ASPIRE
ADULT SPASTICITY INTERNATIONAL REGISTRY ON BOTOX TREATMENT

1150

The Adult Spasticity International Registry (ASPIRE) Study: Treatment Utilization Patterns in Patients Treated for Both Upper and Lower Limb Spasticity

Scan for PDF of poster

Gerard E. Francisco,[1] Daniel Bandari,[2] Ganesh Bavikatte,[3] Wolfgang Jost,[4] Aubrey Manack Adams,[5] Joan Largent,[6] Alberto Esquenazi[7]

[1]University of Texas Health Science Center and TIRR Memorial Hermann, Houston, Texas, USA; [2]MS Center of California & Research Group, Newport Beach, CA, USA; [3]The Walton Centre, Liverpool, UK, England; [4]University of Freiburg, Department of Neurology, Freiburg, Baden-Württemberg, Germany; [5]Allergan plc, Irvine, CA, USA; [6]QuintilesIMS Real-World Evidence Solutions, Cambridge, MA, USA; [7]MossRehab Gait and Motion Analysis Laboratory, Elkins Park, PA, USA

INTRODUCTION

- OnabotulinumtoxinA is approved for the treatment of spasticity
- However, onabotulinumtoxinA treatment for patients with spasticity is individualized, variable, and dependent on numerous factors

OBJECTIVES

- To examine the treatment patterns of onabotulinumtoxinA utilization in patients treated for upper and lower limb spasticity, in combination, from the ASPIRE study

STUDY DESIGN

- ASPIRE is an international, multicenter, prospective, observational registry conducted at select North America, Europe, and Asia sites (NCT01930786)
- Patients of multiple etiologies treated with onabotulinumtoxinA for spasticity, including those who have received it in the past were included
- Treatments were determined by the participating, treating physician
- Primary study objectives include
  - Assess treatment administration patterns; collected at each treatment visit
  - Evaluate patient/physician satisfaction with onabotulinumtoxinA treatment
- Interim analysis includes all data up to 1-year follow-up

RESULTS

Patient Demographics and Clinical Characteristics

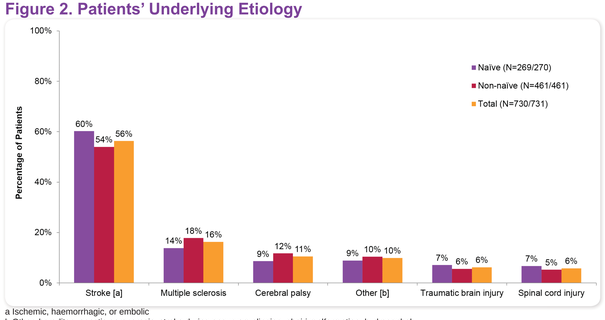
- 731 patients were enrolled
- Patients were on average 53.6 (SD=15.4) years of age (**Table 1**)
  - Majority were female (n=380/730, 52.1%) and Caucasian (n=562, 77.0%)
  - 36.9% were toxin naïve for spasticity
- Most common etiology was stroke (**Figure 2**)

Table 1. Baseline Patient Demographics

	Total (N=731)
Age (years)	
Mean (SD)	53.6 (15.4)
Min, Max	18.5, 93.2
Gender	
Male, n (%)	350 (47.9)
Race	
Caucasian, n (%)	562 (77.0)

a Data from one patient was not provided

Figure 2. Patients' Underlying Etiology

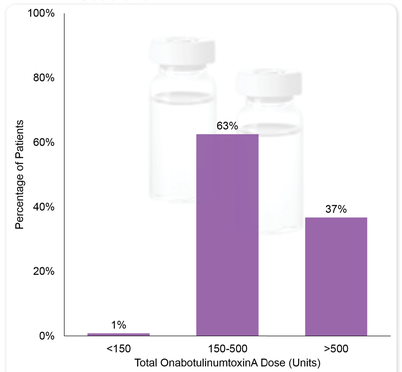


a Ischemic, haemorrhagic, or embolic
b Other: hereditary spastis paraparesis, stroke during aneurysm clipping, chairi malformation, hydrocephal

Utilization: OnabotulinumtoxinA Treatment Patterns

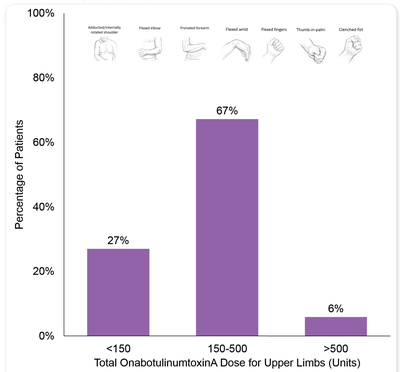
- 265 patients received at least one treatment of onabotulinumtoxinA to both the upper and lower limbs during the study
  - Majority received a total dose between 150-500 U across treatment sessions (**Figure 3**)
  - Similarly, >66% of patients received a total upper limb and total lower limb dose between 150-500 U across treatment sessions (**Figure 4 and 5**)
- Majority of patients were re-treated with onabotulinumtoxinA after 15+ weeks (**Figure 6**)
- 56% of patients received 5-15 injections of onabotulinumtoxinA across treatment sessions (**Figure 7**)
- Most patients were injected with onabotulinumtoxinA into >5 muscles across treatment sessions (**Figure 8**)

Figure 3. Total Dose of OnabotulinumtoxinA Administered Across Treatment Sessions



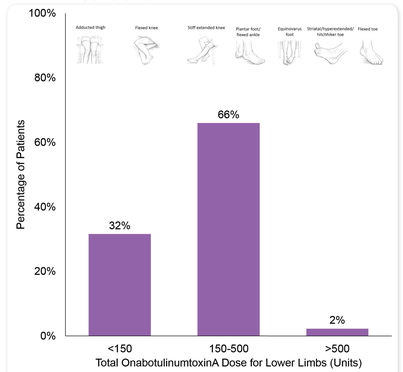
	Patients (N=265)
Total Dose (Units)	
Mean (SD)	474 (187)
Median	419
Min, Max	106, 1043

Figure 4. Total Upper Limb Dose of OnabotulinumtoxinA Across Treatment Sessions



	Patients (N=265)
Total UL Dose (Units)	
Mean (SD)	252 (143)
Median	229
Min, Max	10, 960

Figure 5. Total Lower Limb Dose of OnabotulinumtoxinA Across Treatment Sessions



	Patients (N=265)
Total LL Dose (Units)	
Mean (SD)	227 (126)
Median	200
Min, Max	20, 617

Figure 6. Time Between OnabotulinumtoxinA Treatment Sessions

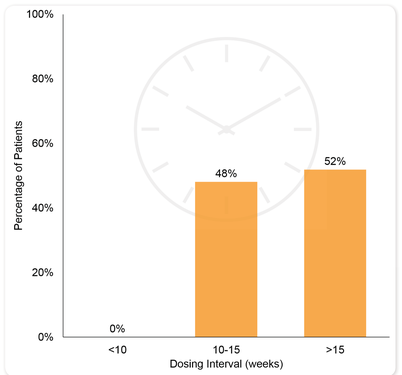


Figure 7. Number of OnabotulinumtoxinA Injections Administered at Each Treatment Session

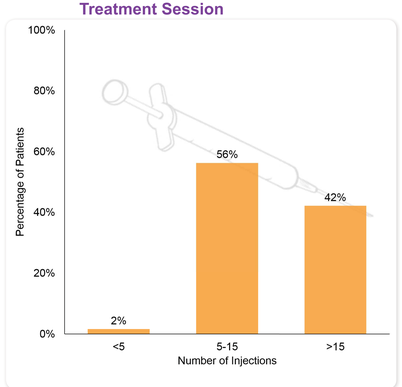
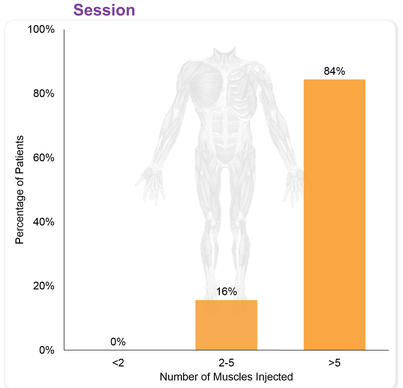


Figure 8. Number of Muscles Injected with OnabotulinumtoxinA at Each Treatment Session



Effectiveness: Patient and Physician Treatment Satisfaction

- Majority of patients and physicians expressed satisfaction that the most recent onabotulinumtoxinA treatment helped their spasticity (**Figure 9**)
- Majority of patients and physicians indicated that they would continue to use onabotulinumtoxinA treatment for spasticity (**Figure 10**)

Figure 9. Satisfaction with most recent onabotulinumtoxinA treatment in managing spasticity

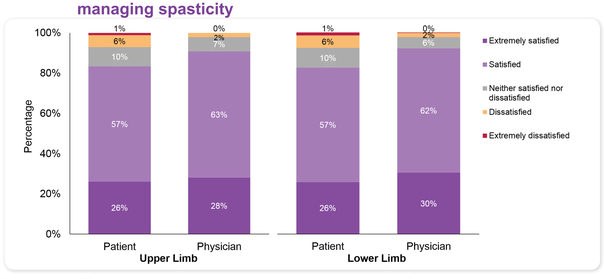
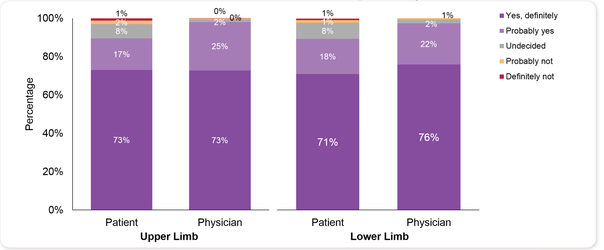


Figure 10. Taking everything into consideration, would you continue to use onabotulinumtoxinA treatment for spasticity?



Safety

- A total of 211 patients reported 559 adverse events (AEs)
  - 23 AEs in 17 patients (2.3%) were considered treatment-related
  - Most common treatment-related AE was muscular weakness (n=6, 0.8%)
- A total of 75 patients reported 136 serious AEs
- 5 serious AEs in 2 patients (0.3%) were considered treatment-related
  - Muscular weakness (2 events in 1 patient)
  - Adverse drug reaction, posture abnormality, slow speech (1 event each)
- No new safety signals were identified

CONCLUSIONS

- The one year interim results provide insight into the real-world treatment patterns of onabotulinumtoxinA in adult patients treated concurrently for both upper and lower limb spasticity

DISCLOSURES

This study was sponsored by Allergan plc, Dublin, Ireland. Writing and editorial assistance was provided to the authors by Amy Kuang, PhD of Allergan plc. All authors met the ICMJE authorship criteria. Neither honoraria nor payments were made for authorship.

Financial arrangements of the authors with companies whose products may be related to the present report are listed below, as declared by the authors. GF has consulted for and received research grants from Allergan and has received honorarium as an associate editor for the Journal of Rehabilitation Medicine; DB is a consultant, speaker, and/or conducted research for Accorda, Allergan, Biogen, Genentech, Genzyme, EMD-Serono, Questcore, and Teva and has received research support from Biogen, Teva, Genentech, Allergan, and Genzyme; GB has served on a steering committee as a consultant for Allergan; WJ is a speaker and consultant for Allergan, Ipsen, and Merz; AMA is a full-time employee of Allergan; JL is a full-time employee of QuintilesIMS, the contract research organization responsible for the management of this study and was formerly a full-time employee of Allergan; AE has participated in advisory boards and consulted for Allergan and has received research grants from Allergan and Ipsen.

To obtain a PDF of this poster:

- Scan the QR code

OR

- Visit www.allergancongressposters.com/173926

Charges may apply.

No personal information is stored.

Allergan

Presented at the International Congress of Parkinson's Disease and Movement Disorders (MDS), June 4-8, 2017, Vancouver, BC, Canada