Migraine Activity Reductions With Eptinezumab Were Associated With Improvements in Short-Form Health Survey Scores Most Affected By Migraine: Results From Phase 3 PROMISE-2 Trial in Chronic Migraine

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Introduction

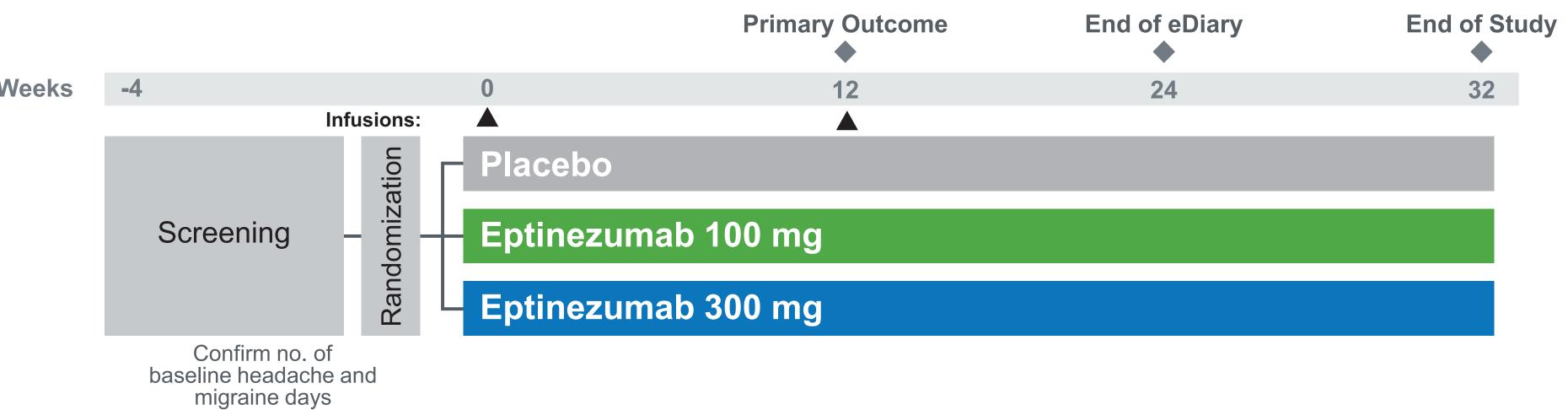
- Migraine is a highly prevalent, disabling, and costly neurologic disorder¹
- Calcitonin gene-related peptide (CGRP) is a neuropeptide that plays an important role in migraine pathophysiology²
- Eptinezumab (ALD403) is an anti-CGRP IgG1 monoclonal antibody that rapidly and selectively binds to CGRP, inhibiting its biological activity³
- Eptinezumab:
- Binds the CGRP ligand with high affinity, resulting in potent and sustained inactivation of CGRP
- Is designed for rapid onset and durability (reliable t₁/2 ~30 days)
- Is the only anti-CGRP monoclonal antibody glycoengineered for reduced immune activation
- Is the only anti-CGRP monoclonal antibody currently in development administered by quarterly iv infusion, allowing for 100% bioavailability within hours after infusion³
- In phase 2^{4,5} and phase 3^{6,7} studies in episodic and chronic migraine (CM), eptinezumab significantly reduced migraine days vs placebo, demonstrated migraine preventive efficacy, and was generally well tolerated

Objectives

 To evaluate the effects of eptinezumab on monthly migraine days (MMD) and on changes in Short-Form Health Survey (SF-36) patient-reported outcomes in subjects with CM in the phase 3 PROMISE-2 trial (ALD403-CLIN-011; NCT02974153)

Methods

PROMISE-2 Study Design (N=1072)



- This was a phase 3, parallel-group, double-blind, randomized, placebocontrolled trial of repeat quarterly iv infusions of eptinezumab or placebo in subjects with CM
- Inclusion criteria included:
- Male or female aged 18–65 years
- □ Diagnosis of migraine at age ≤50 years by the criteria of the 3rd Edition of the International Classification of Headache Disorders (ICHD-3) beta
- □ History of migraine ≥1 year prior to screening
- During the 28-day screening period, subjects experienced ≥15 to ≤26 headache days, of which ≥8 were migraine days
- Prescription or over-the-counter medication for acute or prophylactic treatment of migraine had been prescribed or recommended by a healthcare professional
- n Any prophylactic use of medications for headaches was stable for ≥3 months prior to screening

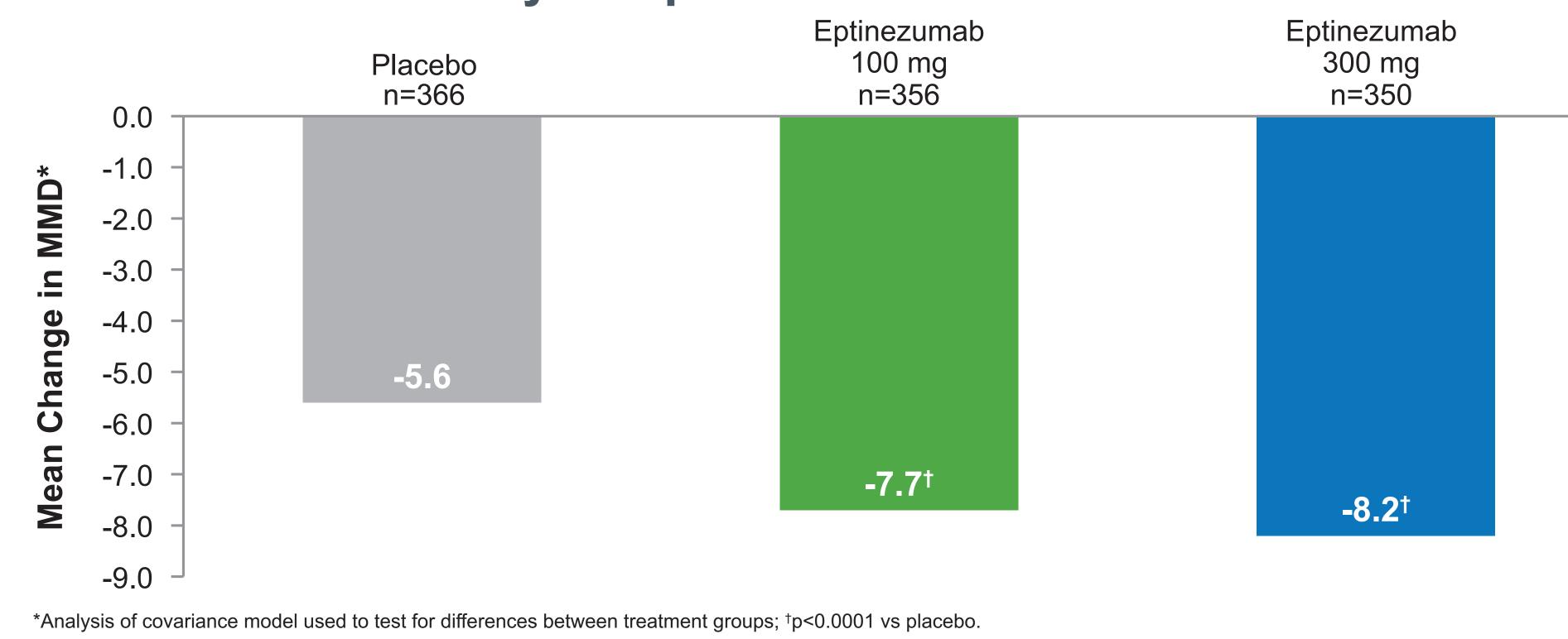
- Exclusion criteria included:
- Use of botulinum toxin within 4 months prior to screening and during the 28-day screening period
- Subjects with medication overuse headache not associated with opiates or butalbital could be enrolled
- Subjects completed an eDiary daily from screening visit through Week 24, with 90% compliance
- Treatment included 2 iv infusions of eptinezumab or placebo administered on Days 0 and 84 (Week 12)

Efficacy Endpoints

Primary Endpoint	Mean change from baseline in MMD	Weeks 1–12
Secondary Endpoint	SF-36	Weeks 4, 12, 16, 24, and 32*
*SF-36 endpoints included in this analys	is.	

Results

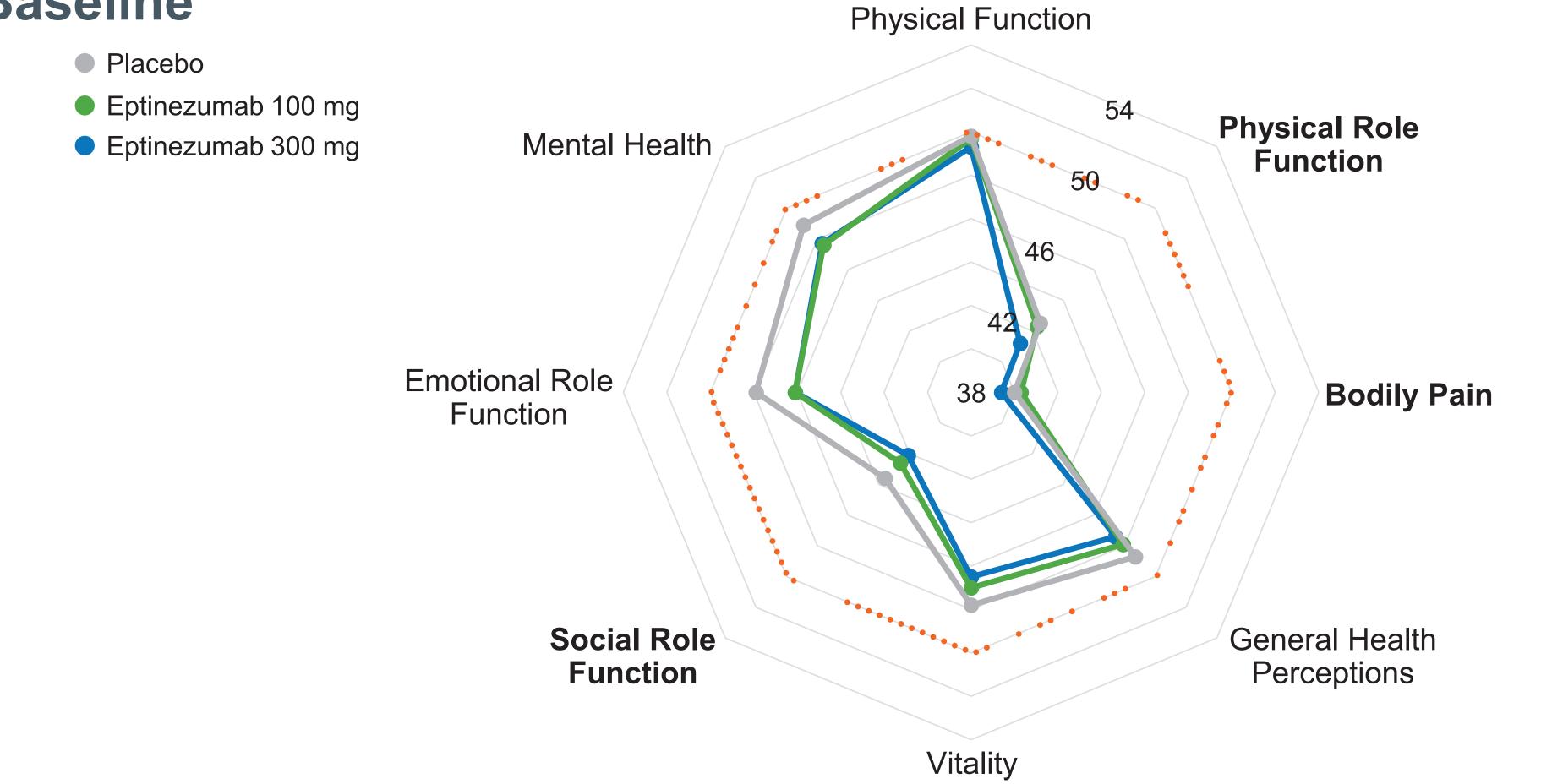
Mean Change in Monthly Migraine Days Weeks 1–12: Primary Endpoint



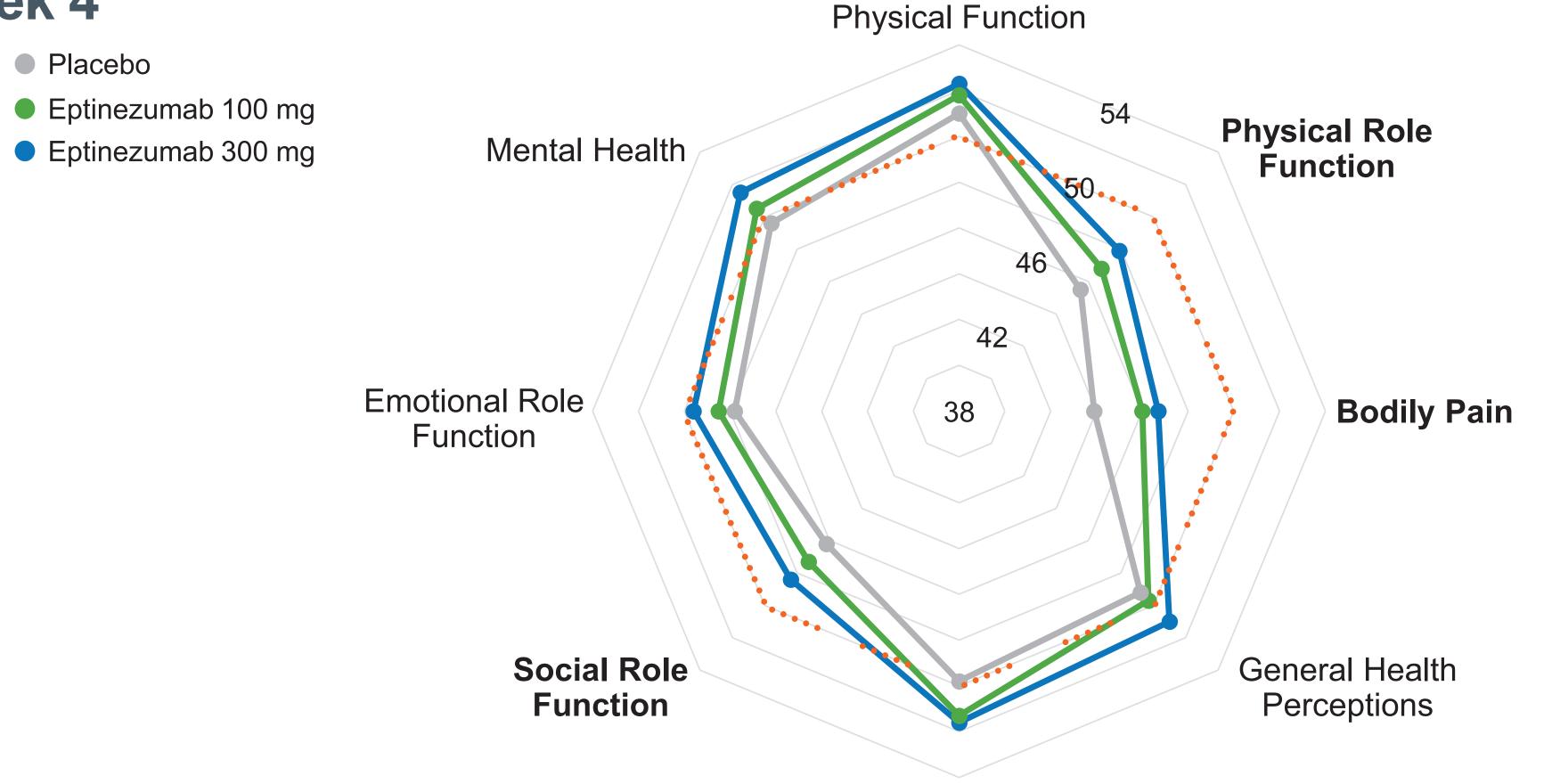
 Eptinezumab 100 and 300 mg significantly decreased mean MMD from baseline vs placebo over Weeks 1-12 after the first infusion

Mean SF-36 Domain Scores* Baseline

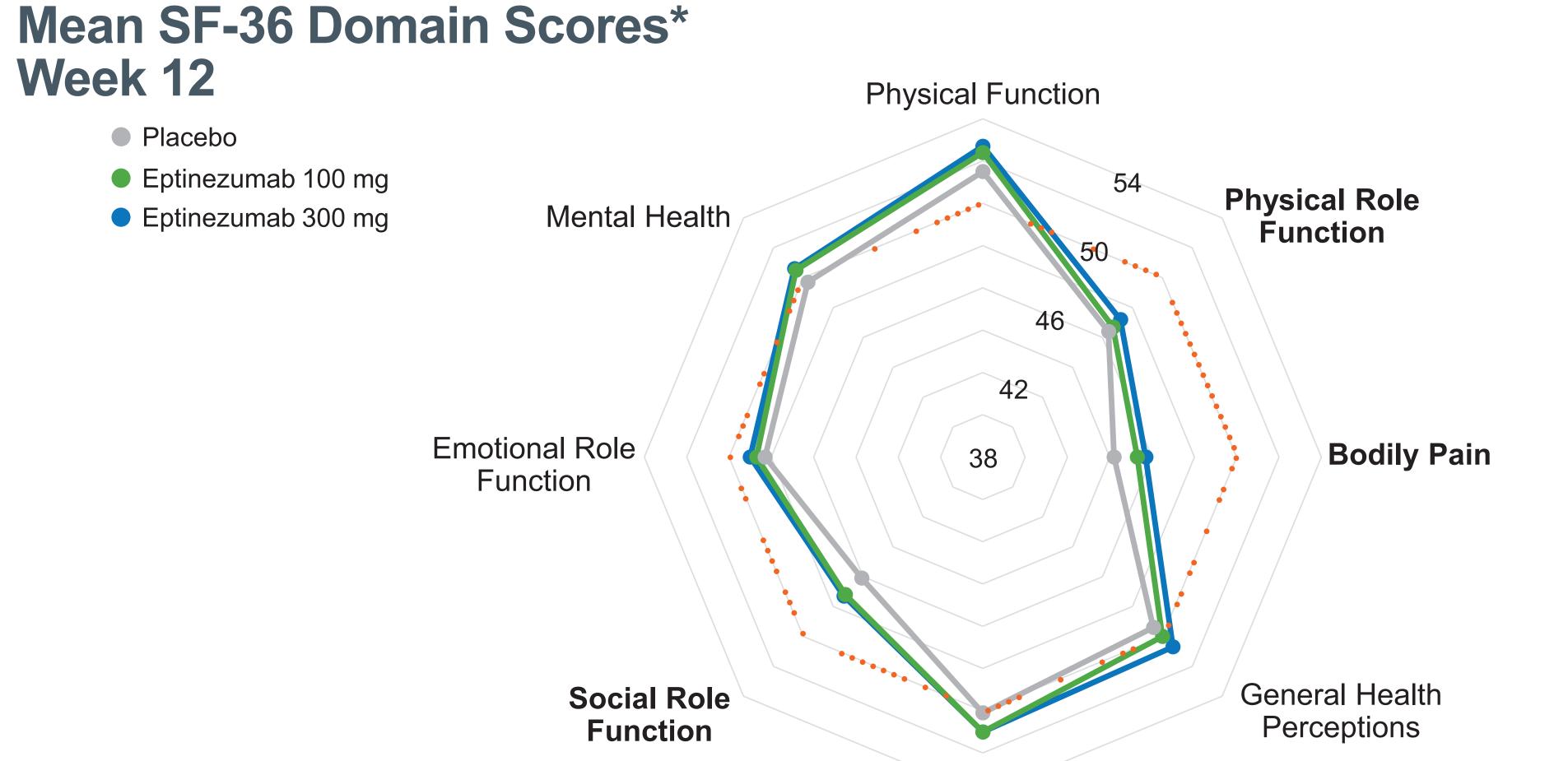
*Bold text indicates domains most affected at baseline; dotted line designates normative population score.



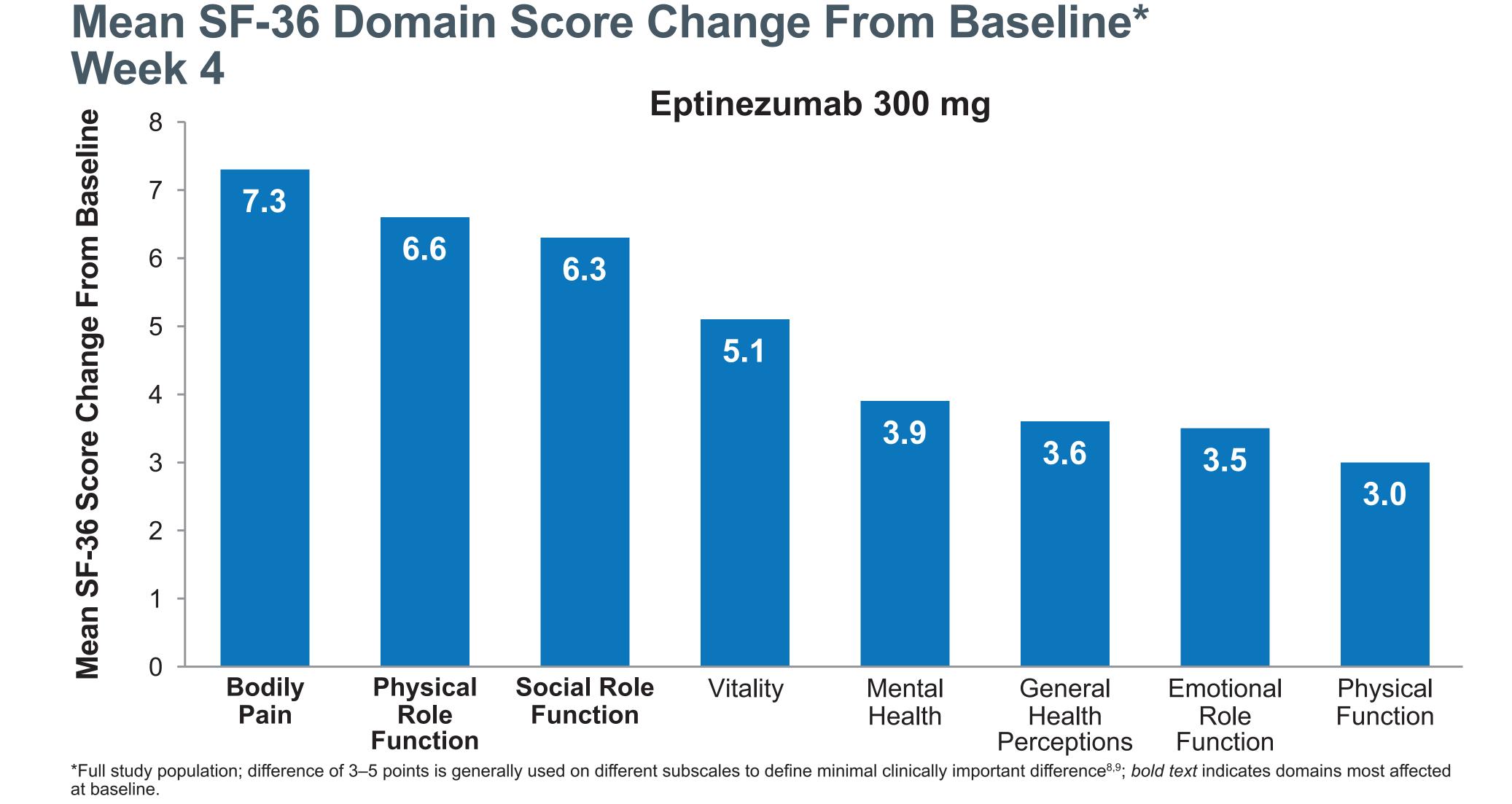




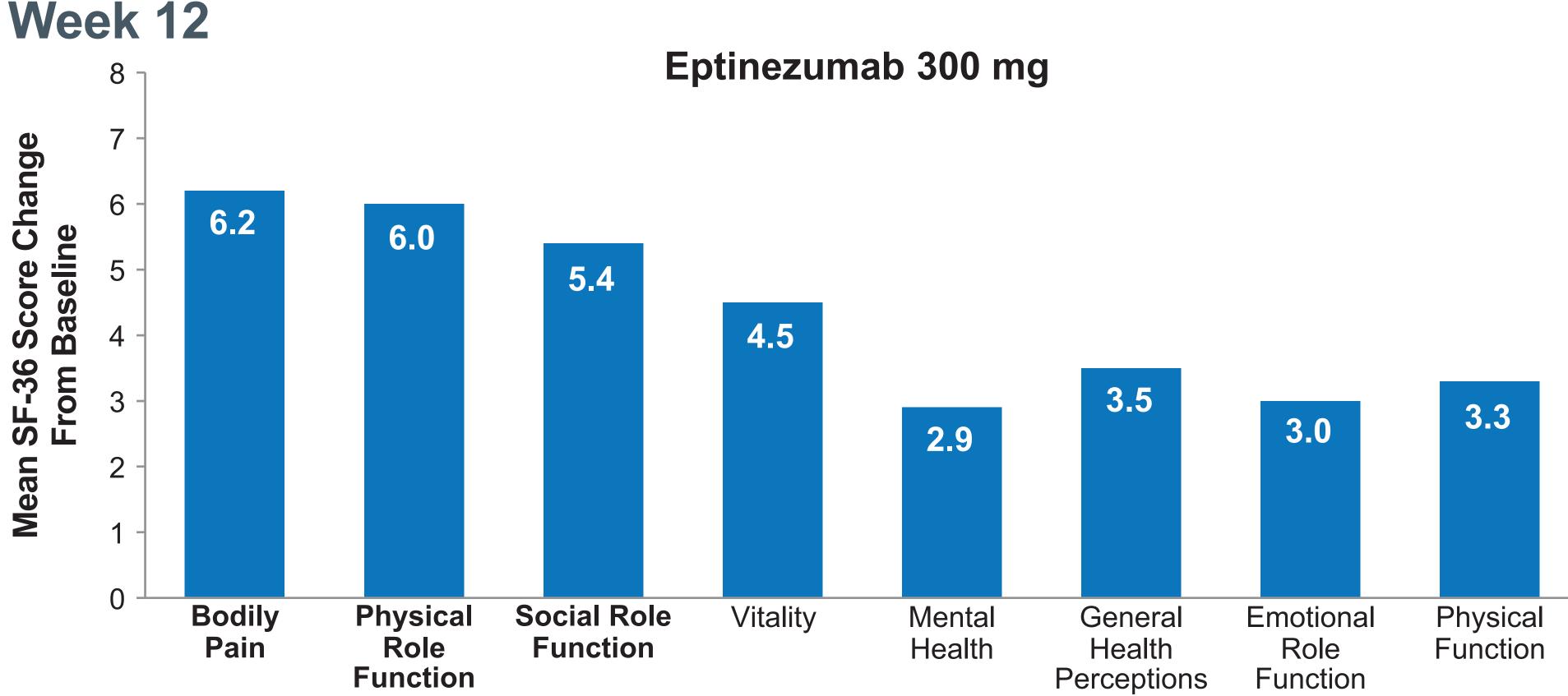
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Mean SF-36 Domain Score Change From Baseline*



Full study population; difference of 3–5 points is generally used on different subscales to define minimal clinically important difference^{8,9}; bold text indicates domains most affected

Safety Profile Through Week 32*

Subjects, n (%)	Placebo n=366	Eptinezumab 100 mg n=356	Eptinezumab 300 mg n=350
Any TEAE	171 (47)	155 (44)	182 (52)
Any serious TEAE [†]	3 (<1)	3 (<1)	4 (1)
Any TEAE leading to drug withdrawal	2 (<1)	3 (<1)	8 (2)
Most frequent TEAEs [‡]			
Nasopharyngitis	22 (6)	19 (5)	33 (9)
Upper respiratory tract infection	20 (6)	15 (4)	19 (5)
Nausea	7 (2)	6 (2)	12 (3)
Urinary tract infection	6 (2)	8 (2)	12 (3)
Arthralgia	3 (<1)	5 (1)	11 (3)
Influenza	9 (3)	1 (<1)	10 (3)
Dizziness	4 (1)	5 (1)	9 (3)
Sinusitis	15 (4)	7 (2)	9 (3)
Migraine	16 (4)	6 (2)	8 (2)
Anxiety	1 (<1)	4 (1)	7 (2)
Fatigue	7 (2)	8 (2)	6 (2)
Back pain	6 (2)	7 (2)	6 (2)
Bronchitis	8 (2)	7 (2)	4 (1)
*Safety profile represents safety population; †All serious treatment-emergent adverse	events (TEAEs) reported unrelat	ed to study drug; [‡] ≥2% in any a	active treatment group.

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Conclusions

- Eptinezumab significantly reduced MMD over Weeks 1–12 and reductions were sustained over 3 months in subjects with CM
- SF-36 scores improved in all domains at Week 4 after eptinezumab infusion and score improvements were sustained through Week 12
- Improvements at Weeks 4 and 12 were greatest in SF-36 domains most affected at baseline:
- Bodily pain, role physical, and social functioning
- Overall TEAE rates for eptinezumab were similar to placebo and the safety profile was consistent with previous eptinezumab studies

References
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DisclosuresJ. Saper: Alder, Allergan, Amgen, Autonoimic Technologies, Avanir, Biohaven, Colucid, Dr Reddy Laboratories, Eli Lilly, Impax, Migraine Research Foundation, Scion Neuro Stim, Supernus, Teva,

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