

# A New Era:

## Understanding Lecanemab, Donanemab, and Emerging Therapies for Alzheimer's Disease Q&A Panel

November 6, 2023 | 10:00-11:30am CST | Zoom

Join an interdisciplinary panel in discussing and answering your questions about newly approved and emerging therapies for Alzheimer's disease.

Register and submit questions at:  
[z.umn.edu/AlzQ\\_A](https://z.umn.edu/AlzQ_A)



Hosted by Dr. Joseph Gaugler, Robert L. Kane Endowed Chair in LTC and Aging at the University of Minnesota



@UMNCHAI



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Co-Lead of the BOLD Center of Excellence on Early Detection of Dementia



**Sharon Brangman, MD**

Chair of the Department of Geriatrics and Director of the Center of Excellence for Alzheimer's Disease at SUNY Upstate Medical University



**Tenbit Emiru, MD, PhD, MBA**

Executive Vice-President and Chief Medical Officer of UCare



**David Knopman, MD**

Professor of Neurology in the Mayo Clinic College of Medicine

# Talking about Lecanemab

## Efficacy

- Primary outcome at 18 months
- Secondary clinical outcomes
- Subgroup analyses
- Survival analyses
- Long term >18 month

## Patient selection

- Severity
- Comorbidity
- APOE genotype
- Amyloid status

## Cost vs Benefit

## Logistical Challenges

- Biweekly infusions
- Travel to site

## Safety

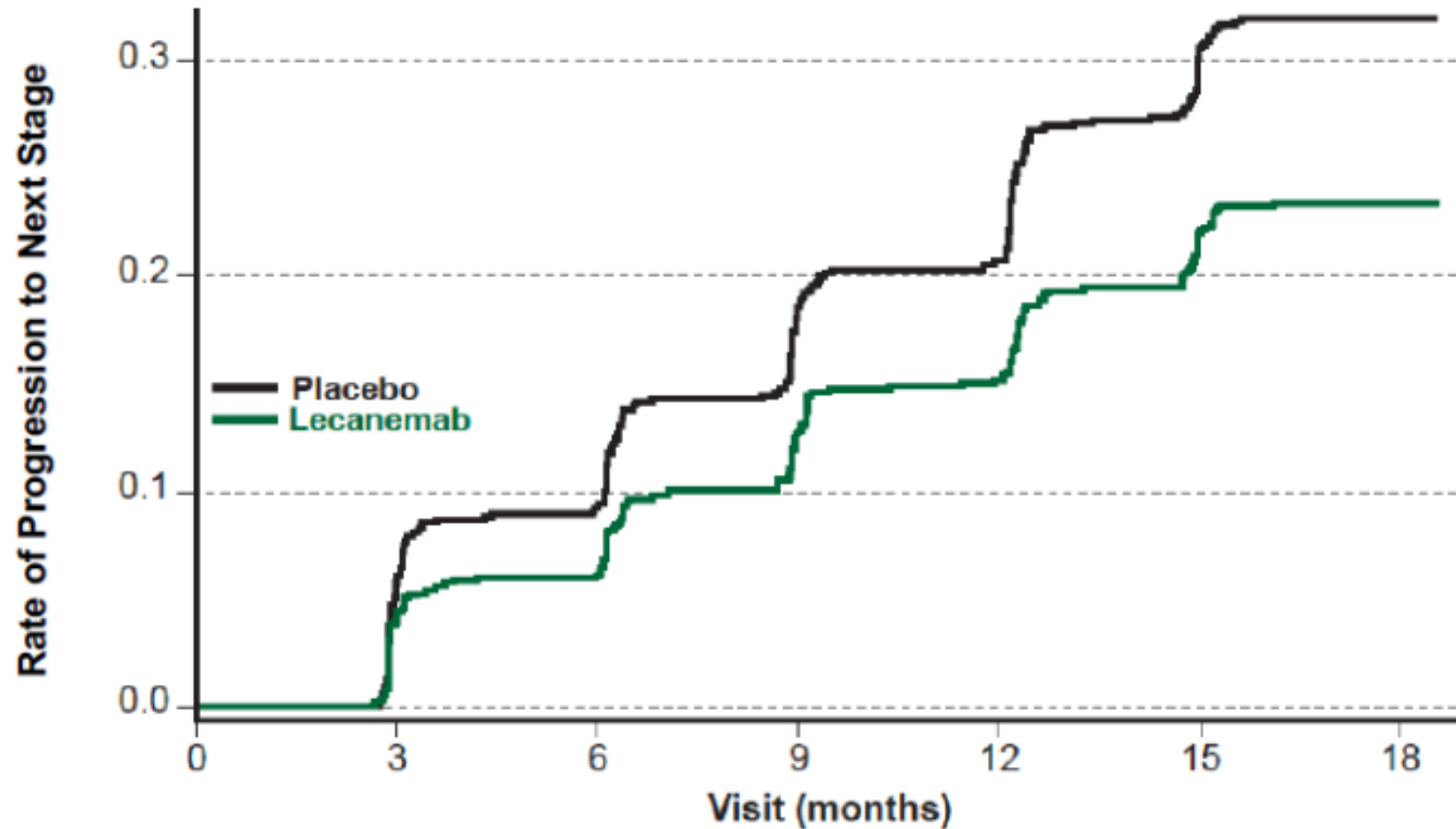
- ARIA
- Need for multiple safety MRIS



# Mild cognitive impairment / mild dementia due to Alzheimer disease

- Diagnosis of MCI or mild dementia
- Presence of elevated brain amyloid- $\beta$ -peptide
  - CSF assays
  - Amyloid PET scanning
- Exclude persons with other active neurological diseases and medical comorbidities
- *NOT ALL AMNESTIC COGNITIVE DISORDERS ARE DUE TO ALZHEIMER DISEASE*

# Lecanemab delays progression to next stage by 9% at 18 months



(N) Placebo:	875	792	757	649	603	524	265
(N) Lecanemab:	859	801	765	677	642	554	299

THE NEW ENGLAND JOURNAL OF MEDICINE

ORIGINAL ARTICLE

Lecanemab in Early Alzheimer's Disease

Van Dyck, NEJM 2023

# Amyloid-related Imaging Abnormalities (ARIA) with lecanemab

- **ARIA edema/hemorrhage occurrence:**
  - Lecanemab in ~20%
  - Donanemab in ~40%
  - Doubling of rate from APOE e4 noncarrier → heterozygote → homozygote
- **Most ARIA is asymptomatic** (*presumably only if recognized promptly*)
- **Severe ARIA** in <5%
- **Most ARIA occurs in first 9 months** of treatment
- **Mitigate risk of ARIA** by:
  - Don't treat APOE e4 homozygotes
  - Avoid treating persons with anticoagulants
  - Avoid treating people with evidence of CAA: CMBs or superficial siderosis
  - Perform quarterly MRI scans in first year of treatment



# Steps for initiating lecanemab treatment

- Proper identification of healthy MCI & mild dementia patients
  - Thorough neurological history and examination
  - Probably needs neuropsychological testing in very mild cases
- Exclude persons with relevant medical/neurological comorbidities
- Verify elevated brain amyloid status
  - CSF
  - PET
- Verify absence of exclusionary lesions on MRI
  - CMBs, superficial siderosis, infarcts
  - Other relevant lesions
- Establish APOE genotype for risk stratification



# **THINGS TO THINK ABOUT**

**SOO BORSON MD**

**CO-LEAD, BOLD CENTER ON EARLY DETECTION OF DEMENTIA  
PROFESSOR OF CLINICAL FAMILY MEDICINE, KECK USC  
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**PROFESSOR EMERITA OF GERIATRIC PSYCHIATRY, UNIVERSITY  
OF WASHINGTON SCHOOL OF MEDICINE**



# THE PLAIN MEANING OF “MILD COGNITIVE IMPAIRMENT” AND “MILD AD DEMENTIA”

These are the stages of Alzheimer’s disease that qualify for the new treatments.

## **Mild cognitive impairment (similar to Stage 3 on the FAST scale):**

- Subtle changes in memory and function - may be noticeable only to close friends and family.
- Repeating questions or stories
- Inefficiency with tasks – may affect work performance
- Staying ‘on task’ takes more effort
- Very complex tasks like organizing a party or doing taxes may be too difficult.

## **Mild AD dementia (similar to Stage 4 on the FAST scale):**

- Signs of cognitive impairment are apparent and cause some everyday disability.
- Forgetting recent or important past or future events, dates/times.
- “Second nature” information still usable (e.g. address, phone number, names of relatives, how to make a sandwich, how to drive [usually]).
- Needs help or oversight to manage everyday cognitive activities (e.g. paying bills, organizing transportation, following a new recipe, planning what to wear for the weather)



# QUESTIONS TO PONDER IF YOU'RE CONSIDERING ANTI-AMYLOID ANTIBODY THERAPY (FOR YOURSELF OR SOMEONE ELSE)

- What's really important to me?
- Some people describe the effects of lecanemab as offering an *average delay* of about 6 months in progression of cognitive decline.
  - What does this mean to *me as an individual*?
  - What do I expect of the treatment?
- How will receiving this treatment affect my day-to-day life? Will it interfere with plans or activities that are important to me?
- Who needs to be involved in my decision?

# QUESTIONS TO ASK YOUR DOCTOR

1. Will I be cured of Alzheimer's if I receive treatment?
2. What's involved? What will I need to do, and when? What are my family's responsibilities? How much will it cost me?
3. What is it like to receive the treatments? What have other people experienced?
4. What side effects should I expect, and how serious could they be?
5. Should I wear a Medic-Alert bracelet showing that I am on this treatment?
6. How long will the treatment last/continue?
7. How will treatment affect my overall health? Other conditions I have?
8. What risks might I face with treatment? What can I do to reduce my risk?
9. Do I have any conditions that might indicate I shouldn't be treated, or that I would not do well?

# QUESTIONS TO ASK YOURSELF

- How do I want to live my life now?
- What information, supports, and/or treatments might help me?
- Do I need to pay more attention to my mental wellbeing?
- Who's 'on my team'? (yourself, family, friends, counselors, health care practitioners, community centers...)
- Do I need to make changes in my life (day/week/month)?
- How do I set up a plan for my wellbeing, health, future needs...?
- Can I help make life better for others experiencing what I am?

# GOALS WORTH WORKING FOR

## NO CRISIS!

- Know your risks
- Plan ahead for the things that matter
- Work to maintain mental and physical health
- Seek information that works for you, from whoever might have some
  - Invite others in

## MORE JOY!

- Do what you love, as much as you can
  - With people you enjoy
    - Schedule time
    - Make it a priority
    - Try something new

The background features a network diagram with various colored nodes (blue, orange, purple, green, black) connected by thin grey lines. This network is superimposed on a light grey background with a gradient and scattered black dots, resembling a starry sky or a data visualization. The text is overlaid on the left side of the image.

WHAT WOULD YOU LIKE  
TO TALK ABOUT?

Q & A

# Please complete the webinar evaluation

Thank you for attending!

Webinar slides and recording will be shared via email in the upcoming week. They will also be available via our websites here:

- **Families and Long Term Care Webpage:**  
<https://www.sph.umn.edu/research/projects/ltc/outreach/>
- **Minnesota Northstar Geriatric Workforce Enhancement Program:**  
<https://mngwep.umn.edu/dementia-resources>
- **Access the Lecanemab Frequently Asked Questions info sheet here:**  
<https://z.umn.edu/LecanemabFAQ>

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