

Initial Real-world Experience in Using Lecanemab
in Hong Kong: Safety and Preliminary PET-CT Data

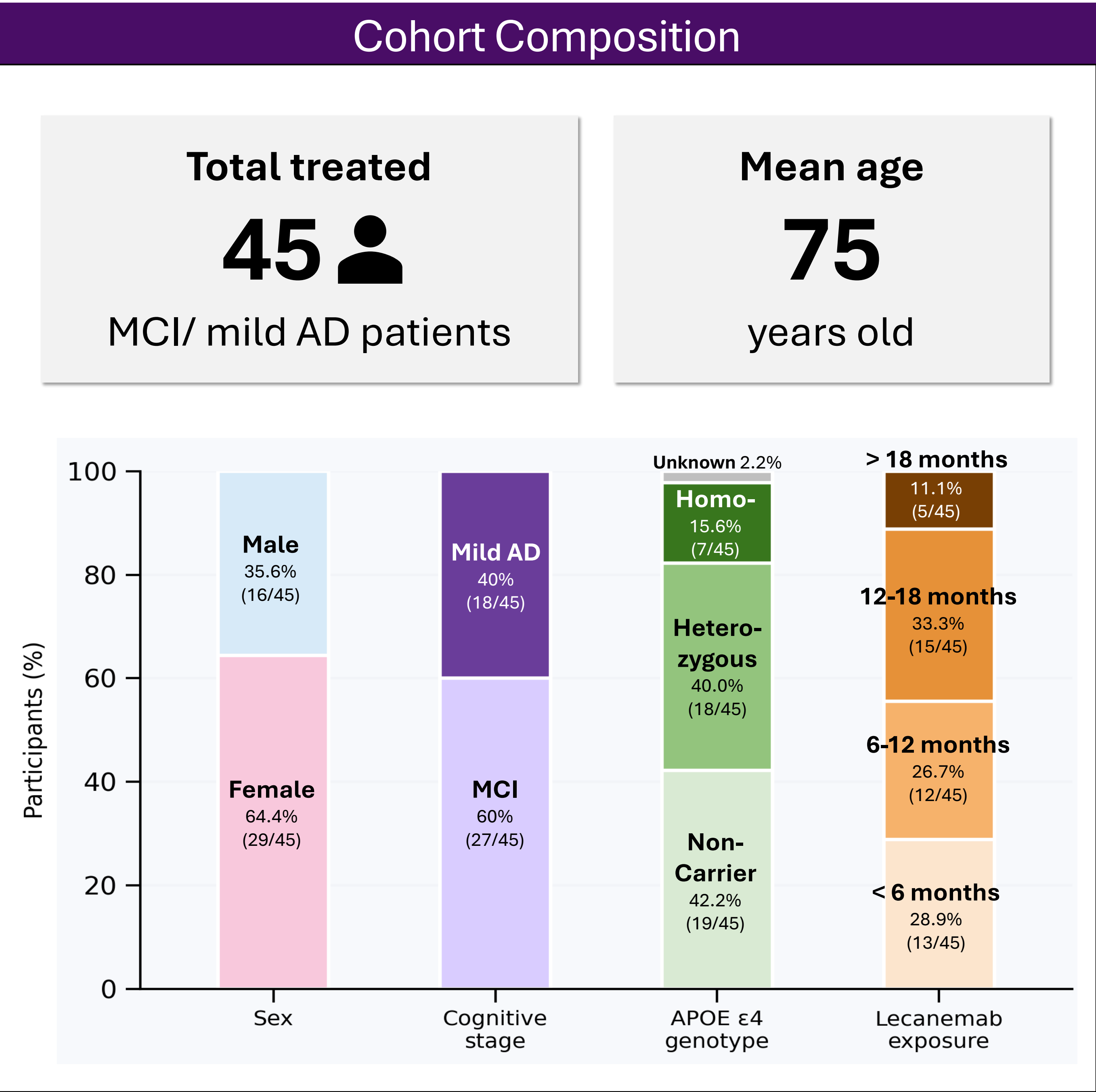
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In this initial Hong Kong real-world cohort of 45 patients treated with Lecanemab, most participants maintained IADL independence (95.6%), with no significant MoCA decline among those completing 18 months of treatment (n=3). Lecanemab was generally well tolerated, with no ARIA-E, low ARIA-H and IRR rates, and no ARIA among non-APOE-ε4 carriers or heterozygotes. Concomitant antithrombotic use was significantly associated with adverse events (p=0.010), supporting careful monitoring in this subgroup.

Introduction

- Lecanemab, an anti-amyloid monoclonal antibody, is increasingly utilized as a disease-modifying therapy for early Alzheimer's disease (AD) in super-aging Asian societies.
- Real-world evidence is critically needed to characterize its efficacy and safety profile in Asian populations.
- This report summarizes clinical experiences at Canossa Hospital's outpatient department and a private clinic in Hong Kong.



Results

1 Cognition & Function

95.6% maintained IADL independence (43/45)

4.4% maintained ADL to walking/ dressing/ toileting (2/45)

3 patients who completed 18 months of treatment showed no significant decline in HK-MoCA score

2 Tolerability & Safety

All 5 AEs were mild

ARIA-H; superficial siderosis (2.2%)

Injection site extravasation (2.2%)

Renal impairment (2.2%)

Skin petechiae (2.2%)

Fall (2.2%)

11.1% due to treatment-emergent adverse event (TEAE)

The patient was an APOE-ε4 homozygote with baseline MoCA 20, Fazeka 2 (aneurysm), high p-Tau 217 load & concomitant use of Cilostazol, who has completed 4 infusions & achieved iADL independence prior to treatment discontinuation due to the detection of ARIA-H.

No ARIA detected among APOE ε4 non-carrier or heterozygotes

3 Correlation Analysis

15.6% (7/45; 3 aspirin, 2 clopidogrel, 1 cilostazol & 1 direct oral anti-coagulant) took concomitant anti-thrombotic therapy, which was significantly associated with adverse events (p=0.010)

In CLARITY AD, ARIA rates were comparable, if not lower, in Lecanemab-treated patients who were on any platelet (31.6%) or any coagulation (alone or with anti-platelet; 23.1%) than those Lecanemab-treated but not on any anti-thrombotic therapy (32.1%) [2024 Honig LS et al, Alzheimers Res. Ther.]

Conclusions

- Our real-world experience demonstrates that Lecanemab treatment in Hong Kong is generally safe, characterized by a very low incidence of amyloid-related imaging abnormalities (ARIA).
- This safety profile is particularly evident among non-APOE-ε4 carriers and heterozygotes.
- These findings align with the CLARITY AD study, which also indicated that ARIA is relatively uncommon in Asian patients receiving Lecanemab (ARIA-E/H was 6.2/14.4% in the Lecanemab-treated vs 1.4/16.2% in the Placebo group) [2025 Chen C et al, JPAD].