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PERSIST-SPAIN: PERISTENCE OF ANTI-CGRP MONOCLONAL ANTIBODIES AS MIGRAINE PREVENTIVE TREATMENT AFTER ONE YEAR

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OBJECTIVE:

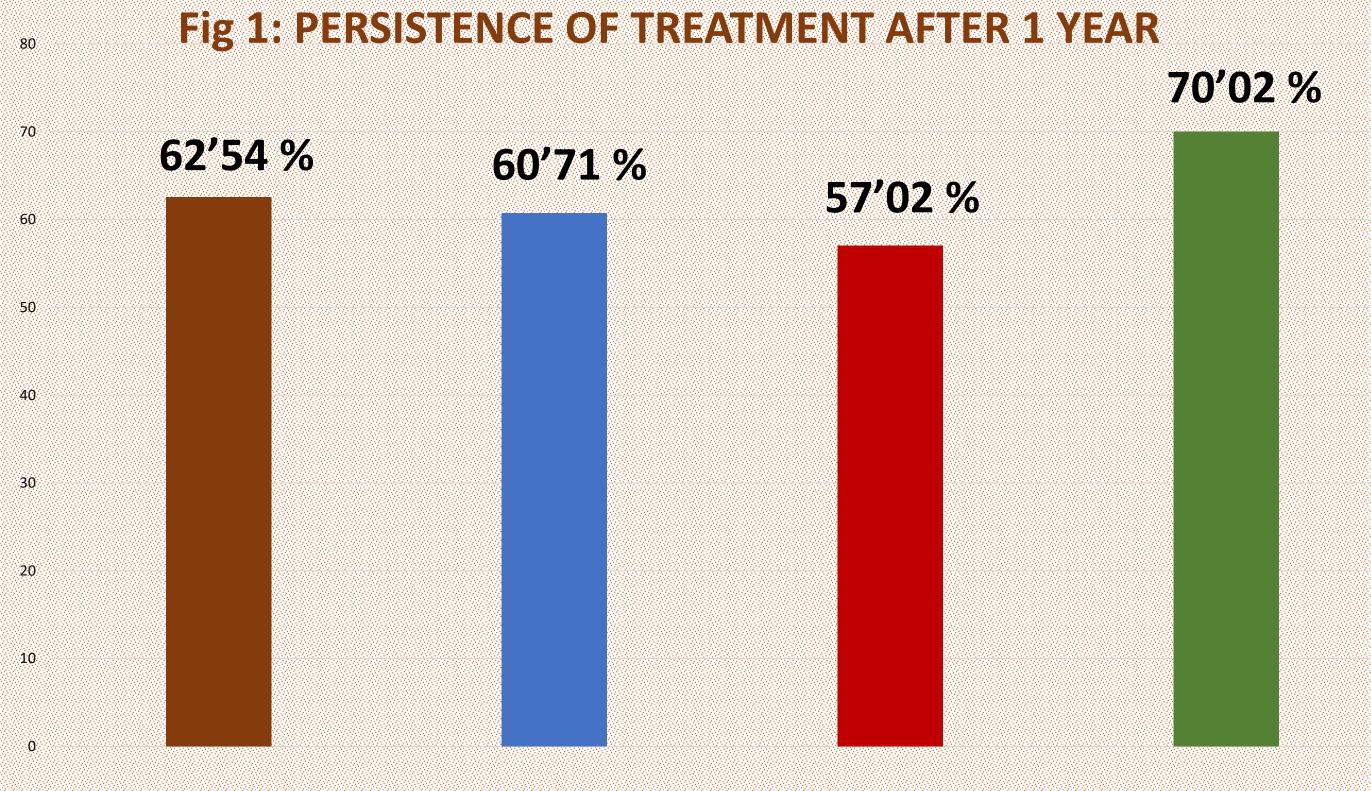
We are used to evaluate the efficay of new preventive treatments for migraine in terms of reduction in monthly migraine days (MMD), 50 % of reduction in MMD, different Patient Related Outcomes (PRO) and more efficay and safety measures at 3 or 6 months of treatment. Now, antiCGRP MAbs are available in clinical practice from more than 2-3 years in our country and we are increasing its use and our experience with them. The aim of the present study is to evaluate the persistence of antiCGRP MAbs use after one year of being initiated.

METHODS:

Several Spanish hospitals were invited to share their data in terms of persistence of antiCGRP MAbs after one year of treatment. In this study we describe age, gender, episodic or chronic migraine diagnosis, rates of MOH (Medication Overuse Headache) and MMD at the beginning of antiCGRP MAbs use. Persistence of treatment after one year is the major endpoint of the study. As erenumab (E), galcanezumab (G) (both from DEC-19) and fremanezumab (F) (from DEC-20) are available in Spain we will analyse them also separately. Reasons for discontinuation during first year of treatment are described. Dose modifying are also analysed. We will refer some measures after one year of treatment: MMD, MOH rates. In persitent treated patients we analyse the antiCGRP MAbs months of use nowadays.

RESULTS:

- Data from 5 big hospitals with Headache units in Spain
- Data from 706 patients with first antiCGRP Mab initiated
- Mean age 49'10 years. Mostly (84'99 %) women
- 524 patients (74'22 %) with Chronic Migraine diagnosis, the rest with EM diagnosis when treatment was initiated
- 76'14 % with MOH (Medication Overuse) at baseline
- 280 initiated on erenumab (E), 228 on galcanezumab (G) and 198 on fremanezuamb (F)



- Persistence of treatment after 1 year (Primary endpoint) (fig 1) was 62'54 %, with some differeces between all 3 antiCRGP Mabs
- Reasons for discontinuation (fig 2), mostly due to lack of efficacy
- **Dose modifying in that year:** •
 - With E, most of patients changed from 70 to 140 mg when started on 70 mg; some of them dosis each 21 days due to wearing-off
- With G, near 10% of patients had to be adjusted to 240 mg/month •
- With F, near 10 % of patients changed from 225 mg/month to 675 mg/quarterly or viceversa due to patients' needs or preferences, no adjustment of dosis needed
- Outcomes after one year:
 - MMD: fig 3
 - MOH rates: fig 4
 - In patients persistent after one year of treatment, this was maintained during a long period afterwards, 26 months with the available analysed data, but most of them continue with treatment nowadays

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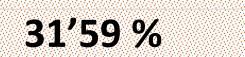
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Fig 2: REASONS FOR DISCONTINUATION

GALCANEZUMAB EREMANEZUMAB ALLS PRODUCTS ERENUMAB

CONCLUSIONS:

- Persistence rate after one year of treatment with antiCGRP Mabs is very high: near 2/3 of patients.
- The major reason for discontinuation of treatment is lack of efficay (1/3 of patients); and just in 3 % of patients due to adverse events.
- There are differences between all 3 antiCGRP Mabs outcomes in terms of persistence.
- After one year of treatment MMD and MOH were markedly improved.
- Persistence of treatment is a very useful way to analyse real world evidence of preventive migraine treatments.



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LACK OF EFFICACY

LOST ADVERSE EVENTS FOLLOW-HGH OTHERS EFFICACY UP 3'12 % 1'84 % 1'56 % 0'75 %

Fig 3: EVOLUTION OF MMD AFTER 1 YEAR

76'14 % 18,57 d 18,45 d 17'35 d 70 14,35.6 50 8,47 d 8,3 d 7'38 d 5,81 d

Fig 4: MOH RATES AFTER 1 YEAR

16'61 %