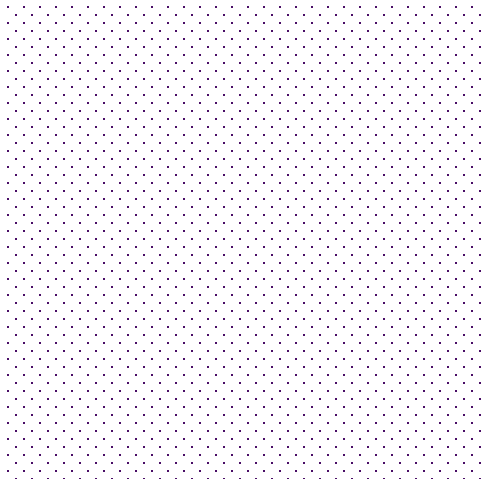


Current and Future Strategies to Manage CAA
and ARIA

P Tuesday-0055

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Vigilance against risk of ARIA remains important. Identifying “Biological CAA” may be the next big advance to counter ARIA.				
INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Amyloid deposits are a distinct histopathological feature of Alzheimer’s disease (AD) and of Cerebral Amyloid Angiopathy (CAA). While AD and CAA are distinct entities, their co-existence is common. The pathology underlying Amyloid Related Imaging Abnormalities (ARIA) is the greatest risk factor for complications from anti-amyloid therapy (AAT). CAA is a major risk factor for ARIA. Other risk factors include dose and titration of anti-amyloid drug, number of APOE ε4 alleles, cerebrovascular pathology and its potential contributors, and more recently, if an AAT shuttle is used.	Characteristics of CAA and AD were compared and contrasted with regards to genetics, prevalence, Amyloid beta, distribution, identification, and immunology. Insights from evolving concepts of AD are integrated with proposed conceptualization of CAA.	There are currently 2 FDA-approved disease-modifying therapies (DMTs) with demonstrated amyloid lowering and slowing of cognitive decline in Alzheimer’s disease (AD). Both are AATs. The main side-effects are ARIA- edema and/or hemorrhage (ARIA-E/H). Mitigation includes identifying and quantifying CAA, (e.g. Boston criteria, v2.0), pausing or stopping DMTs at pre-specified ARIA-E/H loads, and avoiding thrombolytics. A significant challenge is to improve outcomes from DMTs: expand time-to-onset/ progression of memory loss, and to reduce risk of complications. Current experimental strategies involve starting DMTs at an earlier stage of amyloid deposition, modifying the DMT or its target, and enhancing CAA identification.	As our thinking of <i>in vivo</i> AD diagnosis evolved from a clinical to a biological diagnosis including a biologically-based <i>preclinical</i> phase, the author proposes adding a pre-radiological <i>biological</i> CAA phase to our lexicon. Several authors have proposed biomarkers to detect CAA. By following a large cohort of AD patients receiving AAT and assessing and banking their blood for potential CAA biomarkers, we may become less dependent on radiological CAA and reduce risk of complications of AATs.	1. McKhann et al., Alzheimers Dement. 2011 2. Jack CR Jr., Alzheimers Dement. 2011 3. Lozupone M, Expert Opin Emerg Drugs. 2026 4. Charidimou A, Lancet Neurol. 2022 5. Sperling RA, Alzheimers Dement. 2011 6. Tsaktanis T, Sci Rep. 2025 CONTACT  Edward Zamrini, M.D. Irvine Clinical Research, ezamrini@irvineclinical.com +1(949)753-1663 ALZHEIMER'S ASSOCIATION AAIC>26