Abstract ID: 259

Authors

Author	Institution	Email
Werner J. Becker	University of Calgary	wbecker@ucalgary.ca
Sian Spacey	Division of Neurology, University of British Columbia	sian.spacey@ubc.ca
Elizabeth Leroux	Brunswick Medical Center	leroux.neuro@gmail.com
Rose Giammarco	Hamilton Headache Clinic	giammarcorose@gmail.com
Christine Lay	Women's College Hospital and University of Toronto	christine.lay@wchospital.ca
Jonathan Gladstone	Gladstone Headache Clinic	drjongladstone@gmail.com
Suzanne Christie	Ottawa Headache Centre Inc.	neuro@drchristie.ca
Sarah Power	IQVIA Solutions Canada Inc.	sarah.power@yahoo.com
Jagdeep K. Minhas	IQVIA Solutions Canada Inc.	deepi.minhas@iqvia.com
Johanna Mancini	IQVIA Solutions Canada Inc.	johanna.mancini@iqvia.com
Driss Rochdi	Novartis Pharmaceuticals Canada Inc.	driss.rochdi@novartis.com
Ayca Filiz	Novartis Pharmaceuticals Canada Inc.	ayca.filiz@novartis.com
Natacha Bastien	Novartis Pharmaceuticals Canada Inc.	natacha.bastien@novartis.com

Title:

A Real-World, Observational Study of Erenumab for Migraine Prevention in Canadian Patients With Prior Prophylactic Treatment Failure

Objective:

To assess the real-world effectiveness, safety, and usage of erenumab in Canadian migraine patients who previously failed two to six categories of prophylactic migraine therapies.

Background:

Erenumab previously demonstrated efficacy for migraine prevention in randomized controlled trials in patients who failed up to four categories of prophylactic migraine therapies. The "Migraine prevention with AimoviG: Informative Canadian real world study" (MAGIC) was designed to assess the real-world effectiveness, safety, and usage of erenumab in patients who have failed two to six categories of prophylactic migraine therapies.

Design/Methods:

MAGIC is a prospective, open-label, non-interventional, observational study conducted in Canadian patients with chronic and episodic migraine (CM; EM) who previously failed two to six categories of prophylactic migraine therapies. Participants were treated with 70mg or 140mg erenumab monthly based on their physician's assessment. Migraine attacks were assessed using an electronic diary and migraine-related patient reported outcome (PRO) questionnaires. The primary outcome was the proportion of participants achieving a ≥50% reduction in monthly migraine days (MMD) after 12 weeks of treatment.

Results:

Among the 95 participants who initiated erenumab, 89 (93.7%) received 140mg erenumab. Overall, treatment was safe and well tolerated. At Week 12, 32/95 (33.7%) participants experienced ≥50% reduction in MMD. At Week 24, 30/86 (34.9%) participants achieved ≥50% reduction in MMD. Through PROs, 65.3% and 52.3% of participants reported improvement in their condition at Weeks 12 and 24, respectively. Physicians reported improvement in the condition of 82.1% and 77.9% of participants at Weeks 12 and 24, respectively.

Conclusions:

One third of real-world migraine patients who previously failed two to six prophylactic migraine treatment categories achieved ≥50% MMD reduction after three months of erenumab treatment. MAGIC provides real-world evidence of erenumab effectiveness, safety, and usage for migraine prevention in adult Canadian patients with multiple prior prophylactic treatment failures.

Did this study receive support? Yes

From which of the following sources did this study receive support? Please provide details of the funding sources below.

Industry sponsored grant: Novartis Pharmaceuticals Canada Inc.

Government sponsored grant:

Institutional grant:

Foundation grant:

Other:

Topic Area

Choose Primary Topic Choice: Headache

Primary Subtopics: Therapeutics

Choose Secondary Topic Choice: Headache

Secondary Subtopics: Health Services/Outcomes Research

Abstract Questions

How do you prefer to give your presentation?
In-person

How did you hear about the AAN abstract submission process/deadline?
Colleague

Please indicate your current training status?
None of These

Is this submission a case report? No

Does your research:

- **Support changing or addressing a patient safety or quality issue?** No
- **Address diversity and inclusion or healthcare equity within the field of neurology?** No

Would you like to have your abstract considered for the Clinical Trials Plenary Session? No

Is this submission: Observational study (e.g., case-control study, cohort, cross-sectional study)

Other:

Is this study registered with clinicaltrials.gov? No

Presentation Information

The AAN's Science Committee makes final decisions regarding abstract presentation type. Withdrawing an abstract due to dissatisfaction in presentation type is not permitted.

━ Poster-Only ━

Occasionally, presenters may wish to only present their abstract as a poster.
I prefer to present as a poster only No

━ Neuroscience in the Clinic (NIC) ━

The NIC program is a two-hour highly-integrated session that combines scientific research with clinical application and brings them together in context. Two abstracts will be chosen for each Neuroscience in the Clinic program. Abstract presenters will have 15 minutes to present their work and will participate in a panel discussion that concludes the program.

If you would like to have your abstract considered for a NIC program, please choose the topic below:
I do not wish to be considered for a NIC program

1) ALL authors acknowledge and have read and agreed with the content of this abstract submitted for the 74th Annual Meeting of the American Academy of Neurology. According to the Accreditation Council for Continuing Medical Education (ACCME) guidelines, the AAN must disclose this information. If you and your co-authors do not submit a signed disclosure statement, you will not be allowed to present your abstract. The AAN requires all commercial relationships disclosed, whether or not the relationship is relevant to a particular abstract or presentation.

For additional guidelines for individuals employed by a commercial entity, please click here.

Yes Yes, I acknowledge reading the above statement

2) The AAN encourages previously published/presented abstracts to be submitted. If an abstract contains material that has been previously published or presented, that information must be disclosed. If your submission fits this criteria, please indicate that information below.

Has the work described in this abstract been previously published? No

Has the work described in this abstract been previously presented? No

3) Unlabeled Uses of Products Disclosure:

When an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose is discussed during an educational activity, the AAN and Accreditation Council for Continuing Medical Education (ACCME) requires public disclosure that the product is not labeled for the use under discussion or that the product is still under investigation.

Will your presentation include information on unlabeled use of products? No

4) Please explain the scientific relevance of this abstract:

Erenumab previously demonstrated efficacy for migraine prevention in randomized controlled trials (RCTs) in patients who had failed up to 4 categories of prophylactic migraine therapies. However, there remains limited evidence on the real world use, effectiveness and safety of erenumab for the prevention of migraine in patients having failed up two six ategories of prophylactic migraine therapies.

5) Practice Gap

Include a brief statement of the intent of the study and the current state of research in the field. Specifically, what quality gap (limitation or problem) in the practice of neurology does this research address? For more information about defining a practice gap, Click Here

This study provides real world evidence on the use, effectiveness and safety of erenumab for migraine prevention in chronic and episodic migraine patients having failed 2-6 categories of prophylactic migraine therapies.

6) I grant to the American Academy of Neurology Institute (including its affiliates and successors, collectively referred to as the "Institute") a worldwide, perpetual, non-exclusive, non-transferable, royalty-free, right and license to copy, display, transmit, distribute, or otherwise use my abstract for educational or commercial purposes. These purposes include making the abstract available, but not limited to, on the Institute's website, the Institute's mobile app, the Institute's on demand product(s), and Neurology.org.

I warrant that the abstract is my original and unpublished work and that either (1) I am the copyright owner of the abstract and have the sole and exclusive right to grant the rights above, or (2) I am authorized by the copyright owner of the abstract to grant the license above. I warrant that the abstract contains no libelous, obscene, defamatory, or otherwise unlawful material, and does not infringe the copyright or violate the proprietary rights of any other party. I further warrant that any patient-related information (e.g., photos) I included in the abstract complies with HIPAA, and that I have received the appropriate informed patient authorizations (i.e., HIPAA- and state-compliant permission forms), if required. I agree that I am solely responsible for notifying the Institute if a patient revokes an authorization or an authorization terminates.

I agree to indemnify the Institute from and against all losses, expenses, damages, claims, or liabilities (including attorneys' fees) arising from or related to any breach of the covenants, representations, and warranties made by me in this agreement:

Yes Yes, I agree

I am an employee of the US Government and the abstract was prepared by me within the scope of my employment. I therefore do not have any copyright rights in the abstract to license to the Institute. N/A

7) I understand that if my abstract is accepted, it must be presented either in-person (if able) or virtually. If I or someone else is unable to present the work, I agree to notify the AAN. I understand that if I do not notify the AAN, I will be subject to sanction.

Yes Yes, I agree

8) I confirm that I have read the Smallest Publishable Unit guideline.

Yes Yes, I confirm

Print

Close Save and Remain on Page