Exciting New Targets for AD...

But Do More MOAs Mean More Duplicate Subjects?

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OBJECTIVE

To identify and examine the use of a subject registry on the identification of duplicate, professional or otherwise inappropriate subjects in Alzheimer's Disease studies, expanding upon findings published in a prior JPAD study to look at trends over time.

METHODS

We conducted a retrospective analysis of pooled, standardized, de-identified subject-level data in the CTSdatabasesubject registry for all United States subjects presenting for Memory or Alzheimer's Disease (AD) studies between May 31, 2019 and October 20, 2025. Three analyses were performed: Cross-Site Presentations: 2020-2025 pre-screening or screening subjects presenting at a unique site within two years of a prior visit, compared to 2019 JPAD findings. Exclusionary Matches: 2020-2025 AD/Memory Study subjects disqualified due to prior exclusionary conditions, compared to JPAD (2017-2019) rates. Cross-Indications: Frequency of Memory/AD subjects (2011-present) who have at any time in the past presented to a different site.

RESULTS

Among 5,464 subjects who screened or prescreened for AD/Memory studies, 607 (11.1%) had at least one cross-site match within two years. In 2,909 subjects screened for AD studies, 136 (4.7%) were flagged for exclusionary findings that would render them ineligible per protocol. Both rates were comparable to pre-2020 findings (10.8% vs 11.1% and 4.3%, vs 4.7%), indicating stable trends in cross-site presentations and exclusionary match frequency over time (Fig. 1). A separate analysis of indication history illustrates the broader distribution of study types across which Memory and AD subjects have participated in or presented for (Fig. 2). The most common indication was MDD.

DISCUSSION

As Mechanisms of Action (MOAs) tested in clinical trials of AD expand, subjects and caregivers may seek to take advantage of multiple opportunities. Both Duplicate Subjects (who may just be trying to find something that works) and Professional Subjects and/or their study partners may affect data integrity and subject safety. This phenomenon has not significantly changed pre- and post-pandemic. A subject registry (such as CTSdatabase) can characterize AD trial participants who may negatively affect study efficacy and safety signals before they are enrolled and part of the study ITT sample.

BACKGROUND

- Duplicate and professional subjects are a significant problem in clinical trials, particularly in studies with subjective endpoints, such as in CNS or pain.[1]
- These prospective subjects can change their presentation or magnify their symptoms as they go from site to site.
- Available duplicate subject registries, such as CTSdatabase, seek to detect such subjects during the screening or pre-screening process, before they can adversely affect patient safety or data integrity.
- In our previous JPAD article, we highlighted the growing concern over the significant number of inappropriate subjects in AD studies who may go undetected without the use of a subject registry.[2]

OBJECTIVE

To identify and examine the use of a subject registry on the identification of duplicate, professional or otherwise inappropriate subjects in Alzheimer's Disease studies, expanding upon findings published in a prior JPAD study to look at trends over time.

METHODOLOGY

We conducted a retrospective analysis of pooled, standardized, de-identified subject-level data in the CTSdatabase subject registry for all United States subjects presenting for Memory or Alzheimer's Disease (AD) studies between May 31, 2019 and October 20, 2025.
Three analyses were performed:

1. Cross-Site Presentations: 2020-2025 pre-screening or screening subjects presenting at a unique site within two years of a prior visit, compared to 2019 JPAD findings.
2. Exclusionary Matches: 2020-2025 AD/Memory Study subjects disqualified due to prior exclusionary conditions, compared to JPAD (2017-2019) rates.
3. Cross-Indications: Frequency of Memory/AD subjects (2011-present) who have at any time in the past presented to a different site.

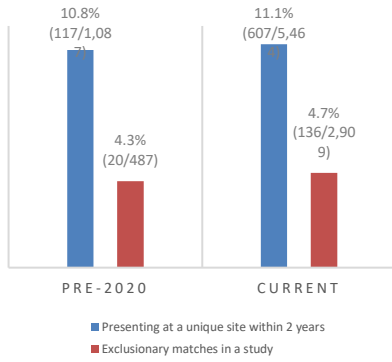

Fig 1. Comparison of subjects presenting for a memory loss study to a unique site within 2 years, pre-2020 and 2020-present.

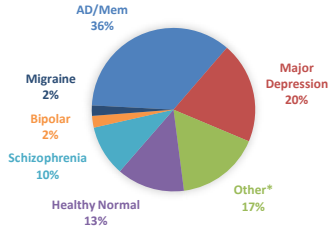

Fig 2. Previous prescreen or screen indications in subjects presenting for a memory loss study at a new site, 2011-present (n=7,507)
*Other: **Vaccine, Pain, Anxiety, Unknown, etc.**

ANALYSIS

- Among 5,464 subjects who screened or prescreened for AD/Memory studies, 607 (11.1%) had at least one cross-site match within two years.
- In 2,909 subjects *screened* for AD studies, 136 (4.7%) were flagged for exclusionary findings that would render them ineligible per protocol.
- Both rates were comparable to pre-2020 findings (10.8% vs 11.1% and 4.3%, vs 4.7%), indicating stable trends in cross-site presentations and exclusionary match frequency over time (Fig. 1).
- A separate analysis of indication history illustrates the broader distribution of study types across which Memory and AD subjects have participated in or presented for (Fig. 2). The most common indication was MDD.

CONCLUSION

- As Mechanisms of Action (MOAs) tested in clinical trials of AD expand[3], subjects and caregivers may seek to take advantage of multiple opportunities.
- Both Duplicate Subjects (who may just be trying to find something that works) and Professional Subjects and/or their study partners may affect data integrity and subject safety.
- This phenomenon has not significantly changed pre- and post- pandemic.
- A subject registry (such as CTSdatabase) can characterize AD trial participants who may negatively affect study efficacy and safety signals before they are enrolled and part of the study ITT sample. [4]

REFERENCES

1. Shiovitz TM, Bain EE, McCann DJ, et al. Mitigating the Effects of Nonadherence in Clinical Trials. J Clin Pharmacol. 2016; 56(9): 1161-1164.
2. Shiovitz T, Steinmiller B, Steinmetz C, et al. The Patient in Your AD Study May be in Another: Duplication and Deception in Clinical Trials of Alzheimer's Disease. J Prev Alzheimers Dis (2020). doi:10.14283/jpad.2020.3.
3. Kamatham, P. T., Shukla, R., Khatri, D. K., & Vora, L. K. (2024). Pathogenesis, diagnostics, and therapeutics for Alzheimer's disease: Breaking the memory barrier. *Ageing Research Reviews, 101*, 102481. https://doi.org/10.1016/j.arr.2024.102481
4. Devine EG, Pingitore AM, Margiotta KN, Hadaway NA, Reid K, Peebles K, & Hyun JW. (2021). Frequency of concealment, fabrication and falsification of study data by deceptive subjects. Contemporary Clinical Trials Communications, 21, 100713.

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