



Sixth annual participant appreciation day, Nov. 4, 2023

**Sixth Annual Participant Appreciation Day
Conference on Healthy Brain Aging**

Victor W. Henderson, MD

Departments of Epidemiology & Population Health and of Neurology & Neurological Sciences
Director, Farrukh–Jamal Stanford Alzheimer’s Disease Research Center

1

Sixth annual participant appreciation day, Nov. 4, 2023

**Sixth Annual Participant Appreciation Day
Conference on Healthy Brain Aging**

Healthy Brain Aging Study
Farrukh–Jamal Stanford Alzheimer’s Disease Research Center (ADRC) 
Lewy Body Scientific Partnership for Advancing Research and Knowledge 
Stanford Clinical Trials Programs
Stanford Aging and Memory Study (SAMS)
Longitudinal Early-onset Alzheimer’s Disease Study 
Asian Cohort for Alzheimer’s Disease (ACAD) 




2


A.D.R.C.
for healthy brain aging

Staff and Board Members:

- Kati Andreasson
- Kathleen Poston
- Patricia Rodriguez Espinosa
- Elizabeth Mornino
- Maya Yutais
- Wes Ashford
- Sharon Sha
- Kristen Wheeler
- Imma Cobos
- Alejandra Romo
- Mohira Vaidya
- Nora Sakiz
- Ehsan Adeli
- VJ Penyakol
- Jeff Nirschl
- Brad Zuchero
- Joe Winer
- Lisa Goldman Rosas
- Jennie Clark
- Harris Iyer
- Wei-ting Chen
- Skylar Weiss
- T'Lisa Mowdogroft
- Hillary Vossler
- Greg Zahradchuck
- Alissa Anderson
- Arni Bhatt
- Irina Sklyar-Scott
- Mable Lam
- Heather Moss
- Hank Greely
- Nicole Caceres
- Mike Jaime
- Dena Bahmani
- Kelly Chau
- Gabe Hergenroed
- Claire Delprou Nough
- April May
- Allison Rosen
- Tammy Tran
- Nicole Conio
- Ana Marquez
- Andrew Gentiles
- Guido Davidson
- Claudia Padula
- Kyran Younes
- Nusha Askari
- Seren Williams
- Kyran Younes
- Claudia Padula
- Helen Bronte-Stewart
- Julie Kalschmidt
- Christina Wystr-Goray
- Alissa Anderson
- Kristen Vallego
- Patricia Loodis Moran
- Divya Channappa
- Steven Chao
- Frank Longo
- Ted Wilson
- Alison Longo
- Jerome Yesavage
- Alesha Heath
- Beth Hoyte
- Zhihui He
- Janet Hwang
- Lu Tian
- Victor
- Michael Zeisler
- Holly Tabor
- Hannah Schmitz
- Caleb Lareau
- Igor Fortisano
- Brigitte Schuele
- Faria Zafar
- Ehsan Adeli
- Nora Sakiz
- Mohira Vaidya
- Alejandra Romo
- Imma Cobos
- Sharon Sha
- Wes Ashford
- Maya Yutais
- Elizabeth Mornino
- Patricia Rodriguez Espinosa
- Kathleen Poston
- Kati Andreasson


2



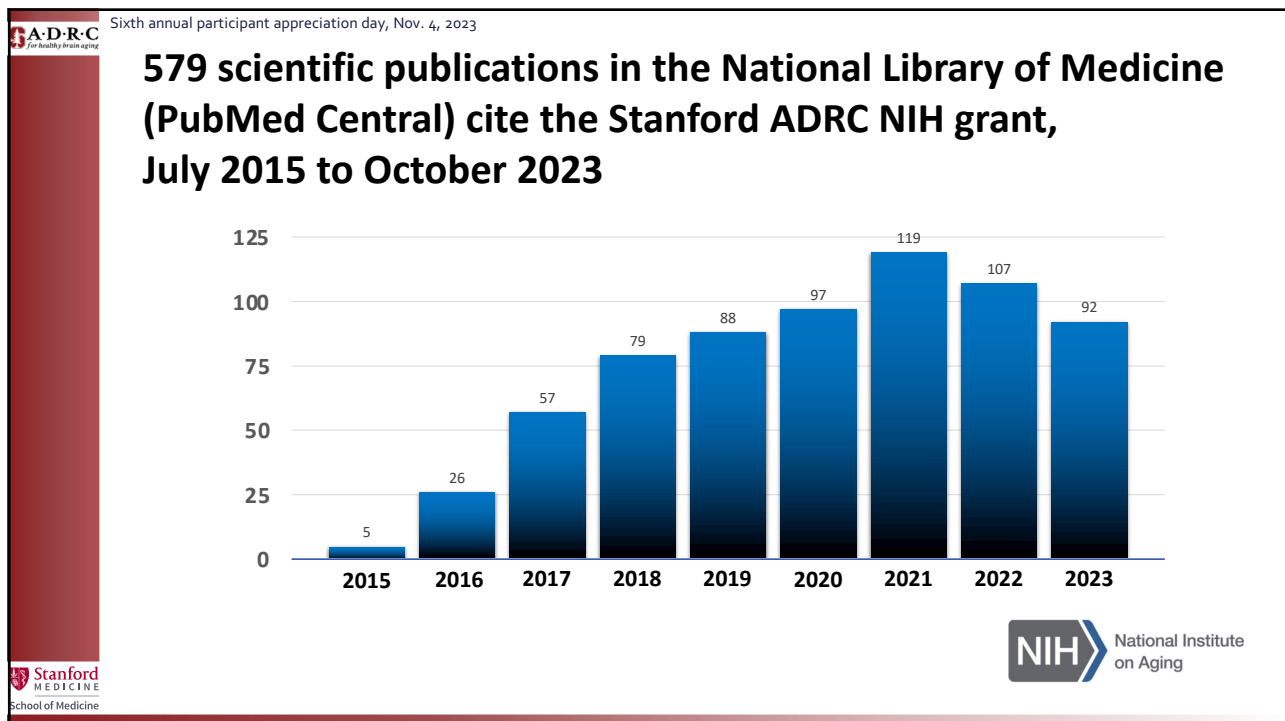


CAB (Community Advisory Board)



Stella De La Pena	Alzheimer's Association
Leslie DuBridge	Senior advocate
Denise Coley	Parkinson's disease advocate
Sandra Green	Alzheimer's Association
Sara Langer	Stanford ADRC participant volunteer
Kirk Leu	Caregiver
Ting Pun	Vi Senior Housing Community
Scott Roney	Veteran
Elissa Wellikson	Veteran
Sandra Winters	Senior Coastsiders
Benjamin Yen	Caregiver
Amy Yotopolous	Avenidas




5



6





- New FDA-approved treatments for mild cognitive impairment and mild dementia due to Alzheimer's disease (**Victor Henderson**)
- Your genetics are driving advances in Alzheimer's disease (**Michael Greicius**)
- What your blood can tell us about age and disease (**Tony Wyss-Coray**)
- Why we ask for skin samples: Human stem cell models for Alzheimer's disease and Parkinson's disease / dementia with Lewy bodies research (**Birgitt Schuele**)



- Destigmatizing the lumbar puncture: What is it and why does it matter (**Ryan Taylor**)
- Lumbar puncture: A personal perspective (**Celina Rodriguez**)
- JEDI: Justice, equity, diversity and inclusion in the ADRC (**Patricia Rodriguez Espinosa**)
- Stanford ADRC Community Advisory Board (**Lisa Goldman Rosas**)
- Breakout session: "We want to hear from you" (**Lisa Goldman Rosas**)

7




Sixth annual participant appreciation day, Nov. 4, 2023

New FDA-approved treatments for mild cognitive impairment and mild dementia due to Alzheimer's disease

Victor W. Henderson, MD

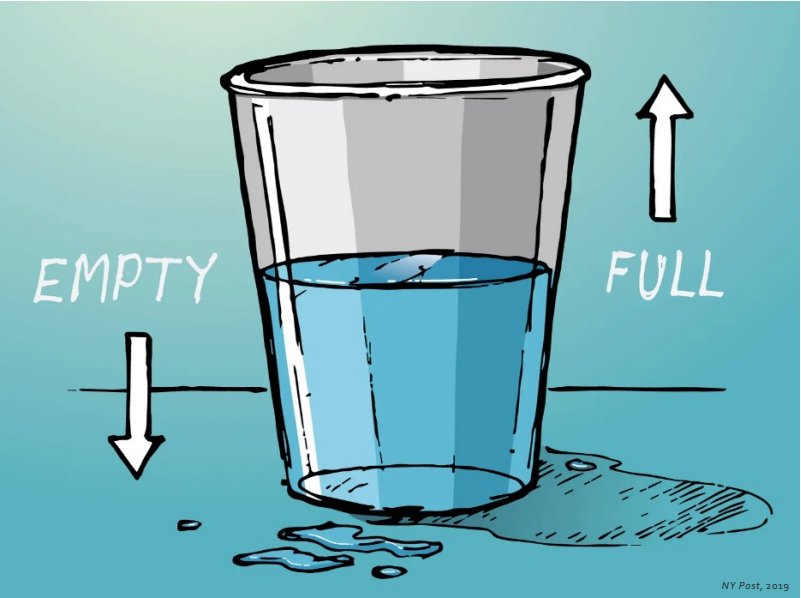
Departments of Epidemiology & Population Health and of Neurology & Neurological Sciences
Director, Farrukh-Jamal Stanford Alzheimer's Disease Research Center




8

A·D·R·C
for healthy brain aging

New FDA-approved treatments for mild cognitive impairment and mild dementia due to Alzheimer's disease



NY Post, 2019

Stanford MEDICINE
School of Medicine

9

Before there were the FDA approved treatments for biomarker-based mild dementia associated with early Alzheimer's disease biomarker MCI

Aducanumab	→ Accelerated approval by the FDA, June 2021
Lecanemab	→ Regular approval by the FDA, July 2023
Donanemab	→ Under FDA review

These are IgG1 monoclonal antibodies that target β -amyloid and reduce brain amyloid

Rubin, JAMA 2023;330:3411

10

A·D·R·C
for healthy brain aging

Stanford
MEDICINE
School of Medicine

Amyloid Plaque

Walker, L.C. Free Neuropathol 1:31 (2020)

11

A·D·R·C
for healthy brain aging

Stanford
MEDICINE
School of Medicine

Plaques and tangles

Founder of Neurology

Alois Alzheimer

Mature et al., Lancet 2006

Auguste D.

Alzheimer, Z Neuro Psychiatr, 1911

Walker, L.C. Free Neuropathol 1:31 (2020)

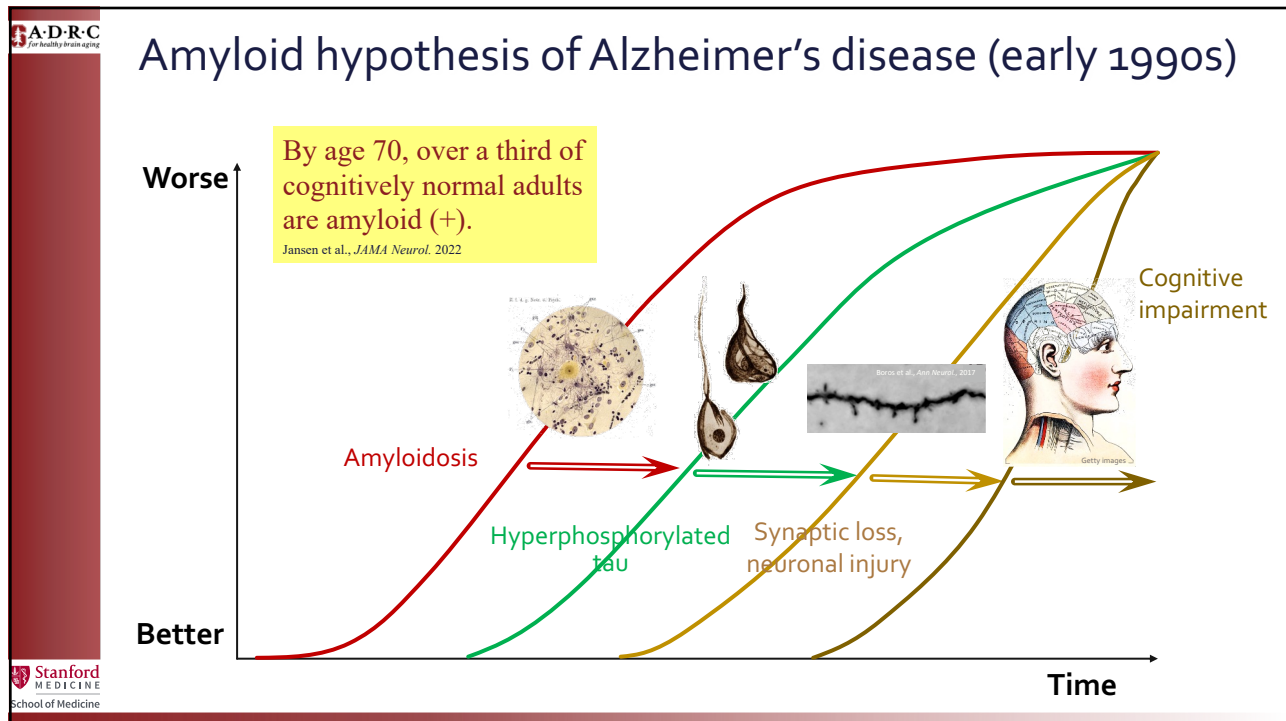
- Plaque cores: β -amyloid protein
- Neurofibrillary tangles: Tau protein (hyperphosphorylated)

Alzheimer, Z Neuro Psychiatr, 1911

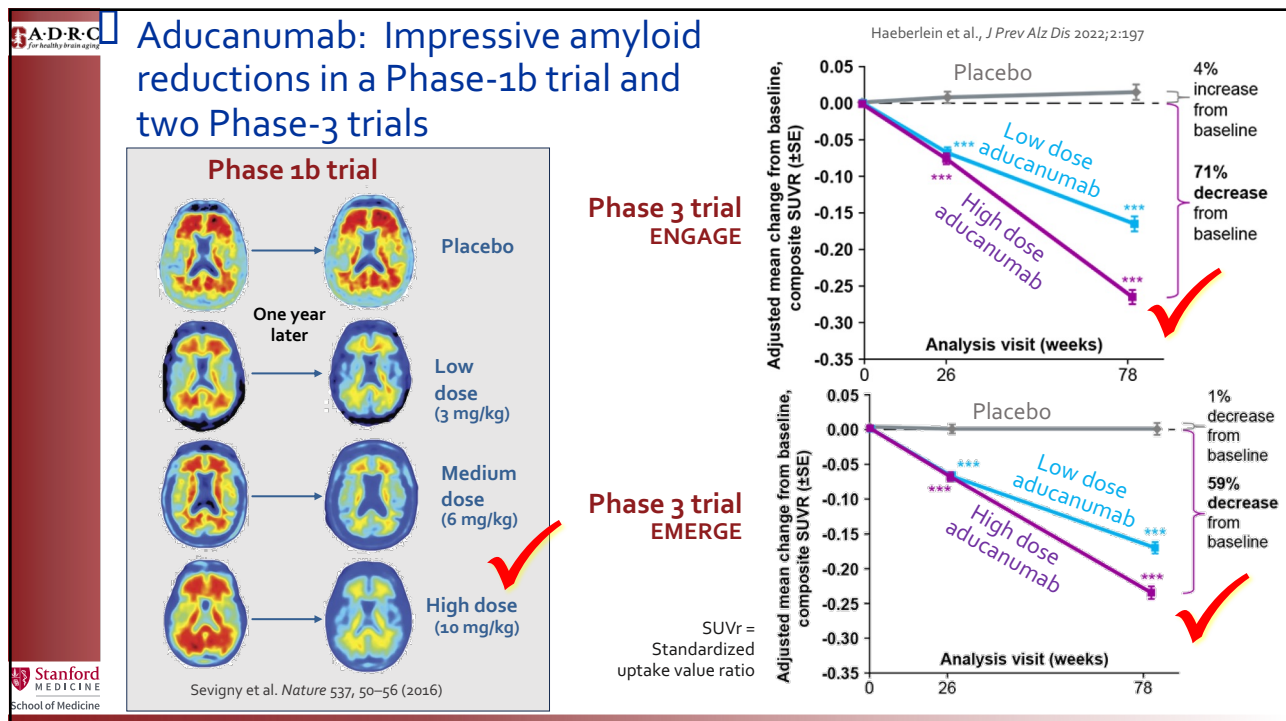
Heckman et al.

Gary Thomas Scientific American

12



13



14

	NONE 0	QUESTIONABLE 0.5	MILD 1	MODERATE 2	SEVERE 3
Memory	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
Orientation	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented to time, often to place	Oriented to person only
Judgment & Problem Solving	Solves everyday problems & handles business & financial affairs well; judgment good in relation to past performance	Slight impairment in solving problems, similarities, and differences	Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained	Severely impaired in handling problems, similarities, and differences; social judgment usually impaired	Unable to make judgments or solve problems
Community Affairs	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities although may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside home Appears well enough to be taken to functions outside a family home	No pretense of independent function outside home Appears too ill to be taken to functions outside a family home
Home and Hobbies	Life at home, hobbies, and intellectual interests well maintained	Life at home, hobbies, and intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in home
Personal Care	Fully capable of self-care		Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence

CDR sum of boxes ranges from 0 (best) to 18 (worst).
Minimal clinically important difference estimated at 1-2 points.

Clinical Dementia Rating (CDR): based on cognition and function

Hughes et al, *Brit J Psychiatry*, 1982; Morris, *Neurology*, 1993

15

Aducanumab: Unimpressive clinical results

80% MCI, 20% mild AD-dementia

- EMERGE** phase 3 trial
 - 18 months, monthly infusions, n = 1638
 - Very small benefit
- ENGAGE** phase 3 trial
 - 18 months, monthly infusions, n = 1647
 - No benefit

Accelerated FDA approval in June 2021

Two Randomized Phase 3 Studies of Aducanumab in Early Alzheimer's Disease

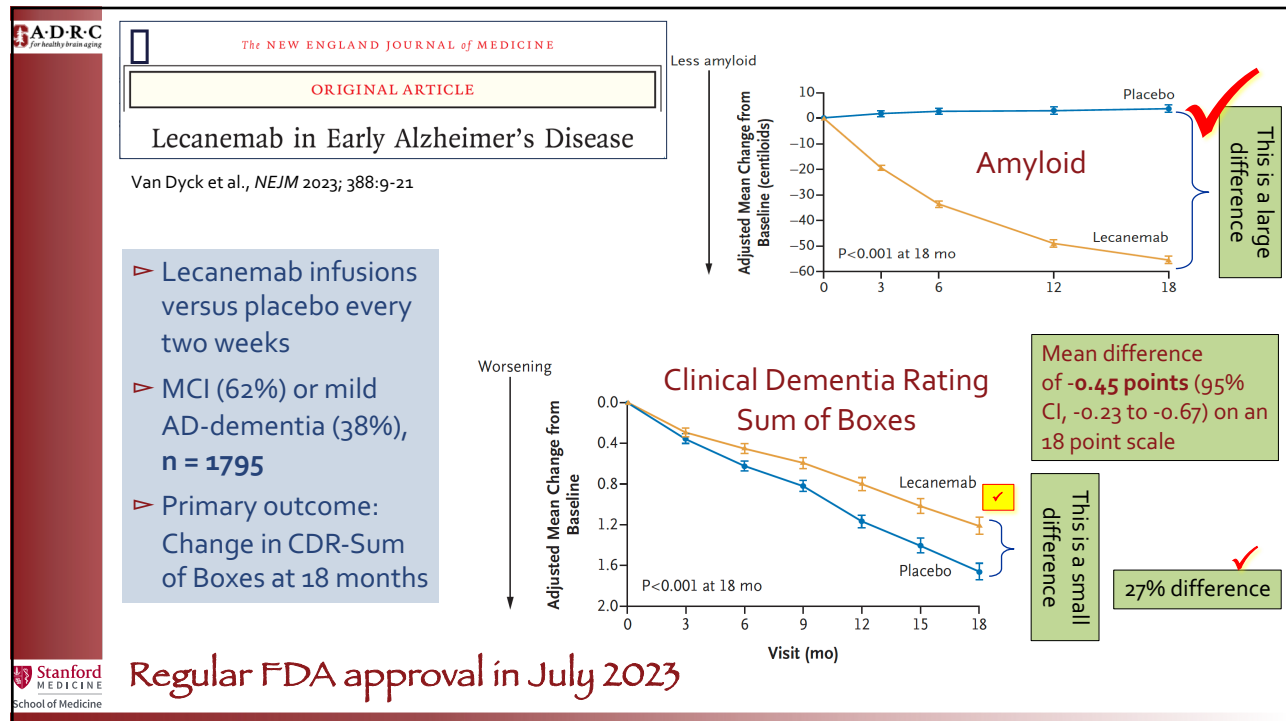
Figure 3.1. Meta-Analysis of Difference in CDR-SB versus Placebo

Study	CDR-SB Diff. from Placebo	Weight (%)
EMERGE	-0.40 (-0.70, -0.10)	49.58
ENGAGE	0.03 (-0.26, 0.32)	50.42
Overall	-0.18 (-0.60, 0.24)	

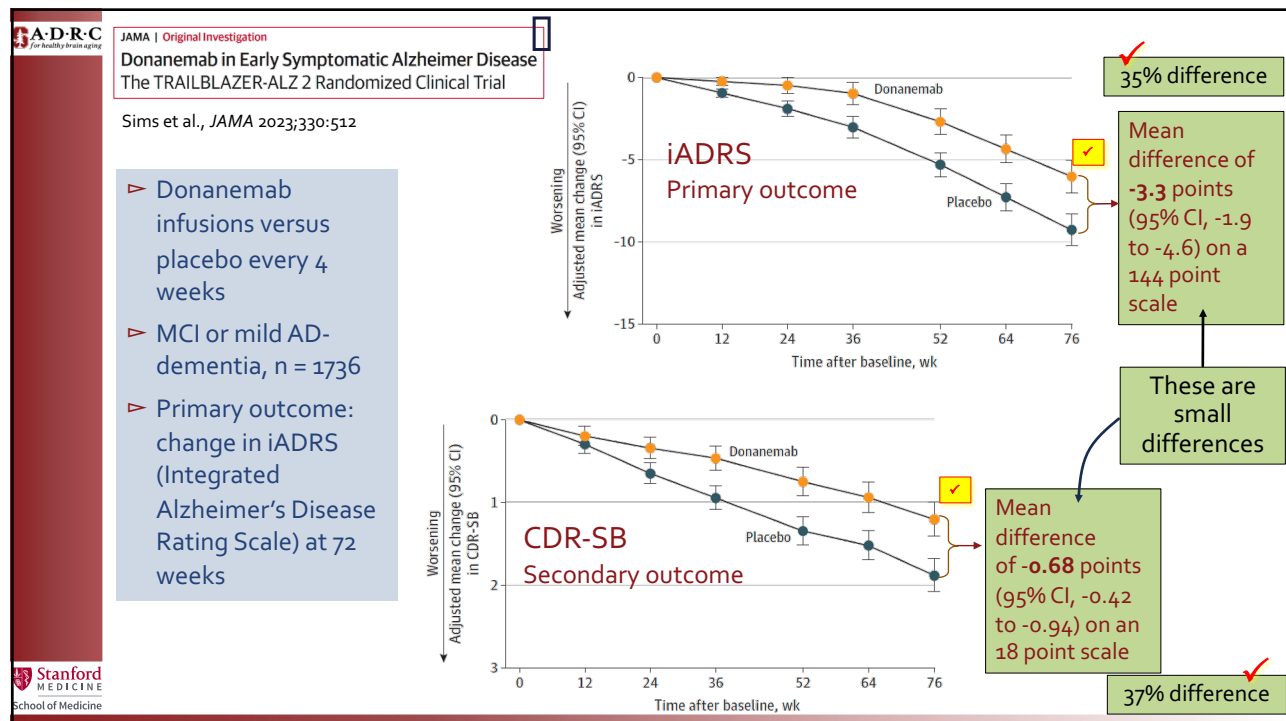
This difference is 2/5 point

The overall mean difference is less than 1/5 point

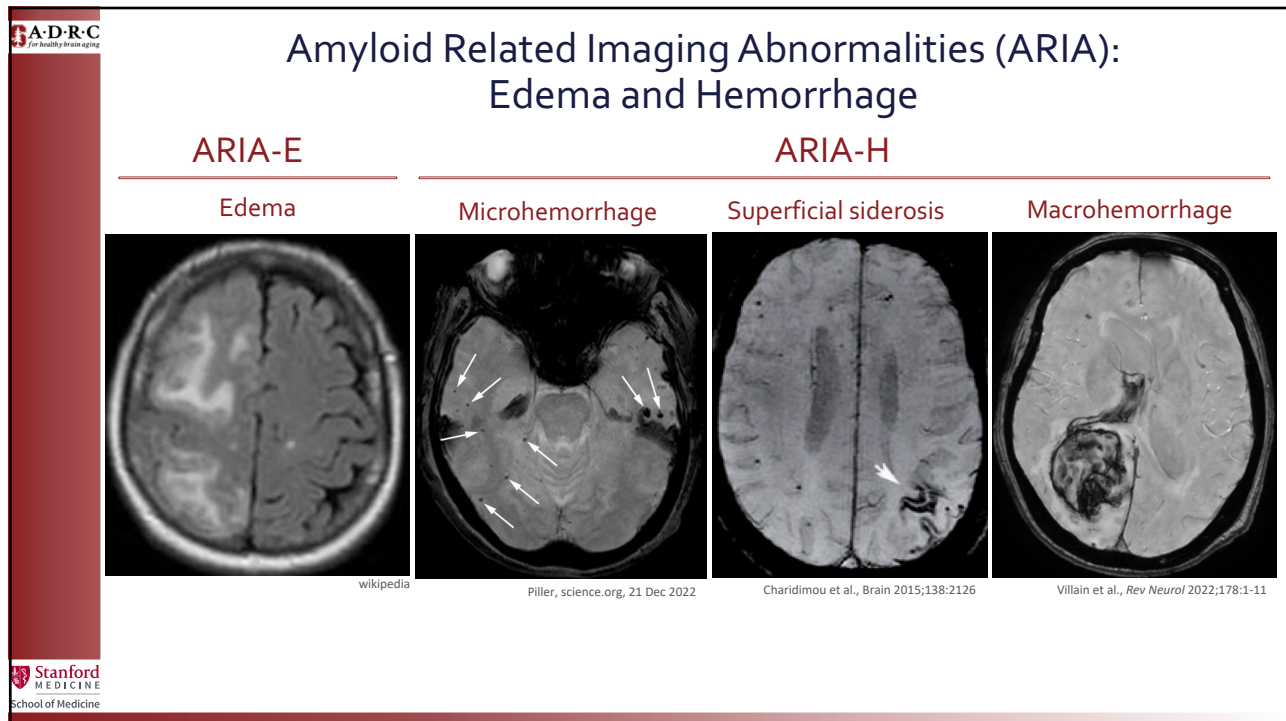
16



17



18



19

Adverse events: Drug – placebo differences in phase-3 trials

Drug	ARIA-E	ARIA-H					
		Micro-hemorrhage	Superficial siderosis	Macro-hemorrhage			
Aducanumab* (ENGAGE)	33% (36% vs. 3%)	13% (19% vs. 6%)	14% (16% vs. 2%)	-			
Aducanumab* (EMERGE)	32% (35% vs. 2%)	13% (20% vs. 7%)	10% (13% vs. 3%)	-			
Lecanemab (Clarity AD)	11% (13% vs. 2%)	6% (14% vs. 8%)	3% (6% vs. 3%)	5 drug / 1 placebo			
Donanemab (Trailblazer-Alz 2)	22% (24% vs. 2%)	14% (27% vs. 13%)	13% (16% vs. 3%)	3 drug / 2 placebo			

ARIA-E, Amyloid related imaging abnormality – edema. ARIA-H, Amyloid related imaging abnormality – hemorrhage.

*Results for high-dose aducanumab subgroup.

†Flu-like symptoms, nausea, vomiting, hyper- or hypotension, oxygen desaturation; transient decreased LC counts (38% vs. 2%) and increased leukocyte counts (22% vs. 1%)

§Percent difference; Alves et al., *Neurology* 2023;100:e2114

20

Adverse events: Drug – placebo differences in phase-3 trials

Drug	ARIA-E	ARIA-H			Infusion reaction [†]	Death	
		Micro-hemorrhage	Superficial siderosis	Macro-hemorrhage			
Aducanumab* (ENGAGE)	33% (36% vs. 3%)	13% (19% vs. 6%)	14% (16% vs. 2%)			8 drug / 5 placebo	
Aducanumab* (EMERGE)	32% (35% vs. 2%)	13% (20% vs. 7%)	10% (13% vs. 3%)				
Lecanemab (Clarity AD)	11% (13% vs. 2%)	6% (14% vs. 8%)	3% (6% vs. 3%)	5 drug / 1 placebo	19% (26% vs. 7%)	6 drug / 7 placebo	
Donanemab (Trailblazer-Alz 2)	22% (24% vs. 2%)	14% (27% vs. 13%)	13% (16% vs. 3%)	3 drug / 2 placebo	8% (9% vs. 1%)	16 drug / 10 placebo	

ARIA-E, Amyloid related imaging abnormality – edema. ARIA-H, Amyloid related imaging abnormality – hemorrhage.

*Results for high-dose aducanumab subgroup.

†Flu-like symptoms, nausea, vomiting, hyper- or hypotension, oxygen desaturation; transient decreased LC counts (38% vs. 2%) and increased leukocyte counts (22% vs. 1%)

§Percent difference; Alves et al., *Neurology* 2023;100:e2114

21

Adverse events: Drug – placebo differences in phase-3 trials

Drug	ARIA-E	ARIA-H			Infusion reaction [†]	Death	Brain volume loss [§]
		Micro-hemorrhage	Superficial siderosis	Macro-hemorrhage			
Aducanumab* (ENGAGE)	33% (36% vs. 3%)	13% (19% vs. 6%)	14% (16% vs. 2%)	-	-	8 drug / 5 placebo	0%
Aducanumab* (EMERGE)	32% (35% vs. 2%)	13% (20% vs. 7%)	10% (13% vs. 3%)	-	-		4%
Lecanemab (Clarity AD)	11% (13% vs. 2%)	6% (14% vs. 8%)	3% (6% vs. 3%)	5 drug / 1 placebo	19% (26% vs. 7%)	6 drug / 7 placebo	26%
Donanemab (Trailblazer-Alz 2)	22% (24% vs. 2%)	14% (27% vs. 13%)	13% (16% vs. 3%)	3 drug / 2 placebo	8% (9% vs. 1%)	16 drug / 10 placebo	23%

ARIA-E, Amyloid related imaging abnormality – edema. ARIA-H, Amyloid related imaging abnormality – hemorrhage.

*Results for high-dose aducanumab subgroup.

†Flu-like symptoms, nausea, vomiting, hyper- or hypotension, oxygen desaturation; transient decreased LC counts (38% vs. 2%) and increased leukocyte counts (22% vs. 1%)

§Percent difference; Alves et al., *Neurology* 2023;100:e2114

22



photo: VW Henderson

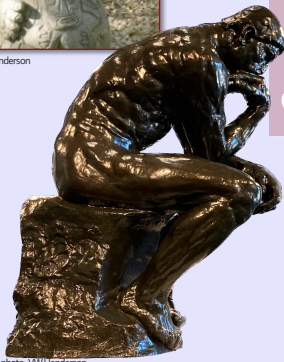


photo: VW Henderson

What are other considerations?

- Aducanumab, lecanemab, and (presumably) donanemab are expensive.
- Screening, treatment, and monitoring are resource intensive.
- There are equity concerns.

23



photo: VW Henderson

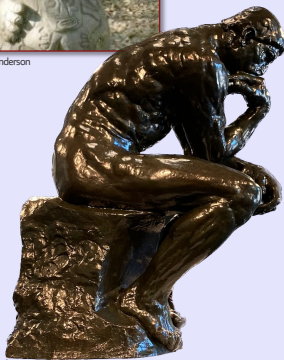
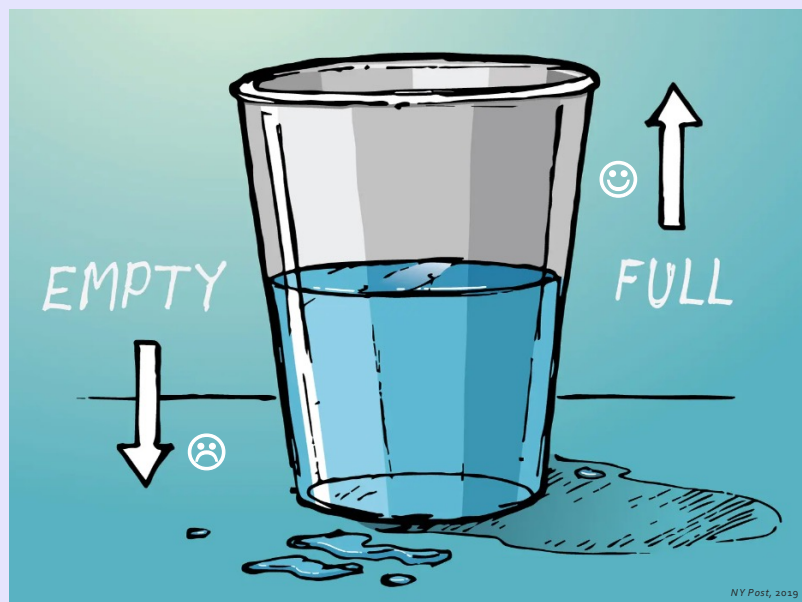


photo: VW Henderson



NY Post, 2019

24



photo: VW Henderson

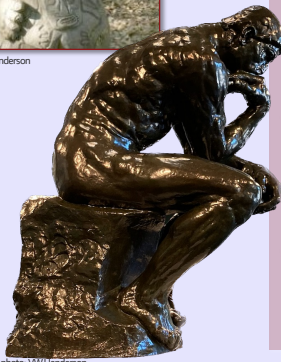


photo: VW Henderson

Concluding thoughts

- For the first time, there are approved treatments for mild cognitive impairment and mild dementia associated with an Alzheimer biomarker. 😊
- Patients worsen despite treatment. 😞
- The average difference in decline at 18 months is significant (e.g., 27% for lecanemab). 😊
- But the average clinical difference at 18 months is probably not noticeable. 😞

25



photo: VW Henderson

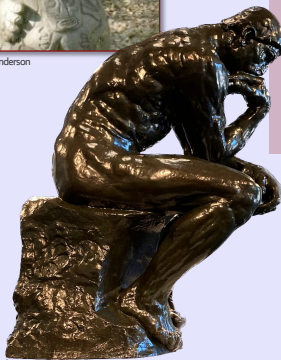
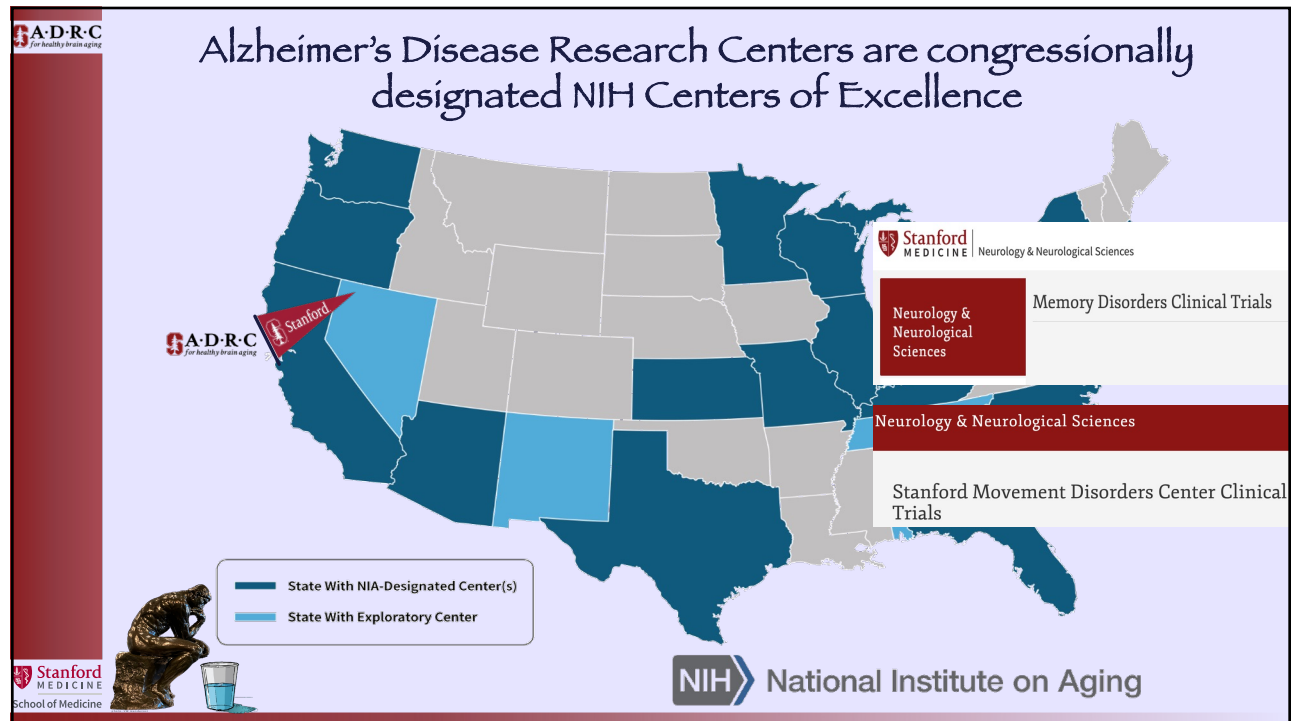


photo: VW Henderson

Concluding thoughts

- We don't yet know the long-term clinical outcomes.
 - There may be meaningful long-term benefit, or
 - There may be long-term harm, or
 - There may not be much of a difference.

26



27

Sixth annual participant appreciation day, Nov. 6, 2023

Thank You

New FDA-approved treatments for mild cognitive impairment and mild dementia due to Alzheimer's disease

Victor Henderson, MD, MS
Departments of Epidemiology & Population Health and of Neurology & Neurological Sciences
Stanford University
Director, Farrukh-Jamal Stanford Alzheimer's Disease Research Center

Stanford MEDICINE School of Medicine

NIH National Institute on Aging
P30 AG066515

28