IRCCS San Raffaele

Università San Raffaele Roma

Evaluating Atogepant's Safety, Tolerability and Effectiveness in Real-World Prevention of High-Frequency Episodic and Chronic Migraine: The GIANT Study

Egeo G[1], Aurilia C[1], Torelli P[3], Pistoia F[4], Strumia S[5], Scatena P[6], Rinalduzzi S[6], Salerno A[7], Frediani F[8], Galli A[8], Autunno M[9], Doretti A[10], Messina S[10], Di Clemente L[11], Zucco M[11], Ranieri A[12], Borrello L[13], Albanese M[14], Camarda C[15], Bono F[16], Bruno P[16], Vecchio R[17], Drago V[17], Tavani S[1], Fiorentini G[1,2], de Vasconcelos Eng A[18], Tomino C[19], Bonassi S[20], Mannocci A[2,20] and Barbanti P[1,2], for the *Italian Migraine Registry (I-GRAINE) study group.*

[1]Headache and Pain Unit, IRCCS San Raffaele Rome, Italy, [2]San Raffaele University, Rome, Italy, [3]Neurology Unit, Department of Medicine and Surgery, Headache Center, University of Parma, Italy, [4]Department of Biotechnological and Applied Clinical Sciences, University of L'Aquila, L'Aquila, Italy, [5]Department of Neurology, G.B. Morgagni L. Pierantoni Hospital, Forlì, Italy, [6]Department of Neurology and Stroke Unit, San Camillo de Lellis, General District Hospital, Rieti, Italy, [7]Headache Center, San Giovanni Addolorata Hospital, Roma, Italy, [8]Stroke Unit, Neurology Division, and Headache Center, San Carlo Borromeo Hospital, ASST Santi Paolo e Carlo, Milan, Italy, [9]Department of Clinical and Experimental Medicine, University of Messina, Messina, Italy, [10]Laboratory of Neurosciences, Department of Neurology-Stroke Unit, Istituto Auxologico Italiano, IRCCS, Milano, Italy, [11]Headache Center, Neurology Unit, San Camillo-Forlanini Hospital, Rome, Italy, [12]Headache Centre, Division of Neurology and Stroke-Unit Antonio Cardarelli Hospital, Naples, Italy, [13]Headache Center, Francesco Spaziani Hospital, Frosinone, Italy, [14]Department of Systems Medicine, University of Rome Tor Vergata, Rome, Italy, [15]Department of Biomedicine, Neurosciences, and Advanced Diagnostics, University of Palermo, Palermo, Italy, [16]Center for Headache and Intracranial Pressure Disorders, Neurology Unit, A.O.U. Mater Domini, Catanzaro, Italy, [17]Neurology Unit Muscatello Hospital Augusta ASP Siracusa Italy, [18]Faculdade Israelita de Ciências da Saúde Albert Einstein, São Paulo, Brazil, [19]IRCCS San Raffaele, Rome, Italy, [20]Clinical and Molecular Epidemiology, IRCCS San Raffaele Rome, Italy; Department of Human Sciences and Quality of Life Promotion, San Raffaele University, Rome, Italy.

Objective: to evaluate the real-world effectiveness, safety, and tolerability of atogepant 60 mg daily at 12 weeks in patients with high-frequency episodic migraine (HFEM: 8–14 days/month) or chronic migraine (CM).

Methods

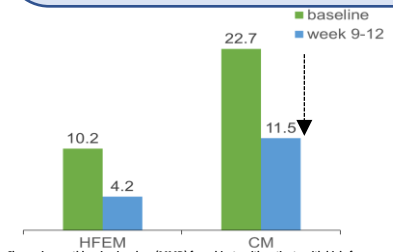
Prospective, real-life study
Multicenter (16 centers)
Consecutive adults with HFEM or CM
≥3 prior preventive treatment failures
Atogepant 60 mg for **>12 weeks**

I-GRAINE new

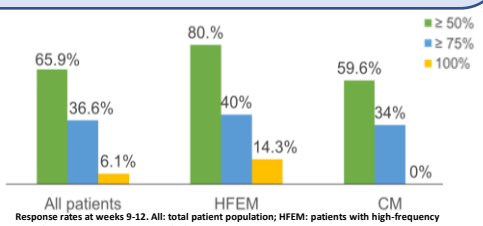
Endpoints

Primary: changes MMD (HFEM) and MHD (CM) at 12 weeks
Secondary: changes in MAI, NRS, HIT-6, MIDAS, MIBS-4, PGIC, and responder rates (≥50%, ≥75%, 100%).

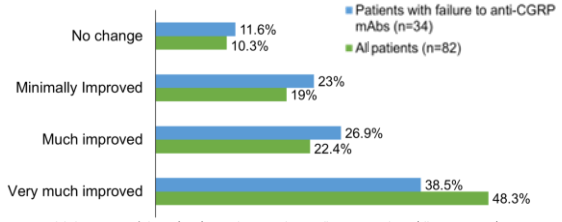
Results: a total of 183 patients were enrolled, 82 completed ≥12 weeks of follow-up. Of these, 41.5% had previously failed anti-CGRP mAbs. At week 12, MMD and MHD significantly decreased (–6.0 and –11.2; $p < 0.001$). Significant improvements were also seen in secondary outcomes ($p < 0.001$): MAI (–10.9), NRS (–2.7), HIT-6 (–13.2), MIDAS (–61.1), and MIBS-4 (–5.4). Responder rates were 65.9% (≥50%), 36.6% (≥75%), and 6.1% (100%). PGIC for treatment satisfaction was high (70.7% reporting much or very much improvement). Response rates of ≥50% and ≥75% were 52.9% and 23.5% in pts mAb non-responder (significant benefits across all endpoints, $p < 0.001$). Adverse events occurred in 5.5% of patients, mostly constipation or nausea, and 1.6% discontinued treatment.



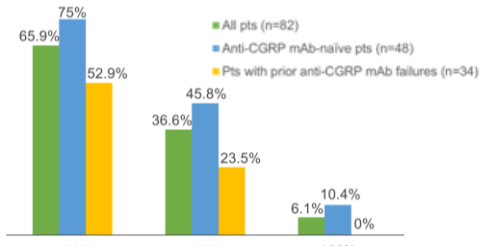
Change in monthly migraine days (MMD) for subjects with patients with high-frequency episodic migraine (HFEM) and in monthly headache days (MHD) for those with chronic migraine (CM) at weeks 9-12, compared to baseline.



Response rates at weeks 9-12. All: total patient population; HFEM: patients with high-frequency episodic migraine; CM: patients with chronic migraine



Patient Global Impression of Change (PGIC) at weeks 9-12 in the overall patient population (all patients; n=82), in patients with prior failure to monoclonal antibodies targeting CGRP pathway (anti-CGRP mAbs; n=34).



Response rates at weeks 9-12 in the overall migraine population (all patients, n=82), patients naïve to anti-CGRP mAbs (n=48) and individuals with prior anti-CGRP mAb failures (n=34).

Take home message:

1. Atogepant demonstrates strong efficacy, a favorable safety profile, and good tolerability in real life
2. Benefits observed even in patients with prior treatment failures and comorbidities.
3. Provides rapid symptom relief, reduced migraine burden, and high patient satisfaction
4. Effective also in anti-CGRP non-responders.

Reference: *Barbanti P, et al. GIANT: A Prospective, Multicenter, Real-World Study on the Effectiveness, Safety, and Tolerability of Atogepant in Migraine Patients with Multiple Therapeutic Failures. J Headache Pain 2025*