during a migraine attack. **Methods:** RELIEF (NCT04152083; parallel-group, double-blind, placebo-controlled) randomized adults with migraine (4-15d/mo in 3mo prior to screening) to eptinezumab 100mg or placebo, administered IV within 1-6h of qualifying migraine onset. Co-primary efficacy endpoints were time to headache pain freedom and time to absence of most bothersome symptom (MBS). **Results:** Eptinezumab (n=238) compared with placebo (n=242) achieved significantly faster headache pain freedom (median 4h vs 9h; hazard ratio=1.54, P=0.0006) and absence of MBS (2h vs 3h; 1.75, P<0.0001). At 2h, 23.5% and 12.0% (P=0.0009) of eptinezumab-treated and placebo patients, respectively, reported headache pain freedom, and 55.5% and 35.8% (P<0.0001) reported absence of MBS. Significantly fewer eptinezumab-treated patients used rescue medication within 24h (31.5% vs 59.9%; P<0.0001). Treatment-emergent adverse events occurred in 10.9% eptinezumab-treated and 10.3% placebo patients; no serious adverse events occurred. **Conclusions:** Infusion of the preventive migraine treatment, eptinezumab, during a migraine resulted in rapid and sustained freedom from headache pain and MBS vs placebo, starting 2h post-infusion, decreasing need for acute medication within 24h post-infusion. No notable safety findings were identified.

P.028

Surgical Treatment for Idiopathic Intracranial Hypertension – Strategy for the Better Management

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Background: Idiopathic intracranial hypertension (IIH) is a condition of increased intracranial pressure in the absence of a space-occupying lesion. The goal of this study is to investigate which factors may influence outcomes in order to improve surgical strategy. We hypothesized diabetes, hypertension, smoking, and obesity influence patients prognosis. **Methods:** This retrospective chart review included patients diagnosed with IIH who underwent surgical intervention. All patients receiving surgery between 2008 and 2018 were included, and divided into 2 cohorts. Cohort 1 representing favorable course and cohort 2 representing unfavorable course. Favorable course was defined as requiring single surgery for management. Unfavorable course required multiple surgical revisions. **Results:** Overall, 35/48 (73%) comprised the favorable group. Thirteen patients (27%) comprised the unfavorable group. Of the unfavorable group, 54% had LP shunts, with the remaining receiving VP shunts. There was no association between type of shunt and outcome. Common issues the unfavorable group encountered were persisting symptoms, infections, obstruction of shunt and replacement of shunt. Smoking and frequent follow-up were associated with unfavorable course. Gender, BMI, age, comorbidities and shunt type were not associated with outcome. **Conclusions:** We found smoking and patient follow-up had a significant association with unfavorable outcome. Other factors had no association with patient outcome.

P.029

Oral Daily Atogepant for the Preventive Treatment of Migraine Increases Responder Rates for Reduction in Mean Monthly Migraine Days

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Background: The goal of the study was to assess responder rates at various times after initiating atogepant treatment. **Methods:** A 12-week phase 3 trial evaluated the safety, efficacy, and tolerability of atogepant for preventive treatment of migraine (ADVANCE; NCT03777059) in adult participants with a ≥1-year history of migraine, experiencing 4-14 migraine days/month. Participants were randomized to atogepant 10, 30, or 60mg, or placebo once daily. These analyses evaluated ≥25%, ≥50%, ≥75%, and 100% reductions in mean monthly migraine days (MMDs) across 12 weeks and each 4-week interval. Adverse events (AEs) in ≥5% of participants are reported. **Results:** The efficacy analysis population included 873 participants: placebo: n=214; atogepant: 10mg: n=214; 30mg: n=223; 60mg: n=222. Atogepant-treated participants were more likely to experience a ≥50% reduction in the 3-month mean MMDs (56-61% vs 29% with placebo; P<0.0001). The proportions of participants experiencing ≥25%, ≥50%, ≥75%, and 100% reductions in mean MMDs significantly increased during each 4-week interval (≥50% reduction: 48-71% vs 27-47% with placebo). The most common AEs for atogepant were constipation (6.9-7.7%) and nausea (4.4-6.1%). **Conclusions:** Once-daily atogepant 10, 30, and 60mg significantly increased responder rates at all thresholds with approximately 60% achieving a ≥50% reduction in mean MMDs at 12 weeks.

P.030

Long-term Safety and Tolerability of Atogepant 60 mg Following Once-Daily Dosing Over 1 Year for the Preventive Treatment of Migraine

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Background: The goal of the study was to assess the safety and tolerability of atogepant, an oral, calcitonin gene-related peptide receptor antagonist in development for migraine preventive treatment, once daily over 1 year. **Methods:** Multicenter, open-label trial (NCT03700320). Adults with migraine were randomized 5:2 to atogepant or oral standard-of-care (SOC) migraine prevention. **Results:** 744 randomized participants (n=546 atogepant), 739 safety population participants (n=543 atogepant). Adverse events (AEs) were reported by 67.0% of atogepant participants; 18.0% had AEs

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