

Seizure Outcomes With Cannabidiol in Pediatric Versus Adult Patients With Lennox-Gastaut Syndrome and Dravet Syndrome: **Subgroup Analysis of BECOME, a Caregiver Survey**

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Background

- BECOME was a global outcomes survey of caregivers for people with Lennox-Gastaut syndrome (LGS) or Dravet syndrome (DS) that assessed changes in **BE**havior, **CO**gnition, and **M**ore with **E**pidiolex[®] (cannabidiol [CBD]).^{1,2}
- In the primary analysis, a substantial proportion of caregivers reported improvements in seizure and nonseizure outcomes.^{1,2}
- Nearly all caregivers reported planning to continue CBD
- Although the onset of LGS and DS is usually in infancy or childhood, they are lifelong diseases with symptoms that evolve over time, emphasizing the need to understand the effects of CBD in pediatric vs adult patients.³
- We conducted a subgroup analysis to compare the seizure and nonseizure outcomes of Epidiolex treatment in pediatric (aged <18 years) and adult (aged \geq 18 years) patients with LGS or DS.
- This poster presents the seizure outcomes (nonseizure outcomes will be presented in Poster 008)

Objective

• To compare the seizure outcomes of Epidiolex treatment in pediatric vs adult patients with LGS or DS.

Methods

- US-based caregivers of patients with LGS or DS who received \geq 3 months of CBD treatment (Epidiolex, 100 mg/mL oral solution) were asked to compare the month before survey administration with the period prior to CBD initiation.
- 'Don't Recall' or 'Not Applicable' responses were excluded. Net percentages included respondents' answers to ≥ 1 question within each domain.
- The survey consisted of multiple-choice and rank-order questions, based on validated measures and other previously published caregiver reports,^{4–8} and used a symmetrical 3-, 5-, or 7-point Likert scale depending on the domain (from worsening to improvement).

Results

Table 1. Patient characteristics and CBD exposure

	Pediatric patients (n=315)	Adult patients (n=183)	All patients (N=498)		
Mean, y (range)	9 (1–17)	28 (18–73)	16 (1–73)		
Male, n (%)	165 (52)	96 (53)	261 (52)		
Responding caregivers, n (%)					
Parent	310 (98)	172 (94)	482 (97)		
Grandparent	3 (1)	1 (1)	4 (1)		
Other	2 (1)	10 (5)	12 (2)		

- Pediatric patients were treated with CBD for an average of 1.9 years and were taking a median (Q1, Q3) CBD dose of 16 mg/kg/d (9, 20).
- Adult patients were treated with CBD for an average of 2.2 years and were taking a median (Q1, Q3) CBD dose of 11 mg/kg/d (7, 17).
- Additional details for patients' concomitant antiseizure medications can be viewed via the QR code.

References: 1. Dixon-Salazar T, et al. Presented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. Cross JH, et al. *Epilepsia*. 2017;58(4):308-315. 8. Conway L, et al. *Epilepsia*. 2017;58(4):308-315. 8. Conway L, et al. *Epilepsia*. 2017;58(4):646-656. 7. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. Conway L, et al. *Epilepsia*. 2017;58(4):646-656. 7. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. Conway L, et al. *Epilepsia*. 2017;58(4):646-656. 7. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. Conway L, et al. *Epilepsia*. 2017;58(4):646-656. 7. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. Conway L, et al. *Epilepsia*. 2017;58(4):646-656. 7. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Annual Meeting; December 3–7, 2021; Chicago, IL, USA. Abstract 3.304. 3. The sented at the AES Acknowledgments: Writing and editorial assistance were provided by Ritu Pathak, PhD, of Ashfield MedComms, an Inizio company, funded by Jazz Pharmaceuticals, Inc. **Support:** BECOME was sponsored by Greenwich Biosciences, Inc (now part of Jazz Pharmaceuticals, Inc).

years of age.

Adult patients (n=183)

adult patients.





Conclusions

• A substantial proportion of caregivers of patients with LGS or DS, regardless of age, reported improvements in patients' seizure frequency and severity and seizure-free days per week with CBD treatment.

• Caregivers for adult and pediatric patients reported similar improvements with CBD across the following seizure-related outcomes:

Seizure frequency independent of seizure type (84% in each group)

- Seizure severity (77% vs 75% for the pediatric and adult patient groups, respectively)

- Seizure-free days per week in ≥ 1 seizure type (65% vs 70%)

Complete seizure freedom in the past month (18% vs 15%)

• Improvements in nonseizure outcomes in pediatric vs adult patients were also reported (Poster # 008). • Nearly all caregivers (93%) of pediatric and adult patients reported planning to continue CBD.

- Although most caregivers of pediatric (93%) and adult (88%) patients cited seizure-related improvements as a reason for continuing, 79% of caregivers of pediatric patients and 73% of caregivers of adult patients cited nonseizure-related improvements as the reason (additional details available via the QR code and Poster # 008)



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Supplementary Material

Table S1. Patient characteristics and CBD exposure				Table S2. Caregivers' decision to continue CBD treatment			
	Pediatric patients (n=315)	Adult patients (n=183)	All patients (N=498)			Pediatric patients (n=315)	Adult patients (n=183)
Mean, y (range)	9 (1–17)	28 (18–73)	16 (1–73)			% of caregivers	
Male n (%)	165 (52)	96 (53)	261 (52)	Do you plan to continue CPD for whom you are	Yes	93	93
	100 (02)	00 (00)	201 (02)	caring? (n=498)	No	3	3
Number of concomitant ASMs, median (Q1, Q3)					Don't know	4	4
Current	4 (2, 4)	4 (3, 5)	4 (2, 5)	Of those who plan to continue (n=463), which are	Seizure related (net)	93	88
Most common ASMs in \geq 20% of patients in any group, n (%)				decision to continue treatment?	Reduced seizure frequency	81	74
Clobazam	172 (55)	73 (40)	245 (49)		Reduced seizure severity/duration	75	71
	$\Omega \Omega (\Omega \Omega)$				Nonseizure related (net)	79	73
Cionazepam	83 (26)	44 (24)	127 (26)		Improved alertness	54	44
Valproate	71 (23)	53 (29)	124 (25)		Improved cognition	50	32
Levetiracetam	80 (25)	42 (23)	122 (25)		Improved language/communication	33	24
Lamotrigine	46 (15)	60 (33)	106 (21)		Improved sleep	33	25
Responding caregivers, n (%)					Improved physical functioning	31	18
Derente			100 (07)		Improved social functioning	31	21
Parents	310 (96)	172 (94)	462 (97)		Improved emotional functioning	32	25
Grandparents	3 (1)	1 (1)	4 (1)		Reduced caregiver burden	19	15
Other	2 (1)	10 (5)	12 (2)		Other	5	11
ASM, antiseizure medication; CBD, cannabidiol; Q1, first quartile; Q3, third quartil	e.			CBD, cannabidiol.			

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Table	S2 .	Caregivers'	decision to	continue	CBD	treatment
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