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# Late Breaking Abstract - Depemokimab provides early and sustained improvement in loss of smell in chronic rhinosinusitis with nasal polyps (CRSwNP) patients meeting POLINA 2.0 criteria: subanalysis of the randomized phase 3 ANCHOR-1/2 trials

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Background: Depemokimab, the first ultra-long-acting biologic with high IL-5 binding affinity and long half-life administered every 6 months, improved loss of smell (LoS) verbal rating scale (VRS; 0-3) at first assessment in the ANCHOR trials.

Aims: To analyze the impact of depemokimab in LoS in patients eligible for biologic therapy according to the POLINA 2.0 guidelines, whose criteria are stricter than the ANCHOR trials inclusion criteria.

Methods: Exploratory, non-prespecified subgroup pooled analysis of the ANCHOR trials. Adults with severe uncontrolled chronic rhinosinusitis with nasal polyps (CRSwNP) were randomized 1:1 to receive depemokimab 100 mg subcutaneous or placebo once every 26 weeks over 52 weeks, alongside standard of care.

Results: 318 patients (depemokimab n=163; placebo n=155) from the ANCHOR trials meeting the POLINA criteria for biologic therapy were included. Depemokimab showed early improvements in LoS VRS at weeks 5-8, with a treatment difference (LS mean change from baseline; CI 95%) versus placebo of -0.16 (-0.28; -0.04; p=0.008) sustained over 49-52 weeks. Further benefits were observed at 49-52 weeks vs 21-24 weeks: -0.30 (-0.46, -0.14) vs -0.21 (-0.36, -0.06). A higher proportion of responders (≥0.9 points of improvement) was observed as early as weeks 1-4 (OR: 9.6; CI 95%: 1.40, 65.92; p=0.022), sustained at 49-52 weeks (OR: 3.11; CI 95%: 1.66, 5.83; p<0.001). Moreover, a nominal greater benefit in patients with 1 vs those with >1 sinonasal surgery (-0.34 vs -0.26) and in patients with comorbid asthma, -0.35 (-0.55, -0.15; p<0.001), was observed at 52 weeks.

Conclusion: Depemokimab administered every 6 months provided early and sustained improvements in LoS in patients meeting the POLINA criteria.

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