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## Is Amyloid-Targeting Therapy Worth It?

### Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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### Dr. Isaacson:

Welcome to the Frontline of Alzheimer's Care, where we've been discussing several burning questions from real clinicians about amyloid-targeting therapies in Alzheimer's disease. I'm Dr. Richard Isaacson, and I'm joined today by doctors Gayatri Devi and Pierre Tariot. A lot of impactful questions have been addressed in these episodes, but Dr. Grove has what may be the most important one, arguably. Let's hear what he has to say.

### Dr. Grove:

In my mind, this is the key question. Do you believe the financial costs and side effect profile are justified by the meaningful but limited benefits of these agents?

### Dr. Isaacson:

Dr. Tariot, what are your thoughts?

### Dr. Tariot:

A great question from Dr. Grove. I'm going to give a very concise answer. We have to have a risk-benefit discussion with each patient and loved ones, supporters. What are your goals? What is your risk tolerance? What's feasible for you? What's financially acceptable for you? But to answer his question a little more directly, if I could have a therapy that slows down – that buys me 6 months more of being at a higher functional state out of 18 than without therapy, I'm probably going to consider that therapy seriously if it buys me time.

### Dr. Isaacson:

Yeah. And you know, the worth of that time is you know, for the patients and the families that I care for there almost isn't an upper limit of financial costs that if someone has the resources and has the capacity and can make the time to get the therapies you know, many, many families feel that it's worth it. Of course, that's a controversial statement and controversial answer.

Dr. Devi, you manage this in clinical practice every day, what are your thoughts?

### Dr. Devi:

I'd agree with what Pierre says, which is that if I have the possibility of slowing progression and maintaining functionality longer in society, then I would seriously consider a medication that allows me to do that. And the other important thing that I discussed with patients is you want to consider risk-benefit of the drug and cost of the drug versus going into, in New York - at least in New York, the state where I practice, the fairly significant cost of going into an assisted living facility, which can run into the tens of thousands of dollars. So yes, there's the cost of the drug, and the very slight benefit possibly from the drug. But then there's also the cost of going into a facility and the risks and benefits of that as well. So it's worthwhile to have a good conversation with the patient.

But one of the main reasons I decided to start offering aducanumab when it became available, despite all the controversy surrounding it, was that I thought to myself, if I was a patient with Alzheimer's and there was the possibility of this drug being available, would I use this drug? And the answer was a resounding, to my mind, yes. And that's why I decided to offer it and I've had no regrets doing so.

**Dr. Isaacson:**

Well, I said earlier that this may be the most important question, arguably, but maybe this was the most important question. I really appreciate those comments Pierre, Gayatri and I really appreciate your time today. This has been such an informative experience. Thank you to everyone who submitted questions. If you haven't already, make sure to listen to our other episodes, where we address many more questions like this about the clinical use of amyloid-targeting therapies. Thank you all for watching.

**Announcer:**

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