Mepolizumab Therapy Improves Most Bothersome Symptoms in Patients With Hypereosinophilic Syndrome (HES)

**Aims**

HES is characterized by persistent elevated blood and tissue eosinophil levels and resulting eosinophil-mediated organ damage.1

1. Presentation of HES is highly heterogeneous, and patients experience symptoms affecting a variety of organ systems.

Mepolizumab, a humanized monoclonal antibody against e-LT, has recently been approved for treatment of HES.2 It has been shown to reduce blood eosinophil counts, occurrence of symptom flare, and the need for oral corticosteroids, which are commonly prescribed as a first line treatment for HES.3,4

The aim of this study was to assess the effects of mepolizumab on the severity of HES-related symptom burden, based on data collected during the recent Phase III trials of mepolizumab in patients with HES using the HES daily symptoms (HES-DS) questionnaire.

**Methods**

Study design: parallel randomized, double-blind, placebo-controlled, phase 3 study

Inclusion criteria:
- ≥12 years of age
- ≥2 flares within the past 12 months
- A baseline HES-DS score of ≥0.5

Exclusion criteria:
- ≤0.5 HES-DS scores
- OCS ≥0.5 to <1.5

**Endpoints**

Change from baseline in HES symptom (HES-DS) score

**Results**

Improvements were observed in all 15 most bothersome symptoms across both study arms. In Table 1, improvements were observed in most bothersome symptoms compared with placebo at Week 32 in patients who reported these symptoms at baseline.

**Conclusions**

Mepolizumab was associated with improvements in several of the symptoms reported as most bothersome compared with placebo at Week 32 in patients who reported these symptoms at baseline.