



Q&A

DCAA family meeting

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For stage 2, will the exclusion criteria be examined before you do the gene testing?

If you are thinking about getting genetically testing to be able to be part of the study, please contact Samantha Gardener. She can explain some of the criteria to you and help you examine whether or not you are likely to be included.

If the drug proves effective is it possible to keep getting the drug after the study is completed?

We don't know what will happen after this phase 2 study. If successful, Alnylam will very likely continue in a phase 3. After the 24 months of the phase 2 are concluded, everyone who has participated can continue in the open label extension for 18 months. During this period, everybody gets Mivelsiran.

If the drug prevents the amyloid being made, what affect does that have on the body? Do we need amyloid?

The drug lowers APP levels, but does not stop production of APP altogether. It does however hopefully prevent a lot of the aggregation of Aβ40 and Aβ42.

How many D-CAA participants have been recruited at this stage?

In Leiden, the first participant was screened on July 8th. The timeframe to include 48 DCAA genecarrier is limited, and will probably conclude by the end of 2025/beginning of 2026. Therefore, we asked Amsterdam to be a research site for DCAA as well. Together, 9 people have been screened in the Netherlands and two in Perth. In the Netherlands, about 20 people who are in TRACK are eligible for cAPPricorn. We don't know whether all of them will enroll in the drug study.

What happens if you are in the trial and have bleed?

If you have a brain hemorrhage during the study, the principal investigator of the site will inform Alnylam. It will be examined whether the bleed is a result of the natural disease progression or whether it is a result of taking the drug.

How does the drug know which proteins are unwanted? Will the non-production of those proteins affect brain function?

The drug targets the APP gene (or rather messenger RNA) specifically. It lowers levels of APP and thereby the formation of Aβ40 and Aβ42 further down the road.

Is the idea that you only need the drug for 42 months and not ongoing? Or just for the trial?

One of the goals of the drug trial is to examine the workings of the drug longer term. Right now from phase 1 results, it looks like the drug stays active for at least 6 months. Drug trials usually go on for a limited number of months. From the phase 2 and hopefully the following phase 3 (if phase 2 proves successful), Alnylam will learn more about treatment schedules.

Why aren't males allowed to plan to have children during the drug trial?

It is pretty much practice standard in drug trials to avoid pregnancy, because we do not know what experimental drugs do to the reproductive system.

Does your study partner need to come for the full visit?

If you are able to go through study visits by yourself, your study partner will only need to be there for one or two questionnaires. Samantha will try to plan them in a way that fits your study partner. This will take about an hour.

Who covers the cost of genetic testing?

As of now, the cost of genetic testing through the private company will need to be paid by you. Talk to the ARA team if you are thinking about genetic testing, and they will discuss costs with you as well.

Can you complete the screening before genetic testing?

Unfortunately, you cannot complete the entire screening before genetic testing. You can however talk to Samantha if you are thinking of genetic testing and together you can go through a pre-screening, to examine whether it is likely you will be included or excluded.

What's the possibility that the drug negatively affects the kidneys and/or liver and other organs?

Part of the early phases of drug studies is to examine the safety of a drug. This is examined by regulators, outside experts who decide whether a drug trial is allowed to move forward in humans. Based on data provided by the drug company, they examine the risks. Regulators worldwide have decided the development of Mivelsiran can move forward. During phase 1 and phase 2, safety is still one of the objectives of the study and therefore bodily functions will be monitored during visits.

How does the trial measurement, including reduction in bleeds and imaging, work with younger participants and those without symptom manifestation?

We have learned from earlier research, like DIAN and TRACK DCAA, that there are already signs of the disease in the brain from the age of 30 onward. Younger genecarriers are not symptomatic in a clinical way (i.e. have hemorrhages or cognitive decline), but do show signs of DCAA on a MRI for example.

I've heard it said that having the drug trial in Australia could help get this on the government PBS. Is that correct?

When the study is finished and Mivelsiran proves to be safe and effective, and is classed so by TGA the Australian government will decide whether it is cost effective and will be covered by PBS. It does not make a difference whether it has been studied in Australia.

Is there a fund raising organization just for DCAA?

Alzheimer's Research Australia does not fundraise specifically Dutchtype CAA. They do however support a lot of DCAA research and initiatives. When donating to ARA, you can communicate you want it to benefit DCAA families specifically.

Other questions?

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