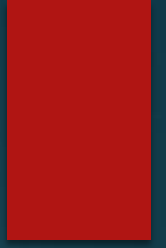


Anti-Amyloid Therapies in Alzheimer's Disease




Learning Objectives:

- ▶ -Describe the newer Anti-Amyloid therapies
- ▶ -Review the risks, benefits and side effects of these new therapies and who is eligible
- ▶ -Discuss an approach to patients who are potentially eligible, in the family practice office
- ▶

Disclosures:

- ▶ None

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- ▶ Following is an excerpt from a talk given by Dr Andrew Frank, M.D.B.Sc.H.FRCP(C), a Cognitive Neurologist and Researcher at the Bruyere Research Institute in Ottawa (permission obtained from Dr Frank)
 - ▶ Link available under references, and handouts will follow by email

REGIONAL GERIATRIC ROUNDS

Anti-Amyloid Therapies in
Alzheimer's Disease



Presented By:

Dr. Andrew Frank

Cognitive/Behavioural Neurologist and Researcher, Bayview Health

U.S.

- ▶ -has just approved sc formulation Leqembi to be given after 18 months
- ▶ -has also just added an additional MRI before the third treatment (now baseline 3,5,7,14)
- ▶ -reported 101 cases serious ARIA-E including 6 fatal
- ▶ 2 between treatment 2 and 3
- ▶ 22 (4 fatal) between 3 and 4)

Summary for patients:

- ▶ As per Dr Frank:
- ▶ Re Lecanemab:
 - ▶ -27-29% slowing of progression at 18 months
 - ▶ -3% symptomatic ARIA , approx. .5% permanent
 - ▶ -26% with infusion reaction, 7.5% moderate, 1% severe
 - ▶ -IV every 2 weeks for 18 months
 - ▶ -MRI at baseline, 1m, 2m, 3m, 6m, (1yr)
 - ▶ -baseline blood tests, presently ~\$775.00

Factors suggesting Lecanemab and Donanemab use is **Inappropriate**:

- Moderate or Severe Dementia
- Cognitively Intact Status
- Non-Alzheimer's Disease Dementia
- ApoE4 Homozygote
- Baseline MRI Showing Significant Cerebral Ischemic or Hemorrhagic Disease
 - Confluent White Matter Ischemia (Fazekas 3) or 3+ Lacunes or Any Territorial Infarct
 - 5+ Microhemorrhages or Any Macrohemorrhage or Any Superficial Siderosis
- Anticoagulant Use
- Inability or Unwillingness to Undergo Multiple MRIs
- Inability or Unwillingness to Accept Intravenous Infusions or Subcutaneous Injections for 18 Months or More
- Significant Frailty and/or Multiple Medical Co-morbidities (e.g. stroke, seizure disorder, bleeding disorders, immunologic disorders)

Front Line/Office:

- ▶ Can rule out eligibility with the list of contraindications
- ▶ Can do memory testing and make the diagnosis of MCI/mild dementia
- ▶ Can order the blood tests
- ▶ Can do the baseline MRI
- ▶ Can refer to Memory Clinic or equivalent at any stage

Local Context:

- ▶ MINT Memory Clinics:
- ▶ -still sorting out details of blood testing (update in February)
- ▶ -Dr Tartaglia working on ability for Memory Clinics to order amyloid PET

Dr Gardhouse:

- ▶ BBM – she is just using pTau-217 for now, slightly less sensitive and specific so larger intermediate zone, but cheaper at \$325. Finding it useful to clarify diagnosis if really want to know or changes a treatment decision. Only at Lifelabs in our area. Presently Lifelabs just gives a number result – you have to calculate on your own. Utility dependent on pre-test probability. Brain derived pTau is coming later this year and should be more specific (less false positives ie ALS, MS)
- ▶ PET – she has no access as of yet
- ▶ MRI – still no dementia protocol locally
- ▶ Referrals - to Clinical Trials at Baycrest or Toronto Memory Program

References:

- ▶ **Anti Amyloid Therapies in Alzheimer's Disease - Regional Geriatric Rounds [NOV 2025].**
https://www.youtube.com/watch?v=XxIUNDe5_FY&t=9s
- ▶ **Potential of anti-amyloid therapies for patients with Alzheimer's Disease in Canada.** <https://www.cfp.ca/content/cfp/70/9/537.full.pdf>
- ▶ **Medical letter volume 67 November 2025**
- ▶ **Health System Change for Alzheimer's Disease–Modifying Therapies in Canada**
- ▶ **Personal discussion Dr A Gardhouse**