Consistent Efficacy and Safety of Erenumab Over Time in Patients with Episodic Migraine Who Completed a 5-Year, Open-label Extension Study

Poster P-206

Messoud Ashina,[1] Peter J Goadsby,[2] Uwe Reuter,[3] Stephen Silberstein,[4] David W Dodick,[5] Feng Zhang,[6] Fei Xue,[6] Sunfa Cheng,[6] Denise E Chou,[6] Gabriel Paiva da Silva Lima[6]

1Dept Neurology, Danish Headache Center, Rigshospitalet Glostrup, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark; 2NIHR-Wellcome Trust King's Clinical Research Facility, King's College London, London, UK and Dept of Neurology, University of California, Los Angeles, CA, USA; 3Dept Neurology, Charité Universitätsmedizin Berlin, Berlin, Germany; 4Jefferson Headache Center, Thomas Jefferson University, Philadelphia, PA, USA; 5Dept of Neurology, Mayo Clinic, Scottsdale, AZ, USA; 6Amgen Inc., Thousand Oaks, CA, USA

Objective

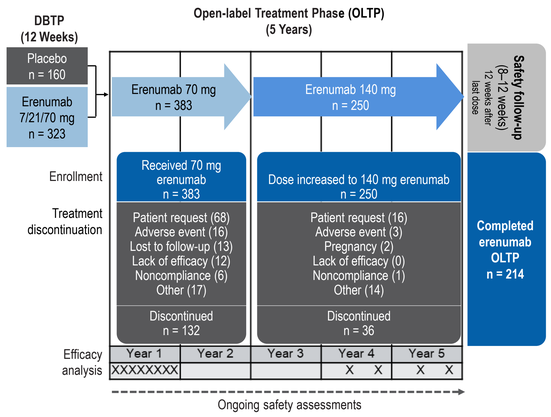
To evaluate the long-term efficacy and safety of erenumab in patients with episodic migraine who completed a 5-year treatment

ClinicalTrials.gov NCT01952574

Methods

- Patients were included in the completer analysis set if they had received the last scheduled erenumab 140 mg dose at week 264
- Baseline was defined as the 4-week period prior to the double-blind treatment phase (DBTP)
- DBTP safety was assessed using data pooled from four pivotal studies in episodic and chronic migraine (12 weeks) (Ashina M, et al, *Cephalalgia*, 2019;39:1798-1808)

Study design and disposition



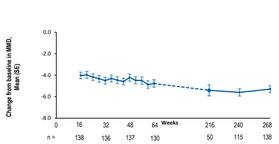
Erenumab demonstrated consistent and sustained clinical responses in patients who completed 5 years of treatment

Baseline characteristics	All patients (n = 383)	Completers (n = 214)
Demographics		
Age, years	41.3 (10.9)	42.3 (10.8)
Sex, female, n (%)	303 (79.1)	171 (79.9)
Race, white, n (%)	354 (92.4)	201 (93.9)
Baseline disease characteristics		
Age at migraine onset, years	20.9 (11.3)	21.8 (12.0)
Duration of disease, years	20.9 (11.9)	21.1 (11.7)
History of migraine with aura, n (%)	137 (35.8)	81 (37.9)
Monthly migraine days	8.7 (2.7)	8.6 (2.7)
Monthly acute migraine-specific medication days[a]	4.3 (3.7)	4.5 (3.6)
Prior preventive therapy, n (%)		
Prior use	169 (44.1)	94 (43.9)
≥ 1 Treatment failure[b]	138 (36.0)	76 (35.5)

[a]Migraine-specific medications were triptans and ergotamine derivatives.
[b]Included discontinuation due to lack of efficacy and/or side effects.
Data represent mean (SD) unless otherwise indicated.

Erenumab demonstrated consistent and sustained clinical responses in patients who completed 5 years of treatment

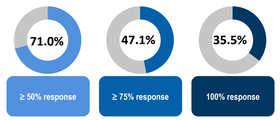
Change in monthly migraine days



Baseline monthly migraine days: **8.5 (0.2) days**

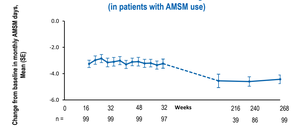
Mean (SE) change from baseline to year 5: **–5.3 (0.3) days**

Monthly migraine day response rate at year 5



Change in acute migraine-specific medication days

(in patients with AMSM use)



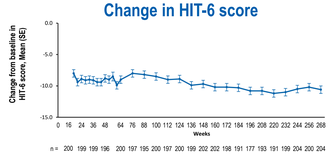
Baseline monthly AMSM days: **6.2 (0.3) days**

Mean (SE) change from baseline to year 5: **–4.4 (0.3) days**

AMSM, acute migraine-specific medication; MMD, monthly migraine day.

Erenumab demonstrated consistent and sustained clinically meaningful improvements in patient-reported outcomes and increased consecutive days free of moderate/severe headache in patients who completed 5 years of treatment

Change in HIT-6 score

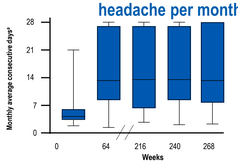


Baseline HIT-6 total score: **59.9 (0.4) days**

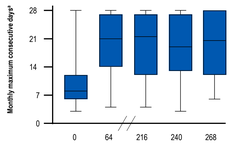
Mean (SE) change from baseline to year 5: **–10.6 (0.6) days**

Proportion of patients achieving ≥ 5-point reduction

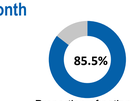
Average consecutive days free of moderate/severe headache per month



Maximum consecutive days free of moderate/severe headache per month



*Maximum 28 days possible during the 4-week evaluation period.



Proportion of patients with ≥ 1 interval of ≥ 14 consecutive days free of moderate/severe headache at week 216, 240, 264, or 268

There was no increased emergence of adverse events over time in patients who completed 5 years of treatment

Exposure-adjusted adverse events n [r]

	Pooled DBTP[a] Placebo (N = 1043)	Pooled DBTP[a] Erenumab 70/140 mg (N = 1400)	OLTP Erenumab 70/140 mg (N = 214)
All AEs	280.2 / 100 PY (n = 551)	249.0 / 100 PY (n = 727)	108.6 / 100 PY (n = 203)
Grade ≥ 2	126.5 / 100 PY (n = 321)	105.4 / 100 PY (n = 405)	54.0 / 100 PY (n = 186)
Grade ≥ 3	12.8 / 100 PY (n = 40)	12.4 / 100 PY (n = 58)	6.2 / 100 PY (n = 57)
SAEs	6.3 / 100 PY (n = 20)	5.9 / 100 PY (n = 28)	3.1 / 100 PY (n = 31)
Fatal AEs	0.0 / 100 PY (n = 0)	0.0 / 100 PY (n = 0)	< 0.1 / 100 PY (n = 1)[b]

Most frequent AEs (OLTP):

- Nasopharyngitis (n = 80 [9.7/100 PY])
- Upper respiratory tract infection (n = 59 [6.5/100 PY])
- Influenza (n = 48 [5.0/100 PY])

SAEs reported by > 1 patient each (OLTP):

Osteoarthritis (n = 2), uterine leiomyoma (n = 2), ligament rupture (n = 2), appendicitis (n = 2)

[a]Ashina et al, *Cephalalgia*, 2019;39(14):1798-1808
[b]One fatality ("death unattended") occurred during the safety follow-up when no erenumab was administered; considered unrelated to study drug by the investigator.
PY, patient-year.

Results

- Maintained reductions in monthly migraine days and acute migraine-specific medication (AMSM) days
- Maintained clinically meaningful improvements in HIT-6
- Majority of patients achieved ≥ 50% reduction in monthly migraine days from baseline
- Increased monthly average and maximum intervals free of moderate/severe headache
- Demographics and baseline characteristics were similar between completers and the full study population
- No new safety signals were detected in patients who completed the 5-year extended erenumab treatment period
  - Exposure-adjusted adverse events (AEs) and serious adverse events (SAEs) during the open-label treatment phase (OLTP) were lower than that observed for placebo during pooled double-blind treatment phase (DBTP)

Disclosures

This study was funded by Amgen Inc. Erenumab is codeveloped in partnership with Amgen Inc. and Novartis.

Messoud Ashina — Consultant, speaker, or scientific advisor: Alder, Allergan, Amgen, Eli Lilly, Lundbeck, Novartis, and Teva; primary investigator: Alder, Allergan, Amgen, Eli Lilly, Novartis, and Teva; associate editor: *Cephalalgia*, Headache, and Journal of Headache and Pain; President: International Headache Society;
Peter J Goadsby — Consulting fee, speaking/teaching fee, and/or research grants: Akita Biomedical, Alder Biopharmaceuticals, Allergan, Amgen, Autonomic Technologies, Avanir Pharmaceuticals, Cipla Ltd, CoLucid Pharmaceuticals, Inc., Dr. Reddy's Laboratories, electroCore, Inc., Eli Lilly, eNeura, Inc., Journal Watch, Massachusetts Medical Society, Medico-Legal Journal, Novartis, Oxford University Press, Pfizer, Promius Pharma, Quest Diagnostics, Scion, Teva Pharmaceuticals, Trigemina, Inc., UpToDate, and Wolters Kluwer;
Uwe Reuter — Personal compensation: Allergan, Amgen, Eli Lilly, Medscape, StreaMedUp, Novartis, and Teva for scientific presentations and participation in advisory board meetings;
Stephen Silberstein — Consultant and/or advisory board member for and honoraria: Abide Therapeutics, Alder, Allergan, Amgen, Avanir, Biohaven, Cefaly, Curelator, Dr. Reddy's, Egalet, Eli Lilly, GlaxoSmithKline Consumer Health Holdings, eNeura, electroCore, Impel NeuroPharma, Medscape, Novartis, Satsuma, Supernus, Teva, Theranica, and Trigemina;
David W Dodick — Consulting fees: AEON, Alder, Allergan, Amgen, Amzak Health, Association of Translational Medicine, Autonomic Technologies, Axsome, Biohaven, Charleston Labs, Clexio, Daniel Edelman Inc., Dr Reddy's Laboratories (Promius), ElectroCore, Eli Lilly, eNeura, Equinox, Foresite Capital, Impel, Ipsen, NeuroNet, Nocira, Novartis, Oppenheimer, Pieris, PSL Group Services, Revance, Salvia, Satsuma, Sun Pharma (India), Supernus, Teva, Theranica, University Health Network, Upjohn (Division of Pfizer), Vedanta, WL Gore, XoC, Zosano, and ZP Opco; personal fees to develop/deliver educational content for continuing medical education projects: Academy for Continued Healthcare Learning, Catamount, Chameleon, Global Access Meetings, Global Life Sciences, Global Scientific Communications, Haymarket, HealthLogix, Medicom Worldwide, MedLogix Communications, Mednet, Miller Medical, PeerView, Universal Meeting Management, UpToDate (Elsevier), and WebMD Health/Medscape; personal fees, royalties: Cambridge University Press, Oxford University Press, and Wolters Kluwer Health; board of directors, received stock options: Aural Analytics, Epien, Healint, King-Devick Technologies, Matterhorn, Nocira, Ontologics, Precon Health, Second Opinion/Mobile Health, and Theranica; no personal fees or royalties from Allergan for Patent 17189376.1-1466-vTitle: Botulinum Toxin Dosage Regimen for Chronic Migraine Prophylaxis; research funding to institution for salary support: American Migraine Foundation, Henry Jackson Foundation, PCORI, and US Department of Defense; reimbursement for travel: American Academy of Neurology, American Brain Foundation, American Headache Society, American Migraine Foundation, Canadian Headache Society, and International Headache Society; personal fees, speaking (not speakers bureau): Amgen, Lilly, Lundbeck, and Novartis;
Feng Zhang, Sunfa Cheng, Denise E Chou, and Gabriel Paiva da Silva Lima — Employees of and stockholders in Amgen.
Fei Xue — Was an employee of and stockholder in Amgen at the time of the study.

The authors acknowledge that assistance in preparing this presentation was provided by Jon Nilsen, PhD (Amgen Inc.) and Allison Gillies (ICON, North Wales, PA), whose work was funded by Amgen Inc. The final responsibility for the content lies with the authors.

To download a copy of the poster, infographic and supplementary data, please scan the QR code

MLR ID (128609)