

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



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# Using anti-CGRP antibodies for migraine prevention: Key learnings

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**What are your key  
takeaways from this  
touchCLINICAL PERSPECTIVES  
activity?**

# Overview of the course content



## Module 1

- Introduction to the course



## Module 2

- Patient perspective on migraine burden
- Real-world data for anti-CGRP antibodies in migraine prevention



## Module 3

- Treatment failure in migraine and what to do
- Practical guidance on using anti-CGRP antibodies for migraine prevention



## Module 4

- Recap and key updates from the International Headache Congress 2023

**Current module**

The background of the slide features a large, light gray globe with a grid of latitude and longitude lines. To the left of the globe, there are several orange dots of varying sizes, some of which are arranged in a vertical line. The entire slide is framed by a thick orange border.

**In the past few months, have there been any interesting updates to our understanding of anti-CGRP antibodies for migraine prevention in the real world?**

# Real-world, long-term effects of switching between anti-CGRP antibodies for migraine prevention

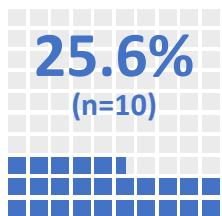
Long-term, real-world, prospective analysis of data from two large tertiary referral headache centres in the UK and Italy



## Treatment-refractory chronic migraine (N=39)

Did not achieve a meaningful sustained response to erenumab and were switched to fremanezumab\*

**Primary outcome**  
Patients (%) with  $\geq 30\%$  decrease in MMDs by month 3 vs post-erenumab baseline



Responses sustained at month 6;  
33.3% responded after last treatment<sup>‡</sup>

Secondary outcomes and safety/tolerability

	Baseline (post-erenumab)	Month 3 (N=39)	Month 6 (n=21)	Last treatment <sup>‡</sup> (n=16)
Monthly painkiller use (median)	8.6	0.0 ( $p \leq 0.001$ )	9.6 ( $p = 0.201$ )	5.4 ( $p = 0.033$ )
HIT-6 score (median)	66.0	68.5	66.0	62.0
TRAEs <sup>†</sup>		8	4	3

Approximately one third of patients with treatment-refractory chronic migraine who had a suboptimal response to erenumab and switched to fremanezumab, obtained a meaningful and sustained improvement in migraine burden

\*Patients treated with erenumab (70 mg or 140 mg) for  $\geq 3$  months who either did not respond, or obtained a minimal but not meaningful enough benefit, or who initially responded but in whom the effectiveness wore off over time, were switched to fremanezumab 225 mg/month after a variable interval period; <sup>†</sup>Side effects were generally rated as mild; <sup>‡</sup>Up to 18 months. CGRP, calcitonin gene-related peptide; HIT-6, Head Impact Test-6; MMD, monthly migraine day; TRAE, treatment-related adverse event. Lambru G, et al. *Neurotherapeutics*. 2023;20:1284–93.

# Real-world data on long-term outcomes with anti-CGRP antibodies for migraine prevention

RE-DO: Long-term, real-world, multicentre, prospective, observational cohort study in 10 Italian headache centres



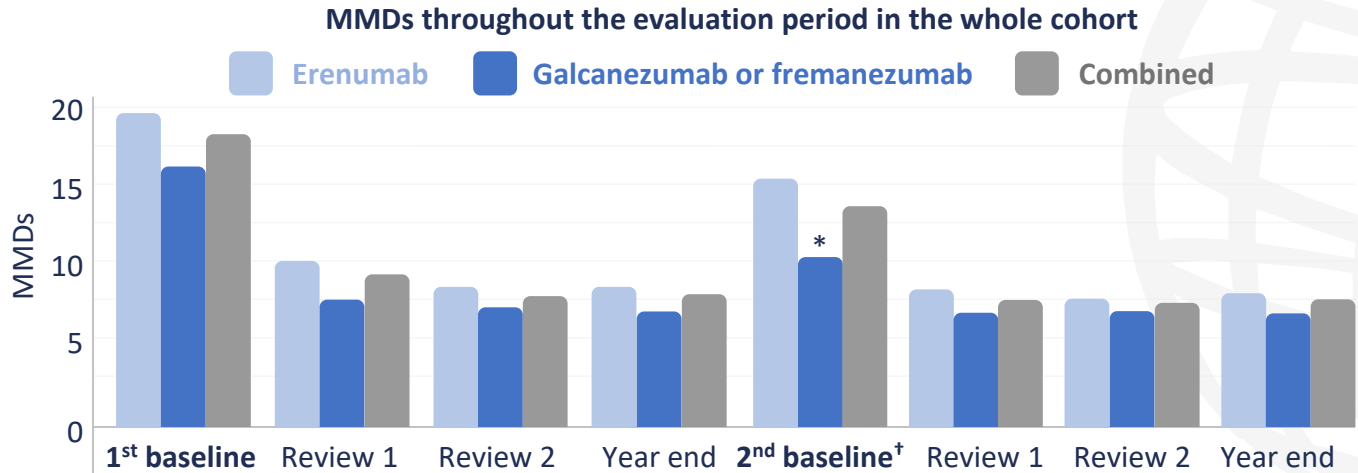
N=226

79.6%: CM

20.4%: HFEM

55.3%: erenumab

44.7%: galcanezumab  
OR fremanezumab



Erenumab, galcanezumab and fremanezumab were associated with persistent effectiveness through first and the second years of use

\*Anti-CGRP<sub>r</sub> vs anti-CGRP<sub>p</sub> p<0.001; <sup>†</sup>The Italian Medicines Agency requires mandatory drug withdrawal for ≥1 month, following one continuous year of treatment.

CGRP, calcitonin gene-related peptide; CM, chronic migraine; HFEM, high-frequency episodic migraine; MMD, monthly migraine day; r, receptor; RE-DO, RE-treating migraine patients in the second year with monoclonal antibodies anti-CGRP pathway.

Vernieri F, et al. *J Neurol*. 2023;doi: 10.1007/s00415-023-11872-2. Online ahead of print.





**What were the highlights from IHC 2023 regarding real-world use of anti-CGRP antibodies for migraine prevention?**

# Real-world insights from the CaMEO-I study: Patient-reported, migraine-related burden and stigma

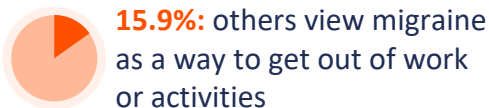
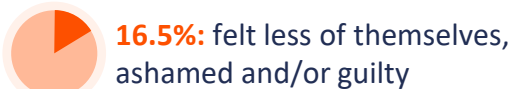
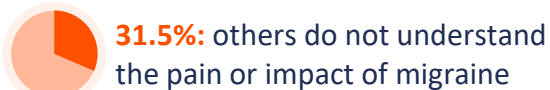
CaMEO-I: Cross-sectional cohort study conducted in the USA, Canada, UK, Germany, France and Japan<sup>1-3</sup>



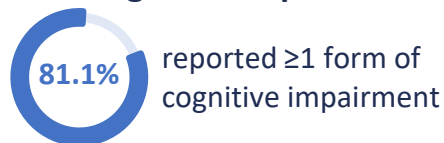
N=14,492<sup>1-3</sup>

5.4–9.5% had  
≥15 MHD<sup>1</sup>

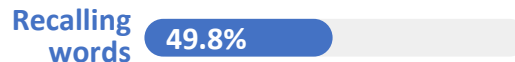
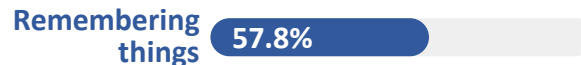
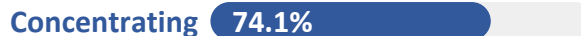
## Frequently experienced\* stigma<sup>1</sup>



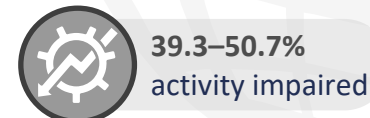
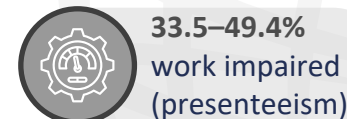
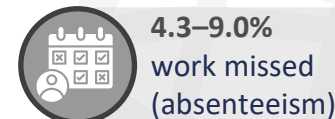
## Cognitive impairment<sup>2</sup>



### Specific areas of cognitive impairment



## Impact on work life<sup>3</sup>



Globally, migraine is associated with a substantial burden, including stigma, QoL, cognition and work/activity impairments<sup>1-3</sup>

\*Occurring often or very often.

CaMEO-I, Chronic Migraine Epidemiology and Outcomes – International; MHD, monthly headache day; QoL, quality of life.

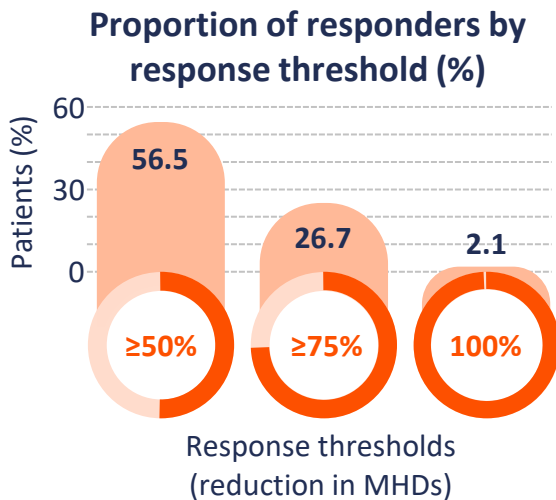
1. Shapiro RE, et al. Presented at: IHC 2023, Seoul, South Korea. 14–17 September 2023. Abstr IHC23-DP-043; 2. Lipton RB, et al. Presented at: IHC 2023, Seoul, South Korea. 14–17 September 2023. Abstr IHC23-IND-002; 3. Katsarava Z, et al. Presented at: IHC 2023, Seoul, South Korea. 14–17 September 2023. Abstr IHC23-IND-003.

# Real-world efficacy and safety following 6 months of anti-CGRP antibody use for migraine prevention

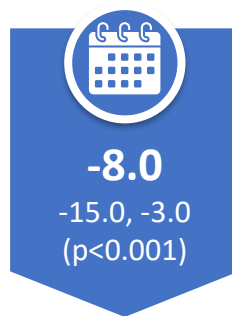
Real-world, multicentre, prospective, observational cohort study in 35 centres in Spain, Italy, Portugal, UK, Germany, Sweden and Poland



n=4,962  
at 6 months  
27.8%: HFEM  
72.2%: CM  
46.4%: erenumab  
28.1%: galcanezumab  
25.6%: fremanezumab



Median reduction in MHDs (days/month)



Safety and tolerability



19.8%  
reported side effects

Most frequently reported side effect:  
Constipation (39.5%)



Discontinuation:



8.4% at 3 months  
8.0% at 6 months

Following 6 months of use, anti-CGRP antibodies are effective and well tolerated for patients with HFEM and CM, with comparable response rates to those found in clinical trials

# Real-world outcomes following first or second anti-CGRP antibody switch for migraine prevention

Real-world, UK-based, retrospective, case note review study from a tertiary headache centre



N=54

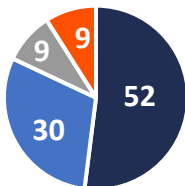
Suboptimal response to anti-CGRP antibody after 12 weeks and received a 2<sup>nd</sup> or 3<sup>rd</sup> anti-CGRP antibody\*

## Initial anti-CGRP antibody



93% erenumab

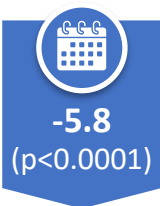
## Reasons for switching from 1<sup>st</sup> to 2<sup>nd</sup> anti-CGRP antibody (%)



- Lack of response
- Loss of response over time
- Adverse effects
- Rotation of treatment

## Outcomes at 12 weeks vs switch baseline for those who switched due to lack or loss of response

Mean MHD reduction



Mean severe headache day reduction



Overall response rate: 58%

## 3<sup>rd</sup> anti-CGRP antibody (n=16)

44%

56%

Fremanezumab Galcanezumab


## Outcomes at 12 weeks vs switch baseline



No significant difference in MHDs or severe headache days

Switching between a 1<sup>st</sup> and 2<sup>nd</sup> anti-CGRP antibody was associated with significant improvement in outcomes after 12 weeks of treatment; no significant improvement was seen after switching from a 2<sup>nd</sup> to a 3<sup>rd</sup> anti-CGRP antibody

\*A washout period of 3 months between treatments was targeted but not strictly adhered to.  
CGRP, calcitonin gene-related peptide; MHD, monthly headache day.  
Lowie M, et al. Presented at: IHC 2023, Seoul, South Korea. 14–17 September 2023. Abstr IHC23-LBAPO-024.



**What are the clinical implications  
of recent real-world data on  
anti-CGRP antibodies for  
migraine prevention?**

# Clinical impact of the latest real-world data on anti-CGRPs for migraine prevention



1

## Switching between anti-CGRP antibodies

- When and how
- Managing patient expectations



2

## Long-term use of anti-CGRP antibodies

- Duration of use
- Managing patient expectations



3

## Efficacy and safety of anti-CGRP antibodies

- Managing patient expectations