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Clinical Conundrums in ARIA: Navigating the Baseline MRI for Anti-Aβ Monoclonal Antibodies

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Dr. Bateman:
Welcome to Clinical Conundrums: Navigating Case Scenarios in Your Own Practice Setting, where we will cover quick and challenging cases related to amyloid-related imaging abnormalities, or ARIA, management. I'm Dr. Trey Bateman, and here with me today are doctors Jerry Barakos and Joy Snider. Let's dive into our case.

Dr. Snider:
Yes, our first case is Larry, an 82-year-old gentleman who has mild impairment due to Alzheimer disease. He undergoes a baseline MRI to assess eligibility for anti-amyloid therapies.

Dr. Bateman:
So baseline MRIs require careful evaluation to determine if the patient is a suitable candidate for treatment. Jerry, can you walk us through the key points to consider?

Dr. Barakos:
Yes. As you outlined, the baseline MRI is very important because we're trying to determine whether the patient is an appropriate candidate for these anti-amyloid agents. It turns out that if the patient has certain findings on MRI that clearly increases their likelihood of having the adverse events or the complications related to these anti-amyloid agents, which we refer to as the ARIA-type changes. So what we're looking for is any type of evidence of a previous bleed, that includes lobar micro hemorrhages. It's been shown that if a patient has more than four lobar microhemorrhages, they will be at increased risk of these complications. Also if the patient has any superficial siderosis or evidence of a prior bleed, such as a parenchymal hemorrhage, in brief, we're looking for any imaging features that would suggest that this patient has cerebral amyloid angiopathy, which we know means they have underlying vascular fragility, which will increase their likelihood of these complications. We're also looking for any underlying vascular malformations, so an intracranial aneurysm or a vascular malformation.

So long story short, we're looking for a variety of findings, whether it is prior blood degradation products such as lobar microhemorrhages, superficial siderosis, a prior bleed, a vascular malformation, or evidence of significant vascular disease, such as extensive white matter pathology and prior strokes. These are all features that would suggest the patient has a higher proclivity for having fragile vessels that may predispose them to these complications of ARIA.

Dr. Snider:
Yeah, thanks, Jerry. That's a great summation. I would just add, as a clinician, it's really important to have a really terrific radiology collaborator like you or someone else to really help you read these scans, and have someone who knows, like you do, exactly what

they're looking for. It's also important, if at all possible, to get your baseline MRI on the same scanner or a similar one that you do your follow-up MRIs, because you're going to compare those. And one thing we've found is that there are different MRI sequences that can detect these blood products. And in the clinical trials, the sequences used were called GRE, or gradient echo sequences. Often in clinical practice, we use a susceptibility weighted image, or SWI, and it turns out those are more sensitive to the microhemorrhages. So that may be fine, but you want to make sure you use the same sequence on the follow-up MRIs as on the baseline. You might see more hemorrhages when, in fact, there weren't more hemorrhages.

I'd also add that, unlike some things in life, these microhemorrhages particularly are not absolute. So as a radiologist gets more scans over time, sometimes they can look back and say, oh, that was there on the baseline scan. So we have had patients who have had one or two microhemorrhages on the baseline scan, but in retrospect, had more. So sometimes that happens and you just have to accept that's not an error on the part of your radiology expert, it's, in fact, learning more as we get more scans. So these things can get a little nuanced, but it is critical to look carefully at the baseline scan, then talk to your patient about it and make sure they understand why they are or are not eligible for having these medications, and what that does to their risk of having the medications.

Dr. Bateman:
So what comes across in this discussion, to me, is just the real critical nature of that baseline MRI, and the documentation reporting of the findings on that baseline MRI, because it's going to be something that, really, all of your future scans are compared to. So having a good relationship with your radiology colleagues, having had this discussion in advance of implementing an anti-amyloid therapy program is going to be really important.

And then good communication back and forth between the prescriber and the radiologist. Sometimes it's worth just getting on the phone and talking to your colleagues to go over the images when the findings may a little confusing or difficult to understand. This has happened multiple times and trying to understand well, is that a lacune, or is that just small vessel disease that's sort of expanding out from the ventricles? And it's often the case that just having that conversation with your radiology colleagues really helps clarify things.

Thank you both for this insightful discussion. To our viewers, be sure to explore our other episodes for more in-depth insights into the nuances of ARIA management. Thank you for joining us.

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