

The First Signs Matter:

Detecting and Treating Early Symptomatic Alzheimer's Disease

Gain knowledge that can help you take action in your own practice.

Learn about the anti-amyloid therapy Kisunla® (donanemab-azbt) and what you can do to detect and refer patients early when symptoms present.

We'll discuss:

- Why early detection of Alzheimer's Disease (AD) is critical
- A review of the phase III efficacy and safety data for Kisunla
- How to assess patients for AD
- Best practices for referring to a specialist

A question-and-answer session will follow the presentation.

Scan for more information

We look forward to you joining us!

TUESDAY, NOVEMBER 10, 2026

6:00 PM EST

RSVP

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Please RSVP by Friday, November 6, 2026.

Location

Venue
McGraw's Steak Chop & Fish House
2707 South River Road
West Lafayette, Indiana
47906

Speaker

Malaz A. Boustani, MD

INDICATION

Kisunla is indicated for the treatment of Alzheimer's disease (AD). Treatment with Kisunla should be initiated in patients with mild cognitive impairment (MCI) or mild dementia stage of disease, the population in which treatment was initiated in the clinical trials.

IMPORTANT SAFETY INFORMATION FOR Kisunla® (donanemab-azbt)

WARNING: AMYLOID-RELATED IMAGING ABNORMALITIES

Monoclonal antibodies directed against aggregated forms of beta amyloid, including Kisunla, can cause amyloid-related imaging abnormalities (ARIA), characterized as ARIA with edema (ARIA-E) and ARIA with hemosiderin deposition (ARIA-H). ARIA usually occurs early in treatment and is usually asymptomatic, although serious and life-threatening events can occur. ARIA can be fatal. Serious intracerebral hemorrhages >1 cm, some of which have been fatal, have been observed in patients treated with this class of medications. Because ARIA-E can cause focal neurologic deficits that can mimic an ischemic stroke, treating clinicians should consider whether such symptoms could be due to ARIA-E before giving thrombolytic therapy in a patient being treated with Kisunla.

ApoE ε4 Homozygotes: Patients treated with this class of medications, including Kisunla, who are apolipoprotein E ε4 (ApoE ε4) homozygotes (approximately 15% of Alzheimer's disease patients) have a higher incidence of ARIA, including symptomatic, serious, and severe radiographic ARIA, compared to heterozygotes and noncarriers. Testing for ApoE ε4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA. Prior to testing, the risk of ARIA across genotypes and the implications of genetic testing results should be discussed with patients.

Consider the benefit for treating Alzheimer's disease and risk of ARIA when deciding to treat with Kisunla.

Kisunla is **contraindicated** in patients with known serious hypersensitivity to donanemab-azbt or to any of the excipients. Reactions have included anaphylaxis.

1 **Please see additional Important Safety Information, including Boxed Warning regarding ARIA, on pages 2-3, and accompanying full Prescribing Information for Kisunla.**

kisunla® (donanemab-azbt) | injection for intravenous use 350mg/20mL
A Lilly Medicine