

Baseline Characteristics Of Anti-amyloid Therapy Patients At A Reference Center In Brazil

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Alzheimer’s disease (AD); Anti-amyloid therapy; Real-world data

BACKGROUND	METHODS	RESULTS	CONCLUSIONS	FIGURE 1
Alzheimer’s disease (AD) has undergone major diagnostic and therapeutic advances over the past decades, culminating in the development of anti-amyloid therapies (AATs). Anti-amyloid monoclonal antibodies have demonstrated reductions in clinical progression among patients with early symptomatic AD. In Brazil, regulatory approval of AATs—donanemab and lecanemab—represented a major milestone for access to disease-modifying therapies in a low- and middle-income country (LMIC). However, real-world data describing patient characteristics initiating AATs in LMIC settings remain scarce.	Our aim is to describe baseline demographic and clinical characteristics of patients enrolled in an ongoing observational, real-world AAT infusion study conducted in a developing country setting. Infusions are performed at the Brain Institute of Rio Grande do Sul (InsCer), a reference center for anti-amyloid therapy. Patients were referred by their treating neurologists, met established eligibility criteria for anti-amyloid therapy initiation, and provided informed consent for the use of demographic and clinical data (Figure 1). Baseline assessments included standardized cognitive evaluations—Montreal Cognitive Assessment (MoCA), Mini-Mental State Examination (MMSE), and Clinical Dementia Rating (CDR)—as well as demographic and clinical variables (Table 1).	The study population (n = 7) had a mean age of 70.14 years (SD 9.34) and a mean educational attainment of 17.14 years, which was higher than typically reported in Brazilian Alzheimer’s disease populations. All participants were APOE ε4 carriers. Mean baseline scores on the MMSE, MoCA, and CDR were 22.71, 19.90, and 0.71, respectively, consistent with an early symptomatic stage of AD. Comorbidity clusters were characterized for descriptive purposes. Baseline demographic and cognitive data collection is ongoing, and descriptive analyses of patient characteristics at treatment initiation will be presented (Table 1).	The cognitive profile observed in this initial cohort are consistent with early-stage AD at treatment initiation and may reflect current access patterns to recently approved anti-amyloid therapies in Brazil. No treatment-related adverse events, including ARIA, were observed to date. Baseline characterization of patients initiating AAT in a real-world LMIC setting is essential to contextualize future safety and effectiveness analyses and will serve as the foundation for planned longitudinal assessments of cognitive trajectories as the cohort expands.	Figure 1. Study design of an ongoing real-world anti-amyloid therapy infusion program. Figure 1. This figure summarizes the scope of an ongoing observational study conducted at InsCer. Patients with early symptomatic Alzheimer’s disease are referred by their treating neurologists and enrolled in an anti-amyloid therapy (AAT) infusion program, including donanemab and lecanemab. Baseline data collection includes demographic characteristics, clinical assessments—such as the Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA), and Clinical Dementia Rating (CDR)—comorbidity clusters, and genetic characteristics. The present abstract focuses on the descriptive analysis of baseline data. Longitudinal analyses evaluating cognitive trajectories, safety outcomes, and treatment effectiveness are planned as the cohort expands. Abbreviations: AAT, anti-amyloid therapy.



Table 1. Baseline Demographic Characteristics Among Studied population

Population (n)	n = 7
Age, mean (SD), y	70.14 (9.34)
Sex	
Female, No. (%)	2 (28.6%)
Male, No. (%)	5 (71.4%)
Education, mean (SD), y	17.14 (3.34)
Clinical baseline score, mean (SD)	
MMSE	22.71 (2.22)
MoCA	19.90 (3.89)
CDR	0.71 (0.27)
Genetic characteristics	
APOE ε3/ε4, No. (%)	7 (100%)
Comorbidities, No. (%)	
Cardiometabolic	4 (57.1%)
Cerebrovascular	0 (0%)
Neurosensory	0 (0%)
Substance abuse	1 (14.3%)

Table 1. Abbreviations: SD, standard deviation; y, years; MMSE, Mini-Mental State Examination; MoCA, Montreal Cognitive Assessment; CDR, Clinical Dementia Rating. Comorbidity clusters included: cardiometabolic (dyslipidemia, hypertension, and diabetes); cerebrovascular (prior stroke and Fazekas score ≥ 2); neurosensory (hearing and visual impairment); substance abuse (alcohol use and smoking). APOE ε4 carrier status was defined as the presence of at least one ε4 allele.