Subject Impression Data for STS101 From the Ongoing Phase 3 Open-Label ASCEND Study

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Figure 1. STS101 Administration

Introduction

- Dihydroergotamine mesylate (DHE) exerts anti-migraine effects via a unique multi-modal 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. 1-3
- STS101 is a novel investigational DHE nasal powder formulation delivered via an easy-to-use, easy-to-carry, pre-filled, single-use device for intranasal administration that is currently being evaluated in phase 3 efficacy (SUMMIT, NCT04940390) and safety (ASCEND, NCT04406649) trials for the acute treatment of migraine (with or without aura).

Exclusion criteria included a diagnosis of non-migraine

Subjects must have an intact nasal mucosa at baseline

(i.e., no ulceration or bleeding; no or mild erythema,

Interim analysis results of self-reported assessments

are presented and include subject global impression,

ease-of-use impression, subject likelihood of use, and

comparison of STS101 with previously used migraine

medication for the 3-month and 6-month timepoints.

Likert scale, with response options dependent on the

Subjects' ratings were assessed using a 5-point

headache, history of cerebrovascular disease, and

≥2 cardiovascular risk factors.

swelling, and rhinorrhea).

Outcomes and analyses

question (Table 1).

Objective

 To report the subject impression and satisfaction questionnaire data from the ongoing, long-term (12 months), open-label, phase 3 ASCEND study, through 6 months of treatment with STS101 5.2 mg for the acute treatment of migraine attacks.

Methods

Study design and treatment intervention

- 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, 2021, and includes data reported for study drug exposure periods of up to 6 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).

Subjects

- Study subjects must have ≥1-year history of migraine (with or without aura) according to the International Classification of Headache Disorders, 3rd edition,⁴ including:
- Migraine onset before age of 50 years
- 4–12 migraine attacks/month in each of the 3 months prior to screening
- <15 headache days/month in each of the 3 months</p> prior to screening

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Keeps Migraine From Coming Back

2. Silberstein SD, et al. Headache. 2003;43(2).





SQUEEZE TO DELIVER

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

	Response Options		
	Unfavorable	Neutral	Favorable
Subject Global Impression	Very Poor, Poor	No Opinion	Good, Very Good
Subject Likelihood of Use	Very Unlikely, Unlikely	No Opinion	Likely, Very Likely
Ease of Use Impression	Not Easy at All, Not Easy	No Opinion	Easy, Very Easy
Return to Normal Faster Than Usual Medication	Strongly Disagree, Disagree	Neutral	Agree, Strongly Agree
Works Faster Than Usual Medication			
More Consistently Works Than Usual Medication			

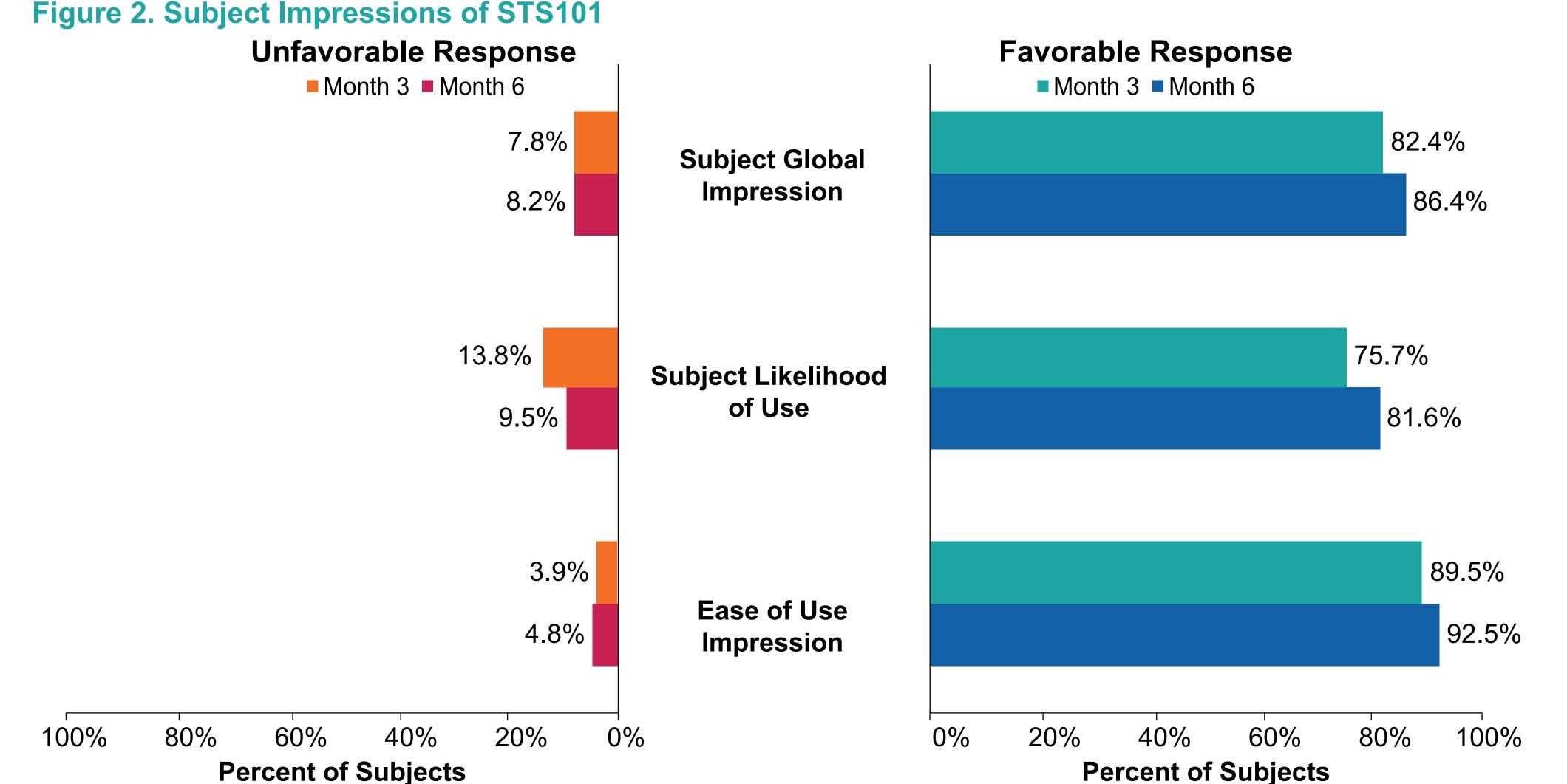


Figure 3. Subject Impressions of Effect on Migraine **Unfavorable Response** Favorable Response ■ Month 3 ■ Month 6 ■ Month 3 ■ Month 6 8.8% **Return to Normal** 68.9% Faster Than 7.9% **Usual Medication** 75.5% 12.3% 67.8% **Works Faster Than Usual** 11.5% Medication **More Consistently** Treats My Migraine 11.0% Keeps Migraine from Coming Back 100% 60% 60%

Sample sizes ranged 152-53 at Month 3 and were 147 at Month 6 across assessments.

Percent of Subjects

Sample sizes ranged 146–148 at Month 3 and were 139 at Month 6 across assessments

Conclusions

- Subject impression data through 3 and 6 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.

Results

- Overall, large percentages of subjects had favorable impressions of STS101, which was consistent across the assessments at Month 3 and Month 6 of treatment.
- STS101 was considered "good" or "very good" by 82.4% of subjects after 3 months of use and by 86.4% after 6 months of use (Figure 2).
- At Month 3, 89.5% of subjects considered STS101 easy or very easy to use, increasing to 92.5% at Month 6 (Figure 2).
- After 3 and 6 months of use, 75.7% and 81.6% of subjects, respectively, indicated they were likely or very likely to use STS101 if it was available (Figure 2).
- When asked at the 3-month and 6-month assessments to compare STS101 to their usual migraine
- medication, respectively: – 68.9% and 75.5% of subjects agreed or strongly
- agreed that STS101 helped them return to normal faster than their usual medication (Figure 3) 67.8% and 69.1% of subjects agreed or strongly agreed that STS101 worked faster than their usual medication (Figure 3)
- 71.6% and 76.3% of subjects agreed or strongly agreed that STS101 worked more consistently than their usual medication (Figure 3)
- At the 3-month and 6-month assessments, respectively, 61.0% and 72.7% 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. Dr. Ailani has received research support from AbbVie, Biohaven, Lilly, Satsuma, and Zosano; consulting fees from AbbVie, Aeon, Amgen, Axsome, Biodelivery Sciences International, Biohaven GlaxoSmithKline, Impel, Lilly, Lundbeck, Nesos, Satsuma, Teva, and Theranica; and speaker fees from 3. Steiner TJ, et al. J Headache and Pain. 2015;16(1). AbbVie, Amgen, Biohaven, Lilly, Lundbeck, and Teva. 4. Headache Classification Committee of the International Headache Society (IHS). Drs. Strom and Albrecht, and Mr. Kollins are employees and stockholders of Satsuma Pharmaceuticals.

This study and publication were funded by Satsuma Pharmaceuticals (South San Francisco, CA). The authors thank The Medicine Group, LLC (New Hope, PA, USA) for providing medical writing support, which was funded by Satsuma Pharmaceuticals, Inc. and in accordance with Good Publication Practice guidelines

Percent of Subjects

