



February 1, 2023

Submitted electronically to [publiccomments@icer.org](mailto:publiccomments@icer.org).

Steven D. Pearson, MD, MSc  
President  
Institute for Clinical and Economic Review  
14 Beacon Street, Suite 800  
Boston, MA 02108

Re: Beta-Amyloid Antibodies for Early Alzheimer's Disease: Draft Evidence Report

Dear Dr. Pearson:

The Society for Women's Health Research (SWHR) appreciates the opportunity to provide input to the Institute for Clinical and Economic Review (ICER) on its Draft Evidence Report assessing anti-amyloid monoclonal antibodies for the treatment of Alzheimer's disease.

Alzheimer's disease affects an estimated 6.5 million Americans ages 65 or older,<sup>1</sup> with disproportionate impacts on women (almost two-thirds of Alzheimer's disease patients in the United States are women) and Black Americans, who are more likely to develop the disease.<sup>2</sup> Given the dearth of disease-modifying treatments in the Alzheimer's disease space, SWHR recognizes the tremendous need for the development of treatments and interventions that can support women navigating this neurodegenerative disease.

SWHR, a more than 30-year-old national nonprofit organization based in Washington, D.C., is widely recognized as a thought leader in promoting research on biological sex differences in disease and eliminating imbalances in care for women through our science, policy, and education work. This includes a long history of work on Alzheimer's disease. SWHR has convened [interdisciplinary roundtables](#) of experts in the Alzheimer's space to discuss knowledge and clinical care gaps and opportunities; engaged with entities, including [ICER](#), to elevate women's unique health needs pertaining to Alzheimer's disease; released an [Alzheimer's disease policy agenda](#); hosted [congressional briefings](#) on Alzheimer's disease; and produced educational materials, including [fact sheets](#), that shine a light on the impact of Alzheimer's disease on women, both as patients and caregivers—to name a few.

While the Society does not endorse any medical products or therapies, SWHR recognizes the growing public health, economic, and social threat of Alzheimer's disease on the nation, and

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<sup>1</sup> (2022), 2022 Alzheimer's disease facts and figures. *Alzheimer's Dement.*, 18: 700-789. <https://doi.org/10.1002/alz.12638>

<sup>2</sup> Lennon, et al. [Black and white individuals differ in dementia prevalence, risk factors, and symptomatic presentation](#). *Alzheimer's and Dementia*. 2021; <https://doi.org/10.1002/alz.12509>

therefore, we are committed to ensuring that federal and independent policy sufficiently considers the needs of Alzheimer’s disease patients and their families.

SWHR acknowledges that since ICER’s Draft Evidence Report was released, ICER has decided to remove donanemab from its assessment, affecting the contents of its report. Given this change, SWHR will provide high-level comments for ICER’s consideration related to its assessment of anti-amyloid monoclonal antibodies.

### **Concern with Missing Information Pertaining to Patient and Caregiver Perspectives**

SWHR appreciates that ICER took the time to speak with individuals—13 people with Alzheimer’s disease and five caregivers—about the challenges associated with caring for persons with Alzheimer’s disease. This perspective is critical to making an informed assessment about value.

As ICER notes, these individuals emphasized “challenges with diagnosis, experience of coping with the diagnosis and a new way of living, impact on caregiver quality of life, treatment concerns and goals, and financial impacts and disparities.” While each of these areas may provide critical insight and context for life with Alzheimer’s disease, it does not appear that these conversations touched upon these individuals’ perceptions of value of the specific treatments under consideration; conversations appeared to be kept a higher level (e.g., thoughts on receiving regular infusions, accessibility issues, insurance coverage).

ICER shares in its report, “In terms of anti-amyloid therapies, both people living with [Alzheimer’s disease] and caregivers were interested in any treatment that would help slow disease progression.” When it comes to navigating life with a disease, such as Alzheimer’s, additional choice alone could be a valuable outcome for patients. To gain a truer understanding of the value patients assign to specific anti-amyloid therapies, SWHR would encourage ICER to engage in a deeper discussion with Alzheimer’s disease patients and caregivers about what these new treatments could mean for them in light of the evidence that has been shared thus far, including whether their decision to take such a treatment would be impacted by the stage of disease and how much risk they would be willing to tolerate for such a treatment. In the absence of this information from conversations, it could be presumptive to assign patient value to these treatments.

### **ICER’s Approach to ARIA**

Within the Draft Evidence Report, ICER notes that amyloid related imaging abnormalities (ARIA) due to edema or effusion (ARIA-E) or brain microhemorrhage or localized superficial siderosis reflecting prior hemorrhage (ARIA-H) “were of interest to review.” The report notes that 21.5% of participants in the lecanemab group experienced either ARIA-E or ARIA-H, compared to 9.5% in the placebo group, and that in the donanemab TRAILBLAZER-ALZ trial, 38.9% of participants experienced either ARIA-E or ARIA-H, compared with 8% in the placebo group. Based on these results, ICER’s Executive Summary concludes, “In aggregate, the net health benefits of lecanemab in patients with early AD may be small or even substantial, but there remains a possibility of net harm from ARIA.”

SWHR is concerned about ICER’s characterization of ARIA and would direct ICER to the Alzheimer’s Association’s May 2021 comments<sup>3</sup> on ICER’s Aducanumab for Alzheimer’s Disease: Effectiveness and Value Draft Evidence Report. As the Alzheimer’s Association stated, “ICER has...misinterpreted the weight given to [ARIA-E and ARIA-H data] compared with the potential benefits of the therapy,” asserting that “ARIA is a manageable side effect of treatment and is far less threatening than complications of many routinely used therapies for other conditions, including cancer.”

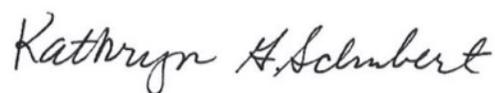
Alzheimer’s disease is a fatal degenerative brain disease that affects the parts of the brain that control thought, memory, and language. To say that it is a challenging and devastating diagnosis for both patients and their caregivers is a gross understatement. While risk with any given treatment should certainly be assessed, SWHR is concerned that ICER’s report presents ARIA’s risk in an imbalanced manner—centering its recommendation on the potential of net harm from ARIA and minimizing both patient choice and Alzheimer’s disease as a fatal disease.

By ICER’s own admission, “the net health benefits of lecanemab in patients with early Alzheimer’s disease may be small or even substantial.” For those battling Alzheimer’s disease progression, these study results—and the glimmer of hope of a disease-modifying treatment—cannot afford to be eclipsed. Further, as noted by the Alzheimer’s Association in its letter, the U.S. Food and Drug Administration has adopted guidance for reasonable management of ARIA.

Again, SWHR appreciates the opportunity to provide comment on ICER’s Beta-Amyloid Antibodies for Early Alzheimer’s Disease: Draft Evidence Report. We believe that innovative treatments that impact both disease progression and caregiver burden have great value to the population.

If you have questions about the information included above, please do not hesitate to contact me at [kathryn@swhr.org](mailto:kathryn@swhr.org).

Sincerely,



Kathryn G. Schubert, MPP  
President and Chief Executive Officer  
Society for Women’s Health Research

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<sup>3</sup> Alzheimer’s Association Letter to ICER, Aducanumab for Alzheimer’s Disease: Effectiveness and Value Draft Evidence Report, 2021. <https://www.alz.org/media/Documents/Alzheimers-Association-Comments-on-Draft-Evidence-Report.pdf>. Accessed 1 Feb 2023.