

# EARLY ALZHEIMER’S DISEASE TREATED WITH LECANEMAB: A REAL-WORLD, RETROSPECTIVE ANALYSIS FROM A COLORADO NEUROLOGICAL CLINIC



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## Introduction

- Lecanemab, a humanized IgG1 monoclonal antibody binding with high affinity to protofibrils of amyloid-beta (Aβ) protein, impacts the underlying biology of the disease by targeting large soluble protofibrils as well as plaques<sup>1-11</sup>
- The Clarity AD phase 3 study demonstrated that lecanemab significantly reduced amyloid biomarkers and slowed clinical decline on multiple measures of cognition and function at 18 months<sup>2-3</sup>
- In an ongoing open-label extension (OLE) phase of Clarity AD, lecanemab treatment continued to show long-term benefits for 48 months, while maintaining a generally favorable tolerability profile<sup>3-4,11-12</sup>
- Herein, we report real-world data from our clinical practice for individuals with early Alzheimer’s disease treated with lecanemab

## Methods

- Our retrospective analysis evaluated consecutive cases of individuals treated with lecanemab for at least 6 months at Porter Adventist Hospital and the Colorado Neurological Clinic in Denver Colorado
- Patient characteristics, medical history, demographic characteristics, exposure to lecanemab treatment, and safety data were collected from medical charts
- Efficacy was assessed with the Montreal Cognitive Assessment (MoCA), a rapid screening instrument for mild cognitive dysfunction
- For efficacy, post-baseline MMSE and MoCA were classified as improved, stable (within 10% of baseline), or declined. Amyloid PET was conducted at 1 year
- Data were summarized descriptively

## Results

### Patient Characteristics

- Overall, 64 patients with early AD were included
- Half of the patients were female (50%) and 98% of patients were Caucasian (98%), with a mean age of 74 years (range 56-85 years) (**Table 1**)

**Table 1.** Patient Characteristics

| Characteristic                           | (N = 64)    |
|------------------------------------------|-------------|
| Mean age (range), years                  | 74 (56, 85) |
| Sex, n (%)                               |             |
| Female                                   | 32 (50)     |
| Male                                     | 32 (50)     |
| Race, n (%)                              |             |
| Caucasian                                | 63 (98)     |
| Black                                    | 1 (2)       |
| Clinical diagnosis, n (%)                |             |
| Mild cognitive impairment                | 56 (87)     |
| Mild dementia due to Alzheimer’s disease | 8 (13)      |
| APOE ε4 status, n (%)                    |             |
| Noncarrier                               | 19 (30)     |
| Carrier                                  | 45 (70)     |
| Heterozygotes                            | 29 (45)     |
| Homozygotes                              | 16 (25)     |

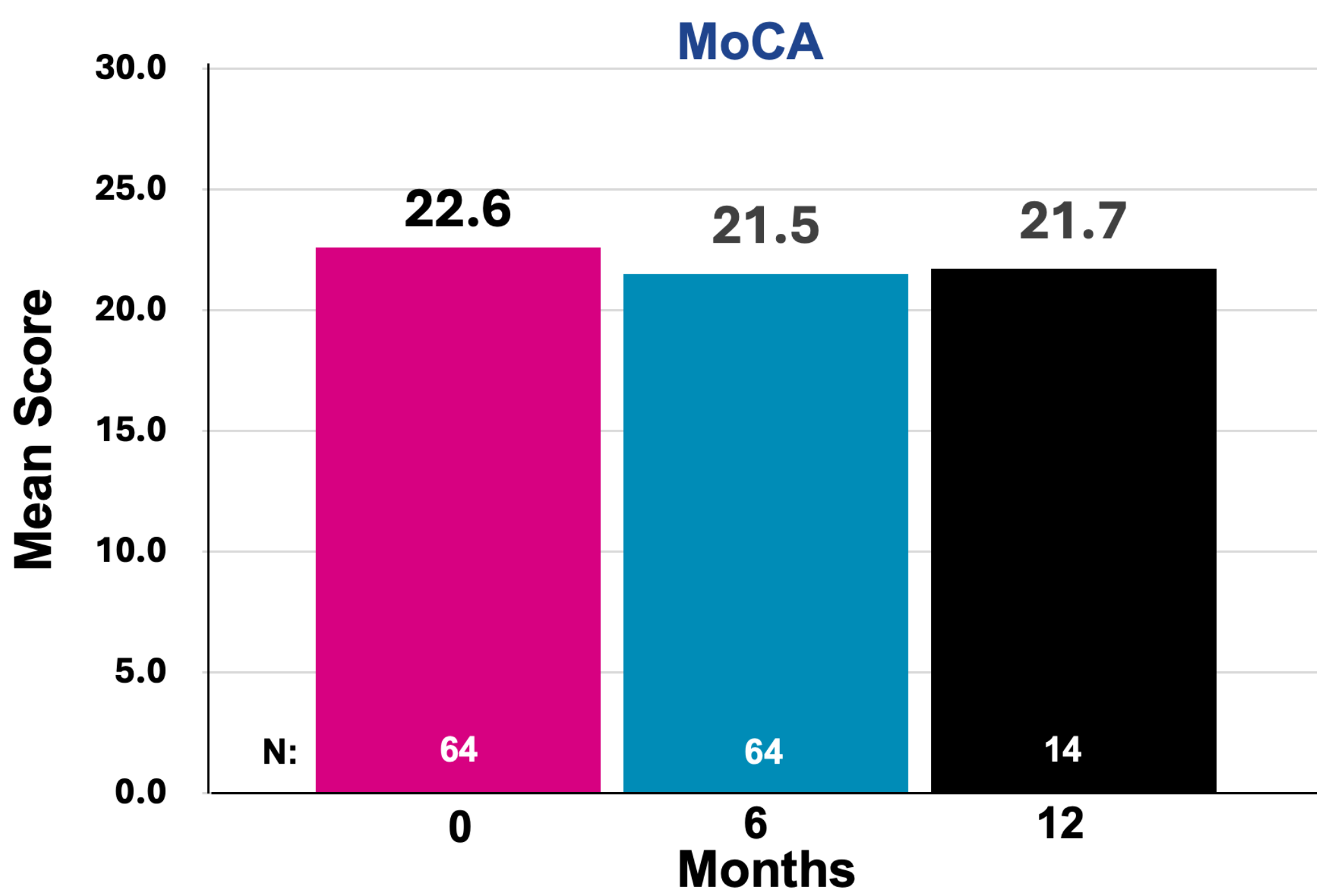
- The most common diagnosis was mild cognitive impairment (87%), and 70% of patients were APOE4 carriers (45% heterozygotes; 25% homozygotes; **Table 1**)
- Mean time from diagnosis (i.e., confirmed amyloid positivity) to first lecanemab dose in newly treated patients was 52 days
- Average duration of therapy at data cutoff was approximately 13.9 months
- Seven patients switched to every 4 weeks dosing after 1-year amyloid PET

### Effectiveness

- MoCA scores remained relatively stable from baseline (22.7) to 6 months (21.5) and 12 months (21.7) (**Figure 1**)
  - Results were similar for females and males

## Results

**Figure 1.** MoCA Effectiveness Assessments \*



\*MoCA is a 30-point scale in which 26 or above is considered normal cognitive function; 18-25 may indicate mild cognitive impairment; 10-17 may suggest moderate cognitive impairment; and less than 10 may indicate severe cognitive impairment. Data was not available for all patients at each timepoint.

- Overall, 80% (51/64) of patients had improved scores (10/64) or stable scores (within 10% of baseline; 41/64)

### Safety

- Four (6.3%) cases of ARIA-E were observed (three mild and one severe)
  - Treatment for APOE ε4 homozygous patient with severe ARIA was held for 4 months and then restarted; other 3 patients did not continue treatment
  - Three cases had concurrent ARIA-H
  - Three cases resolved within 3 months; one was lost to follow-up
- Infusion-related reactions occurred in 6 patients (9.4%)
  - Symptoms reported with infusion-related reactions included headache (4), rash (1), and fatigue (1)
- Three patients discontinued treatment
  - Reasons for treatment discontinuations included ARIA (1), headaches (1), and disease progression (1)

## Conclusions

- Lecanemab effectiveness profile in our real-world practice setting was generally similar to that observed in clinical studies
- The observed safety of lecanemab was consistent with the known safety profile, with no new safety signals observed
- Results are consistent with other similar real-world analyses

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### References

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