

RESULTS OF THE USE OF GALCANEZUMAB IN ROUTINE CLINICAL PRACTICE



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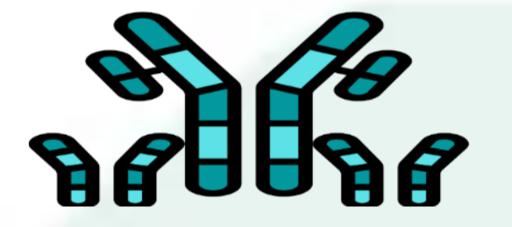
BACKGROUND AND IMPORTANCE

Migraine is a highly disabling neurovascular disorder characterized by a severe headache and trigeminovascular system activation, involving the release of calcitonin-gene related peptide (CGRP). Galcanezumab is a humanized monoclonal antibody blocking the CGRP.

AIM AND OBJECTIVES

Analyze:

- The effectiveness of galcanezumab in the prophylaxis of chronic migraine
- Response to other anti-CGRP monoclonal antibodies after galcanezumab failure.



MATERIAL AND METHODS

Observational and prospective study from January 2020 to September 2022



Patients in whom at least one year had passed since the start of galcanezumab were included

Quantitative variables were expressed as median

Variables analyzed



Baseline migraine days/month (MDM), three months later

Objective response rate (ORR) >50%

Treatment duration

Reason for suspension

The headache impact test (HIT-6) was performed at baseline

HIT-6 after three months of treatment

SCORE INTERPRETATION

HIT-6 was performed to analyze quality of life

HIT-6 \leq 49: little or no impact HIT-6= 50-55: certain impact HIT-6 = 56-59: important impact HIT-6 \geq 60: very severe impact

RESULTS

(interquartile range)

√ 56 patients were included.

Age	50(43-58) years
Gender (woman)	77%
Galcanezumab duration	6(6-9) months
MDM month 0	15(14-17)
MDM month 3	5(3-6)
ORR>50%	84%
HIT6 month 0	72(68-76)
HIT6 month 3	49(48-57)

- ✓ 9% of the patients continue with active treatment, 100% maintain effectiveness, median MDM: 3(2-6).
- 91% discontinued treatment

	Reason for 67%Neurologist's		29%lack of effectiveness 4%			
	suspension	decision (34)		(15)		Toxicity(2)
	Medical action		No required reset*	Change to Erenumab	Change to Fremanezumab	
	N ^a Patients	19	15	4	7	
	MDM month 0	15(12-16)		15(15-17)	15(15-20)	
9	MDM month 3	4(3-5)		15(12-17)	15(7-20)	
	ORR >50%	89%		25%	43%	
	HIT-6 month 0	73(68-76)		73(68-78)	66(59-70)	
	HIT-6 month 3	57(50-68)		72(64-78)	57(55-67)	
	48.4 11 (1		-	7/5 44)		

*Median months without treatment after suspension: 7(5-11).

CONCLUSION AND RELEVANCE

- 2 A high percentage of patients presented a good response to galcanezumab, with improvement in HIT-6.
- A large number of patients who received prophylaxis with galcanezumab did not require another visit to the neurologist. Most of the patients who required reintroduction of galcanezumab reached an ORR>50%.
- Less than half of the patients who restarted therapy with a different anti-CGRP after galcanezumab failure, achieved an ORR>50%.
- All patients who continued with galcanezumab from the start, maintained effectiveness



Abstract number: 4CPS-168 ATC code:N02-ANALGESICS

