EPFL Assignment for paper 1 - Tasks:

1. Summary of key findings of the paper:

- Identify the primary objectives and outcomes of the study.
- Summarize the evidence supporting Lecanemab's efficacy in reducing amyloid plaques and slowing cognitive decline.

2. Analysis of strengths:

- Highlight the robust aspects of the study design (e.g., randomized, placebo-controlled, large sample size).
- Discuss biomarkers used (e.g., amyloid PET scans) and their relevance to disease progression.

3. Supporting evidence:

- Collect additional studies or data (if time permits) that align with lecanemab's efficacy.
- Provide context about how these findings fit into the broader scope of Alzheimer's research.

4. Addressing criticism:

Anticipate criticisms of the study and prepare counterarguments (e.g., the significance of 27% reduction, the clinical relevance of amyloid reduction, the risk of side effects).

Key debate points: Prepare 2-3 arguments that strongly advocate for Lecanemab as a game-changing therapy in Alzheimer's treatment.

EPFL Assignment for paper 2 - Tasks:

1. Summary of key criticisms:

- Outline the main concerns raised about Lecanemab's efficacy and safety.
- Discuss the disconnect between amyloid clearance and meaningful clinical improvement.

2. Analysis of limitations:

- Highlight potential flaws in the original study (e.g., unblinding, side effect profiles, or exclusion of comorbid patients).
- Focus on the limited translation of amyloid reduction into real-world benefits.

3. Supporting evidence:

Identify other studies or reviews that question the amyloid hypothesis or the clinical relevance of antiamyloid therapies.

4. Alternative perspectives:

Discuss other targets or pathways in Alzheimer's treatment (e.g., tau pathology, inflammation) that might overshadow amyloid-centric approaches.

Key debate points:

Prepare 2-3 arguments that emphasize why Lecanemab may not justify the risks, costs, or expectations as a treatment for Alzheimer's.

EPFL Debate - Tasks:

Scenario:

The FDA and EMA are evaluating the approval of Lecanemab for Alzheimer's treatment.

•FDA Group (Pro-Lecanemab):

Advocates for conditional approval based on available evidence, emphasizing benefits.

•EMA Group (Critical of Lecanemab):

Emphasizes the cautious approach, demanding stronger evidence of clinical relevance and safety.

•Patients' association group:

Carefully evaluates arguments presented by both the FDA and EMA. After deliberation, they must vote on the approach they find most favorable and explain why. The group is also encouraged to propose compromises or alternative strategies.

Each group must prepare their case based on their regulatory perspective, focusing on patient safety, clinical significance, and long-term impact.