Efficacy of Mepolizumab in Patients with Eosinophilic Granulomatosis with Polyangiitis and a Vasculitic Phenotype

Introduction
EGPA is an inflammatory disease of the small and medium-sized blood vessels, which is associated with significant patient burden and increased mortality. Patients with EGPA can present with vasculitic or eosinophilic phenotypes, often with overlapping clinical features.3,4 The Phase III MIRRA study demonstrated that patients with relapsing or refractory EGPA spent more time in remission and had reduced OCS use with mepolizumab versus placebo.5

The aim of this post hoc analysis was to evaluate the efficacy of mepolizumab in patients enrolled in the MIRRA study with EGPA and vasculitis manifestations and/or those experiencing vasculitic relapse.

Methods
MIRRA study design
(GSK:115921/NCT02020889)

Results

Table 1. Patient characteristic by remission status

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Yes (100%)</th>
<th>No (81%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVAS=0</td>
<td>Z=2.86</td>
<td>0.0042</td>
</tr>
<tr>
<td>BVAS&gt;0</td>
<td>Z=0.59</td>
<td>0.56</td>
</tr>
</tbody>
</table>

Figure 1. Key clinical characteristics (N=136)

Figure 2. A greater proportion of patients treated with mepolizumab were in remission at Weeks 36 and 48 versus placebo irrespective of ANCA history, baseline BVAS or baseline VDI score

Figure 3. Mepolizumab increased the duration of accrued remission irrespective of ANCA history, baseline BVAS or baseline VDI score when compared with placebo

Figure 4. Mepolizumab reduced all types of disease relapse assessed during the treatment period, including vasculitis, asthma and sino-nasal relapses compared with placebo

Conclusions

Vasculitic features (including neuropathy, glomerulonephritis, pleuritis, paraproteinaemia, palpable purpura, and history of ANCA positivity) were similar among patients who did not achieve remission during the study.

Irrespective of historical ANCA positive status, baseline BVAS or baseline VDI score, patients treated with mepolizumab demonstrated a greater accrued duration of remission and more patients were in remission at Weeks 36 and 48 than the placebo group.

Patients treated with mepolizumab had fewer relapses during the treatment period, including fewer vasculitis, asthma and sino-nasal relapses than the placebo group.

The interpretation of the BVAS data was limited owing to the influence of asthma symptoms and the post hoc nature of this analysis.

Taken together, these results demonstrate that mepolizumab is associated with clinical benefits in patients with EGPA, including those with and without vasculitic manifestations.

References


Disclosures
The poster was accepted and presented at the American College of Rheumatology 2021, Chicago, IL, USA. The authors have no conflicts of interest to disclose.

Author email address: lbaylis@gsk.com

Posters presented at American College of Rheumatology Meeting 2022, November 10–14, Philadelphia, PA, USA and Online. Premisedly presented at the European Alliance of Associations for Rheumatology Congress, June 4–8, 2022, Copenhagen, Denmark.