

Real-World UK Experience of Disease Modifying Therapy in Alzheimer's Disease

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Introduction

Alzheimer's disease (AD) is the most common neurodegenerative disorder and the leading cause of dementia in the UK¹. The prevalence rate of dementia among older people in the UK was estimated to be 7.1% in 2019². NICE has estimated around 70,000 adults in England would be eligible for Lecanemab and Donanemab; two recently approved disease modifying treatments for AD³.

The UK National Institute for Clinical Effectiveness (NICE) evaluation does not currently recommend these therapies for mild cognitive impairment or mild dementia from AD⁴, due to current cost-effectiveness assessments. Therefore, these therapies are not currently available in the UK National Health Service (NHS). Cleveland Clinic London (CCL) has provided these therapies since September 2024, as a UK-based non-NHS independent health provider.

Methods

Routine data are collected from AD patients who commence on either amyloid treatment pathway. All patients are reviewed by a neurologist and are evaluated by an MDT to confirm eligibility for treatment. Patients are commenced on either Lecanemab or Donanemab treatment pathways and monitored in accordance with standardized protocols with MRI and clinical assessments. Research governance under CCL Bioresource REC 21/WM/0180.

Results

A total of **74 patients** have been evaluated at MDT for amyloid-targeting therapies. 53% of the cohort are APOE ε4 heterozygous.

	Donanemab	Lecanemab
Median age (years)	74 (SD 6.79)	74 (SD 9.81)
Number of patients (% of cohort)	30 (73%)	11 (27%)
Baseline mean of MMSE (SEM)	26 (±0.65)	24 (±0.61)
Symptomatic ARIA-E / H (patients)	2	1
Asymptomatic ARIA – E / H (patients)	2	3
Mean length of treatment (SEM)	31 (± 3.81) weeks	74 (± 5.98) weeks

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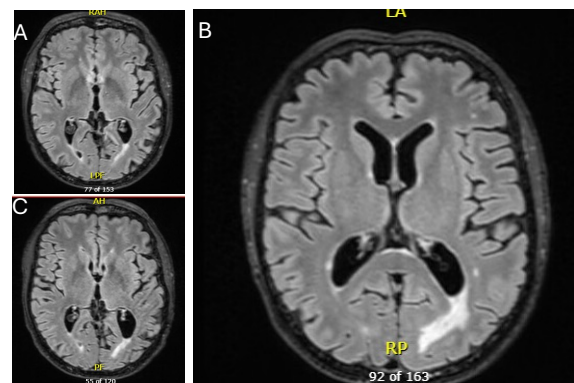
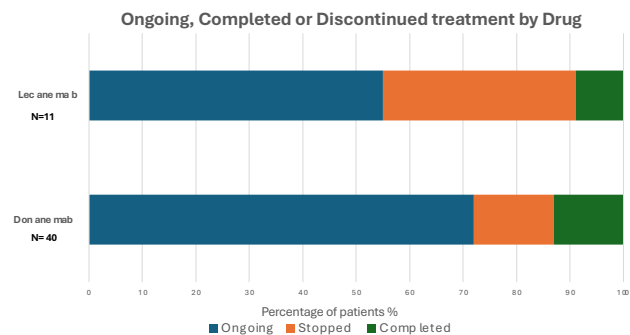


Figure A) Baseline MRI imaging. B) MRI displaying ARIA-E C) Interval imaging 3 months post identification of ARIA-E.

Discussion

The rate of amyloid-related imaging abnormalities (ARIA-E/H) on MRI is lower in this cohort than reported clinical trials⁴. The Donanemab treatment group have an ARIA-E/H rate of 10% compared with 26% in Trailblazer-ALZ⁵. The Lecanemab group have a similar incidence rate of ARIA-E/H at 36% compared with a 26% total incidence rate in the Clarity-AD trial⁶. 3 patients have had to stop treatment due to ARIA-E/H. Patients have decided to stop treatment due to inconvenience and transferring care out of United Kingdom. 5 patients have completed treatment according to the response to amyloid beta levels on imaging.

Conclusion

This study provides an early real-world UK evaluation of disease-modifying therapies for AD. The findings support the feasibility of delivering these treatments in a specialist setting, while highlighting the practical challenges related to treatment delivery and patient pathways. Ongoing data collection will further characterise patient and carer experience.

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