



Speakers:

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Jose Soria-Lopez, MD

Driving Change for Anti-amyloid Therapy Implementation: Overcoming Challenges Across Practice Settings



Today's Presenters



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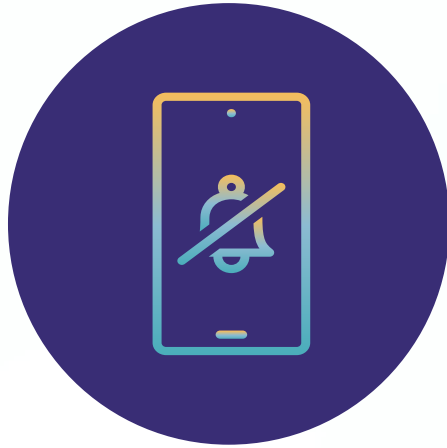
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Disclosure: We have all received honoraria from Eisai Inc. for participating in this symposium.

Disclaimer: All the information discussed today is for informational purposes only; it does not constitute medical advice and is not intended to be a substitute for independent professional medical judgment, advice, or treatment.

Housekeeping



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Pre-symposium Polling



Which of the following best describes your confidence using anti-amyloid mAb therapies for treatment of AD?

- A. Not planning on administering mAb therapies
- B. Interested in administering mAb therapies but unsure how to establish a treatment program
- C. Have begun setting up a treatment program but have not initiated administration
- D. Started administering mAb therapies but facing challenges with implementation
- E. Expert in use of mAb therapies
- F. Not affiliated with an institution that is or is planning on administering mAb therapies for AD



Which of the following best describes your confidence using anti-amyloid mAb therapies for treatment of AD?

Educational Objectives



1

To offer best practices and operational strategies for establishing anti-amyloid treatment programs within integrated delivery networks

2

To review consensus recommendations from clinicians and administrators who have successfully implemented anti-amyloid mAbs within private practice

3

To provide practical guidance for using novel expert-developed tools to optimize implementation of anti-amyloid mAbs

Burden of AD/MCI Due to AD



Approximately 1 in 9 people aged 65 or older has AD^{1,2}

6.9M

Approximately **6.9 million** people aged 65 and older in the US are estimated to be living with clinical AD, with an additional **12.2 million** showing signs of MCI^{1,2}

13.8M

The projected number of people aged 65 and older in the US with AD is continuing to grow: **13.8 million in 2060^{1,2}**

The advent of **new treatment modalities** (eg, mAbs) for **patients with early AD** and **new diagnostic techniques** (eg, BBMs) may require neurology practitioners across diverse practice settings to be flexible and update their care delivery

There is a need for strategies and recommendations that are **comprehensive** and **flexible** to efficiently diagnose and treat patients with early AD

AD, Alzheimer's disease; BBM, blood-based biomarker; mAb, monoclonal antibody; MCI, mild cognitive impairment.

1. Rajan et al. *Alzheimers Dement*. 2021;17:1966-1975. 2. Alzheimer's Association. <https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf>. Accessed January 16, 2025.



Early Alzheimer's Disease Patient Care Pathway

Babak Tousi, MD



Disclosures*



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- Consulting, membership on advisory committees, or teaching and speaking engagements for Biogen, Eisai, Lilly, and Novo Nordisk
- Funding support from Roche, Biogen, Eisai, Janssen, Cognition Therapeutics, EIP, and Novo Nordisk

Early AD Patient Care Pathway Project Approach



Conducted evidence scan of published literature and public information



Conducted Real-World Evidence Council (RWE^a) with 8 AD care experts/advisors to identify key components of a pathway and identify needs/opportunities for **integrated delivery networks**



Built AD Care Pathway based on RWE^a insights



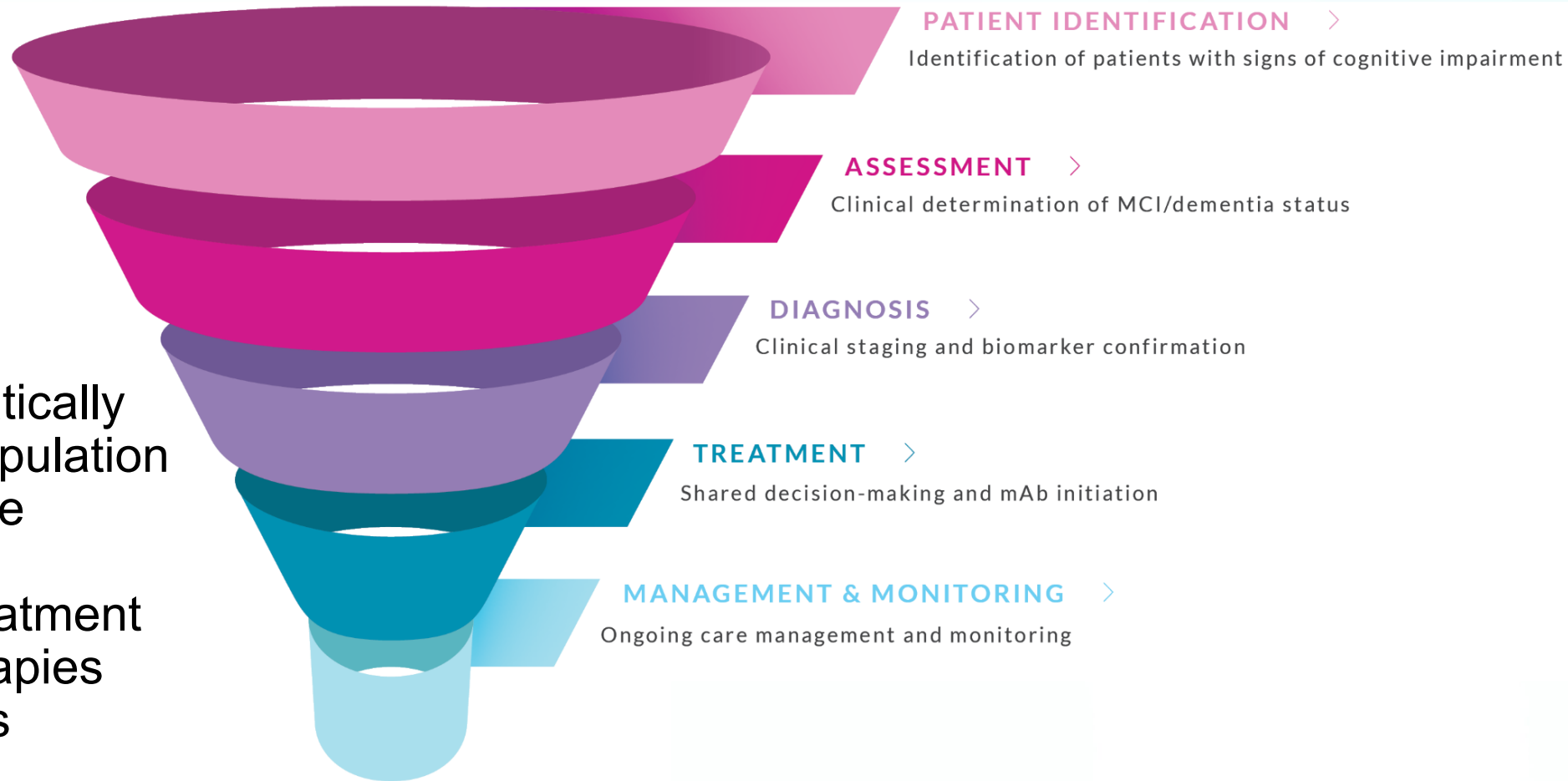
Hosting “Early Alzheimer’s Disease Patient Care Pathway (Including Anti-amyloid Monoclonal Antibody Treatment): A Health System Readiness and Implementation Guide” on Premier PINC AI Platform

Download the Pathway:



<https://myqrcode.mobi/26a66b9b>

The Early AD Patient Care Pathway Functions as a Funnel



This Pathway systematically narrows the patient population at each stage to ensure appropriate and timely referrals as well as treatment with symptomatic therapies and anti-amyloid mAbs

Organization of the Patient Care Pathway

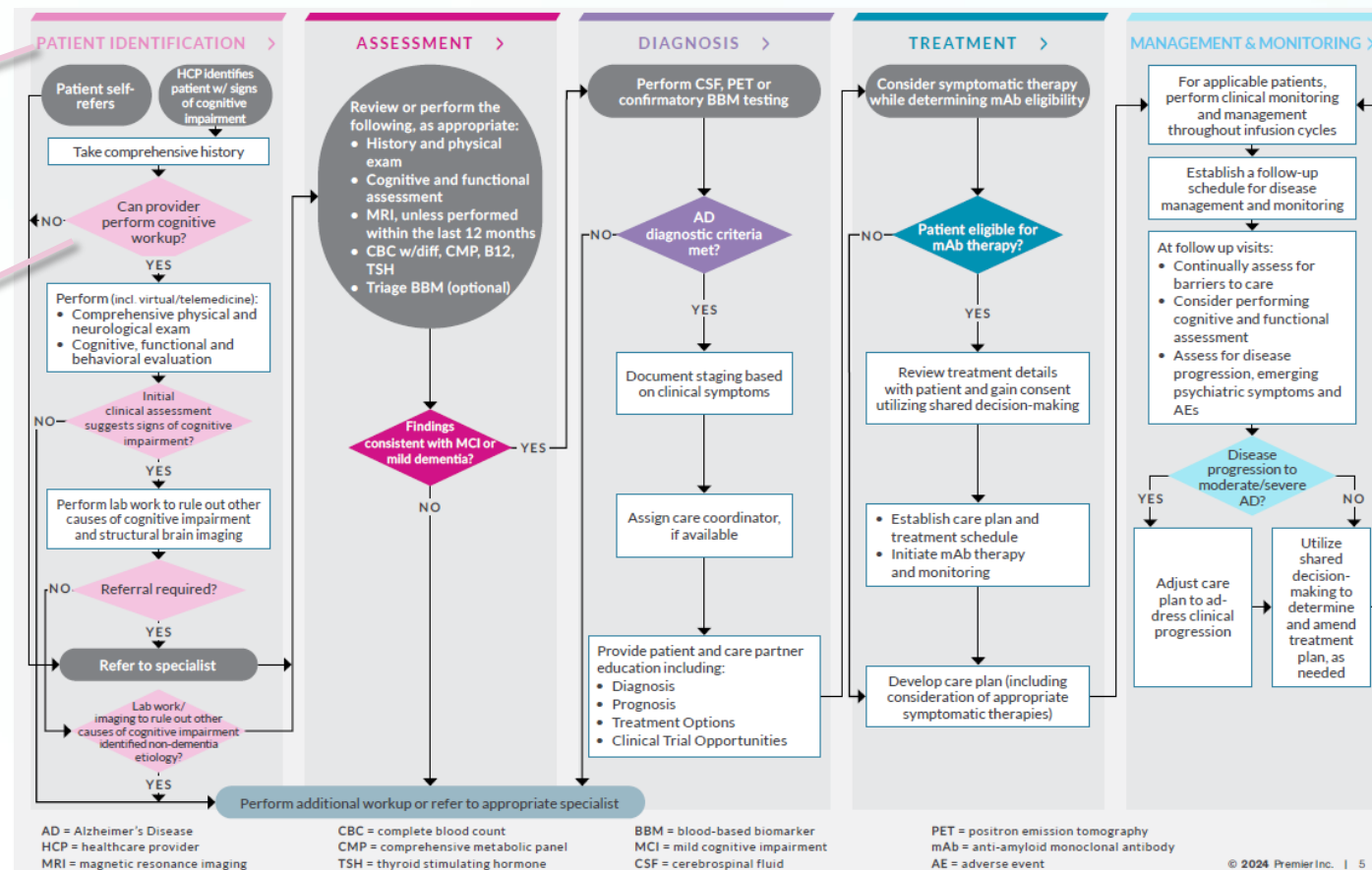
The Early AD Patient Care Pathway is a **comprehensive interactive resource** designed to guide healthcare providers through the evolving process of managing AD

Recommendations are provided at each step in the patient journey

Key decision points are clearly identified

Relevant **checklists** are provided

Needs and opportunities are outlined as examples of **best practices**



Patient Identification

Patient Intake

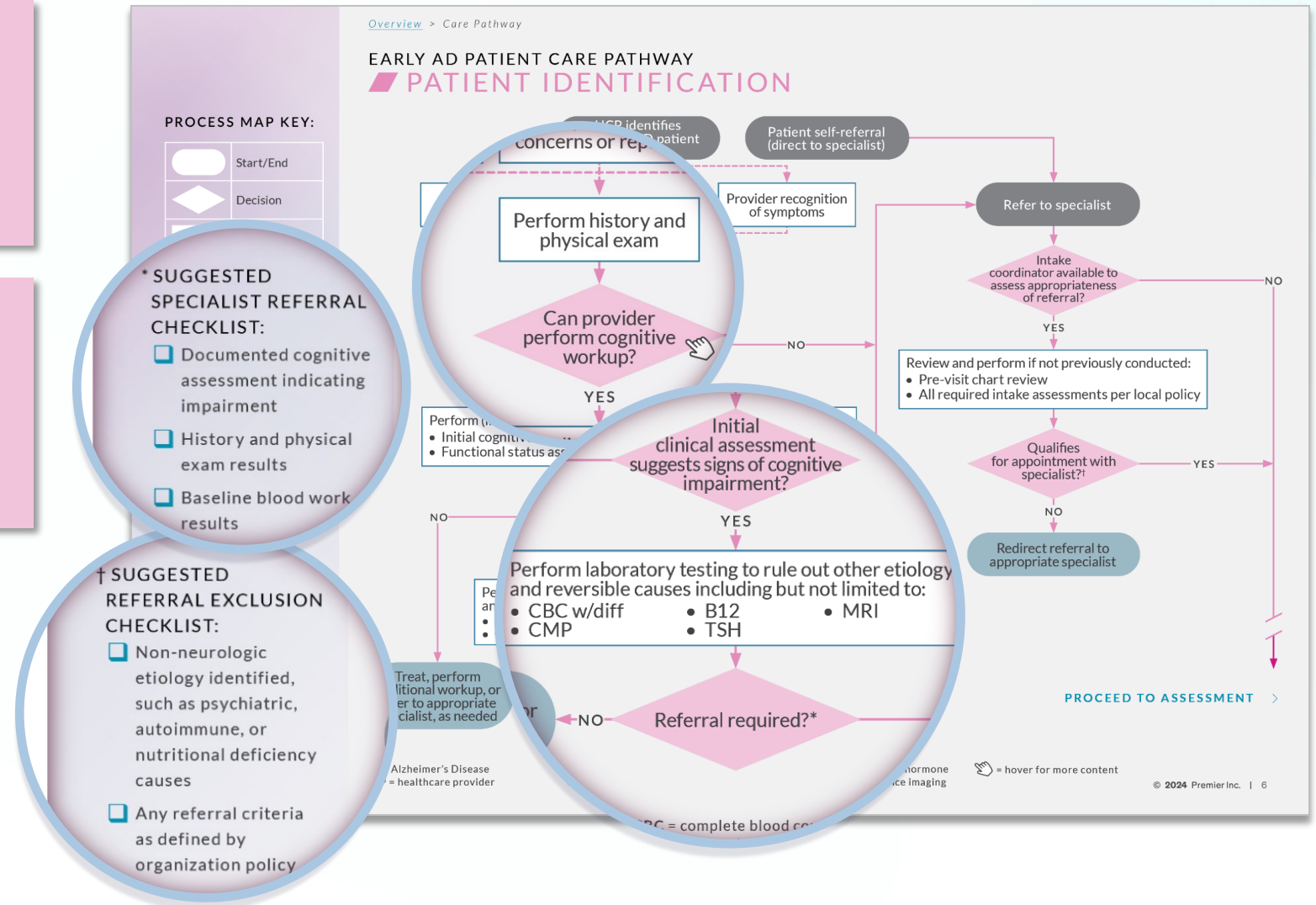
- **Need:** Manage patient influx and waiting list
- **Opportunities:** Leverage PCPs to perform initial testing/differential diagnosis; use APPs for new patient screenings and to provide counseling

Care Coordination

- **Need:** Navigate patients throughout complex patient journey
- **Opportunities:** Implement care coordinator and/or navigator programs to assist patients and care partners



Best practice:
Refer patients only as needed



Assessment

Staffing

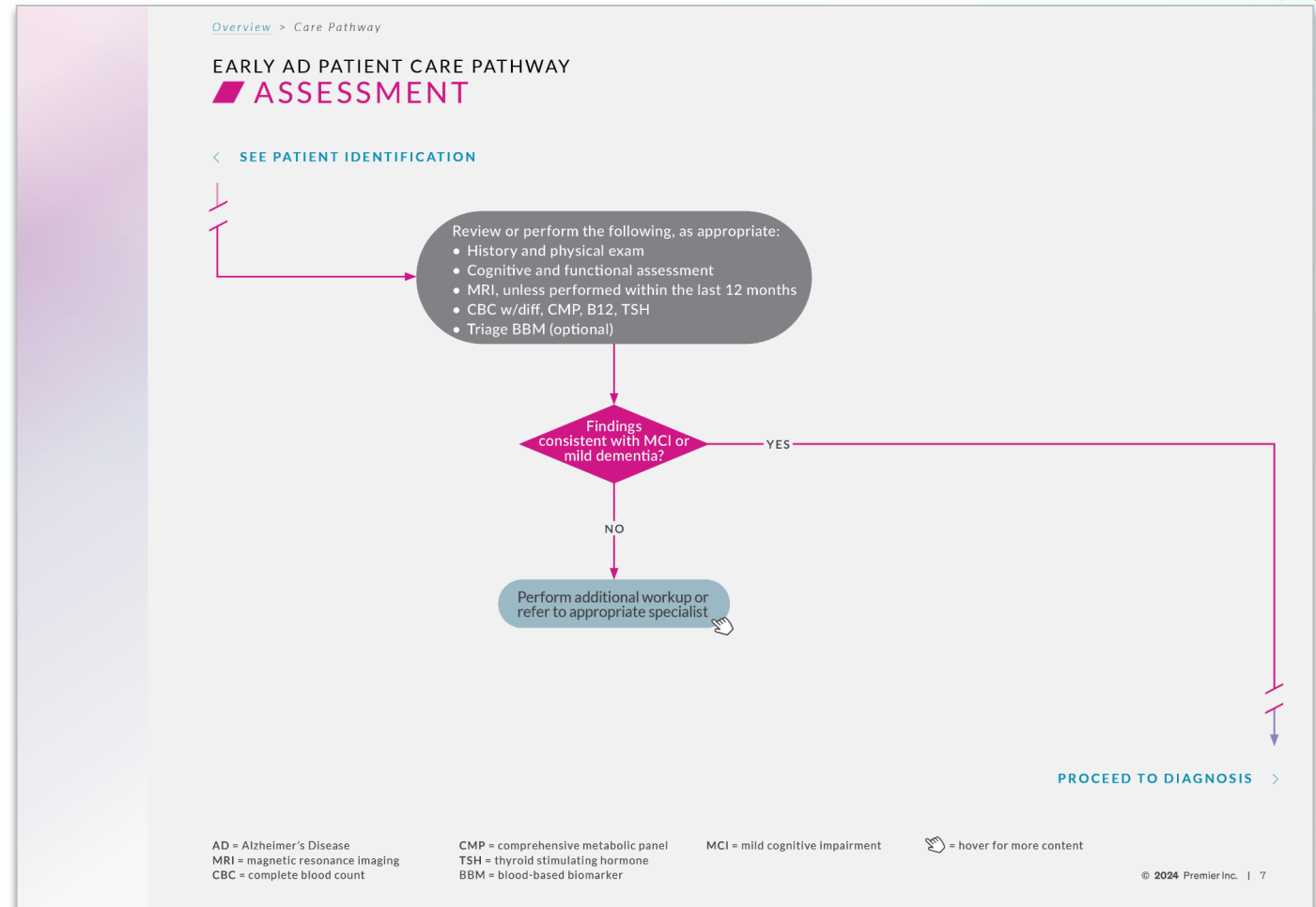
- **Need:** Secure adequate staffing levels for AD care
- **Opportunities:** Use APPs and non-provider staff; leverage technology to streamline workflows and improve efficiency

Blood-Based Biomarkers (BBMs)

- **Need:** Consider test performance and payer policy for mAb coverage to determine best use of available diagnostic options (triaging or confirmatory)
- **Opportunities:** Leverage BBMs in current capacity (eg, triaging vs triaging and confirmatory) while supporting research for further development



Best practice: Include all appropriate components before proceeding to diagnosis



Diagnosis

Patient Education

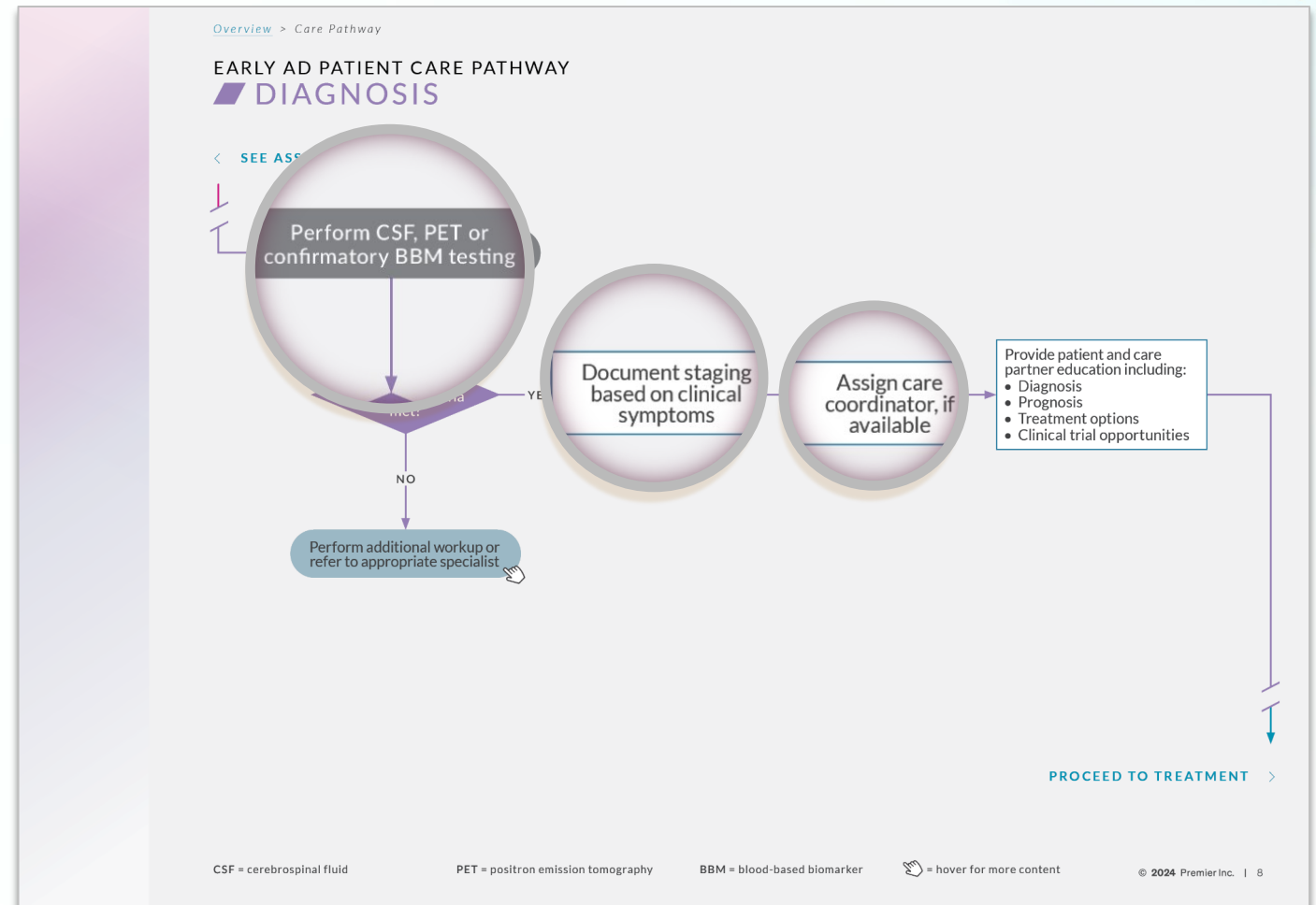
- **Need:** Offer educational materials related to memory issues
- **Opportunities:** Develop AD patient-friendly educational materials (eg, videos, infographics)

Provider Education

- **Need:** Optimize channels of communication across providers (eg, radiologists, PCPs, neurologists)
- **Opportunities:** Implement multidisciplinary meetings or provider consensus meetings



Best practice: Provide multiple options for patient and provider education



Treatment

Magnetic Resonance Imaging (MRI)

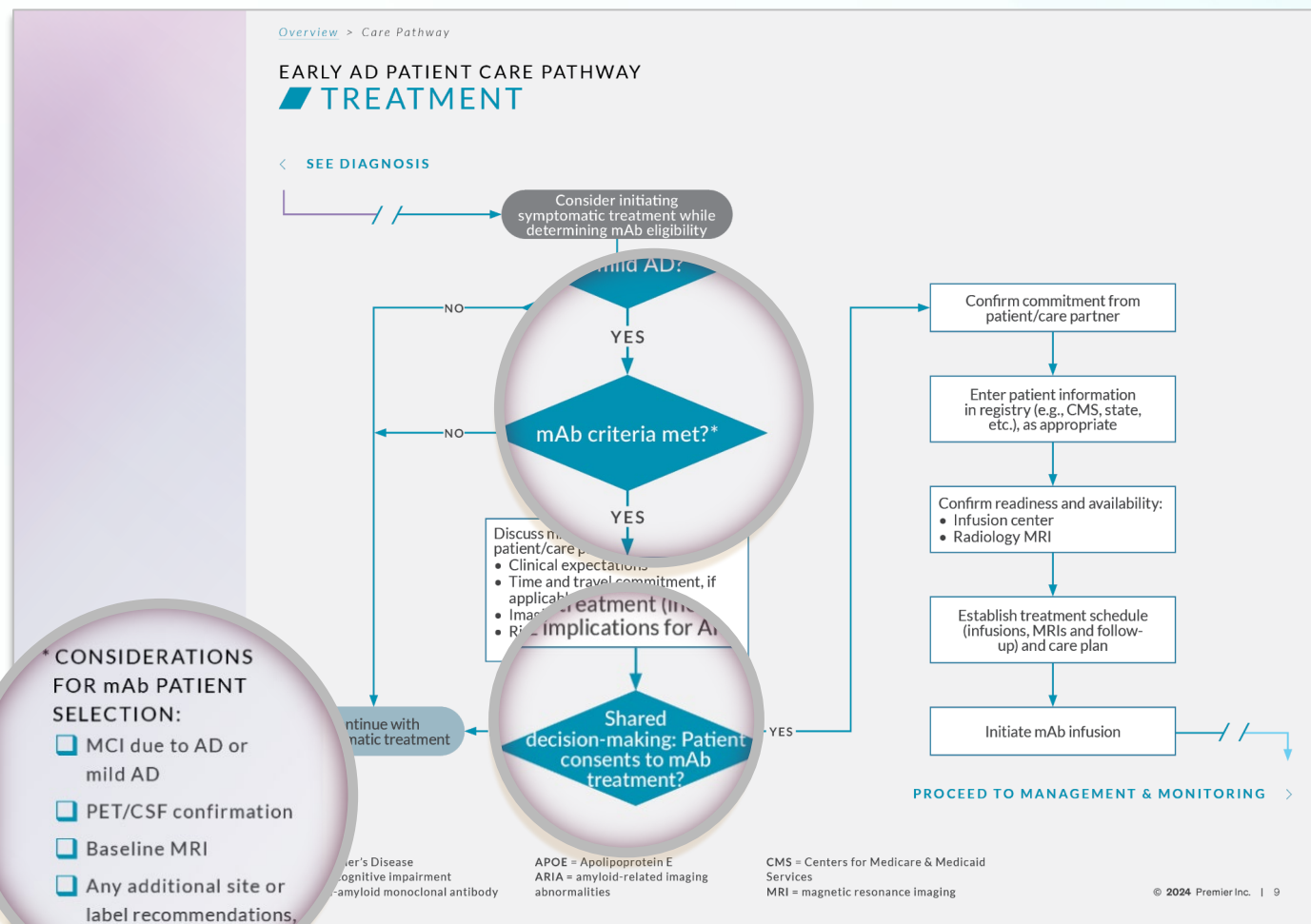
- **Need:** Assess AD-specific training needs for radiologists
- **Opportunities:** Centralize imaging services; work with imaging partners to streamline process and ensure use of trained radiologist or neuroradiologist to read MRIs

Monoclonal Antibodies (mAbs)

- **Need:** Simplify patient management and care coordination
- **Opportunities:** Centralize infusion services; work with infusion partners to streamline process



Best practice: Check considerations for mAb patient selection



Management and Monitoring

Economic Challenges

- **Need:** Identify and secure required resources for successful AD program
- **Opportunities:** Integrate AD program into larger neurology program; pursue available funding mechanisms (eg, grants, federal assistance)

Quality Measures

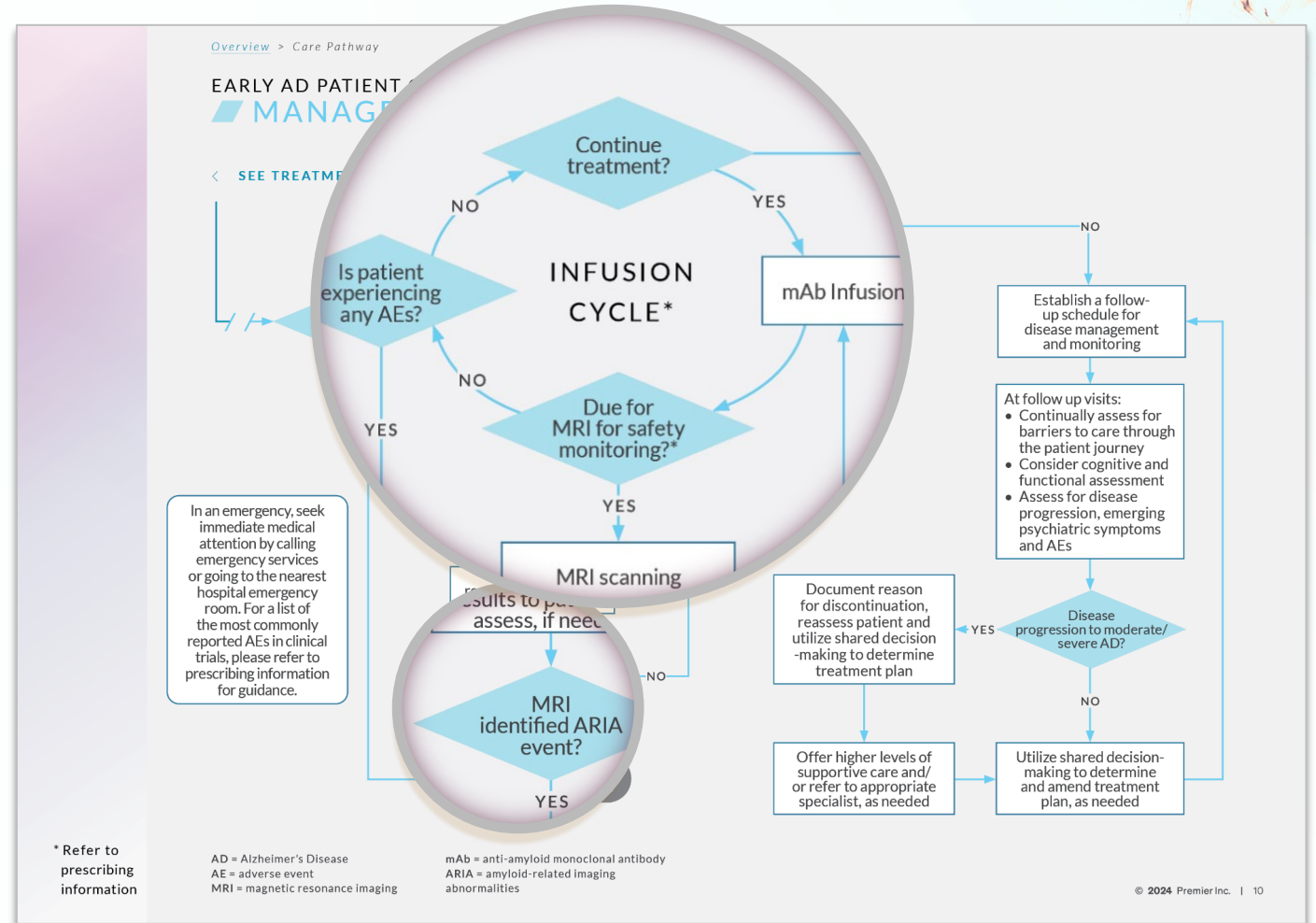
- **Need:** Define and implement standardized measures
- **Opportunities:** Track time from referral to first visit, diagnosis, and treatment; monitor and manage waitlist

Social Determinants of Health

- **Need:** Identify needs for underserved populations and patients in rural areas
- **Opportunities:** Use telemedicine or develop relationships with external imaging and infusion centers



Best practice: Optimize EHR workflows and explore AI tools to improve efficiency



Operational Strategies for Readiness and Implementation

RWEC advisors cited common operational challenges for providing high-quality care for patients with early AD. The “**Early AD Patient Care Pathway: A Health System Readiness and Implementation Guide**” includes strategies for addressing these challenges

Strategies in Practice

Patients are provided with a 2-sided ID card listing **all medications and an emergency contact number** on one side and **critical information for HCPs** (eg, potential side effects of anti-amyloid mAbs, recommended MRI protocols, warning regarding thrombolytic use) on the other

Overview > Operations and Readiness

OPERATIONAL STRATEGIES FOR READINESS AND IMPLEMENTATION

PROGRAM & BUSINESS PLANNING

- Identify AD care champion
- Identify administration and clinical leaders
- Develop [Alzheimer's Disease Patient Care Pathway](#)
- Develop business plan
- Identify grants, federal assistance and other funding mechanisms
- Identify state funding or alternatives to support AD care or program implementation
- Identify advocacy groups or non-profits that may offer supportive services
- Establish quality metrics
- Identify appropriate billing and diagnostic codes
- Perform a program needs and feasibility analysis

TECHNOLOGY

- Identify and evaluate existing hardware and software
- Optimize EHR compatibility across sites of care
- Optimize EHR workflows through implementation of:
 - BPAs or CDS alerts
 - Dotphrases/macros
 - E-prescribing
 - Patient portals
 - Other EHR features, eg, AI
- Explore use of digital screening tools
- Explore AI tools to improve efficiency
- Determine MRI requirements for ARIA-monitoring scans

EDUCATION & RESOURCES

- Develop referral checklists
- Develop/assemble patient-friendly educational materials
- Develop/assemble ARIA-related care coordination materials for infusion nurses and other non-provider staff to assist with patient education
- Develop medical cards or bracelets identifying patients undergoing mAb therapy
- Implement multidisciplinary or provider consensus meeting for AD organization and healthcare organizations

ACCESS & REIMBURSEMENT

- Develop organization-wide referral workflow to funnel patients to appropriate care
- Assess for barriers and gaps in care in underserved populations
- Leverage telemedicine to improve access
- Use advanced practice providers and non-provider staff to support physicians
- Develop process to ensure registry requirements are met
- Collaborate with payers to streamline process by:
 - Working with payors to establish agreed-upon reimbursement requirements
 - Implementing a process for insurance confirmation and prior authorizations
 - Creating a list of standardized code selections for common interventions and medications

CARE COORDINATION

- Implement care coordinators or navigators to assist with coordination
- Optimize staffing and resources by allocating referral screening activities to non-dementia HCPs to improve efficiency of referrals to dementia centers
- Use technology to streamline workflows and improve efficiency
- Develop relationships with external imaging and infusion centers
- Develop infusion center checklist to ensure site is infusion-ready
- Develop MRI site checklist to ensure site is ARIA-ready
- Work with imaging and infusion sites/partners to streamline process
- Develop progression and referral plan
- Establish patient safety tracking protocol across care settings

AD = Alzheimer's Disease
EHR = electronic health record
BPA = best practice alert

CDS = clinical decision support
AI = artificial intelligence
MRI = magnetic resonance imaging

ARIA = amyloid-related imaging abnormalities
ED = emergency department

mAb = anti-amyloid monoclonal antibody
HCP = healthcare provider

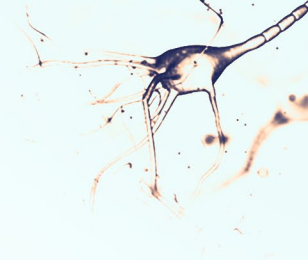
Strategies in Practice

Mandatory safety MRI is integrated into the treatment plan, ensuring that the next infusion cannot proceed unless the MRI has been reviewed and approved by the clinician

Number of refills is restricted to align with the timing of the next safety MRI

Best Practice Advisory (BPA) is implemented within the EMR system to **alert providers when thrombolytics are prescribed**

Audience Polling



For which of these areas has your practice faced the greatest challenges?

- A. Program and business planning
- B. Technology
- C. Education and resources
- D. Access and reimbursement
- E. Care coordination



For which of these areas has your practice faced the greatest challenges?

Request Access to the Care Pathway

Step 1: Use the QR code to access the request form



<https://myqrcode.mobi/26a66b9b>

Step 2: Submit the online request form

PINC AI™ Request Form:
Early Alzheimer's Disease Patient Care Pathway

Complete this form to request access to the Early Alzheimer's Disease Patient Care Pathway (including Anti-Amyloid Monoclonal Antibody Treatment)

Contact Heather Reiter at Heather_Reiter@premierinc.com with questions.

First Name *

Last Name *

Email Address *
Personal email addresses are not permitted (gmail, yahoo, or similar).

Company/Institution *

Title/Role *

City *

State *

☐ I consent to share my contact information with Eisai Inc.

Comments

☐ Send me a copy of my responses

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Step 3: Receive an email with a link to download the Pathway

From: automation@app.smartsheet.com

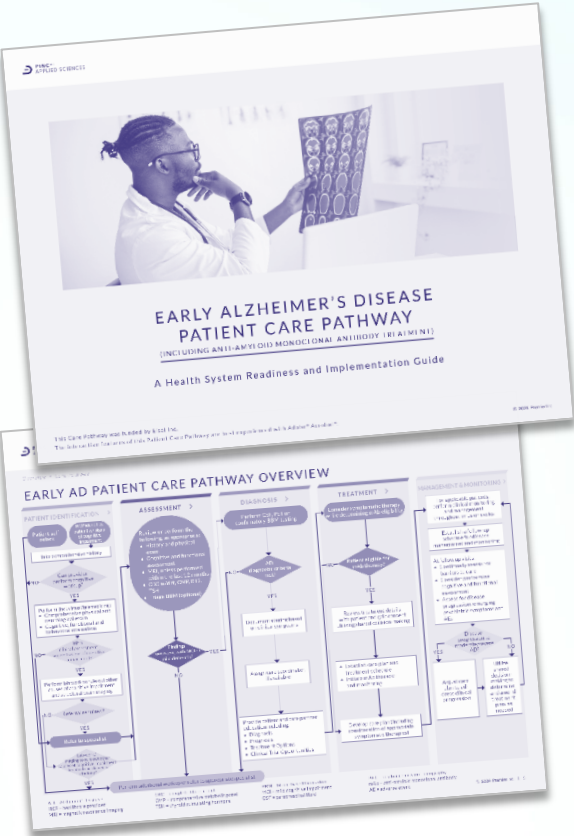
Subject: Next Steps: Premier - Early Alzheimer's Disease Patient Care Pathway (including Anti-amyloid Monoclonal Antibody Treatment)

Thank you for submitting a request to access the "Early Alzheimer's Disease Patient Care Pathway (including Anti-amyloid Monoclonal Antibody Treatment): A Health System Readiness and Implementation Guide." Your request has been approved and you may now access and download the care pathway by visiting _____

If you have questions or need help, please contact Heather_Reiter@premierinc.com

From: automation@app.smartsheet.com

Step 4: Download the Pathway



Questions: Contact heather_reiter@premierinc.com



Delphi Consensus for Anti-amyloid Therapies in Private Practice Neurology

Dave Weisman, MD



Disclosures*



Dave Weisman, MD

Director of Clinical Research
Abington Neurological Associates
Abington, PA, USA

- Advisory panels for Biogen, Eisai, Novartis, Lantheus, and Maplight/VizAI
- Speaking engagements or live events for Biogen, Eisai, Lilly, and AAN
- Program steering committee member for Novartis
- FDA PCNS Advisory Committee
- Trial support from Eisai, Cognition, Acumen, Alnylam, Cerevel, Sage, Acadia, Alzheimer's Association, Lilly, Ventus, Sanofi, Roche, and Serono

Delphi Consensus for Anti-amyloid mAb Therapies in Private Practice Neurology



- ? What are the key consensus recommendations for initiating treatment with anti-amyloid mAbs in private practice?**
- ? How can these recommendations address barriers to initiating treatment that private practice physicians may experience?**

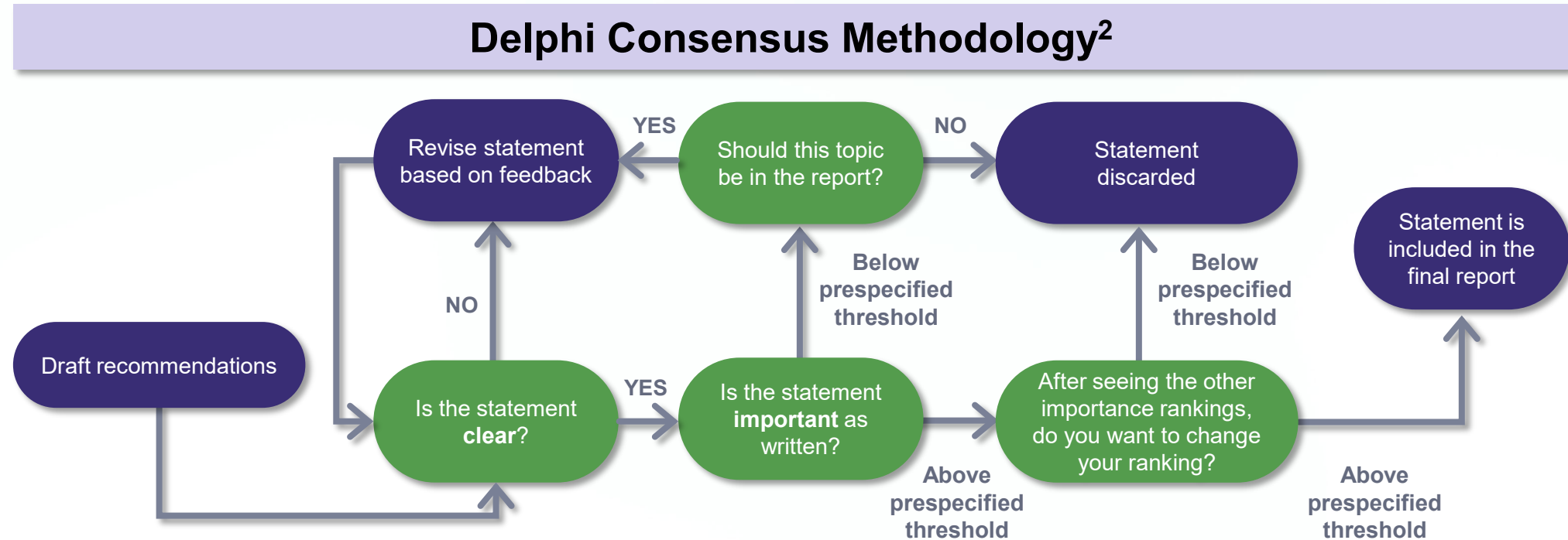


mAb, monoclonal antibody.

Moon et al. Poster presented at: Antibodies as Drugs: Innovative Formats, Design and Engineering; February 17-20, 2025; Keystone, CO.

Delphi Consensus Methodology

- The Delphi technique is a **well-established, rigorous method** for gathering consensus from experts on a specific issue related to clinical decision-making¹
- **Iterative process** allows for panelists to reevaluate their own positions while taking into account feedback from other experts¹



1. Hsu and Sanford. *Practical Assess Res Eval*. 2007;12(10). 2. Gelblum and Weisman. Delphi Consensus on mAb Initiation in Private Practice Neurology (protocol). doi:10.17605/OSF.IO/CT28N. Accessed January 17, 2025.

Key Topics Where Consensus Recommendations Are Needed for Private Practice Neurology



Consensus recommendations generally focused on 6 main areas where panelists faced the greatest challenges

Panelists identified novel solutions to address these challenges within private practice settings

Addressing Educational Needs

- Educational outreach and resources
- Training curriculum

Patient Identification

- Recommended screening tools
- Strategies for engaging PCPs

Assessment & Diagnosis

- Biomarker confirmation (BBMs, PET, CSF)
- Neuropsychological testing

Treatment

- Accessing infusion resources
- Understanding recommendations for maintenance vs discontinuation

Management & Monitoring

- Recommendations for ARIA monitoring
- Guidance for other specialists (eg, neurologists, emergency physicians)

Administrative Challenges

- Development of standardized checklists and protocols
- Designating process creator/owner

Diagnostic Pathways

Treatment Pathways

Addressing Educational Needs



Physicians and other staff may have **limited experience** regarding monitoring for ARIA and appropriate risk/benefit assessments



Consider development of **formal training programs** for staff members

Patient Identification

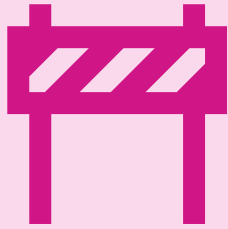


Lack of familiarity with cognitive testing and perception of cognitive decline as “just aging” may prevent **timely referral of appropriate patients** by PCPs



Strategies to **incentivize use of standardized screening tools** (eg, MoCA, MMSE, BBMs) by PCPs should be implemented to avoid delays in patient identification

Assessment and Diagnosis



Private practices have **limited access to diagnostic biomarkers**, including access to trusted collaborators who are skilled in interpreting amyloid PET and identifying ARIA risk factors on MRI



Determination of treatment eligibility should be based on **comprehensive assessment** using available resources (eg, amyloid PET, CSF testing, BBMs)

Treatment



Private practices have variable access to ancillary resources, including **imaging and infusion capabilities**



Establish collaboration with other practices and infusion centers, applying learnings from administration of mAbs for multiple sclerosis

Management and Monitoring

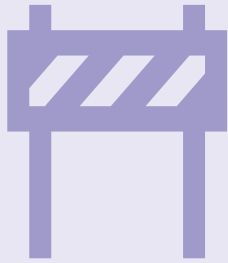


Identification of **neuroradiologists with expertise in detection of ARIA** can be challenging



Novel resources to search for experienced radiologists or **standardized technologies** (eg, psychometrics) would help provide confidence in ARIA detection

Administrative Challenges



Coordination of patient care is complex, and designating a specific individual responsible for process navigation may be associated with **additional costs**



Existing staff can be responsible for process development and coordination, including patient coordinators, nurse navigators, infusion nurses, or denervation coordinators

Audience Polling

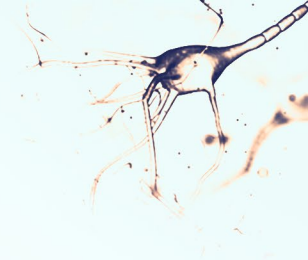
What resources based on these consensus recommendations would you find most helpful for your practice?

- A. Educational resources
- B. Process checklists
- C. Directory of local infusion centers/radiologists
- D. Examples of successful strategies



What resources based on these consensus recommendations would you find most helpful for your practice?

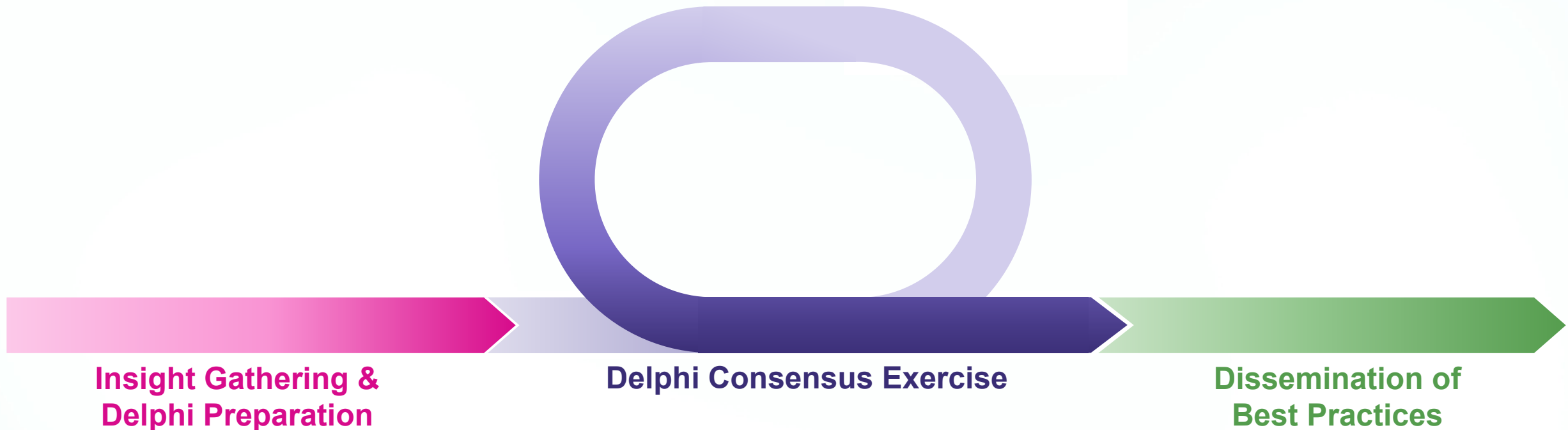
Next Steps for Delphi Consensus Recommendations



Final consensus recommendations will be published^{1,2}

Publication will include:

- Summary of consensus recommendations
- Strategies for implementing recommendations
- Example resources to aid in implementation



1. Moon et al. Poster presented at: Antibodies as Drugs: Innovative Formats, Design and Engineering; February 17-20, 2025; Keystone, CO. 2. Gelblum and Weisman. Delphi Consensus on mAb Initiation in Private Practice Neurology (protocol). doi:10.17605/OSF.IO/CT28N. Accessed January 17, 2025.



Practical Considerations for Implementing Anti-amyloid Therapies for Alzheimer's Disease

Jose Soria-Lopez, MD



Disclosures*



Jose Soria-Lopez, MD

Practicing Neurologist and Director of
Clinical Research
The Neuron Clinic

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- Research funding: Dr. Soria-Lopez has received clinical trial research funding from Biogen, Novartis, Eli Lilly, Aribio, Karuna/BMS, and the Alzheimer's Association. Additionally, he serves as a co-investigator on an NIH-NIA R01 grant funded by the National Institute on Aging (NIH-NIA)
- Speaking engagements: Dr. Soria-Lopez has participated in speakers' bureaus for Biogen, Eisai, and Eli Lilly, and has delivered presentations for Eisai, Arrowhead Pharmaceuticals, and the Global Learning Collaborative
- Advisory roles: Dr. Soria-Lopez has served as an advisory board member for Biogen, Eisai, Merck, and Genentech
- Travel & honoraria: Dr. Soria-Lopez has received travel and lodging support from the Alzheimer's Association for invited lectures

Practices Vary in Preparedness for Implementing Anti-amyloid mAbs



Complexity of patient coordination may place a strain on resources of smaller practices with reduced availability of support staff

Small private practice (≤5 clinicians)

- ☒ In-house ancillary services?
- ☒ Established relationships with outside services?

Medium-sized private practice (6-15 clinicians)

- ☒ In-house ancillary services?
- ☒ Established relationships with outside services?

Large private practice (>15 clinicians)

- ☒ In-house ancillary services?
- ☒ Established relationships with outside services?

Practices without access to diagnostic techniques (ie, amyloid PET, CSF analysis), infusion capabilities, or surveillance imaging may face additional challenges

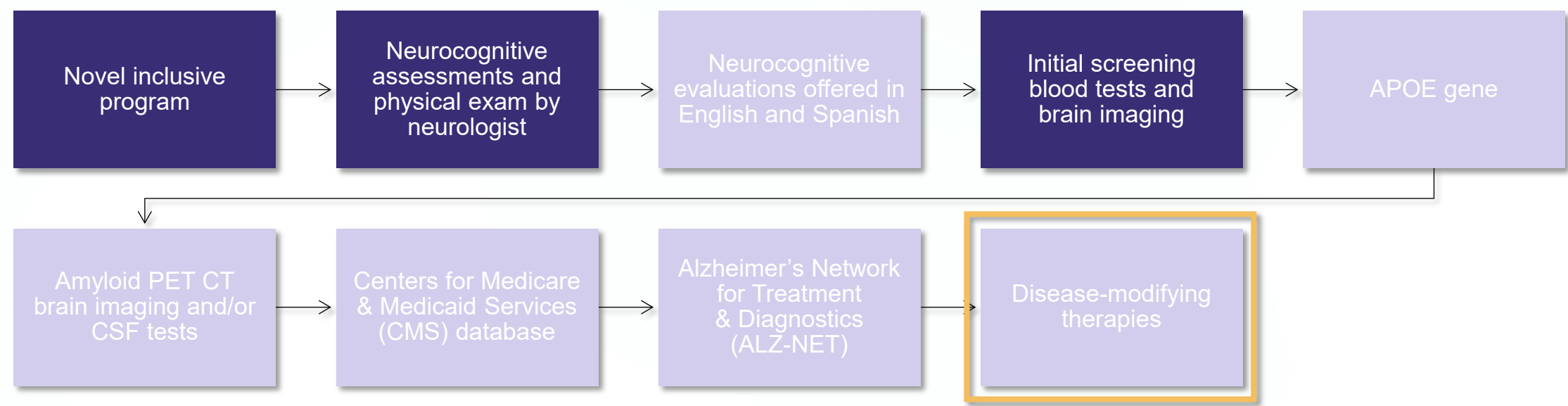
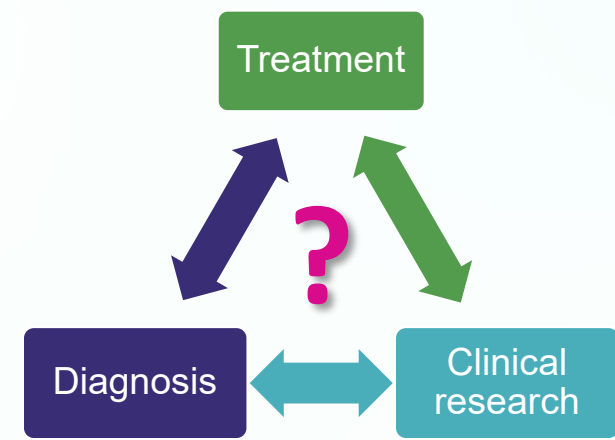
The Neuron Clinic

Patient-focused neurology medical practice serving communities in Southern California

- 25 providers across 6 clinics
 - 6 years of experience administering mAb therapies for neurologic disease
 - 4 years of experience administering anti-amyloid mAbs
 - ~130 patients treated with anti-amyloid mAbs
-
- Expertise working with **underserved populations** (~50%)
 - **Seamless integration** of care, treatment, and research
 - Streamlined **care coordination** and **safety monitoring**



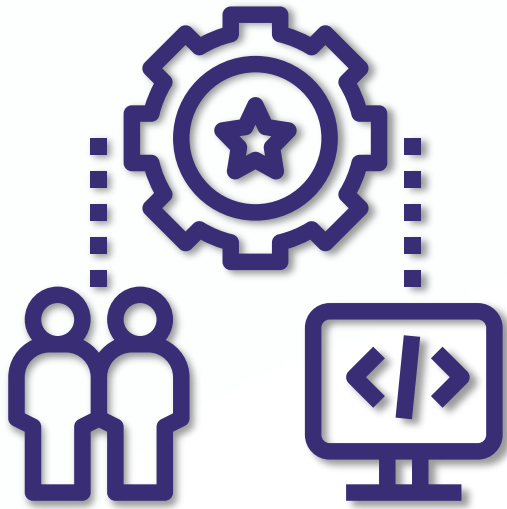
Diagnosis and Treatment Pathways at The Neuron Clinic



APOE, apolipoprotein E; CSF, cerebrospinal fluid; CT, computed tomography; PET, positron emission tomography.

This information is based on the speaker's experience.

Clinical and Research Teams and Infrastructure



Referral and care coordinators

Psychometrists and social workers

Nurse practitioners, general neurologists, dementia specialists

Neuropsychologists and neuroradiologists^a

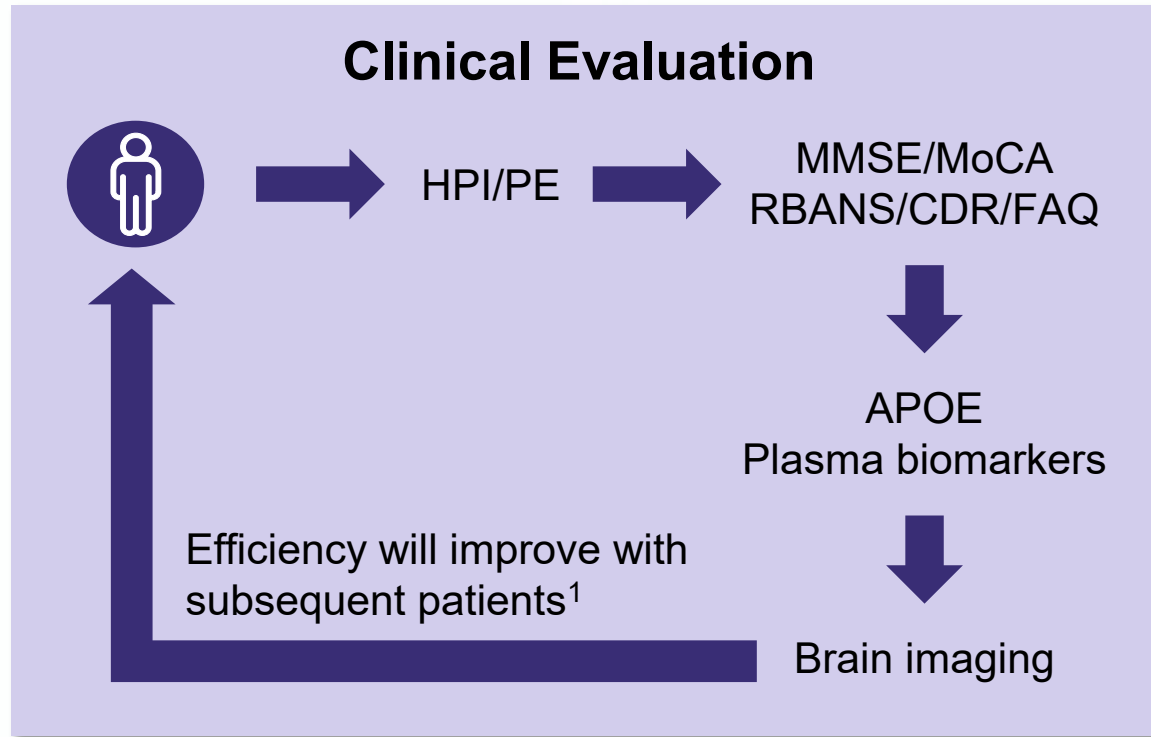
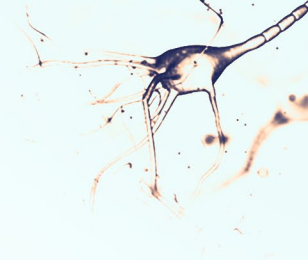
Research coordinators and data analysts

Regulatory and operational team

Clinical and research space

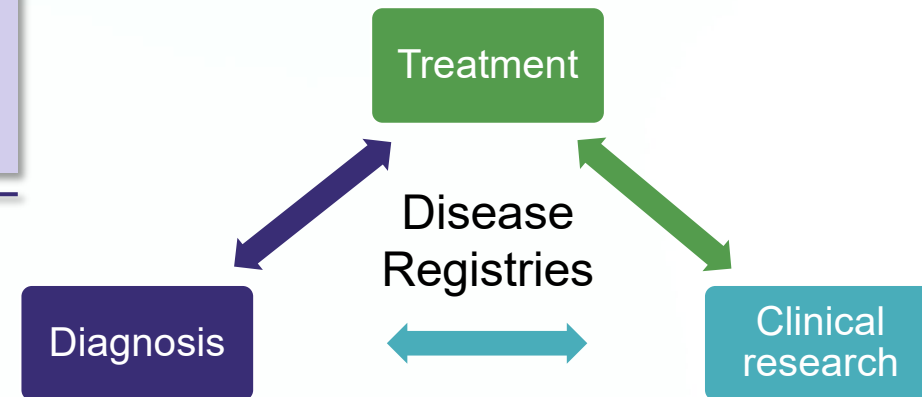
^aMay not be required to be directly affiliated with the neurology practice.

Integrating Clinical Diagnosis and Treatment Into the Current Healthcare Ecosystem: Clinical Evaluation



Why and when should you do testing?

1. Narrow differential diagnosis
2. Consider treatment options
3. Consider trial opportunities
4. Benefit/risk ratio
5. Caregiver involvement
6. Resources and support available
7. Cost to patient



APOE, apolipoprotein E; CDR, Clinical Dementia Rating; FAQ, Functional Activities Questionnaire; HPI, history of present illness; MMSE, Mini-Mental State Exam; MoCA, Montreal Cognitive Assessment; PE, physical exam; RBANS, Repeatable Battery for Assessment of Neuropsychological Status.

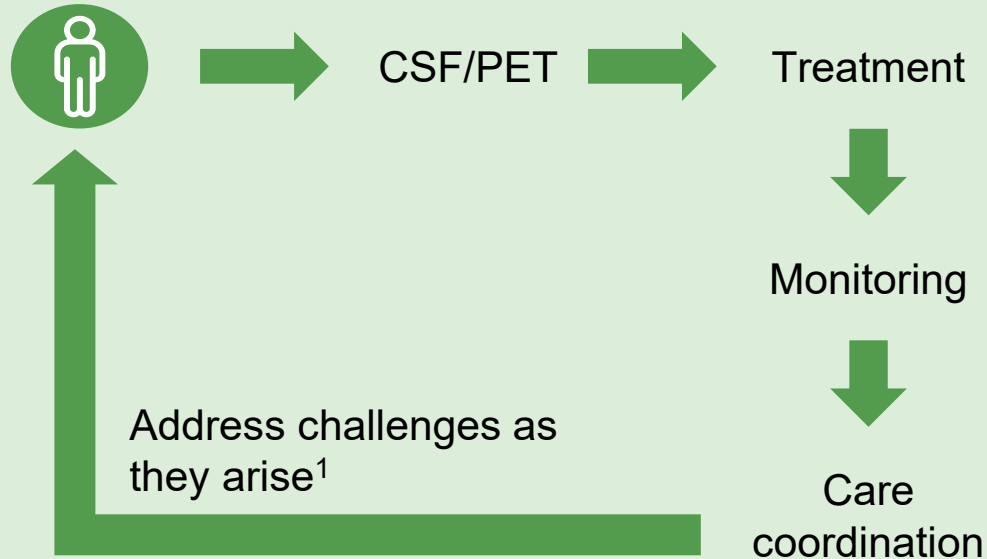
1. Rosenbloom et al. *CNS Drugs*. 2024;38:493-505.

This information is based on the speaker's experience.

Integrating Clinical Diagnosis and Treatment Into the Current Healthcare Ecosystem: Biomarker Confirmation and Treatment

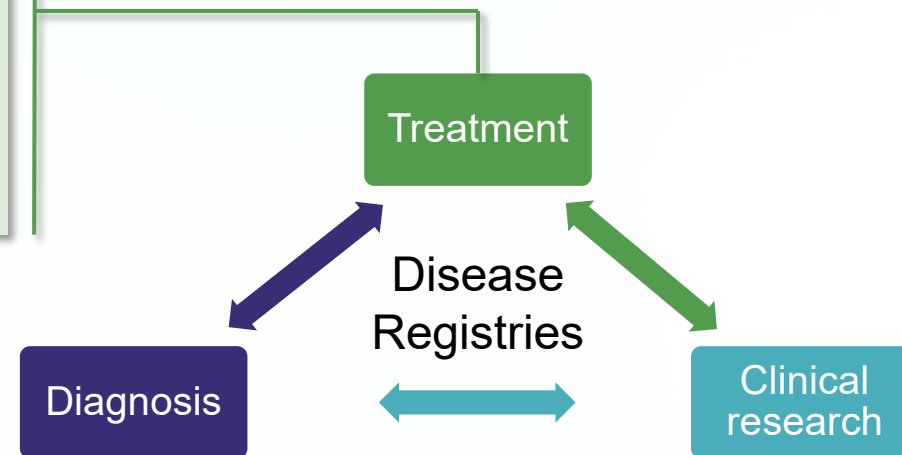


Biomarker Confirmation and Treatment



What are the challenges?

1. Limited disease awareness
2. Limited access to healthcare
3. Rising labor costs
4. Limited expertise with biomarkers
5. Competing clinical demands
6. Fragmented health systems

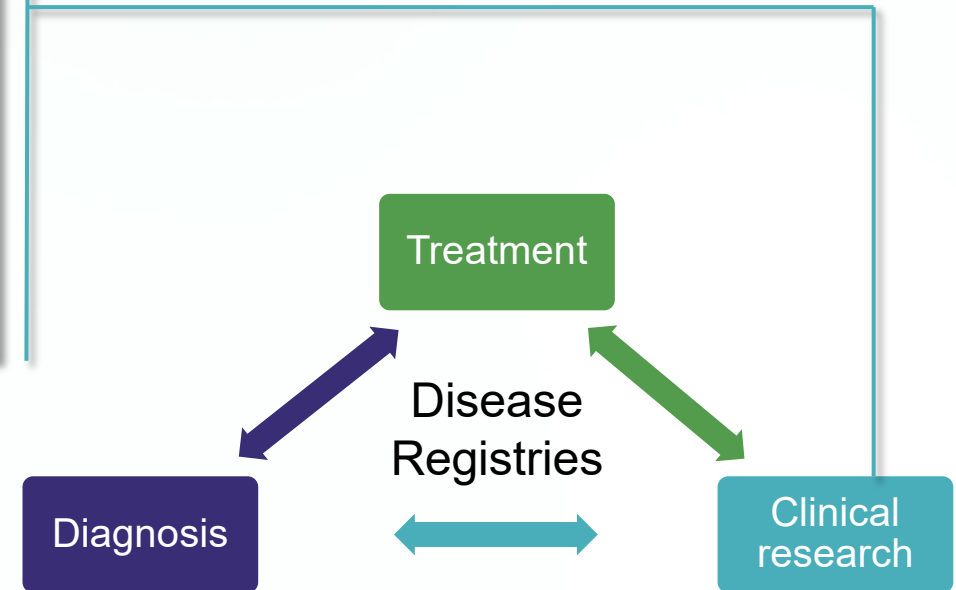
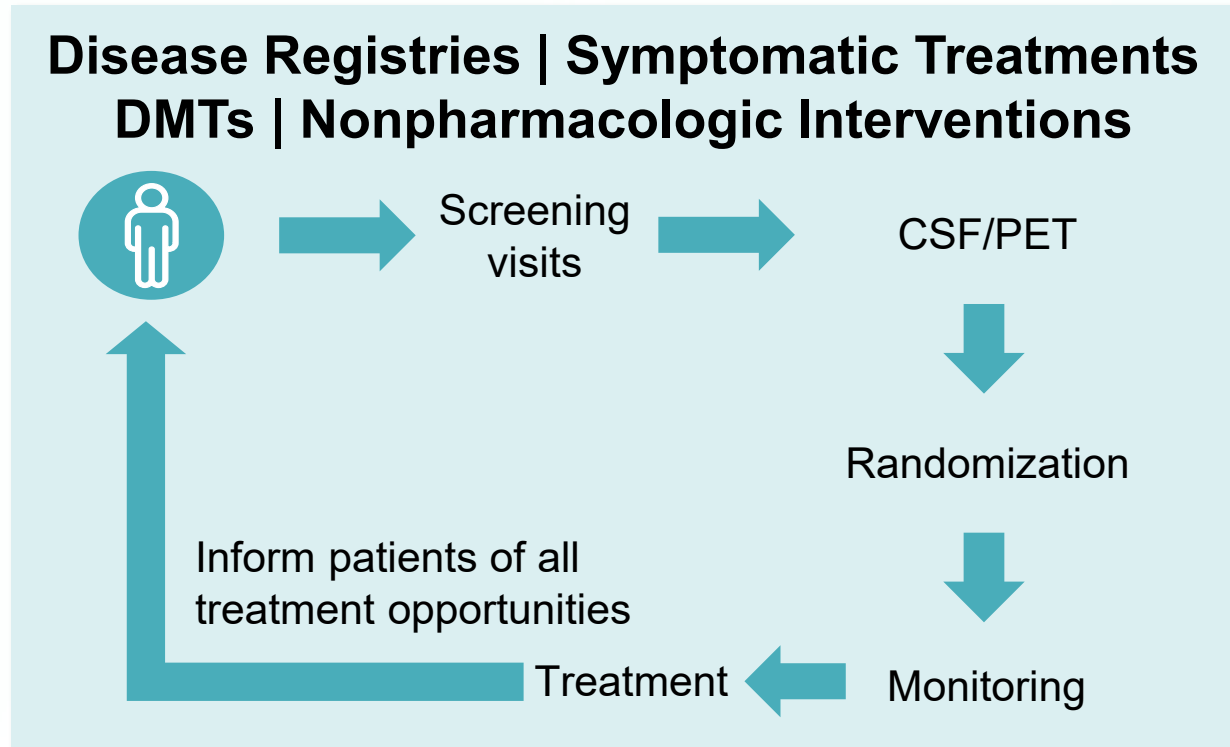


CSF, cerebrospinal fluid; PET, positron emission tomography.

1. Shields et al. *J Prev Alz Dis.* 2024;11(6):1549-1562.

This information is based on the speaker's experience.

Integrating Clinical Diagnosis and Treatment Into the Current Healthcare Ecosystem: Clinical Research



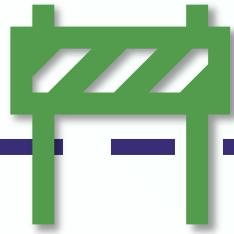
CSF, cerebrospinal fluid; DMT, disease-modifying therapy; PET, positron emission tomography.

This information is based on the speaker's experience.

Roadblocks Faced During Implementation of Anti-amyloid mAbs



Limited experience monitoring
for ARIA



What strategies from the Early AD Patient Pathway could have been applied?

- Optimize MRI monitoring (per label guidance) by using the same machine when possible, scheduling in advance, and setting up patient reminders

What strategies from the Delphi Consensus recommendations¹ could have been applied?

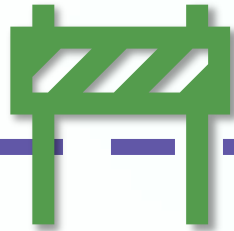
- Identify trusted collaborators, including radiologists skilled in detection of ARIA, ER physicians, and vascular neurologists
- In the panelists' experience, reimbursement and cost considerations for MRI monitoring are generally not a significant barrier

AD, Alzheimer's disease; ARIA, amyloid-related imaging abnormalities; ER, emergency room; mAb, monoclonal antibody; MRI, magnetic resonance imaging.

1. Moon et al. Poster presented at: Antibodies as Drugs: Innovative Formats, Design and Engineering; February 17-20, 2025; Keystone, CO.

Roadblocks Faced During Implementation of Anti-amyloid mAbs (cont.)

Screening processes to determine patient eligibility are complex and time consuming



What strategies from the Early AD Patient Pathway could have been applied?

- Consider whether PCPs can conduct initial assessment
- Use APPs for new patient screenings and counseling

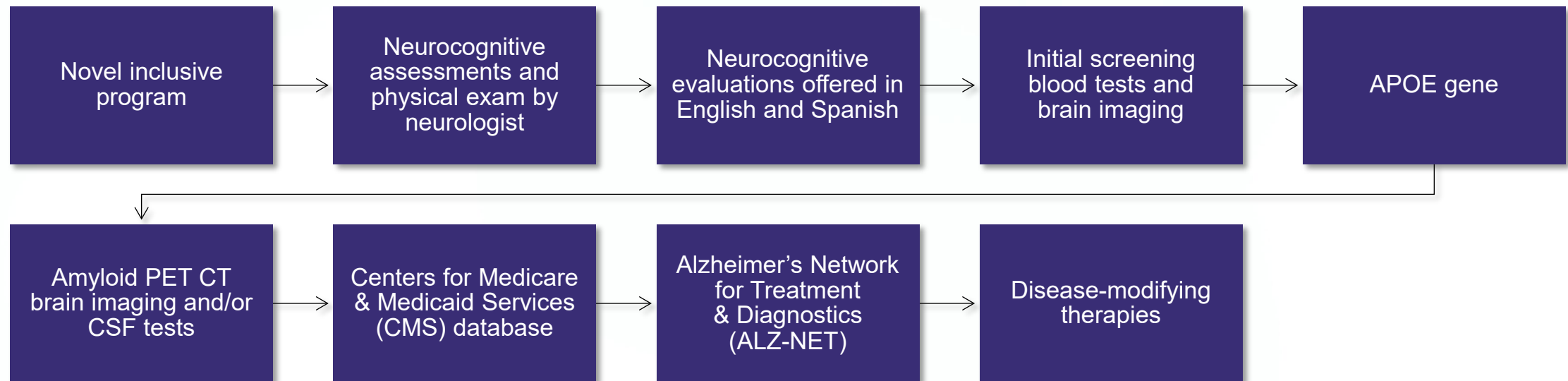
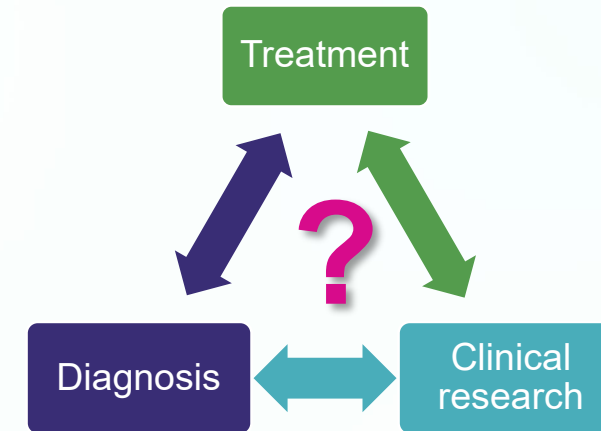
What strategies from the Delphi Consensus recommendations¹ could have been applied?

- Train medical staff to administer cognitive assessments
- Screen patients using BBMs

AD, Alzheimer's disease; APP, advanced practice provider; BBM, blood-based biomarker; mAb, monoclonal antibody; PCP, primary care physician.

1. Moon et al. Poster presented at: Antibodies as Drugs: Innovative Formats, Design and Engineering; February 17-20, 2025; Keystone, CO.

Diagnosis and Treatment Pathways at The Neuron Clinic



APOE, apolipoprotein E; CSF, cerebrospinal fluid; CT, computed tomography; PET, positron emission tomography.

This information is based on the speaker's experience.

Diagnostic and Treatment Pathways for AD Are Continuously Evolving



Pathways should be flexible and responsive to emerging technology and novel therapies¹

- Diagnosis using BBMs
- Guidance for maintenance vs discontinuation of anti-amyloid mAbs
- Technology for ARIA detection
- Novel EMR processes

1984: First diagnostic criteria for AD published; diagnosis based on clinical presentation and exclusion of other causes²

2000: A β 42 emerged as diagnostic biomarker that can be evaluated in CSF²

2011: Diagnostic criteria integrating use of biomarkers published²

2024: Third anti-amyloid mAb approved (full approval)⁴

2023: Second anti-amyloid mAb approved (full approval)⁴

1980s

1990s

2000s

2010s

2020s

1993: Discovery of APOE4 as first genetic risk factor for AD²

2012: First amyloid PET ligand approved²

2021: First approval of an anti-amyloid mAb for treatment of mild-to-moderate AD³

A β , amyloid beta; AD, Alzheimer's disease; APOE, apolipoprotein E; ARIA, amyloid-related imaging abnormalities; BBM, blood-based biomarker; CSF, cerebrospinal fluid; EMR, electronic medical record; mAb, monoclonal antibody; PET, positron emission tomography.

1. Moon et al. Poster presented at: Antibodies as Drugs: Innovative Formats, Design and Engineering; February 17-20, 2025; Keystone, CO. 2. Ahmed et al. *Brain Res.* 2021;1758:147342.

3. Vogt et al. *Int J Mol Sci.* 2023;24:3895. 4. Geldmacher. *Continuum (Minneapolis, Minn).* 2024;30:1823-1844.



Summary and Close

Dave Weisman, MD



Summary



1

The Early AD Patient Care Pathway provides strategies for optimizing AD diagnosis and treatment within integrated delivery networks

2

Delphi consensus recommendations provide guidance for implementation of anti-amyloid mAbs within private practice neurology

3

Existing treatment pathways will vary across practices, requiring flexibility when identifying optimal implementation strategies

4

Expert-developed resources can provide flexible guidance for neurologists establishing anti-amyloid mAb treatment programs across diverse practice settings

Accessing Expert Resources



The Early AD Patient Pathway is currently available

- Use the QR code to access the request form
- Submit the online request form
- Receive an email with a link to download the Pathway
- Download the Pathway

Questions: Contact heather_reiter@premierinc.com



Final consensus recommendations will be published^{1,2}

Publication will include:

- Summary of consensus recommendations
- Strategies for implementing recommendations
- Example resources to aid in implementation



Questions?





Thank you for attending!



Please scan the QR code
to fill out a brief survey
and access the slides

