Migraine prevention in the real world: Exploring the role of anti-CGRP antibodies

Migraine has a substantial impact on patients' daily lives

"You do whatever the doctor says to you….but you still have those migraine attacks, then you get frustrated, depressed, or you get anxiety because you need to live. You need to go out to work and to look after your family, and it's not possible. We are completely disabled during those days." - **Ms Ruiz de la Torre**

Anti-CGRP antibodies: Insights reported by patients

Awareness
62%
know about anti-CGRPs[1*†]

Barriers to access
26%[1*‡]
not mentioned by HCPs

Clinical response
54% to **63%**
throughout first 6 months[2§]

Satisfaction
77%
improvement or satisfaction with symptoms[3]

Faculty and topics

Ms Elena Ruiz de la Torre presented the burden of migraine in daily life for patients

Prof. Mamoru Shibata presented real-world data insights with anti-CGRP antibodies for migraine prevention

*Data from the European Migraine & Headache Alliance and KPMG "Access To Care III" survey of migraine patients in 41 countries. 58% of responses were from EU5 countries (Spain, Italy, France, Germany and UK); †Based on 1,672 respondents; ‡Based on 1,119 respondents; §Data from observational study of patients receiving monthly migraine treatment with galcanezumab (n=49), fremanezumab (n=19) and erenumab (n=84). CGRP, calcitonin gene receptor peptide; HCP, health care professional.

1.European Migraine & Headache Alliance. 2021. Available at: www.emhalliance.org/wp-content/uploads/ATC-EMHA-Dossier.pdf (accessed 22 May 2023); 2. Schiano di Cola F, et al. *Eur J Neurol*. 2023;30:1764–73; 3. European Migraine & Headache Alliance. 2021. Available at: www.emhalliance.org/project/access-to-care-survey-2021/ (accessed 2 June 2023).

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Anti-CGRP antibodies in practice: Insights from RWD

"By using anti-CGRP antibodies in the real-world setting, we can gain insights for clinical decision-making with respect to effects of discontinuation, optimal treatment strategies, safety and efficacy in heterogeneous populations, and long-term safety." **- Prof. Mamoru Shibata**

RWD support the efficacy and safety of anti-CGRP antibodies in different subgroups of patients

- South Korea,[1] Brazil[2] and Australia[3]
- ≥65 years of age[4] and adolescents[5]
- Men and women[6,7]
- Difficult-to-treat or highly treatment refractory patients[8–10]

RWD outcomes in Japanese patients with ≥1 preventive drug failure (N=30)[11]

Anti-CGRP antibodies were associated with:

-8.3 MMDs	-12.4 HIT-6 score	TEAEs in 30%
(p<0.0001)	(p=0.0001)	of patients*

RWD on treatment optimization with anti-CGRP antibodies

- **Switching** from one anti-CGRP antibody to another was associated with reduction in MHDs and analgesic medication days[12]
- Vomiting and acute response to triptans were **predictive of a good response** to anti-CGRP antibodies; chronic migraine, history of MOH, and concomitant depression were associated with **poor response**[13]
- Anti-CGRP antibodies were associated with **sustained efficacy over 3 years**, with only a minority of patients losing benefit over time[14]

*The most common TEAEs were constipation (16.7%) and injection site reactions (6.7%). CGRP, calcitonin gene-related peptide; HIT-6, Headache Impact Test-6; MHD, monthly headache day; MMD, monthly migraine day; MOH, medication overuse headache; RWD, real-world data; TEAE, treatment-emergent adverse event.

1. Kim B, et al. Presented at: 65th AHS Annual Scientific Meeting, Austin, TX, USA. 15–18 June 2023. P-65; 2. Krymchantowski AV, et al. *Avanços em Medicina.* 2021;1:24–9; 3. Ray J, et al. *J Headache Pain.* 2022;23(Suppl. 1):P52; 4. Biswas S, et al. Presented at: 65th AHS Annual Scientific Meeting, Austin, TX, USA. 15–18 June 2023. P-233; 5. Katsuki M, et al. *Cureus.* 2023;15:e33689; 6. Ornello R, et al. *Front Neurol*. 2021;12:774341; 7. Ornello R, et al. *J Headache Pain*. 2022;23:38; 8. Argyriou AA, et al. *Eur J Neurol*. 2023;30:1435–1442; 9. Scheffler A, et al. *J Headache Pain*. 2020;21:84; 10. Schiano di Cola F. *Neurological Sciences*. 2022;43:5763–4; 11. Shibata M, et al. Presented at: 65th AHS Annual Scientific Meeting, Austin, TX, USA. 15–18 June 2023. P-164; 12. Iannone LF, et al. *Cephalalgia*. 2023;43:1–11; 13. Raffaelli B, et al. *J Headache Pain*. 2023;24:16; 14. Salim A, et al. *J Headache Pain*. 2022;23(Suppl. 1):P59.

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