breakfast** |
| **08:00 – 08:15** | **OPENING REMARKS** |
| **08:15 – 09:00**<br>*(45 min: 35 min presentation + 10 min Q & A)*<br><br>*Exhibition Hall E* | **CLINICAL INTERPRETATION OF BLOOD BIOMARKERS FOR ALZHEIMER'S DISEASE: OPPORTUNITIES AND CHALLENGES**<br>**Joseph Therriault, PhD**<br>*Research Associate, Department of Neurology & Neurosurgery*<br>*Faculty of Medicine, McGill University*<br><br>This presentation will provide an overview of recent progress in high-performance blood biomarkers for Alzheimer's disease, with a practical focus on clinical implementation. Challenges related to blood biomarker interpretation will be discussed, including when ordering confirmatory testing is necessary.<br><br>Learning Objectives:<br>1. List the Alzheimer's disease blood biomarkers with sufficient accuracy for clinical implementation.<br>2. Discuss how clinical pre-test probability affects blood biomarker interpretation. |
| **09:00 – 10:00**<br>*(60 min: 45 min presentation + 15 min Q & A)*<br><br>*Exhibition Hall E* | **NEW AND NOTABLE - ORAL RESEARCH PRESENTATIONS TAKEN FROM THE CALL FOR ABSTRACTS**<br>*The following five presentations, taken from the Call for Abstracts, will have 10 minutes each to present followed by a 10 minute group Q & A.*<br><br>**09:00 – 09:10 PRESENTATION 1: DEMENTIA DASTAN: UNDERSTANDING THE EXPERIENCES OF SOUTH ASIAN CANADIANS LIVING WITH DEMENTIA AND THEIR CARE PARTNERS**<br>**Navjot Gill-Chawla, PhD**<br>*Researcher, Alzheimer Society of Alberta and Northwest Territories*<br><br>**09:10 – 09:20 PRESENTATION 2: TYPE 2 DIABETES MELLITUS, COGNITIVE PERFORMANCE, AND INCIDENT DEMENTIA - IDENTIFYING MEDIATING PATHWAYS AND BIOMARKERS FROM THE PLASMA PROTEOME**<br>**Sofia Perfetto, BSc**<br>*PhD Student, University of Toronto, Sunnybrook Research Institute*<br><br>**09:20 – 09:30 PRESENTATION 3: WHAT PEOPLE WITH DEMENTIA AND CAREGIVERS SAY ONLINE: ANALYZING EMOTIONAL AND THEMATIC PATTERNS WITH LARGE LANGUAGE** |

| | |
|---|---|
| | **Models**<br>**Daksh Hathi, BSc (Mechanical Engineering)**<br>*Student, Department of Mechanical Engineering, University of Calgary*<br><br>**09:30 – 09:40 Presentation 4: Integrating social and structural determinants of health in research on aging and Alzheimer's disease in Canada**<br>**Stefanie Tremblay, PhD**<br>*Postdoctoral researcher, The Neuro, McGill University*<br><br>**09:40 – 09:50 Presentation 5: Study of Menopause And Resistance Training on Brain Health (SMART Brain)**<br>**Wejdaan Faridi, BSc**<br>*MSc Graduate Student, Human Performance Lab, University of Calgary*<br><br>**09:50 – 10:00 Group Q & A** |
| **10:00 – 10:30** | **Morning Break, Sponsor Exhibit (Foyer) & Poster Viewing (Exhibit Hall C)** |
| **10:30 – 11:20** | **Workshop Session 1** *– see list of workshops below* |
| **11:20 – 11:25** | **Transition Time** |
| **11:25 – 12:15** | **Workshop Session 2** *– see list of workshops below* |
| **12:15 – 13:45** | **Lunch, Sponsor Exhibit (Foyer) & Poster Viewing (Exhibit Hall C)** |
| **13:45 – 14:30**<br>*(45 min: 35 min presentation + 10 min Q & A)*<br><br>*Exhibition Hall E* | **Revisiting our Approach to Assessment and Management of Behavioural Symptoms in Dementia**<br>**Zahinoor Ismail, MD**<br>*Professor of Psychiatry, Neurology, and Epidemiology, Hotchkiss Brain Institute and O'Brien Institute for Public Health, University of Calgary*<br><br>More information coming soon |
| **14:30 – 15:45**<br>*(75 min:*<br>*20 min: affirmative*<br>*20 min: opposing*<br>*35 min: discussion)*<br><br>*Exhibition Hall E* | **Debate: Advance Requests for Medical Assistance in Dying- A pro-con Debate**<br>**TBD**<br>*More information coming soon*<br><br>**James Downar**<br>*Critical Care and Palliative Care physician in Ottawa*<br><br>This debate will highlight the key arguments in favour and against permitted advance requests for MAiD. Dementia advocacy organizations like the Alzheimer's Society strongly support advance requests and they are currently permitted in Quebec. The debaters will engage with the legal, clinical and ethical questions.<br><br>Learning Objectives:<br>1. Articulate the arguments in favour and against permitting advance requests for MAiD.<br>2. Understand the basics of the legal, clinical and ethical challenges. |

3. Assume a position on the debate, supported by the arguments they found most persuasive.

**15:45 – 16:00** *Exhibition Hall E*

**CLOSING REMARKS**
**Zahinoor Ismail, MD**

# 10:30 – 11:20 Session 1 Workshops

*(50 minute workshops: 40 min presentation + 10 min Q & A)*

**Workshop 1.S1** *(offered twice)*

*TELUS 108*

**BUILDING A SYSTEMATIC APPROACH TO PAIN MANAGEMENT IN PERSONS LIVING WITH DEMENTIA**
**Marsha MacDonald, RN MN NP GNC(c) Pain**
*Alberta Health Services*

This presentation will provide an overview of pain mechanisms, and non-pharmacological and pharmacological strategies in persons living with dementia. Although the research in this area is still limited, we will provide the audience with a systematic evidence-based approach to managing pain in Persons Living with Dementia.

Learning Objectives:
1. Describe the different mechanisms of pain.
2. Identify pain management modalities, with specific evidence in pain management strategies in person's living with dementia.
3. Clinicians of persons living with dementia will be able to develop a pain management strategies toolbox, using non-pharmacological and pharmacological modalities.

**Workshop 2.S1** *(offered twice)*

*TELUS 104*

**UNDERSTANDING DEMENTIA GENETICS FOR BETTER COMMUNICATION WITH FAMILIES**
**Setareh Ashtiani, MSc, CCGC (Genetic Counselling)**
*Genetic Counsellor, Clinical Genetics, Alberta Health Services*

This presentation will provide an overview of dementia genetics, questions to ask families to decide if a referral for genetic counselling or genetic testing for different types of dementia can be useful, and how to communicate the information with families.

Learning Objectives:
1. Provide an overview of dementia genetics including Alzheimer's disease.
2. Assess the likelihood of a high-risk gene for dementia in a family.
3. Communication with families about their possible genetic risk for dementia.

**Workshop 3.S1** *(offered twice)*

*TELUS 102*

**ALZHEIMER'S DISEASE DMTS: WHAT YOU NEED TO KNOW ABOUT THEIR POTENTIAL ARRIVAL IN CANADA**
**Andrew Frank MD, BScH, FRCP(C)**
*Cognitive Neurologist, Bruyère Health; Investigator, Bruyère Health Research Institute; Assistant Professor, University of Ottawa*

This presentation will review the steps necessary to incorporate AD DMTs into a Canadian medical practice.

Learning Objectives:

1. Review safety and efficacy data surrounding AD DMTs.
2. Review steps necessary to incorporate AD DMTs into a Canadian medical practice.
3. Discuss concepts surrounding a national AD DMT patient registry.

**Workshop 4.S1**
*(offered twice)*

*TELUS 105*

**HAVE WE ARRIVED AT PRECISION MEDICINE WITH POTENTIAL PRECISION THERAPEUTICS FOR PRESYMPTOMATIC AND ALSO EARLY SYMPTOMATIC ALZHEIMER'S DISEASE?**

**Sandra Black, O.C., O. Ont., Hon. DSc., MD, FRCP(C), FRSC, FAAN, FAHA, FANA**
*Professor of Medicine (Neurology), Dept. of Medicine, Sunnybrook Health Sciences Centre, University of Toronto; Scientific Director, Dr. Sandra Black Centre for Brain Resilience and Recovery; Senior Scientist, Hurvitz Brain Sciences Research Program, Sunnybrook Research Institute*

Vasculopathies, plaques and tangles are intertwined in aging and dementia, evident in autopsy series, aided and abetted by neuroinflammatory processes involving the microglia and astrocytes, and proinflammatory cytokines, blood and csf biomarkers which can now be quantified. Fast forward from Alzheimer's classic paper in 1906 describing plaques and tangles in the first case of the disease that carries his name to the late 80's- when amyloid was the proteinopathy identified in plaques and in the early 90's tau in the tangles, which soon led to PET ligands that can identify these proteinopathies in vivo vs brain biopsy or autopsy. Amyloid PET is also key for secondary prevention trials underway in presymptomatic AD, such as the AHEAD study, using lecanemab a monoclonal anti-amyloid antibody to remove amyloid accumulating for 20 year before symptoms start.

A new kid on the block, TDP43 discovered in 1995, recognized to be associated with ALS or a Behaviourial variant of Frontotemporal dementia in 2009 and, in 2019, found often to be comorbid with plaques and tangles in AD at post-mortem. Also, TDP43 is often apparent as hippocampal sclerosis (HS) on a shrunken hippocampus on MRI. So, the plot thickens, as it became possible to use patterns of cortical atrophy on MRI (eg predominant bifrontopolar and bitemporal polar in Limbic Predominant Amnestic Neurodegenerative Syndrome (LANS) associated with TDP43 vs a temporal-parietal posterior predominance. Furthermore, MRI can best identify ischemic and hemorrhagic strokes, and also focal and periventricular white matter hyperintensities, which result from progressive collagenosis of the deep venular system driven by aging and vascular risk factors.

Learning Objectives:

1. Review how vasculopathies and proteinopathies are now becoming detectable pre-mortem with proper neuroimaging protocols both MRI, SPECT and PET imaging and blood -based or CSF biomarkers if PET is not

available, with pTau 217 emerging as the best predictor of amyloid deposits.
2. Illustrate the tools we now have clinically at our disposal using the Canadian Dementia Imaging protocol, used in the Canadian Consortium on Neurodegeneration in Aging CCNA implementable on 1.5 T or 3T MRI scanners to acquire standardized imaging sequences, including 1mm thick 3D T1, 3 mm thick, interleaved Proton Density/ T2 weighted, which can help identify perivascular spaces, 5 mm FLAIR which nicely shows HS, and potentially LANS, as well as subtypes of AD such as logopenic variant. Susceptibility Weighted Imaging or Gradient Echo allows detection of congophilic angiopathy, ie visible as microbleeds, siderosis and macrobleeds.
3. Demonstrate how to understand how to read and reports of amyloid PET and SPECT scans.
4. Appreciate that advances particularly in these imaging modalities are ready for prime time on a daily base, and can benefit from machine learning approaches, "radiomics" which can accelerate advances in personalized, precision medicine for diagnosis, monitoring over time, especially as we move forward to more effective disease modifying therapies.

**Workshop 5.S1**
*(offered once)*

*TELUS 110*

**COMPARATIVE EFFICACY OF INTERVENTIONS FOR IMPROVING THE MENTAL HEALTH OF FAMILY AND FRIEND CAREGIVERS OF PEOPLE LIVING WITH DEMENTIA: UNDERSTANDING AND APPLYING RESULTS FROM A SYSTEMATIC REVIEW WITH NETWORK META-ANALYSIS**

**Jennifer Watt, MD, PhD, FRCPC**
*Associate Professor, Department of Medicine, University of Toronto; Geriatrician, Unity Health Toronto; Scientist, Knowledge Translation Program, Li Ka Shing Knowledge Institute; Adjunct Scientist, Institute for Clinical Evaluative Sciences (ICES)*

**Zahra Goodarzi, BHSc (Hon), MD, MSc, FRCPC**
*Associate Professor, Division of Geriatrics, Department of Medicine, Community Health Sciences, and Clinical Neurosciences; Division Head, Geriatric Medicine; Medical Lead, Specialized Geriatric Services and Transition Services; Program Director, Leaders in Medicine; Cumming School of Medicine, Hotchkiss Brain Institute, and O'Brien Institute of Public Health, University of Calgary*

This presentation will outline results from a systematic review with network meta-analysis of randomized trials comparing the efficacy of interventions and intervention components for improving quality of life, burden, distress, anxiety, and depression in family and friend caregivers of people living with dementia. We will situate these results in the Canadian context and discuss barriers and facilitators to implementation of the most efficacious interventions and intervention components into clinical practice.

Learning Objectives:

1. List the most efficacious interventions and intervention components for improving quality of life, burden, distress, anxiety, and depression in family and friend caregivers of people living with dementia.
2. Discuss barriers and facilitators to implementation of the most efficacious interventions and intervention components for improving quality of life, burden, distress, anxiety, and depression in family and friend caregivers of people living with dementia.

**Workshop 6.S1**
*(offered once)*

*TELUS 106*

**WHO DECIDES? CONSENT AND CAPACITY IN DEMENTIA**

**Vivian Ewa, MBBS, CCFP (COE), FCFP, MMedEd, FRCP Edin., CHE**
*Clinical Associate Professor, Department of Family Medicine, University of Calgary*

This presentation will highlight guiding principles on ethical and legal considerations in approaching consent and capacity in older adults with cognitive impairment and how to incorporate these principles in managing challenging cases where decision making capacity is being challenged.

Learning Objectives:

1. Recognize the legal and ethical principles that guide consent and capacity in older adults with cognitive impairment.
2. Apply a structured framework to decision making on complex cases involving questions on consent and capacity.
3. Enhance communication skills for discussing consent and capacity with patients, families, and interdisciplinary healthcare teams.

**Workshop 7.S1**
*(offered once)*

*TELUS 103*

**THE POWER OF HOME: ELEVATING QUALITY OF LIFE IN AGING**
**Brad Lohman, RPN, BNSc, MN**
*Director and Co-founder, VYTALITY at HOME*

This session will highlight how modern home care services are transforming the way older adults age in place. Participants will gain insights into the structure and scope of today's home care models, and how they integrate with primary and specialty care to improve continuity and outcomes. Through real-world case studies, the session will illustrate the clinical and psychosocial benefits of home-based care—from reducing hospital readmissions to alleviating family burden and enhancing quality of life. Attendees will also learn practical strategies for identifying patients who are best suited for home care and for collaborating effectively with home care providers to optimize care delivery and resource use.

Learning Objectives:

1. Gain a clear understanding of the structure, scope, and capabilities of modern home care services, including how they integrate with primary and specialty care to support quality aging in place.
2. Explore the clinical and psychosocial benefits of aging in place, including improved patient satisfaction, reduced hospital readmissions, reduced family burden and improved quality of life.

3. Analyze a real-world case studies illustrating how coordinated home care improved outcomes for aging clients, showcasing interdisciplinary collaboration and measurable health system impact.
4. Learn how to identify patients that are best suited for home care and how to effectively refer and collaborate with home care providers, enhancing continuity of care and optimizing resource use.

**Workshop 8.S1**
*(offered once)*

*TELUS 107*

**GETTING THE BIG PICTURE: NEUROIMAGING OF NORMAL PRESSURE HYDROCEPHALUS REVIEW**

**Aaron Switzer, MD, MSC**
*Neuroscience with specialization in Medical Imaging; Assistant Clinical Professor, Department of Clinical Neurosciences, University of Calgary*

This workshop will review an approach to the neuroimaging of Normal Pressure Hydrocephalus. In this heterogenous patient population, key features on neuroimaging are essential for making the diagnosis and identifying patients who may benefit from CSF diversion.

Learning Objectives:

1. Develop an approach to neuroimaging in normal pressure hydrocephalus.
2. Understand the features, significance, and prognostic value of DESH.
3. Learn how to differentiate NPH from other forms of adult hydrocephalus.

**Workshop 9.S1**
*(offered once)*

*TELUS 109*

**MIND THE GAP - CLOSING THE CARE DIVIDE FOR CANADIANS WITH DEMENTIA WITH SOLUTIONS TO MOVE BEYOND STRATEGY**

**Saskia Sivananthan, PhD (HSPR)**
*CEO, The Brainwell Institute; Affiliate Professor, Department of Family Medicine, McGill University*

This workshop will present key findings from the Mind the Gap report, including an international analysis highlighting how other countries have successfully coordinated dementia care, as well as lessons learned from Canada's experience in stroke and cancer care. Participants will explore the impacts of fragmentation on people living with dementia and their care partners, and discuss evidence-informed recommendations to bridge critical gaps between research, policy, and frontline practice.

Learning Objectives:

1. Analyze the key findings of the Mind the Gap report, including international models of coordinated dementia care and cross-sector lessons from stroke and cancer strategies in Canada.
2. Evaluate how systemic fragmentation affects care outcomes for people living with dementia and their care partners.
3. Identify actionable, evidence-informed strategies to strengthen integration across research, policy, and practice within dementia care systems.

**Workshop 10.S1**
*(offered twice)*

*TELUS 101*

**MORE THAN JUST MEMORY LOSS: A CASE-BASED APPROACH TO 3 NON-AMNESTIC A'S OF COGNITIVE NEUROLOGY**

**Aravind Ganesh, MD DPhil (Oxon) FRCPC**
*Assistant Professor, Department of Clinical Neurosciences; Assistant Professor, Department of Community Health Sciences; Full Member, Hotchkiss Brain Institute; Full Member, Mathison Centre for Mental Health Research and Education; Cumming School of Medicine, University of Calgary*

This presentation will provide an overview of features of dementia or neurodegenerative disease other than memory loss (amnesia) that are important for physicians, nurses, and home care professionals alike to recognize in patients. In particular, the presentation will discuss 3 other A's that are important in cognitive neurology using practical case examples: aphasia, apraxia, and agnosia.

Learning Objectives:

1. Recognize key features of aphasia, agnosia, and apraxia.
2. Describe how these issues contribute to dementia and affect patients' daily lives.
3. Explain how identifying these issues can help inform better patient management.

# 11:25 – 12:15 Session 2 Workshops

*(50 minute workshops: 40 min presentation + 10 min Q & A)*

**Workshop 1.S2**
*(offered twice)*

*TELUS 108*

**BUILDING A SYSTEMATIC APPROACH TO PAIN MANAGEMENT IN PERSONS LIVING WITH DEMENTIA**

**Marsha MacDonald, RN MN NP GNC(c) Pain**
*Alberta Health Services*

This presentation will provide an overview of pain mechanisms, and non-pharmacological and pharmacological strategies in persons living with dementia. Although the research in this area is still limited, we will provide the audience with a systematic evidence-based approach to managing pain in Persons Living with Dementia.

Learning Objectives:

1. Describe the different mechanisms of pain.
2. Identify pain management modalities, with specific evidence in pain management strategies in person's living with dementia.
3. Clinicians of persons living with dementia will be able to develop a pain management strategies toolbox, using non-pharmacological and pharmacological modalities.

**Workshop 2.S2**
*(offered twice)*

**UNDERSTANDING DEMENTIA GENETICS FOR BETTER COMMUNICATION WITH FAMILIES**

**Setareh Ashtiani, MSc, CCGC (Genetic Counselling)**
*Genetic Counsellor, Clinical Genetics, Alberta Health Services*

*TELUS 104*

This presentation will provide an overview of dementia genetics, questions to ask families to decide if a referral for genetic counselling or genetic testing for different types of dementia can be useful, and how to communicate the information with families.

Learning Objectives:

1. Provide an overview of dementia genetics including Alzheimer's disease.
2. Assess the likelihood of a high-risk gene for dementia in a family.
3. Communication with families about their possible genetic risk for dementia.

**Workshop 3.S2**
*(offered twice)*

*TELUS 102*

**ALZHEIMER'S DISEASE DMTS: WHAT YOU NEED TO KNOW ABOUT THEIR POTENTIAL ARRIVAL IN CANADA**

**Andrew Frank MD, BScH, FRCP(C)**
*Cognitive Neurologist, Bruyère Health; Investigator, Bruyère Health Research Institute; Assistant Professor, University of Ottawa*

This presentation will review the steps necessary to incorporate AD DMTs into a Canadian medical practice.

Learning Objectives:

1. Review safety and efficacy data surrounding AD DMTs.
2. Review steps necessary to incorporate AD DMTs into a Canadian medical practice.
3. Discuss concepts surrounding a national AD DMT patient registry.

**Workshop 4.S2**
*(offered twice)*

*TELUS 105*

**HAVE WE ARRIVED AT PRECISION MEDICINE WITH POTENTIAL PRECISION THERAPEUTICS FOR PRESYMPTOMATIC AND ALSO EARLY SYMPTOMATIC ALZHEIMER'S DISEASE?**

**Sandra Black, O.C., O. Ont., Hon. DSc., MD, FRCP(C), FRSC, FAAN, FAHA, FANA**
*Professor of Medicine (Neurology), Dept. of Medicine, Sunnybrook Health Sciences Centre, University of Toronto; Scientific Director, Dr. Sandra Black Centre for Brain Resilience and Recovery; Senior Scientist, Hurvitz Brain Sciences Research Program, Sunnybrook Research Institute*

Vasculopathies, plaques and tangles are intertwined in aging and dementia, evident in autopsy series, aided and abetted by neuroinflammatory processes involving the microglia and astrocytes, and proinflammatory cytokines, blood and csf biomarkers which can now be quantified. Fast forward from Alzheimer's classic paper in 1906 describing plaques and tangles in the first case of the disease that carries his name to the late 80's- when amyloid was the proteinopathy identified in plaques and in the early 90's tau in the tangles, which soon led to PET ligands that can identify these proteinopathies in vivo vs brain biopsy or autopsy. Amyloid PET is also key for secondary prevention trials underway in presymptomatic AD, such as the AHEAD study, using lecanemab a monoclonal anti-amyloid antibody to remove amyloid accumulating for 20 year before symptoms start.

A new kid on the block, TDP43 discovered in 1995, recognized to be associated

with ALS or a Behaviourial variant of Frontotemporal dementia in 2009 and, in 2019, found often to be comorbid with plaques and tangles in AD at post-mortem. Also, TDP43 is often apparent as hippocampal sclerosis (HS) on a shrunken hippocampus on MRI. So, the plot thickens, as it became possible to use patterns of cortical atrophy on MRI (eg predominant bifrontopolar and bitemporal polar in Limbic Predominant Amnestic Neurodegenerative Syndrome (LANS) associated with TDP43 vs a temporal-parietal posterior predominance. Furthermore, MRI can best identify ischemic and hemorrhagic strokes, and also focal and periventricular white matter hyperintensities, which result from progressive collagenosis of the deep venular system driven by aging and vascular risk factors.

Learning Objectives:

1. Review how vasculopathies and proteinopathies are now becoming detectable pre-mortem with proper neuroimaging protocols both MRI, SPECT and PET imaging and blood -based or CSF biomarkers if PET is not available, with pTau 217 emerging as the best predictor of amyloid deposits.
2. Illustrate the tools we now have clinically at our disposal using the Canadian Dementia Imaging protocol, used in the Canadian Consortium on Neurodegeneration in Aging CCNA implementable on 1.5 T or 3T MRI scanners to acquire standardized imaging sequences, including 1mm thick 3D T1, 3 mm thick, interleaved Proton Density/ T2 weighted, which can help identify perivascular spaces, 5 mm FLAIR which nicely shows HS, and potentially LANS, as well as subtypes of AD such as logopenic variant. Susceptibility Weighted Imaging or Gradient Echo allows detection of congophilic angiopathy, ie visible as microbleeds, siderosis and macrobleeds.
3. Demonstrate how to understand how to read and reports of amyloid PET and SPECT scans.
4. Appreciate that advances particularly in these imaging modalities are ready for prime time on a daily base, and can benefit from machine learning approaches, "radiomics" which can accelerate advances in personalized, precision medicine for diagnosis, monitoring over time, especially as we move forward to more effective disease modifying therapies.

**Workshop 5.S2**
*(offered once)*

*TELUS 103*

**UNDERSTANDING AND NAVIGATING THE IMPACT OF DEMENTIA ON FAMILY CAREGIVERS**

**Claire Webster, Certified Dementia Care Consultant (PAC), Certified Professional Consultant on Aging (CPCA)**
*Founder, Ambassador and Lecturer, Dementia Education Program, McGill University*

This session will explore the complex emotional, relational and practical challenges that arise when a loved one is diagnosed with dementia. From navigating family conflicts and managing financial stress to understanding the emotional toll of caregiving, this workshop offers valuable insights and strategies to help healthcare

professionals understand how to help caregivers feel supported, informed and empowered.

Learning Objectives:

1. Describe the emotional and physical impact that caring for a person living with dementia has on the family members.
2. Identify caregiver burnout and provide strategies to help minimize stress.
3. Identify potential safety risks, including falls and injury, as well as vulnerability to financial fraud, for people living with dementia and offer solutions to minimize these risks.

**Workshop 6.S2**
*(offered once)*

*TELUS 107*

**DESCRIPTION DES STADES DE LA MALADIE D'ALZHEIMER BASÉE SUR LES BIOMARQUEURS**

**Joseph Therriault, PhD**
*Research Associate, Department of Neurology & Neurosurgery*
*Faculty of Medicine, McGill University*

Cette présentation donnera un aperçu des méthodes permettant de déterminer la gravité de la maladie d'Alzheimer à l'aide de biomarqueurs in vivo, et comment cela peut être comparé à la stadification clinique pour déterminer si la MA est à l'origine du phénotype clinique de démence.

Objectifs d'apprentissage:

1. Décrire les stades cliniques et biologiques de la maladie d'Alzheimer.
2. Décrire comment les biomarqueurs de la maladie d'Alzheimer peuvent être cliniquement informatifs.

**Workshop 7.S2**
*(offered once)*

*TELUS 106*

**LAB, CLINIC, INDUSTRY: RAPID-FIRE CAREER CHATS WITH DEMENTIA RESEARCH PROFESSIONALS**

**Dylan Guan, MD, PhD**
*Leaders in Medicine Program, Cumming School of Medicine, University of Calgary*

This session, targeted to trainees, is a speed networking session to bring together trainees, early-career researchers, and seasoned professionals across academia, clinical practice, industry, and beyond. Over the course of an hour, attendees will rotate through a series of brief, focused conversations with established professionals in the field, gaining insights into diverse career trajectories, and form connections that could extend well beyond the session. Whether you are planning your next step or looking to expand your professional network, this is your chance to ask questions, spark ideas, and meet future mentors and collaborators.

Learning Objectives

1. Identify a range of career paths within dementia research, clinical care, policy, and industry
2. Describe key steps, skills, and experiences that support entry and/or advancement in at least one career area of interest
3. Be acquainted with established professionals in diverse sectors of

dementia research, clinical care, policy, and industry.

**Workshop 8.S2**
*(offered once)*

*TELUS 110*

**NEXT-GENERATION ALZHEIMER'S DIAGNOSTICS: ACCESSING PLASMA BIOMARKER TESTING IN YOUR COGNITIVE CLINIC**

**Aaron Switzer, MD, MSC**
*Neuroscience with specialization in Medical Imaging*
*Assistant Clinical Professor, Department of Clinical Neurosciences, University of Calgary*

This workshop will review the latest plasma biomarkers for Alzheimer's disease and provide practical guidance on how to identify and select laboratories offering these tests. Participants will learn key considerations to keep in mind when ordering these emerging diagnostics for clinical use.

Learning objectives:

1. List the newest plasma biomarkers for Alzheimer's disease.
2. Have a basic understanding of the technical components pertaining to the new Alzheimer's biomarker tests.
3. Understand what components to screen for when talking to a lab (ex: cost, turnaround time, diagnostic performance, etc.).

**Workshop 9.S2**
*(offered once)*

*TELUS 109*

**CLEAR - GUIDELINES FOR CULTURALLY SENSITIVE DISCLOSURE AND COMMUNICATION OF A DIAGNOSIS OF DEMENTIA**

**Saskia Sivananthan, PhD (HSPR)**
*CEO, The Brainwell Institute; Affiliate Professor, Department of Family Medicine, McGill University*

**Vivian Ewa, MBBS, CCFP (COE), FCFP, MMedEd, FRCP Edin, CHE**
*Clinical Associate Professor, Department of Family Medicine, University of Calgary*

This workshop will introduce the CLEAR Guidelines — Canada's first evidence-based recommendations for culturally sensitive communication and disclosure of a dementia diagnosis. Drawing on international best practices and extensive engagement with diverse communities, the session will explore how clinicians and researchers can apply these guidelines to improve trust, understanding, and equity in dementia care.

Learning Objectives:

1. Describe the core principles and evidence base underlying the CLEAR Guidelines for culturally sensitive disclosure and communication of a dementia diagnosis.
2. Identify practical strategies for applying the CLEAR Guidelines in clinical and research settings with individuals from diverse cultural and linguistic backgrounds.
3. Discuss the impact of culturally responsive communication on trust, care engagement, and health equity for people living with dementia and their families.

**Workshop 10.S2**
*(offered twice)*

*TELUS 101*

**MORE THAN JUST MEMORY LOSS: A CASE-BASED APPROACH TO 3 NON-AMNESTIC A'S OF COGNITIVE NEUROLOGY**

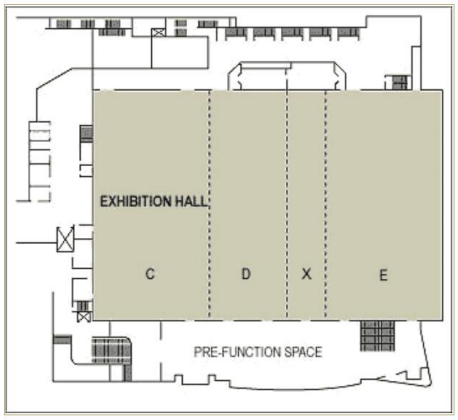
**Aravind Ganesh, MD DPhil (Oxon) FRCPC**
*Assistant Professor, Department of Clinical Neurosciences; Assistant Professor, Department of Community Health Sciences; Full Member, Hotchkiss Brain Institute; Full Member, Mathison Centre for Mental Health Research and Education; Cumming School of Medicine, University of Calgary*

This presentation will provide an overview of features of dementia or neurodegenerative disease other than memory loss (amnesia) that are important for physicians, nurses, and home care professionals alike to recognize in patients. In particular, the presentation will discuss 3 other A's that are important in cognitive neurology using practical case examples: aphasia, apraxia, and agnosia.

Learning Objectives:

1. Recognize key features of aphasia, agnosia, and apraxia.
2. Describe how these issues contribute to dementia and affect patients' daily lives.
3. Explain how identifying these issues can help inform better patient management.

## Exhibition Hall (Upper Level)




## Telus Rooms (Main Level)