# Interim Analysis of Subject Impression Data for STS101 From the Phase 3 Open-Label ASCEND Study

**Unfavorable Response** 

**Percent of Subjects** 

**Unfavorable Response** 

■ Month 12

Sample sizes ranged 289-290 at Month 3, 220 at Month 6, and 122 at Month 12 across assessments

■ Month 6 ■ Month 12

6.2%

5.5%

6.5%

4.8%

5.0%

8.2%

8.1%

8.4%

7.8%

13.8%

14.1%

16.4%

Figure 2. Subject Impressions of STS101

**Subject Global** 

**Impression** 

Subject Likelihood

Ease of Use

**Impression** 

Figure 3. Subject Impressions of Effect on Migraine

**Return to Normal** 

**Faster Than** 

**Usual Medication** 

**Works Faster** 

Than Usual

**Medication** 

**More Consistently** 

**Treats My Migraine** 

**Keeps Migraine** 

from Coming Back

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# Introduction

• Dihydroergotamine mesylate (DHE) exerts anti-migraine effects via a unique multi-moda mechanism of action involving interactions with both serotonergic and adrenergic receptors, has been used since 1946 for the acute treatment of migraine, and is recognized as a first-line treatment option.<sup>1-3</sup>

STS101 is a novel investigational DHE nasal powder formulation delivered via an easy-to-use, easy-to-carry, pre-filled, singleuse device for intranasal administration that is currently in development.

• To report the subject impression and satisfaction questionnaire data from the ongoing, long-term, open-label, phase 3 ASCEND study, through 12 months of treatment with STS101 5.2 mg for the acute treatment of migraine attacks.

# Methods

# Study design and treatment

Objective

- The ASCEND study is an ongoing multi-center, multiple-dose, open-label, 12-month study of STS101 for the acute treatment of migraine in adults aged 18–65 years with migraine.
- This interim analysis was conducted with a data cutoff date of June 30, 2022, and includes data reported for study drug exposure periods of up to 12 months
- After establishing eligibility, subjects could self-administer STS101 5.2 mg as needed (PRN), using up to 2 doses within 24 hours to treat a single migraine attack, and up to 12 doses/month (Figure 1).

- Study subjects must have ≥1-year history of migraine (with or without aura) according to the International Classification of Headache
- Migraine onset before age of 50 years 4–12 migraine attacks/month in each of
- the 3 months prior to screening

A total of 446 subjects were enrolled

3-, 6-, and 12-month timepoints.

12 months of use (Figure 2).

and used study medication to treat

Overall, large percentages of subjects had

STS101 was considered "good" or "very

88.2% after 6 months, and 91.0% after

At Month 3, 90.6% of subjects considered

sustaining at 88.5% at Month 12 (Figure 2).

77.8%, and 77.1% of subjects, respectively

use STS101 if it was available (Figure 2).

indicated they were likely or very likely to

STS101 easy or very easy to use,

increasing to 92.3% at Month 6 and

After 3, 6, and 12 months of use, 75.8%,

favorable impressions of STS101, which

was consistent across the assessments at

good" by 83.8% of subjects after 3 months

Results

8027 migraine attacks.

- Disorders, 3<sup>rd</sup> edition,<sup>4</sup> including:
- <15 headache days/month in each of the</p> 3 months prior to screening



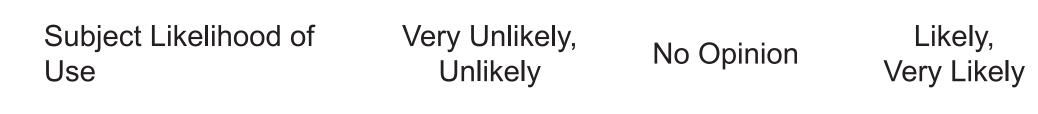




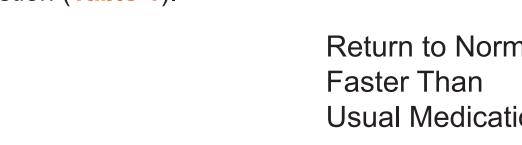
Figure 1. STS101 Administration

### **Table 1. Response Options for the 5-point Likert Scales**

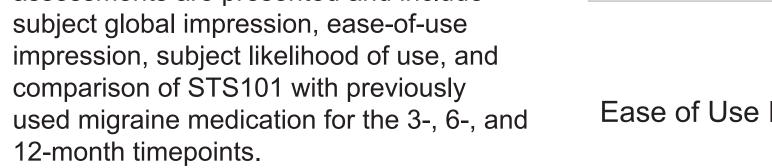
and the second	Response Options				
Unfavorable	Neutral	Favorable			
Subject Global Very Poor, Poor Impression	No Opinion	Good, Very Good			



e and Fase of Use Impression , No Opinion , and	se , and			
	•	Ease of Use Impression	No Opinion	Easy, Very Easy



### **Outcomes and analyses** Interim analysis results of self-reported assessments are presented and include



### Subjects' ratings were assessed using a 5-point Likert scale, with response options dependent on the question (Table 1).

When asked at the 3-, 6-, and 12-month

usual migraine medication, respectively:

their usual medication (Figure 3)

64.7%, 64.4%, and 70.0% of subjects

- 69.3%, 72.2%, and 73.6% of subjects

agreed or strongly agreed that STS101

worked faster than their usual medication

66.2%, 72.3%, and 71.1% of subjects

agreed or strongly agreed that STS101

helped them return to normal faster than

assessments to compare STS101 to their

Exclusion criteria included a diagnosis of

Subjects must have an intact nasal mucosa

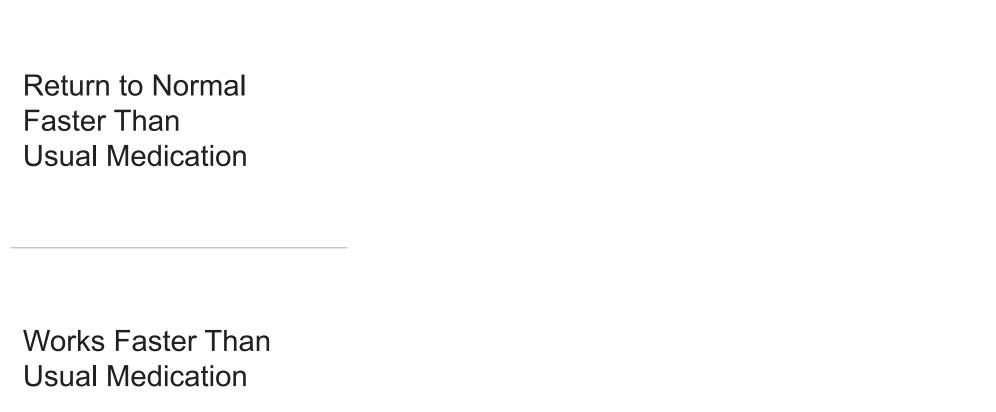
at baseline (i.e., no ulceration or bleeding

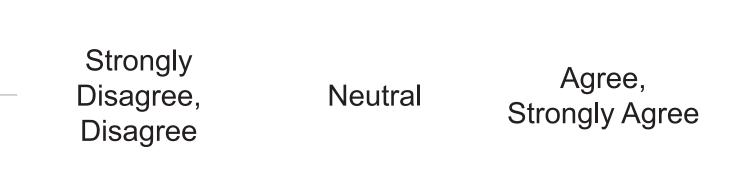
non-migraine headache, history

of cerebrovascular disease, and

no or mild erythema, swelling, and

≥2 cardiovascular risk factors.





## More Consistently Works Than Usual Medication

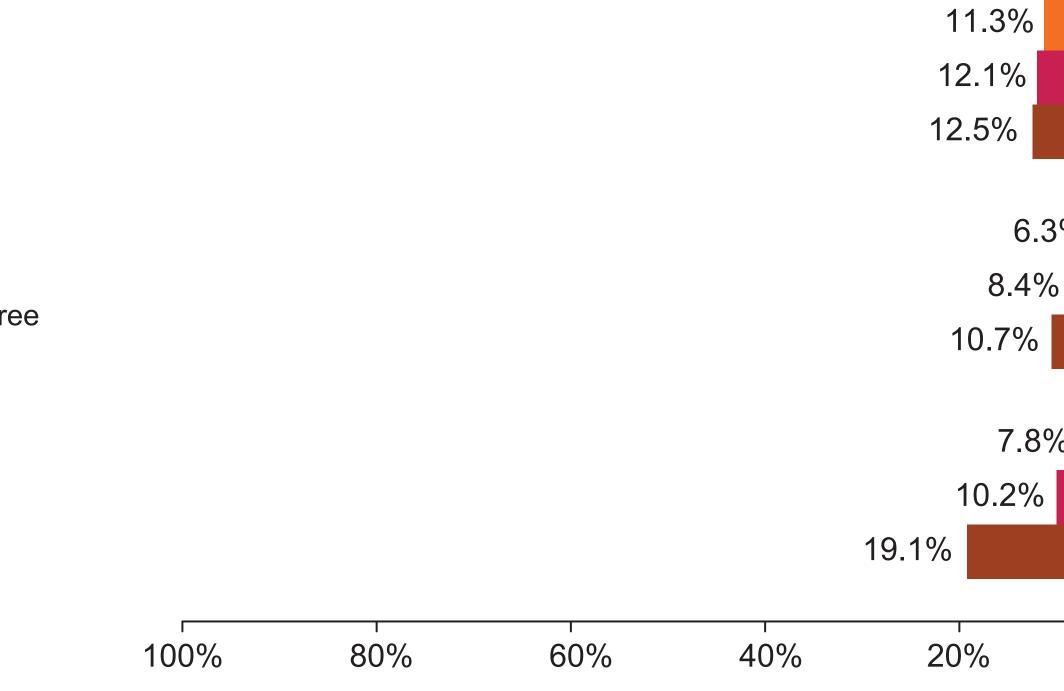
### Keeps Migraine From Coming Back

# **Percent of Subjects**

### agreed or strongly agreed that STS101 worked more consistently than their usual medication (Figure 3)

• At the 3-, 6-, and 12-month assessments. respectively, 62.2%, 69.0%, and 66.7% of subjects agreed or strongly agreed that STS101 kept their migraines from coming back (Figure 3).

- 1. Horton BT. et al. Proc Staff Meet Mayo Clin. 1945:241-248.
- 2. Silberstein SD, et al. Headache. 2003;43(2). 3. Steiner TJ, et al. J Headache and Pain. 2015;16(1)
- 4. Headache Classification Committee of the International Headache Society (IHS). Cephalalgia. 2018;38(1):1-211



## Sample sizes ranged 283-284 at Month 3, 216 at Month 6, and 120-121 at Month 12 across assessments.

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Percent of Subjects

**Favorable Response** 

Percent of Subjects

Favorable Response

Month 12

90.6%

88.5%

80%

72.3%

71.1%

69.3%

Month 12

64.7%

66.2%

100%

# Conclusions

- Subject impression data through 3-, 6-, and 12-months of treatment with STS101 from the ongoing open-label ASCEND study indicate STS101 is viewed very favorably by subjects on multiple attributes.
- The majority of subjects considered STS101 easy to use and indicated they would be likely to use the product if it were available.
- In comparison to their usual migraine medications, subjects indicated STS101 not only worked faster and more consistently but also enabled them to more rapidly return to normal.

