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Eligibility to anti-amyloid treatments in logopenic variant primary progressive aphasia and posterior cortical atrophy

Unil.



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- Identification in retrospective analysis of CLEMENS registry, 41 PCA and 31 lvPPA
- AAT eligibility rate for PCA and lvPPA 25 %, much higher than previous estimates
- High amyloid burden and lower *APOE4* carrier frequency suggest PCA and lvPPA as excellent candidates for AAT

METHODS

- 11-years retrospective analysis of patients with lvPPA and PCA from Leenaards Memory Center (CLEMENS) registry ¹⁰
- Eligibility determination based on AURs ^{11, 12} and local guidelines ^{13, 14}

INTRODUCTION

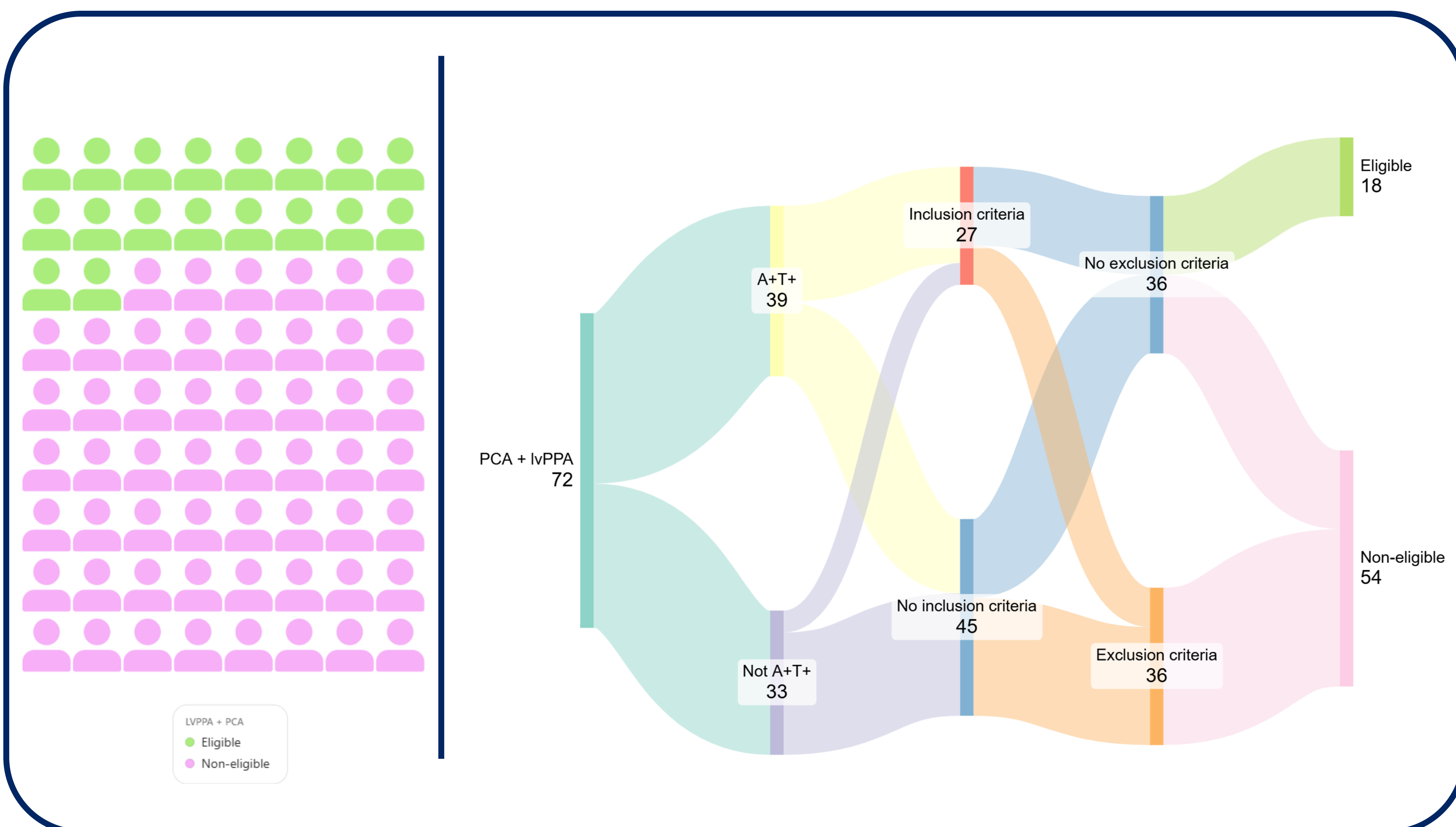
- Recent approval of anti-amyloid treatments (AAT) for Alzheimer's Disease (AD)
- 3 common AD phenotypes¹
 - Amnestic
 - Logopenic variant primary progressive aphasia (lvPPA)
 - Posterior cortical atrophy (PCA)
- PCA and lvPPA higher predictor of AD neuropathology (respectively 94 and 78 %) ^{2,3} than amnestic phenotype (65 %) ⁴
- PCA and lvPPA never included in randomized controlled trials (RCT)
- Previous eligibility estimates and real-life eligibility rates from 3 to 8% ⁵⁻⁹

RESULTS

	Eligible	Non eligible	Total
n (%)	18 (25)	54 (75)	72
Mean age at diagnosis (y, stdev)	64 (8)	69 (8)	68 (9)
Female gender (%)	9 (50)	32 (59)	41 (57)
CDR 0.5 (%)	16 (89)	31 (57)	47 (65)
CDR >= 1.0 (%)	2 (11)	21 (39)	23 (32)
Mean MMSE (score stdev)	24 (9)	22 (6)	22 (6)
PCA (%)	7 (39)	34 (63)	41 (57)
lvPPA (%)	11 (61)	20 (37)	31 (43)

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CONCLUSION

- Higher eligibility (25 %) than previous estimates, ⁵⁻⁹ similar in PCA (17 %) and lvPPA (35 %)
- Few radiological exclusion criteria, notably probable CAA (estimated only 13 %, much less than recent meta-analysis ¹⁵ or recent data from our center ¹⁶)
- Given higher amyloid burden and and lower *APOE4* carriership ¹⁷, excellent candidates for this therapeutic approach
- Likely underestimation of eligible cases in PCA and lvPPA due to pTau181 false negatives in CSF among A+ patients ¹⁸
- Nevertheless, no validated outcome measure available to date ¹⁹




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