

Alzheimer’s Registry to Address Post-marketing Safety of Amyloid-targeting and Other Advanced Therapies

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Background

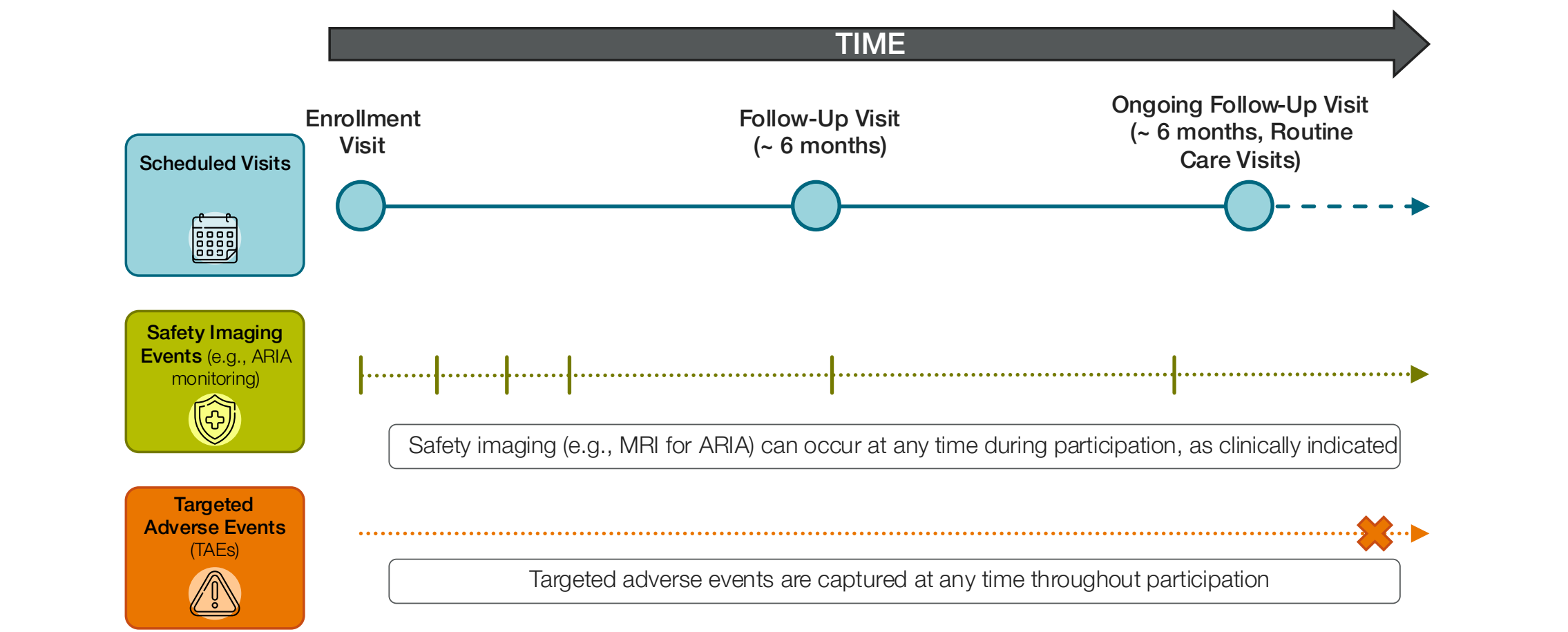
- Amyloid-targeting therapies (ATTs), including donanemab, have emerged as the first disease-modifying treatments for early symptomatic Alzheimer’s disease (AD).
- Clinical trials^{1,2,3} of ATTs have demonstrated slowing of cognitive decline alongside expected adverse events (AEs), particularly amyloid-related imaging abnormalities (ARIAs).
- However, Phase 3 clinical trial populations may not fully reflect the diversity of patients treated in routine clinical practice and leave unresolved questions regarding treatment duration, adherence to recommended monitoring strategies, and long-term clinical effectiveness and safety.
- Purpose-built global registries are needed to meet the post-marketing safety surveillance and regulatory evidence-generation requirements specific to approved ATTs.
- This work describes the PPD™ CorEvitas™ International Alzheimer’s Drug Safety and Effectiveness Registry (ALZ-710), a global registry designed to address the post-marketing safety surveillance and regulatory evidence generation needs for approved ATTs and future advanced therapies.

Objectives

- Describe the design and operational framework of the ALZ-710 global registry
- Present the quality-assurance and safety-monitoring approach
- Report early implementation progress across participating countries

Figure 1. ALZ-710 Registry Data Collection

Patients receive routine clinical care. ALZ-710 captures data from both scheduled visits and event-driven activities.



Note: Medications of interest are captured independently of registry visits in the medication log, as well as part of each TAE form. Abbreviations: ARIA = amyloid-related imaging abnormality; MRI = magnetic resonance imaging

Methods

Registry Design

- ALZ-710 is a global, prospective, site-based, observational registry conducted in the routine clinical practice setting, independently sponsored by of PPD™ CorEvitas™ Clinical Registries.
- ALZ-710 Registry clinical investigators actively assess and systematically collect data prospectively at enrollment and at subsequent registry visits occurring in the context of routine clinical care.
- Registry sites receive standardized training on study procedures, assessments, documentation, and safety reporting requirements. The registry’s electronic data capture (EDC) system uses automated checks to ensure completeness and accuracy.
- Registry processes include monitoring protocol adherence, safety data management with event adjudication, data quality checks, and creating traceable data lineage enabled by standard operating procedures.

Registry Population

Key Inclusion Criteria

- Diagnosis of mild cognitive impairment (MCI), early symptomatic AD, AD, or dementia with clinical suspicion of AD
- Willingness of care partner(s), who maintain regular contact with the patient (at least 10 hours per week), to participate and accompany patient to clinic visits
- Ability to provide informed consent
- Prescribed (and intends to initiate) a commercially available therapy for the treatment of AD (or symptoms of AD) (see **Table 1** for eligible medications) at enrollment

Methods (continued)

Table 1. Enrollment Eligible Medications

Drug Type	Non-Proprietary Medication		Brand Name Examples	
ATTs	Donanemab	Lecanemab	Kisunla®	Legembi®
AChEI	Donepezil	Benzgalantamine	Aricept®	Zunveyl®
	Galantamine	Rivastigmine	Razadyne®	Exelon®
NMDA antagonist	Memantine		Namenda®	
Combination NMDA antagonist/ AChEI	Memantine and donepezil combination		Namzaric	

Abbreviations: AChEI = acetylcholinesterase inhibitor; ATT = amyloid-targeting therapy; NMDA = N-methyl-D-aspartate

Exclusion Criteria

- Participation (or intent to participate) in a blinded clinical trial for MCI or AD
- Previous treatment with an ATT prior to enrollment in the Registry

Note: Eligibility criteria (including eligible medications) are updated to support evolving treatment landscape and evidence needs over time.

Data Collection

Disease Characteristics

- Demographics and lifestyle factors
- Clinical history (e.g., date of diagnosis, year symptoms first appeared, National Institute on Aging and Alzheimer’s Association 2024 Classification Criteria⁴)
- Clinical features (cognitive, neuropsychiatric/behavioral, and sensory/motor symptoms)
- Diagnostic testing (blood-based/cerebrospinal fluid biomarkers)
- Apolipoprotein E genotype (if available in medical record)

Clinical Outcomes

- Cognitive and functional assessments (Mini-Mental State Examination, Functional Activities Questionnaire) are collected at each registry visit, per the registry protocol.
- Laboratory and imaging data (e.g., brain MRI, amyloid positron emission tomography [PET], tau PET, fluorodeoxyglucose PET) are collected where available as part of routine clinical care.

Medications of Interest

- Precise drug start/stop dates for conventional and advanced therapies for AD.
- Includes additional medications of interest: Anticoagulants, antidepressants, antiplatelets, antipsychotics, anxiolytics, corticosteroids, glucagon-like peptide-1 agonists, medication for hypertension, seizure medication, thrombolytics.

Safety Monitoring

- Active ARIA monitoring, per the prescribing guidelines for ATTs with detailed imaging (e.g., MRI) results.
- Active AE assessment with defined mechanisms for reporting serious and targeted adverse events (TAEs) and supporting medical records at or between visits (within 24 hours of awareness).

Quality Assurance Framework for Reliable Real-World Evidence

Active Adverse Event Assessments

- Sites actively assess the occurrence of AEs at each registry visit.
- Sites are required to report each of the following between registry visits upon awareness (as applicable):
 - TAE forms, for registry defined targeted events including ARIA, intracranial hemorrhage, severe hypersensitivity reactions, stroke, seizure and other serious AEs.
 - Results of imaging collected for purposes of ARIA-related surveillance and monitoring (e.g., MRIs) to support evaluation of adherence to relevant practice guidelines.
 - Drug information, including administration details for each infusion of an ATT.
 - Source documentation (i.e., relevant medical records) submitted for central verification of site-reported TAE and imaging data against registry case definitions.

Standardization

- Collection of detailed clinical and safety data are standardized across all geographies.
- Site personnel undergo required trainings in the protocol and data collection.
- Defined workflows have been implemented for safety imaging and TAE reporting.

EDC Quality Controls

- There is a centralized EDC platform with automated validation checks.
- Critical safety data are required to be reported to CorEvitas within a 24-hour timeframe from site awareness.

Methods (continued)

Safety Data Processing and Management

- Trained pharmacovigilance staff review each provider-reported TAE against registry case definitions and available medical records for accuracy and completeness.
- Sites are queried for missing or discordant information, and for available records to support central clinical review and verification of reported TAEs and safety-related imaging.
- Trained clinical reviewers, including neurologists or neuroradiologists, evaluate ARIA events, adjudicate provider-reported TAEs that are complete with relevant source documentation.

Risk-based Monitoring

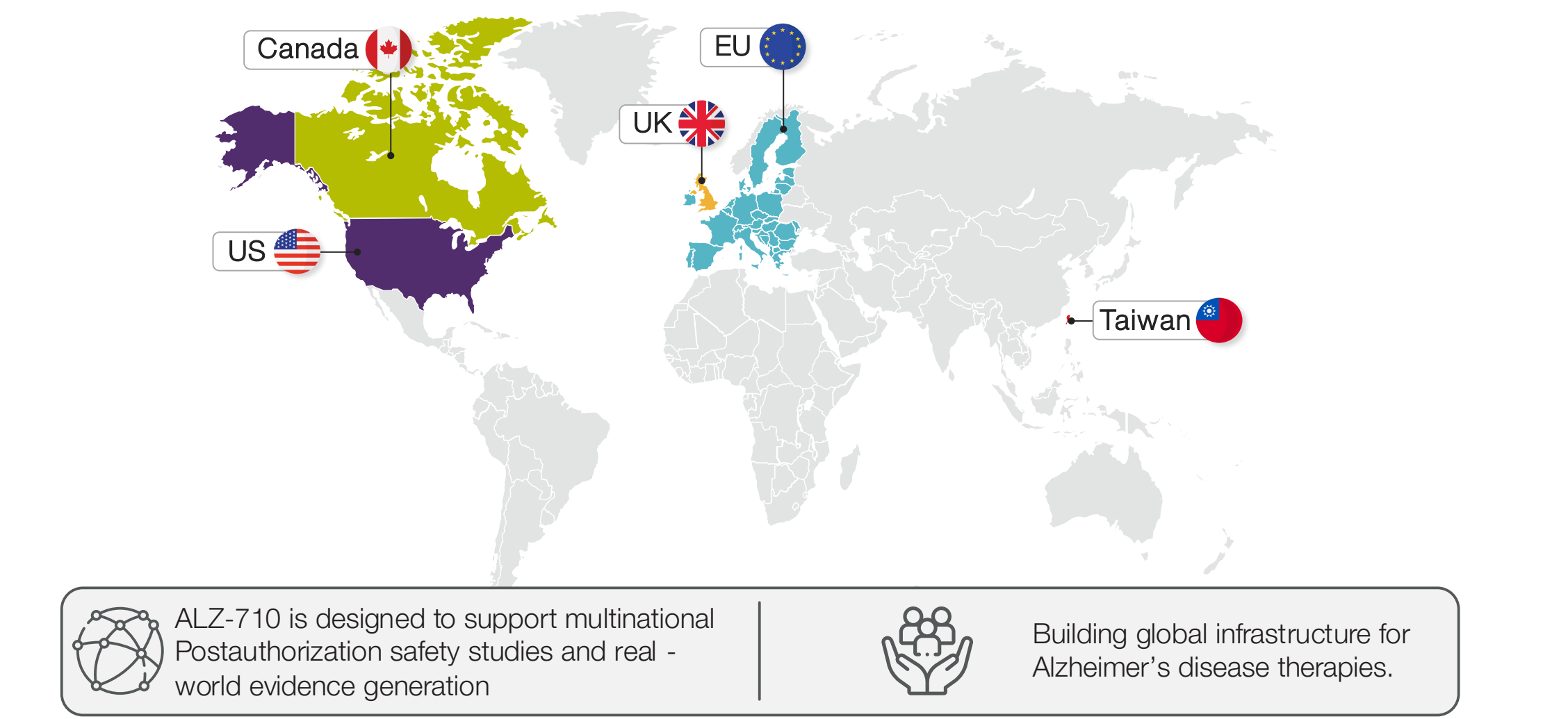
- CorEvitas performs a combination of remote and on-site monitoring activities.
- Registry data undergo a risk-based review of key data quality indicators (e.g., completed versus overdue follow-up visits, completeness of key variables, safety event reporting metrics).
- Participating sites undergo ongoing assessment of site compliance, protocol adherence, and operational performance.

Results

Early Implementation Results

- The Registry launched or is pending launch in five regions including Canada, European Union (launched June 2026), Taiwan, United Kingdom, and United States (launched December 2025).
- Enrollment is open-ended with no predefined upper enrollment limit on the number of patients or sites.

Figure 2. ALZ-710: Global Registry Footprint



Conclusion

- ALZ-710 is an independent, multinational registry designed to provide deep, harmonized safety and clinical data collection purpose-built to meet the requirements of post-marketing regulatory evidence generation.
- The Registry incorporates active structured surveillance for ARIA and other serious or protocol-defined AEs, reporting within 24 hours, source document collection, and centralized quality oversight to support timely and accurate safety evaluation.
- By applying a single protocol, harmonized core dataset, and common quality-assurance framework across all participating sites, ALZ-710 produces evidence that can be pooled across regions, supporting global post-marketing safety surveillance of ATTs and future Alzheimer’s therapies.
- The Registry provides a scalable platform for postauthorization safety studies and post-marketing evidence generation.

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Disclosures

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