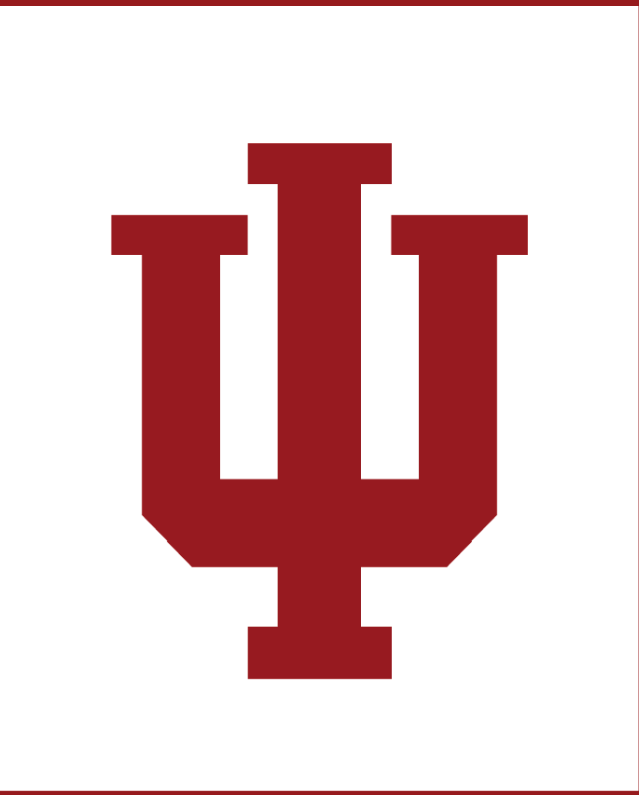
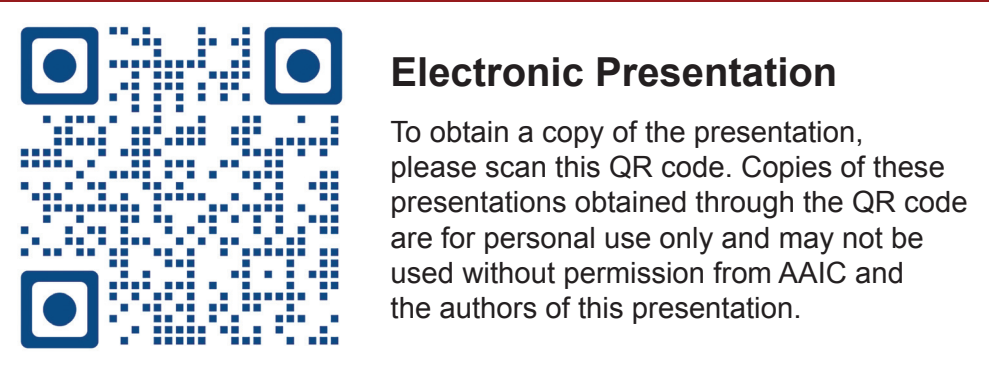




Treatment Goals for Anti-Amyloid Therapy in Early-Stage AD: A Consensus From U.S. Dementia Specialists

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Background

- AATs have meaningfully shifted clinical practice, providing an approach to slowing AD progression for patients with symptomatic early AD (MCI due to AD or mild AD dementia).^{1–3}
- Uncertainty in translating trial endpoints into clinical outcomes has hindered communication of meaningful treatment goals for patients and care partners considering AATs,⁴ which delays treatment and leads to poorer disease outcomes.
- Well-defined, evidence-based goal statements may improve the consistency of decision-making, help align expectations, and support the contextualization of potential benefits and risks of treatment among patients and care partners.⁵
- The objective of this study was to develop and reach consensus on the current and future goals for available AATs in patients with early AD by integrating published evidence with expert clinical insights and PAG perspectives.

Methods

- This study used a structured, modified Delphi consensus approach (**Figure 1**), conducted in 2 stages between October 2025 and March 2026, to define current and future treatment goals for available AATs in patients with early AD.

Selection Criteria for Steering Committee, Delphi Panelists, and the Broader Voting Group

- The Steering Committee were clinicians with substantial experience managing and treating patients with early AD with AATs.
- Delphi panelists were clinicians with ≥5 years of experience managing patients with early AD and were geographically distributed across the U.S.
- The broader voting group consisted of 36 U.S.-based HCPs with experience managing AD, plus 9 AD-focused PAG representatives.

Targeted Literature Search and Grading

- A targeted PubMed search was conducted in October 2025 using predefined search terms (**Figure 2**).
- Titles and abstracts were screened against prespecified inclusion and exclusion criteria, followed by a full-text review of selected publications.
- Based on results of the targeted literature review and informed by clinical experience of the Steering Committee, treatment goal statements were drafted across 3 domains: **patients**; **care partner**; and **HCP/health systems**.
- Treatment goal statements were categorized by expert opinion and level of evidence (1–3) using the GRADE criteria to reflect the strength of supporting literature:
 - Level 1:** Strong support.
 - Level 2:** Moderate or partial support.
 - Level 3:** Limited evidence; support primarily derived from clinician experience and expert opinion.

Methods (cont'd)

- Voting results are reported as the proportion of respondents meeting the predefined consensus threshold across each of the 3 domains.
- Consensus was defined *a priori* as ≥75% of respondents voting “strongly agree” or “agree.”

Figure 1. Modified Delphi Consensus Process Overview

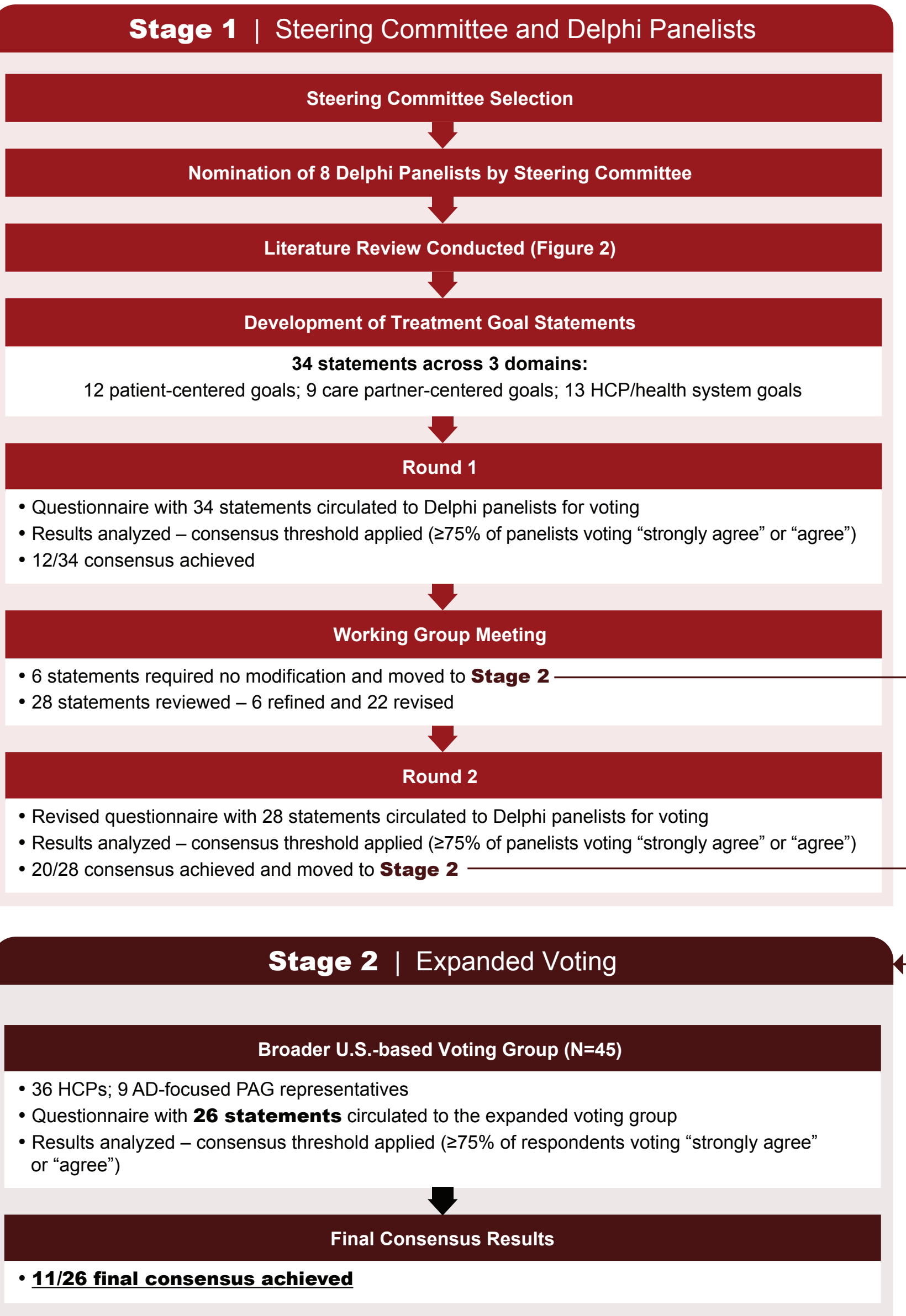
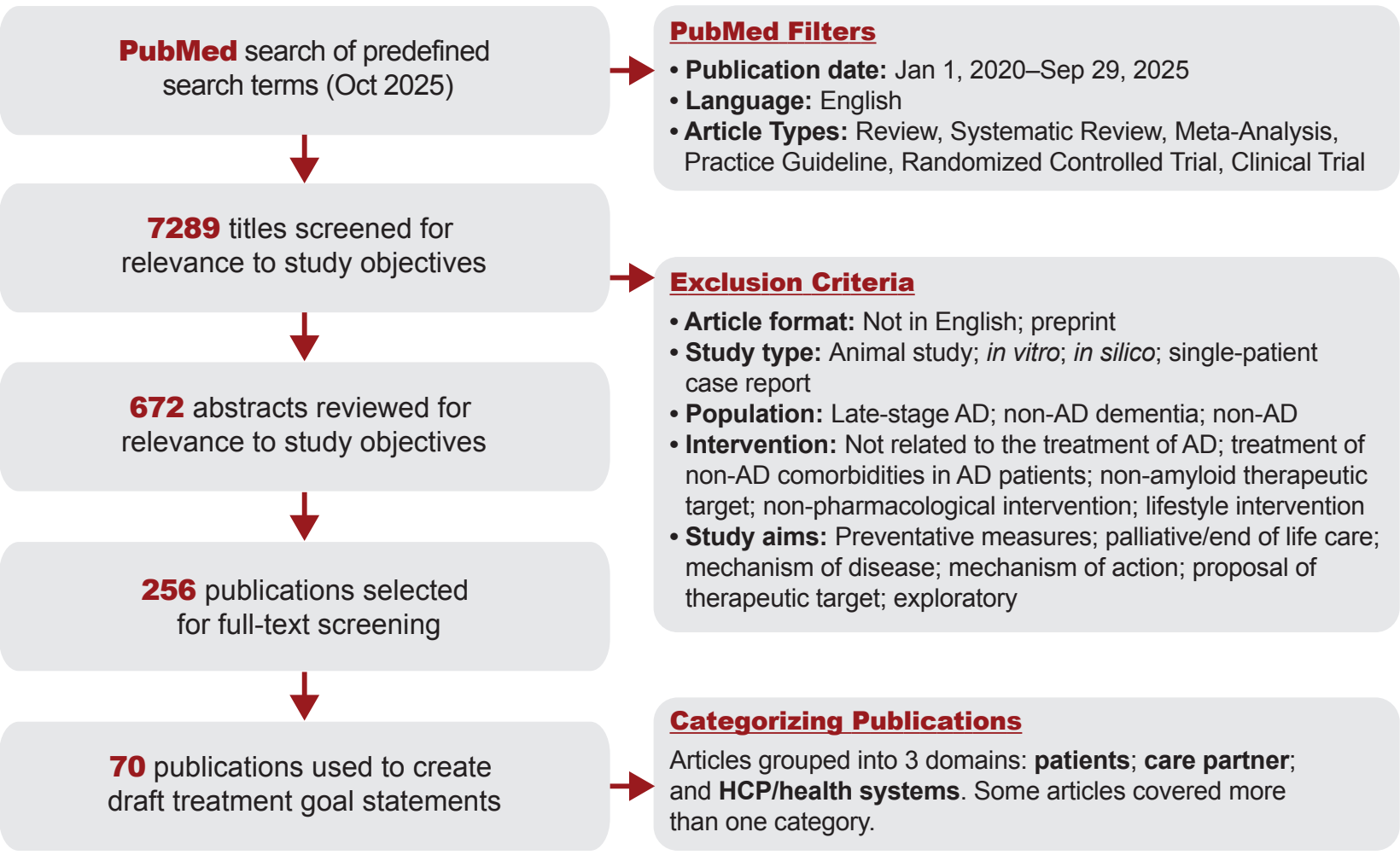


Figure 2. Systematic Literature Review Strategy and Predefined Selection Criteria



Results

Figure 3. Patient-Centered Goals

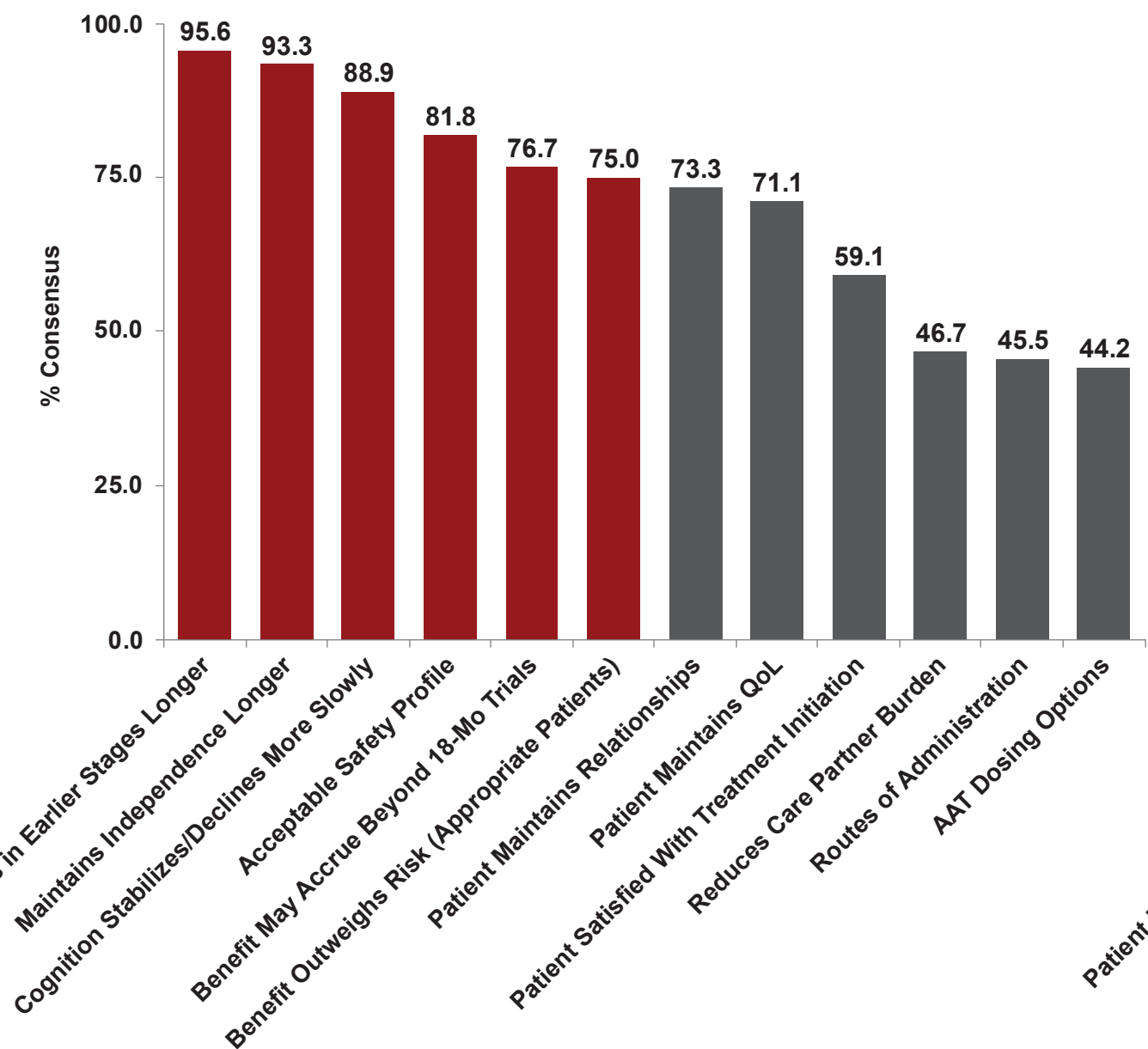


Figure 4. Care Partner-Centered Goals

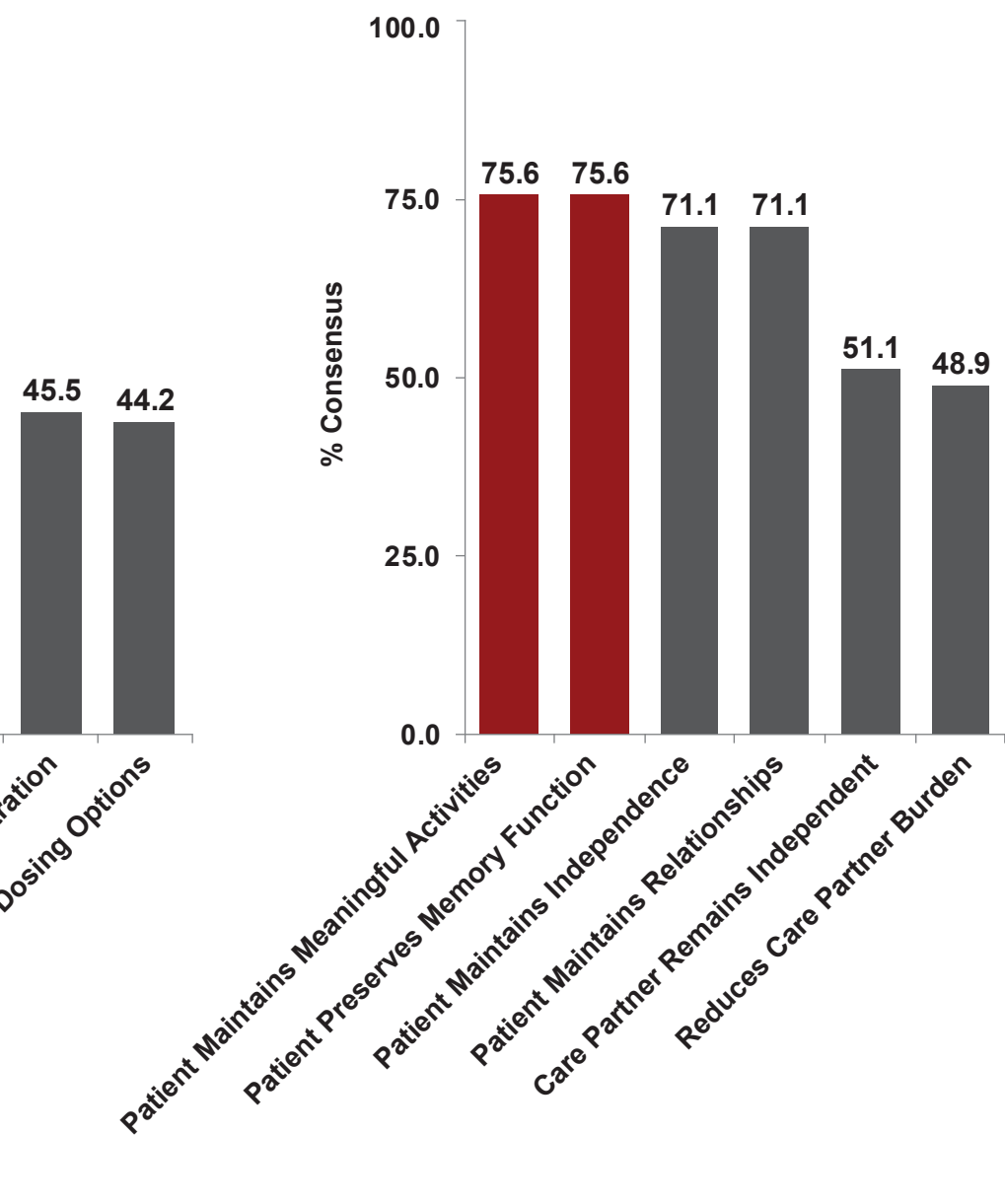
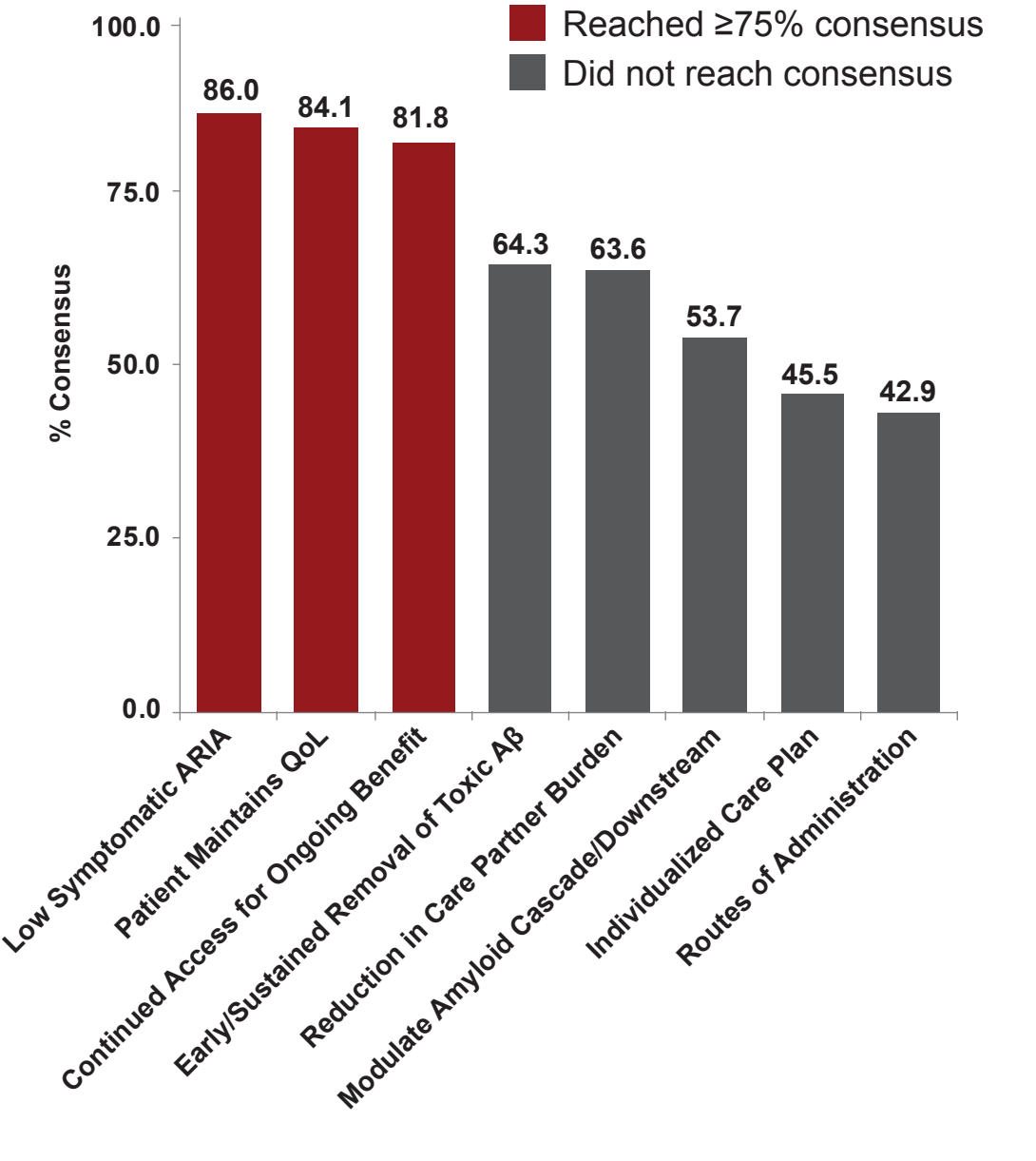
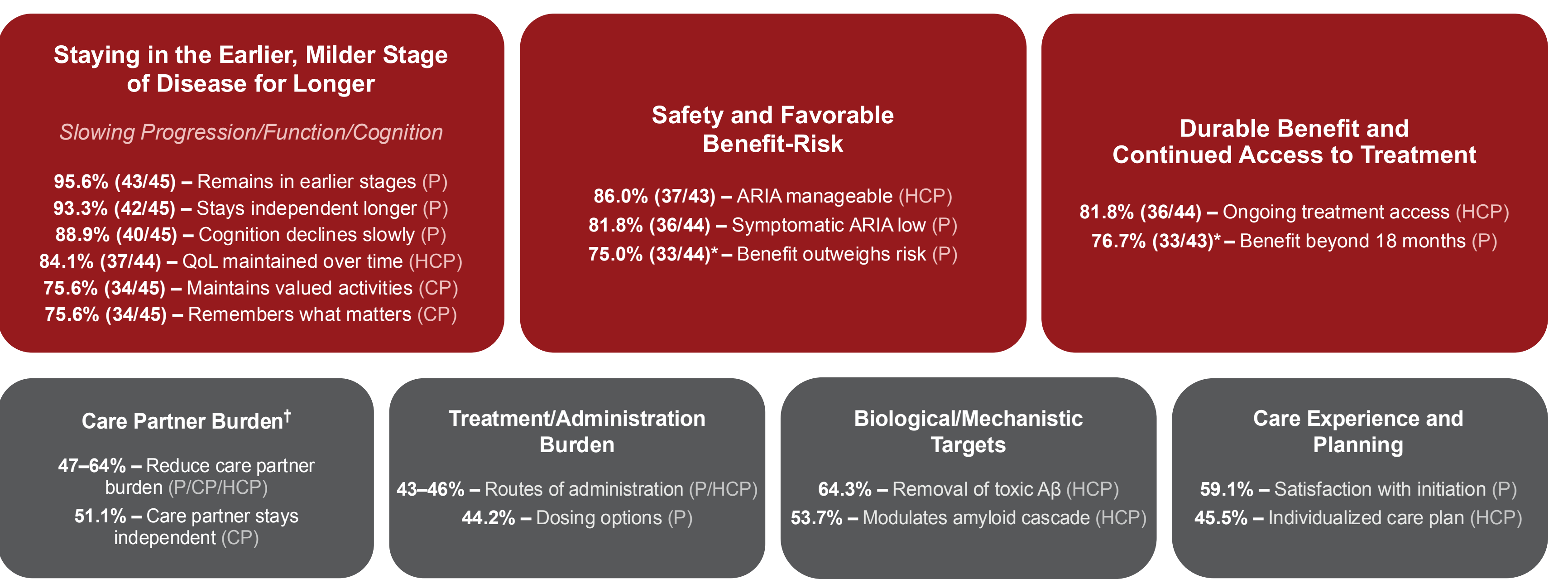


Figure 5. HCP/Health System Goals



- 6 of the 12 (50%) patient-centered goal statements that reached ≥75% consensus (**Figure 3**), related to:
 - ✓ Preserving functional independence and daily activities
 - ✓ Stabilizing cognitive function
 - ✓ Maintaining patients in earlier stages of disease
- 2 of the 6 (33%) care partner-centered goal statements that reached ≥75% consensus (**Figure 4**), related to:
 - ✓ Maintaining meaningful activities and daily routines
 - ✓ Preserving memory
- 3 of the 8 (38%) HCP/health system goal statements that reached ≥75% consensus (**Figure 5**), related to:
 - ✓ Continued treatment access for patients who experience ongoing benefit
 - ✓ Manageability of ARIA
 - ✓ Maintenance of QoL over time

Figure 6. Goal Statements Grouped by Theme



Red box = goals reaching the ≥75% consensus threshold (% agree [n/N][†]); Grey box = goals not reaching the ≥75% consensus threshold.
*Evidence level 2 (moderate/partial support); all other goals evidence level 1 (strong support).
[†]Lower agreement, possibly because patients have mild, early AD (interpretation).
[‡]n/N is reported for each goal as some were marked as not applicable by PAG representatives and were excluded from voting counts.

Summary and Conclusions

- Consensus was reached on 11 treatment goals (**Figure 6**) for the use of AATs in early AD. These goals are intended to help guide treatment initiation and management discussions with patients with early AD and care partners.
- Across patient, care partner, and HCP perspectives, consensus was driven by goals focused on keeping patients in the earlier, milder stage of disease for longer, supported by a manageable safety profile and continued access to treatment.
- These findings support the use of consensus-based treatment goals as part of a structured framework to facilitate shared decision-making when considering the use of AATs. This framework can be applied flexibly and adapted as evidence, patient circumstances, and treatment experiences evolve.