

Super-responders ($\geq 75\%$ response rate) to anti-CGRP monoclonal antibodies after one year of treatment: a multicenter, prospective, observational study

IRCCS San Raffaele



¹Aurilia C, ^{1,2}Fiorentini G, ¹Egeo G, ³Mascarella D, ⁴Proietti S, ^{2,5}Bonassi S, ⁶Torelli P, ³Cevoli S, ^{1,2}Barbanti P; for the Italian Migraine Registry (I-GRAINE) study group.

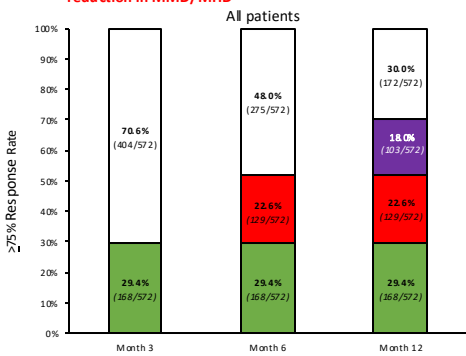
¹Headache and Pain Unit, IRCCS San Raffaele Roma, Rome; ²Department for the Promotion of Human Sciences and Quality of Life, University San Raffaele, Rome; ³IRCCS Istituto delle Scienze Neurologiche di Bologna, Bologna; ⁴Age Coordinating Body, Rome; ⁵Clinical and Molecular Epidemiology, IRCCS San Raffaele Roma, Rome; ⁶Unit of Neurology, Department of Medicine and Surgery, Headache Center, University of Parma, Parma

Background and Aims
Anti-CGRP monoclonal antibodies (mAbs) are effective preventive options for high-frequency episodic migraine (HFEM) and chronic migraine (CM). The proportion and timing of patients achieving super-response ($\geq 75\%$ reduction) or absolute response (100% reduction) over long-term treatment remain to be clarified.
To assess the frequency and timing of super-responders and absolute responders after one year of anti-CGRP mAbs treatment in real-life clinical practice.

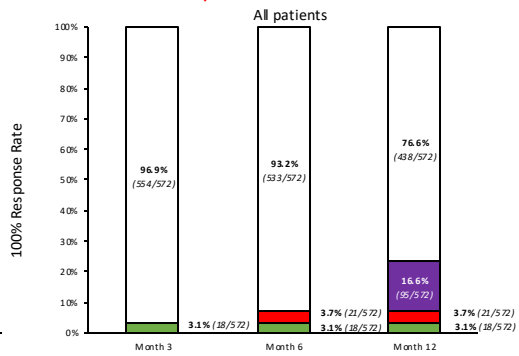
Methods
Design: Multicenter (n=16), prospective, real-life study.
Population: HFEM or CM and ≥ 3 preventive treatment fail.
Treatment: sc anti-CGRP mAbs for >12 months
Endpoints:
Primary: 12-month rates of super- and absolute responders
Secondary: Subgroup analyses by migraine type (HFEM vs CM)
Response timing:
Early (≤ 3 months)
Late ($>3-6$ months)
Ultra-late ($>6-12$ months)

Results
Sample: 572 patients completed 12 months.
Super-responders: 70.0% overall (HFEM 64.9%; CM 71.8%).
Absolute responders: 23.4% overall (HFEM 29.9%; CM 21.0%).
Timing of response:
Super-responders (n=400):
- Early: 29.4%
- Late: 22.6%
- Ultra-late: 18.0%
Absolute responders (n=134):
- Early: 3.1%
- Late: 3.7%
- Ultra-late: 16.6%

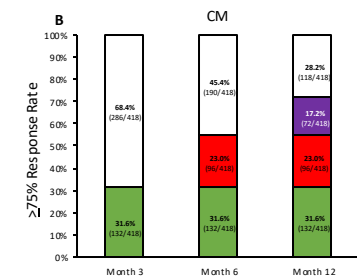
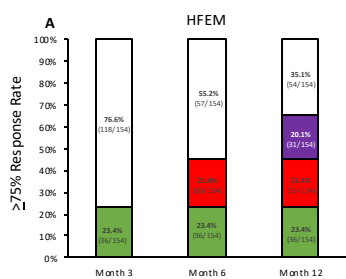
Proportion of all migraine patients achieving a $\geq 75\%$ reduction in MMD/MHD



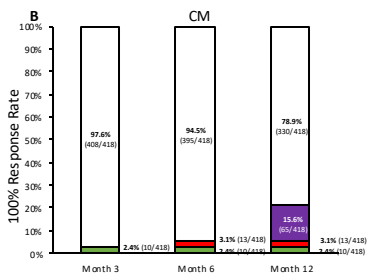
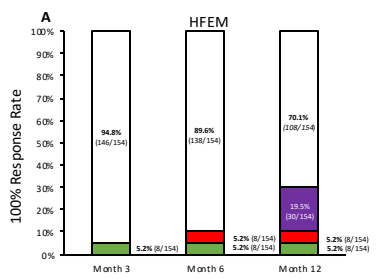
Proportion of all migraine patients achieving a 100% reduction in MMD/MHD



Proportion of patients with HFEM (A) or CM (B) achieving a $\geq 75\%$ reduction in MMD/MHD



Proportion of patients with HFEM (A) or CM (B) achieving a 100% reduction in MMD/MHD



Conclusion

One year of anti-CGRP mAbs therapy produces:
Super-response in $>2/3$ of patients.
Absolute response in $\sim 1/4$ of patients.
Most responses (both super and absolute) appear after 6 months, underscoring the importance of long-term continuation before judging treatment efficacy.



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