Crizanlizumab clinical setting from international managed access program (MAP)

Tolerability of crizanlizumab in real-world use experience was consistent with results from clinical trials

Vaso-occlusive crises (VOCs) are episodes of vaso-occlusion characterized by extreme pain that can last up to 10 days. These VOCs are the hallmark of sickle cell disease (SCD) and can lead to serious complications and organ damage.[1,2]

P-selectin is a cell adhesion protein that acts as one of the drivers of multicellular adhesion and inflammatory signaling pathways in SCD, thus contributing to the initiation and exacerbation of vaso-occlusion.[3,4]

Crizanlizumab, a first-in-class anti-P-selectin monoclonal antibody, is **approved in 49 countries** to prevent the occurrence[5] or reduce the frequency of[6] VOCs in patients with SCD aged ≥16 years.

The MAP was designed to provide access to crizanlizumab for patients with a serious or life-threatening disease – SCD – for which no comparable or satisfactory alternative to crizanlizumab was available in their country.

Demographics of patients in the MAP from 4 countries

188

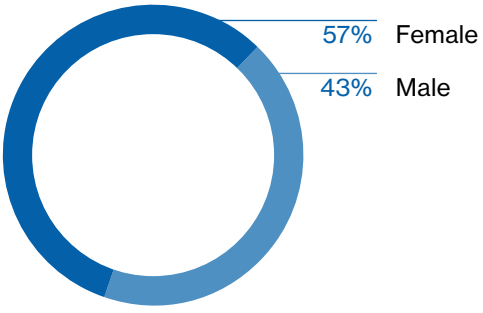
total of patients in the MAP

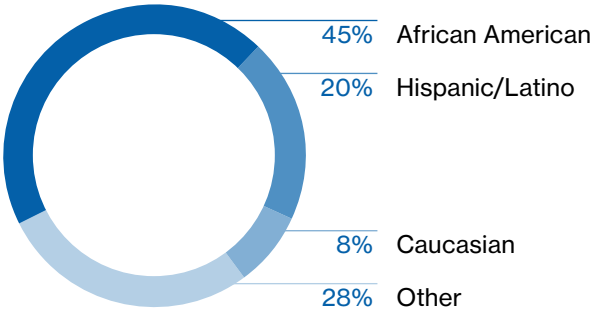
87

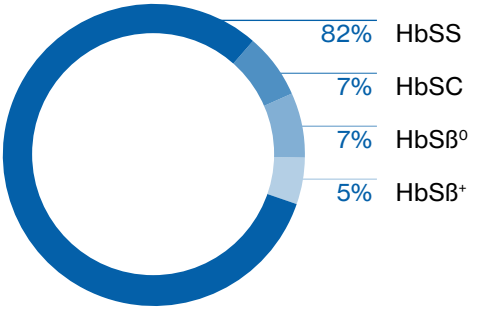
patients treated for ≥12 months in 4 countries where publication of these data is allowed

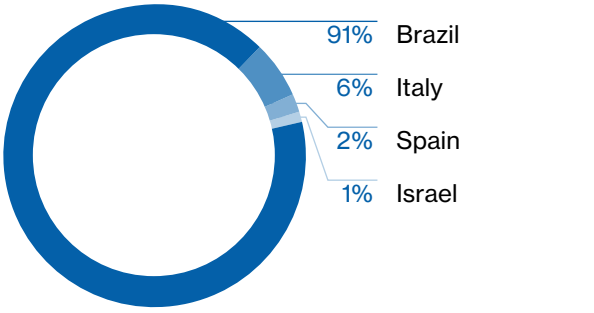
85%

of the patients were hospitalized with complications before









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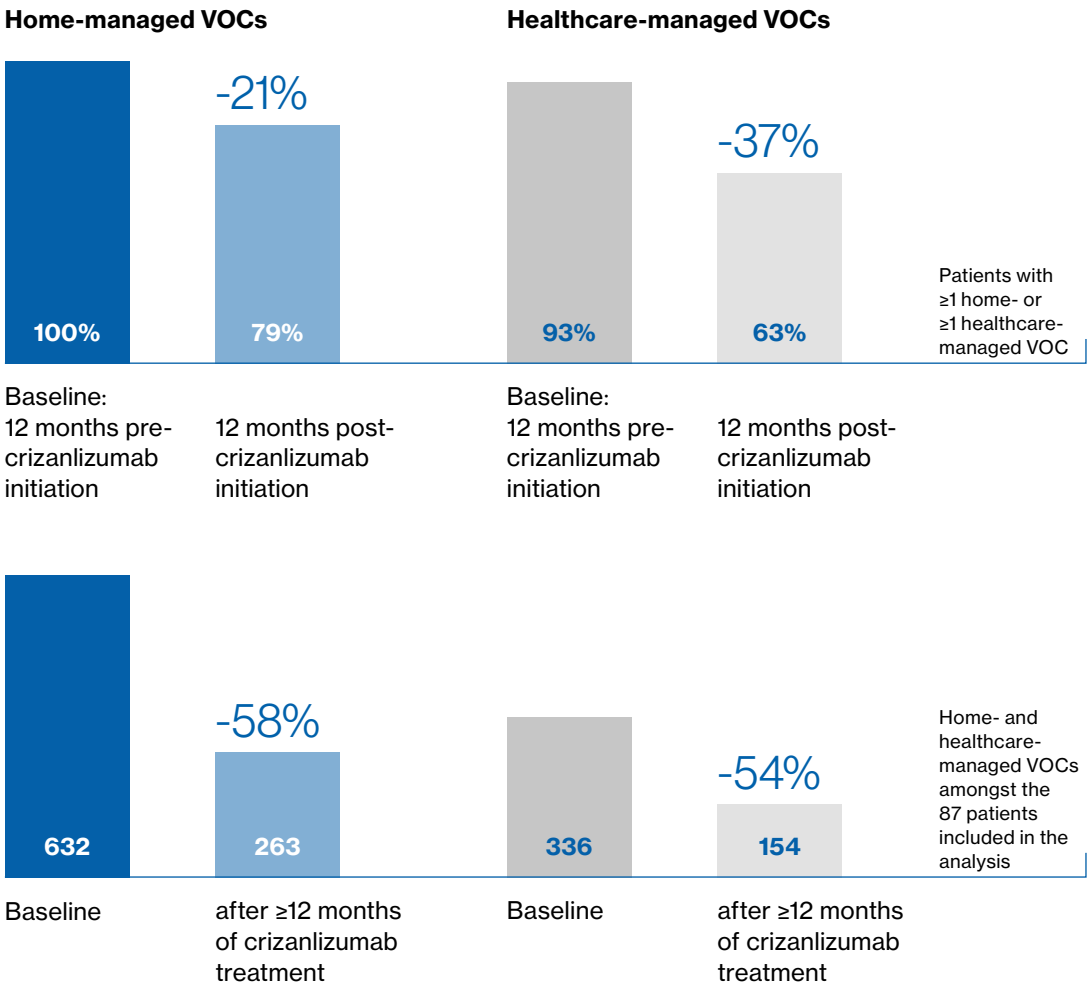
Crizanlizumab treatment for ≥12 months substantially reduced the rates of home- and healthcare-managed VOCs



Reduction of the use of opioids for VOC-related pain relief

95%

of the patients with use of opioids for VOC-related pain relief

-28%

decrease of opioid usage after ≥12 months of crizanlizumab treatment

Future analyses from the ongoing program in larger patient cohorts will, importantly, help to further build the real-world experience of crizanlizumab for the treatment of SCD.

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