

Efficacy of Donanemab by *APOE* ϵ 4 Carrier Status in TRAILBLAZER-ALZ 2, a Phase 3 Randomized Clinical Trial in Early Symptomatic Alzheimer's Disease

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Presenter's Disclosure

- Cynthia D. Evans is an employee and minor shareholder of Eli Lilly and Company
- Eli Lilly and Company has pending patent application(s) on the P-tau217 blood test used in this research.
- Amyvid® (Florbetapir F 18) was developed at Avid Radiopharmaceuticals and is marketed by Eli Lilly and Company as a radioactive diagnostic agent for Positron Emission Tomography (PET) imaging of the brain to estimate β -amyloid neuritic plaque density; safety and effectiveness of Amyvid® (Florbetapir F 18) has not been established for predicting development of dementia or other neurologic conditions and monitoring responses to therapies.
- Tauvid® (Flortaucipir F 18) is approved for use with PET imaging of the brain to estimate the density and distribution of aggregated tau neurofibrillary tangles in adult patients with cognitive impairment who are being evaluated for Alzheimer's disease.
- All discussions refer to investigational purposes only.

Acknowledgments

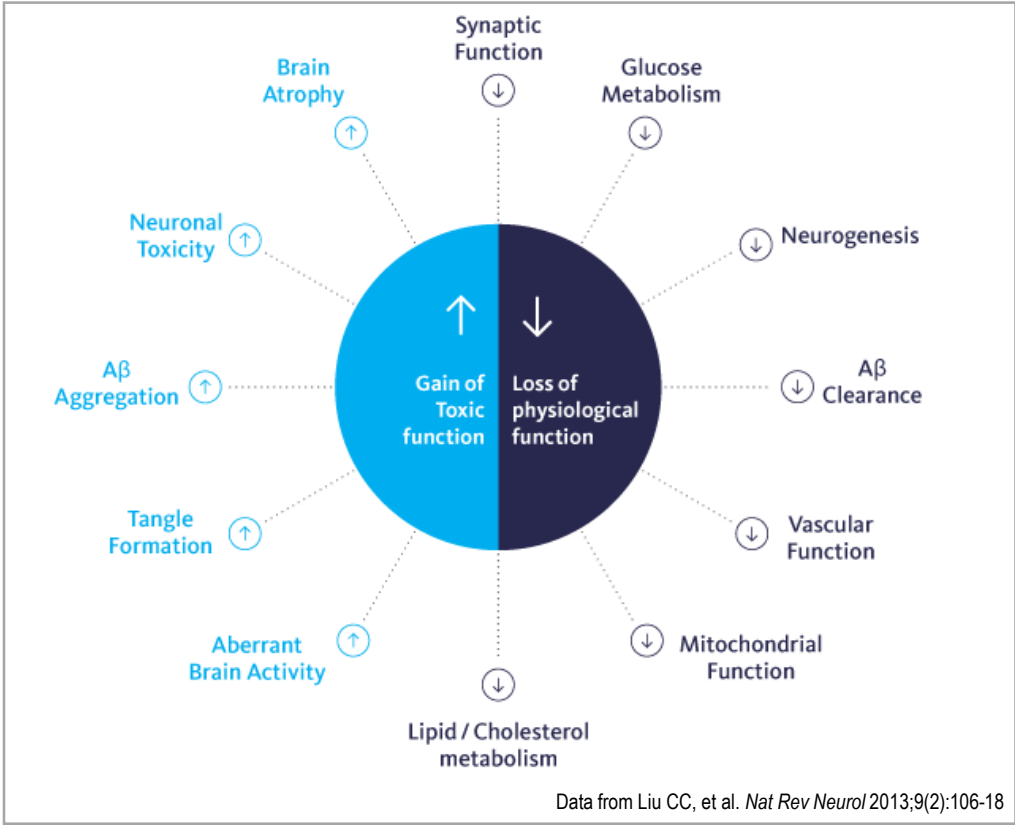
- Eli Lilly and Company would like to thank the clinical trial participants and their study partners, without whom this work would not be possible.
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- We acknowledge contributions from Deirdre B. Hoban, Scott Andersen, Saptarshi Chatterjee, Hong Wang, Emel Serap Monkul Nery, Ivelina Gueorguieva, the TRAILBLAZER-ALZ 2 study team, and vendor partners.
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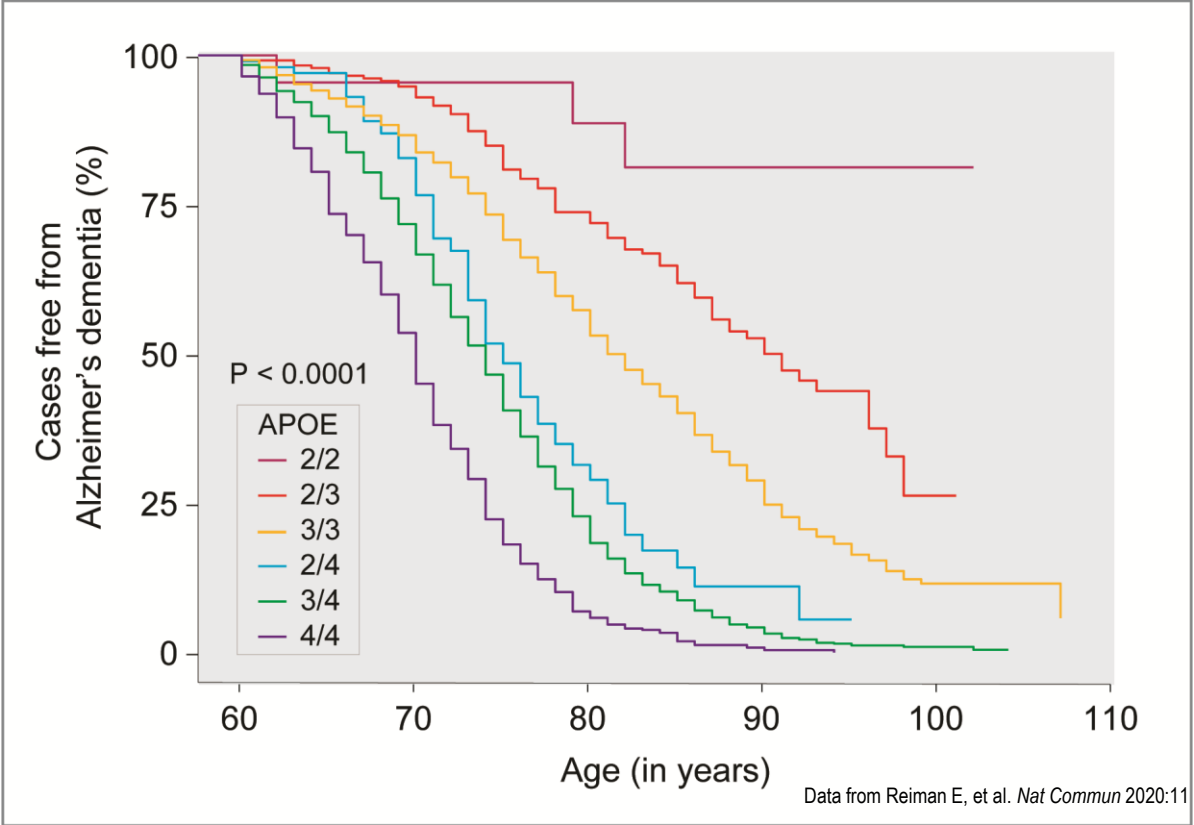


***APOE ε4* allele increases the risk of developing AD, is associated with amyloid accumulation, cerebral amyloid angiopathy risk, and an earlier age of AD onset**

Pleiotropic roles of ApoE ε4



***APOE ε4* genotype modifies age at AD onset**

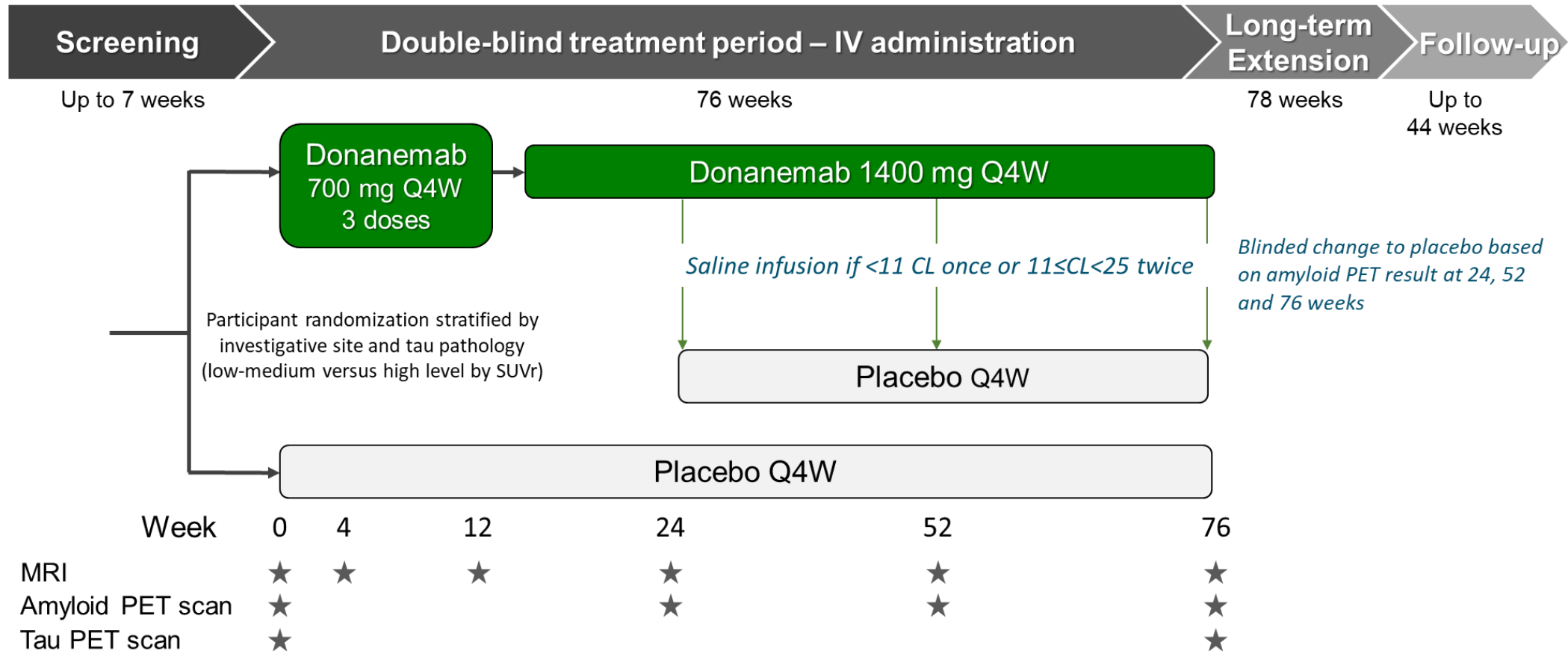


Question: is there differential efficacy of amyloid targeting therapies by *APOE ε4* carrier status and genotype?

Abbreviations: AD=Alzheimer's Disease; *APOE ε4*=apolipoprotein E ε4.

TRAILBLAZER-ALZ 2 Trial Design

Phase 3, randomized, double-blind, placebo-controlled study to evaluate safety and efficacy of donanemab in individuals with early symptomatic AD (prodromal AD and mild dementia due to AD), with the presence of brain amyloid and tau pathologies



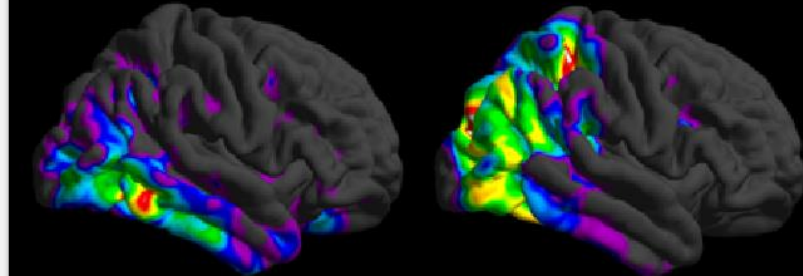
Enrolling participants based on tau pathology

“No or very low tau” not enrolled



**Study Powered to Test
Low-medium Tau Population**
(same as TRAILBLAZER-ALZ Phase 2)

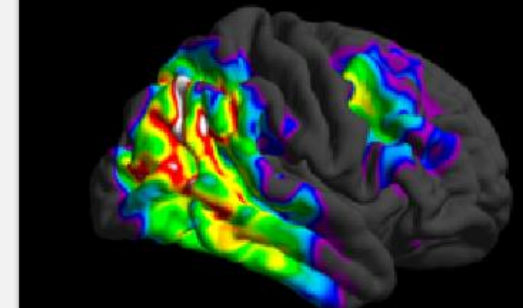
Low-medium tau



$1.10 \leq \text{Tau SUVr} \leq 1.46^*$

Study allowed enrollment of high tau participants so efficacy could be tested in overall population (low-medium plus high tau)

High tau



$\text{Tau SUVr} > 1.46$

*Visual interpretation also done and took precedent when highly discordant.

Demographics and key baseline measures by APOE ε4 carrier status: balanced except carriers are younger

Low-medium tau population

Baseline demographics

Demographic	APOE ε4 Carriers (N=848)	APOE ε4 Noncarriers (N=330)	p-value
Sex, % Female	54.6%	55.2%	0.896
Age, mean	73.6	76.0	<0.001
Race, % Asian	6.0%	10.6%	0.016
% Black or AA	2.9%	2.7%	
% White	91.0%	86.4%	
% Other*	0%	0.3%	
Clinical Stage [#] , Mild AD	79.6%	82.1%	0.545
MCI	20.3%	17.9%	
AChEI and/or Memantine Use, Yes	57.3%	55.8%	0.647

Baseline scales & imaging

Scale, Mean (SD)	APOE ε4 Carriers (N=848)	APOE ε4 Noncarriers (N=330)	p-value
ADAS-Cog ₁₃	27.4	28.0	0.271
ADCS-iADL	48.5	47.5	0.045
iADRS	106.2	104.5	0.061
MMSE	23.1	22.7	0.153
CDR-SB	3.7	3.8	0.271
Amyloid PET Centiloids	101.5	101.8	0.897
Tau PET MUBADA SUVR	1.22	1.20	0.064
Whole Brain Volume (cm ³)	978.4	968.0	0.108

71.7% (421/588) donanemab and 72.3% (427/594) placebo in low-medium tau population were APOE ε4 carriers

*Includes American Indian or Alaska Native. [#]Defined as clinical category by MMSE at screening: MCI >=27; mild AD 20-26). Abbreviations: AA=African American; AChEI=acetylcholinesterase inhibitors; AD=Alzheimer’s Disease; ADAS-Cog₁₃=Alzheimer’s Disease Assessment Scale-Cognitive subscale; ADCS-iADL=Alzheimer’s Disease Cooperative Study–instrumental Activities of Daily Living; CDR-SB=Clinical Dementia Rating–Sum of Boxes; iADRS=Integrated Alzheimer’s Disease Rating Scale; MMSE=Mini-Mental State Examination; MUBADA=multi-block barycentric discriminant analysis; N=number of participants; PET=positron emission tomography; SUVR=standardized uptake value ratio

Demographics and key baseline measures by *APOE* ε4 carrier status: balanced except carriers are younger

Overall population

Baseline demographics

Demographic	<i>APOE</i> ε4 Carriers (N=1219)	<i>APOE</i> ε4 Noncarriers (N=510)	p-value
Sex, % Female	57.2%	58.0%	0.749
Age, mean	72.6	73.9	<0.001
Race, % Asian	5.0%	8.4%	0.006
% Black or AA	2.5%	1.8%	
% White	92.4%	89.4%	
% Other*	0.1%	0.4%	
Clinical Stage [#] , Mild AD	82.9%	85.3%	0.474
MCI	17.0%	14.7%	
AChEI and/or Memantine Use, Yes	60.4%	62.2%	0.517

Baseline scales & imaging

Scale, Mean (SD)	<i>APOE</i> ε4 Carriers (N=1219)	<i>APOE</i> ε4 Noncarriers (N=510)	p-value
ADAS-Cog ₁₃	28.9	29.2	0.521
ADCS-iADL	48.2	47.0	0.007
iADRS	104.3	102.9	0.056
MMSE	22.4	22.0	0.050
CDR-SB	3.9	4.1	0.059
Amyloid PET Centiloids	102.1	103.5	0.450
Tau PET MUBADA SUVR	1.34	1.36	0.051
Whole Brain Volume (cm ³)	976.4	964.5	0.024

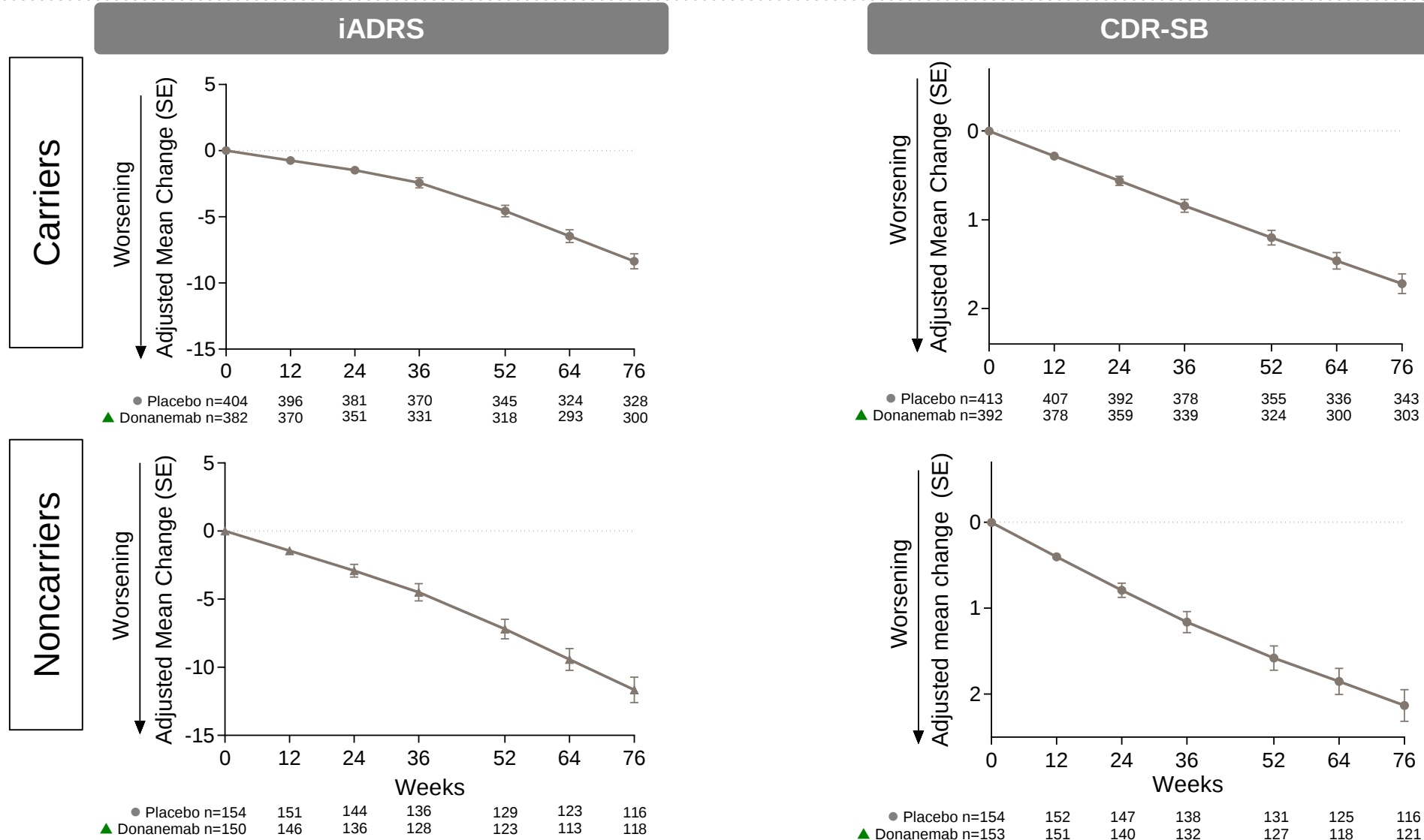
69.8% (598/860) donanemab and 71.2% (621/876) placebo in the overall population were *APOE* ε4 carriers

*Includes American Indian or Alaska Native and multiple. [#]Defined as clinical category by MMSE at screening: MCI ≥27; mild AD 20-26). Abbreviations: AA=African American; AChEI=acetylcholinesterase inhibitors; AD=Alzheimer's Disease; ADAS-Cog₁₃=Alzheimer's Disease Assessment Scale-Cognitive subscale; ADCS-iADL=Alzheimer's Disease Cooperative Study-instrumental Activities of Daily Living; CDR-SB=Clinical Dementia Rating scale-Sum of Boxes; iADRS=Integrated Alzheimer's Disease Rating Scale; MMSE=Mini-Mental State Examination; MUBADA=multi-block barycentric discriminant analysis; N=number participants; PET=positron emission tomography; SUVR=standardized uptake value ratio

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Donanemab slows clinical decline in *APOE* $\epsilon 4$ carriers and noncarriers by similar % in TRAILBLAZER-ALZ 2; Placebo noncarriers decline faster than carriers

Low-medium tau population

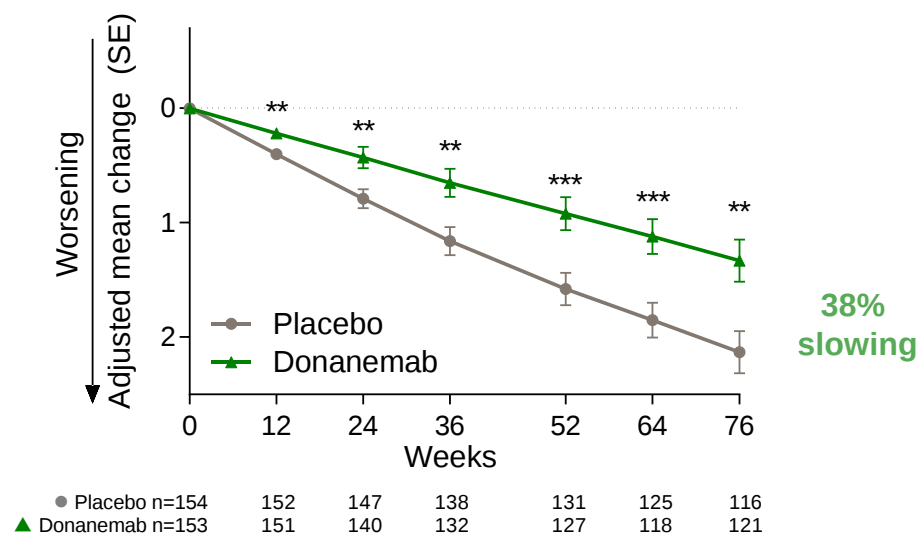
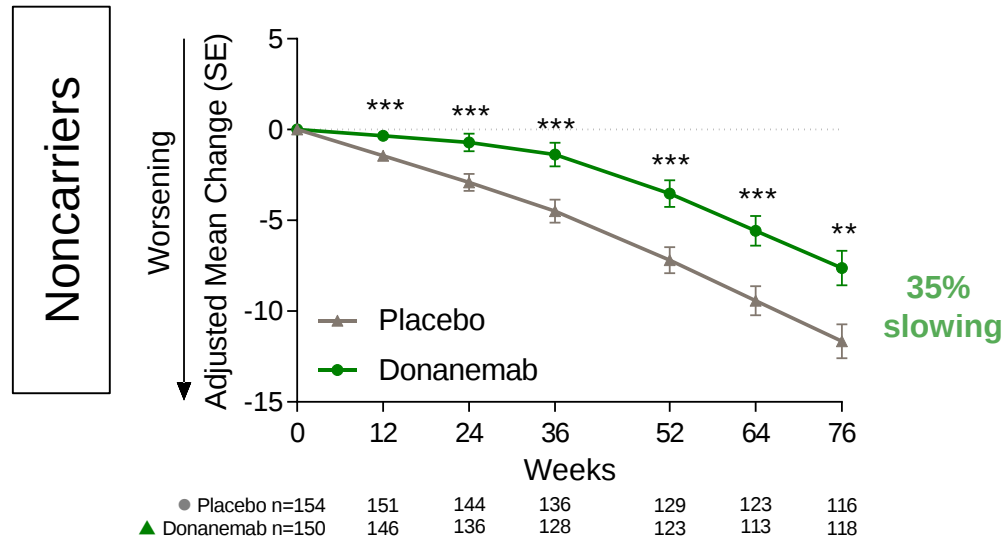
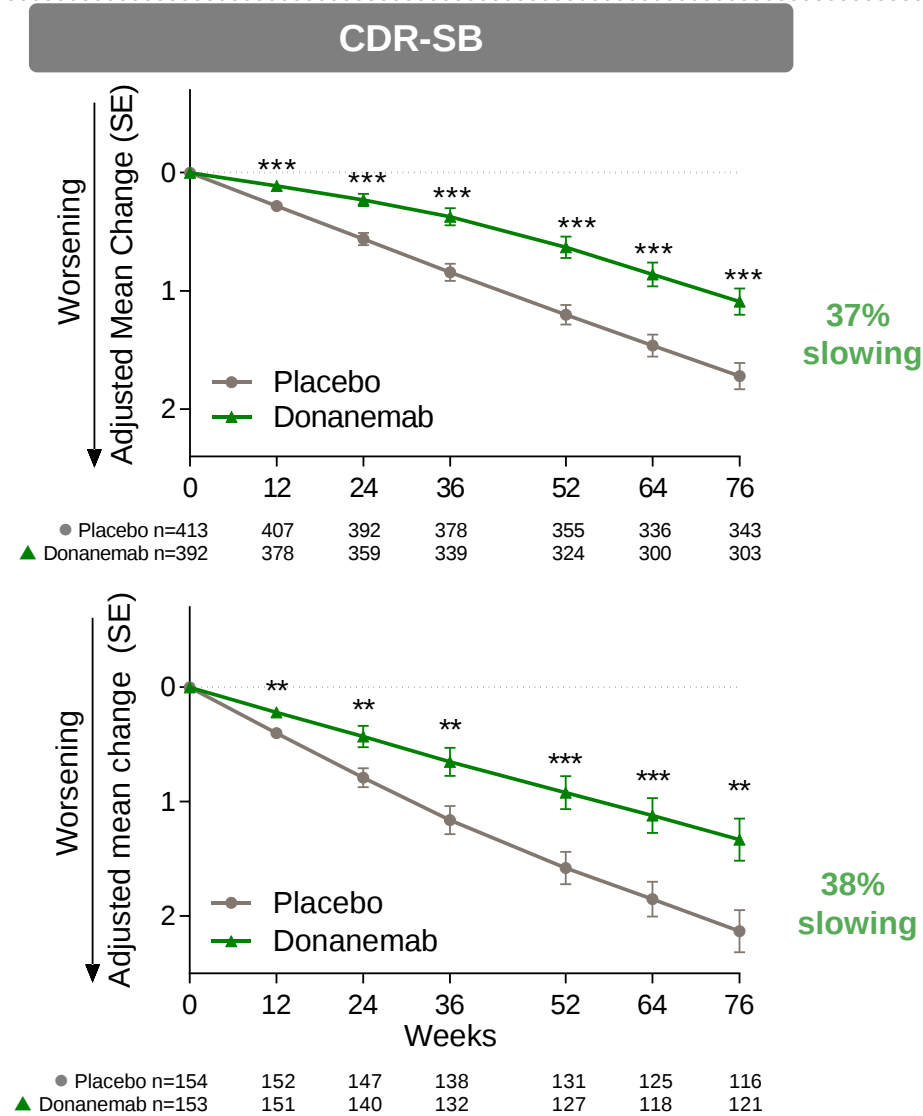
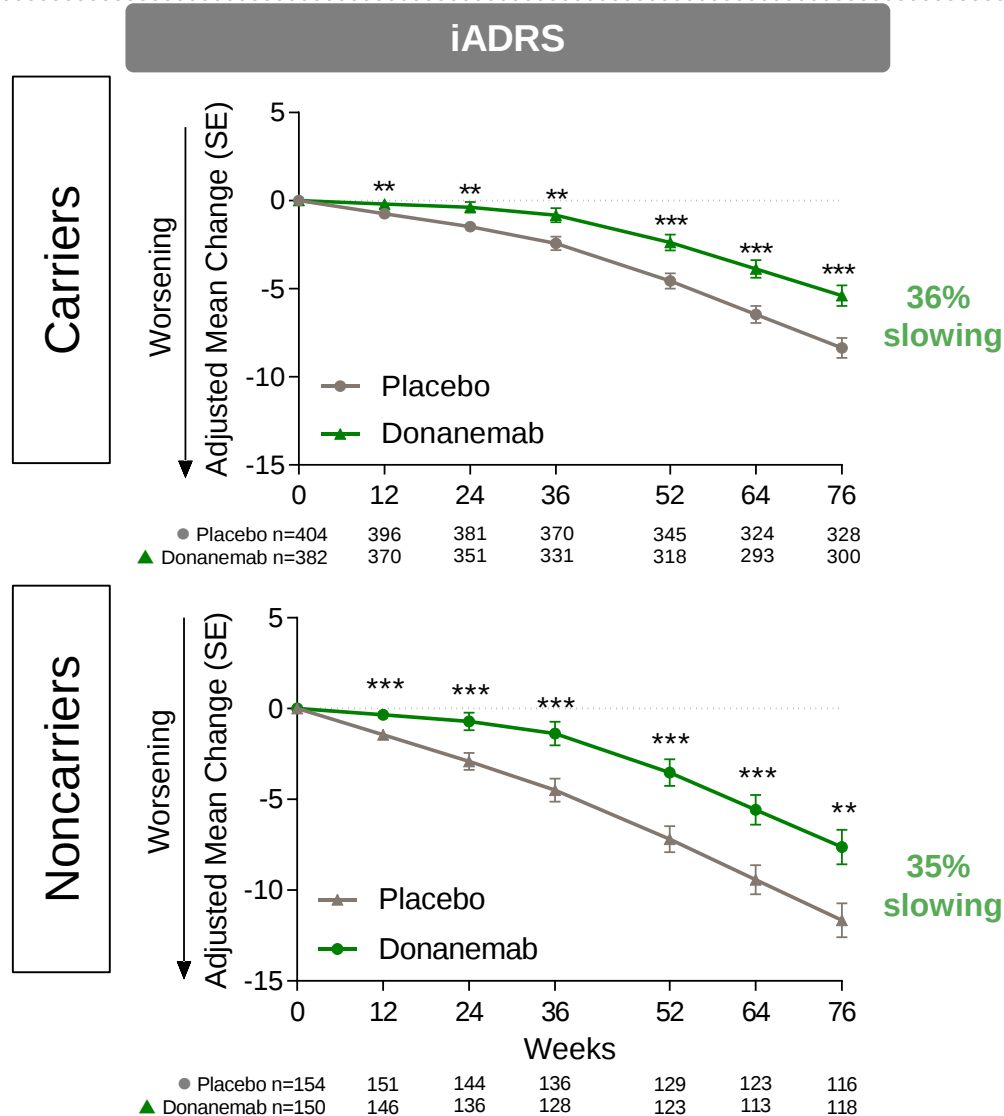


p<0.01, *p<0.001. LS mean change from baseline, SE, 95% CI and p-value are derived using natural cubic spline model with 2 degree of freedom. The model included fixed effect of treatment, basis expansion terms (two terms), subgroup, subgroup-by-treatment interaction, and 3-way subgroup-by-treatment-by basis expansion interaction terms. The model was also adjusted for age at baseline, pooled investigator, baseline tau category, and baseline AChI/Memantine use. Abbreviations: iADRS=Integrated Alzheimer's Disease Rating Scale; CDR-SB=Clinical Dementia Rating–Sum of Boxes; n=number of participants

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Efficacy observed in *APOE* ε4 carriers and noncarriers in TRAILBLAZER-ALZ 2 across scales in low-medium tau and overall populations

Carriers

Low-medium tau population			
Scale	Treatment Difference	% Slowing	P-value
iADRS	2.97	35.5	<0.001
CDR-SB	-0.63	36.6	<0.001
ADAS-Cog ₁₃	-1.56	34.9	<0.001
ADCS-iADL	1.57	39.3	0.004

Donanemab: N = ~305; Placebo: N = ~335 (at endpoint)

Noncarriers

Scale	Treatment Difference	% Slowing	P-value
iADRS	4.03	34.6	0.003
CDR-SB	-0.80	37.7	0.002
ADAS-Cog ₁₃	-1.46	27.7	0.040
ADCS-iADL	2.53	40.9	0.005

Donanemab: N = ~120; Placebo: N = ~115 (at endpoint)

Overall population			
Scale	Treatment Difference	% Slowing	P-value
iADRS	2.42	20.5	0.004
CDR-SB	-0.66	29.8	<0.001
ADAS-Cog ₁₃	-1.10	17.9	0.016
ADCS-iADL	1.52	27.4	0.003

Donanemab: N = ~415; Placebo: N = ~480 (at endpoint)

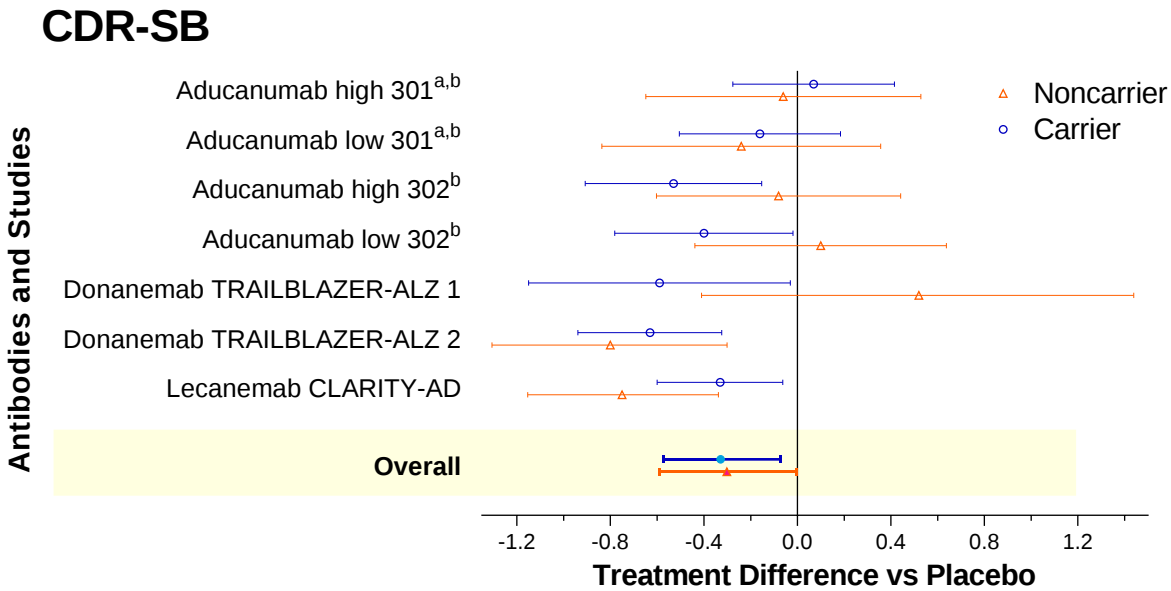
Scale	Treatment Difference	% Slowing	P-value
iADRS	4.57	28.0	<0.001
CDR-SB	-0.76	28.7	<0.001
ADAS-Cog ₁₃	-2.11	25.3	0.003
ADCS-iADL	2.37	31.4	0.003

Donanemab: N = ~180; Placebo: N = ~185 (at endpoint)

% slowing significantly favors donanemab

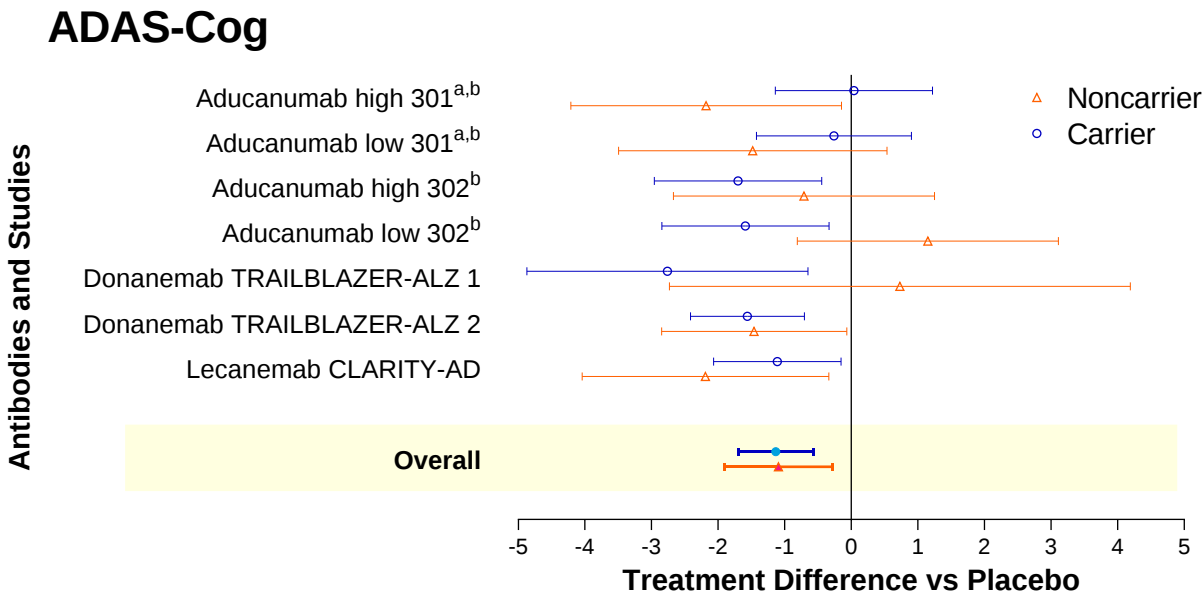
% slowing donanemab vs placebo Abbreviations: iADRS=Integrated Alzheimer's Disease Rating Scale; CDR-SB=Clinical Dementia Rating–Sum of Boxes; ADAS-Cog₁₃=Alzheimer's Disease Assessment Scale-Cognitive subscale; ADCS-iADL=Alzheimer's Disease Cooperative Study–instrumental Activities of Daily Living; N=number participants.

Amyloid targeting therapy efficacy across trials shows no difference in treatment effect between *APOE* ε4 carriers and noncarriers



Based on Overall Estimates

Pr(TD of Carriers > Noncarriers)	0.585
Pr(TD of Carriers > 0)	0.990
Pr(TD of Noncarriers > 0)	0.976

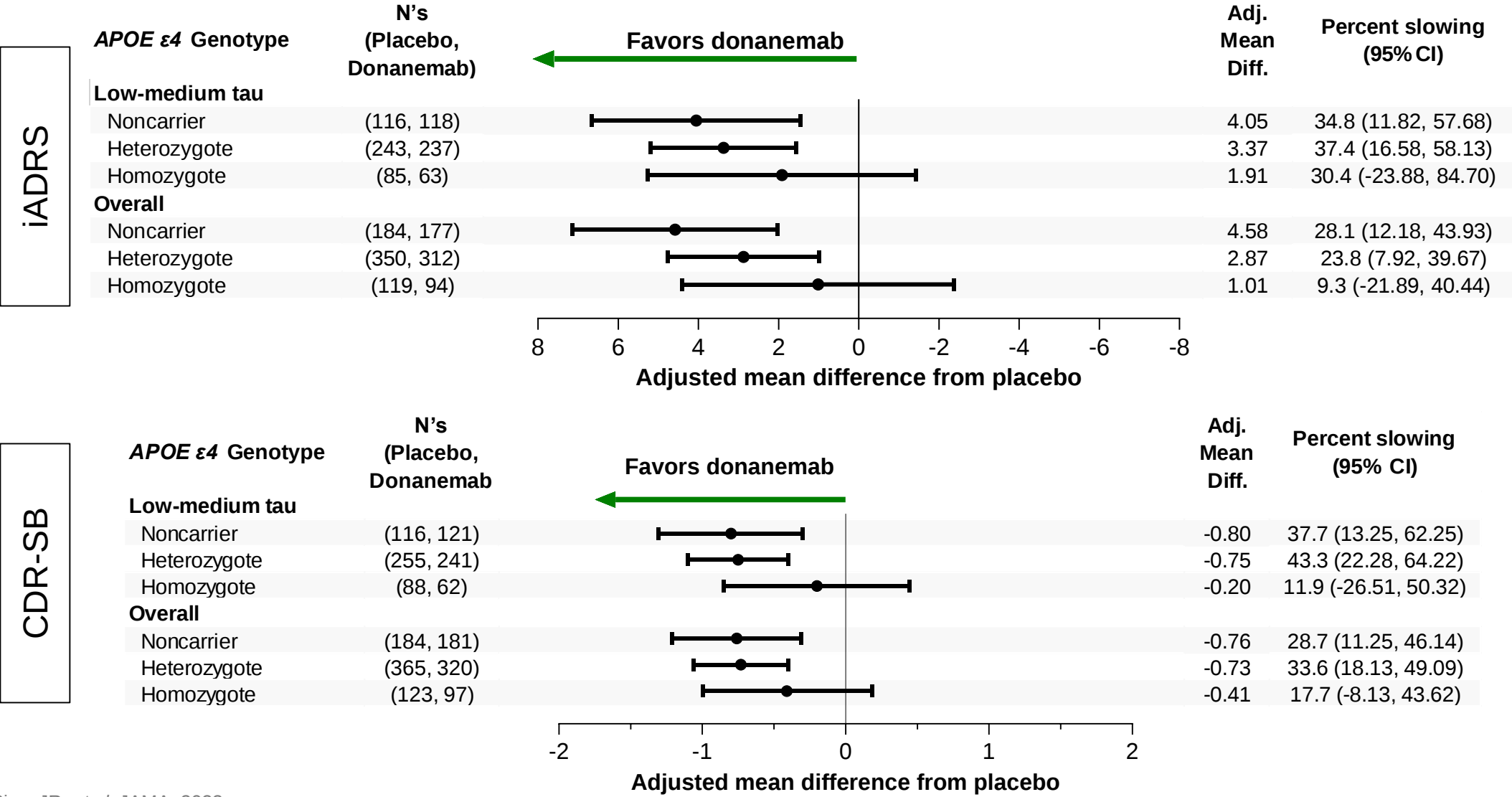


Based on Overall Estimates

Pr(TD of Carriers > Noncarriers)	0.537
Pr(TD of Carriers > 0)	0.999
Pr(TD of Noncarriers > 0)	0.994

Adapted from Evans *et al.* Alzheimer's & Dementia. 2023 (updated with low-medium tau population TRAILBLAZER-ALZ 2 data). Treatment differences relative to placebo and 95% confidence intervals for each individual plaque-lowering trial by *APOE* ε4 carrier status. The overall estimate and 95% credible interval by *APOE* ε4 carrier status are provided from Bayesian hierarchical model of all included trials. ^aStudy 301 included for completeness. ^bNs at month 18 for the placebo and treatment arms were estimated assuming the same dropout observed in the overall result for that study, dose, and endpoint. Abbreviations: *APOE* ε4=apolipoprotein E ε4; ADAS-Cog=Alzheimer's Disease Assessment Scale–Cognitive subscale; CDR-SB=Clinical Dementia Rating–Sum of Boxes; Pr=probability; TD=treatment difference.

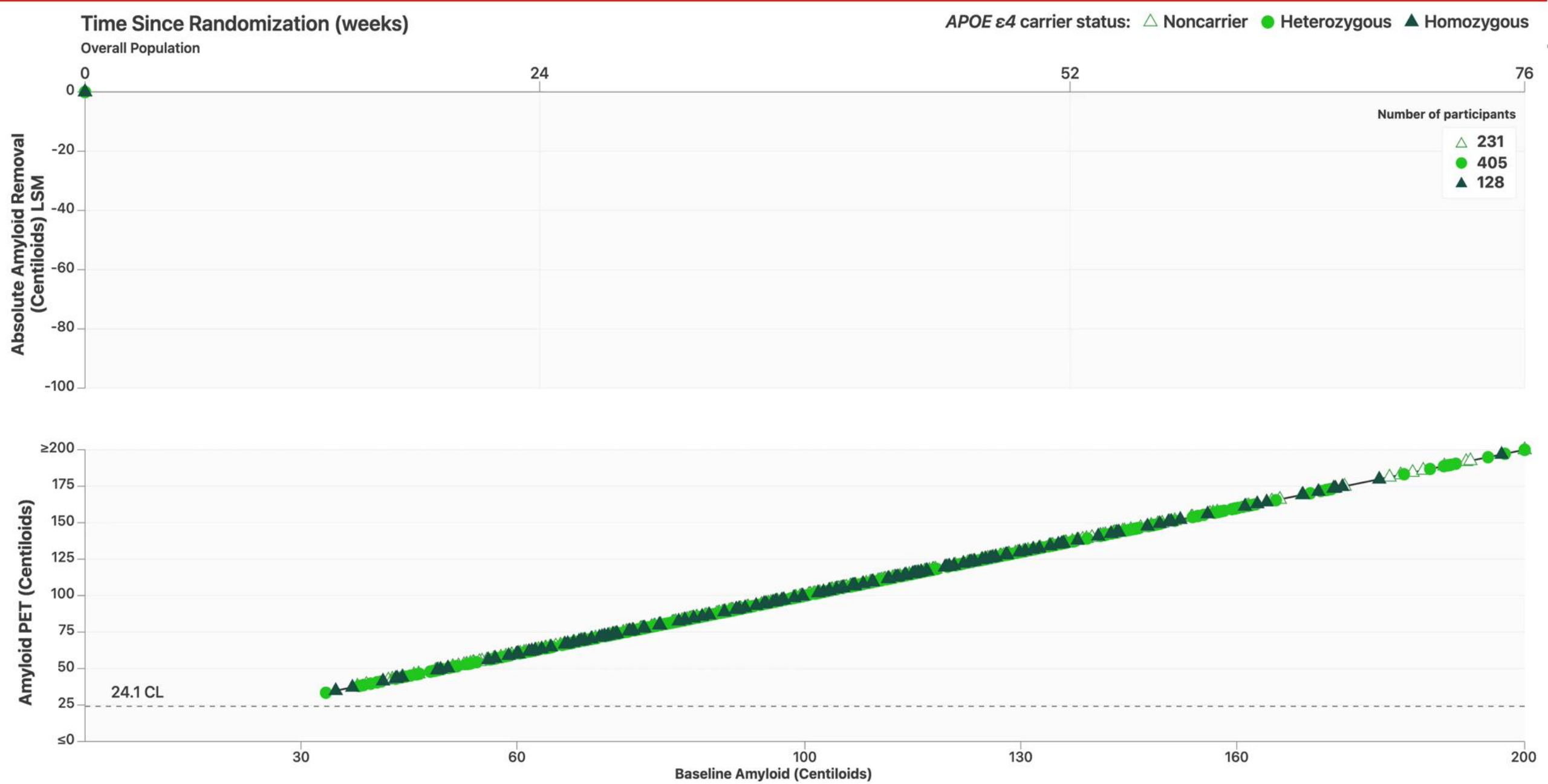
Smaller *APOE* $\epsilon 4/4$ subgroup has treatment effect that favors donanemab treatment in TRAILBLAZER-ALZ 2

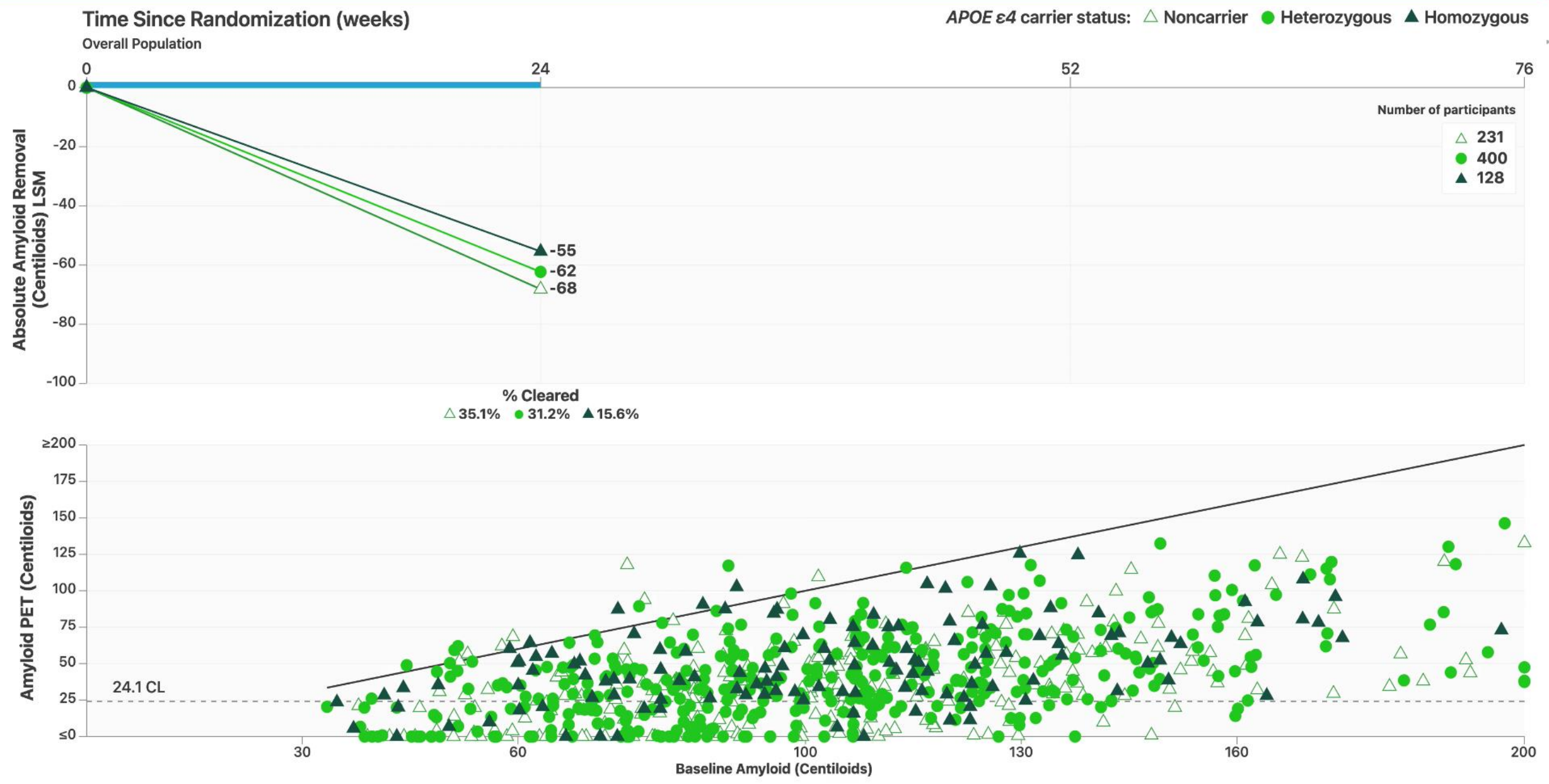


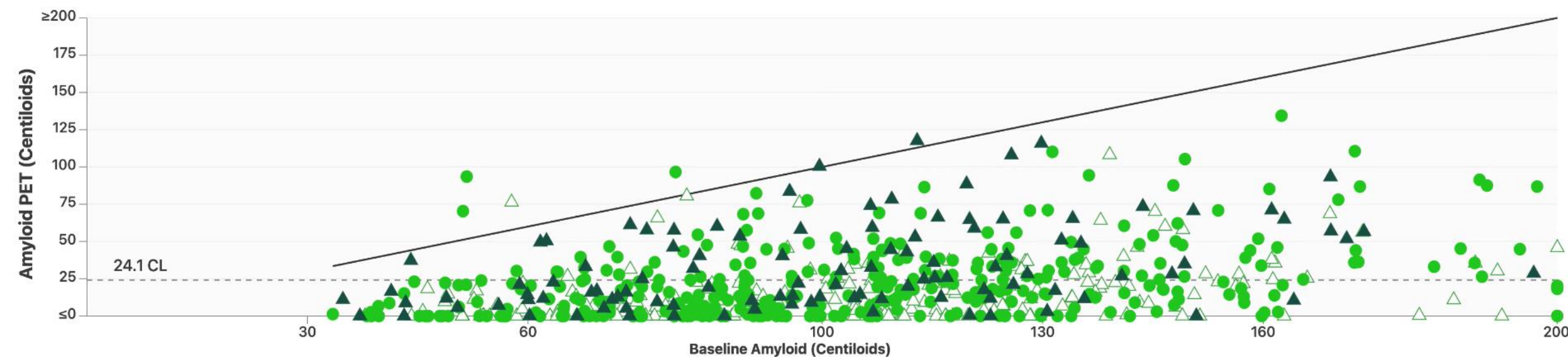
Substantial amyloid reduction across *APOE* $\epsilon 4$ genotypes in TRAILBLAZER-ALZ 2

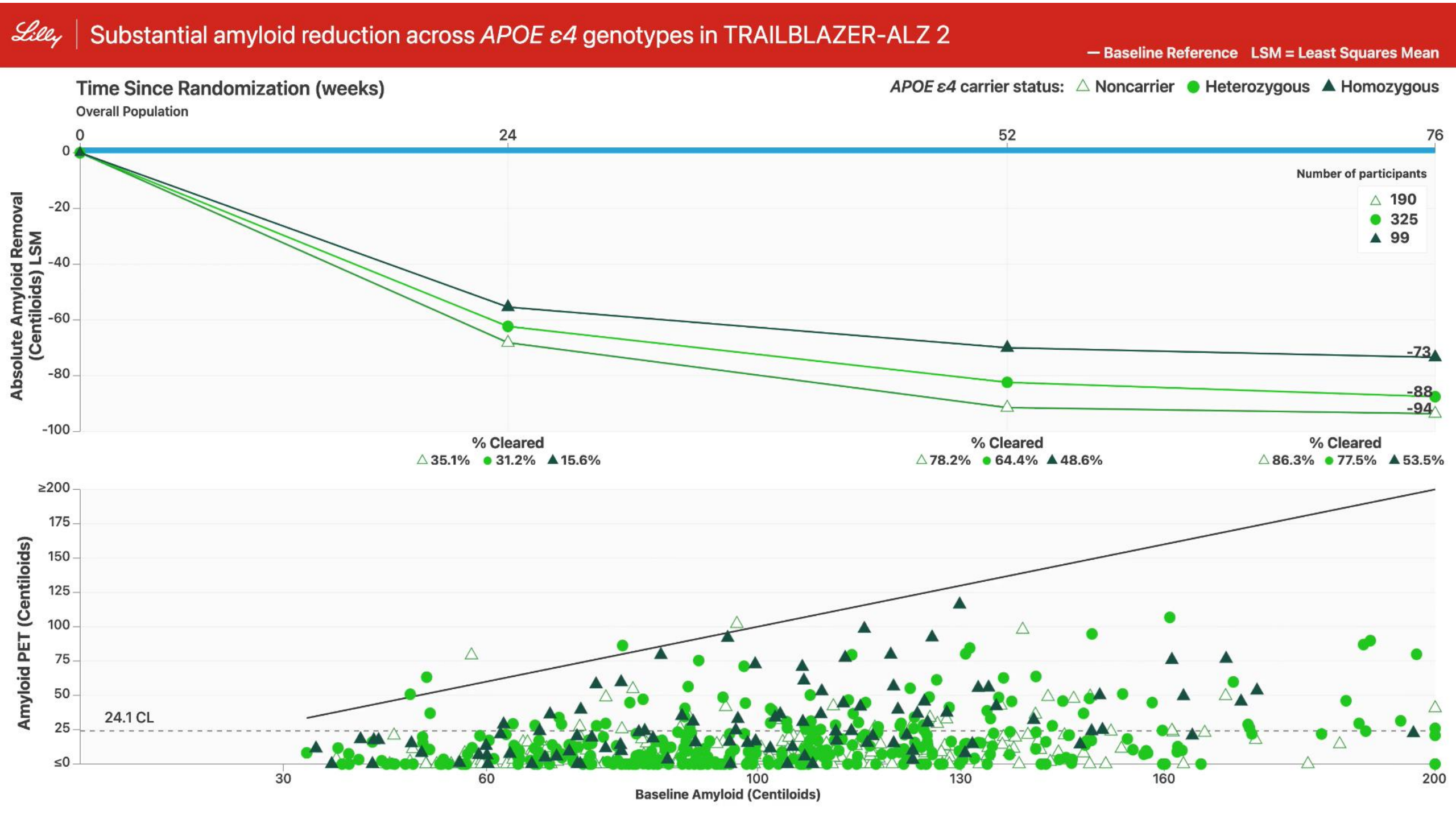
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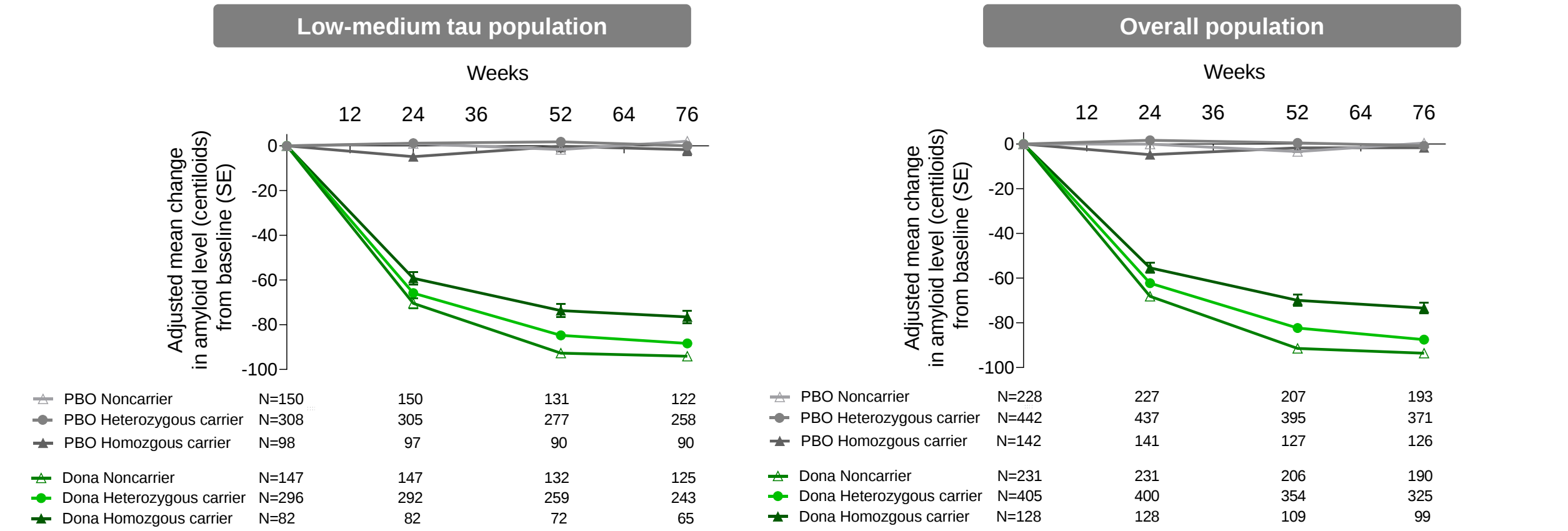








Substantial amyloid reduction across *APOE* ε4 genotypes in TRAILBLAZER-ALZ 2



- Note treatment pauses due to ARIA are highest in E4 homozygotes. There was 13% less cumulative serum exposure at week 24 in E4 homozygotes vs noncarriers.
- Exposure-plaque model analyses of the current dataset do not find *APOE* ε4 genotype to be a significant covariate on amyloid plaque reduction

Conclusions

- TRAILBLAZER-ALZ 2 demonstrated efficacy of donanemab in *APOE* $\epsilon 4$ heterozygous and homozygous carriers and in noncarriers
 - Homozygous *APOE* $\epsilon 4$ carriers had numerically smaller treatment effects than heterozygotes or noncarriers but had the smallest sample size, differences in baseline demographics, more dose pauses, and fewer participants reaching amyloid clearance threshold by 24 weeks
- Mean amyloid clearance was robust among all donanemab-treated participant groups
- Noncarriers decline faster than carriers on clinical scales in amyloid selected early symptomatic AD populations¹
- Differences in ARIA by *APOE* $\epsilon 4$ genotype reviewed previously in Sims *et al.* JAMA. 2023²
- Aggregate data across amyloid targeting therapy trials with significant plaque lowering shows similar clinical efficacy in carriers and noncarriers

1. Evans *et al.* Alzheimer's & Dementia 2023; 2. Sims JR, et al. JAMA. 2023
Abbreviations: AD=Alzheimer's Disease; *APOE* $\epsilon 4$ =apolipoprotein E $\epsilon 4$; ARIA=amyloid-related imaging abnormalities