# The BEACON Study

*Benzgalantamine Effectiveness And Cognition in Nursing Homes — Mixed-Methods Real-World Evidence Initiative*

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ISPOR #CO123

## BACKGROUND

Real-world effectiveness data for Zunveyl® (benzgalantamine) as a treatment for dementia in the long-term care (LTC) setting are currently sparse.

The lack of data on changes in cognition, behavior, or sleep quality among LTC patients is primarily due to the difficulty of obtaining complete information from charts or claims alone.

### STUDY OBJECTIVES

**1.** Gain insight from the Study Steering Panel (SSP) on dementia treatment outcomes of interest and identify the best sources to capture them.

**2.** Gain insight from clinicians into changes in outcomes following treatment with Zunveyl® compared with previously used cholinesterase inhibitor products.

### DATA CAPTURE PLATFORM

Patient data are captured via chart review using the ASKr platform — a secure, asynchronous app designed for clinician perspectives. When data are absent from the chart, clinicians may rely on recall via standardized multiple-choice responses.

## BEACON STEERING COMMITTEE

**6-member interprofessional panel:**

- **3** MD Clinicians
- **2** Nurse Practitioner/ Physician's Assistant clinicians
- **1** Consultant Pharmacist (RPh)

## METHODS

### Mixed-Methods Study Design

This study integrates structured clinician insight with retrospective chart review to characterize real-world outcomes of Zunveyl® in the LTC setting.

**PHASE 1**

**Study Steering Panel (SSP) — Outcomes Elicitation**

An interprofessional SSP identifies the most clinically meaningful outcomes for dementia treatment in LTC, establishes consensus on best sources for data capture, and provides guidance on assessing Zunveyl® effectiveness.

**PHASE 2**

**Clinician Chart Review — Treatment Outcomes**

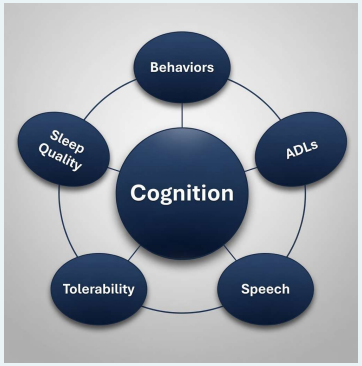
Participating clinicians complete structured chart reviews via the ASKr platform for patients treated with Zunveyl®. Comparisons are made with prior cholinesterase inhibitor therapy across cognition, behavior, sleep, ADLs, and tolerability domains.

**PHASE 3**

**Analysis & Reporting**

Quantitative and qualitative analysis of outcomes data synthesizes real-world evidence supporting Zunveyl® value in the LTC formulary context. Findings are reported at national payer and clinical forums.

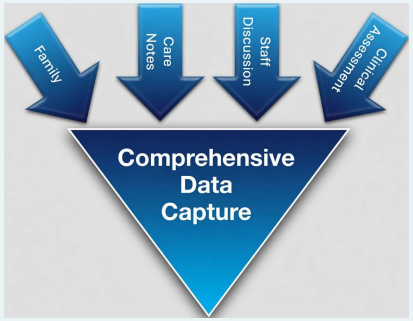
## RESULTS: DETERMINATION OF TREATMENT VALUE




### Key Findings

- Evaluation of treatment value must encompass efficacy, tolerability, and patient outcomes
- MMSE and SLUMS are the most clinically relevant measures for cognition
- ADLs and Speech are the most relevant patient-function outcomes
- Most disruptive prior AEs: GI symptoms & sleep disturbances (evening wandering)
- Reducing concurrent Psych/CNS agents (antipsychotics, anxiolytics, hypnotics) would be highly valuable

## RESULTS: CHALLENGES FOR DATA CAPTURE IN LTC




### Key Findings

- Family, interdisciplinary care notes, and staff discussion are all essential sources for comprehensive data capture
- Chart contents can provide information on key domains: cognition, behaviors, GI symptoms, sleep quality, and medication monitoring
- A clear clinical assessment requires multiple sources combined — no single source is sufficient

## CONCLUSIONS

Real-world outcome data for patients with dementia in LTC is not easily available, but this novel mixed-methods approach enables efficient, large-scale data compilation. ✦ Mixed methods of data capture represent an advancement in determining real-world dementia treatment effectiveness retrospectively. ✦ This approach provides a scalable, clinician-centric model for real-world evidence generation in complex care settings.