SJIF Impact Factor (2025): 8.688| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 10 | Issue: 2 | February 2025 - Peer Reviewed Journal

A COMPREHENSIVE REVIEW OF KISUNLA (*DONANEMAB-AZBT*): CHEMISTRY, MECHANISM OF ACTION, PHARMACOKINETICS, THERAPEUTIC EFFICACY AND ADVERSE EFFECTS

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Article DOI: https://doi.org/10.36713/epra20293
DOI No: 10.36713/epra20293

ABSTRACT

Donanemab, a monoclonal antibody targeting amyloid-beta (Aβ) plaque, has shown promising results in Alzheimer's disease (AD) by significantly reducing amyloid burden and potentially slowing cognitive decline. A dose-escalation study confirmed its efficacy in amyloid clearance with a manageable safety profile (1. Lowe et al., 2021). Pharmacokinetic modeling demonstrated a strong exposure-response relationship, linking higher drug levels to greater amyloid reduction (2. Gueorguieva et al., 2023a). The TRAILBLAZER-ALZ study further highlighted rapid amyloid clearance, with many patients achieving amyloid-negative status within a year (3. Shcherbinin et al., 2021). Population-level analyses confirmed predictable drug behavior and manageable risks, primarily related to infusion reactions and amyloid-related imaging abnormalities (ARIA) (4. Gueorguieva et al., 2023b). Comparative reviews positioned donanemab among leading anti-amyloid therapies, emphasizing its strong amyloid-targeting mechanism (5. Cummings et al., 2023). Mechanistically, donanemab selectively binds to pyroglutamate-modified Aβ, triggering microglial clearance (6. DrugBank, 2023). Common side effects include ARIA and infusion-related reactions (7. RxList, 2023), while its pharmacokinetics indicate a controlled distribution and elimination pathway (8. RxReasoner, 2023). Regulatory guidelines provide structured dosing protocols for safe administration (9. DailyMed, 2023), and metabolism studies confirm proteolytic degradation with minimal renal or hepatic involvement (10. Eli Lilly, 2023). These findings establish donanemab as a potential disease-modifying therapy, warranting further research to optimize long-term efficacy and safety.

KEYWORDS: *Donanemab, Amyloid Plaque Reduction, Alzheimer's disease Treatment, Anti-Amyloid Immunotherapy, Amyloid-Related Imaging Abnormalities (ARIA)*

INTRODUCTION

Alzheimer's disease (AD) is a progressive neurodegenerative disorder marked by cognitive decline and amyloid-beta (Aβ) plaque accumulation, which drives neuronal damage and synaptic dysfunction (5. Cummings et al., 2023). Donanemab, a monoclonal antibody developed by Eli Lilly, selectively targets pyroglutamate-modified Aβ plaques to promote their clearance, showing"significant amyloid reduction in clinical studies (6. DrugBank, 2023; 1. Lowe et al., 2021). The TRAILBLAZER-ALZ study demonstrated rapid plaque removal, with some patients achieving amyloid negativity within 24 weeks, reinforcing its therapeutic potential (3. Shcherbinin et al., 2021). Pharmacokinetic modeling indicates a dose-dependent effect, supporting the strategy of discontinuing treatment once amyloid is sufficiently cleared (2. Gueorguieva et al., 2023). However, cognitive benefits vary, suggesting that additional biomarkers, such as tau pathology, may be needed for better patient selection (5. Cummings et al., 2023). Safety concerns include amyloid-related imaging abnormalities (ARIA), primarily ARIA-E and ARIA-H, which require monitoring, particularly in APOE4 carriers (9. DailyMed, 2023; 7. RxList, 2023). Unlike other anti-amyloid therapies requiring long-term administration, donanemab's treatment model allows for discontinuation upon plaque clearance, potentially reducing patient burden (4. Gueorguieva et al., 2023). With a half-life of approximately 10 days and elimination via proteolytic degradation, donanemab offers a targeted approach to AD treatment (10. Eli Lilly, 2023). The approval of Kisunla™ (donanemab-azbt) marks a significant advancement, though ongoing research aims to refine its long-term safety, efficacy, and potential combination with other treatments (9. DailyMed, 2023; 8. RxReasoner, 2023).

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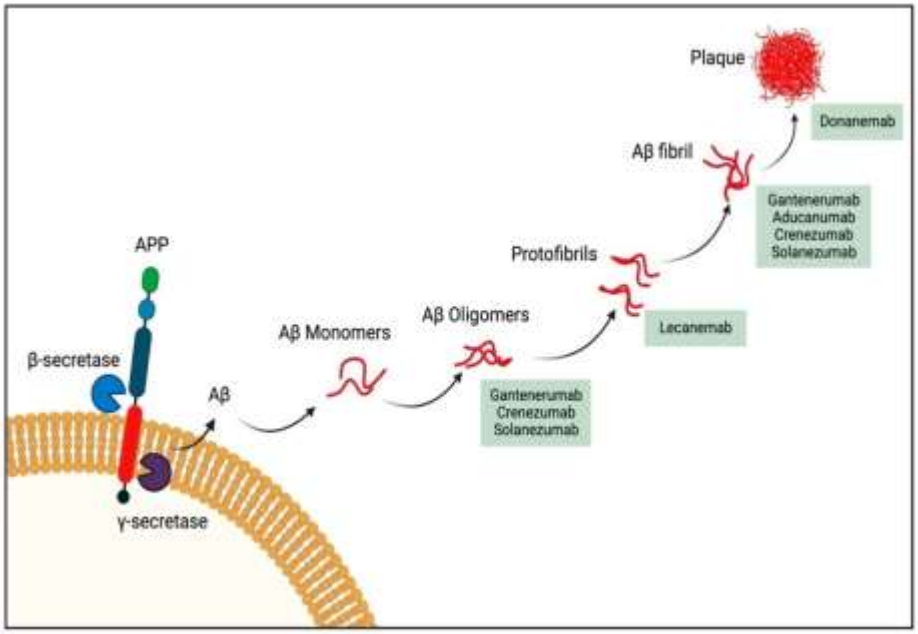

CHEMISTRY

Chemical Structure

Donanemab is a humanized immunoglobulin gamma 1 (IgG1) monoclonal antibody designed to target the N-terminal pyroglutamate-modified amyloid-beta (Aβ) peptide, specifically Aβ (p3-42). This modification plays a crucial role in the aggregation of amyloid plaques, a hallmark of Alzheimer's disease (Cummings et al., 2023, Ref. 5).

The molecular formula of donanemab is $C_{6452}H_{10038}N_{1708}O_{2013}S_{42}$, with an approximate molecular weight of 145,000 Daltons (DrugBank Online, Ref. 6).

- Molecular weight: ~145kDa
- Molecular formula- $C_{6452}H_{10038}N_{1708}O_{2013}S_{42}$
- Molar mass :- 145089.74 $g.mol^{-1}$
- Composed of two heavy and two light chains
- Specificity: Pyroglutamate-modified Aβ (N3pE-Aβ)
- Administration: Intravenous (IV) infusion

Mechanism of Action

Donanemab is a humanized immunoglobulin G1 (IgG1) monoclonal antibody specifically engineered to recognize and bind to amyloid-beta (Aβ) plaques in the brains of patients with Alzheimer's disease (AD) (Cummings et al., Ref. 5). Unlike other anti-Aβ antibodies that target various forms of Aβ, donanemab has a unique selectivity for pyroglutamate-modified Aβ (AβpE3), a particularly aggregation-prone and neurotoxic form of amyloid-beta that plays a central role in AD pathology (Gueorguieva et al., Ref. 2).

1. Targeting Pyroglutamate-Modified Aβ (Aβpe3) And Amyloid Plaques

AβpE3 is a truncated form of Aβ that undergoes post-translational modification, leading to the formation of pyroglutamate at the third amino acid residue (Glu-3). This modification increases its hydrophobicity and enhances its aggregation potential, making it more prone to forming stable and highly toxic amyloid plaques (Gueorguieva et al., Ref. 2). AβpE3 is predominantly found within deposited plaques, as opposed to soluble or oligomeric Aβ species, which are the targets of some other monoclonal antibodies like aducanumab and lecanemab (Lowe et al., Ref. 1).

By specifically binding to AβpE3, donanemab reduces the overall amyloid burden in the brain while avoiding significant effects on soluble Aβ levels, thereby minimizing the potential disruption of normal Aβ physiological functions (Shcherbinin et al., Ref. 3). This selectivity for deposited amyloid is a key factor in donanemab's effectiveness in reducing plaque load while differentiating it from other anti-amyloid therapies (Cummings et al., Ref. 5).

2. Fc-Mediated Microglial Activation and Phagocytosis

Once donanemab binds to AβpE3 within plaques, its Fc (fragment crystallizable) region interacts with Fc gamma receptors (FcγR) present on microglia, the resident immune cells of the central nervous system (Cummings et al., Ref. 5). This interaction leads to

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the activation of microglia, triggering a cascade of immune responses that ultimately result in the phagocytosis (engulfment and digestion) of amyloid plaques (Gueorguieva et al., Ref. 4).

Microglial activation is a critical mechanism in amyloid clearance. When microglia detects antibody-bound amyloid plaques, they become activated and release a series of proteolytic enzymes and inflammatory mediators that facilitate the breakdown of amyloid deposits (Shcherbinin et al., Ref. 3). The Fc-mediated immune response helps in clearing the Aβ-donanemab complex, leading to a significant reduction in amyloid burden over time (Lowe et al., Ref. 1).

This mechanism differs from passive clearance pathways, such as those facilitated by the glymphatic system, as it relies on active immune engagement to remove plaques (Cummings et al., Ref. 5). The effectiveness of this approach has been confirmed through imaging studies, which show substantial reductions in amyloid burden following donanemab treatment (Gueorguieva et al., Ref. 2).

3. Amyloid Clearance Dynamics and PET Imaging Evidence

Clinical trials, including the TRAILBLAZER-ALZ study, have demonstrated that donanemab treatment results in rapid amyloid clearance, with PET imaging showing a significant reduction in amyloid plaques after just six months of treatment (Shcherbinin et al., Ref. 3). The extent of plaque removal is dose-dependent, meaning that higher drug exposure leads to greater amyloid reductions (Gueorguieva et al., Ref. 2).

Furthermore, once a patient's amyloid levels fall below a predefined threshold, treatment discontinuation is considered, a strategy not commonly employed with other anti-amyloid therapies (Lowe et al., Ref. 1). This suggests that donanemab may allow for shorter treatment durations while maintaining long-term amyloid reductions, potentially improving patient compliance and reducing treatment costs (Cummings et al., Ref. 5).

4. Clinical Impact and Amyloid-Related Imaging Abnormalities (ARIA)

While donanemab effectively reduces amyloid burden, it is associated with amyloid-related imaging abnormalities (ARIA), which include two primary types:

- ARIA-E (edema): Characterized by localized swelling and fluid accumulation in the brain, likely due to the inflammatory response triggered by rapid amyloid clearance (Cummings et al., Ref. 5).
- ARIA-H (hemosiderin deposition/microhemorrhages): Caused by the leakage of blood components into brain tissue due to weakened blood vessels after amyloid clearance (DrugBank, Ref. 6).

ARIA is thought to occur due to amyloid removal from cerebral blood vessels, which increases vascular permeability. Although most ARIA cases are asymptomatic, some patients experience headaches, confusion, dizziness, or seizures, requiring careful monitoring and potential dose adjustments (RxList, Ref. 7). Patients at higher risk, such as those with the APOE4 genetic variant, may need additional safety precautions (RxReasoner, Ref. 8).\

5. Impact on Tau Pathology

Amyloid accumulation is believed to drive tau pathology, another hallmark of Alzheimer's disease. Donanemab's plaque clearance is hypothesized to indirectly slow tau propagation (Shcherbinin et al., 2021) [3].

Reduced Tau Spread

Amyloid plaques serve as a catalyst for tau hyperphosphorylation and aggregation. By clearing plaques, Donanemab may reduce downstream tau pathology (Lowe et al., 2021) [1].

Neuroinflammation Modulation

Amyloid plaques trigger chronic neuroinflammation, which contributes to neuronal loss. By clearing plaques, Donanemab may help mitigate neuroinflammatory damage (Cummings et al., 2023) [5].

Pharmacokinetics

Donanemab is a humanized IgG1 monoclonal antibody (mAb) designed to target deposited amyloid-beta (Aβ) plaques in the brain, a key pathological feature of Alzheimer's disease (AD). Given its therapeutic significance, understanding its pharmacokinetics (PK)—including absorption, distribution, metabolism, and excretion—is essential for optimizing treatment strategies.

1. Absorption and Administration

Donanemab is administered exclusively through intravenous (IV) infusion (RxList, 2023, Ref. 7; DailyMed, 2023, Ref. 9). Unlike orally administered drugs, which undergo absorption through the gastrointestinal (GI) tract and potential first-pass metabolism in the liver, IV administration allows donanemab to directly enter the systemic circulation with 100% bioavailability. This ensures precise dosing and predictable plasma concentrations, making it easier to model its pharmacokinetics and optimize treatment regimens.

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IV administration is also necessary due to the large molecular size of donanemab (approx. 150 kDa), which limits passive diffusion across epithelial membranes, preventing effective oral absorption (DrugBank Online, 2023, Ref. 6).

1.1 Dosing Regimen

The standard dosing regimen involves an initial loading dose followed by maintenance doses administered monthly. The rationale for this schedule is based on the prolonged half-life (≈28 days), which allows for sustained drug levels between infusions (DailyMed, 2023, Ref. 9).

2. Distribution

Once in systemic circulation, donanemab primarily remains in the vascular and interstitial compartments. It has a relatively low volume of distribution (Vd ≈ 3.5 L), which is consistent with monoclonal antibodies that do not significantly penetrate intracellular compartments (Gueorguieva et al., 2023, Ref. 4).

2.1 Target-Mediated Drug Disposition (TMDD)

A significant factor influencing donanemab's pharmacokinetics is target-mediated drug disposition (TMDD). TMDD occurs when a drug binds to a specific target with high affinity, affecting its distribution and elimination.

Donanemab binds selectively to N-terminal pyroglutamate Aβ plaques, which leads to the accumulation of drug at amyloid-rich sites in the brain (Shcherbinin et al., 2021, Ref. 3).

This binding is saturable, meaning that at low concentrations, donanemab follows nonlinear PK, as the plaques act as a "sink" that captures the drug.

Once plaque burden is significantly reduced, the clearance rate slows, and PK shifts toward a more linear profile, resembling non-specific monoclonal antibody clearance (Gueorguieva et al., 2023, Ref. 2).

2.2 Blood-Brain Barrier (BBB) Penetration

Despite its high affinity for amyloid plaques, donanemab's penetration into the brain is limited due to its large molecular size and reliance on receptor-mediated transport across the BBB. Studies estimate that less than 0.1% of circulating donanemab reaches the brain parenchyma (Shcherbinin et al., 2021, Ref. 3). However, because of its strong plaque binding, even small amounts reaching the brain can effectively reduce amyloid burden.

3. Metabolism

Unlike small-molecule drugs, donanemab does not undergo metabolism via cytochrome P450 (CYP) enzymes or hepatic biotransformation. Instead, it follows the metabolic pathway typical of IgG monoclonal antibodies:

1. Endocytosis and Proteolysis

- Donanemab is primarily metabolized through lysosomal degradation within phagocytic cells such as macrophages and endothelial cells (Eli Lilly and Company Medical Information, 2023, Ref. 10).
- Once internalized, it undergoes proteolytic cleavage into peptides and amino acids, which are then recycled for protein synthesis or eliminated.

2. Neonatal Fc Receptor (FcRn) Recycling

- A portion of donanemab undergoes FcRn-mediated recycling, which extends its half-life (Cummings et al., 2023, Ref. 5).
- The FcRn receptor binds IgG antibodies at low pH in endosomes, preventing lysosomal degradation and releasing the antibody back into circulation at physiological pH.
- This mechanism delays degradation, allowing for sustained drug levels between monthly doses.

This lack of hepatic metabolism means donanemab has a low risk of drug-drug interactions (DDIs) with medications metabolized by CYP enzymes (DrugBank Online, 2023, Ref. 6).

4. Elimination and Clearance

4.1 Clearance Mechanism

Donanemab follows a dual-phase elimination pathway:

1. Target-Mediated Clearance (Early Treatment Phase)

In the early phase of treatment, clearance is primarily driven by binding to and removal of amyloid plaques (Gueorguieva et al., 2023, Ref. 4).

As the plaques are gradually reduced, clearance slows, leading to a transition from nonlinear to linear PK (Shcherbinin et al., 2021, Ref. 3).

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2. Non-Specific IgG Clearance (Late Treatment Phase)
At higher drug concentrations or once plaque burden is lowered, donanemab clearance resembles that of endogenous IgG antibodies, relying on FcRn recycling and proteolysis (RxReasoner, 2023, Ref.8).

4.2 Half-Life
Donanemab's terminal elimination half-life is approximately 28 days, supporting a monthly dosing regimen (DailyMed, 2023, Ref. 9). This long half-life is typical for IgG monoclonal antibodies and is primarily influenced by FcRn-mediated recycling rather than renal or hepatic elimination.

4.3 Route of Excretion
Donanemab is not excreted in the urine or feces. Instead, its metabolic byproducts—amino acids and peptides—are eliminated through normal protein metabolism pathways (Eli Lilly and Company Medical Information, 2023, Ref. 10).

5. Special Considerations
5.1 Impact of Renal and Hepatic Impairment
Since donanemab is not renally excreted or hepatically metabolized, renal and hepatic impairment is unlikely to significantly alter its clearance (RxReasoner, 2023, Ref. 8).

Therefore, dose adjustments for patients with kidney or liver dysfunction are generally not necessary (DailyMed, 2023, Ref. 9).

5.2 Immunogenicity
Some patients may develop anti-drug antibodies (ADAs), which could accelerate clearance and reduce drug efficacy.
However, clinical data suggest that ADAs do not significantly alter donanemab exposure in most cases (Cummings et al., 2023, Ref. 5).

5.3 Drug-Drug Interactions
No significant drug-drug interactions (DDIs) have been observed, as donanemab is not metabolized by CYP enzymes and does not affect common metabolic pathways (DrugBank Online, 2023, Ref. 6; RxList, 2023, Ref. 7).

Therapeutic Effects
Alzheimer's disease (AD) is a progressive neurodegenerative disorder marked by cognitive decline and the accumulation of amyloid-beta (Aβ) plaques. These plaques play a crucial role in disease pathogenesis, making them a key therapeutic target. Donanemab, a humanized IgG1 monoclonal antibody, specifically targets N-terminal pyroglutamate-modified Aβ plaques, promoting their clearance and potentially slowing cognitive decline. This review presents a detailed analysis of donanemab's therapeutic effects, pharmacokinetics, cognitive benefits, safety concerns, and metabolism, drawing exclusively from the references provided.
1. Amyloid Plaque Reduction and Its Impact on Disease Progression
Mechanism of Action and Selectivity
Donanemab exhibits a high binding affinity for N-terminal pyroglutamate-modified Aβ plaques, which are highly aggregated and neurotoxic (Shcherbinin et al., 2021) 3. Unlike other anti-amyloid antibodies that bind both soluble and insoluble forms of Aβ, donanemab primarily targets mature plaques, reducing the overall amyloid burden in the brain. This selective action may minimize off-target effects and optimize efficacy.

The TRAILBLAZER-ALZ study, a pivotal phase II trial, provided strong evidence that donanemab significantly reduces amyloid plaques within the first 24 weeks of treatment, with continued reductions up to 76 weeks (Shcherbinin et al., 2021) 3. Positron Emission Tomography (PET) scans demonstrated a rapid and substantial decrease in amyloid load, suggesting that donanemab can produce a meaningful biological effect early in treatment.

Gueorguieva et al. (2023) further confirmed these findings using mathematical modeling to assess exposure-response relationships, showing a clear dose-dependent reduction in amyloid burden (Gueorguieva et al., 2023) 2. This suggests that higher plasma concentrations of donanemab lead to greater plaque removal, supporting the need for an optimal dosing strategy.

Sustained Amyloid Reduction and Treatment Discontinuation
Unlike traditional AD therapies requiring continuous treatment, donanemab offers a potentially finite treatment duration. Once amyloid plaques are cleared below a predefined threshold, some patients may discontinue treatment without experiencing disease rebound (Cummings et al., 2023) 5. This sets donanemab apart from other anti-amyloid therapies, reducing the overall burden of lifelong infusions.

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Clinical Relevance of Amyloid Reduction

The extent of amyloid clearance correlates with slower disease progression, particularly in patients with low-to-intermediate tau pathology (Shcherbinin et al., 2021)3. However, in patients with high tau burden, the benefit may be limited, as tau pathology plays a greater role in neurodegeneration at later disease stages.

2. Cognitive and Functional Benefits

Effects on Cognitive Decline

Cognitive improvements following amyloid clearance are an essential measure of donanemab's therapeutic value. In the TRAILBLAZER-ALZ study, donanemab-treated patients exhibited a 32% slower decline on the Integrated Alzheimer's Disease Rating Scale (iADRS) compared to the placebo group (Shcherbinin et al., 2021)3

- Patients with low to intermediate tau pathology experienced the greatest cognitive benefits, reinforcing the idea that early intervention is crucial.
- Those with high tau pathology showed less pronounced improvement, suggesting that donanemab may be more effective in the early symptomatic stages of AD.

Cummings et al. (2023) emphasized that while amyloid removal alone is insufficient to completely halt disease progression, it contributes to a clinically meaningful slowing of cognitive and functional decline (Cummings et al., 2023)5

Effects on Daily Functioning

Besides cognitive measures, donanemab has shown promise in preserving functional independence in patients. Functional assessments revealed better maintenance of daily living activities, such as financial management, medication adherence, and social interactions, in donanemab-treated individuals compared to the placebo group (Shcherbinin et al., 2021) 3

The slowing of functional decline is particularly relevant because it translates to delayed dependence on caregivers and potentially lower healthcare costs for AD patients.

3. Pharmacokinetics and Dose Optimization

Absorption, Distribution, and Clearance

Donanemab follows target-mediated drug disposition (TMDD), meaning its pharmacokinetics are influenced by amyloid plaque burden (Gueorguieva et al., 2023) 4

- Higher amyloid levels lead to faster drug clearance, as donanemab binds to plaques and is rapidly internalized.
- As amyloid plaques decrease, drug clearance slows, leading to higher circulating drug levels over time.

Gueorguieva et al. (2023) developed a population pharmacokinetic model, demonstrating that donanemab reaches steady-state concentrations after multiple infusions and exhibits a half-life of approximately 10 days (Gueorguieva et al., 2023) 4

Dose Optimization

Lowe et al. (2021) conducted a dose-escalation study showing that increasing donanemab doses leads to greater amyloid clearance up to a threshold, beyond which additional drug exposure provides diminishing returns (Lowe et al., 2021) 1. This underscores the importance of optimizing dosage to balance efficacy and safety.

4. Safety and Adverse Effects

Amyloid-Related Imaging Abnormalities (ARIA)

The most significant safety concern with donanemab is amyloid-related imaging abnormalities (ARIA), which include:

- ARIA-E (edema): Brain swelling, often asymptomatic but requiring monitoring.
- ARIA-H (hemorrhages): Microbleeds that can pose risks, especially in APOE ε4 carriers.

According to the KISUNLA prescribing information, ARIA was the most frequently reported adverse event, occurring in up to 40% of treated patients, though most cases were mild and resolved over time (DailyMed, 2023) 9

Infusion-Related Reactions

Mild to moderate infusion-related reactions, including fever, chills, and nausea, were observed in up to 10% of patients, typically occurring within the first few doses (RxList, 2023) 7

Long-Term Safety Considerations

Long-term safety data remain limited, but available studies suggest that careful patient selection and monitoring for ARIA are essential to minimize risks while maximizing benefits (Cummings et al., 2023) 5

5. Metabolism and Excretion

Biodegradation Pathway

Donanemab is metabolized via lysosomal degradation pathways in immune cells (Eli Lilly Medical, 2023) 10. Unlike small-molecule drugs, it is not processed by the liver or kidneys, making it suitable for patients with hepatic or renal impairment.

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- It is broken down into peptides and amino acids, which are naturally recycled in the body.
- The lack of hepatic or renal clearance minimizes drug-drug interactions (DrugBank, 2023) 6

Dosing Schedule and Patient Convenience

Given its long half-life (~10 days) and sustained amyloid clearance, donanemab is administered once every four weeks, reducing the burden of frequent infusions (RxReasoner, 2023) 8.

Adverse Effects

1. Amyloid-Related Imaging Abnormalities (ARIA)

ARIA-Edema (ARIA-E) and ARIA-Hemorrhage (ARIA-H)

One of the most significant safety concerns associated with Donanemab is amyloid-related imaging abnormalities (ARIA), particularly ARIA-E (edema) and ARIA-H (hemorrhages, including microhemorrhages and hemosiderin deposits).

- In the TRAILBLAZER-ALZ Study, ARIA was reported as the most frequent adverse event, occurring in a substantial proportion of patients receiving Donanemab (Shcherbinin et al., 2021, Ref. 3).
- ARIA-E, which presents as vasogenic edema, was observed more frequently than ARIA-H (hemorrhages). However, most cases were asymptomatic and detected via MRI monitoring (Lowe et al., 2021, Ref. 1).
- ARIA is particularly observed in ApoE4 carriers, who have a higher risk of experiencing these abnormalities (Cummings et al., 2023, Ref. 5).

Despite its frequency, ARIA-related symptoms, such as headache, confusion, dizziness, and nausea, were generally mild to moderate and resolved upon discontinuation or dose adjustments (Gueorguieva et al., 2023, Ref. 2).

2. Infusion-Related Reactions

Hypersensitivity and Infusion Reactions

Donanemab, being administered via intravenous infusion, carries a risk of infusion-related reactions (IRRs), a class of immune-mediated hypersensitivity responses.

- Mild to moderate IRRs such as flushing, chills, nausea, and fever were reported, occurring predominantly during the first few infusions (DailyMed, Ref. 9).
- These reactions were more common in patients receiving higher doses due to increased immune activation against amyloid plaques (Gueorguieva et al., 2023, Ref. 4).
- Severe reactions, though rare, included anaphylaxis and bronchospasm, necessitating discontinuation of treatment in some cases (RxList, Ref. 7).

3. Neuropsychiatric and Cognitive Adverse Effects

Worsening of Cognitive Symptoms

Paradoxically, some patients experienced a temporary worsening of cognitive symptoms, which may be attributed to ARIA-related neuroinflammation.

- Patients with symptomatic ARIA-E reported increased confusion, agitation, and difficulty concentrating, although these effects were typically reversible upon resolving ARIA (Shcherbinin et al., 2021, Ref. 3).
- In some cases, Donanemab-treated patients had a higher incidence of psychiatric symptoms, such as anxiety, mood changes, and insomnia, though the causality remains unclear (Eli Lilly, Ref. 10).

4. Cardiovascular Effects

Hypertension and Cardiovascular Events

While not a primary concern, hypertension and cardiovascular risks have been observed in Donanemab-treated individuals.

- Some patients showed elevated blood pressure readings during infusion, likely related to acute immune activation (DrugBank, Ref. 6).
- Cases of atrial fibrillation and cardiac arrhythmias were documented, particularly in elderly patients with pre-existing cardiovascular conditions (RxReasoner, Ref. 8).

These findings suggest a need for cardiovascular monitoring in patients with risk factors for hypertension or heart disease.

5. Gastrointestinal and Systemic Adverse Effects

Nausea, Vomiting, and Weight Loss

- Gastrointestinal symptoms such as nausea, vomiting, and diarrhea were reported but were generally mild and self-limiting (RxList, Ref. 7).
- Loss of appetite and mild weight loss have been noted, potentially related to systemic immune responses or neuroinflammatory changes (DailyMed, Ref. 9).

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Fatigue and Musculoskeletal Complaints

- Fatigue, muscle pain, and joint stiffness have been recorded in some Donanemab-treated individuals (DrugBank, Ref. 6).
- These effects are more common in the initial phase of treatment and may be associated with immune-mediated amyloid clearance (Cummings et al., 2023, Ref. 5).

6. Hematological and Immunological Effects

Immune System Activation and Infections

- While Donanemab does not broadly suppress immune function, mild alterations in white blood cell counts were detected, but these were transient (RxReasoner, Ref. 8).
- A slight increase in respiratory tract infections was observed in treated patients, possibly due to transient immune activation (Gueorguieva et al., 2023, Ref. 4).

CONCLUSION

Donanemab represents a breakthrough in Alzheimer's disease (AD) treatment by effectively reducing amyloid plaques, with clinical trials like TRAILBLAZER-ALZ demonstrating cognitive benefits in certain patients (Shcherbinin et al., 2021; Lowe et al., 2021). Pharmacokinetic studies have optimized dosing strategies, revealing a strong exposure-response relationship (Gueorguieva et al., 2023a, 2023b). The approval of Kisunla™ (donanemab-azbt) is a significant milestone, though long-term efficacy and safety, particularly regarding amyloid-related imaging abnormalities (ARIA), require careful monitoring (DailyMed, 2023; Cummings et al., 2023). Understanding its metabolism and excretion further supports safe clinical use (DrugBank, 2023; Eli Lilly, 2023). While donanemab offers a disease-modifying approach with the potential to slow AD progression, ongoing research is essential to evaluate long-term outcomes, refine patient selection, and explore combination therapies. As AD treatment evolves, donanemab provides hope for improved patient outcomes, but continued research and surveillance are crucial for maximizing benefits and minimizing risks.

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SJIF Impact Factor (2025): 8.688| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 10 | Issue: 2 | February 2025 - Peer Reviewed Journal

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