"IS IT TIME TO RETHINK ITALIAN CENTERS FOR COGNITIVE DISORDERS, BASED ON INSIGHTS COMING FROM LECANEMAB CLINICAL TRIALS? PRELIMINARY DATA FROM THE FONDAZIONE IRCCS ISTITUTO NEUROLOGICO CARLO BESTA"

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FONDAZIONE IRCCS ISTITUTO NEUROLOGICO CARLO BESTA
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BACKGROUND

Recently, EMA decided that Lecanemab benefits are greater than its risks in patients with MCI and mild dementia due to AD with one or no copy of ApoE epsilon 4, and that it can be authorised for use in Europe. Thus, it is urgent to plan the actions to make this therapy feasible and safe in the real world

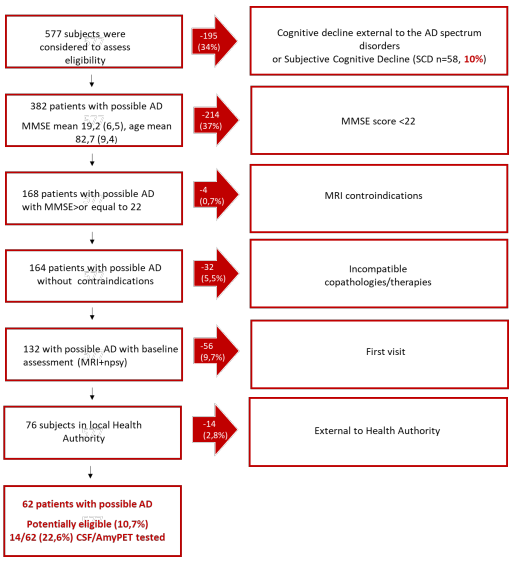
OBJECTIVE

- To estimate the Lecanemab (Disease Modifying Treatment, DMT) eligibility in a cohort of 577 patients visited consecutively at the Center of Cognitive Disorders of the Besta Institute (Feb-Apr 2025).
- To identify actions needed to confirm the eligibility of patients after the application of the Appropriate Use Recommendations (AUR) criteria for Lecanemab (1).

METHOD

We assessed eligibility according to a practical ad-hoc developed step-forward procedure

RESULTS



DISCUSSION
Actions needed to confirm eligibility to Lecanemab

- Determine ApoE polymorphism (100 %) for exluding APOE epsilon 4/4

6,3% cases estimated as APOE epsilon 4/4 homozygous (2)
In our representative sample (-4 cases): remaining subjects n=58 (10%)

- Assess biomarkers (CSF/AmyPET) in potentially eligible cases

65% cases estimated as CSF/AmyPET positive (Janssen et al, 2021 doi.org/10.1002/alz.054889)
In our representative sample 14 cases CSF/AmyPET positive + 29 cases estimated as positive = 43/577=**7,5% ELIGIBLE CASES**
in line with previous estimation (3)

- Verify the presence of a valid caregivers (100%)
- Re-evaluate carefully brain MRI with an expert Radiologist (100%)

>4 microhemorrhages or single macrohemorrhage
1 superficial siderosis
Vasogenic edema
>2 lacunar infarcts or stroke in a major artery
Fazekas score>2
Amyloid beta-related angiitis or CAA-ri

DISCUSSION
Thinking in terms of DMT opportunity

- Reassess cases excluded for "first visit" after 6 and within 12 months, with a dedicated pathway (10% of exclusion causes)
- An ad-hoc follow-up should be reserved for cases with SCD, that is a risk category (10% of exclusion causes)
- Devote attention and resources to younger cases and at an earlier stage of disease in neurological tertiary centers (382 patients with possible AD, mean MMSE 19,2 (6,5), mean age 82,7 (9,4)
- Assess biomarkers before the clinical progression in cases with MMSE ≥22 and otherwise apparently eligible patients is a priority (Only 22,6% of potentially eligible cases have CSF/AmyPET availability)
- Encourage cooperation among different specialists to improve the referral
- Alternative strategies for cases untreatable with DMTs should be considered

CONCLUSIONS

Results of this primary analysis suggest that is time to rethink the Italian Centers of Cognitive Disorders in order to offer a new opportunity of treatment; since the current evidence is weak (Digma et al, 2024 doi: 10.3233/JAD-231198 , Bobbins et al, 2025 doi.org/10.1002/bcp.), a strictly selection of patients and the monitoring of efficacy and safety are mandatory.

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