

Disputes & Debates: Editors' Choice

Reader Response: Eligibility for Anti-Amyloid Treatment in a Population-Based Study of Cognitive Aging

Paolo Salvioni Chiabotti (Lausanne, Switzerland), Olivier Rouaud (Lausanne, Switzerland), and Gilles Allali (Lausanne, Switzerland)
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We read with great interest the article by Pittock et al.¹ who showed a limited eligibility of anti-amyloid monoclonal antibodies in a population-based cohort. Applying the inclusion criteria for lecanemab,² they reported that 8% (19/237) of the individuals were eligible for the treatment. Within the registry of the Leenaards Memory Center at Lausanne University Hospital,³ we applied the same criteria to all patients with Alzheimer disease (AD) evaluated in 2022 (20% of all consecutive patients, 364/1,820).

It is of interest that we found 15% (54/364) patients with AD eligible for lecanemab. Among these patients, with a clinical diagnosis of AD and eligible for lecanemab, 50% (27/54) had an amyloid status determination. 70% (19/27) of those had a positive amyloid status and would, therefore, be candidates for lecanemab treatment. With respect to eligible patients with AD, this proportion drops to 31% (19/54) and further with reference to the total number of patients with AD (5%, 19/364).

These findings highlight the importance of gradual reasoning, based on precise clinical, radiologic, and biological measures, according to the latest recommendations⁴ that yield a high proportion of eligible patients. As a result, it is actually in contrast with the low prevalence of this patient group in AD patients evaluated in academic memory clinics. Such estimations are essential for adapting our health care infrastructure and delivering tailored care to patients with early AD.

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3. Damian D, Rouaud O, Draganski B, et al. Memory center: the Lausanne model. *Clin Transl Neurosci*. 2018;2(1):2514183X18773482. doi:10.1177/2514183X18773482
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