(10%) opted for 'non-applicable'. In total, 258/332 (78%) pwMS indicated family planning was not considered when selecting treatment.

Overall, 56% of pwMS reported that the disease affected, with different degrees of impact, their family planning decision-making. HCPs were the main source of information.

doi: 10.1016/j.msard.2019.11.071

Multiple Sclerosis and Related Disorders 37 (2020) 101597

Efficacy of Subcutaneous Interferon B-1a in Patients with a First Clinical Demyelinating Event in REFLEX is Maintained After Application of the 2017 McDonald Criteria

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In REFLEX, subcutaneous interferon β-1a (scIFNβ-1a) reduced conversion to McDonald (2005 criteria) and clinically definite (CD) multiple sclerosis (MS) versus placebo in patients with a first clinical demyelinating event. Retrospective analysis demonstrated overall results were unchanged after application of McDonald-2010 MS criteria. Revised McDonald-2017 MS criteria included presence of cerebrospinal fluid specific oligoclonal bands, symptomatic lesions, and cortical lesions. Effect of scIFNβ-1a on time to McDonald-2005 MS and CDMS, and annualised relapse rate (ARR) during REFLEX was assessed, stratified by retrospective diagnosis of patients at baseline that did/did not meet McDonald-2017 MS criteria.

During REFLEX, patients were randomised to scIFNβ-1a three times (tiw) or once weekly (qw), or placebo for 2-years. Patients in the intention-to-treat population were retrospectively stratified into McDonald-2017-positive (retrospectively met the McDonald-2010 MS criteria at baseline or had positive oligoclonal bands) and -negative subgroups. Kaplan-Meier curves estimated time to McDonald-2005 MS or CDMS by treatment group for each McDonald-2017 subgroup.

Oligoclonal band detection was optional during REFLEX and only a small number of patients were added from the McDonald-2010 analysis. Overall, 235/517 patients were McDonald-2017-positive at baseline (40 were McDonald-2010-negative but had positive oligoclonal bands). In the McDonald 2017-positive subgroup, scIFNβ-1a tiw or qw versus placebo significantly delayed time to McDonald-2005 MS (hazard ratio [HR] versus placebo: tiw,0.47;p<0.001; qw,0.58;p=0.002) and CDMS (HR versus placebo: tiw:0.46;p=0.010; qw:0.42;p=0.003). scIFNβ-1a qw and tiw significantly reduced mean ARR versus placebo in McDonald-2017-positive patients (69.1% and 59.3%;p<0.001).

Effect of scIFNβ-1a observed in McDonald-2010 patients on time to McDonald-2005 MS and CDMS was maintained in McDonald-2017-positive patients, although only a small number of patients were added after applying the 2017 criteria.

doi: 10.1016/j.msard.2019.11.072

Multiple Sclerosis and Related Disorders 37 (2020) 101598

Subcutaneous Interferon Beta-1a 22/44 mg Demonstrates Comparable Effectiveness Versus Teriflunomide in Newly Treated Patients with Multiple Sclerosis. a Study in a French Nationwide Cohort of Multiple Sclerosis: Observatoire Francais De La Sclérose En Pla

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Subcutaneous interferon beta-1a (scIFNβ-1a) is a well-established multiple sclerosis therapy with approximately 1.69 million patient-years of exposure. Comparing real-world outcomes for scIFNβ-1a 22/44μg and teriflunomide (TFN) can provide insights into the benefits of both therapies. Effectiveness of IFNβ-1a versus TFN was compared by assessing relapse incidence (Year-2), proportion of patients with disability progression confirmed over 6-months with the expanded disability status scale (EDSS; Year-2), and proportion of patients achieving no evidence of disease activity (NEDA-3; Year-1).

Patients with relapsing-remitting multiple sclerosis (RRMS) onset date, initiating IFNβ-1a or TFN between Jan-2014–Jun-2018 were included. Patients, pregnant, or with RRMS duration ≥10 years were excluded. Patients were categorised by drug initiated and followed regardless of drug discontinuation. Risk of first relapse was compared by proportional hazard Cox model with hazard ratio (HR; 95% confidence intervals [CI]) and EDSS and NEDA-3 status by logistic regression with odds ratio (OR; 95%CI). To account for baseline differences, results were weighted on propensity score via Inverse Probability of Treatment Weighting (IPTW) method.

Respectively, 244 and 688 patients were included in IFNβ-1a and TFN cohorts for relapse risk. Year-2: 39.4%(95%CI,34.7-51.4) IFNβ-1a versus 49.2%(42.7-54.7)TNF patients had ≥1 relapse (HR, 0.79[0.59-1.06]); 8.5%(95%CI,2.2-22.3) IFNβ-1a versus 11.4%(6.4-22) TNF patients presented disability progression (OR, 0.72[0.24-2.13]). Year-1: 73.1%(95%CI,40.0-79.6) IFNβ-1a versus 55.1%(43.7-68.5) TFN patients achieved NEDA-3 (OR, 2.22[0.90-5.56]).

Considering baseline confounders, no differences in relapse incidence (Year-2), disability progression (Year-2), or achievement of NEDA-3 (Year-1) were observed with IFNβ-1a versus TFN. However, since the IPTW method did not balance some baseline differences between groups, remaining confounders may have biased the conclusions. The small sample size limited power of analyses.

doi: 10.1016/j.msard.2019.11.073

Multiple Sclerosis and Related Disorders 37 (2020) 101599

Updated Safety of Cladribine Tablets in the Treatment of Patients with Multiple Sclerosis: Integrated Safety Analysis and Post-Approval Data

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