pattern. Negative attitudes were correlated with lower Aβ42/40 ratios, while positive attitudes were linked to lower p-tau217 ($p<0.0167$). Conclusions: These findings demonstrate that positive attitudes predict better cognition and a lower risk profile for AD biomarkers, suggesting that life outlook may be an early disease feature or a risk factor.

P.005

Real-world evidence of Lecanemab use in the United Statese

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Background: Lecanemab is the first anti-amyloid monoclonal antibody to receive full approval in the US for early Alzheimer's Disease (AD). Methods: Using open administrative claims from the PurpleLab (6Jan2023–1Aug2024) database, patients receiving ≥1 lecanemab and with continuous clinical activity ≥6 months prior to the first lecanemab infusion were included. The follow-up period ran from the first lecanemab administration to the latest clinical activity. Treatment gap was calculated as the number of days without lecanemab supply between consecutive infusions. Results: A total of 2,840 patients were included. Mean observation period was 130.7 days. Mean age was 75.4 (SD 6.2) years, and 54.8% were female. Most prescribers were neurologists (82.0%). Within 30 days before lecanemab initiation, 77.0% of patients had AD diagnosis, and 32.1% had mild cognitive impairment diagnosis. During lecanemab treatment, 27.2% of patients received cholinesterase inhibitors and 15.5% memantine. Among patients with ≥2 lecanemab infusions, average number of administrations per month was 1.9 (SD 0.4), 17.2 (SD 7.9) days apart; 9.9% had a treatment gap of ≥90 days, including those who discontinued or continuing beyond the gap, and 2.5% of patients experienced a treatment interruption with ≥90 days gap. Conclusions: Real-world use of lecanemab appears to follow FDA-approved prescribing information with high adherence.

P.006

Cost-effectiveness of Lecanemab for the treatment of early Alzheimer's Disease: a Canadian societal perspective

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Background: The efficacy and safety of lecanemab have previously been evaluated in the Phase 3 randomized clinical trial, Clarity AD (NCT03887455). Methods: A Markov cohort model was developed to estimate the cost-effectiveness of lecanemab versus standard of care (SoC) in patients with mild cognitive impairment (MCI) or mild dementia due to Alzheimer's disease (AD), with confirmed beta-amyloid (Aβ) pathology, from a Canadian societal perspective. Health states were determined by Clinical Dementia Rating-Sum of Boxes (CDR-SB) scores. Transitions between health states during month 0-18 were estimated from Clarity AD. Beyond month 18, relative efficacy for lecanemab in the form of the hazard ratio for time-to-worsening of CDR-SB was applied to literature-based transition probabilities. The model included the effects of lost productivity and impact on carer health-related quality of life. Results: The incremental cost-effectiveness ratio (ICER) for lecanemab vs SoC was estimated to be CAD 62,751 per QALY gained. The probability that lecanemab was cost-effective at a threshold of CAD 100,000 was estimated to be 88.5%. Conclusions: Lecanemab represents a cost-effective option for the treatment for early AD from the Canadian societal perspective. The results of this analysis can be used to inform clinical and economic decision making.

P.007

Tailoring a mindfulness intervention as a therapeutic intervention for mild cognitive impairment

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Background: Non-pharmacological interventions that promote self-management are crucial for individuals with mild cognitive impairment (MCI.) Mindfulness training has shown promise but is often not tailored to MCI. Methods: In 2021, the Neil and Susan Manning Cognitive Health Initiative (CHI) - a collaboration between the Vancouver Island Health Authority, Universities of BC and Victoria, and the Victoria Hospitals Foundation - partnered with the BC Association for Living Mindfully (BCALM) to develop a specialized mindfulness program for MCI, based on Mindfulness-Based Stress Reduction (MBSR). This multi-phase initiative aimed to enhance self-management, address the lack of outpatient services for MCI in Victoria, and contribute to the evidence base for mindfulness interventions. Results: Phase 1 assessed the BCALM program's suitability for MCI; feedback included suggestions to simplify content and meditations. Phase 2 piloted an adapted version, with an 8-week program consisting of weekly sessions. Participants, recruited from the Seniors Outpatient Clinic in Victoria, completed pre- and post-program surveys; results showed over 90% of participants reported improved memory and coping, and 80% managed memory-related challenges better. Conclusions: Now in Phase 3, the MCI program is being transitioned into regular BCALM curriculum, with plans for a clinical trial comparing it to traditional psychoeducational approaches.