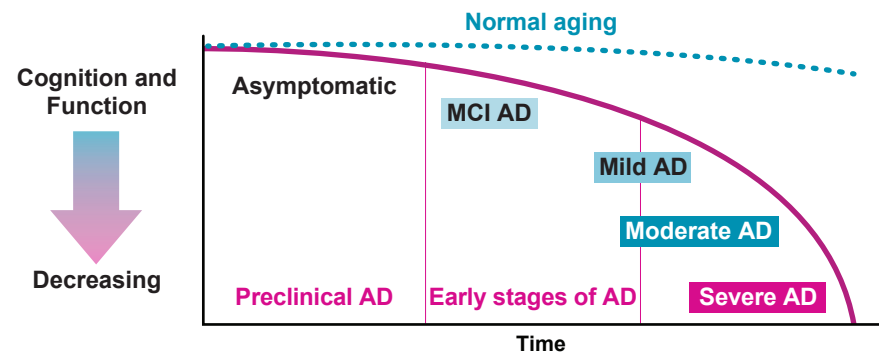


# Potential Meaningful Benefit of Anti-Amyloid Treatments for Early Stages of Alzheimer’s Disease (AD)

## AD IS A CHRONIC PROGRESSIVE DISEASE THAT ACCELERATES AFTER EARLY STAGES

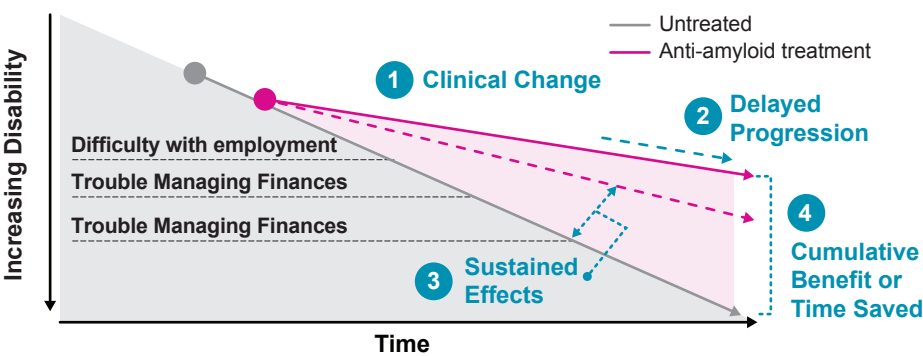
Hypothetical Model of Decline Across the AD Continuum Versus Normal Aging<sup>1,2</sup>



Due to the neurodegenerative nature and accelerating progression in later stages of AD, early intervention is crucial<sup>3-5</sup>

## ANTI-AMYLOID TREATMENTS MAY PROLONG TIME SPENT IN THE EARLY STAGES OF AD

Hypothetical Illustration of Anti-Amyloid Treatment Effects<sup>6-9</sup>



Anti-amyloid treatments affect AD pathophysiology by targeting specific amyloid beta species<sup>10</sup>

1	Clinical Change	Improvement or stabilization of clinical symptoms <sup>11</sup>
2	Delayed Progression	Slowing of cognitive and functional decline, which is reflected in a change in the rate or slope of decline <sup>7</sup>
3	Sustained Effects	Symptom differences between treated and untreated individuals persist even after discontinuing treatment, suggesting disease modification <sup>11</sup>
4	Cumulative Benefit	There is a gradual accumulation of treatment effects over time such that the treatment effects increase with longer therapy duration <sup>7</sup>

## THERE IS A NEED FOR OUTCOMES THAT REFLECT THE MEANINGFUL BENEFITS OF TREATMENTS TARGETING PATHOLOGY IN EARLY STAGES OF AD

The Clinical Dementia Rating – Sum of Boxes (CDR-SB) is an inherently clinically meaningful outcome for early stages of AD<sup>12,13</sup>



It assesses subtle changes in cognition and function in early stages<sup>12,13</sup>



It is a continuous measure that is sensitive to change over time<sup>12,13</sup>



Any increment of change on an individual domain of the CDR-SB (0.5 or 1) is considered clinically meaningful for an individual<sup>8</sup>

## RELATING THE CDR-SB TO FUNCTIONAL CHANGES CAN HELP ESTIMATE THE TIME TO LOSS OF INDEPENDENCE WITH AD TREATMENTS

### Hypothetical Example of the Relationship Between CDR-SB and Functional Outcomes, and Longevity of Independence Due To Anti-Amyloid Treatment<sup>14</sup>

A 20% to 30% slowing of AD in early stages could mean a delay in onset of a later stage<sup>8</sup>

Baseline  
CDR-SB 1

#### Functional outcomes

- Fully independent in BADL
- Independent in IADL
  - Difficulty with meal preparation
- 40 months to loss of functional independence

#### Anti-amyloid treatment

Potential for 10 to 14 additional months of independence

Baseline  
CDR-SB 2

- Fully independent in BADL
- Independent in IADL
  - Difficulty remembering dates and medications
- 29 months to loss of functional independence

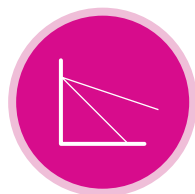
Potential for 7 to 10 additional months of independence

This is a hypothetical example based on data modeling, actual results in clinical practice may vary. The potential to preserve independence may be reviewed as part of a thorough discussion on the risks and benefits of anti-amyloid treatments for appropriate individuals<sup>14</sup>

## SUMMARY: MEANINGFUL BENEFIT OF ANTI-AMYLOID TREATMENTS FOR EARLY STAGES OF AD



Anti-amyloid treatment should be **initiated in early disease stages** to maximize time saved or prolong delay in decline<sup>3-5</sup>



Due to the potential for **cumulative benefit**, the meaningful benefit of anti-amyloid therapies is expected to increase with increased therapy duration<sup>7,8</sup>



Ongoing AD neurodegeneration may be driven by pathological changes beyond detectable amyloid plaques, necessitating **continued anti-amyloid treatment** to observe cumulative benefit over time<sup>10,15-17</sup>



Anti-amyloid treatments should also be evaluated for **indirect benefits** such as their broad health and financial impacts on patients, families, payers, and society<sup>18</sup>

#### ABBREVIATIONS

AD, Alzheimer's disease; BADL, basic activities of daily living; IADL, instrumental activities of daily living.

#### REFERENCES

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