

Efficacy of elinzanetant on vasomotor symptoms and sleep disturbance

James A. Simon¹, Claudio N. Soares², Hadine Joffe³, Nick Panay⁴, Rossella E. Nappi⁵, Cecilia Caetano⁶, Claudia Haberland⁷, Christian Seitz^{7,8}, Andrew Trigg⁹, Cecile Jansseswillen⁶, Lineke Zuurman⁶

¹George Washington University, IntimMedicine Specialists, Washington, DC, United States

²Queen's University School of Medicine, Kingston, Ontario, Canada

³Brigham and Women's Hospital, Harvard Medical School, Boston, MA, United States

⁴Queen Charlotte's & Chelsea Hospital, Imperial College, London, United Kingdom

⁵University of Pavia, Pavia, Italy

⁶Bayer CC AG, Switzerland, Basel

⁷Bayer AG, Berlin, Germany

⁸Charité, Berlin, Germany

⁹Bayer plc, Reading, United Kingdom

Presenting author: James A. Simon

Background/Synopsis

In the pivotal OASIS 1 and 2 Phase 3 trials, elinzanetant, a dual neurokinin targeted (NKT) therapy (NK1/NK3 receptor antagonist), significantly reduced the frequency/severity of menopausal vasomotor symptoms (VMS) compared with placebo.¹

Objectives/Purpose

These exploratory post-hoc pooled analyses from the OASIS studies aimed to further characterize the effect of elinzanetant on VMS frequency during the daytime/nighttime, and on sleep disturbance across subgroups defined by their baseline VMS frequency.

Design/Methods

Postmenopausal women (40-65 years old) experiencing ≥ 50 moderate-to-severe (M/S) VMS/week were randomized 1:1 to receive once-daily elinzanetant 120 mg for 26 weeks or placebo for 12 weeks followed by elinzanetant for 14 weeks.

Participants completed a daily hot flash diary each morning/evening. Daytime and nighttime VMS frequency were collected from evening and morning entries, respectively. Baseline values were calculated from the 14 days pre-treatment. Mean changes in frequency of daytime and nighttime M/S VMS were assessed from baseline to weeks 1, 4 and 12.

Additionally, median number of VMS at baseline was used to stratify participants into higher-VMS (≥ 12 per day) and lower-VMS (< 12 per day) subgroups. Sleep disturbance was assessed using PROMIS Sleep Disturbance Short Form (SD SF) 8b total T-scores (higher scores indicate greater sleep disturbance). Mean T-scores were evaluated at baseline, weeks 1, 4, 8 and 12.

A mixed model for repeated measures to analyze differences in LS mean change from baseline between elinzanetant and placebo; p values are indicative, not confirmatory.

Results

Overall, 796 women were randomized across both trials (elinzanetant [n=399] and placebo [n=397]).

At baseline, the elinzanetant group reported a mean (SD) of 8.25 (5.16) daytime M/S VMS; placebo group reported 8.80 (7.16). Reductions from baseline in frequency of daytime M/S VMS were greater with elinzanetant than placebo at week 1 (between group difference in least-squares [LS] means [95% CI]: -1.09 [-1.51,-0.68], $p < 0.0001$), week 4 (-1.78 [-2.35,-1.21], $p < 0.0001$) and week 12 (-1.83 [-2.44,-1.21], $p < 0.0001$). For nighttime VMS, the mean (SD) frequency at baseline was 5.95 (4.73) for elinzanetant; 6.59 (6.23) for placebo.

Reductions from baseline in frequency of nighttime VMS were greater with elinzanetant than placebo at week 1 (between group difference in LS means [95% CI]: -1.08 [-1.47,-0.68], $p < 0.0001$), week 4 (-1.44 [-1.91,-0.97], $p < 0.0001$) and week 12 (-1.52 [-2.11,-0.93], $p < 0.0001$).

The higher-VMS group included 369 participants (elinzanetant n=184, placebo n=185), the lower-VMS group included 426 participants (elinzanetant n=214, placebo n=212). One participant had missing baseline VMS data.

Baseline PROMIS SD SF total T-scores (mean [SD]) were similar between the higher-VMS (elinzanetant 62.53 [7.53], placebo 61.54 [7.16]) and lower-VMS (elinzanetant 60.37 [6.36], placebo 59.52 [7.11]) groups. At week 4, mean [SD] change from baseline in PROMIS SD SF total T-score with elinzanetant was -10.99 [8.83] in the higher-VMS and -9.69 [8.10] in the lower-VMS group. With placebo these changes were -4.48 [7.72] and -4.02 [6.70], respectively.

At week 12, mean [SD] change from baseline in PROMIS SD SF total T-score for elinzanetant was -11.33 [9.37] in the higher-VMS and -10.18 [8.07] in the lower-VMS group. With placebo these changes were -5.31 [7.23] and -5.19 [6.63], respectively. Based on PROMIS scores, elinzanetant showed greater improvement in sleep disturbances in both higher and lower VMS groups vs placebo ($p < 0.001$ at both timepoints).

Conclusion

Elinzanetant demonstrated numerically greater reductions than placebo in M/S VMS during both daytime/nighttime across all timepoints, and in sleep disturbances regardless of baseline VMS frequency. These findings support the benefits of elinzanetant for improving VMS and sleep disturbance, two of the most frequent and disruptive menopausal symptoms.

Funding

Bayer CC AG, Basel, Switzerland

¹Pinkerton et al. JAMA 2024;22;332(16):1343-1354.

Previously presented at the RCOG World Congress 2025, 23-25 June 2025, London, UK