



The New Science of Early Detection

*Digital assessment. Blood biomarkers. Anti-amyloid therapy.
What it means for your patients today.*

May 12, 2026



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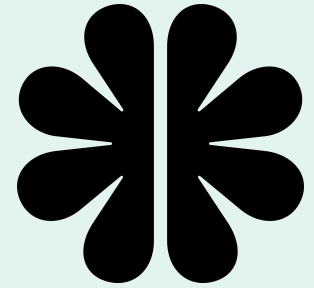
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Today's Session

- 01** Why 95% of PCPs want digital assessments but most still aren't using them
- 02** Blood-based biomarkers — what the AA and CEOi guideline means for your practice now
- 03** Anti-amyloid therapy is real — and your patients are asking about it
- 04** The detection sequence: how these three pieces connect in a PCP workflow
- 05** Live Q&A



Digital Cognitive Assessment



The GSA report: 95% want it. What's actually stopping adoption.

Source: McGuire LC et al. Advancing Cognitive Care: Clinician Awareness, Attitudes, and Interest in Digital Cognitive Assessments for Cognitive Evaluation. Gerontological Society of America. March 2026.

GSA March 2026: The Digital Assessment Readiness Report

>95%

of PCPs want to adopt
digital cognitive
assessments

**Yet most still rely on
paper-based tools**

GSA / McGuire et al., March 2026

Barriers cited by PCPs

- EHR integration gaps
- Unclear reimbursement pathways
- Need for provider training & workflow support

When enablers are present:

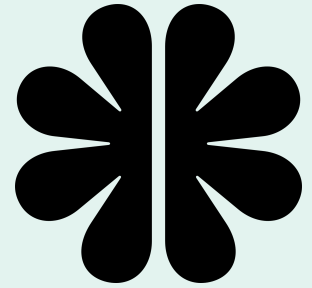
- Improved early detection
- Better diagnostic accuracy
- Enhanced care coordination & reimbursement



Blood-Based Biomarkers

*What the Alzheimer's Association and CEOi
blood-based biomarker guideline means.*

Source: [Palmqvist S et al. Alzheimer's Association Clinical Practice Guideline on the use of blood-based biomarkers in the diagnostic workup of suspected Alzheimer's disease within specialized care settings. *Alzheimer's & Dementia*. 2025. doi: 10.1002/alz.70535.](#)



BBM Guidelines: Specialist vs. Primary Care — What Do We Know?

AA GUIDANCE: SPECIALIST CARE

- Triage use: $\geq 90\%$ sensitivity + $\geq 75\%$ specificity
- Confirmatory use: $\geq 90\%$ sensitivity + $\geq 90\%$ specificity (can substitute for PET/CSF)
- p-tau217 / %p-tau217 currently meets both thresholds in specialist populations
- Significant variability across commercial tests — not all qualify

CEOi GUIDANCE: PRIMARY CARE

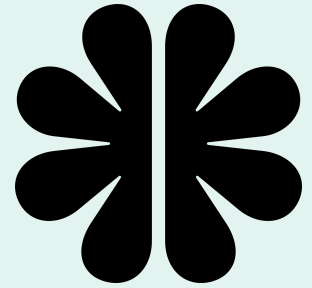
Triage in Primary Care: $\geq 90\%$ Sensitivity + $\geq 85\%$ Specificity

- Higher specificity bar than specialist triage ($\geq 85\%$ vs. $\geq 75\%$) — lower pre-test probability in PCP populations requires fewer false positives
- Triage only — a positive result must be followed by confirmatory testing (PET, CSF, or specialist BBM)
- At $\sim 20\%$ PCP pre-test prevalence: expected PPV $\sim 60\%$, NPV $\sim 97\%$ — strong for ruling out, not ruling in
- Clinical context and pre-test probability must guide interpretation — a negative result does not exclude AD in high-probability patients

For Discussion: Are current commercially available BBM tests ready for primary care use under these CEOi thresholds? What workflows and training are needed?



Anti-Amyloid Therapy Is Real



Two approved drugs. A growing pipeline. What PCPs need to know now — and what's coming.

Source: [Biogen/Eisai. Results from Real-World, Long-Term Treatment Persistence with LEQEMBI® in the United States. Presented at AD/PD™ 2026. Copenhagen, March 2026.](#)

Lecanemab in 2026: What Primary Care Needs to Know

78.4%

of 10,763 real-world patients continued lecanemab at 18 months

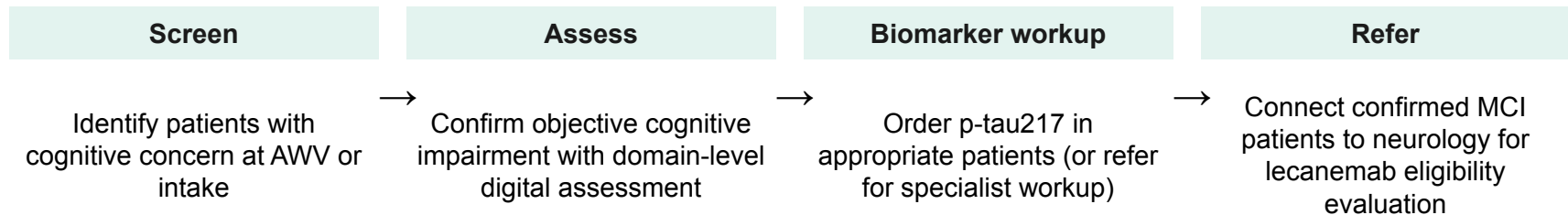
FDA Approved

Subcutaneous maintenance dose (IQLIK™) approved Aug 2025 — 15-second injection

May 2026

PDUFA date for SC starting dose approval — full at-home regimen possible

The primary care role in the treatment pathway:



The Window Problem: Why Timing Is Everything

Both approved disease-modifying therapies are indicated for MCI and mild dementia only.

WITHOUT structured screening

1. Patient has early cognitive change
2. Not flagged at AWW
3. Gradual functional decline
4. Family raises concern at year 3
5. MoCA score triggers referral
6. Moderate dementia confirmed
7. Outside treatment window

WITH digital cognitive assessment

1. Patient screened at AWW
2. Domain-level impairment flagged
3. Workup initiated
4. Biomarker confirms amyloid
5. Neurology referral
6. lecanemab eligibility confirmed
7. Treatment initiated in the MCI window



How All Three Connect: The 2026 Detection Sequence



For the first time, a complete diagnostic-to-treatment pathway exists for Alzheimer's disease — and primary care sits at the front of it.



Questions?



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