BACKGROUND AND IMPORTANCE

Migraine is a highly disabling neurovascular disorder characterized by a severe headache and trigeminalvascular 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

- 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

RESULTS

56 patients were included.

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender (woman)</th>
<th>Galcanezumab duration</th>
<th>MDM month 0</th>
<th>MDM month 3</th>
<th>ORR &gt;50%</th>
<th>HIT-6 month 0</th>
<th>HIT-6 month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>50(43-58)</td>
<td>77%</td>
<td>6(6-9) months</td>
<td>15(14-17)</td>
<td>5(3-6)</td>
<td>84%</td>
<td>72(68-76)</td>
<td>49(48-57)</td>
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</table>

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

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 monoclonal antibody after galcanezumab failure, achieved an ORR>50%.
- All patients who continued with galcanezumab from the start, maintained effectiveness

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No conflict of interest