Eptinezumab Reduced Migraine Frequency, Hours, and Pain Intensity Through Week 24: Results From the Phase 3 PROMISE-1 Trial

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Introduction

- Migraine is a highly prevalent, disabling, and costly neurologic disorder.
- Calcitonin gene-related peptide (CGRP) is a neuropeptide that plays an important role in migraine pathophysiology.
- Eptinezumab (ALD403) is a humanized, anti-CGRP monoclonal antibody that selectively and potently inhibits CGRP biological activity.
- Eptinezumab binds the CGRP receptor with high affinity, resulting in rapid and durable inactivation of CGRP.
- Eptinezumab is the only anti-CGRP monoclonal antibody currently in development that is administered by quarterly iv infusion, allowing for 100% bioavailability at the time of infusion.
- In phase 3 studies in episodic migraine and chronic migraine, (see Saper S et al and Lipton R et al, oral presentations at this meeting), and a phase 2 study in episodic migraine, eptinezumab significantly reduced migraine days vs placebo, demonstrated migraine preventive efficacy, and was well tolerated.

Objective

- To evaluate the effect of eptinezumab on duration and severity of migraine in an exploratory analysis of data from the PROMISE-1 trial evaluating eptinezumab (2 quarterly infusions) for migraine prevention in subjects with episodic migraine (ALD403-CLIN-006; NCT02559895).

Methods

PROMISE-1 Study Design (N=888)

- This was a phase 3, parallel-group, double-blind, randomized, placebo-controlled trial to evaluate quarterly infusions of eptinezumab or placebo in subjects with episodic migraine.
- Eligibility criteria included:
  - Male or female age 18–75 years
  - Diagnosis of migraine at age ≥50 years by the criteria of the International Classification of Headache Disorders (ICHD-2).
  - History of migraine ≥12 months
  - ≥4 headache days/month of which ≥2 met ICHD-2 criteria for migraine
  - During the 28-day screening period, subjects experienced ≥14 headache days, of which ≥4 were migraine days
  - No use of botulinum toxin and preventive migraine/headache medications prior to (±2 months, and during the 28-screening period.

- Subjects completed an eDiary daily from screening visit through Week 48

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Endpoints

- Baseline characteristics were balanced across treatment groups
- Mean weight, kg: 82.4, 82.0, 82.4, 80.2
- Mean triptan/ergotamine days*: 1.5, 1.4, 1.5, 1.6

Results

Baseline Characteristics and Demographics

- Safety population, n: 222, 223, 222, 222
- Mean age, years: 39.9, 39.1, 39.5, 39.2
- Mean weight, kg: 82.4, 82.0, 82.4, 80.2
- Percent female: 94, 95, 93, 91
- Mean years from migraine diagnosis: 16.8, 17.0, 16.4, 18.2
- Subjects with ≥3 prior preventive medications (n %): 13 (5), 14 (6), 12 (5), 9 (5)
- Efficacy population, n: 222, 223, 222, 222
- Mean age, years: 39.4, 39.2, 39.0, 39.5
- Mean weight, kg: 82.2, 82.0, 82.6, 80.3
- Mean baseline migraine days: 16.2, 16.4, 16.4, 16.4
- Tachyphylaxis events associated in any adverse reaction/allergy reoccurrence:

- Mean baseline migraine days were ~8.5 days/month across groups
- Baseline characteristics were balanced across treatment groups

Disposition

- Subjects, n (%): 222 (100), 223 (100), 222 (100), 222 (100)
- Full analysis population: 222 (100), 223 (100), 222 (100), 222 (100)
- Week 12: 222 (100), 223 (100), 222 (100), 222 (100)
- Week 24: 193 (86), 184 (83), 193 (86), 198 (89)
- Eptinezumab treatment efficacy:
  - 54 (24), 57 (25), 50 (22), 61 (27), 100 (45)
  - Adverse events: 6 (3), 7 (3), 6 (3), 5 (2), 27 (12)

Conclusions

- Eptinezumab 300 and 100 mg demonstrated significant efficacy vs placebo for migraine prevention in patients with episodic migraine.
- Repeated quarterly iv infusion of eptinezumab reduced migraine days and hours by ~50% over 24 months.
- Migraine frequency, average hours of migraine, and migraine intensity were reduced by eptinezumab, and the reductions were maintained for 6 months after 2 quarterly infusions.

References


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Disclosures


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