EAACI Congress 2024

Valencia, Spain 31 May - 3 June

Revolutionising Patient Care
Through the Power of Data Science





#EAACIcongress

www.eaaci.org

VALENCIA

Effect of Remibrutinib on Disease Activity in Patients with Chronic Spontaneous Urticaria: Post hoc Analysis of Phase 3 REMIX-1 and REMIX-2 Studies

Presenter: Dr Marcus Maurer

Marcus Maurer,^{1,2} Frederic Berard,³ Ekin Şavk,⁴ Michihiro Hide,^{5,6} Ines Araujo Neves,⁷ Karine Lheritier,⁷ Nadine Chapman-Rothe,⁷ Sibylle Haemmerle,⁷ Ana M. Giménez-Arnau⁸

¹Urticaria Center of Reference and Excellence (UCARE), Institute of Allergology, Charité–Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin and Humboldt–Universität zu Berlin, Berlin, Germany; ²Fraunhofer Institute for Translational Medicine and Pharmacology (ITMP), Allergology and Immunology, Berlin, Germany; ³Département d'Allergologie et Immunologie Clinique, CHU Lyon-Sud, 69495 Pierre Bénite Cedex, France; ⁴Department of Dermatology, Aydın Adnan Menderes University Faculty of Medicine, Aydın, Turkey; ⁵Department of Dermatology, Hiroshima University, Hiroshima, Japan; ⁶Department of Dermatology, Hospital del Mar & Research Institute, Universitat Pompeu Fabra, Barcelona, Spain



ORAL Session OAS10 (000439) Advances in Chronic Urticaria treatment Saturday, 01 June 2024

Table of Contents

1 Disclosures and Acknowledgements

- 2 Introduction and Study Design
- 3 Assessments
- 4 Results
- 5 Conclusions



Disclosures and Acknowledgements

In relation to this presentation, the following real or perceived conflicts of interest were declared:

MM is or recently was a speaker and/or advisor for and/or has received research funding from Amgen, Allakos, Aralez, AstraZeneca, Celldex, FAES, Genentech, GI Innovation, Kyowa Kirin, LEO Pharma, Menarini, Novartis, Moxie, MSD, Roche, Sanofi, Third Harmonic, UCB, and Uriach. FB received honoraria from Novartis for boards and expertise. EŞ reports no conflicts of interest. MH has received lecture and/or consultation fees from Kaken Pharmaceutical, Kyowa Kirin, Mitsubishi Tanabe Pharma, MSD, Novartis, Sanofi, TAIHO Pharmaceutical, Teikoku Seiyaku, and Uriach. IAN, KL, NCR and SH are employees of Novartis Pharma AG, Basel, Switzerland. AGA reports roles as a medical advisor for Uriach Pharma, Sanofi, Genentech, Novartis, FAES, GSK, Amgen, Celldex, Escient, and Thermo Fisher, and has research grants supported by Uriach Pharma, Novartis, and Instituto Carlos III-FEDER; she also participates in educational activities for Uriach Pharma, Novartis, Genentech, Menarini, LEO Pharma, GSK, MSD, Almirall, Avene, and Sanofi.

We thank all the study investigators and patients for their participation in these clinical studies

- Editorial and medical writing support was provided by Ashwini Patil and Mohammad Fahad Haroon (both of Novartis Healthcare Pvt. Ltd., Hyderabad, India) in accordance with Good Publication Practice (GPP3) guidelines (www.ismpp.org/gpp3). The final responsibility for the content lies with the authors
- This study is funded by Novartis Pharma AG, Basel, Switzerland



Scan to obtain

- Abstract
- Presentation slides

https://bit.ly/UKCEAACI

Copies of this poster obtained through Quick Response (QR) code are for personal use only and may not be reproduced without permission of the authors.



Introduction

- Remibrutinib, a novel, oral, highly selective Bruton's tyrosine kinase inhibitor has demonstrated superior efficacy versus placebo and a favourable safety profile with up to 24-weeks of treatment in the pivotal double-blind, placebo-controlled Phase 3 studies (REMIX-1 and REMIX-2)¹
- In previous post hoc analysis of the **Phase 2b** study, **remibrutinib** was associated with a **decrease in CSU disease activity** within **2 weeks** in **>80%** of patients who had **moderate or severe CSU disease activity** at baseline²

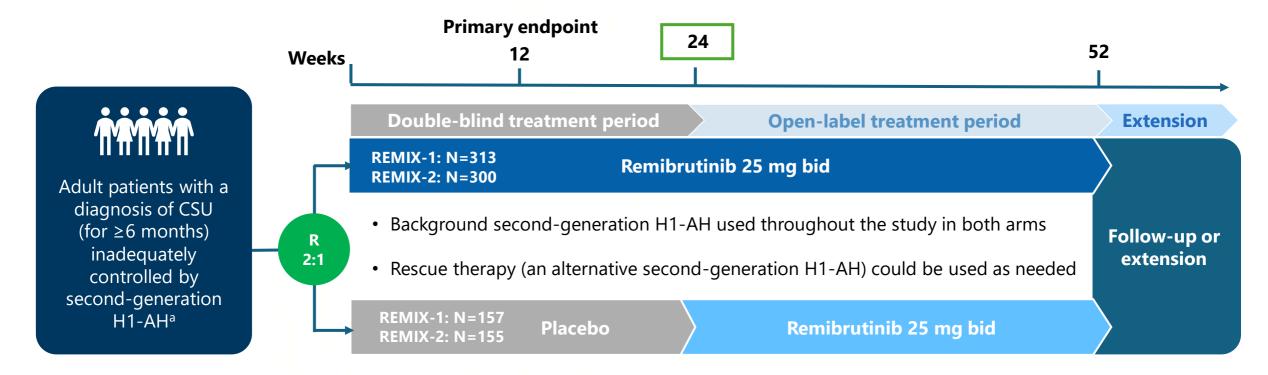
Here, we assess the **shift** in **disease activity** following treatment with **remibrutinib** versus placebo using a post-hoc analysis of the **pooled REMIX-1 & -2** studies in the target patients with **moderate** to **severe CSU disease activity** at baseline



CSU, chronic spontaneous urticaria
1. Saini S, et al. ACAAI 2023. Oral Presentation LB001 – Late-breaker; November 12, 2023; Anaheim, CA. 2. Giménez-Arnau AM, et al. EADV 2023. Oral Presentation FC07.8 – October 11-14, 2023; Berlin, Germany.

Study Design

REMIX-1 and REMIX-2 are two Phase 3, randomised, placebo-controlled studies of remibrutinib 25 mg bid administered orally





AH, antihistamine; bid, twice daily; CSU, chronic spontaneous urticaria; H1, histamine 1; HSS7, weekly Hives Severity Score; ISS7, weekly Itch Severity Score; N, number of randomized patients; R, randomisation; UAS7, weekly Urticaria Activity Score.

^a Presence of itch and hives for ≥6 consecutive weeks prior to screening despite the use of a second-generation H1-antihistamines; UAS7 score ≥6, ISS7 score ≥6, and HSS7 score ≥6 during the 7 days prior to randomization (day 1).

CSU Disease Activity was Categorized Into 5 Bands (According to UAS7)

CSU disease activity was defined based on five standard UAS7 bands











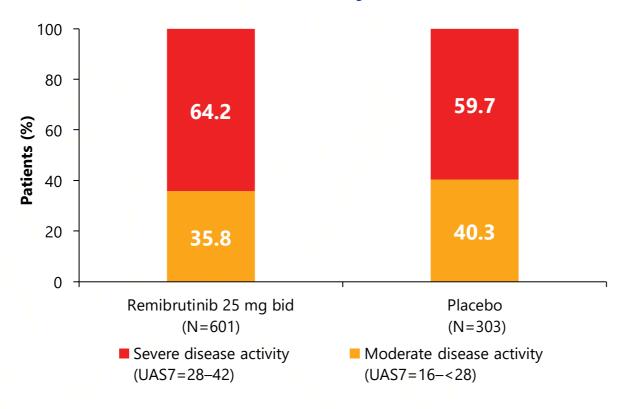
The proportion of **patients** with **a shift in CSU disease activity** from **baseline** to **Week 24** in **patients** with moderate or severe CSU disease activity was analysed



CSU, chronic spontaneous urticaria; UAS7, weekly Urticaria Activity Score. D Stull D, et al. *Br J Dermatol* 2017;177(4):1093-1101.

The Majority of Patients had Severe CSU Activity at Baseline

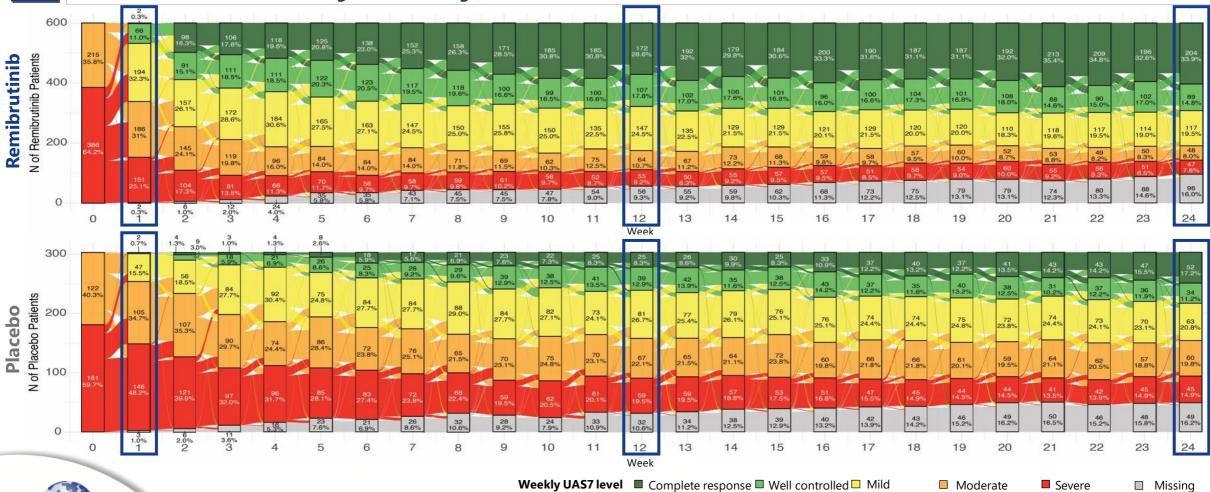
Disease severity at baseline





bid, twice daily; CSU, chronic spontaneous urticaria; N, number of patients; UAS7, weekly Urticaria Activity Score.

Remibrutinib Demonstrated Substantial Improvement (measured by UAS7) in Disease Activity as Early as Week 1





(6<UAS7<16) (0<UAS7≤6) (28≤UAS7≤42) (16≤UAS7<28)

>

N, number of patients based on full analysis set; UAS7, weekly Urticaria Activity Score.



Conclusions

- Following treatment with remibrutinib, a reduction in CSU disease activity was observed as early as Week 1, sustained to 24 weeks of treatment in patients with CSU
- Treatment with remibrutinib led to fast improvement in symptom control, as early as Week 1 and sustained up to Week 24
- More patients treated with remibrutinib achieved complete response (UAS7=0) at any time point from Week 2 up to Week 24 as compared to placebo

