

Selecting anti-CGRP mAbs for episodic migraine prophylaxis

No head-to-head comparisons of mAbs targeting the CGRP pathway for episodic migraine have been published

Benefit-risk ratios from indirect cross-trial comparisons **can inform selection of anti-CGRP mAb¹**

The number of patients needed to be treated for a patient to experience an adverse event that led to treatment discontinuation – **NNTH_{D-AE}** – can be used to measure treatment risk for episodic migraine

NNTH_{D-AE} values in clinical trials for anti-CGRP mAbs for episodic migraine prophylaxis¹:

STRIVE ²		HALO-EM ³	
ERE 70 mg 359	ERE 140 mg 319	FREMA 225 mg 5665	FREMA 675 mg 8527
PROMISE-1 ⁴			
EPTI 30 mg 36	EPTI 100 mg 8251		EPTI 300 mg 213
EVOLVE-1 ⁵		EVOLVE-2 ⁶	
GALCA 120 mg 53	GALCA 240 mg 101	GALCA 120 mg 233	GALCA 240 mg 44
NNTH _{D-AE} range for anti-CGRP mAbs 36–8527 ¹		Lowest NNTH _{D-AE} for propranolol ⁷ 11 ¹	
		NNTH _{D-AE} range for topiramate ⁸ 3–50 ¹	

The very high NNTH_{D-AE} values of anti-CGRP mAbs could be predictive of **greater treatment adherence¹**



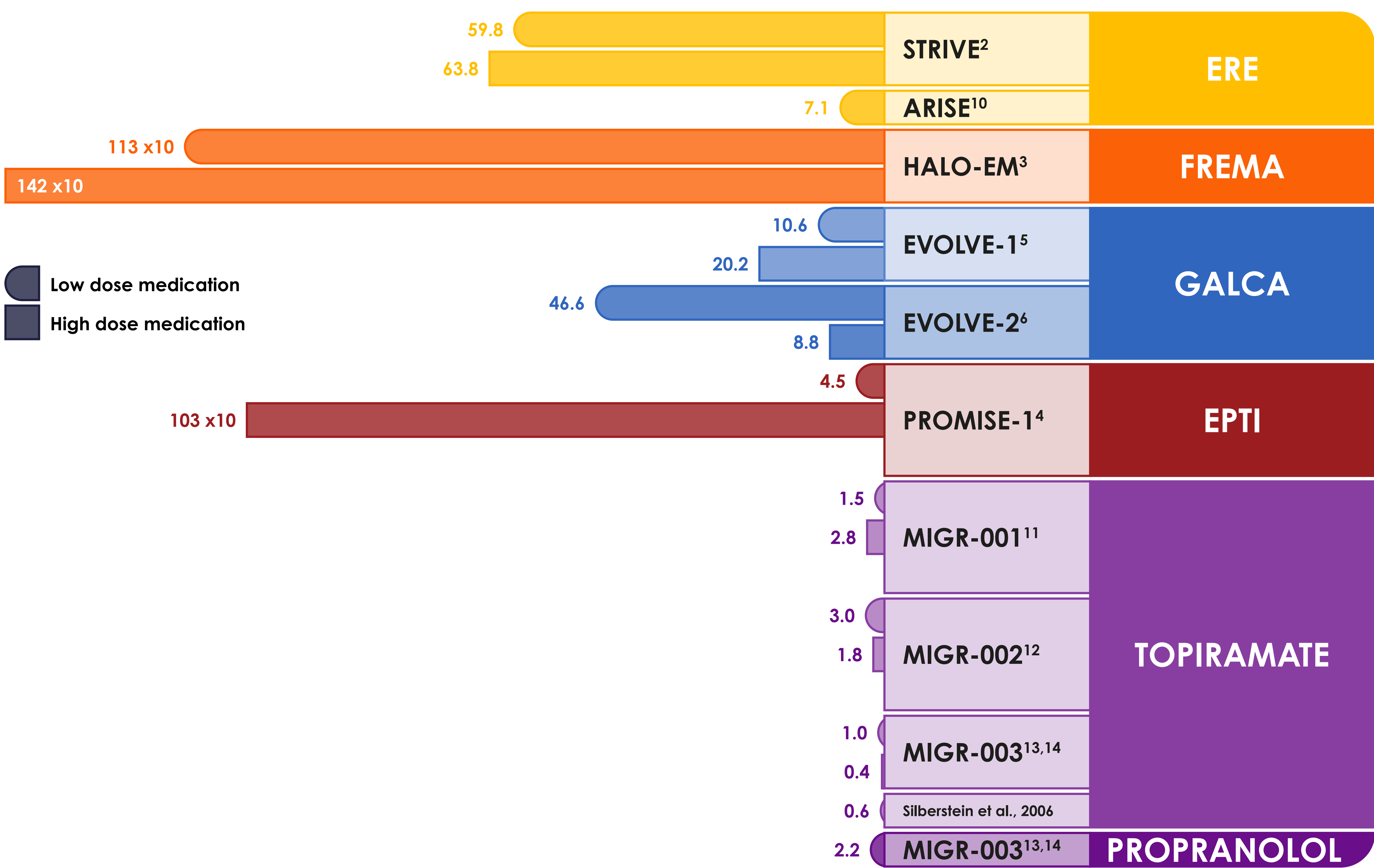
Poor adherence is the most common cause of migraine management failure⁹



The NNTH:NNTB ratio – **the likelihood to help or harm (LHH) ratio** – can help evaluate the benefit-risk profile of a treatment across RCTs

The **LHH** for the 50% responder rate in episodic migraine RCTs versus harmful outcomes (adverse events) can be compared for anti-CGRPs

LHH values for the prophylaxis of episodic migraine (Adapted¹):



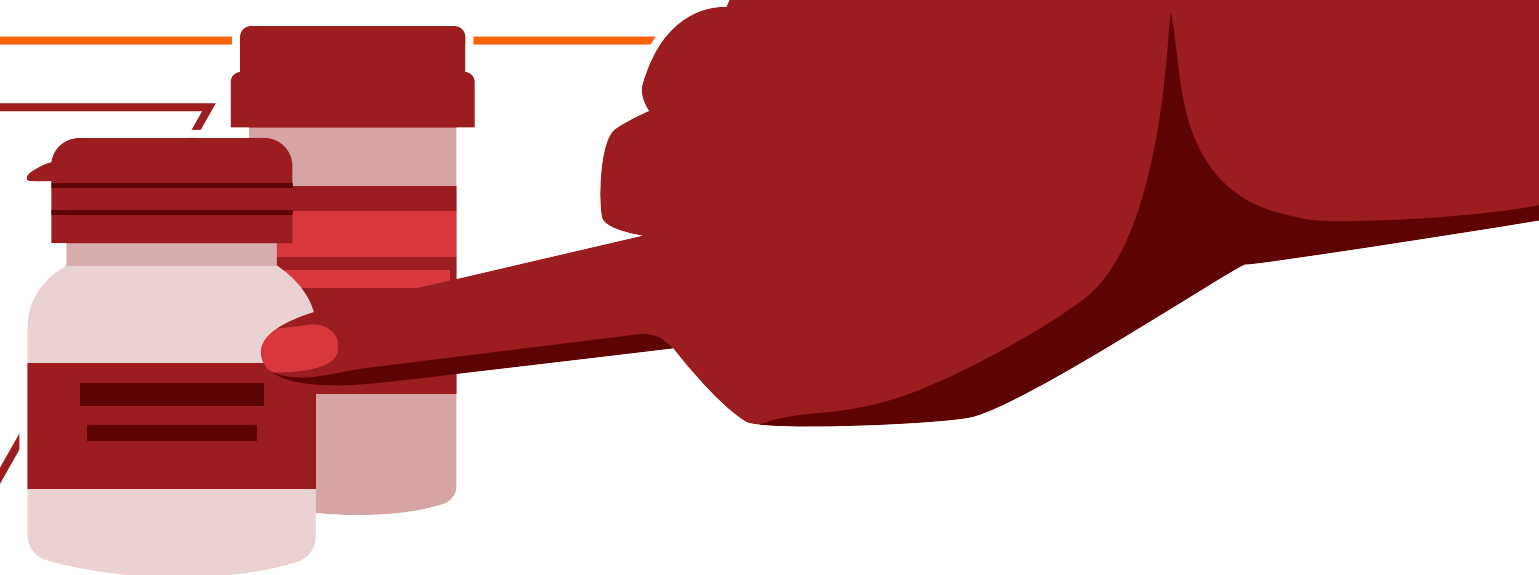
For episodic migraine prophylaxis, anti-CGRP mAbs are **likely to be beneficial than harmful (LHH >1)¹**

For prevention of episodic migraine, **anti-CGRP mAbs show a more favourable benefit-risk ratio** than propranolol or topiramate

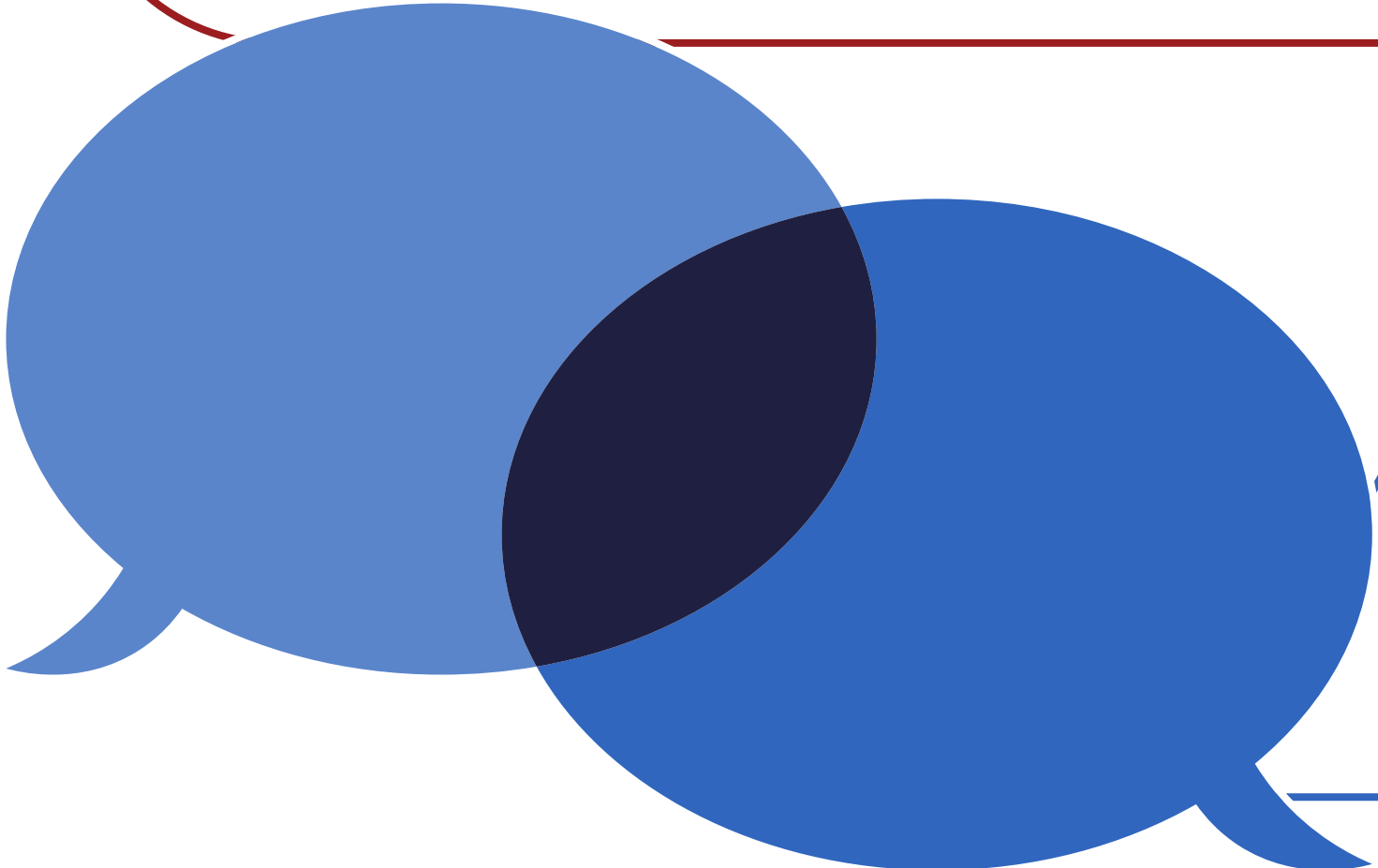


High NNTH_{D-AE} values of anti-CGRP mAbs could **predict a better adherence profile** than other treatments for episodic migraine

Patient preference and comorbidities should also guide choice of anti-CGRP mAbs



Treatment selection for the patient with migraine, who may have comorbidities, is **best answered in direct head-to-head RCTs**, together with predictors for treatment response



Abbreviations: CGRP, calcitonin gene-related peptide; ERE, erenumab; EPTI, eptinezumab; FREMA, fremanezumab; GALCA, galcanezumab; mAbs, monoclonal antibodies; RCT, randomised controlled trial.

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