Bree Collaborative | Alzheimer's and Other Dementias Revision
May 11th 2026| 2:30-4PM PST
Hybrid

MEMBERS PRESENT

Kris Rhoads, PhD, UW
Carla Ainsworth, MD, KP
Allyson Schrier
LuPita Guitierrez-Parker
Lynne Korte, MPH, DSHS
Maureen Schmitter-Edgecombe, PhD, WSU
Michelle Graham, MD, MME, FAAFP, UHC
Barak Gaster, MD, UW
Carroll Haymon, MD, Providence Swedish
Jamie Teuteberg, MS, HCA
Emily Trittschuh, PhD, VA
Marci Getz, MPH, DOH
Rich Furlong, MD, VMFH

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative

INTRODUCTIONS

Kris welcomed everyone to the meeting and reviewed the agenda. Minutes were reviewed and adopted. Beth provided brief updates to the workplan, including asynchronous literature gathering, uploading to our SharePoint website, (password BreeDementia2026) and guideline review.

Action: Motion to approve the April minutes
Outcome: April minutes approved

EVIDENCE UPDATE: BLOOD-BASED BIOMARKERS AND AMYLOID-TARGETING THERAPIES– DR CARROLL HAYMON

Dr. Haymon presented an update to the evidence around use of blood-based biomarkers and amyloid targeting therapies for those with Alzheimer's and other dementias.

- **Biomarker Science and Clinical Context:** reviewed the progression of amyloid and tau pathology in Alzheimer's disease, the preclinical phase, and emergence of blood-based biomarkers as less invasive alternative to PET scans/CSF analysis. Biomarker results must be interpreted within clinical context and after comprehensive evaluation.
- **Limitations**: Positive biomarkers do not equate a definitive diagnosis of Alzheimer's or guaranteed progression to dementia; a negative result also does not guarantee that one will not develop Alzheimer's or other dementia later on. Multiple pathologies can contribute to dementia, and often do, with no single gold-standard lab test available.
- **FDA-Approved Tests:** Discussed the two FDA-approved blood-based biomarker tests (Lumipulse and Roche Elecsys), their predictive values, and the risk of false positives, especially in populations with low pretest probability, as well as the lack of representative data across diverse populations.
- **Review of Amyloid-**Targeting Therapies: Review of lecanemab and donanemab, their clinical trial outcomes, clinical significance and impact on quality of life, safety concerns such as ARIA, costs, and intensive monitoring requirements

Discussion

- **Primary Care Considerations**: Challenges in primary care include test interpretation, variability across types of lab tests, insurance coverage, and need for clinicians to counsel patients appropriately – Medicare currently does not reliably cover the tests and results can be indeterminate, leading to further anxiety and confusion.
- **Best Practices for Biomarkers**: Group consensus that most appropriate current use for BBMs is in evaluating symptomatic patients who are candidates for amyloid-targeting therapies, with guidelines recommending their use after a complete cognitive assessment.
- **Recent Cochrane Review:** Cochrane review recommended therpies targeting amyloid plaque removal does not yield clinically meaningful effects, but there is ongoing debate and discussion amongst the field.
    - Dementia has an HCC code with a risk adjustment factor, while MCI doesn't – can influence health system finances under value-based contracts; mention of clinicians' tendency to under-diagnose dementia due to lack of efficient assessment tools.
    - Blood based biomarkers are only appropriate after diagnosis of cognitive impairment
    - There are limitations to using hard numerical score cut offs when diagnosing dementia versus MCI – the diagnosis should be made on clinical judgment and functional assessment, not score on any assessment tool on its own

PRESENT& DISCUSS: DETECTION & DIAGNOSIS GUIDELINES

Barak transitioned the meeting to review the draft edits to the detection and diagnosis guidelines. The following changes were made to guidelines:

Primary Care Clinics

- **Advanced diagnostics & therapies**
    - **Blood based biomarkers (BBM) do not definitively rule out or rule in a diagnosis of Alzheimer's disease.** A comprehensive evaluation is needed to make an accurate diagnosis
    - BBMs may be appropriate for people with a diagnosis of mild cognitive impairment or mild dementia who are **otherwise appropriate for and interested in amyloid-targeting therapies, and ability to see a neurologist within 4 weeks.**
    - **Best practice for use of BBMs is in specialty settings** (Clinical Practice Guidelines on the use of blood-based biomarkers in the diagnostic workup of suspected Alzheimer's disease within specialized care settings) to establish eligibility for amyloid-targeting therapy; **outside of those settings best practice for use of BBM is unclear and evolving**.
    - **Understand who might be a good candidate for amyloid-targeting therapies when discussing treatment options.** The following are some criteria for those that are most likely to benefit:
        - Mild cognitive impairment or the earliest stages of dementia (e.g. minimal interference in high-level IADLs)
        - Low comorbidity, long life expectancy

- Primary etiology is Alzheimer's disease
- Not on an anticoagulant
- APOE phenotype is known (e.g., 4/4 is high risk)
- Patient and/or family understand benefits and risks of treatment, including cost impact

PUBLIC COMMENT AND GOOD OF THE ORDER

Barak invited final comments or public comments, then thanked all for attending. The workgroup's next meeting will be on Monday, June 8th from 2:30-4PM.