Press Release

New data reinforces Ipsen's commitment to bringing solutions and addressing care gaps in neurological diseases at TOXINS

- 14 abstracts will be presented across a range of neurological conditions including post-stroke spasticity, cervical dystonia, blepharospasm and other movement disorders
- Interim data from the ongoing EPITOME trial[1] showed that 45.7% of stroke survivors with paresis developed post-stroke spasticity within 1 year
- <1% of stroke survivors receive BoNT-A treatment for spasticity in routine practice[2]

PARIS, FRANCE, 14 JANUARY 2026 - Ipsen (Euronext: IPN; ADR: IPSEY) announced today the presentation of 14 across multiple neurological conditions at the TOXINS 2026 conference (14-17 January) in Madrid, Spain. Data presented highlighted the depth and diversity of evidence across multiple movement disorders — including post-stroke spasticity, cervical dystonia and blepharospasm, adding to the available evidence of Dysport®*(abobotulinumtoxinA)* in patient care – alongside new indications under evaluation.

An interim analysis from the ongoing EPITOME study will be presented. EPITOME is a multi-country epidemiologic study following adults aged 18–85 after their first stroke, to better understand how often post-stroke spasticity (PSS) occurs and to better improve early identification. The study focuses on a Post-stroke Spasticity Monitoring Questionnaire, a remote monitoring tool designed to help clinicians detect early signs of spasticity.

PSS can develop following a stroke and often goes undiagnosed, delaying treatment and limiting recovery. Remote monitoring can help clinicians act sooner, improving the potential for swift rehabilitation and better quality of life for patients. In this interim analysis, 45.7% of stroke survivors with paresis developed spasticity within 1 year of their stroke vs previously documented 39.5%,[3] reinforcing the value of monitoring within this period. Previously published real-world evidence and quality of life insights reinforce the existing care gap, with <1% of stroke survivors receiving BoNT-A treatment for spasticity in routine practice.[2]

"We are proud to present this breadth of data which underscores our mission to bring solutions and address care gaps for people living with a broad range of neurological conditions," said Sandra Silvestri, MD, PhD, Executive Vice President, Chief Medical Officer, Ipsen. "The EPITOME study is one example of this, focused on providing a standardized and best-practice follow-up to ensure people living after a stroke receive the care they deserve."

Complete list of Ipsen presentations at TOXINS 2026:

Lead author	Abstract title
Zorowitz, R.	Poster presentation: Sensitivity and specificity of the Post-stroke Spasticity Monitoring Questionnaire (PSMQ) for remote monitoring of

	spasticity development: Interim analysis from an ongoing epidemiology study.
Esquenazi, A.	Poster presentation: Regional differences in use of injection guidance and goal attainment following repeat abobotulinumtoxinA injections: Subgroup analysis of the AboLiSh observational study.
Ashford, S.	Poster presentation: Quality of life (QoL) improvements in patients with leg spasticity following treatment with abobotulinumtoxinA: Assessment using a disease-specific and a generic QoL instrument.
Wainberg, M.	Poster presentation: Persistence with botulinum neurotoxin type A and factors associated with discontinuation: A retrospective cohort study.
Patel, A.	Poster presentation: Effect of early use of botulinum toxin A on goal attainment in post-stroke spasticity.
Wilkie, A.	Poster presentation: Mapping the journey and experience of people living with post-stroke spasticity
Turner-Stokes, L.	Poster presentation: Longitudinal goal attainment across four consecutive botulinum neurotoxin treatment cycles in adults with upper limb spasticity.
Schramm, A.	Poster presentation: Interim analysis of the non-interventional SMART study on the effectiveness and safety of abobotulinumtoxinA injections in everyday practice in patients with upper limb spasticity after stroke.
Palmcrantz S.	Poster presentation: Identifying post-stroke spasticity in Swedish healthcare registers: A real-world analysis.
Bensmail, D.	Poster presentation: Real-world use of botulinum neurotoxin type A in post-stroke spasticity between 2015 and 2023: Insights from France.
Degos, B.	Poster presentation: Patterns of botulinum toxin type A (BoNT-A) treatment in parkinsonian syndromes: A nationwide French study (2015-2023).
Simonetta-Moreau, M.	Poster presentation: Real-world use of botulinum toxin type A (BoNT-A) for hyperkinetic movement disorders: Insights from a French nationwide registry (2015-2023).
Ailani, J.	Poster presentation: Methodology of the BEOND Phase 3 clinical trials for evaluating abobotulinumtoxinA for migraine prevention.
Robinson, A.	Oral presentation Friday 16 January 15:00-15:10CET and poster presentation: Utilizing a novel botulinum toxin to investigate intracellular trafficking.

About Dysport

Dysport® (abobotulinumtoxinA) is an injectable form of a botulinum neurotoxin type A (BoNT-A) product, which is a substance derived from Clostridium bacteria producing BoNT-A that inhibits the effective transmission of nerve impulses and thereby reduces muscular contractions. It is supplied as a lyophilized powder. AbobotulinumtoxinA has marketing authorization in approximately 90 countries, more than 30 years of clinical experience and >18 million treatment years of patient experience. The detailed recommendations for the use of Dysport are described in the Summary of Product Characteristics (SmPC) for Dysport (300 units) Powder and Dysport (500 units) Powder, and the U.S. Prescribing Information (PI).

NOTE: Dysport® labels and approved indications may vary from country to country.

About Ipsen

We are a global biopharmaceutical company with a focus on bringing transformative medicines to patients in three therapeutic areas: Oncology, Rare Disease and Neuroscience. Our pipeline is fueled by internal and external innovation and supported by nearly 100 years of development experience and global hubs in the U.S., France and the U.K. Our teams in more than 40 countries and our partnerships around the world enable us to bring medicines to patients in more than 100 countries.

Ipsen is listed in Paris (Euronext: IPN) and in the U.S. through a Sponsored Level I American Depositary Receipt program (ADR: IPSEY). For more information, visit www.ipsen.com.

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References

1 Zorowitz, R.D., et al. (2026) 'Sensitivity and specificity of the poststroke spasticity monitoring questionnaire (PSMQ) for remote monitoring of spasticity development: Interim analysis from an ongoing epidemiology study', Poster presented at TOXINs 2026, Madrid, Spain, [date and time to be confirmed].

2 Hull M, Anupindi VR, He J, DeKoven M, Goldberg J, Bouchard J. Treatment Patterns and Healthcare Costs Among Patients with Stroke and Spasticity: A 2-Year Longitudinal Study. Neurol Ther. 2025 Feb;14(1):261-278. doi: 10.1007/s40120-024-00692-9. Epub 2024 Dec 17. PMID: 39688805; PMCID: PMC11762044.

[3] Zeng et al. Front Neurol . 2021 Jan 20:11:616097. doi: 10.3389/fneur.2020.616097.