Special Edition Newsletter 2026

PREMIERE RESEARCH INSTITUTE

CTAD Meeting Highlights:

1. Why staying on treatment longer matters (Leqembi vs Kisunla)

Leqembi (Lecanemab) is an anti-amyloid antibody that helps clear amyloid, a harmful protein that builds up in the brain in early Alzheimer's disease, and extended treatment appears to provide additional benefit over time. In clinical analyses, continuing Leqembi from 12 to 18 months has been associated with roughly 29% slower clinical progression versus placebo, with treatment and placebo curves separating further as time goes on. At a practical level, this means that staying on Leqembi longer may help people maintain memory, thinking skills, and day-to-day independence for a longer period.

Kisunla (Donanemab) is a similar anti-amyloid therapy, and data suggest that even after stopping Kisunla there may be a "carry-over" effect, corresponding to about 17% slower progression versus placebo during months 12–18. However, the incremental gains seen with ongoing Leqembi treatment do not appear to be mirrored to the same degree after Kisunla is discontinued. Put simply, some benefit from Kisunla may persist after stopping.

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2. Shots under the skin vs IV infusions (Leqembi dosing)

Leqembi can be delivered either as a weight-based intravenous (IV) infusion (10 mg/kg every two weeks) or as a fixed 500 mg subcutaneous (under-the-skin) injection once a week. Clinical pharmacokinetic data show that these two approaches provide comparable drug exposure in the body and similar removal of amyloid plaques from the brain, supporting the under-the-skin route as an effective alternative to IV infusions.

For patients and caregivers, the route of administration matters. Under-the-skin injections can often be done more quickly and sometimes closer to home, which improves convenience and

may make it easier to stay on therapy over the long term. The main safety concern for anti-amyloid antibodies—ARIA-E, a type of brain swelling seen on MRI—appears to occur at similar rates regardless of whether Leqembi is given IV or subcutaneously. Because many people prefer injections over repeated IV infusions, the subcutaneous option for Leqembi may offer advantages in adherence, logistics, and overall healthcare costs.

3. A new antibody that enters the brain more efficiently (Trontinemab)

Trontinemab is an investigational monoclonal antibody being developed by Roche to target amyloid in a more efficient way. It is engineered with a specialized "active transport" mechanism that helps it cross the blood–brain barrier, with the goal of improving how much drug actually reaches the brain and optimizing the balance between benefit and risk in early Alzheimer's disease.

The phase 3 TRONTIER-1 and TRONTIER-2 trials will test Trontinemab in people with early symptomatic Alzheimer's disease to see whether it can slow progression of memory and thinking problems. In addition, another phase 3 study is planned in "preclinical" Alzheimer's—people who have early biological signs of the disease but no clear symptoms yet. The hope is that by starting a therapy like Trontinemab even earlier, it might be possible to delay or prevent the onset of noticeable cognitive decline.

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4. Future options and blood-based tests (Kisunla, Remternetug, p-tau217)

Beyond current use in symptomatic patients, Kisunla is being studied in preclinical Alzheimer's disease in a trial called TRAILBLAZER-ALZ3, which enrolls individuals who have early Alzheimer's-related brain changes but do not yet show memory symptoms. Eli Lilly is also developing Remternetug, another anti-amyloid antibody specifically designed for subcutaneous administration, and is testing it in very early-stage patients in studies such as TRAILRUNNER-ALZ3. These efforts reflect a shift toward treating Alzheimer's disease earlier, with more convenient delivery methods.

At the same time, blood-based biomarkers are becoming critical tools. Plasma p-tau217, a blood test that measures a phosphorylated tau protein linked to Alzheimer's pathology, has emerged as a strong predictor of future amyloid elevation in cognitively unimpaired adults. Data from large cohorts indicate that higher baseline p-tau217 can identify people at increased risk for

Alzheimer's brain changes, making it a powerful candidate for screening, risk stratification, and selecting individuals for preventive trials before symptoms begin.

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5. Pills for Alzheimer's and the role of ALZ-801

Many patients and families hope for effective oral (pill) treatments that can slow or prevent Alzheimer's disease. Recent studies of an oral O-GlcNAcase (OGA) inhibitor and of oral semaglutide in early Alzheimer's disease, however, did not meet their primary endpoints, highlighting the ongoing unmet need for successful oral disease-modifying therapies. These negative results underscore how challenging it is to translate promising mechanisms into real-world benefit for patients.

ALZ-801 is a promising exception so far. This oral agent targets pathways linked to ApoE4, a gene strongly associated with higher Alzheimer's risk. In phase 3 research, ALZ-801 has shown slowed cognitive and functional decline in a prespecified subgroup of people with early Alzheimer's disease who carry two copies of the ApoE4 gene (ApoE4/4 homozygotes). This points toward a future where treatment strategies are tailored to an individual's genetic risk and where oral therapies could support long-term prevention, healthy brain aging, and longevity in those at highest risk.

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06 Jan 2026