

Barriers to Anti-Amyloid Therapy in a Brazilian Public Memory Clinic: Real-World Gaps and A Call For Action

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These findings underscore the urgent need to implement international guidelines tailored to resource-constrained settings, alongside dedicated financial investment and collaborative partnerships that enable LMICs to build the necessary infrastructure and include eligible patients in anti-amyloid treatment programs. Without these efforts, AATs are likely to exacerbate existing health disparities, remaining accessible primarily through private healthcare systems and further marginalizing vulnerable populations.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Introduction: Anti-amyloid therapies (AAT), exemplified by lecanemab and donanemab, have transformed the therapeutic approach to Alzheimer's disease (AD). Their implementation necessitates rigorous eligibility criteria, encompassing verified amyloid pathology, through cerebrospinal fluid (CSF) or positron emission tomography (PET) biomarkers; early-stage diagnosis, and exclusion of other comorbidities. In low- and middle-income countries (LMICs), structural limitations hinder AAT implementation. Methods: We conducted a cross-sectional analysis of 203 patients evaluated at a public cognitive outpatient clinic in Brazil. The diagnoses encompassed mild cognitive impairment and dementia subtypes (AD, vascular dementia, fronto temporal dementia, etc.). Access to brain magnetic resonance imaging, required for AAT eligibility, was evaluated alongside demographic and clinical variables. Eligibility was estimated using trial-based criteria (age, Mini-Mental State Examination (MMSE) score, schooling, and clinical diagnosis). Multivariable logistic regression was used to identify predictors of MRI access.	Study DNA Cross-sectional analysis N=203 (MCI and dementia subtypes) Public cognitive outpatient clinic in Brazil Funnel of Exclusion 203 Patients evaluated Filter 1 (Neuroimaging drop-off): Only 69.3% had undergone a brain MRI following years of clinical diagnosis. Filter 2 (Biomarker drop-off): 0% Access. No individuals had undergone amyloid PET or lumbar puncture for CSF evaluation. Genetic testing and confirmatory diagnostics are unavailable in the public system. 0 PATIENTS formally eligible for AAT according to international standards. Educational attainment emerged as the sole, the sole independent predictor of MRI access (OR 2.84, 95% CI 1.14–7.57, p=0.027).	Results: Only 69.3% of patients had undergone brain MRI following years of clinical diagnosis. No individuals within the cohort had undergone amyloid PET or lumbar puncture for CSF biomarker evaluation, both of which remain inaccessible through Brazil's public healthcare system. Additionally, genetic testing and confirmatory diagnostics are unavailable. Although a considerable proportion of patients likely satisfies clinical criteria for early-stage AD and MCI, no individuals could be formally deemed eligible for AAT according to existing international standards. Educational attainment emerged as the sole independent predictor of MRI access (Odds Ratio 2.84, 95% Confidence Interval 1.14–7.57; p= 0.027), reflecting broader socioeconomic inequalities.	No patients fulfilled the comprehensive eligibility criteria for AAT, attributable to deficiencies in diagnostic infrastructure. The lack of biomarker access, an essential requirement for lecanemab and donanemab prescriptions, disqualifies all patients in this public context from disease-modifying interventions..	1. Ramanan VK, Armstrong MJ, Choudhury P, Coerver KA, Hamilton RH, Klein BC, Wolk DA, Wessels SR, Jones LK Jr; AAN Quality Committee. Anti-amyloid Monoclonal Antibody Therapy for Alzheimer Disease: Emerging Issues in Neurology. Neurology. 2023 Nov 7;101(19):842-852. doi: 10.1212/WNL.0000000000207757. Epub 2023 Jul 26. PMID: 37495380; PMCID: PMC10663011. 2. Rubin R. Treating Alzheimer Disease With Anti-amyloid Therapies—The Real-World Experience Grows. JAMA. 2025;334(12):1041–1044. doi:10.1001/jama.2025.14180References Text Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut 3. Rabinovici GD, Selkoe DJ, Schindler SE, Aisen P, Apostolova LG, Atri A, Greenberg SM, Hendrix SB, Petersen RC, Weiner M, Saloway S, Cummings J. Donanemab: Appropriate use recommendations. J Prev Alzheimers Dis. 2025 May;12(5):100150. doi: 10.1016/j.jpad.2025.100150. Epub 2025 Mar 27. PMID: 40155270; PMCID: PMC12180672.
		Map of Brazil highlighting the location of the study site in São Paulo.	Ideal State Verified amyloid pathology (CSF/PET) Early-stage diagnosis Exclusion of comorbidities LMIC Reality Structural limitations hindering AAT implementation	CONTACT  @hubmemory memoryhub12@gmail.com carolinabragamr@gmail.com ALZHEIMER'S ASSOCIATION AAIC>26