

Travel barriers to amyloid-targeting infusion access among older adults

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Background

- Lecanemab for the treatment of Alzheimer’s disease requires regular biweekly intravenous infusions over a multi-year period. Approximately 80% of patients are accompanied by a caregiver to each visit.¹
 - A subcutaneous formulation has been FDA approved for maintenance and is under FDA review for initiation
- Travel time to infusions and caregiver availability can impede access to care, particularly for rural and lower-income populations. Evidence from rheumatology and oncology links travel distance to delays in treatment receipt and lower rates of treatment.²⁻⁴
- No studies have previously quantified distance-related barriers at the point of initiation for amyloid-targeting infusion therapies.

Objectives

- Survey a nationally representative sample of non-AD adults aged ≥65 to measure maximum acceptable one-way travel times for bi-weekly infusion treatment over 5 years.
- Geocode respondent and infusion-site addresses and calculate driving times to nearest infusion centers.
- Estimate geographic access.
- Estimate how transition to subcutaneous (SC) delivery might increase access, especially for underserved populations.

Methods

Study Sample

- Survey fielded to all Understanding America Study (UAS) panelists aged ≥65 (n=3,390), April–June 2025.
- Analytic sample: 2,329 respondents with complete data (69% response rate).
- Survey sample was weighted to match the age distribution of potentially treatment eligible individuals.

Willingness-to-Travel Elicitation

- Adaptive bracketing procedure elicited maximum acceptable one-way travel time for bi-weekly infusions over 5 years.
- Starting from a random anchor, respondents were iteratively asked about longer or shorter times (range: 5 min to ≥4 hours).

Infusion Site Geocoding

- Addresses of respondents and infusion sites were geocoded
- Driving times calculated using Google Maps road network data

Access Definitions

A respondent was coded as having access if his/her stated willingness exceeded the required driving time. Robustness checks:

- Average travel time to the nearest 3 centers (capacity/network constraint)
- Infusion centers must be within the respondent’s state (Medicaid coverage constraint)
- Respondent must have access to an accompanying caregiver

Statistical Analysis

- Linear probability models with robust standard errors examined sociodemographic correlates of access.

Results

Sample Description

Table 1. Summary Statistics for Study Sample – Demographics			
	(1) Count (n=2329)	(2) Proportion (Unweighted)	(3) Proportion (Weighted)
Age Group:			
65-69	823	0.35	0.12
70-74	669	0.29	0.13
75-79	531	0.23	0.20
80-84	203	0.09	0.23
85+	103	0.04	0.32
Female	1,195	0.51	0.48
Annual household income > \$60K	1,207	0.52	0.50
Bachelor's or more education	1,081	0.46	0.48
Non-Hispanic white	1,835	0.79	0.83
Fair or poor health	437	0.19	0.18
Lives in metropolitan area	1,821	0.78	0.80
Retired	1,801	0.77	0.87
Has accompanying caregiver	1,851	0.79	0.82

Willingness to Travel

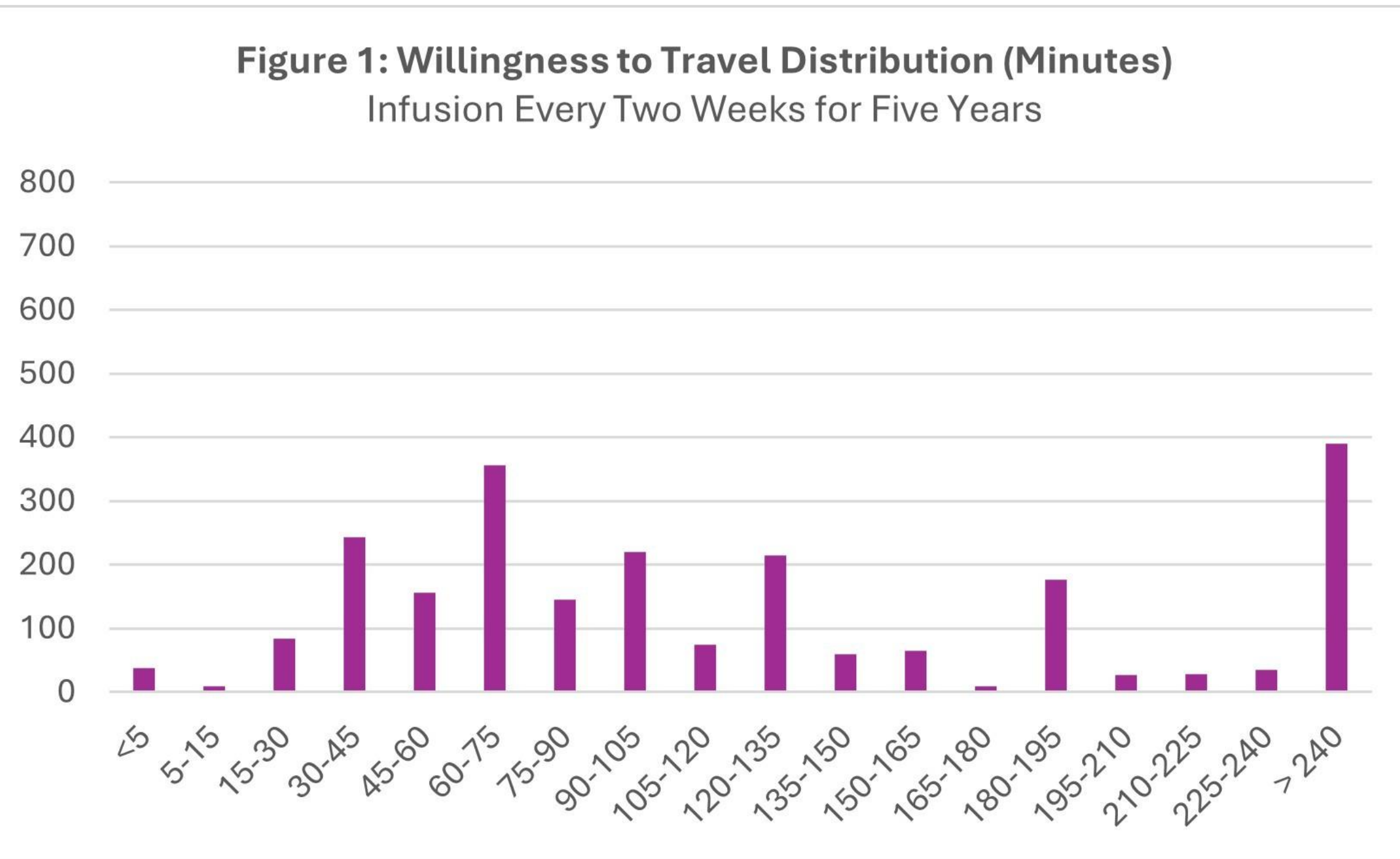


Figure 1. Distribution of willingness-to-travel times (weighted). Median: 97.5 min one-way (IQR: 67.5–187.5 min).

Geographic Coverage of Infusion Centers

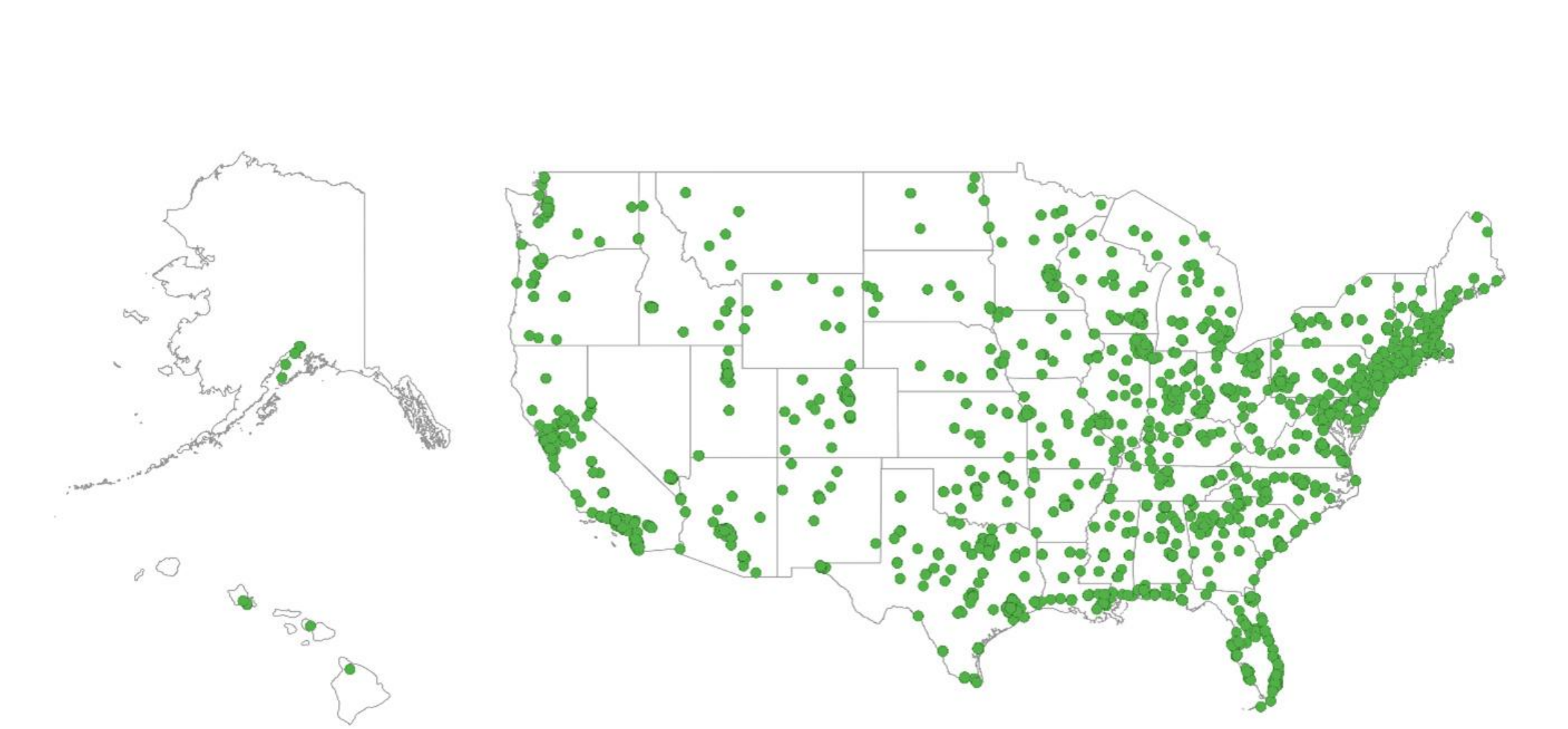


Figure 2. Geographic distribution of 2,003 listed amyloid-targeting infusion sites. Density mirrors U.S. population; rural areas have fewer sites.

Median respondent drive times:

- Nearest site: 16.6 min (IQR: 10.2–33.0)
- Average time to nearest 3: 23.0 min (IQR: 14.8–44.9)
 - Metropolitan: 18.8 min (IQR: 13.5–31.3)
 - Rural: 57.1 mins (IQR: 46.2–73.3)

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Key Results

Table 2. Geographic Access Under Various Constraints	
Constraint	% with Access
Nearest infusion center	94%
Average of 3 nearest	90%
Within-state restriction	88%
Caregiver required	75%
Within-state + caregiver	74%

Table 3. Covariate Associations w/ Access (Caregiver Req.)	
Covariate	Δ in Access
Higher Income (>\$60K)	+ 9.0pp (p-value = 0.006)
Lives in Metropolitan Area	+18.8pp (p-value < 0.001)

Potential Impact of Subcutaneous Delivery

- If all individuals facing prohibitive travel constraints were willing to receive SC, access could increase by 11%–33% in relative terms
- Potential increases proportionally larger for disadvantaged populations
 - Lower income (<\$60K): up to 42% increase in access
 - Rural: up to 67% increase in access

Discussion

- Despite 2,003 listed infusion sites and a median stated willingness to travel 97.5 minutes, approximately 10% of older adults live farther from a site than they would be willing to drive.
- That share rises to ~25% when caregiver accompaniment is required, as is common among patients receiving amyloid-targeting treatments.¹
- Geographic barriers are more pronounced among less-advantaged populations.
- Transition to SC delivery - which could allow home or clinic administration without travel to infusion facilities - could meaningfully increase access and promote equity, especially for rural and lower-income populations.

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