

Eptinezumab Demonstrated Early and Sustained Reductions in HIT-6 Total and Item Scores Over Time in Patients With Chronic Migraine in the PROMISE-2 Trial

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KEY POINTS

- Longitudinal modeling was applied to HIT-6 data from PROMISE-2 in order to determine whether the effect of eptinezumab on headache-related impact on daily functioning occurred early during treatment and if that effect was sustained over continued treatment.
- Eptinezumab 100 mg and 300 mg were associated with greater decreases in headache-related impact on daily functioning—as measured by HIT-6 total and item scores—over the first month of treatment compared with placebo, with improvements generally stable over 8 months.

CONCLUSIONS

- The stability of the reductions in HIT-6 total and item scores over Months 1–8 suggest that early treatment response may provide longer-term benefits to patients' everyday functioning across a variety of impact areas.
 - At all post-baseline time points, the mean change in the HIT-6 total scores in the eptinezumab groups met the threshold for clinically meaningful change.
- By focusing on item-level information, the current study provided novel insights regarding how eptinezumab relates to a variety of specific migraine impact areas, which are relevant to clinical practice.

Introduction

- Migraine broadly impacts daily life, with negative effects on activities related to occupational, academic, social, familial, and personal roles.¹⁻³
- Migraine preventive treatment has many goals, including the reduction of headache and migraine frequency and the reduction of their negative impact on daily life and functioning.⁴
- Eptinezumab is an intravenously administered monoclonal antibody that inhibits calcitonin gene-related peptide and is indicated for the preventive treatment of migraine in adults.⁵
- Eptinezumab significantly reduced monthly migraine frequency vs placebo in patients with chronic migraine in the phase 3, randomized, double-blind, placebo-controlled, parallel-group PROMISE-2 study.⁶

Objective

- To describe the effect of eptinezumab on headache-related impact on daily functioning, as measured by short-form Headache Impact Test (HIT-6) total and item scores, in patients with chronic migraine in the PROMISE-2 study

Methods

- The HIT-6 is intended to measure the impact of headache on the daily lives of individuals (**Table 1**).^{7,8}
- Total score:
 - Potential range: 36–78
 - Greater scores indicative of greater life impact
 - Reduction of ≥6 points considered clinically meaningful³
- Item scores simplified to:
 - 1 = never
 - 2 = rarely
 - 3 = sometimes
 - 4 = very often
 - 5 = always
- HIT-6 data came from PROMISE-2 (NCT0297153) (**Figure 1**).⁶
- The HIT-6 was administered at baseline and at Months 1, 3, 4, 6, and 8.
- This analysis examined longitudinal changes from baseline (**Figure 2**).
- The ANCOVA model controlled for stratification factors of migraine days during the screening period (<17 vs ≥17 days) and previous prophylactic medication use (yes vs no).
- All *P* values are descriptive (post hoc analyses).

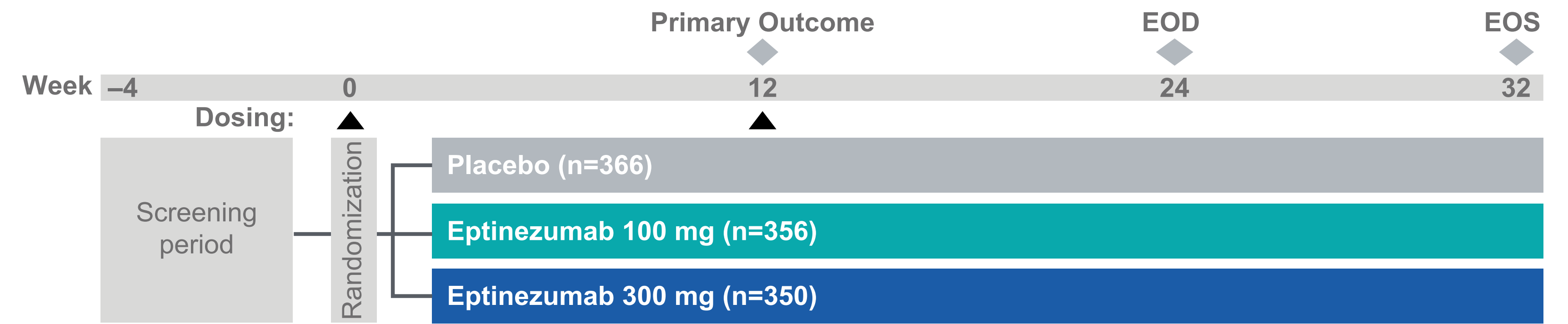
Results

- Baseline headache impairment was similar across treatment groups.
- Total scores decreased from baseline to Month 1 in all 3 groups (*P*<0.0001 vs baseline); reductions with eptinezumab were significantly greater than with placebo (*P*<0.0001 vs placebo) (**Figure 3**).
- From Month 1 to 8, all groups demonstrated stable HIT-6 total scores, with eptinezumab scores lower than placebo at all time points (*P*<0.05 vs placebo).
- Scores for all individual HIT-6 items declined from baseline to Month 1 in all treatment groups; reductions with eptinezumab were significantly greater than with placebo (*P*<0.01 vs placebo) (**Figure 4**).
- For all groups, item scores were generally stable from Month 1 to 8.

Table 1. Items of the HIT-6

Item 1	When you have headaches, how often is the pain severe?
Item 2	How often do headaches limit your ability to do usual activities including household work, work, school, or social activities?
Item 3	When you have a headache, how often do you wish you could lie down?
Item 4	In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?
Item 5	In the past 4 weeks, how often have you felt fed up or irritated because of your headaches?
Item 6	In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?

Figure 1. PROMISE-2 Study Design



EOD, end of eDiary; EOS, end of study

Figure 2. Post hoc Two-Piece Linear Mixed-Effects Model

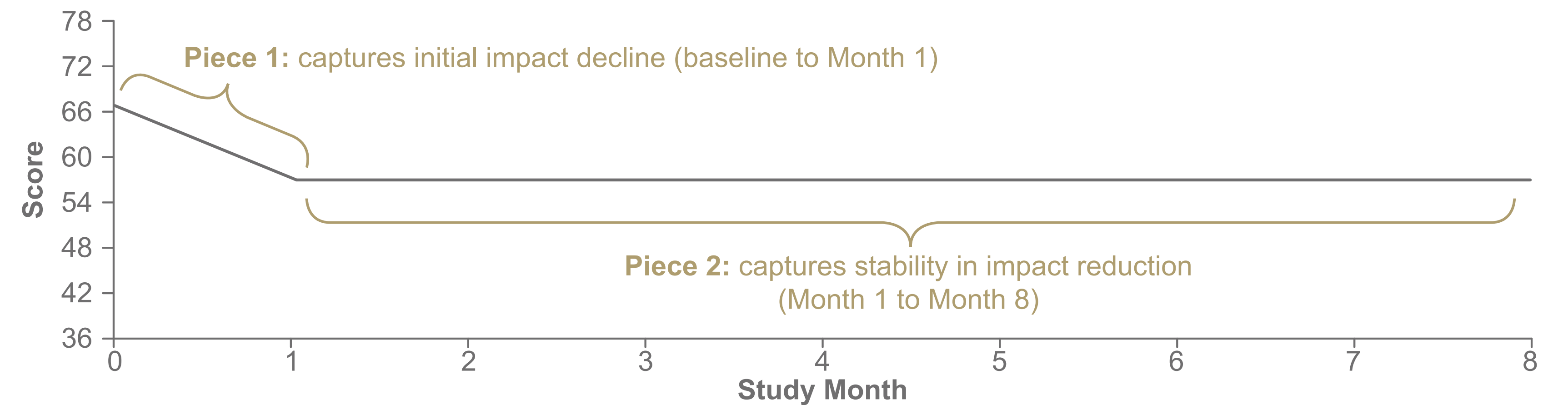
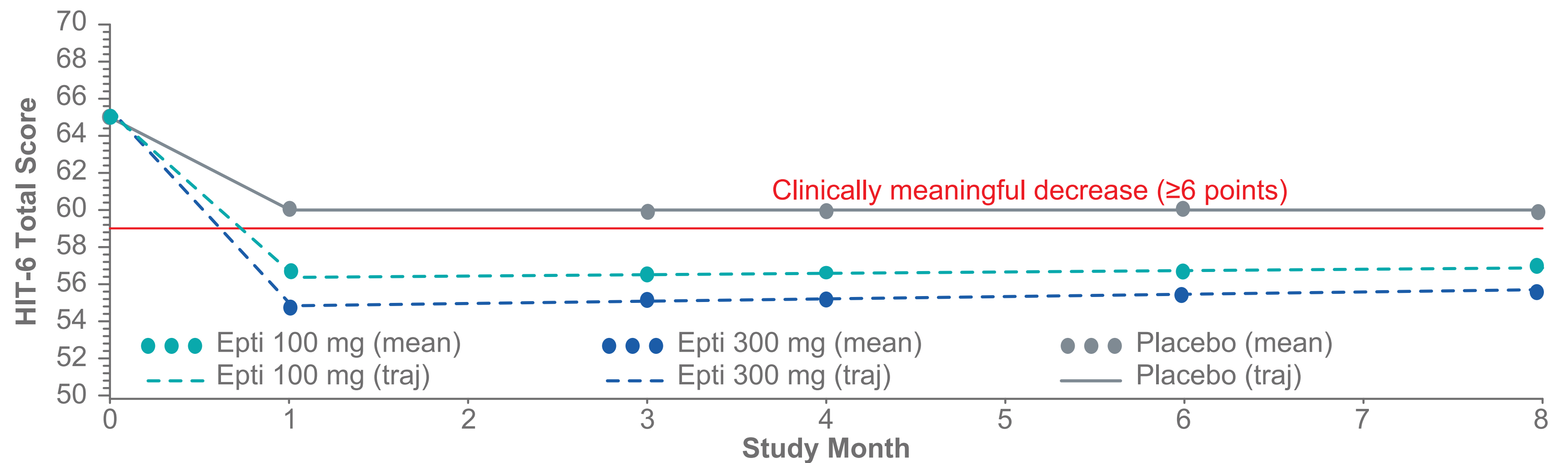
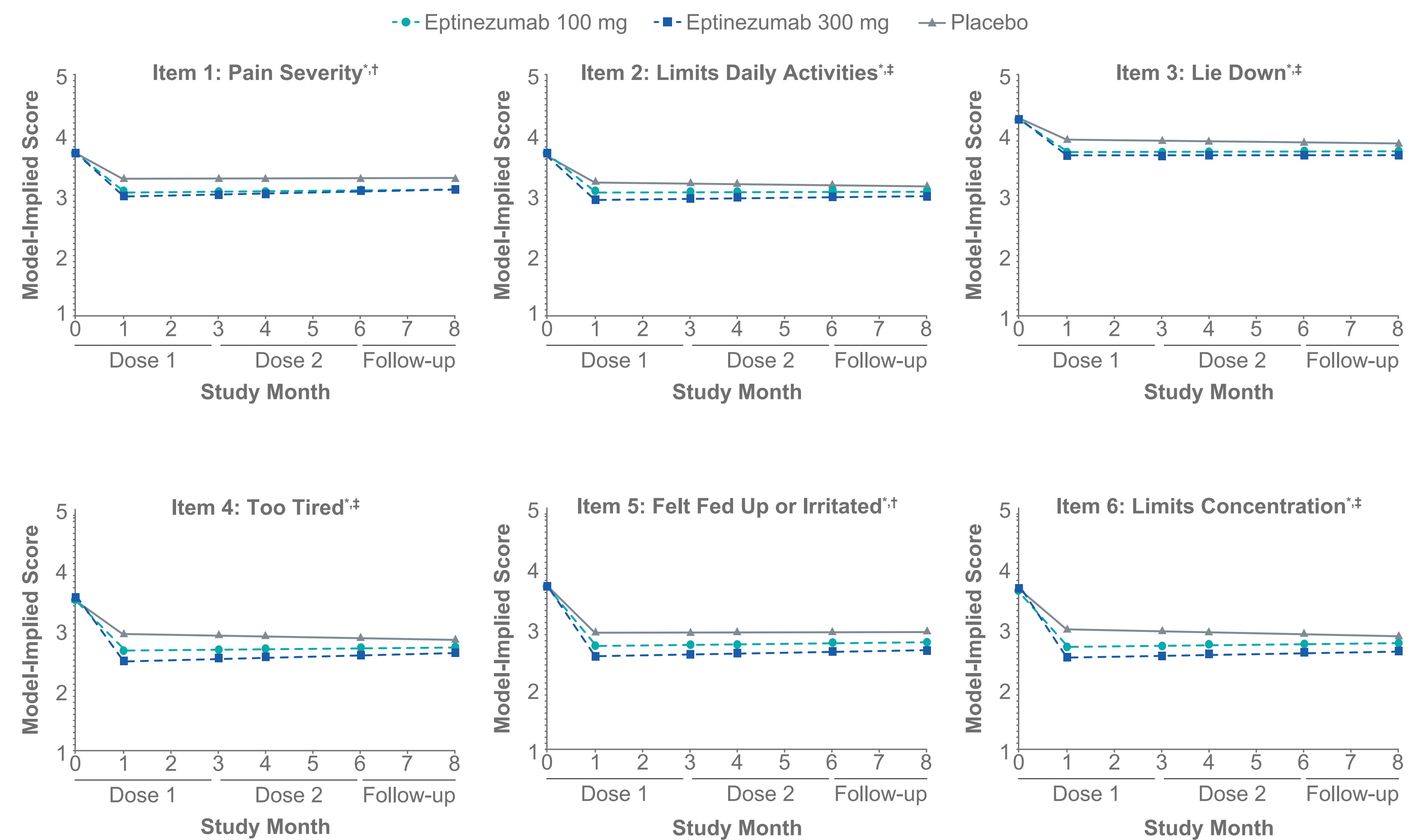


Figure 3. HIT-6 Total Score: Model-Implied Treatment Differences (Lines) Overlaying Observed Mean Values (Dots)



Model-implied treatment differences (lines) overlaying observed mean values (dots). Red line indicates an approximate 6-point mean decrease from baseline (clinically meaningful change threshold). Epti, eptinezumab; traj, model-implied trajectory.

Figure 4. HIT-6 Item Scores: Model-Implied Treatment Differences Over Time



*Eptinezumab 300 mg: impact levels significantly lower vs placebo from Month 1 to Month 8 (*P*<0.01).

†Eptinezumab 100 mg: relative to placebo, impact levels were significantly lower from Month 1 to Month 8 (*P*<0.05).

‡Eptinezumab 100 mg: relative to placebo, impact levels were significantly lower from Month 1 to Month 6 (*P*<0.05).

References

- Buse DC, et al. *Mayo Clin Proc*. 2016;S0025-6196(16)00126-9.
- Buse DC, Lipton RB. *Cephalalgia*. 2013;33(11):885–890.
- Lipton RB, et al. *Headache*. 2001;41(7):646–657.
- American Headache Society. *Headache*. 2019;59(1):1–18.
- Vyepiti™ (eptinezumab-jjmr) Prescribing Information. 2020.
- Lipton RB, et al. *Neurology*. 2020;94(13):e1365–e1377.
- Kosinski M, et al. *Qual Life Res*. 2003;12(8):963–974.
- Yang M, et al. *Cephalalgia*. 2011;31(3):357–367.
- Cady R, et al. *J Headache Pain*. 2019;20(Suppl 1):109.

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