

Implementing Blood-Based Biomarkers for Alzheimer's Disease: Insights from Experts and Affected People in Germany

Jana Wegehöft & Julia Latting Perry

Department of Medical Ethics and History of Medicine, University Medical Center Göttingen, Germany

KEY TAKE AWAY: German general practitioners need practical and ethical guidance prior to implementation of blood-based biomarkers if they take on counselling role.

P-3083

UNIVERSITÄTSMEDIZIN GÖTTINGEN : UMG

With funding from the:



Project website: <https://prepare.hardingcenter.de/>
Project period: 08/2023 – 01/2027
jana.wegehoeft@med.uni-goettingen.de

INTRODUCTION

- Major shift in Alzheimer's disease (AD) detection and diagnosis through blood-based biomarkers (BBMs) and disease-modifying therapies (DMTs) [1,2,3]
- General practitioners (GPs) have key function in early detection due to special trust relationship [4,5,6]
- Lack of empirical data on perspectives of German GPs, affected individuals and their caregivers

METHODS

- PREPARE interdisciplinary investigates attitudes, needs, and expectations of relevant stakeholders in primary care concerning BBMs (see also poster #3082)
→ Exploring how BBMs can be responsibly implemented in routine care?
- Scenario workshop with interdisciplinary experts (n=11) related to dementia care and research [7]
→ Focusing on the use of BBM tests and reflecting on social and ethical implications, political framework conditions, and societal strategies for broad implementation
- Two semi-structured interview studies with GPs (n=15) and patients (MCI, mild AD)/caregivers (n=15) [8]
→ Exploring expectations, communication needs, and ethical challenges with qualitative analysis [9]

Experts
GPs
Patients + Caregivers

RESULTS

	01 Experts	02 GPs	03 Patients + caregivers
 Views on BBMs	- Generally positive: enabling improvement in diagnosis and care - Consideration of social, financial, and ethical challenges for implementation in clinical and primary care practices	- Skeptical concerning time + financial constraints, test result interpretation + communication, psychological burden + stigma, lack of treatment - Recommend cautious consideration prior to implementation	- Most patients would have undergone testing, if BBMs had been available - Most caregivers would have recommended testing to their relative and tested themselves without symptoms
 Requirements for Implementation	- Necessity of robust data, standardised regulations, and appropriate disclosure - Addressing inequitable access to testing + therapies, inconsistent quality of information, and preparing clinicians	- Some see responsibility with specialists / companies - Requirements for use: reliability, cost-effectiveness, information, standardised guidelines, effective treatment for all patients	- Clear information on testing pathways - Some interviewees see need for consultation with a GP or specialist prior to testing - Affordable access to testing (via insurance)

CONCLUSION

- Findings highlight the unresolved challenges of BBM implementation in primary care
- As a clinical and societal advancement, BBM testing has potential to reshape clinician-patient interactions, concepts of ageing, responsibility, and vulnerability
- Necessitating GP training of risk communication and risk literacy, stigma-sensitive counselling, and fostering of interdisciplinary deliberation
- Our target group-oriented communication will support the standardise of guidelines, conversation guides and flyers for counsellors, patients, and their families

REFERENCES

[1] Mattke, S. et al. (2020). *Alzheimers Dement*, 12, e12081.
[2] Palmqvist, S. et al. (2025). *Alzheimers Dement*, 21, e70535.
[3] Salvadó, N. R. et al. (2025). *Alzheimers Dement*, 20(S2), e089139.
[4] Liss, J. L. et al. (2021). *J Intern Med*, 290, 310–334.
[5] VandeVrede, L., & Rabinovici, G. D. (2024). *JAMA Neurol*, 81(10), 1030–1031.
[6] Wangler, J. et al. (2018). *Dtsch Med Wochenschr*, 143(19), 165–171.
[7] Wegehöft et al. (submitted). German experts' foresight: Reflecting the future clinical implementation of Alzheimer's blood biomarkers
[8] Döringer, S. (2021). *Int J Soc Res Methodol*, 24(3), 265–278.
[9] Kuckartz, U., & Rädiker, S. (2023). SAGE.