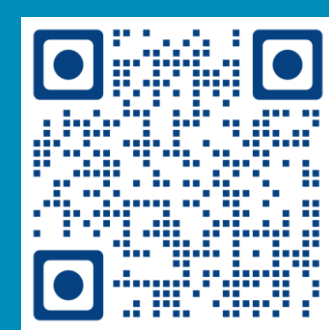


REAL-WORLD LECANEMAB TREATMENT IN EARLY ALZHEIMER'S DISEASE: A RETROSPECTIVE CASE SERIES FROM A GERIATRIC MEDICINE CLINICAL PRACTICE



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Introduction

- Alzheimer's disease (AD), a chronic, slowly progressing, neurodegenerative disease, is the most common cause of dementia¹
- The pathophysiology of AD is believed to involve various pathologies, including accumulation of amyloid-beta (A β) peptides, neuritic plaques, neurofibrillary tangles, synaptic loss, and progressive neuronal degeneration¹
- Lecanemab, a monoclonal antibody binding with high affinity to protofibrils of A β -protein, significantly reduced amyloid biomarkers and slowed clinical decline on multiple measures of cognition and function for up to 48 months in the phase 3 Clarity AD study²⁻¹¹
- In clinical trials, treatment with lecanemab was generally well tolerated; common adverse events including amyloid-related imaging abnormalities (ARIA) and infusion-related reactions³⁻¹²
- Lecanemab is available in an intravenous formulation and a subcutaneous autoinjector formulation, which was recently approved as maintenance therapy (360 mg weekly) by the FDA and a 500 mg subcutaneous dose has been submitted to the FDA for treatment initiation
- The objective of this study was to report real-world data on patients with early AD treated with lecanemab in our geriatric clinical practice

Methods

- This retrospective case series evaluated individuals with early AD administered lecanemab treatment over the past 38 months at our clinic in Bristol, Connecticut
- Trained chart abstractors collected patient characteristics, clinical history, lecanemab treatment exposure, and time from diagnosis to treatment and safety assessments from medical records
- Effectiveness assessments included the Montreal Cognitive Assessment (MoCA), Clinical Dementia Rating Scale Sum of Boxes (CDR-SB) and global score (CDR-global), and Functional Activities Questionnaire (FAQ)
- Feedback on experience with subcutaneous and intravenous lecanemab were collected from patients and care partners via a survey
- For all assessments, data were summarized descriptively

Patient Characteristics

- A total of 96 patients with early AD were included (**Table 1**)
- Mean age was 74.3 years; most of the patients were female (70.8%) and Caucasian (99.0%); and the most common diagnosis was mild dementia due to AD (51.0%)

Table 1. Patient Characteristics

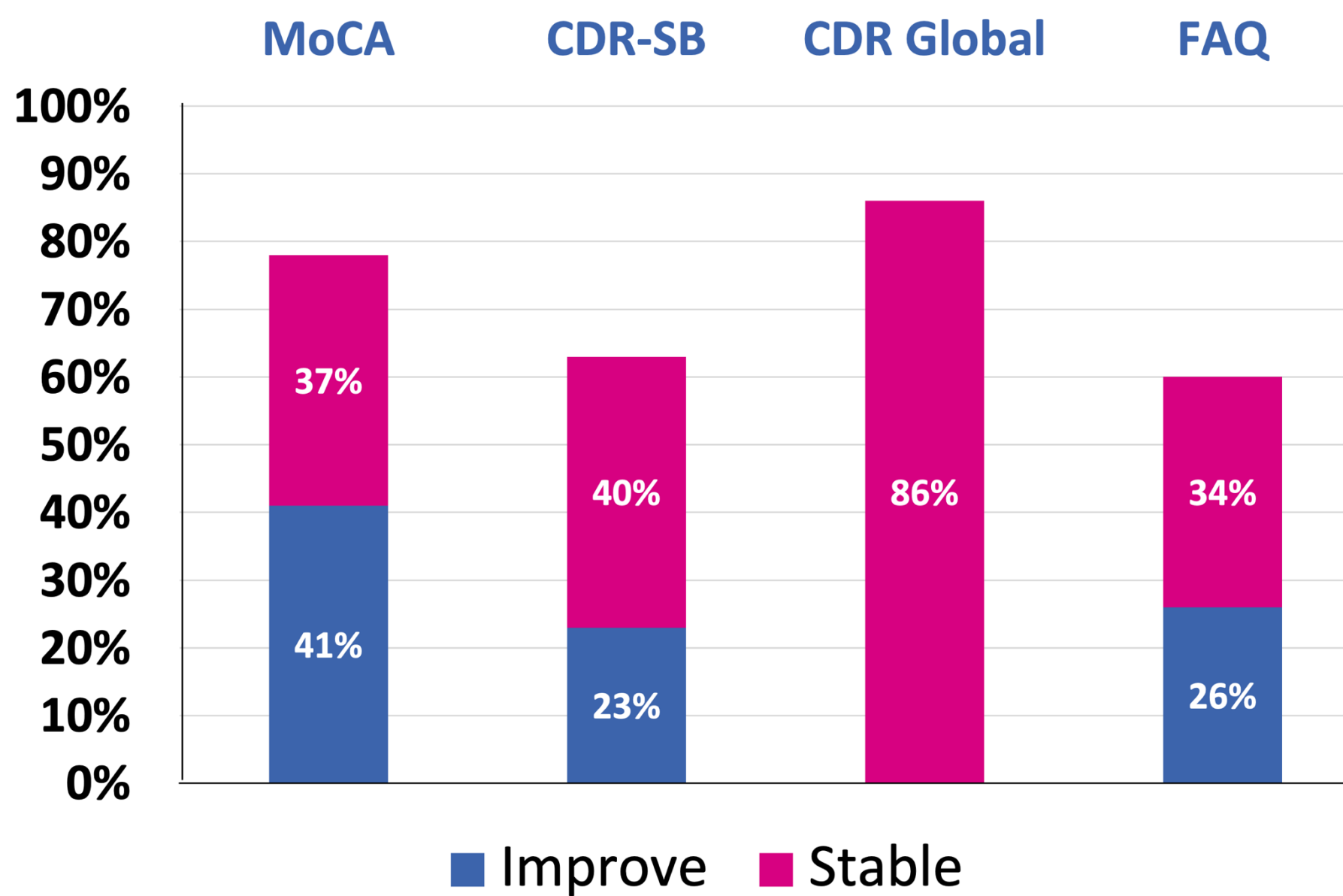
Characteristic	(N = 96)
Mean age (range), years	74.3 (59, 90)
Female, n (%)	68 (70.8)
Race, n (%)	
Caucasian	95 (99.0)
Black	1 (1.0)
Clinical subgroup, n (%)	
Mild cognitive impairment	47 (49.0)
Mild dementia due to Alzheimer's disease	49 (51.0)
APOE ϵ 4 status, n (%)	
Noncarrier	28 (29.2)
Carrier	58 (60.4)
Heterozygotes	46 (47.9)
Homozygotes	12 (12.5)
Not reported	10 (10.4)

- APOE4 carriers comprised 60.4% of patients (47.9% heterozygotes; 12.5% homozygotes; **Table 1**)
- Median time from diagnosis (i.e., confirmed amyloid positivity) to first lecanemab dose in newly treated patients was 5.1 months, which decreased over time (mean time 2023: 9.7 months; 2024: 5.5 months; 2025: 3.0 months)
- Average duration of therapy at data cutoff was 11.5 months (data cut off May 27, 2026)

Effectiveness

- For MoCA, 17/41 (41%) patients had improved scores and 15 (37%) had stable scores (within 10% of baseline; **Figure 1**)
 - Mean MoCA scores at baseline, 6, 12, 18, and 24 months were 23.7, 24.0, 22.1, 22.1, and 22.4, respectively (**Figure 2**)

Figure 1. Effectiveness Assessments*

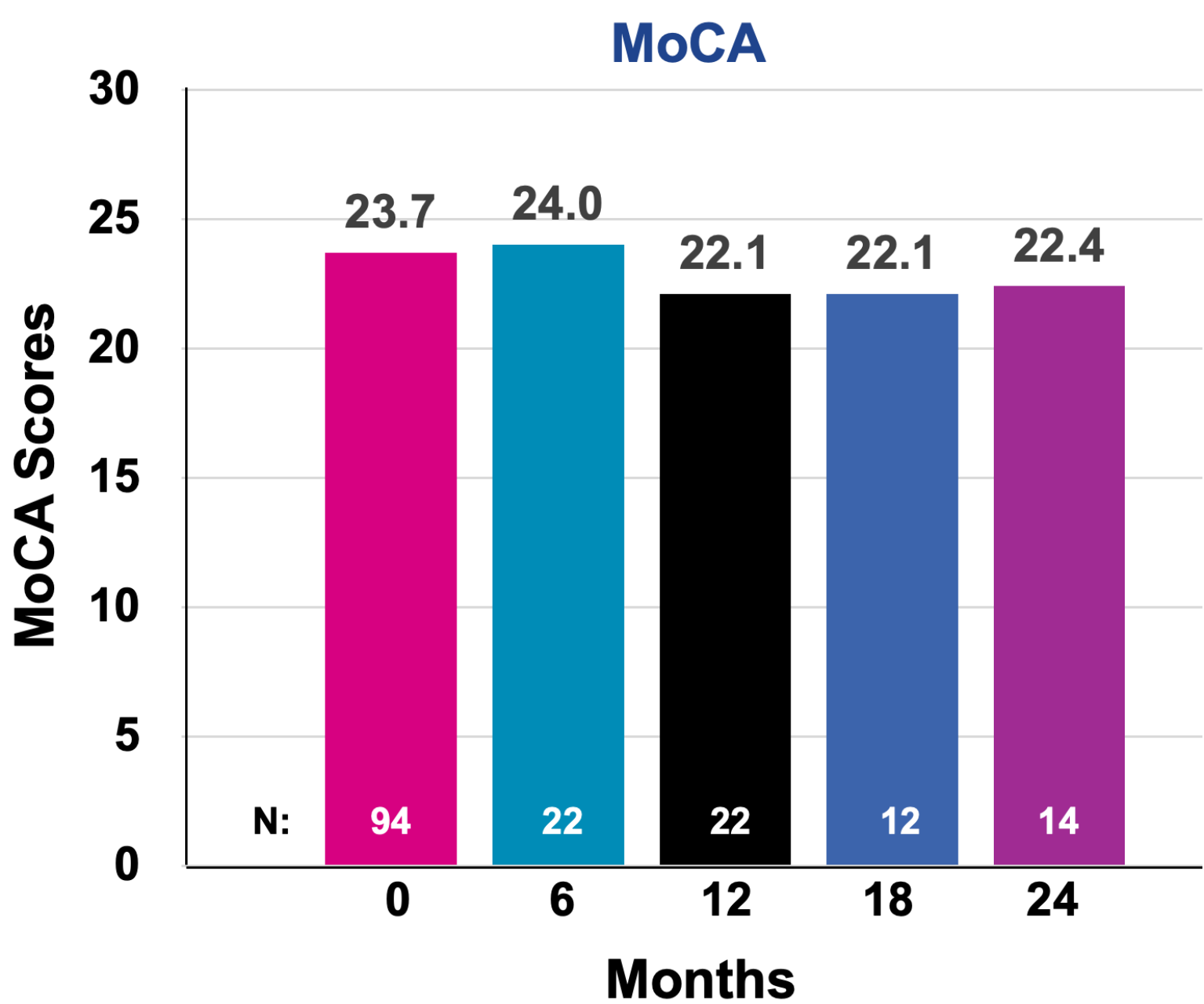


*MoCA is a 30-point scale in which 26 or above is considered normal cognitive function; 18-25 may indicate mild cognitive impairment; 10-17 may suggest moderate cognitive impairment; and less than 10 may indicate severe cognitive impairment. The Clinical Dementia Rating (CDR) global scale is a 5-point assessment tool that rates the severity of dementia (primarily Alzheimer's) from 0 (normal) to 3 (severe), with 0.5 indicating questionable or very mild impairment. CDR-SB adds scores from the six CDR domains to stage dementia severity, ranging from 0 (no impairment) to 18 (severe dementia). The Functional Activities Questionnaire (FAQ), or Pfeffer scale, is a 10-item, informant-based tool used to measure a patient's ability to perform instrumental activities of daily living (IADLs), such as managing finances, shopping, and traveling. Data was not available for all patients at each timepoint.

Results

- For CDR-SB, 8/35 (23%) patients had improved scores and 14/35 (40%) had stable scores (**Figure 1**)
- CDR global scores were stable for 31/35 (86%) patients
- Post-baseline FAQ assessments improved in 9/35 (26%) patients and or remained stable in 12/35 (34%) patients

Figure 2. MoCA Scores Over Time



Safety

- Seven (7.3%) ARIA-E cases (1 symptomatic; 6 resolved) and nine (9.4%) ARIA-H cases (2 symptomatic; 7 ARIA-H were isolated) were observed
- Infusion related reactions occurred in 12 patients (12.5%)
- Sixteen patients discontinued lecanemab (ARIA: 8; infusion-related reaction: 3; other: 5)
- No new safety signals were observed relative to the known lecanemab profile³

Subcutaneous Lecanemab

- Five of the 96 patients received subcutaneous lecanemab
 - Four patients shifted from every 2 weeks intravenous lecanemab to subcutaneous lecanemab maintenance
 - One patient switched from donanemab to subcutaneous lecanemab maintenance treatment
- Overall, all 5/5 patients on maintenance therapy have been adherent to the subcutaneous lecanemab injections (follow-up: 2-3 months); one patient experienced rash but continued therapy

Survey

- Overall, the 16 survey responders generally reported a positive experience during lecanemab treatment, with a majority answering 'very frequently' or 'frequently' to all survey questions (**Table 2**)
- Lecanemab helped patients with AD-related symptoms and impacts that matter most to patients and care partners
 - 100% of participants frequently maintained their personal hobbies and self-care routines
 - 94% could still navigate familiar places without getting lost
 - 81% of patients frequently socialize
 - Over two-thirds successfully manage daily tasks like following instructions, keeping track of the date and completing household chores

Table 2. Survey Results for Patients on Lecanemab Treatment

Experience During Lecanemab Treatment [Choices: Very frequently/ Frequently/ Occasionally/Rarely/Never]		Very Frequently or Frequently
		(N=16)
1	Remembers things on a list or a reminder	63%
2	Knows the date and time	69%
3	Manages money or pays bills correctly	56%
4	Follows instructions or steps to do something	69%
5	Socializes with family or friends	81%
6	Can complete basic household chores	69%
7	Keeps an interest in doing things they enjoy	100%
8	Washes, dresses, or grooms themselves	100%
9	Does not get lost in familiar places	94%

Conclusions

- Lecanemab effectiveness was similar to that observed in clinical studies in our real-world geriatric clinical practice setting, and transition to SC from IV maintenance and donanemab was successful
- The observed safety of lecanemab was consistent with the known safety profile
- Lecanemab treatment was associated with a positive impact on AD-related symptoms that matter most to patients and care partners
- With increasing uptake of subcutaneous lecanemab dosing, real-world data on usage and effects on patients and caregivers can offer deeper insights into its clinical value

Acknowledgments/Disclosures

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