



Peripheral and Central Nervous System Drugs Advisory Committee
Food and Drug Administration
10903 New Hampshire Avenue
Building 31, Room 2417
Silver Spring, Maryland 20993-0002

May 25, 2023

**Re: Peripheral and Central Nervous System Drugs Advisory Committee Meeting on
Leqembi (lecanemab) (FDA- 2023-N-1114)**

Dear Members of the Advisory Committee:

On behalf of the Alzheimer's Association, all those living with Alzheimer's disease, their caregivers, and their families, we are grateful to the Food and Drug Administration (FDA) for convening this advisory committee to discuss the traditional approval of Leqembi (lecanemab), an anti-amyloid treatment that reduces cognitive and functional decline in individuals with early Alzheimer's disease.

For decades, millions of Americans and their loved ones have waited for access to such a therapy while they have faced a relentless, fatal disease. There are an estimated 6.7 million Americans age 65 and older living with Alzheimer's disease. By 2050, that number is expected to rise to nearly 13 million.¹

The Clarity AD Phase 3 data for Leqembi confirm this treatment changes the course of the disease and delivers clear clinical benefit for people in the early stages of Alzheimer's disease. The results indicate Leqembi can give people more time at or near their full abilities to participate in daily life, remain independent and make future health care decisions. The benefits of this treatment will only be recognized if patients have access to those treatments and the diagnostics necessary to inform treatment decisions.

I. Leqembi Pivotal Trial Convincingly Achieves Primary and All Secondary Endpoints

On November 29, 2022, in coordination with a public presentation of the data at an international scientific conference, Clinical Trials on Alzheimer's Congress (CTAD), researchers published the results of a confirmatory Phase 3 placebo-controlled, double-blind, parallel-group,

¹ Alzheimer's Association (2023). *2023 Alzheimer's Disease Facts & Figures*.

randomized study demonstrating a clinical benefit from the use of Leqembi.² The data presentation was coordinated with the peer reviewed publication of these same results to provide opportunity for the medical and scientific community to discuss the results at length in order to work toward a consensus based understanding.

In a patient population living with mild cognitive impairment (MCI) due to Alzheimer's disease and mild dementia due to Alzheimer's disease, treatment with Leqembi met the primary endpoint (CDR-SB: Clinical Dementia Rating-Sum of Boxes), as well as all secondary endpoints, with highly statistically significant results.³ Specifically, Leqembi reduced decline on the CDR-SB scale by 27% compared with placebo at 18 months, representing a difference in the score of -0.45 ($p=0.00005$).⁴ This difference in decline translated into a 5.3 month slowing of progression over the course of the 18-month trial, with a reasonable expectation of a further increase in separation with continued treatment.⁵ These differences started as early as six months into treatment across all time points.⁶

All key secondary endpoints also demonstrated statistically significant change at 18 months from baseline when compared with placebo, with differences appearing earlier than the primary endpoint, including amyloid levels in the brain measured by amyloid positron emission tomography (PET), the Alzheimer's disease Assessment Scale-cognitive subscale14 (ADAS-cog14), AD Composite Score (ADCOMS), and the AD Cooperative Study-Activities of Daily Living Scale for Mild Cognitive Impairment (ADCS MCI-ADL).⁷

As discussed in greater depth in the statement from over 200 clinicians and researchers, this trial represents a "foundational advance" in the treatment of Alzheimer's disease.⁸ Importantly, the trial included individuals aged 50 to 90 years of age, allowed patients with a broad range of comorbidities compared to previous anti-amyloid trials, and included greater representation of traditionally underrepresented ethnic and racial populations, with Hispanic and African Americans making up approximately 25% of the total U.S. enrollment. While representation in clinical trials needs to improve, the comparability of the Clarity AD trial population to the Medicare population exceeds that of the Phase 3 trial populations of many other treatments approved by the FDA and covered by Medicare today.

² Christopher H. van Dyck et al., Lecanemab in Early Alzheimer's Disease, *NEW ENGLAND J. MED.* (Nov. 29, 2022) ("Van Dyck et al.").

³ CDR-SB is a numerical scale based on interviews of patients with Alzheimer's disease, their caregivers, and healthcare providers to assess the clinical progression of Alzheimer's disease.

⁴ Van Dyck et al. *See also* Lecanemab Confirmatory Phase 3 Clarity AD Study Met Primary Endpoint, Eisai (Sept. 28, 2022)(hereinafter referred to as "Phase 3 Clarity AD Study"), Available at <https://www.eisai.com/news/2022/news202271.html>

⁵ 2022 Clarity AD Slide Presentation. *Clarity AD: A Phase 3 Placebo-Controlled, Double-Blind, Parallel-Group. 18-Month Study Evaluating Lecanemab in Early Alzheimer's Disease*. Presented at Clinical Trials on Alzheimer's Disease (CTAD), San Francisco, CA USA, November 29-December 2, 2022. Slide 69.

⁶ Phase 3 Clarity AD Study.

⁷ *Id.*

⁸ Alzheimer's Researchers Letter (2022). Available at <https://alzimpact.org/sites/default/files/2022-12/AlzLtr.pdf> and as an attachment to this comment. Hereinafter referred to as "Alzheimer's Researchers Letter."

II. Clinical meaningfulness

A. **Leqembi’s Data Demonstrates a Meaningful Clinical Benefit for an Anti-Amyloid mAb**

The determination of a clinically meaningful benefit in clinical trials is crucial for drug development. Typically, efficacy is measured by comparing changes from baseline between the treatment and placebo groups, but this approach does not provide information on the number or percentage of patients who respond positively to the treatment. Using best practices as defined by the FDA, researchers have developed an anchor-driven approach using clinical global rating scales to determine the changes in target measures that correspond to mild or moderate worsening. These measures include the Clinical Dementia Rating—Sum of Boxes (CDR-SB), Alzheimer's Disease Assessment Scale—cognitive subscale (ADAS-cog), and Mini-Mental State Examination (MMSE), which are commonly used in clinical trials. The findings help interpret trial outcomes and inform discussions about the potential benefits of treatment.⁹

As discussed above, in the Clarity AD trial Leqembi demonstrated a clear and statistically significant benefit versus placebo in a large, diverse, randomized clinical trial representative of the Medicare population, on both its primary endpoint and all secondary endpoints. Patients treated with Leqembi progressed in cognitive decline almost six months slower than those who received a placebo, while also seeing a slower reduction in quality-of-life measures.¹⁰ These results demonstrate a benefit to patients and their caregivers of months of comparatively higher cognitive functioning and better quality of life.¹¹ As the researchers’ letter concludes, “[t]he Clarity AD trial represents an unprecedented and foundational leap in the search for a disease-modifying treatment for AD. It is the first to show an unequivocal effect in changing the rate of decline on diverse clinical, cognitive, and functional endpoints, converging with validated, AD-associated brain, cerebrospinal fluid and blood biomarker endpoints.”¹²

In the context of a progressive disorder like Alzheimer's disease, statistically significant slower progression is a meaningful clinical benefit. Because mild cognitive impairment (MCI) and mild dementia due to Alzheimer's disease are the phases of symptomatic illness when patients most value a delay in progression, this delay is equivalent to a delay in mortality for other terminal diseases. FDA recognized this in agreeing with Leqembi’s sponsors that the Phase 3 Clarity AD trial, designed to detect slower progression of cognitive decline, would be able to serve as a confirmatory trial for traditional FDA approval that requires a clinical benefit to be demonstrated. Similarly, FDA has granted approval to products for the treatment of multiple sclerosis on the basis that they demonstrated a longer period of time before significant increase in disability versus the placebo.¹³

⁹ Cummings, J. Change on Clinical Trial Outcome Assessments: The Search for Meaningfulness. *J Prev Alzheimers Dis* 10, 5–6 (2023). <https://doi.org/10.14283/jpad.2022.103>

¹⁰ Alzheimer’s Researchers Letter.

¹¹ *Id.*

¹² *Id.*

¹³ Prescribing Information – TYSABRI, Food and Drug Administration (“The primary endpoint at 2 years was time to onset of sustained increase in disability ... Time to onset of sustained increase in disability was longer in TYSABRI-treated patients than in placebo-treated patients.”), available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/1215104s9591bl.pdf.

B. Personal Meaningfulness

In addition to the scientific standard for clinical meaningfulness, it is important and necessary to consider the patient perspective — personal meaningfulness. While everyone experiences the disease differently, the trajectory of cognitive and functional decline is inevitable and the disease is fatal. For individuals living with Alzheimer's, they lose more of themselves as the disease progresses. It's not just memories they lose. They lose the ability to participate in the world around them. They lose their independence. All of those affected die with or from Alzheimer's disease.

For the person with the disease, the diagnosis is devastating. But they are not the only ones affected. For families and friends, watching a once vibrant, curious and articulate loved one slip away can be heart-wrenching. But on top of the emotional pain, they become caregivers. They take on overwhelming tasks in order to support the person in their daily life, including bathing and dressing, feeding, keeping them safe, and making every single decision for them all day, every day. Often they do so at great expense to their own health, economic security, and emotional wellbeing.

In 2022, unpaid caregivers provided an estimated 18 billion hours of care valued at \$339.5 billion. Alzheimer's takes a devastating toll on caregivers. Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties. These difficulties are not surprising. Caring for a person with Alzheimer's poses unique challenges. Individuals with Alzheimer's require increasing levels of supervision and person-centered care as the disease progresses. People in the middle to later stages of Alzheimer's experience losses in judgment, orientation, and the ability to understand and communicate effectively. The personality and behavior of a person with Alzheimer's are affected as well, and these changes are often among the most challenging for family caregivers and can often lead to placement in a long-term care community.¹⁴

The Alzheimer's Association sought feedback from current and former members of the Early Stage Advisory Group, a group of individuals living with the disease, to gain their perspective on meaningfulness and new treatments.¹⁵ Overall, individuals living with Alzheimer's disease felt optimistic and enthusiastic about the development of new treatments and the idea that more treatments would be available soon. Personal meaningfulness is different for each person. In the early stage of the disease, when skills and cognition are entirely or mostly intact, one additional day of independence and autonomy might be meaningful enough for one person, whereas others would be satisfied with a month or a year.¹⁶

“This is a time of innovation and dedicated research that was not as prevalent in previous years. This brings TRUE HOPE for the first time in my life that maybe I can preserve my cognition and potentially have a high quality of life for a longer time. Just think about it. To be able to recognize family and friends, take care of myself, revel in the simple joys like taking a walk,

¹⁴ Alzheimer's Association (2023). *2023 Alzheimer's Disease Facts & Figures*.

¹⁵ Moreno, M., et. al. Personal meaningfulness of potential FDA-approved treatments: Perspectives of individuals living with Alzheimer's disease (April 14, 2023). <https://doi.org/10.1002/alz.13079>. Available at <https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.13079>.

¹⁶ *Id.*

hugging my grandson and watching him grow, laughing with my daughters, holding my husband's hand. All this is and so much more is truly priceless!" — Deb J., living with Alzheimer's¹⁷

While participants acknowledged the importance of considering safety and side effects, they expressed a willingness to take risks for potentially significant benefits. They also emphasized the need for researchers and regulators to consider personal meaningfulness as a component of their decision making process and to provide information and access to treatments for all individuals living with Alzheimer's disease.¹⁸

Additionally, participants emphasized the need to approve and provide insurance coverage for new Alzheimer's treatments and diagnostics so they are accessible to all people living with the disease and to continue to listen to the voice of those living with the disease when making decisions that directly affect their lives and their families. Individuals living with Alzheimer's disease felt that there should be easy access to FDA-approved treatments and that the right to decide whether to receive a given treatment or not should be determined by individuals living with Alzheimer's disease, as well as their families and clinicians. Providing information about FDA-approved treatments, including risks at the time of diagnosis, is not only needed but essential in order for those living with the disease to make this important decision.¹⁹ Overall, they felt that any progress with respect to Alzheimer's treatments gives hope to families, friends, and those living with the disease.

C. Inappropriate Means of Assessing Clinical Benefit

In recent years, some have advanced inappropriate arguments to question clinical benefit. One of these is the assertion that a delay of 1-2 points on the ADAS-cog must be achieved for such a treatment to be clinically meaningful. This argument is flawed primarily because it equates changes on ADAS-cog at the mid- and late-stage of the disease with changes that should be expected at the earliest symptomatic stages of the disease.²⁰

III. Safety

The safety and well-being of people living with Alzheimer's disease is the Alzheimer's Association's highest priority. We are carefully monitoring the results of clinical trials and regulatory actions for new Alzheimer's treatments to ensure that our position on any individual treatment appropriately reflects both scientific and patient-centered views of the appropriate balance between risks and benefits. We understand that individuals have difficult decisions when faced with an unrelenting and fatal disease with no cure and their preferences will appropriately vary from person to person based on their unique perspectives and circumstances. Individuals should talk with their doctors to develop a treatment plan that is right for them, including weighing the benefits and risks of all approved therapies.

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ Wang Y. An insider's perspective on FDA approval of aducanumab. *Alzheimer's Dement.*2023;9:e12382. <https://doi.org/10.1002/trc2.12382>. See the discussion in section 3, "What is Considered Clinically Meaningful?".

As with other anti-amyloid treatments in this class of drugs, and indeed all FDA-approved treatments, Leqembi does have side effects. The Association is confident that the side effect profile for this treatment is, on the whole, manageable and less dangerous than for many other FDA-approved medications for severe and life-threatening illnesses.

Amyloid related imaging abnormalities (ARIA) is a common side effect of all current anti-amyloid mAb treatments. ARIA does not usually cause symptoms but can be serious. ARIA-E is typically a temporary swelling in areas of the brain that usually resolves over time. Some people may also have small spots of bleeding in or on the surface of the brain known as ARIA-H. If symptoms of ARIA are present, they can include headache, dizziness, nausea, confusion and vision changes. Because most people who experience ARIA do not have any symptoms, this side effect can only be confirmed through imaging, making MRI monitoring an important element of treatment management. The Association has worked closely with the medical and scientific community to better understand ARIA including convening a workgroup of leading Alzheimer's and dementia researchers to create recommendations on the identification, management, monitoring and risk mitigation of ARIA in anti-amyloid mAb clinical trials that were later incorporated into FDA guidance to study sponsors to ensure the highest safety when using these treatments.²¹

In the Clarity AD study, serious adverse events occurred in 14% of the participants in the Leqembi group and 11.3% of those in the placebo group.²² The most commonly reported serious adverse events were infusion-related reactions (26.4% Leqembi group, 7.4% placebo group), ARIA-E (edema/effusion, 12.6% Leqembi, 1.7% placebo), ARIA-H (combined cerebral microhemorrhages, cerebral microhemorrhages, and superficial siderosis, 17.3% Leqembi, 9% placebo), headache (11.1% Leqembi, 8.1% placebo), and falls (10.4% Leqembi, 9.6% placebo).²³ Risk of ARIA (symptomatic and asymptomatic) appeared higher for people with two copies of APOE4.²⁴

The Alzheimer's Association was saddened to learn that three participants died during the open label extension. We understand individuals face difficult decisions when confronted with an unrelenting and fatal disease with no cure. Individuals and families, in consultation with their health care providers, should be the ones making informed decisions about whether to accept the risk of treatment given the potential benefit.

As stated in the researcher's letter, the key adverse event, as expected, was the development of ARIA seen on MRI scans.²⁵ The ARIA incidence profile was within expectations based on the Phase 2 trial results.²⁶ Less than 3% of patients had any symptoms associated with ARIA, and serious symptoms were even more rare.²⁷ ARIA was well managed in the trial, with

²¹ Reisa A. Sperling, et. al. Amyloid-related imaging abnormalities in amyloid-modifying therapeutic trials: Recommendations from the Alzheimer's Association Research Roundtable Workgroup (July 2011) Available at: <https://www.sciencedirect.com/science/article/pii/S1552526011025064>

²² Van Dyck et. al.

²³ *Id.*

²⁴ *Id.*

²⁵ Alzheimer's Research Letter.

²⁶ Van Dyck et. al.

²⁷ Alzheimer's Research letter

careful safety monitoring by knowledgeable clinicians.²⁸ For appropriate patients under the care of clinicians providing proper care and monitoring, ARIA risk is manageable in real-world clinical settings.²⁹ No barrier can be allowed to stand between patients and a treatment that has a reasonable risk-benefit ratio and significantly reduces the causative pathology.³⁰

Appropriate Use Recommendations (AUR) of Leqembi

In March 2023, the Alzheimer’s Disease and Related Disorders Therapeutics Work Group published appropriate use recommendations for Leqembi.³¹ The purpose of the recommendations is to provide optimal guidance for the introduction of Leqembi into real-world clinical practice. Clinicians with limited experience using Leqembi and other monoclonal anti-antibody therapies for Alzheimer’s disease can use the following AURs to anticipate, plan, and implement necessary changes in clinical practice and workflow.³²

To encourage safe administration and treatment monitoring, the expert work group recommended that patients treated with Leqembi follow the same protocols as those in clinical trials, with intravenous administration every other week. Patients with more than four microhemorrhages or evidence of cerebrovascular disease should be excluded to reduce the risk of ARIA associated with Leqembi therapy. APOE genotyping is also advised to identify APOE4 gene carriers, particularly homozygous individuals who face a higher risk of ARIA. The expert work group recommended that patients who require anticoagulants or thrombolytic therapy for ischemic stroke should exercise additional caution when administering Leqembi; this recommendation is more conservative than the current FDA label. Infusion reactions may occur and should be managed with anti-inflammatory therapies as a preventive measure. When using Leqembi, clinicians should thoroughly discuss the potential therapeutic benefits and risks with patients.³³

IV. Additional Confirmation that Amyloid Removal Links to Slowing of Cognitive Decline

Adding to the strength of evidence around the effectiveness of contemporary anti-amyloid mAbs, on May 3, 2023, positive top-line results of the TRAILBLAZER-ALZ2 Phase 3 study of donanemab were released indicating that drug also met all of its primary and secondary endpoints, and slowed clinical decline by 35% compared to placebo on the primary outcome measure. It is anticipated the sponsor will submit donanemab to the FDA for review and traditional approval shortly. This study provides additional evidence that amyloid removal is linked to slowing of cognitive decline with a clinically meaningful benefit to patients, strengthening the case for targeting amyloid as a potential therapeutic approach.

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Id.*

³¹ Cummings, J., Apostolova, L., Rabinovici, G.D. et al. Lecanemab: Appropriate Use Recommendations. *J Prev Alzheimers Dis* (2023). <https://doi.org/10.14283/jpad.2023.30>. Available at <https://link.springer.com/article/10.14283/jpad.2023.30>.

³² *Id.*

³³ *Id.*

V. Alzheimer's Disease Patients Must Have Access to Safe and Effective Treatments

People living with Alzheimer's disease should have access to Alzheimer's therapies determined to be safe and effective by the FDA. We strongly supported the FDA's accelerated approval on January 6, 2023 of Leqembi in patients with early Alzheimer disease and strongly support the FDA approving Leqembi under traditional approval. However, we are very concerned that, at the present time, patients have very little access to Leqembi despite receiving accelerated approval by the FDA, because the Centers for Medicare & Medicaid Services (CMS) has denied coverage of anti-amyloid mAbs under its Coverage with Evidence Development (CED) policy, except in the extremely limited context of randomized controlled trials.

We hope that, should the FDA grant Leqembi traditional approval, CMS will revisit this CED policy such that the therapy will be accessible to all Alzheimer's disease patients indicated by the FDA's prescriber information. If CMS instead insists on requiring further studies of Leqembi within the Medicare population even after a clinical benefit has been demonstrated in a representative patient population, this would represent yet a further unprecedented step by CMS to limit coverage for the on-label use of an FDA-approved drug.

* * *

Thank you for the opportunity to comment. The Alzheimer's Association would be glad to serve as a resource for the FDA as it considers Leqembi, future therapies, and any other issue related to Alzheimer's disease and related dementia. Please do not hesitate to contact Robert Egge, chief public policy officer, at regge@alz.org if we can be of additional assistance.

Sincerely,



Joanne Pike, DrPH
President and CEO
Alzheimer's Association

Disclosures

No contribution from any organization impacts the Alzheimer's Association decision-making, nor our positions on issues related to people living with Alzheimer's, other dementia and their families. The Alzheimer's Association received 1.06% of its total 2022 contributed revenue from the biotechnology, pharmaceutical, diagnostics, and clinical research industry inclusive of 0.16% from Biogen and Eisai. More information is available at: [alz.org/transparency](https://www.alz.org/transparency)

Treating Alzheimer's: A New Era Begins with Lecanemab

Few diagnoses in medicine are more devastating than Alzheimer's disease (AD). Barely known to the public four decades ago, the number of people living with dementia – estimated to stand at 55 million in 2019 – is expected to rise to 139 million in 2050¹, and 75% of these individuals have not been diagnosed. The toll on patients, families, and society of this ubiquitous and ultimately fatal disorder is staggering. The number affected more than doubles if one includes the millions of cognitively normal older people who do not yet know the disease is underway in their brains. But breaking news from the Clinical Trials in Alzheimer's Disease (CTAD) Conference late November 2022 suggests this bleak outlook is changing. A disease-modifying treatment for Alzheimer's has finished a highly successful trial (called Clarity AD), the results of which will soon be reviewed by the U.S Food and Drug Administration, with approval widely expected to follow.

At the CTAD Conference in San Francisco, around 2000 physicians, scientists, pharmaceutical investigators and others viewed and intensively discussed the Clarity AD findings². The data presentations were detailed, comprehensive, and transparent. Most AD experts in the audience responded with enthusiastic approval, viewing this study of lecanemab, a monoclonal antibody which preferentially targets Abeta "protofibrils" (smaller Abeta assemblies), as the most clearly positive and encouraging AD trial yet completed. In this randomized, double-blinded, placebo-controlled trial of 1,795 patients with mild cognitive impairment (MCI) or mild AD dementia, intravenous lecanemab given every two weeks over 18 months led to statistically significant ($p < 0.001$) slowing of cognitive and functional decline on the CDR-SB primary outcome and on all three secondary outcomes related to cognition and daily function (ADAS-cog14; ADCOMS; ADCS-MCI score on Activities of Daily Living). Sensitivity analyses showed similar effects, indicating the robustness of the study results. On average, the slowing of decline on the key endpoints ranged from 23% to 37% vs. placebo. Importantly, these meaningful effects of lecanemab over placebo widened from 3 to 18 months of treatment on all 5 key outcomes, signifying clinical benefit and providing a rational basis for hoping that even more slowing will occur over time. There were also sizeable and significant positive effects on classical biological markers of AD: amyloid plaques and neurofibrillary tangles on PET scans and blood and spinal fluid levels of the proteins that comprise these hallmark lesions of AD. Thus, lecanemab appears to reduce amyloid pathology in AD and beneficially slows the cascade of biological events which result in cognitive decline.

Throughout the meeting, clinicians who have collectively cared for millions of Alzheimer's patients and families referred to this outcome as a foundational gamechanger in a disease which inexorably robs its victims of their most human qualities -- memory, judgment, equanimity, and independence (the conduct of everyday life). The results presented at CTAD suggest that over the

course of the 18-month trial, those on lecanemab progressed almost 6 months slower than those on placebo. Treatments like lecanemab hold the promise of improving the quality of life of our patients and their families experiencing AD. Indeed, evidence of such benefits were observed in the form of 25-50% less decline on four scales of patient- and caregiver-reported quality of life and disease burden.

Regarding safety, the key adverse event, as expected, was the development of amyloid-related imaging abnormalities (ARIA) seen on MRI scans. ARIA with localized, typically transient brain edema (ARIA-E) occurred in 12.6% of lecanemab recipients and 1.7% of those on placebo overall. Less than 3% of patients had any symptoms associated with ARIA, and serious symptoms were even more rare. The ARIA-E rate was lower than in previous trials of antibodies that target amyloid plaques directly. ARIA was well managed in the trial, with careful safety monitoring by knowledgeable clinicians. Other adverse events included infusion-related reactions occurring during the first infusion and not interfering with continued treatment. For appropriately selected patients under the care of proficient clinicians with sufficient resources to provide proper patient detection and monitoring, ARIA risk should be manageable in real-world clinical settings. The longer-term safety and efficacy of lecanemab in actual practice can be monitored in longitudinal registries, such as the recently launched Alzheimer's Network (ALZNET).

The Clarity AD trial represents an unprecedented and foundational leap in the search for a disease-modifying treatment for AD. It is the first to show an unequivocal effect in changing the rate of decline on diverse clinical, cognitive, and functional endpoints, converging with validated, AD-associated brain, cerebrospinal fluid and blood biomarker endpoints. Further success may be possible with this treatment as we leverage biomarker-informed precision medicine approaches that should increase treatment benefits and reduce risk and burdens in subsets of AD patients.

The success of lecanemab is not a reason to pause our efforts or interrupt the momentum towards better treatments for AD. Lecanemab is not a cure for AD. Over months and years, treated patients will continue to decline but, on average, would be expected to do so more slowly. Some are likely to benefit more than others, as in all chronic diseases. Our patients will need ever more effective therapies, and their families need the hope and relief that these treatments will provide. The Clarity AD results will spur more investment in Alzheimer diagnostics and therapeutics. Non-pharmacological approaches that seek to reduce lifestyle factors or therapeutics that address other AD-associated pathways can be combined with this new medicine.

Yet even as we continue to work to push our field forward, we must get scientifically validated and clinically relevant therapies like lecanemab to patients as soon as possible. Lecanemab was developed and tested in patients with early-stage AD, and every day of delay in patient access to this therapy may result in treatable patients progressing beyond the window of therapeutic

opportunity. We cannot allow the uninterrupted decline of AD patients we have known for decades to continue when effective therapies are available.

The many undersigned AD clinicians and other experts know this terrible disease all too well from witnessing it up close. We herald the foundational advance represented by the advent of lecanemab therapy. Now, we must build on the success of science to translate these gains into even better outcomes for patients and families. Autonomy and justice dictate that our patients have equitable access and the opportunity to make informed choices regarding reasonable treatments that can impact their lives and well-being. No barrier can be allowed to stand between our patients and a treatment that has a reasonable risk-benefit ratio and significantly reduces the causative pathology.

1. World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/dementia>, last accessed 12/7/2022
2. van Dyck, Christopher H et al. "Lecanemab in Early Alzheimer's Disease." *The New England journal of medicine*, 10.1056/NEJMoa2212948. 29 Nov. 2022, doi:10.1056/NEJMoa2212948

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Oscar L. Lopez, MD, FAAN

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David Sultzer, MD

University of California, Irvine (Added December 21, 2022)

Christopher H. van Dyck, MD

Yale School of Medicine (Added December 24, 2022)

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Gladstone Institutes and UCSF (Added December 27, 2022)

Charles Windon, MD

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Henrik Zetterberg, MD, PhD

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CONFLICT OF INTEREST DISCLOSURES
(declared by signees – updated Dec 20, 2022)

Paul Aisen, MD - Dr. Aisen has research agreements with Eisai and Lilly, and has consulted with Merck, Biogen, Genentech, Roche and Abbvie

Ricardo F. Allegri - None

Michael L. Alosco, PhD - None

Allan A. Anderson, MD, MMM - None

Liana G. Apostolova, MD, MSc, FAAN - Dr. Apostolova has served as a consultant for both Eisai and Biogen

Igor Prufer Q C Araujo, MD - Minor amount of shares with Biogen

Nicholas Ashton, PhD - None

Alireza Atri, MD, PhD - Dr. Atri discloses that over the last 20+ years as a practicing cognitive neurologist, neuroscientist and AD clinical trialist he has served as an investigator or consultant for many organizations (public, private, foundation, governmental and non-profits) and bio-pharmaceutical companies, including multiple biopharmaceutical companies that have AD-related or anti-amyloid monoclonal antibodies experimental therapeutics, drugs or pipelines. Directly relevant to this statement on lecanemab, Dr. Atri specifically discloses that he has consulted or served as a site-investigator on sponsored trials to his institution for the collaborating partners and makers of lecanemab: Eisai and Biogen. The views expressed by signing this letter on lecanemab are his own.

Walter Baehr, MD - None

Suzanne L Baker, PhD - Consults for Genentech

Henryk Barthel, MD - None

Randall J. Bateman, MD - Alzheimer's Association Zenith Grant, American Health Assistance Foundation, Glenn Foundation, Ruth K. Broad Biomedical Research Foundation, Anonymous Foundation, Merck research collaboration. Alzheimer's Association, Association for Frontotemporal Degeneration FTD Biomarkers Initiative, BrightFocus Foundation, Cure Alzheimer's Fund, Foundation for Barnes Jewish Hospital, GHR Foundation, MetLife Foundation, Rainwater Foundation Tau Consortium, Tau SILK Consortium (Abbvie, Biogen, Lilly), Centene, Stable Isotope Labeling Quantitation (SILQ) Center donors Richard Frimel, David & Amy Payne, John & Linda Tracy, Pat and Jane Tracy, Tom & Catherine Tracy, Robert

Willman, NFL Consortium (AbbVie, Biogen, Roche, UCL, BMS). DIAN-TU Pharma Consortium: (Active: Biogen, Eisai, Eli Lilly & Co., Janssen, Roche/Genentech, United Neuroscience. Previous: AbbVie, Amgen, AstraZeneca, Forum, Mithridion, Novartis, Pfizer, Sanofi) DIAN-TU Trial Companies: Eisai, Eli Lilly and Co., Roche, Janssen, Avid Radiopharmaceuticals Invited Speaker (12 months): Roche, Novartis, USC Consulting Relationships (12 months): AC Immune, Eisai, Roche

Randall J Bateman is a cofounder and on the scientific advisory board of C2N Diagnostics and reports research support from AbbVie, Avid Radiopharmaceuticals, Biogen, Bristol Meyers Squibb, Centene, Eisai, Eli Lilly and Company, Genentech, Inc., F. Hoffmann-La Roche Ltd, Janssen, and Novartis. He has provided consulting services for Amgen and F. Hoffman LaRoche. Washington University has equity ownership interest in C2N Diagnostics.

Luis I. Becerra, MD - None

Maryam Beigi, MD - None

Tammie L. S. Benzinger, MD, PhD - Consultant for Biogen, Eisai, Roche, Lilly, Avid Radiopharmaceuticals Siemens

Bradley F. Boeve, MD - Institutional research grant support for clinical trials sponsored by Alector, Biogen, Transposon, Cognition Therapeutics, GE Healthcare.

Malaz Boustani, MD, MPH - Serves as a consultant and advisory board member for Eisai, Biogen, Genentech, Lilly, Acadia, and Merck. Founded the following companies: PPHM, LLC, RestUp, LLC, BlueAgilis, Inc, and DigiCare Realized, Inc.

Femke Bouwman, MD, PhD- Biogen, Roche, Optina Dx, Optos

Adam Boxer - Site PI for Clarity

Noa Bregman, MD - None

Jared R. Brosch, MD - Participated in the clinical trials for Lecanemab and Indiana University has received compensation from Biogen/Eisai in order to facilitate these studies.

Christine J. Cliatt Brown, MD - None

Jesse Brown, PhD - None

Anna D. Burke, MD - Consultant for Biogen, Eisai, Roche, Lilly, Acadia

Oleg Butovsky, PhD - None

Ismael L. Calandri, MD - None

Cynthia M. Carlsson, MD, MS - Dr. Carlsson receives grant funding from the National Institute on Aging, the Department of Veterans Affairs, and serves as site principal investigator for the AHEAD Study (Eisai/NIH) and the A4 Study (Lilly/NIH).

Kaitlin Casaletto, PhD - None

Frédéric Checler - None

David G. Clark, MD - None

Ann Cohen, PhD - None

Scott E. Counts, PhD - None

Jon Cross, MD - None

Jeffrey Cummings - None

Kirk R Daffner, MD - None

Steven T. DeKosky, MD - Chairs DSMBs for Biogen, Vaccinex, and Prevail Pharmaceuticals, serves on a medical advisory boards for Cognition Therapeutics, and is an editor for dementia for UpToDate, a point of care medical text.

Ulf Dettmer, PhD - None

Michael C. Donohue, PhD - Dr. Donohue consulted for Roche, received research funding from Eli Lilly and Eisai, and his spouse is a full-time employee of Janssen.

Ranjan Duara, MD - None

Linda J. Van Eldik, PhD - None

Nilufer Ertekin-Taner, MD, PhD - None

Martin Farlow - None

Wiesje van der Flier - WF has performed contract research for Biogen MA Inc, and Boehringer Ingelheim. WF has been an invited speaker at Boehringer Ingelheim, Biogen MA Inc, Danone, Eisai, WebMD Neurology (Medscape), NovoNordisk, Springer Healthcare, European Brain

Council. WF is consultant to Oxford Health Policy Forum CIC, Roche, and Biogen MA Inc. WF participated in advisory boards of Biogen MA Inc, Roche, and Eli Lilly. All funding is paid to her institution. WF is member of the steering committee of PAVE, and Think Brain Health. WF was associate editor of Alzheimer, Research & Therapy in 2020/2021. WF is associate editor at Brain.

Concetta Forchetti, MD, PhD - I do not own stock and do not benefit from the profit of EISAI/Biogen companies. I have given educational presentations in the past for which I am compensated.

Tatiana Foroud, PhD - None

Norman L. Foster, MD - Site principal investigator for aducanumab clinical trial sponsored by Biogen

Nicole R. Fowler, PhD, MHSA - None

Nick C. Fox - I have served on advisory boards for clinical trials or provided consultancy for Biogen, Ionis, Lilly and Roche - payments have been to my institution (UCL) rather than to me personally.

Giovanni Frisoni, MD - No competing interest with Eisai. I received compensations for consultancies from Biogen - among others.

Nicholas A. Frost, MD, PhD - None

Douglas Galasko, MD - Paid consultant to Biogen, Eisai, Fujirebio.

Seth Gale, MD - I am a Site PI for the CLARITY AD study

Yonas E. Geda, MD - None

David S. Geldmacher, MD - I have received research funding (paid to my institution) and consulting fees (paid to me) related to this class of therapy from Biogen, Eisai, and Genentech, as well as consulting fees (paid to me) by Lilly.

Todd E. Golde, MD, PhD - None

Danielle Goldfarb, MD - I served on an Alzheimer's advisory board for Eisai.

Mark A. Goldstein MD, FAAN - None

Cheng-Xin Gong, MD - None

Marcia N. Gordon, PhD - None

Jürgen Götz, PhD - None

Joshua Grill, PhD - Received research support but not direct financial compensation from Eisai.

Lea Tenenholz Grinberg MD, PhD - I receive research funding from the Alzheimer's Association, Rainwater Charity Foundation and Weill Neuroscience Institute. I am a part of the Alzheimer's Association Medical and Scientific Advisory Board.

Christian Haass - I collaborate with Denali Therapeutics on microglial modulating antibodies. I am chief advisor of ISAR Bioscience and a member of the advisory board of AviadoBio.

Dustin B. Hammers, PhD, ABPP-CN - None

Oskar Hansson, MD, PhD - OH has acquired research support (for the institution) from ADx, AVID Radiopharmaceuticals, Biogen, Eli Lilly, Eisai, Fujirebio, GE Healthcare, Pfizer, and Roche. In the past 2 years, he has received consultancy/speaker fees from AC Immune, Amylyx, Alzpath, BioArctic, Biogen, Cerveau, Eisai, Fujirebio, Genentech, Novartis, Novo Nordisk, Roche, and Siemens.

Suzanne B Hendrix, PhD - On Eisai's global advisory committee, advisor to Biogen, Lilly and many other companies in the AD field.

Doris Molina Henry, PhD - Doris Molina Henry has received funding from American Heart Association and Eisai for the AHEAD 3-45 studies (as a public-private partnership). She is an unpaid member of the Alz IRGP Council for the Alzheimer's Association. Dr. Molina Henry was not involved in the CLARITY-AD trial.

Vered Hermush, MD - None

Annie Hiniker, MD, PhD - None

Brandon Blake Holmes, MD, PhD - None

David M. Holtzman, MD - Co-founder, with equity, C2N Diagnostics LLC. Scientific advisory boards/consulting: Genentech, Denali, C2N Diagnostics, Cajal Neurosciences, Alector. DMH is an inventor on a 1) a patent licensed by Washington University to NextCure on anti-apoE antibodies, 2) a patent licensed by Washington University to Eli Lilly on a humanized anti-A β antibody, 3) a patent licensed by Washington University to C2N Diagnostics on a humanized anti-tau antibody.

Lawrence S. Honig, MD, PhD, FAAN - Consultant for Biogen, Cortexyme, Eisai, Genentech, Medscape, Prevail, Roche. Recent research funding from Abbvie, Acumen, Alector, Biogen, Eisai, Genentech, Janssen, Eli Lilly, Roche, UCB, Transposon, Vaccinex.

Khalid Iqbal, PhD - Chief Scientific Officer of Phanes Biotech, which is carrying out drug discovery studies on immunotherapy targeting tau and Abeta pathologies and on neural regeneration that can prevent both tau and Abeta pathologies.

Atsushi Iwata, MD, PhD - I am a member of Eisai Global Advisory board

Takeshi Iwatsubo, MD - Scientific Advisor for Eisai, Biogen and Eli Lilly

William Jagust, MD - Has consulted for Lilly, Eisai, Biogen, and Bioclinica

Gregory A. Jicha - Received compensation from Eisai for contract research activities in the Phase 2 study. CLARITY Phase 3, and the A345 AHEAD study.

Charles Jennings, PhD - Spouse is an employee of Prime Medicine, a biotech company that develops clinical applications of genome editing technologies.

Kimball A. Johnson, MD - Principal Investigator for Eisai Study @ CenExel iResearch Atlanta

Sterling Johnson, PhD - SCJ has served as a consultant to Roche, Eisai and Prothena in the past three years.

Parunyou Julayanont, MD - None

Kejal Kantarci, MD, MS - Receives research support from Avid Radiopharmaceuticals, Eli Lilly and is a paid consultant for Biogen

Anumantha Kanthasamy - Have two startup companies: PK Biosciences, Inc. and Probiome Therapeutics. The work performed in the startup companies is unrelated to this publication.

Jason Karlawish, MD - None

Diana R. Kerwin, MD - I am a site principal investigator for the CLARITY study, blinded to study data.

Vikram Khurana, MD, PhD - None

Hee Jin Kim - None

William E. Klunk, MD, PhD - None

David S. Knopman, MD - I am a site investigator in the EMBARK study (Biogen) and in the A4 (Lilly) but receive no personal compensation. I attended a meeting on Dec 2, 2022 with Eisai regarding lecanemab but received no personal compensation.

Rada Koldamova, MD, PhD - None

Joel Kramer, PsyD - None

Sarah Kremen, MD - Was a site PI for Biogen PRIME and ENGAGE studies and consultant for ICER's review of aducanumab, and has served on an advisory board for Eli Lilly.

Walter A. Kukull, PhD - I have grant support from NIH/NIA.

Robert Laforce, MD, PhD - None

Debomoy K. Lahiri, PhD, FAAAS - Dr. Lahiri acknowledges the support from the NIH, NIA (R01AG051086, R56AG072810, R21AG076202, R21AG AG074539, P30AG10133, and P01AG014449), and also from Bentham Science Publications (as Editor-in-Chief, Current Alzheimer Research, and Current Aging Science). He has stock options in Annovis Bio, Inc, and serves as Chief Scientific Advisor, Peptide Therapeutics Provoidya, Indianapolis.

Bruce Lamb, PhD - Consultant for NervGen Inc., leader of multiple NIH-funded research programs, volunteer advisor as Chair of the Medical and Scientific Advisory Group (MSAG) of the Alzheimer's Association.

Susan Landau, PhD - I serve on a DSMB for KeifeRX and have received speaking honoraria from Eisai

Serggio Lanata, MD, MS - None

Edward B. Lee, MD, PhD - None

Suzee E. Lee, MD - None

Iliya Lefterov, MD, PhD - None

Cynthia A Lemere, PhD - Cynthia Lemere serves as a paid consultant to AC Immune, Acumen Pharmaceuticals, ADvantage Therapeutics, Apellis Pharmaceuticals, Biogen, Cognition Therapeutics, Cyclo Therapeutics, Novo Nordisk, MEDAcorp, and Cambridge Healthcare Research Consulting Group. She serves as an unpaid advisor to the Alzheimer's Association, BrightFocus Foundation, Cure Alzheimer's Fund, LuMIND (DSMB), MODEL-AD and the US POINTER Study.

Allan I. Levey, MD, PhD - None

Stefan Lichtenthaler, PhD - None

Spencer W. Liebel, PhD - None

Lei Liu, MD, PhD - None

Peter A. Ljubenkov, MD - None

Justin M. Long, MD, PhD - I have no relevant financial disclosures. I served as sub-investigator for the Clarity AD study at the Washington University site.

Marissa Natelson Love, MD - I have served as a site investigator on the phase 2 trial for lecanemab and currently serve as the site Principal Investigator on a prevention trial involving lecanemab.

Val J. Lowe, MD - Dr. Lowe consults for Bayer Schering Pharma, Piramal Life Sciences, Life Molecular Imaging, Eisai Inc., AVID Radiopharmaceuticals, and Merck Research and receives support from GE Healthcare, Siemens Molecular Imaging, AVID Radiopharmaceuticals and the NIH (NIA, NCI).

Yvonne Lu, PhD, RN, FGSA, FAAN - None

Joseph C. Masdeu, MD, PhD - Investigator in the AHEAD Study

Gad A. Marshall, MD - Co-investigator on Clarity AD trial

Colin L. Masters - None

Eric McDade, DO - Institutional support (clinical trial): Eisai, Eli Lilly, Roche

Amy McLean, DNP - One advisory panel for Genentech

Scott M. McGinnis, MD - Site sub-investigator for CLARITY

Michael B. Miller, MD, PhD - None

David G. Morgan, PhD - Hesperos Inc, Bright Minds Biosciences

John C. Morris, MD - None

Richard G. M. Morris - None

Beth Mormino, PhD - NIH funding for research. Paid consultant to Eli Lilly, Neurotrack, and Hoffmann-La Roche.

Cath Mummery, MD, PhD - Consultant for Biogen, Eisai, IONIS, Roche, Lilly, Alnylam, Alector, WAVE but not directly involved with the lecanemab trials.

Melissa E. Murray, PhD - Dr. Murray served as a paid consultant and receives grant funding from Avid Radiopharmaceuticals.

Salvatore Napoli - None

Peter T. Nelson, MD, PhD - None

Aivi T. Nguyen, MD - None

Adrian L. Oblak, PhD - None

Kenjiro Ono, PhD, MD - None

Rik Ossenkoppele, PhD - None

Emily Paolillo, PhD - None

Mike Pappolla, MD, PhD - None

Victoria S. Pelak, MD - Site Investigator for Biogen EMBARK

Ronald Petersen, PhD, MD - Roche, Merck, Biogen, Eisai, Genentech, Lilly, Nestle, consultant; Genentech DSMB

Peter S. Pressman - None

Gil D. Rabinovici, MD, FAAN, FANA - Dr. Rabinovici receives research support (paid to institution) from Avid Radiopharmaceuticals, Life Molecular Imaging, GE Healthcare and Genentech. In the past 3 years he has served as a scientific advisor for Eli Lilly, GE Healthcare, Genentech, Roche and Merck. He serves on a DSMB for Johnson & Johnson.

Rema Raman, PhD - Rema Raman has received funding from the National Institutes of Health, Alzheimer's Association, Eli Lilly for the A4 study (as a public-private partnership) and Eisai for the AHEAD 3-45 studies (as a public-private partnership). Dr. Raman was not involved in the CLARITY-AD trial. She is the Board Chair (unpaid) for the Alzheimer's Association's San Diego/Imperial chapter and a member of the Alzheimer's Association's AAIC Scientific Program Committee.

Vijay K Ramanan, MD, PhD - None

Kamalini Ranasinghe - None

Katherine P. Rankin, PhD - None

P. Hemachandra Reddy, PhD - None

R. Ross Reichard - None

Ashley Reiff LCSW - None

Dorene M. Rentz, PsyD - Dr. Rentz has served as a consultant of Biogen, Eisai and Novartis

Robert Rissman, PhD - None

Erik Roberson, MD, PhD - None

Julio C. Rojas, MD, PhD - Julio C. Rojas is a site PI for clinical trials sponsored by Eisai and Eli-Lilly.

Howard Rosen, MD - I have worked as a consultant for Genentech, Wave Neuroscience, Eisai, Otsuka, Takeda, Biogen, and Ionis pharmaceuticals

Owen A. Ross, PhD - None

Christopher C. Rowe, BMBS, MD, FRACP - Research grants to institution received from Biogen, Eisai, Actinogen, Cerveau technologies. Scientific Advisory Board payments received from Prothena, Roche, Eisai Australia, Lilly Australia

Marwan Noel Sabbagh MD, FAAN - None

Carl Sadowsky, MD - None

S Ahmad Sajjadi, MD, PhD - I have served on Eisai advisory committee for Lecanemab

Stephen Salloway, MD, MS - Dr. Salloway was the co-chair of the Investigator Steering Committee for the Aducanumab phase 3 program and he served as a site PI for the aducanumab and lecanemab phase 3 studies, the donanemab phase 2 trial and he was the Project Arm Leader for gantenerumab in DIAN-TU. He has provided consultation to Biogen, Lilly, Roche, Genentech, Bolden, Amylyx, Prothena and Eisai. He has no stock or royalties related to any medication in development. Dr. Salloway serves on the planning committee for ALZ-NET and

he is a member of the ADRD Therapeutics Work Group. He is the first author for the report of ARIA in aducanumab phase 3 (Salloway, JAMA Neurology, 2022), the report of gantenerumab and solanezumab in DIAN-TU (Salloway, Nature Medicine, 2021). He is a coauthor on the report of the donanemab phase 2 trial (Mintun, NEJM, 2021) and the Aducanumab Appropriate Use Recommendations (Cummings, Journal of the Prevention of Alzheimer's Disease, 2021, 2022).

Rowan Saloner, PhD - None

Kumar Sambamurti, PhD - None

Andrew J. Saykin, PsyD - Dr. Saykin has received support from Avid Radiopharmaceuticals, a subsidiary of Eli Lilly (in kind contribution of PET tracer precursor); and consulted for Bayer Oncology (Scientific Advisory Board); Eisai (Scientific Advisory Board); Siemens Medical Solutions USA, Inc. (Dementia Advisory Board); NIH NHLBI (MESA Observational Study Monitoring Board); and Springer-Nature Publishing (Editorial Office Support as Editor-in-Chief, Brain Imaging and Behavior).

Prof. Philip Scheltens, MD, PhD - None

Julie Schneider - Consultant, Lilly and AVID Radiopharmaceuticals, Cerveau Technologies, Inc., National Hockey League, Takeda Development Centers Americas, Inc.

Michael Schöll, PhD - MS has research agreements with Roche and has consulted with Servier, NovoNordisk and Roche.

Professor Jonathan M. Schott, MD FRCP FAAN - I have received research funding and PET tracer from AVID Radiopharmaceuticals (a wholly owned subsidiary of Eli Lilly) and Alliance Medical; have consulted for Roche, Eli Lilly, Biogen, Merck and GE; received royalties from Oxford University Press, and Henry Stewart Talks. I am Chief Medical Officer for Alzheimer's Research UK, and Clinical Advisor to UK Dementia Research Institute.

Julie Schwartzbard - None

Dennis Selkoe, MD - Director and consultant to Prothena Biosciences. Ad hoc consultant to Eisai

Sharon J. Sha, MD, MS - None

Leslie M. Shaw, PhD - None

Eric Siemers, MD - Chief Medical Officer, Acumen Pharmaceuticals; Consultant, Vaccinex Inc.

Bryan Luke Smesler - None

Amanda G. Smith, MD - Our site is a study site for CLARITY AD and we receive research grants from Eisai.

B. Joy Snider, MD, PhD - Site Principal investigator for Eisai sponsored Clarity trial

Peter J. Snyder, PhD - None

Deborah Sokol, PhD, MD, ABCN - None

Weihong Song - None

Michelle Sorweid, DO, MPH - None

Reisa Sperling, MD - Dr. Sperling co-leads the AHEAD Study which is testing lecanemab at an earlier stage of preclinical Alzheimer's disease, and receives research support from Eisai and the NIH for this public-private partnership clinical trial.

Salvatore Spina, MD, PhD - Dr. Spina has received consultations honoraria from [Techspert.io](https://www.techspert.io), Aysel Health, Precision Xtract, and Putnam.

Adam M. Staffaroni, PhD - Paid consultant to Alector, Eli Lilly/Prevail, Passage Bio, and Takeda

Susan Steen, MD - None

Andrew Stern, MD, PhD - None

David Tanne - None

Carmela Tartaglia - I run clinical trials in AD medications: Biogen, Janssen, Avanex, Roche, Green Valley, Merck, UCB, Novo Nordisk, Passage Bio.

Malu G. Tansey, PhD - MGT is a member of the Medical and Scientific Advisory Group (MSAG) of the Alzheimer's Association

Boon Lead Tee, MD - None

Marilù Gorno Tempini, MD, PhD - None

David B. Teplow, PhD - None

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Lars Olof Tjenberg, PhD - None

Taisuke Tomita, PhD - None

Elena Tsoy, PhD - None

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Lawren VandeVrede, MD, PhD - None

Robert Vassar, PhD - I have been an ad hoc consultant for Eisai's BACE inhibitor program.

Prashanthi Vemuri, PhD - Funded by the NIH.

Everard (Jort) Vijverberg, PhD, MD - PI of clinical trials from AC immune, CogRX therapeutics, New Amsterdam Pharma, Janssen, UCB, Roche, GreenValley, Vivoryon, ImmunoBrain, GemVax, Alzheon, DIAN-TU and Alector, and sub-I from trials from Eli Lilly, Cortexyme, Biogen en Fuij Film Toyama. Consultant for New Amsterdam Pharma, Treeway, ReMynd, Vivoryon, Biogen, Vigil Neuroscience and ImmunoBrain Checkpoint.

Qing Wang, PhD - None

Ruizhi Wang - None

David Weisman - I was site PI on the phase 2b trial of lecanemab. Currently site PI on AHEAD study with lecanemab.

Meredith Wicklund, MD - None

Michael W. Weiner, MD - Dr. Weiner serves on Editorial Boards for Alzheimer's & Dementia, and the Journal for Prevention of Alzheimer's disease. He has served on Advisory Boards for Acumen Pharmaceutical, Alzheon, Inc., Cerecin, Dolby Family Ventures, Merck Sharp & Dohme Corp. and NervGen. He also serves on the USC ACTC grant which receives funding from Eisai for the AHEAD study. He has provided consulting to Baird Equity Capital, BioClinica, Cerecin, Inc., Cytox, Dolby Family Ventures, Duke University, Eisai, FUJIFILM-Toyama Chemical (Japan), Garfield Weston, Genentech, Guidepoint Global, Indiana University, Japanese Organization for Medical Device Development, Inc. (JOMDD), Medscape, Nestle/Nestec, NIH, Peerview Internal Medicine, Roche, T3D Therapeutics, University of Southern California (USC), WebMD, and Vida Ventures.

He has acted as a speaker/lecturer to The Buck Institute for Research on Aging; China Association for Alzheimer's Disease (CAAD); Japan Society for Dementia Research; and Korean Dementia Society, and the following entities have provided funding for academic travel; University of Southern California (USC), NervGen, ASFNR, and the AD/PD and CTAD Congresses. He holds stock options with Alzheon, Inc., Alzeca, and Anven.

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Alexander White, MD - I am conducting BAN2401 301.

Donna M Wilcock, PhD - None

Charles Windon, MD - Funding from NIH, Alzheimer's Association, LCN consulting

David A. Wolk, MD - I have received consulting fees from Eli Lilly, Qynapse, and GE Healthcare. I am site-PI of a study with Biogen (EMBARC) and have served on the DSMB for Functional Modulation.

Benjamin Wolozin, MD, PhD - I declare a conflict of interest because I am CSO and Co-Founder of Aquinnah Pharmaceuticals Inc.

Bryan Woodruff, MD - I have participated in industry-sponsored trials of investigational treatments for Alzheimer's disease, but not specifically studies of lecanemab.

Pauline Wu, DO - None

Heather Wynne-Phillips, MSN, APRN, FNP-C - Our institution is a study site for CLARITY AD and we receive research grants from Eisai.

Hyun-Sik Yang, MD - None

Keir Yong, PhD - None

Tracy Young-Pearse - None

Ehud Zeltzer, MD - None

Henrik Zetterberg, MD, PhD - HZ has served on scientific advisory boards and/or as a consultant for Abbvie, Acumen, Alector, ALZPath, Annexon, Apellis, Artery Therapeutics, AZTherapies, CogRx, Denali, Eisai, Nervgen, Novo Nordisk, Passage Bio, Pinteon Therapeutics, Red Abbey Labs, reMYND, Roche, Samumed, Siemens Healthineers, Triplet Therapeutics, and Wave, has given lectures in symposia sponsored by Cellectricon, Fujirebio, Alzecure, Biogen, and Roche, and is a co-founder of Brain Biomarker Solutions in Gothenburg AB (BBS), which is a part of the GU Ventures Incubator Program.

Samuel N. Lockhart, PhD - I serve on a DSMB for the WALLe study
(Added Dec. 19, 2022)

Oscar L. Lopez, MD, FAAN - I have been a consultant for Eisai
(Added Dec. 19, 2022)

David Sultzer, MD - Dr. Sultzer leads the Clinical Core of the Alzheimer's Disease Research Center at UC Irvine. He is the site Principal Investigator for the AHEAD clinical trial which includes lecanemab treatment. He is a member of the Steering Committee for the Alzheimer's Clinical Trial Consortium and a member of the Independent Data Monitoring Committee for an Alzheimer's disease clinical trial sponsored by Janssen. (Added December 21, 2022)

Christopher H. van Dyck, MD - Dr. van Dyck serves as a scientific advisor for Eisai, Roche, Ono, and Cerevel and receives grant support for clinical trials from Biogen, Biohaven, Cerevel, Eisai, Eli Lilly, Genentech, Janssen, Roche, and UCB.
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Lennart Mucke, MD - Advisory Board Member, Acumen Pharmaceuticals (Added December 27, 2022)