BACKGROUND

Giant Cell Arteritis (GCA) –
• GCA is an inflammatory disease of medium and large arteries, with infiltration of monocytes, macrophages, and accumulation of giant cells.1,2
• If untreated, GCA can cause blindness and arterial damage, including aortic aneurysm and arterial stenosis and occlusion.2

Mavrilimumab –
• Mavrilimumab (KPL-301; Kinnik Pharmaceutical, Ltd.) is a fully human monoclonal antibody, binds to the GM-CSF receptor alpha (GM-CSFRα) and blocks GM-CSF activity

The study was a Phase 2, randomized, double-blind, placebo-controlled, global study to evaluate the efficacy and safety of mavrilimumab (KPL-301) in GCA (Figure 1) (Table 1: Key Eligibility Criteria).

Endpoints –
• Primary efficacy endpoint: Time to GCA Flare by Week (Wk) 26 (Table 3) –
• Secondary efficacy endpoints: Cumulative CS dose, quality of life, and pharmacoeconomics

Adjudication of Primary Efficacy Endpoint –
A Clinical Endpoint Committee (CEC) will evaluate and adjudicate all suspected GCA flares on a blinded basis.

RESULTS –
In GCA patients treated with mavrilimumab, a statistically significant reduction in time to GCA flare vs placebo was observed (Figure 3).

CONCLUSION –
Mavrilimumab is an effective and well tolerated treatment for GCA. The potential cost savings of switching from CS to mavrilimumab are substantial. Mavrilimumab could become a first-line option for patients with GCA.