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

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

HIT-6 was performed to analyze quality of life

SCORE INTERPRETATION
HIT-6 ≤ 49: little or no impact
HIT-6= 50-55: certain impact
HIT-6 = 56-59: important impact
HIT-6 ≥ 60: very severe impact

Quantitative variables were expressed as median (interquartile range)

RESULTS

- ✓ 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 suspension	**67%Neurologist's decision (34)**		**29%lack of effectiveness (15)**		**4% Toxicity(2)**
Medical action	Reset Galcanezumab	No required reset*	Change to Erenumab	Change to Fremanezumab	
NªPatients	19	15	4	7	
MDM month 0	15(12-16)		15(15-17)	15(15-20)	
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)	

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

CONCLUSION AND RELEVANCE

- 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

No conflict of interest

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