

Supplementary Material

Safety and Efficacy of Monoclonal Antibodies for Alzheimer's Disease: A Systematic Review and Meta-Analysis of Published and Unpublished Clinical Trials

Supplementary File 1. Search strategy

1. Search strategy used for ClinicalTrials.gov (CT) and the European Clinical Trials Register (EUCT)

(Alzheimer OR Alzheimer's OR mild cognitive impairment)

2. Search strategy used for PubMed, ISI Web of Knowledge (WoK) and The Cochrane Library Databases (CLD)

(Alzheimer* OR "Mild cognitive impairment" OR MCI) AND ("monoclonal antibody" OR "monoclonal antibodies" OR "monoclonal anti-body" OR "monoclonal anti-bodies" OR aab-003 OR pf-05236812 OR abbv-8e12 OR "c2n 8e12" OR acu193 OR aducanumab OR biib037 OR al002 OR ban2401 OR lecanemab OR bapineuzumab OR aab-001 OR eln115727 OR bepranemab OR ucb0107 OR biib076 OR biib092 OR crenezumab OR mabt5102a OR ro5490245 OR donanemab OR ly3002813 OR gantenerumab OR r1450 OR gsk933776 OR jnj-63733657 OR khk6640 OR "lu af87908" OR ly2599666 OR ly3303560 OR zagotanemab OR ly3372993 OR medi1814 OR pepinemab OR ponezumab OR pf-04360365 OR ro7105705 OR semorinemab OR ro7126209 OR sar228810 OR solanezumab OR ly2062430)

Supplementary File 2. International prospective register of systematic reviews PROSPERO
(CRD42021259855)

To enable PROSPERO to focus on COVID-19 registrations during the 2020 pandemic, this registration record was automatically published exactly as submitted. The PROSPERO team has not checked eligibility.

Citation

Eleonora Lacorte, Antonio Ancidoni, Valerio Zaccaria, Giulia Remoli, Leonardo Tariciotti, Ilaria Bacigalupo, Francesco Sciancalepore, Marco Canevelli, Massimo Corbo, Paola Piscopo, Nicola Vanacore. Safety and efficacy of monoclonal antibodies for Alzheimer's disease: a systematic review of published and unpublished trials and meta-analysis of available data. PROSPERO 2021 CRD42021259855 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42021259855

Review question

What is the safety and efficacy of monoclonal antibodies (MAB) for Alzheimer's disease (AD)? How many trials were registered investigating MABs for AD? How many published and/or unpublished data are available from registered trials on MABs for AD?

Searches

Registered trials will be identified using two databases as sources: i) the ClinicalTrials.gov for studies registered in the US; and ii) the EudraCT (European Union Drug Regulating Authorities Clinical Trials Database) for all interventional studies registered in the European Union (EU). The following terms will be used: (Alzheimer OR Alzheimer's OR mild cognitive impairment). No restrictions will be applied for recruitment phase/status, study design, and study phase, date of publication, or language.

Based on the results yielded from ClinicalTrials.gov and clinicaltrialsregister.eu, a systematic literature search will be conducted in the following biomedical databases: PubMed, ISI Web of Knowledge and The Cochrane Library. The following terms will be used: (Alzheimer* OR "Mild cognitive impairment" OR MCI) AND ("monoclonal antibody" OR "monoclonal antibodies" OR "monoclonal anti-body" OR "monoclonal antibodies" OR aab-003 OR aducanumab OR bii037 OR ban2401 OR bapineuzumab OR aab-001 OR "donanemab" OR eln115727 OR bii076 or "c2n 8e12" OR abbv-8e12 OR crenezumab OR mabt5102a OR gantenerumab OR r1450 OR gsk933776 OR khk6640 OR "lecanemab" OR ly2599666 OR ly3002813 OR ly3303560 OR ponezumab OR pf-04360365 OR ro7105705 OR sar228810 OR solanezumab OR ly2062430 OR ustekinumab). No restrictions will be applied for date of publication, study design or language.

Types of study to be included

Included:

RCTs, clinical trials, and observational studies either published or unpublished

Excluded:

case reports, case series, abstracts, posters, reviews, qualitative studies, editorials, letters, comments

Condition or domain being studied

Alzheimer's disease

Participants/population

adults >18

Intervention(s), exposure(s)

any type of monoclonal antibody under investigation for the treatment of AD, excluding potential repurposed agents of the same class

Comparator(s)/control

any type of comparison

Main outcome(s)

Safety, mainly in terms of risk of amyloid-related imaging abnormalities and serious adverse events.

Any type of clinical efficacy measure, if reported by the included literature.

Percentage of availability of information from registered trials.

Additional outcome(s)

none

Data extraction (selection and coding)

Studies will be initially selected based on their pertinence with and relevance to the topic of the review. Selected studies will be analyzed in full text and applied the inclusion and exclusion criteria.

Data will be extracted using standardized forms. Recorded information will include year of publication, characteristics of the included population (including diagnostic criteria), type of intervention investigated (type of drug, dosage, timing), type of comparison considered (e.g. placebo, other treatment), type of outcome considered (e.g. frequency of adverse reactions/effects/events), and results for each included review.

For each clinical study, we aim to provide all data sources referable to the trial identification number (posted results, published studies). All data sources resulting from the same clinical trial will be compared to identify possible discrepancies. In case of discrepancy, we will consider the most recent data source to be the most reliable. In addition, secondary studies will be screened and analyzed to identify whether outcomes of interest for our review were investigated (e.g. post hoc analysis on safety or efficacy data), and therefore, if they could be useful to correct or supplement data from the primary studies or results sheets.

Risk of bias (quality) assessment

Trials meeting the inclusion criteria will be qualitatively assessed using the Cochrane Risk of Bias tool and reported in a graphic form using the RevMan software. Only published RCTs will be applied the RoB tool, as too much methodological information is missing from the documents available on the registration platforms.

Observational studies will be qualitatively assessed using the The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses.

Strategy for data synthesis

Data will be summarized in a narrative form (considering both quantitative and qualitative results, and results from the quality assessment).

Meta-analyses will be performed using the software Review Manager version 5.3.

Analysis of subgroups or subsets

Safety data will be stratified per MAB and data for ARIA-E and ARIA-H will be analyzed separately. Further sensitivity analyses will be performed according to the expected differences in the definition of ARIA.

Data on efficacy, if present, will be stratified according to MAB.

Contact details for further information

Eleonora Lacorte
eleonora.lacorte@iss.it

Organisational affiliation of the review

Istituto Superiore di Sanità

Review team members and their organisational affiliations

Dr Eleonora Lacorte. Istituto Superiore di Sanità
Dr Antonio Ancidoni. Istituto Superiore di Sanità
Valerio Zaccaria. Università La Sapienza Roma

Giulia Remoli. Istituto Superiore di Sanità
Leonardo Tariciotti. Università di Milano
Ilaria Bacigalupo. Istituto Superiore di Sanità
Francesco Sciancalepore. Istituto Superiore di Sanità
Marco Canevelli. Istituto Superiore di Sanità
Massimo Corbo. Department of Neurorehabilitation Sciences, Casa Cura Policlinico (CCP), Milano
Paola Piscopo. Istituto Superiore di Sanità
Nicola Vanacore. Istituto Superiore di Sanità

Type and method of review

Intervention, Systematic review

Anticipated or actual start date

01 February 2021

Anticipated completion date

27 July 2021

Funding sources/sponsors

no funding were received nor will be received for this review

Conflicts of interest

Language

English

Country

Italy

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

MeSH headings have not been applied to this record

Date of registration in PROSPERO

09 July 2021

Date of first submission

08 June 2021

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

09 July 2021

09 July 2021

Supplementary Table 2. List of registered trials and available sources of data.

				SOURCE		
1.	NCT01193608	completed	Phase 1 RCT	CT.gov data		Delnomdedieu 2016
2	NCT01369225	completed	Phase 1 OLE	CT.gov data		Delnomdedieu 2016
3	NCT02880956	ongoing	Phase 2 RCT			-
4	NCT03712787	ongoing	Phase 2 OLE			-
5	NCT04931459	ongoing	Phase 1 RCT			-
6	NCT01397539	completed	Phase 1 RCT			Ferrero 2016
7	NCT01677572	terminated	Phase 1 RCT			Sevigny 2016
8	NCT02434718	completed	Phase 1 RCT			-
9	NCT03639987	terminated	Phase 2 RCT			results submitted
10	NCT02477800	terminated	Phase 3 RCT+OLE		EudraCT data	
11	NCT02484547	terminated	Phase 3 RCT+OLE		EudraCT data	
12	NCT04241068	ongoing	Phase 3 OLE			-
13	NCT03635047	completed	Phase 1 RCT			-
14	NCT04592874	ongoing	Phase 2 RCT			-
15	NCT01230853	completed	Phase 1 RCT			Logovinsky 2016
16	NCT02094729	completed	Phase 1 RCT			-
17	NCT01767311	ongoing	Phase 2b RCT			Swanson 2021
18	NCT03887455	ongoing	Phase 3 RCT			-
19	NCT04468659	ongoing	Phase 3 RCT			-
20	NCT00397891	completed	Phase 1 RCT	CT.gov data		Arai 2016
21	No code reported	completed	Phase 1 RCT			Black 2010
22	No code reported	completed	Phase 1 RCT			Lu 2018
23	Eudra2004-004120-12	completed	Phase 2 RCT			Rinne 2010
24	NCT00112073	completed	Phase 2 RCT			Salloway 2009
25	NCT00174525	unknown	Phase 2 RCT			-
26	NCT00606476	terminated	Phase 2 OLE			-
27	NCT00663026	completed	Phase 2 RCT	CT.gov data		
28	NCT00916617	terminated	Phase 2 OLE	CT.gov data		
29	NCT01254773	completed	Phase 2 RCT			Brody 2016
30	NCT00574132	completed	Phase 3 RCT		EudraCT data	Salloway 2014
31	NCT00575055	completed	Phase 3 RCT			Salloway 2014
32	NCT00667810	terminated	Phase 3 RCT	CT.gov data	EudraCT data	Vandenberghe 2016
33	NCT00676143	terminated	Phase 3 RCT	CT.gov data	EudraCT data	Vandenberghe 2016
34	NCT00937352	terminated	Phase 3 OLE		EudraCT data	
35	NCT00996918	terminated	Phase 3 OLE	CT.gov data	EudraCT data	Ivanoiu 2016
36	NCT00998764	terminated	Phase 3 OLE	CT.gov data	EudraCT data	Ivanoiu 2016
37	NCT01658722	terminated	Phase 3b OLE			-
38	NCT04867616	ongoing	Phase 2 RCT+OLE			-

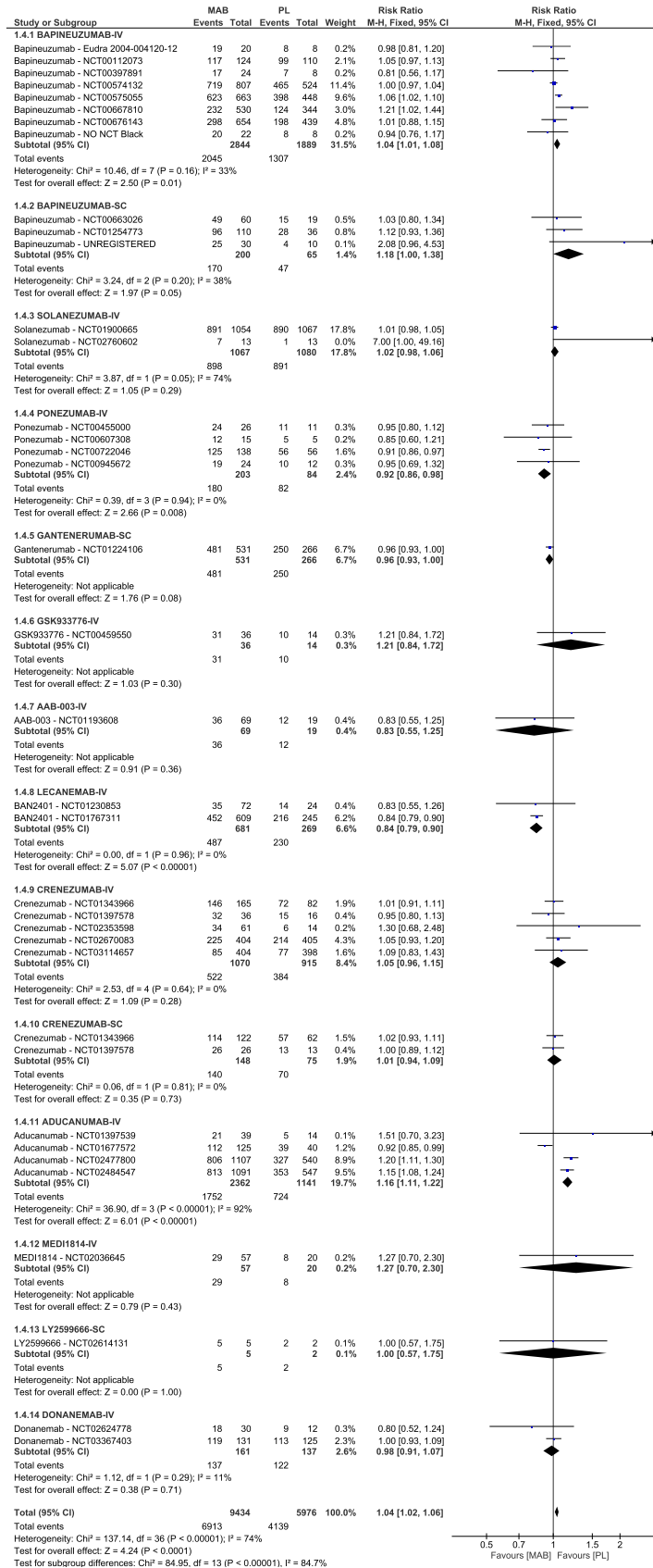
39	NCT03056729	completed	Phase 1 RCT			-
40	NCT03352557	ongoing	Phase 2 RCT			-
41	NCT00736775	completed	Phase 1 RCT			-
42	NCT02353598	completed	Phase 1 RCT+OLE			Guthrie 2020
43	NCT01343966	completed	Phase 2 RCT		EudraCT data	Cummings 2018
44	NCT01397578	completed	Phase 2 RCT		EudraCT data	Salloway 2018
45	NCT01723826	completed	Phase 2 OLE	CT.gov data	EudraCT data	
46	NCT02670083	terminated	Phase 3 RCT	CT.gov data	EudraCT data	
47	NCT03114657	terminated	Phase 3 RCT	CT.gov data	EudraCT data	
48	NCT03491150	terminated	Phase 3 OLE	CT.gov data	EudraCT data	
49	NCT01837641	completed	Phase 1 RCT			-
50	NCT02624778	completed	Phase 1 RCT			Lowe 2021
51	NCT03367403	ongoing	Phase 2 RCT			Mintun 2021
52	NCT04640077	ongoing	Phase 2 OLE			-
53	NCT04437511	ongoing	Phase 3 RCT			-
54	NCT00531804	completed	Phase 1 RCT			Ostrowitzki 2012
55	NCT01656525	completed	Phase 1 RCT			-
56	NCT04592341	ongoing	Phase 2 OL			-
57	NCT01224106	completed	Phase 3 RCT		EudraCT data	Ostrowitzki 2017
58	NCT02051608	completed	Phase 3 RCT			-
59	NCT03444870	ongoing	Phase 3 RCT			-
60	NCT03443973	ongoing	Phase 3 RCT			-
61	NCT04339413	ongoing	Phase 3 OLE			-
62	NCT04374253	ongoing	Phase 3 OLE			-
63	NCT00459550	completed	Phase 1 RCT		EudraCT data	Andreasen 2015
64	NCT01424436	completed	Phase 1 OL			Leyhe 2014
65	NCT03375697	completed	Phase 1 RCT			-
66	NCT04619420	ongoing	Phase 2 RCT			-
67	NCT02127476	completed	Phase 1 RCT			-
68	NCT02377713	completed	Phase 1 RCT			-
69	NCT03093519	completed	Phase 1 RCT			-
70	NCT04149860	ongoing	Phase 1 RCT			-
71	NCT02614131	terminated	Phase 1 RCT	CT.gov data		Li 2019
72	NCT02754830	completed	Phase 1 RCT			-
73	NCT03019536	completed	Phase 1 RCT			-
74	NCT03518073	ongoing	Phase 2 RCT			-
75	NCT03720548	completed	Phase 1 RCT			-
76	NCT04451408	ongoing	Phase 1 RCT			-
77	NCT02036645	completed	Phase 1 RCT	CT.gov data		
78	NCT04381468	ongoing	Phase 1/2RCT			-

79	NCT00455000	completed	Phase 1 RCT			Landen 2013
80	NCT00607308	completed	Phase 1 RCT			Miyoshi 2013
81	NCT00733642	completed	Phase 1 OL			-
82	NCT01005862	completed	Phase 1 RCT			-
83	NCT01125631	completed	Phase 1 RCT			-
84	NCT00722046	completed	Phase 2 RCT		EudraCT data	Landen 2017a
85	NCT00945672	completed	Phase 2 RCT		EudraCT data	Landen 2017b
86	NCT02820896	completed	Phase 1 RCT			-
87	NCT03289143	completed	Phase 2 RCT			-
88	NCT03828747	ongoing	Phase 2 RCT			-
89	NCT04023994	completed	Phase 1 RCT	results submitted		
90	NCT04639050	ongoing	phase 1/2RCT			-
91	NCT01485302	completed	Phase 1 RCT			-
92	No code reported	completed	phase 1 RCT			Siemers 2010
93	No code reported	completed	phase 1 RCT			Uenaka 2012
94	NCT00329082	completed	Phase 2 RCT			Farlow 2012
95	NCT00749216	completed	Phase 2OL			-
96	NCT01148498	completed	Phase 2OL			-
97	NCT00904683	completed	Phase 3 RCT		EudraCT data	Doody 2014
98	NCT00905372	completed	Phase 3 RCT			Doody 2014
99	NCT01127633	terminated	Phase 3OLE	CT.gov data	EudraCT data	Liu-Seifert 2015
100	NCT01900665	terminated	Phase 3 RCT+OLE	CT.gov data	EudraCT data	Honig 2018
101	NCT02760602	terminated	Phase 3 RCT	CT.gov data	EudraCT data	
102	NCT01998841	ongoing	Phase 2 RCT			
103	NCT03977584	ongoing	Phase 2 OLE			
104	NCT02008357	ongoing	Phase 3 RCT			
105	NCT01760005	ongoing	Phase 2/3			
106	NCT04623242	completed	Phase 2/3			Salloway 2021
Total				18	22	35

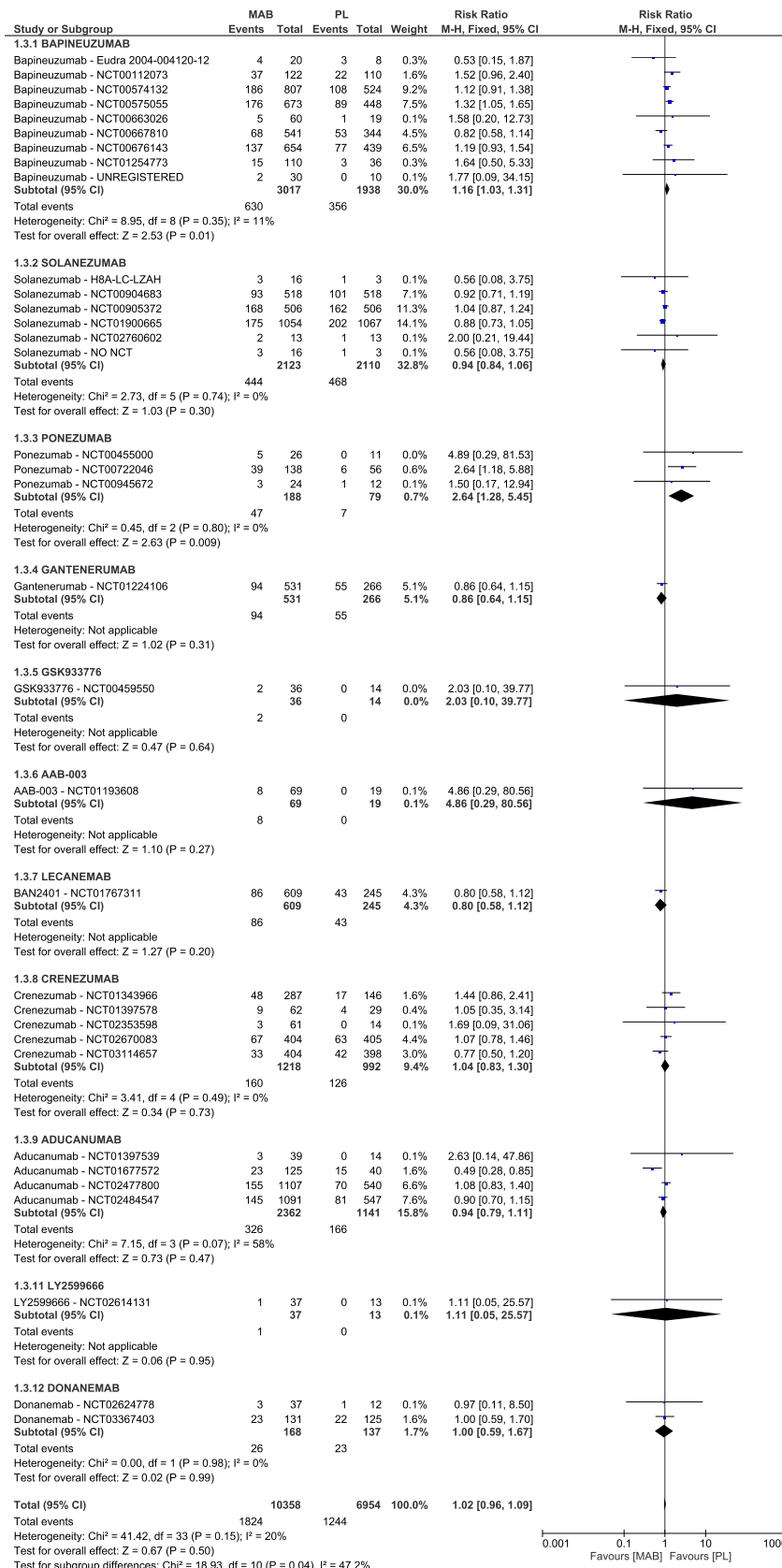
Supplementary Figure 1. Risk of bias of included published RCTs assessed using the RoB tool.

Drug	Reference	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
AAB-003	Delnomdedieu 2016	⊖	⊖	⊖	⊖	⊕	?	⊕
Aducanumab	Ferrero 2016	⊕	⊕	⊖	⊕	⊖	⊖	?
	Sevigny 2016	⊕	⊕	⊕	?	?	?	?
BAN2401	Logovinsky 2016	⊖	⊖	⊖	⊖	⊖	?	?
	Swanson 2021	⊕	?	?	?	⊖	⊕	⊕
Bapineuzumab	Arai 2016	⊖	⊖	⊖	⊖	?	?	?
	Black 2010	⊖	⊖	⊖	⊖	?	⊕	?
	Lu 2018	⊖	⊖	?	?	?	⊕	?
	Rinne 2010	⊕	⊕	⊕	?	?	⊖	?
	Salloway 2009	?	⊖	⊖	⊖	?	⊖	⊕
	Brody 2016	⊕	⊕	?	⊖	?	⊖	⊕
	Salloway 2014	?	?	?	?	⊖	⊕	?
	Vandenberghe 2016	⊕	?	?	?	?	?	?
Crenezumab	Guthrie 2020	?	?	?	?	?	⊕	?
	Cummings 2018	⊕	⊕	⊖	?	?	?	?
	Salloway 2018	⊕	⊕	?	?	⊕	?	⊕
Donanemab	Lowe 2021	?	?	?	?	⊕	⊕	⊕
	Mintun 2021	?	?	?	?	⊕	?	?
Gantenerumab	Ostrowitzky 2012	⊖	⊖	?	⊖	?	⊖	?
	Ostrowitzky 2017	?	⊕	?	⊕	?	?	?
GSK933776	Andreasen 2015	⊖	⊖	⊖	⊖	?	?	?
LY2599666	Li 2019	?	?	?	?	?	?	?
Ponezumab	Landen 2013	⊖	⊖	⊖	⊖	⊕	?	?
	Miyoshi 2013	⊖	⊖	⊖	⊖	⊕	⊕	?
	Landen 2017a	⊖	⊖	⊖	⊖	⊖	?	?
	Landen 2017b	⊖	⊖	⊖	⊖	⊕	?	?

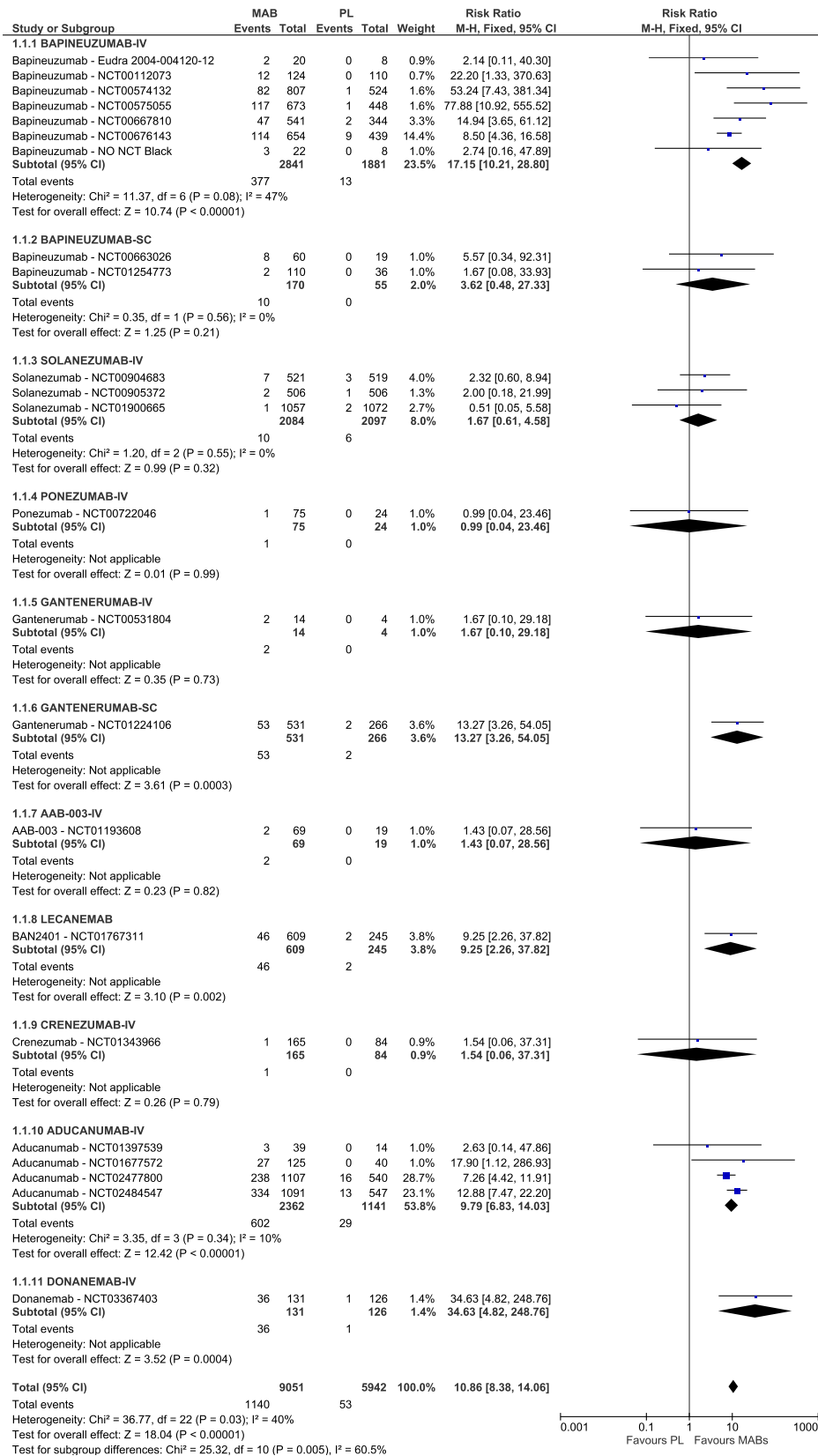
Supplementary Figure 2. Forest plot of the meta-analysis of available data on the frequency of AEs.



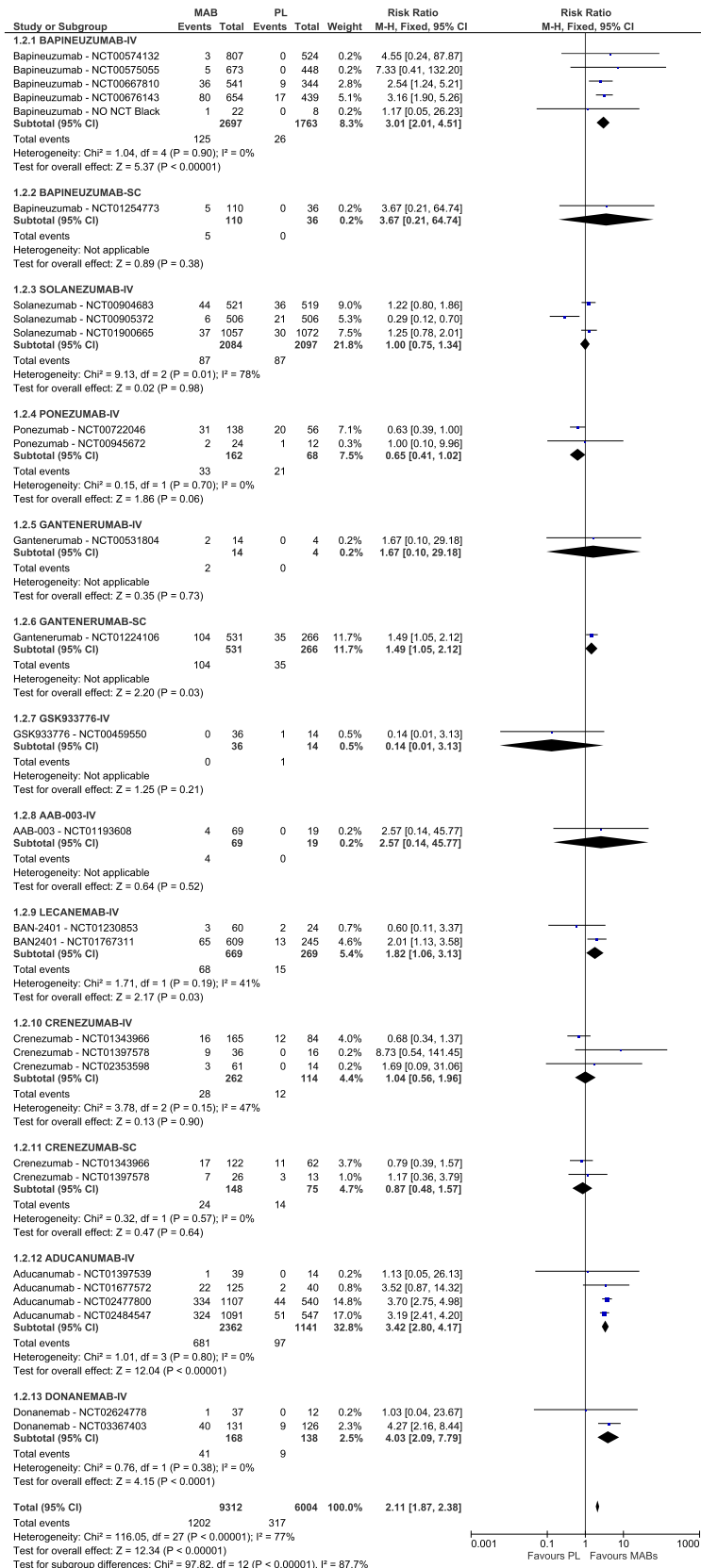
Supplementary Figure 3. Forest plot of the meta-analysis of available data on the frequency of SAEs.



Supplementary Figure 4. Forest plot of the sensitivity analysis of available data on the frequency of ARIA-E including other events such as vasogenic edemas not classified as ARIA-E within the included studies.

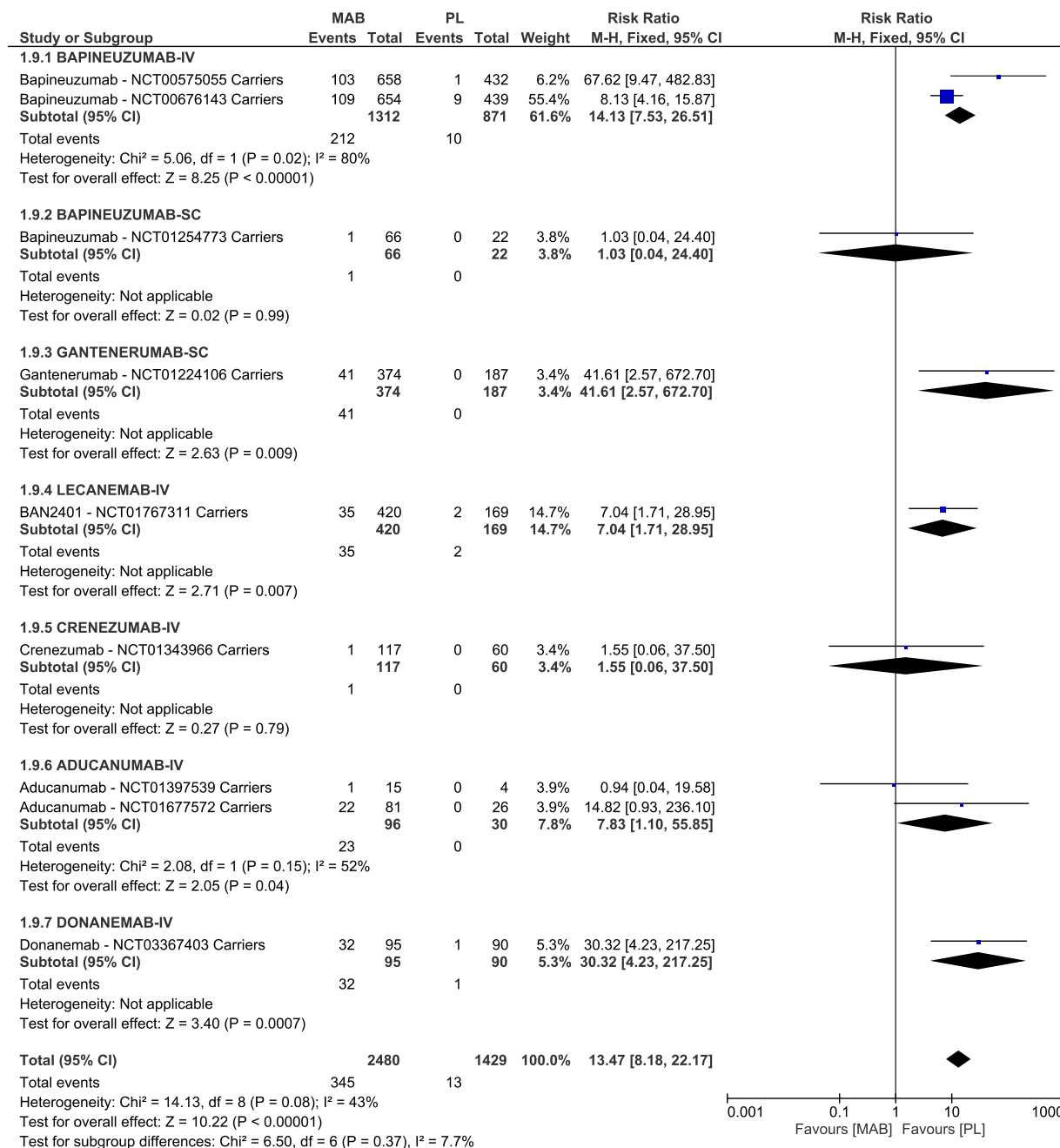


Supplementary Figure 5. Forest plot of the sensitivity analysis of available data on the frequency of ARIA-H including other events such as micro-hemorrhages not classified as ARIA-H within the included studies.

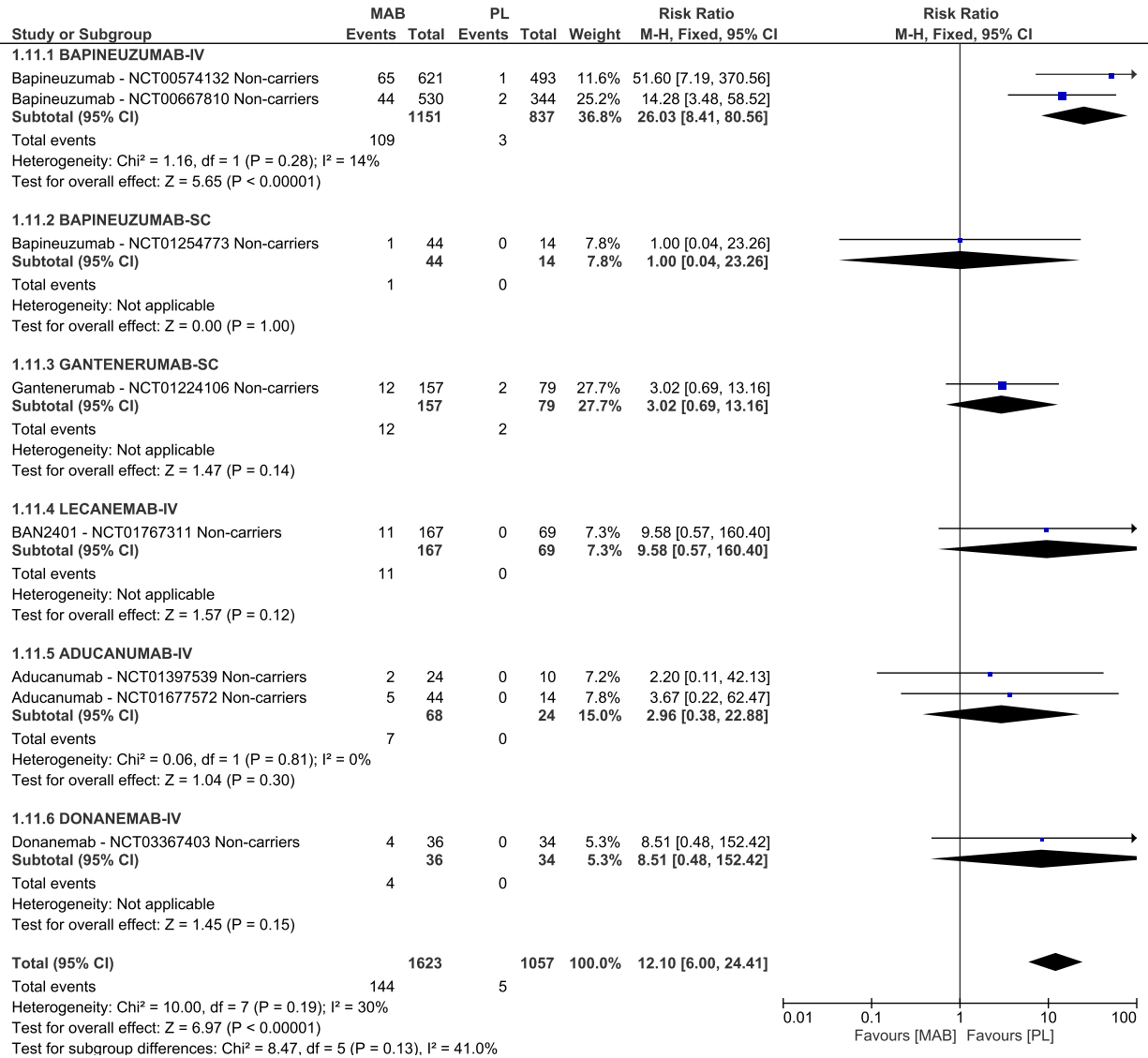


Supplementary Figure 6. Forest plot of the meta-analysis of available data on the frequency of ARIA-E according to *APOE* status. A) Meta-analysis of available data on the frequency of ARIA-E in *APOE*⁺ subjects. B) Meta-analysis of available data on the frequency of ARIA-E in *APOE*⁻ subjects.

A

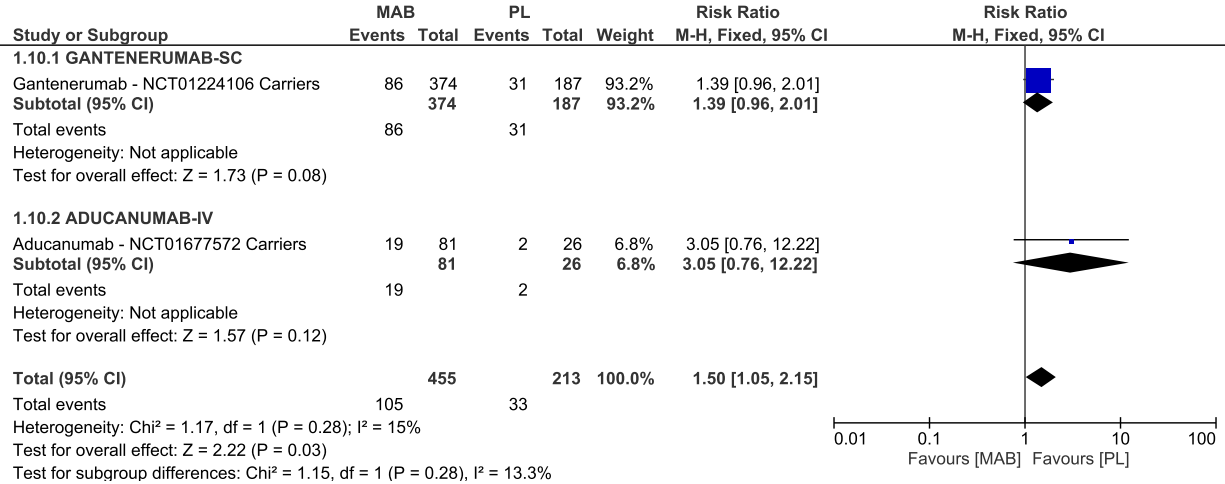


B



Supplementary Figure 7. Forest plot of the meta-analysis of available data on the frequency of ARIA-H according to *APOE* status. A) Meta-analysis of available data on the frequency of ARIA-H in *APOE*⁺ subjects. B) Meta-analysis of available data on the frequency of ARIA-H in *APOE*⁻ subjects.

A



B

