

Will refractory migraine patients in the real-world respond to erenumab?

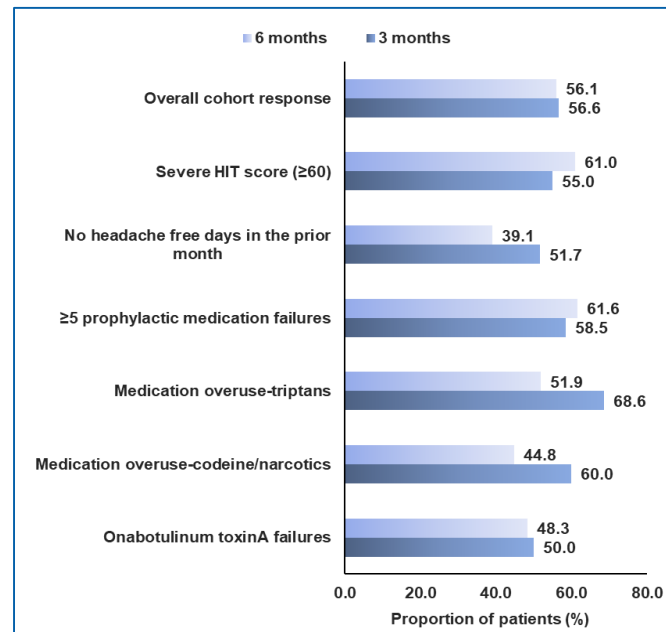
STUDY RESULTS

- N=155 patients (mean age: 47 years, disease duration 28.1 years, monthly headache days: 23.3, 100% failed 3+ prior prophylactics, and 53.9% MOH)
- At 3 months: MMD reduction: 8.9 days ($\geq 50\%$ response rate: 56.6%)
- At 6 months: 56.1% with $\geq 50\%$ response rate, 23.2% ceased treatment due to lack of benefit (n=20), cost (n=11), side effects (n=7), & pregnancy (n=1)
- Between 3 to 6 months: 14.3% improved from $< 50\%$ to $\geq 50\%$ response rate, while 12.1% reduced from $\geq 50\%$ to $< 50\%$ response rate
- Significant improvement in QoL scores (HIT-6 and MIDAS both)

Brief methodology

- 155 patients from 3 Australian headache centers had baseline and 3-month data collected after erenumab initiation
- Primary outcomes: Monthly migraine days (MMDs) & monthly headache days (MHDs). Responders of $\geq 50\%$ reduction in migraine response were compared to migraine severity markers including headache frequency, failed prophylactics, QoL scores and MOH

$\geq 50\%$ MMD response rates in severe patient subgroups



This real-world erenumab cohort included patients that would be excluded from RCT analysis- including more severe, long standing, and refractory patients. Despite this, there were higher $\geq 50\%$ responder rates than RCT¹ of erenumab in CM ($P=0.001$). Similar rates of $\geq 50\%$ reduction were observed in more severe subgroups

HIT-6: Headache impact test-6; MHD: Monthly headache days; MIDAS: Migraine disability assessment;
MMD: Monthly migraine days; MOH: Medication overuse headache; RCT: Randomized controlled trial

Source: Poster. Jenkins 2019 [IHC-PO 405]. Will refractory patients respond to erenumab in the real world?