

Safety of Remibrutinib Across Immune-Mediated Diseases Supports Development in Multiple Sclerosis

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KEY FINDINGS & CONCLUSIONS

- Integrated safety analysis of remibrutinib based on pooled data from phase 2 studies in different immune-mediated conditions confirmed that remibrutinib has a favorable safety profile and is well tolerated across indications and doses, including 100 mg bid with treatment up to 52 weeks
- Remibrutinib's consistently favorable safety profile supports its ongoing development in phase 3 clinical trials in multiple sclerosis

This study is sponsored by Novartis Pharma AG. Poster presented at the American Academy of Neurology (AAN) 2024 Annual Meeting, April 13-18, 2024, Denver, CO, USA

Previously presented at the 31st European Charcot Foundation (ECF) Meeting, November 9-11, 2023, Baveno, Italy and the 9th JointECTRIMS-ACTRIMS Meeting, October 11-13, 2023, Milan, Italy

INTRODUCTION

- Remibrutinib is a novel, potent, highly selective, covalent, oral Bruton's tyrosine kinase inhibitor^{1,2}
- The ongoing remibrutinib clinical development program comprises >20 studies, with >1700 patients exposed to remibrutinib at doses of up to 600 mg/day and durations of up to 52 weeks
- Remibrutinib's improved target selectivity has the potential to result in a favorable safety profile by minimizing off-target effects^{1,2}
- Remibrutinib is currently being evaluated in 2 pivotal phase 3 trials in multiple sclerosis (MS) (REMODEL-1 [NCT05147220] and REMODEL-2 [NCT05156281]) designed to establish the therapeutic potential of remibrutinib as novel treatment in relapsing MS³

OBJECTIVE

- To report the integrated safety profile of remibrutinib across different immune-mediated conditions using pooled data from completed phase 2 clinical trials, including long-term remibrutinib treatment of up to 52 weeks

RESULTS

Patient Demographics

- Mean age at baseline for patients across the different analysis groups was 46.5-48.9 years
- The majority of patients were White (>75%) and women (>70%)

Overall Safety Profile of Remibrutinib

- The rates of overall adverse events (AEs) were generally comparable among the remibrutinib any dose group, the remibrutinib 100 mg dose group, and the placebo group (**Table 1**)
- Remibrutinib was well tolerated: AEs leading to treatment discontinuation, serious AEs, and severe AEs were infrequent and without dose dependency

Table 1. Overall Safety Profile (EAIR^a, 95% [CI])

	Remibrutinib any dose (n=391)	Remibrutinib 100 mg bid/QD (n=327)	Placebo (n=95)
Any AE	260.8 (231.5-292.8)	224.8 (197.0-255.4)	350.3 (262.4-458.1)
AEs leading to treatment discontinuation	8.3 (5.3-12.3)	8.3 (5.1-12.8)	13.6 (3.7-34.8)
Any SAE	4.2 (2.2-7.3)	2.9 (1.2-6.0)	3.4 (0.1-18.7)
Severe AEs	5.2 (2.9-8.6)	4.6 (2.3-8.2)	0.0 (0.0-12.3)

AE, adverse event; bid, twice a day; EAIR, exposure-adjusted incidence rate; QD, once a day; SAE, serious adverse event
*EAIR refers to events per 100 patient-years

AESIs

- The most frequently reported grouped adverse events of special interest (AESIs) were infections: most were mild to moderate in severity and the majority were upper respiratory tract infections and nasopharyngitis (**Table 2**)
- Bleeding events were all mild to moderate and mostly cutaneous
- Cytopenias were rare and all mild to moderate
- Overall, rates of AESIs were similar across remibrutinib groups and with placebo

Disclosures

Bernd C. Kieseier, Brett Loop, Virginia De las Heras, Roman Willi, Sibylle Haemmerle, Artem Zharkov, Nathalie Barbier, Amin Azmon, Richard Siegel, and Bruno Cenni are employees of Novartis. Xavier Montalban has received speaking honoraria and travel expenses for participation in scientific meetings and has been a steering committee member of clinical trials or participated in advisory boards of clinical trials for AbbVie, Actelion, Alexion, Bayer, Biogen, Bristol Myers Squibb/Celgene, EMD Serono, EXCEMED, F. Hoffmann-La Roche Ltd, Genzyme, Immunic, Janssen, MedDay, Merck, MS International Federation, Mylan, the National MS Society, NervGen, Novartis, Sandoz, Sanofi-Genzyme, Teva, and TG Therapeutics. Mitzi Williams has received consulting fees from AbbVie, Alexion, Biogen, Bristol Myers Squibb, EMD Serono, Genentech, Janssen, Novartis, Sanofi-Genzyme, and TG Therapeutics and has received research support from Biogen, Novartis, Roche Genentech, and Sanofi-Genzyme. Laura Airas has received Institutional research funding from Genzyme and Merck and has received compensation for lectures and advising from Biogen, Janssen, Merck, Novartis, Roche, and Sanofi-Genzyme. Sarbjit Saini has received grant/research/clinical trial support from Amgen, the National Institutes of Health, Novartis, Regeneron, and Sanofi and is a consultant/advisory board member for Allakos, Aquestive, Celltrion, Esclent, Granular Therapeutics, Inmate, Novartis, Regeneron, and Sanofi. Michihiro Hide has received lecture and/or consultation fees from GI Innovation, Kaken, Kyowa Kirin, Merck Sharp & Dohme, Mitsubishi Tanabe, Novartis, Sanofi, Taiho, Taikoku Sanyaku, and Uriach. Gordon Sussman has received research support from Aimmune, ALK, Amgen, AstraZeneca, DBV Technologies, Genentech, Kedrion, LEO Pharma, Merck, Novartis, Nuvo, Regeneron, Sanofi, Schering-Plough, and Stallergenes and is a medical advisor and/or has received payment for lectures from the Allergy Asthma and Immunology Society of Ontario, Anaphylaxis Canada, the Canadian Hereditary Angioedema Network, CSL Behring, Merck, Novartis, and Pfizer. Jin Nakahara has received speaker honoraria from AbbVie, Alexion, Astellas, Biogen, Chugai, CSL Behring, Daiichi Sankyo, Eisai, Fujimoto, JB, Mitsubishi Tanabe, Novartis, Otsuka, Sanofi, Sumitomo Dainippon, and Takeda; is a paid consultant for Alexion, Biogen, Chugai, Mitsubishi Tanabe, and Novartis; and his research is supported by AbbVie, Biogen, Boehringer Ingelheim, Chugai, Daiichi Sankyo, Eisai, Eli Lilly and Company, JB, Keio University, Kyowa Kirin, Merck Sharp & Dohme, the Ministry of Education, Culture, Sports, Science and Technology, the Ministry of Health, Labour and Welfare, Mitsubishi Tanabe, Otsuka, Pfizer, Shionogi, Sumitomo Dainippon, Takeda, and Tsumura.

METHODS

- Pooled data from completed phase 2 studies of chronic spontaneous urticaria (CSU, [NCT0392661]; including the 52-week open-label extension [NCT04109313]), Sjögren syndrome (SjS, [NCT04035668]), and asthma (NCT03944707) were analyzed (**Figure 1**)

Figure 1. Study Population and Assessments

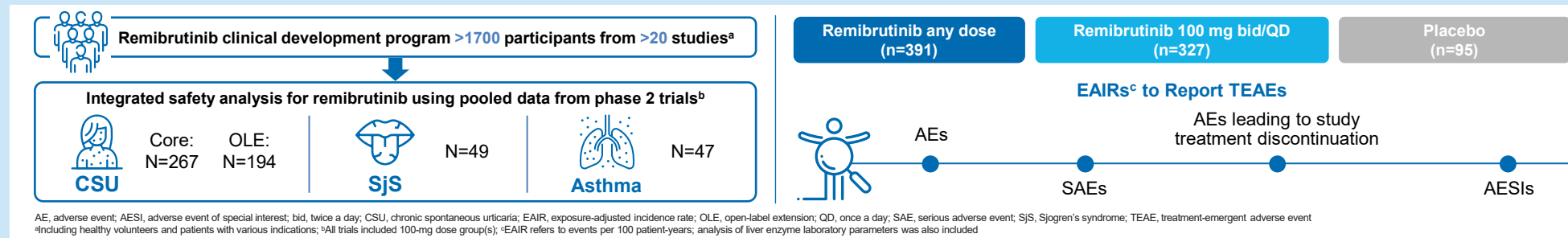


Table 2. AESIs (EAIR^a, 95% [CI])

	Remibrutinib any dose (n=391)	Remibrutinib 100 mg bid/QD (n=327)	Placebo (n=95)
Infections (most mild to moderate)	68.0 (57.3-80.0)	58.5 (48.1-70.5)	136.4 (92.7-193.7)
Nasopharyngitis	13.2 (9.2-18.2)	8.5 (5.2-13.2)	43.8 (22.7-76.6)
URTI	6.4 (3.8-10.1)	5.5 (2.9-9.3)	24.5 (9.9-50.5)
Bleeding (all mild to moderate)	12.5 (8.7-17.5)	11.3 (7.4-16.5)	10.3 (2.1-30.2)
Petechiae	2.4 (1.0-5.0)	2.5 (0.9-5.4)	0.0 (0.0-12.3)
Hematuria ^b	1.0 (0.2-3.0)	0.8 (0.1-3.0)	0.0 (0.0-12.3)
Gingival bleeding	0.7 (0.1-2.5)	0.4 (0.0-2.3)	0.0 (0.0-12.3)
Cytopenia (all mild to moderate)	5.7 (3.2-9.2)	5.1 (2.6-8.9)	21.3 (7.8-46.4)
Neutropenia	2.4 (1.0-5.0)	2.1 (0.7-4.9)	6.8 (0.8-24.5)

AESI, adverse event of special interest; bid, twice a day; EAIR, exposure-adjusted incidence rate; QD, once a day; URTI, upper respiratory tract infection
*EAIR refers to events per 100 patient-years; ^bHematuria was lab detected and does not refer to clinical hematuria

Most Frequently Reported Grouped AEs^a

- The rates of most frequently grouped AEs were generally comparable between the remibrutinib groups, as well as with placebo (**Table 3**)

Liver Enzyme Abnormalities

- Across the completed phase 2 trials of remibrutinib, newly occurring notable liver enzyme elevations were single instances only and were all asymptomatic and transient/reversible:
 - CSU core study:** single case of transient, asymptomatic alanine aminotransferase (ALT) elevation of 7× the upper limit of normal (ULN; without elevation in bilirubin level); resolved while on treatment⁴

- CSU open-label extension study:** 2 newly occurring liver enzyme increases, both isolated ALT >3× and <5× ULN with normal bilirubin levels; both returned to normal levels during the study and did not require treatment modification⁵
- Asthma study:** single case of transient, asymptomatic aspartate transaminase elevation of 3× ULN (without elevation in bilirubin level); resolved while on treatment
- SjS study:** no cases

Table 3. Most Frequently Reported Grouped AEs (EAIR^a, ≥20, 95% [CI])

	Remibrutinib any dose (n=391)	Remibrutinib 100 mg bid/QD (n=327)	Placebo (n=95)
GI disorders	31.7 (25.1-39.6)	28.8 (22.0-37.0)	48.6 (25.9-83.2)
Nausea	6.8 (4.1-10.6)	5.5 (2.9-9.5)	6.9 (0.8-25.0)
Diarrhea	6.8 (4.1-10.6)	5.5 (2.9-9.4)	10.4 (2.1-30.4)
Skin disorders	40.1 (32.5-49.0)	35.0 (27.4-44.0)	25.3 (10.2-52.1)
Petechiae	2.4 (1.0-5.0)	2.5 (0.9-5.4)	0.0 (0.0-12.3)
CSU	12.1 (8.4-16.9)	11.0 (7.2-16.1)	3.4 (0.1-18.7)
Nervous system	25.5 (19.6-32.5)	20.5 (15.0-27.4)	60.4 (33.8-99.6)
Headache	15.8 (11.4-21.4)	11.4 (7.4-16.6)	41.3 (20.6-73.8)
Musculoskeletal	21.6 (16.3-28.1)	21.2 (15.5-28.2)	25.3 (10.2-52.2)
Arthralgia	3.9 (1.9-6.9)	3.8 (1.7-7.2)	6.8 (0.8-24.6)

AE, adverse event; bid, twice a day; CSU, chronic spontaneous urticaria; EAIR, exposure-adjusted incidence rate; QD, once a day; URTI, upper respiratory tract infection
*Infections were the most frequent grouped AEs and are described in the Table 2; *EAIR refers to events per 100 patient-years

Acknowledgements

Medical writing support was provided by Bhavesh Kehrisagar and Saimithra Thammera and design support by Kuruva Jayaram, employees of Novartis Corporate Center, Hyderabad, India. The final responsibility for the content lies with the authors.

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- Giménez-Arnau A et al. Oral presentation at: EAACI 2023; OAS 20.

Robert Bermel has served as a consultant for AstraZeneca, Biogen, EMD Serono, Genentech/Roche, Genzyme/Sanofi, Novartis, TG Therapeutics, and Viela Bio; receives research support from Biogen, Genentech, and Novartis; and shares rights to intellectual property underlying the Multiple Sclerosis Performance Test, which is currently licensed to Biogen and Qr8 Health. Thomas Dörner has been an advisor or review panel member for AbbVie, Bristol Myers Squibb, Eli Lilly and Company, Novartis, and UCB; has received grant/research support from AbbVie, Bristol Myers Squibb, Eli Lilly and Company, Janssen, Novartis, Roche/Genentech, and UCB; and has been a speaker for/received honoraria from Janssen. Heinz Wiendl has received honoraria for acting as a member of scientific advisory boards for Janssen, Merck, and Novartis; has received speaker honoraria and travel support from Alexion, Amicus, Biogen, Biologix, Bristol Myers Squibb, Cognomed, F. Hoffmann-La Roche Ltd, Gemeinnützige Hertie-Stiftung, Genzyme, Medison, Merck, Novartis, Roche Pharma AG, Teva, and WebMD Global; is a paid consultant for Biogen, Bristol Myers Squibb, EMD Serono, Idorsia, Immunic, Immunovant, Janssen, Johnson & Johnson, Novartis, Roche, Sanofi, the Swiss Multiple Sclerosis Society; and UCB; and his research is funded by Alexion, Amicus, argenx, Biogen, CSL Behring, F. Hoffmann-La Roche Ltd, Genzyme, the German Ministry for Education and Research (BMBF), Deutsche Forschungsgesellschaft (DFG), Deutsche Myasthenie Gesellschaft e.V., Merck KGaA, Novartis, Roche, and UCB. Marcus Maurer is or has been a speaker and/or advisor for and/or has received research funding from Allakos, Amgen, Aralez, argenx, AstraZeneca, Celldex, Centogene, CSL Behring, Eli Lilly and Company, the Foundation for Advanced Education in the Sciences, Genentech, GI Innovation, Innate Pharma, Menarini, Moxie, Novartis, Roche, Sanofi/Regeneron, Third Harmonic Bio, UCB, and Uriach. Ana Giménez-Arnau has been a medical advisor for Amgen, the Foundation for Advanced Education in the Sciences, Genentech, GlaxoSmithKline, Novartis, Sanofi, Thermo Fisher, and Uriach; has research grants supported by Instituto Carlos III-FEDER, Novartis, and Uriach; and participates in educational activities for Almirall, Avène, Genentech, GlaxoSmithKline, LEO Pharma, Menarini, Merck Sharp & Dohme, Novartis, Sanofi, and Uriach. Tanuja Chitnis has received compensation for consulting from Biogen, Brainstorm Cell Therapeutics, EMD Serono, Novartis, Roche Genentech, and Sanofi-Genzyme and has received research support from I-Mab, Mallinckrodt ARD, the National Institutes of Health, the National MS Society, Novartis, Octave Bioscience, Roche Genentech, the Sumaira Foundation, Tiziana Life Sciences, and the US Department of Defense