

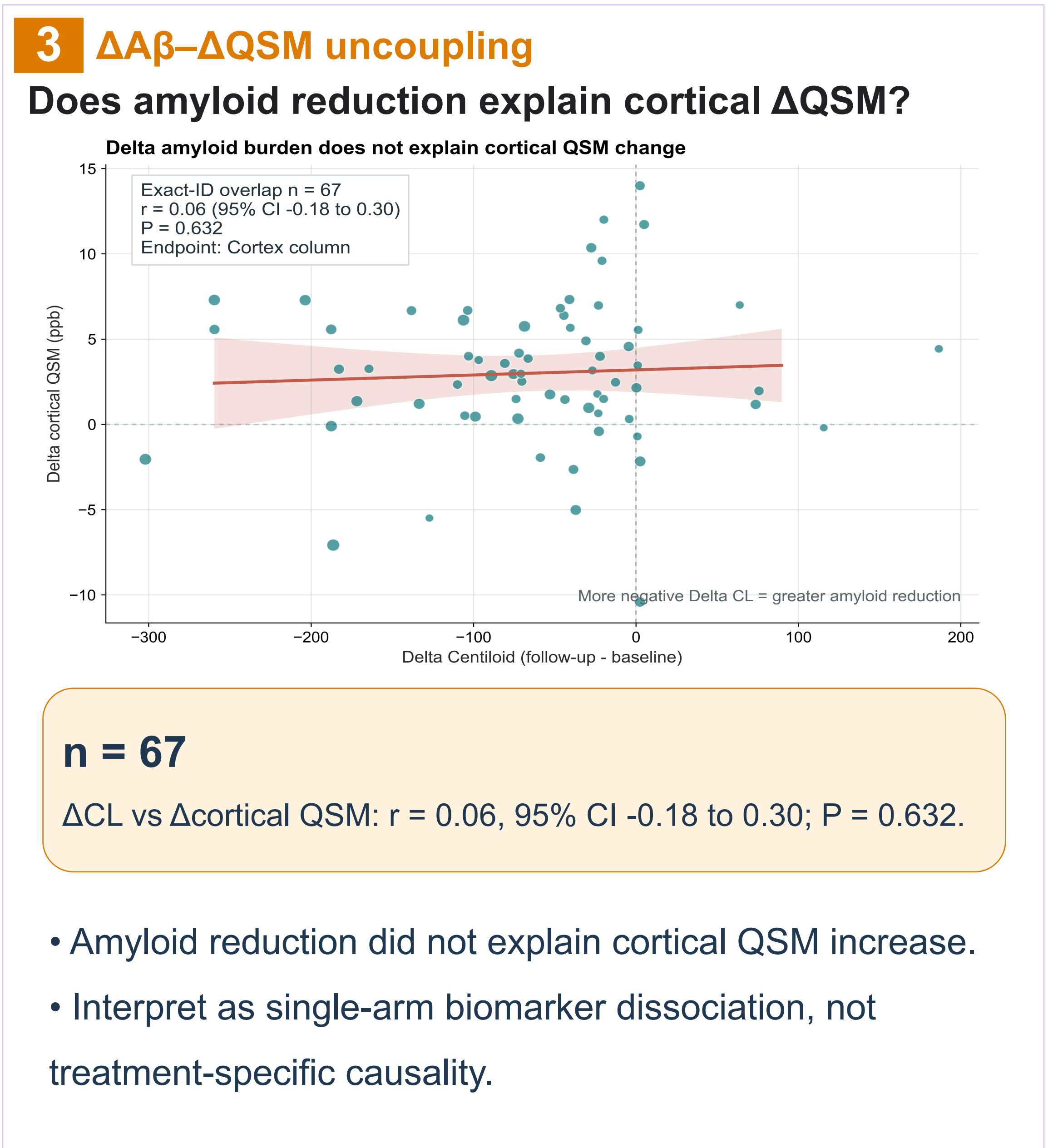
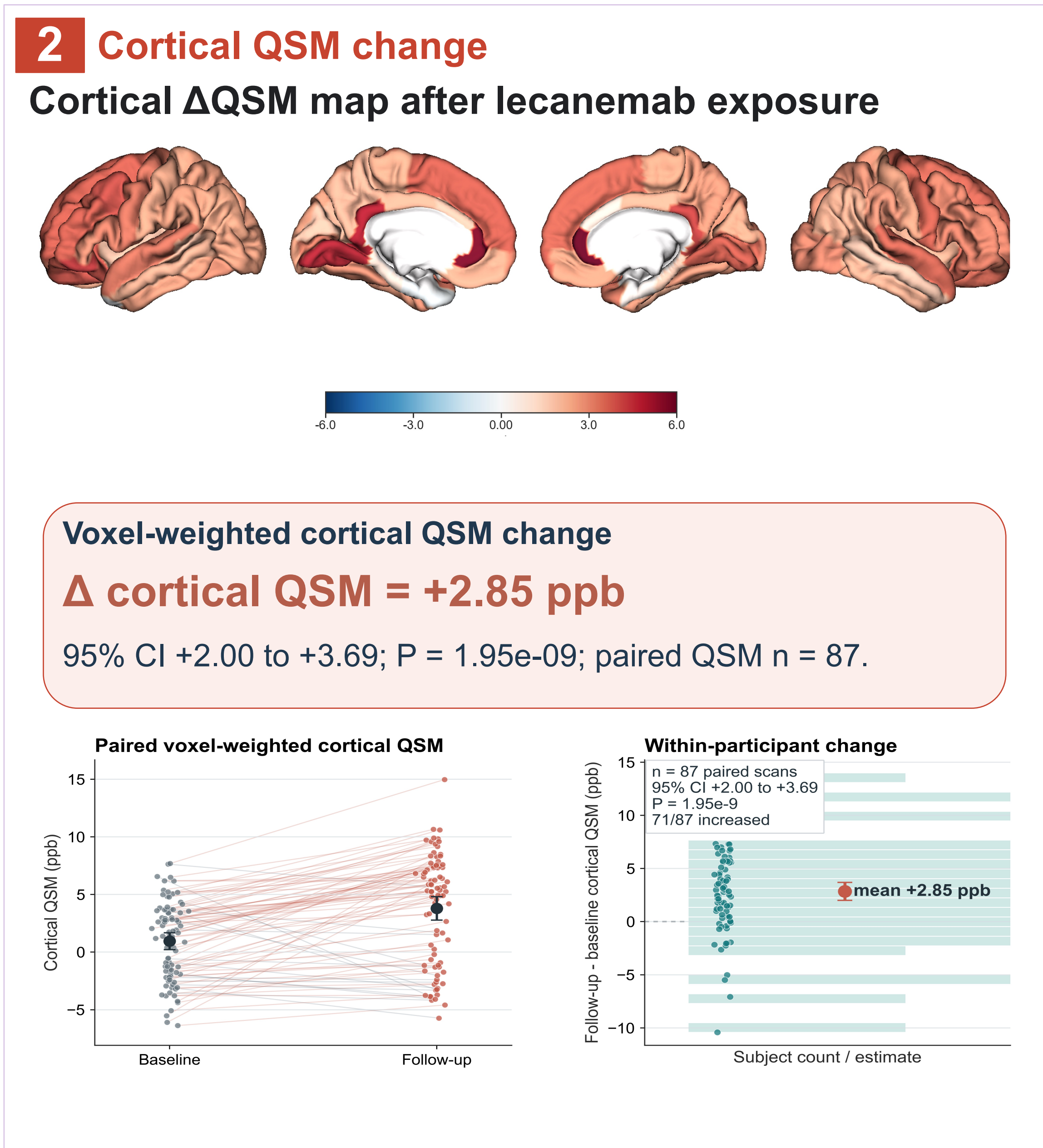
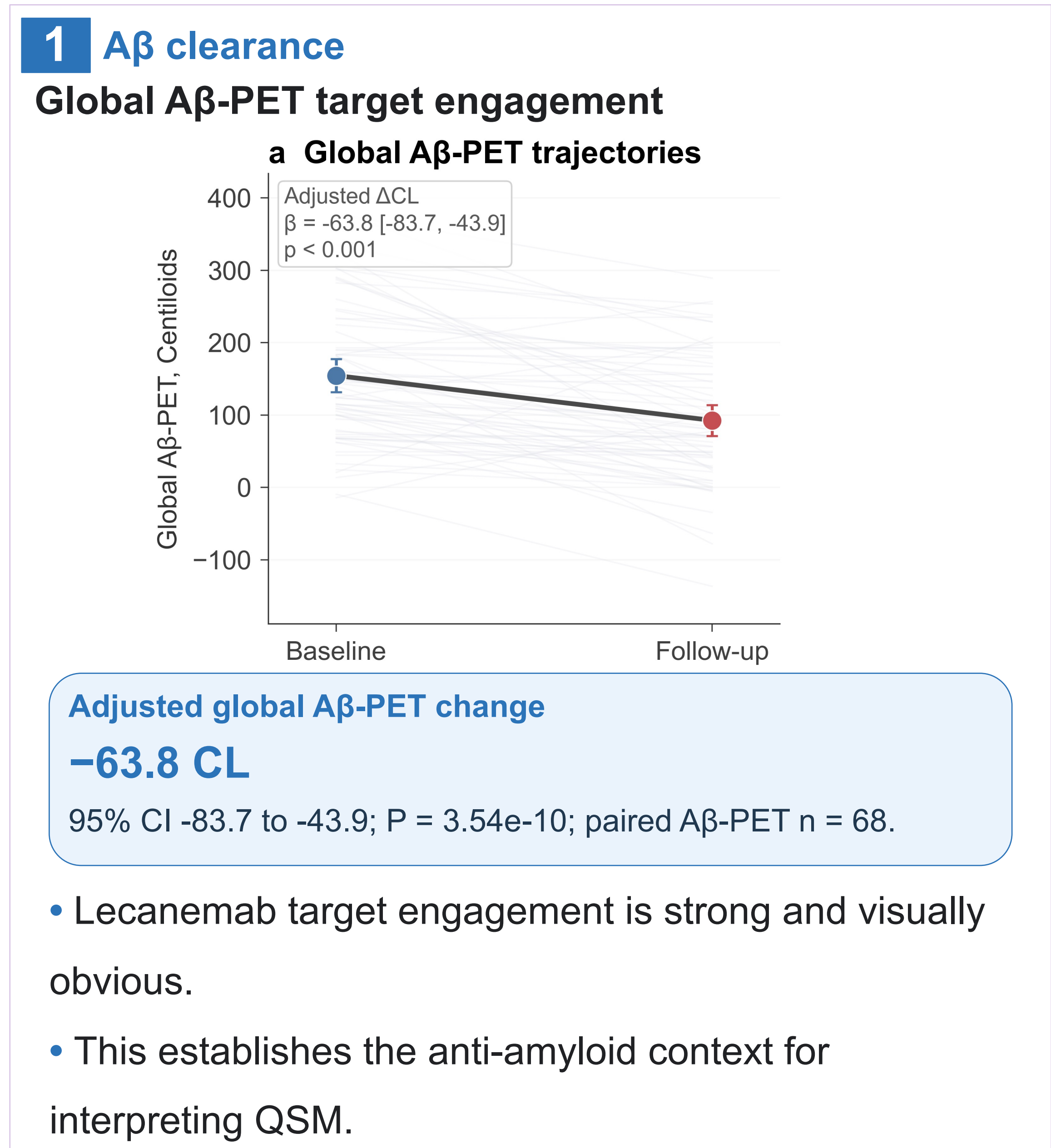
Cortical QSM Increases Despite Amyloid Clearance In Alzheimer's Patients Treated With Lecanemab

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CURRENT POSTER FOCUS Amyloid clears, while voxel-weighted cortical QSM increases during early lecanemab follow-up.

RESULTS: THREE-PART EVIDENCE CHAIN



INTRODUCTION

Anti-amyloid therapy creates a natural test: if cortical QSM simply follows amyloid burden, susceptibility should fall when A β clears.

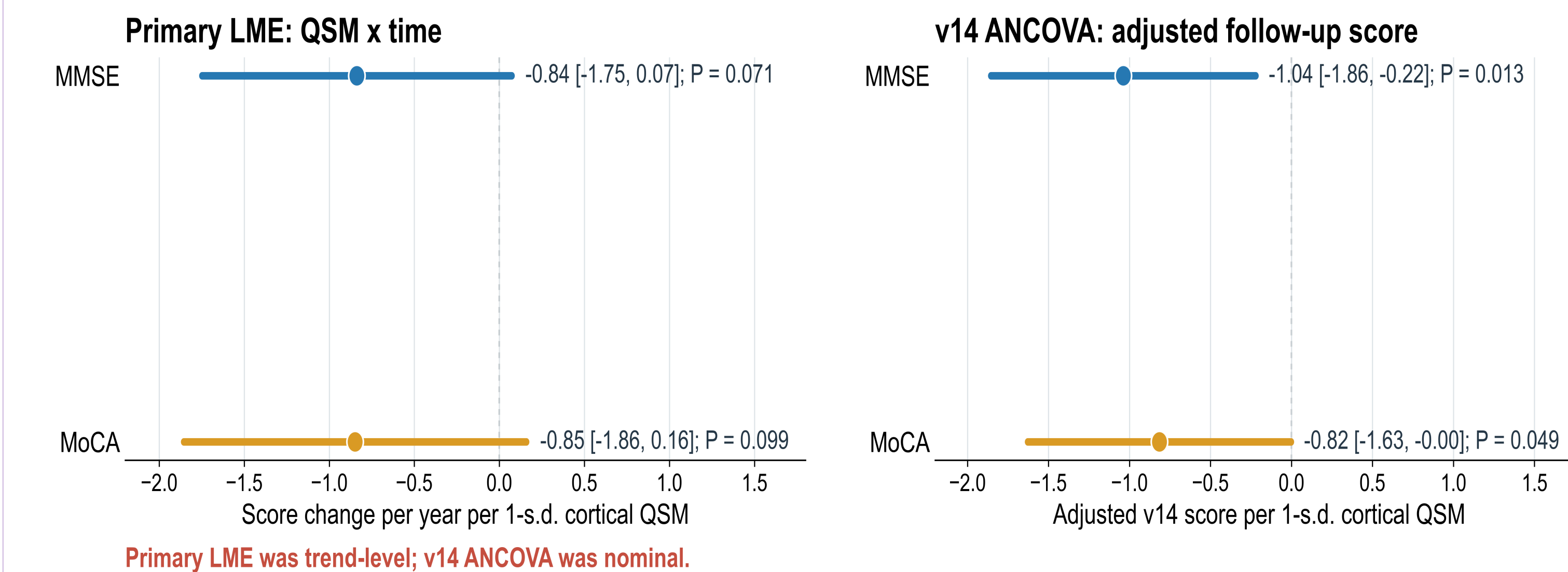
Working question
Does cortical QSM normalize with amyloid clearance, or persist as a residual tissue-susceptibility signal?

METHODS

- Real-world lecanemab-treated cohort with paired imaging.
- Primary QSM endpoint: voxel-weighted cortical QSM composite (cortex column).
- Paired QSM n = 87; paired A β -PET n = 68; exact A β -QSM overlap n = 67.
- Statistics: paired tests; Pearson correlation; exact ID matching only.

CLINICAL RELEVANCE

Exploratory clinical relevance: baseline cortical QSM was tested against MMSE and MoCA change using the same cohort.



Keep as secondary evidence: primary LME results were trend-level; v14 ANCOVA results were nominal.

CONCLUSIONS

- Lecanemab produced strong A β -PET target engagement.
- Voxel-weighted cortical QSM increased across paired scans.
- Δ A β did not explain Δ cortical QSM; cognition links are exploratory.
- These data support amyloid-clearance/QSM dissociation, not treatment-specific tissue-iron causality.

Poster-level message
Amyloid clearance and cortical QSM-defined susceptibility dissociate during early lecanemab follow-up.

REFERENCES

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