

From Equity to Imperative: Quantifying the amplified real-world benefits of AD therapies in diverse, high-burden populations

INTRODUCTION

- Black and Hispanic Americans are roughly 1.5 to 2 times more likely to develop AD than non-Hispanic Whites.
- This demographic is severely underrepresented in clinical trials and often excluded due to:
 - Lower baseline amyloid levels.
 - Higher rates of vascular comorbidities.
- Patients with these “exclusion factors” actually represent the populations with highest potential treatment benefit.

METHODS

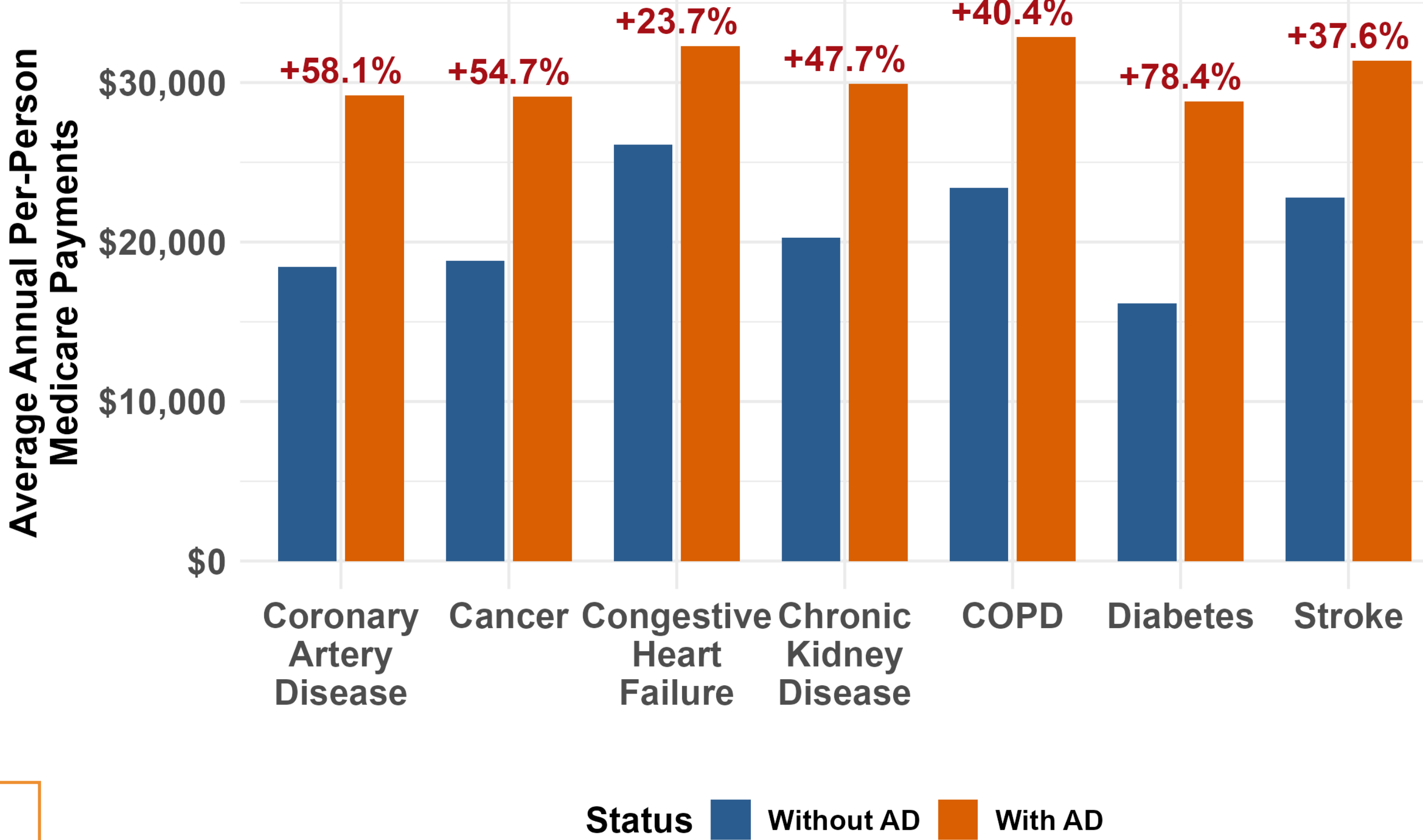
- Applied a Synergy Multiplier framework to Medicare data reported by the Alzheimer’s Association to compare the economic and clinical burden of AD across racial groups (see poster 0108 for the synergistic framework).
- Estimated real-world benefit from lecanemab and donanemab in a comorbid population for each race.
- Confidence intervals for percent slowing and sampling variance were generated via 10,000 bootstrap samples of primary MMRM results.
- Patient counts were estimated by combining Medicare AD prevalence, comorbidity rates, and anti-amyloid eligibility rates (assuming these comorbidities do not trigger trial exclusion).

DISCUSSION

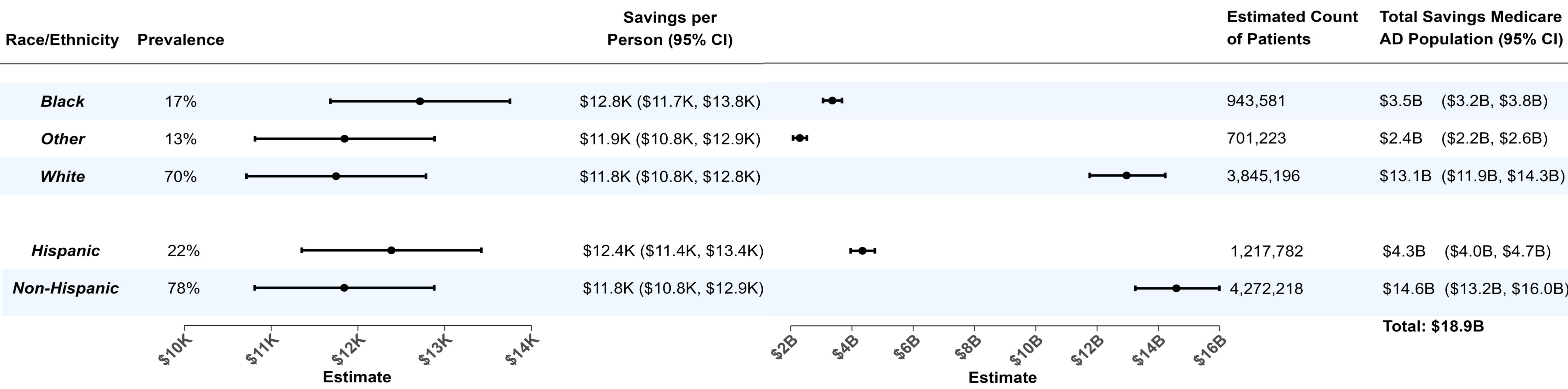
- Preserving cognition allows high-risk patients to continue managing their chronic conditions, preventing rapid, catastrophic physical and financial decline.
- Current trial criteria exclude Black and Hispanic patients, yet the factors that exclude them define the populations with the highest potential treatment benefit.
- To accurately capture and measure the full value of therapies, diversifying AD trials is necessary.

RESULTS

- Black and Hispanic beneficiaries pay 24.7% and 15.35% more in AD costs than white populations.
- The presence of an AD diagnosis drastically escalates annual per-person Medicare payments across evaluated chronic conditions.
- Comorbidities commonly excluded from clinical trials are highly prevalent in the real-world Medicare population. CAD and CKD each affect approximately 46% of AD patients.



- US Medicare system could save **up to \$18.9B in costs due to undiagnosed and untreated diagnoses in AD comorbid populations.**
- Per person, annually, Black beneficiaries save \$12.8K and Hispanic beneficiaries save \$12.4K annually, compared to White cohorts (\$11.8K).
- Inclusive modeling demonstrates a **10% to 32% higher reduction in disease burden for minority groups,** leading to a 40% to 62% total reduction in overall disease burden.



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