What are potential AEs of antiamyloid mAbs?

Infusion reactions

- Occurred in 26% of patients in lecanemab clinical trial and 9% of donanemab clinical trial
- Typically, mild or moderate
- Can be treated with antihistamines, acetaminophen, NSAIDs, or corticosteroids, as required

ARIA

- Associated with either edema (ARIA-E) or hemorrhagic (ARIA-H) findings
- Typically mild or moderate radiographically, asymptomatic or mildly symptomatic, and reversible
- Increased risk in *APOE4* heterozygous patients and highest risk in *APOE4* homozygous patients
- Genetic testing is recommended prior to antiamyloid mAb administration to confirm carrier status and determine ARIA risk

How should patients be regularly monitored for ARIA?

Lecanemab (Leqembi®)	Donanemab (Kisunla®)
MRIs prior to 1st, 5th, 7th, and 14th doses to assess for ARIA (consider after 26 doses for high-risk patients)	MRIs prior to 1st, 2nd, 3rd, and 7th doses to assess for ARIA

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When is it time to stop antiamyloid mAbs?

- Patient is no longer able to attend clinic for infusions
- Patient has progressed beyond mild AD
- Certain cases of ARIA, particularly in high-risk patients
- Consider stopping donanemab based on reduction of amyloid plaques to minimal levels on amyloid PET imaging

What do your patients need to know about antiamyloid mAbs?

- Clinical trial efficacy and that AD progression will slow, but not stop or be reversed
- Potential AEs and the need for frequent MRI monitoring, especially at the beginning of treatment
- Who and when to call if symptoms of ARIA occur
- The need to inform other clinicians they are taking an antiamyloid mAb, especially if they have to go to the emergency department

Visit our **Clinical Resource Center** for additional information, videos, and resources.

SCAN ME

A Clinician's Guide to Using Antiamyloid Monoclonal Antibodies for Alzheimer's Disease

BRIDGEAD™

Building B**R**idges to Br**I**ng Antiamyloi**D** Monoclonal Antibodies to Eli**G**ible Pati**E**nts with **A**lzheimer's **D**isease

What antiamyloid mAbs are available?

Lecanemab (Leqembi®)	Donanemab (Kisunla®)
Approved for use in patients with MCI or mild AD	Approved for use in patients with MCI or mild AD
10 mg/kg administered IV over approximately 1 hour every 2 weeks for 18 months; administration every 4 weeks may be considered after 18 months	Administer over approximately 30 minutes every 4 weeks: • Infusion 1: 350 mg • Infusion 2: 700 mg • Infusion 3: 1050 mg • Infusion 4 and beyond: 1400 mg

Who is eligible for an antiamyloid mAb?

- Diagnosis of MCI or mild AD, confirmed through clinical findings and amyloid burden
- Amyloid burden can be confirmed through either amyloid PET scan or amyloid levels in CSF
- Willing and able to attend clinic every 2 or 4 weeks for antiamyloid mAb administration
- Willing and able to undergo regular MRI scans
- Seeing a clinician who participates in the CMS antiamyloid mAb registry
- May still be given with memantine or ChEIs
- Medicare covers amyloid PET scan(s) and antiamyloid mAbs

What are signs and symptoms of ARIA?

Mild or Moderate ARIA	Severe ARIA
Headache	Seizures
Confusion	Status epilepticus
Visual changes	Encephalopathy
Dizziness	Stupor
Nausea	Focal neurologic deficits
Difficulty walking	

What are next steps for patients with ARIA-H?

Clinical Symptom Severity	Mild Radiographic ARIA-H	Moderate Radiographic ARIA-H	Severe Radiographic ARIA-H
Asymptomatic	May continue dosing	Suspend dosing[a]	Suspend dosing[b]
Symptomatic	Suspend dosing[a]	Suspend dosing[a]	Suspend dosing[b]

[a]Suspend until MRI demonstrates radiographic stabilization and symptoms, if present, resolve; resumption of dosing should be guided by clinical judgment. Consider a follow-up MRI to assess for stabilization 2 to 4 months after initial identification.

[b]Suspend until MRI demonstrates radiographic stabilization and symptoms, if present, resolve; use clinical judgment in considering whether to continue or permanently discontinue treatment.

What are next steps for patients with ARIA-E?

Clinical Symptom Severity	Mild Radiographic ARIA-E	Moderate Radiographic ARIA-E	Severe Radiographic ARIA-E
Asymptomatic	May continue dosing	Suspend dosing	Suspend dosing
Mild (discomfort but no disruption for normal activity)	May continue dosing based on clinical judgment	Suspend dosing	Suspend dosing
Moderate (discomfort affecting daily activity) or severe (incapacitating)	Suspend dosing	Suspend dosing	Suspend dosing

An MRI should be conducted 2 to 4 months after initial identification to assess whether ARIA is resolving. For patients who had to suspend dosing, resumption should occur according to clinical judgment.

AD, Alzheimer's disease; **AE**, adverse event; **APOE4**, apolipoprotein E4; **ARIA**, amyloid-related imaging abnormality; **ChEI**, cholinesterase inhibitor; **CSF**, cerebrospinal fluid; **IV**, intravenously; **mAb**, monoclonal antibody; **MCI**, mild cognitive impairment; **MRI**, magnetic resonance imaging; **NSAID**, nonsteroidal anti-inflammatory drug; **PET**, positron emission tomography.

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