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Long-Term Eculizumab in AQP4+ NMOSD: Relapse-Risk Reduction and Safety in PREVENT and its Completed Open-Label Extension

Achim Berthele, Dean Wingerchuk, Kazuo Fujihara, Jacqueline Palace, Michael Levy, Ho Jin Kim, Ichiro Nakashima, Celia Oreja-Guevara, Kai-Chen Wang, Shulian Shang, Marcus Yountz, Sean Pittock

Objective
NA.

Background

Eculizumab is well tolerated and significantly reduces relapse risk versus placebo in patients with aquaporin-4 immunoglobulin G-positive (AQP4+) neuromyelitis optica spectrum disorder (NMOSD). We report eculizumab's long-term relapse-risk-reduction efficacy and safety in AQP4+ NMOSD during PREVENT (NCT01892345) and its completed open-label extension (OLE; NCT02003144).

Design/Methods

After receiving eculizumab or placebo during PREVENT, adults with AQP4+ NMOSD could enter the OLE (eculizumab maintenance dose,

1200 mg/2 weeks, with/without concomitant immunosuppressive therapy). Combined PREVENT and OLE (final data cut, 12 July 2021) data were analysed.

Results

During PREVENT and/or the OLE, 137 patients received eculizumab for a median (range) of 183.4 (0.1–342.0) weeks (3.5 years) and a total of 449.2 patient-years (Table 1). The estimated proportion of adjudicated relapse-free patients at week 216 (4.1 years) was 92.9% (95% CI: 85.9–96.5%; Figure). Nine patients experienced 10 adjudicated relapses (seven during the OLE, including one since the last interim analysis; Table 2). The adjudicated annualized relapse rate was 0.022 (95% CI: 0.012–0.041; Table 1). Rates of treatment-related adverse events and serious adverse events (SAEs)/100 patient-years were 165.3 and 7.0, respectively, versus 167.5 and 24.5 with placebo in PREVENT. The most common SAE was urinary tract infection (5.1% of patients). The serious infection rate was 10.5/100 patient-years with no meningococcal infections. No patients died during the OLE.

Conclusions

The proportion of relapse-free patients remained high (92.9%) through 4.1 years' eculizumab treatment. Long-term eculizumab was well tolerated with no new safety signals. These long-term data confirm eculizumab's sustained benefit/risk profile in AQP4+ NMOSD.

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A Phase 3 Efficacy and Safety Study of Ravulizumab in Adult Patients With Neuromyelitis Optica Spectrum Disorder: Study Design and Methodology

Sean Pittcock, Kerstin Allen, Yasmin Mashhoon, Marcus Yountz

Objective

To present the design and rationale for the phase 3 trial ALXN-1210-NMO-307 (NCT04201262).

Background

Eculizumab is a complement component 5 (C5) inhibitor approved for adults with anti-aquaporin-4 antibody-positive (AQP4+) neuromyelitis optica spectrum disorder (NMOSD). Ravulizumab, which binds the same C5 epitope, has a longer half-life with an extended dosing interval (every 8 vs every 2 weeks). We designed an innovative trial without concurrent placebo exposure to assess the efficacy and safety of ravulizumab in adults with AQP4+ NMOSD.

Design/Methods

NA.

Results

ALXN1210-NMO-307 is an open-label, multicenter, single-arm study using the placebo group from the PREVENT trial as a comparator. Constancy with PREVENT is maintained, including similar patient populations, adjudication procedures, and endpoints. Sensitivity analyses are prespecified to account for differences in patient characteristics.

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Long-Term Eculizumab in AQP4+ NMOSD: Relapse-Risk Reduction and Safety in PREVENT and its Completed Open-Label Extension

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