9-005 Tuberous Sclerosis Complex (TSC)–Associated Neuropsychiatric Disorder (TAND) Outcomes Following Add-on Cannabidiol (CBD) Treatment: 3-Month Analysis of Open-Label Phase 3b/4 Trial EpiCom

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Introduction

- 90% of people with tuberous sclerosis complex (TSC) also have TSC-associated neuropsychiatric disorders (TANDs), yet there are limited treatment options and few studies that evaluate pharmacotherapies, despite the significant impact on patients' quality of life[1,2]
- Measuring neuropsychiatric outcomes in individuals with TSC is challenging due to limited validation, acceptance, and relevance of available tools[1,2]
- A plant-derived highly purified pharmaceutical formulation of cannabidiol (CBD; Epidiolex®) is approved for the treatment of seizures associated with TSC[3]
- Anecdotal reports from the TSC community of patients, caregivers, and healthcare professionals have suggested benefits with CBD treatment in behavioral (eg, calm or relaxed behavior) and neuropsychological symptoms (eg, increased attention span, awareness, and concentration)[4]
- EpiCom (**Epi**lepsy **Com**orbidities; NCT05864846) is an interventional, multicenter, open-label, single-arm, phase 3b/4 study designed to evaluate behavioral and other co-occurring outcomes following add-on CBD treatment in participants with TSC-associated seizures[5]
- Here we present the prespecified 3-month intermediate analysis of EpiCom

Objective

- To investigate behavioral and other co-occurring outcomes after initiation of treatment with add-on CBD in patients with TSC who experience seizures

Methods

- Eligible participants aged 1 to 65 years with TSC and moderate/severe behavioral challenges on the Caregiver Global Impression of Severity (CareGI-S) scale were enrolled (**Table 1**)
- Participants received CBD (Epidiolex®, 100 mg/mL oral solution) ≤25 mg/kg/day (based on response and tolerability) in addition to the standard of care (SOC) for 26 weeks (**Figure 1**)
  - Participants could then choose to continue CBD with SOC, or SOC alone, for up to 26 additional weeks
- Key efficacy endpoints evaluated at the 13-week intermediate analysis included the following:
  - Behavioral outcomes evaluated as change from baseline in the most problematic behavior (MPB) on the TAND Self-Report, Quantified Checklist (TAND-SQ) and the Aberrant Behavior Checklist (ABC) at week 13
  - Symptom severity as evaluated by change from baseline in CareGI-S and Clinician Global Impression of Severity (CGI-S) scales at weeks 4 and 13
  - Safety of CBD as evaluated by the severity of adverse events (AEs) and discontinuations due to AEs

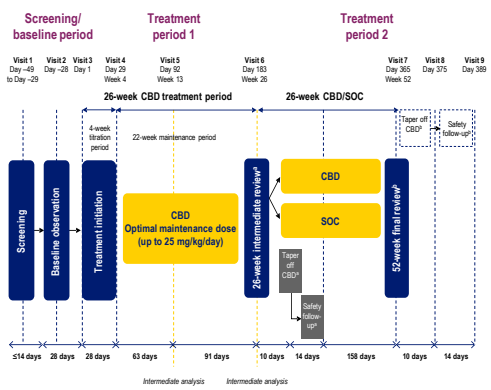
Methods (cont.)

Table 1. Key inclusion and exclusion criteria

Inclusions	Exclusions
• **Confirmed diagnosis of TSC** with history of seizures	• Any medical condition that could affect study outcomes
• **Moderate/severe behavioral challenges** (eg, aggression, impulsivity, temper tantrums, self-injury, and hyperactivity), with an MPB score of ≥6 on the TAND-SQ at baseline[a]	• Felbamate initiation within the year before screening
• On **≥1 antiseizure medication**	• Recreational or medical cannabis use within the 3 months before screening
• **Naive to CBD** or has been off CBD for ≥3 months before screening	• Significant hepatic impairment and any history of suicidal behavior or ideation of type 4 or 5 as evaluated by the Columbia-Suicide Severity Rating Scale

[a]Based on the Likert scale: 1 = Very unimportant; 5 = Neither important nor unimportant; and 10 = Extremely important.
CBD, cannabidiol; MPB, most problematic behavior; TAND, TSC-associated neuropsychiatric disorder; TAND-SQ, TAND Self-Report, Quantified Checklist; TSC, tuberous sclerosis complex.

Figure 1. Study design



[a]Participants who decide to discontinue CBD after the 26-week intermediate review visit but remain on study will form the SOC treatment arm. These participants will taper off CBD and complete a safety follow-up.
[b]Participants who decide to discontinue CBD after the 52-week final review visit will taper off CBD and complete a safety follow-up. For participants who wish to remain on CBD after the study, the 52-week final review visit is the last study visit.
CBD, cannabidiol; SOC, standard of care.

Results

Demographic and clinical characteristics

Table 2. Baseline demographic and clinical characteristics

	CBD (n=17)
Age, years	
Mean (SD)	22.6 (9.94)
Median (range)	21.0 (5–42)
Sex, n (%)	
Male	8 (47.1)
Female	9 (52.9)
Number of participants with seizure at screening, n (%)[a]	8 (47.1)
Average number of total seizures per 28 days at baseline, mean (SD)[a]	4.1 (7.1)
Number of ASMs at baseline, median (range)	3 (1–5)
ASMs at baseline, n (%)	
Topiramate	6 (35.3)
Everolimus	5 (29.4)
Lamotrigine	5 (29.4)
Valproic acid	2 (11.8)
Clobazam	1 (5.9)

[a]Considers participants with a seizure type recorded at screening. The average number of total seizures per 28 days at baseline is calculated from seizure diary records.
ASMs, antiseizure medications; CBD, cannabidiol.

- At the time of this prespecified intermediate analysis, 24 participants had enrolled, 19 had started CBD, and 4 discontinued the study
- In participants with ≥1 postbaseline assessment (n=17), the median (range) age was 21 (5–42) years (**Table 2**)
- The most common concomitant antiseizure medications used were topiramate (n=6 [35%]), everolimus (n=5 [29%]), and lamotrigine (n=5 [29%])

Behavioral outcomes

Table 3. Change from baseline in MPB on TAND-SQ and ABC subscales at week 13

	Baseline (n=17), mean (SD)	Week 13 (n=5), mean (SD)	Change from baseline at week 13 (n=5), mean (95% CI)[a]
MPB NRS value on TAND-SQ	8.8 (1.01)	4.4 (3.05)	−4.6 (−8.1, −1.1)
TAND-SQ clusters			
Overall impact score	4.6 (2.19)	2.3 (1.16)	−1.5 (−2.5, −0.5)
Scholastic	6.7 (3.81)	4.6 (4.78)	0.3 (−6.2, 6.7)
Neuropsychological	5.5 (3.07)	2.4 (1.96)	−1.6 (−3.2, −0.1)
Autism spectrum disorder–like	3.9 (2.74)	2.1 (1.42)	−1.5 (−3.5, 0.4)
Dysregulated behavior	3.9 (3.15)	1.3 (1.60)	−3.5 (−6.5, −0.5)
Overactive/impulsive	3.9 (2.90)	0.6 (0.44)	−2.9 (−7.1, 1.3)
Mood/anxiety	3.5 (2.01)	2.5 (2.47)	−0.8 (−1.4, −0.2)
Eat/sleep	3.7 (2.92)	2.2 (1.89)	−1.1 (−2.7, 0.5)
ABC subscales			
Irritability	15.5 (9.06)	8.0 (4.47)	−12.2 (−22.3, −2.1)
Social withdrawal	9.9 (7.45)	2.2 (1.48)	−4.2 (−10.4, 2.0)
Stereotypic behavior	6.3 (4.77)	1.2 (1.64)	−4.8 (−9.0, −0.6)
Hyperactive noncompliance	16.6 (10.22)	5.4 (2.51)	−11.0 (−25.1, 3.1)
Inappropriate speech	3.9 (3.45)	1.4 (1.67)	−2.2 (−4.9, 0.5)

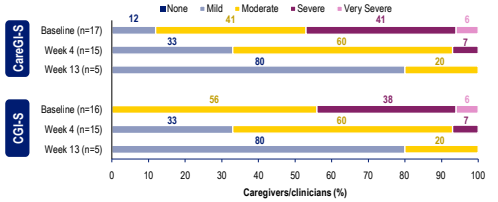
[a]95% CI for the mean change from baseline was calculated using the normal approximation method.
ABC, Aberrant Behavior Checklist; MPB, most problematic behavior; NRS, numerical rating scale; TAND, tuberous sclerosis complex–associated neuropsychiatric disorder; TAND-SQ, TAND Self-Report, Quantified Checklist.

- At baseline (n=17), the mean (SD) MPB numerical rating scale (NRS) value was 8.8 (1.01), suggesting severe TAND problems (**Table 3**); the most common manifestations were mood swings (n=4 [24%]) and aggressive outbursts (n=3 [18%])
- At week 13 (n=5), mean (95% CI) change from baseline in MPB NRS was −4.6 (−8.1, −1.1), suggesting an improvement in behavioral outcomes
- Of 7 TAND-SQ clusters, the greatest changes were in dysregulated behavior* and overactive/impulsive scores, indicating a notable improvement in behavioral outcomes over time
- The greatest changes in ABC scales were in irritability and hyperactive noncompliance

*Dysregulated behavior, also known as emotional dysregulation, means difficulty controlling one's emotions. These may manifest as angry outbursts, anxiety, depression, substance abuse, suicidal thoughts, self-harm, and other self-damaging behaviors.

Symptom severity outcomes

Figure 2. Caregiver- and clinician-reported global impression of severity for behavioral problems using CareGI-S and CGI-S scales, respectively, at weeks 4 and 13



CareGI-S, Caregiver Global Impression of Severity; CGI-S, Clinician Global Impression of Severity.

- A smaller proportion of both caregivers and clinicians rated behavioral problems as severe or very severe on CareGI-S and CGI-S at weeks 4 and 13 compared with baseline (**Figure 2**)

Safety outcomes

Table 4. Summary of treatment-emergent adverse events

	CBD (n=19)
Number of participants with at least 1 TEAE, n (%)	12 (63)
Diarrhea	8 (42)
Vomiting	2 (11)
Lethargy	2 (11)
Decreased appetite	2 (11)
Hematochezia	1 (5)
Gastroenteritis	1 (5)
COVID-19	1 (5)
Gastroenteritis viral	1 (5)
Pharyngitis streptococcal	1 (5)
Hypersomnia	1 (5)
Aspartate aminotransferase increased	1 (5)
Transaminases increased	1 (5)
Hypokalemia	1 (5)
Oropharyngeal pain	1 (5)
Productive cough	1 (5)
Urinary incontinence	1 (5)
Skin and subcutaneous tissue disorders	1 (5)

CBD, cannabidiol; TEAE, treatment-emergent adverse event.

- Any AEs occurred in 12/19 participants (63%) (**Table 4**)
- Four participants (21%) discontinued due to AEs (diarrhea, hypersomnia, increased transaminase, and rash)

Conclusions

- Although the analysis is limited by small patient numbers, the prespecified 3-month intermediate analysis of the open-label EpiCom study showed improvements in TAND-SQ and ABC subscales after initiating CBD
- The safety profile was consistent with previous studies; however, full safety data will be reported at study conclusion

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References: 1. Vanclooster S, et al. *J Neurodev Disord*. 2022;14(1):13. **2.** de Vries PJ, et al. *J Neurodev Disord*. 2023;15(1):32. **3.** Epidiolex® (cannabidiol) oral solution. Prescribing information. Jazz Pharmaceuticals, Inc., 2024. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/210365s021lbl.pdf. **4.** Marshall J, et al. *J Child Neurol*. 2023;38(6-7):394-406. **5.** Van Eeghen AM, et al. Poster presented at World Congress of Nephrology, March 30-April 2, 2023; Bangkok, Thailand.

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