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Background

- Tuberous sclerosis complex (TSC) is a neurocutaneous disorder, characterized by the formation of hamartomas in multiple organs, including the brain, skin, heart, eyes, kidneys, lungs, and liver.^{1,2}
- Epilepsy is the most prevalent neurologic manifestation of TSC, with seizures that often start during infancy and may persist lifelong with multiple seizure types.³
- Treatment-resistant seizures associated with TSC are a significant and frequent cause of morbidity in people with TSC.^{2,4}
- The plant-derived, highly purified pharmaceutical formulation of cannabidiol (CBD) is approved in the United States (US) for the treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, and TSC in patients aged ≥1 year.⁵
- BECOME-TSC (BEhavior, COgnition, and More with Epidiolex®) in TSC is an ongoing cross-sectional survey to quantify the real-world impact of CBD on seizure and nonseizure outcomes in people with TSC.
 - This poster presents the seizure outcomes (nonseizure outcomes will be presented in Poster P8.1-010).

Objective

- To present caregiver-reported seizure outcomes following initiation of CBD treatment in people with TSC.

Methods

- Using electronic health records, healthcare professionals at TSC centers in the US identified people with TSC who were treated with CBD (Epidiolex®, 100 mg/mL oral solution) for ≥6 months.
- Caregivers of these individuals completed an online survey, consisting of multiple choice and rank order questions, based on the TSC-Associated Neuropsychiatric Disorders questionnaire,⁶ other validated measures, and previous caregiver reports.
- Respondents compared the past month to the period before CBD initiation and rated their impression of change using a symmetrical 3-, 5-, or 7-point Likert scale (from worsening to improvement) depending on the domain.
- 'Don't Recall' or 'Not Applicable' responses were excluded.
- Continuous variables were summarized as means, medians, and ranges, and categorical variables as frequency distributions and percentages.
- CBD-associated adverse events, which can include transaminase elevations, somnolence, decreased appetite, diarrhea, pyrexia, vomiting, fatigue, rash, sleep disorders, and infections, were not assessed.
- The survey was conducted with caregivers of people taking Epidiolex®, and the results do not apply to other CBD-containing products.

Results

- At the time of analysis, 17 caregivers had completed the survey.

Table 1. Characteristics of patients

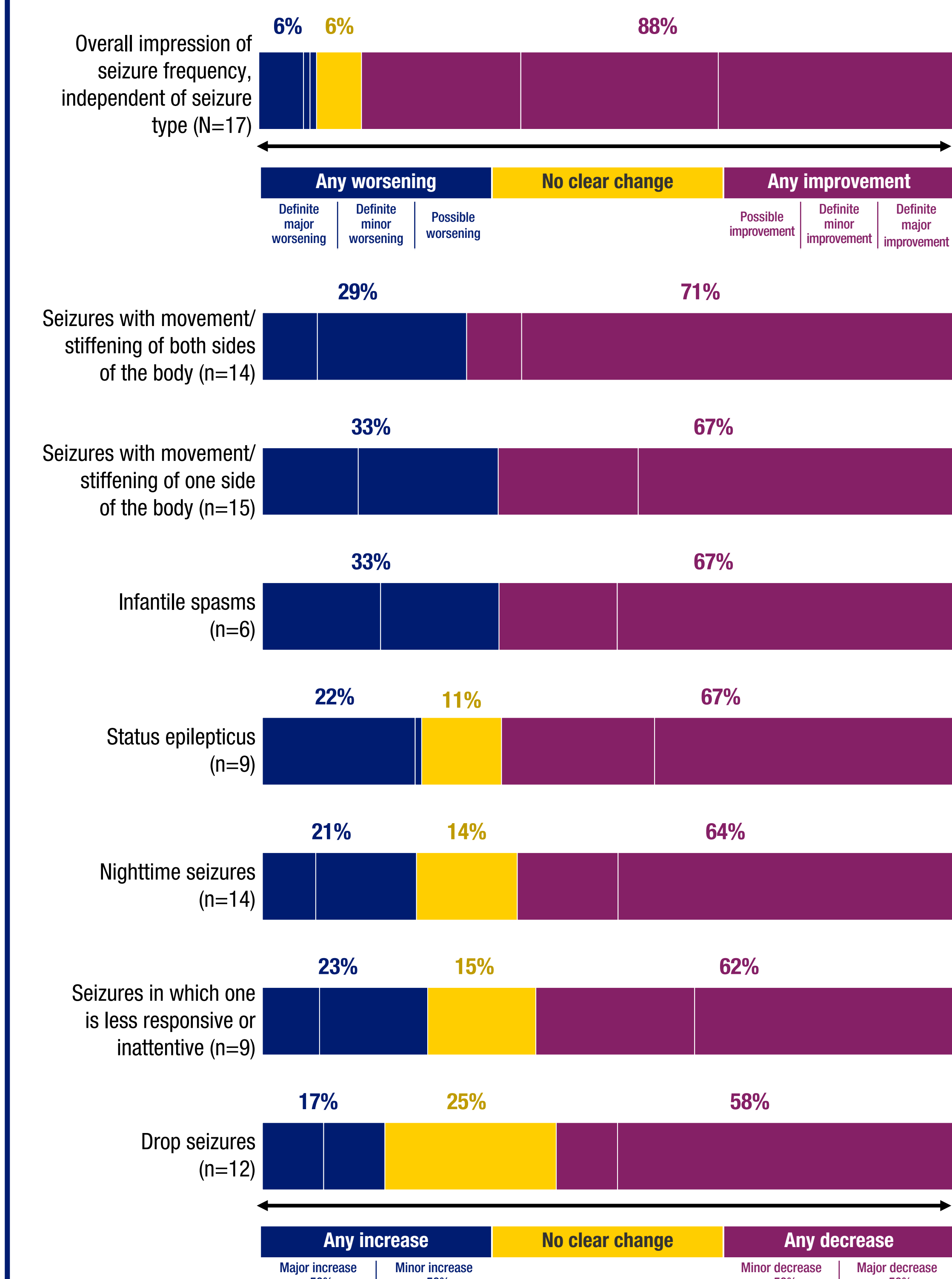
	Patients (N=17)
Age, years, mean (SD)	14.6 (8.1)
Age at seizure onset, months, mean (SD)	14.3 (28.1)
Number of ASMs before CBD initiation, median (Q1, Q3)	4 (2, 5)
Most common (≥30%) concomitant ASMs, n (%)	
Everolimus	6 (35)
Seizure types (in >10% of patients) at CBD initiation, n (%)	
Focal onset with impaired awareness	7 (41)
Focal to bilateral tonic-clonic	7 (41)
Absence	4 (24)
Generalized onset tonic-clonic	4 (24)
Tonic	2 (12)
Clonic	2 (12)
Atonic	2 (12)

CBD dose at the time of survey, mg/kg/day, median (Q1, Q3) 21 (15, 23)

ASM, antiseizure medication; CBD, cannabidiol; Q1, first quartile; Q3, third quartile.

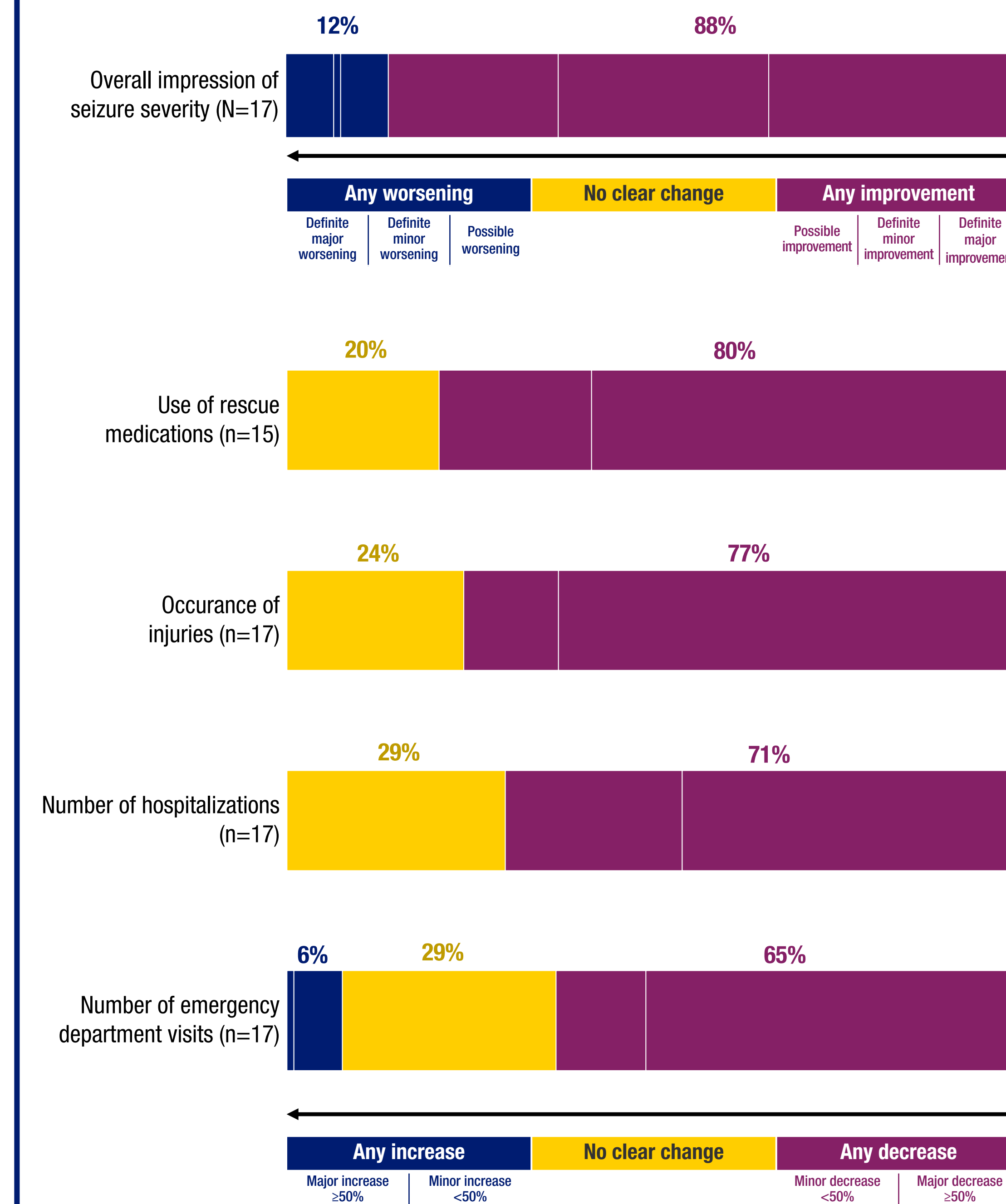
- Among respondents, 59% reported that the patient had a history of infantile spasms.
- At the time of CBD initiation, focal onset with impaired awareness and focal to bilateral tonic-clonic were reported as the most frequent (29% each) and most severe seizure types (29% each).

Figure 1. Seizure frequency



- More than 50% of respondents reported improvements in the frequency of seizures that involve movement or stiffening of both or one side of the body, nighttime seizures, status epilepticus, and seizures where one is less responsive/inattentive.

Figure 2. Seizure severity

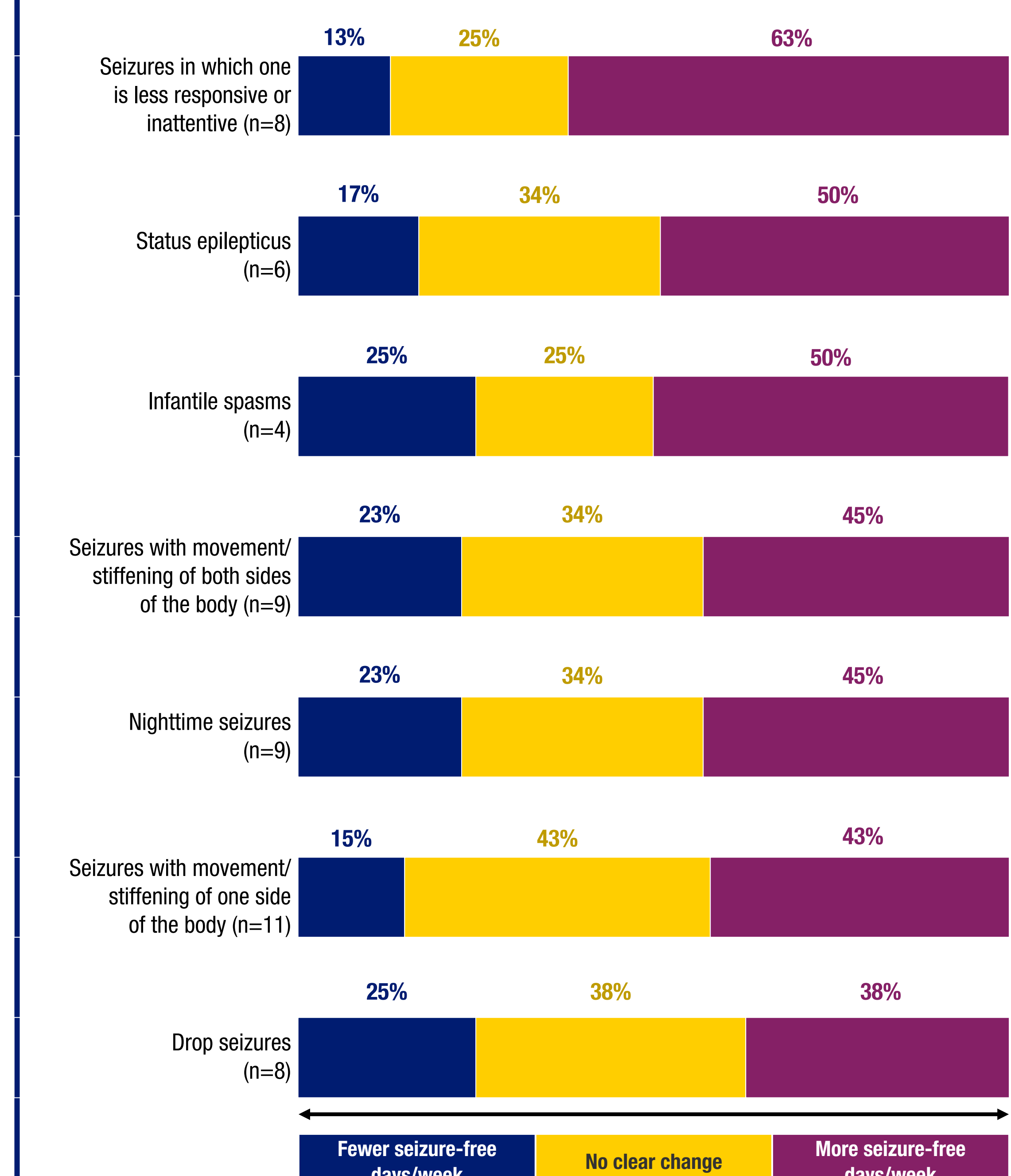


- Most respondents reported decrease in rescue medication use (80%) and reduced occurrence of seizure-related injuries (77%).

Plans for continuing CBD treatment

- Compared to the time before initiation of CBD treatment, 82% of all caregivers reported any improvement in the overall condition of patients.
- Of the 17 respondents in the survey, 16 planned to continue CBD treatment.
- Of caregivers who planned to continue CBD treatment, reduced seizure frequency and severity/duration were given as the most important reason for continuing by 88% and 81% of respondents, respectively; improved cognition (69%), language/communication (63%), and social function (63%) were other reasons cited by ≥50% of respondents for continuing CBD treatment.

Figure 3. Seizure-free days



- Seizure freedom in the past month was reported by 6 of 11 caregivers (55%).

Conclusions

- In this preliminary analysis of BECOME-TSC, an ongoing cross-sectional survey of caregivers of people with TSC who are taking CBD treatment:
 - Most caregivers reported improvements in seizure frequency (88%) and severity (88%).
 - Complete seizure freedom in the past month was reported by 55% of respondents.

- Improvements were most commonly reported in the frequency of seizures that involve movement or stiffening of both or one side of the body, nighttime seizures, status epilepticus, and seizures where one is less responsive/inattentive.
- The majority of respondents planned to continue CBD treatment primarily because of reduced seizure severity/duration but also because of improvements in nonseizure outcomes, including cognition, language/communication, and social function.
- Limitations of the study include small sample size, use of retrospective caregiver accounts, and selection bias because of the study design. Adverse effects were not assessed and the effect of concomitant antiseizure medications was not considered in this analysis.

References: 1. Northrup H et al. *Pediatr Neurol.* 2021;123:50–66. 2. Curatolo P et al. *Lancet.* 2008;372:657–668. 3. Curatolo P et al. *Eur J Paediatr Neurol.* 2018;22:738–748. 4. Amin S et al. *Dev Med Child Neurol.* 2017;59:612–617. 5. Jazz Pharmaceuticals. Epidiolex® (cannabidiol) oral solution [prescribing information]. 2023. [https://www.epidiolex.com/sites/default/files/pdfs/1120/EPX-03645-1120_EPIDIOLEX_\(cannabidiol\)_USPI.pdf](https://www.epidiolex.com/sites/default/files/pdfs/1120/EPX-03645-1120_EPIDIOLEX_(cannabidiol)_USPI.pdf). 6. de Vries PJ et al. *Pediatr Neurol.* 2015;52:25–35.

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Disclosures: This poster presents an update of the data previously presented at The American Epilepsy Society Annual Meeting (AES), 2023. All authors met the ICMJE authorship criteria and had full access to relevant data. Neither honoraria nor payments were made for authorship. MKK, SMLW, DS, DAK, SM, CK, and SRD have consulted for, conducted studies funded by, or received honoraria from Jazz Pharmaceuticals, Inc; TBS, KCS, and KR are employees of Jazz Pharmaceuticals, Inc. Epidiolex® is approved in the US for the treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex in patients ≥1 years of age.

