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LONG-TERM ACTIVITY-FREE STATUS IN MULTIPLE SCLEROSIS WITH OCRELIZUMAB: REAL WORLD EVIDENCE (5PSQ-135)

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BACKGROUND AND IMPORTANCE

Multiple sclerosis (MS) is a chronic autoimmune disorder in the central nervous system. Ocrelizumab, a humanized monoclonal antibody, has shown promise in reducing disease activity and progression in MS.

AIM AND OBJECTIVES

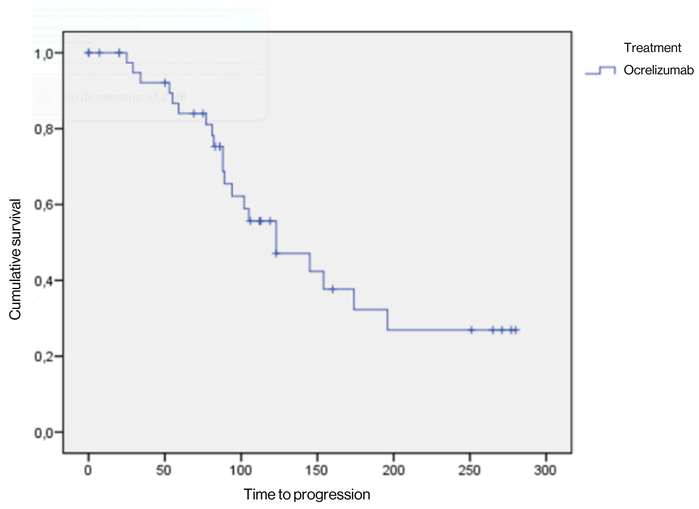
To assess the real-world effectiveness of Ocrelizumab in sustaining disease-free status in patients with MS and to differentiate its effectiveness between patients with relapsing-remitting MS (RRMS) and primary progressive MS (PPMS).

MATERIALS AND METHODS

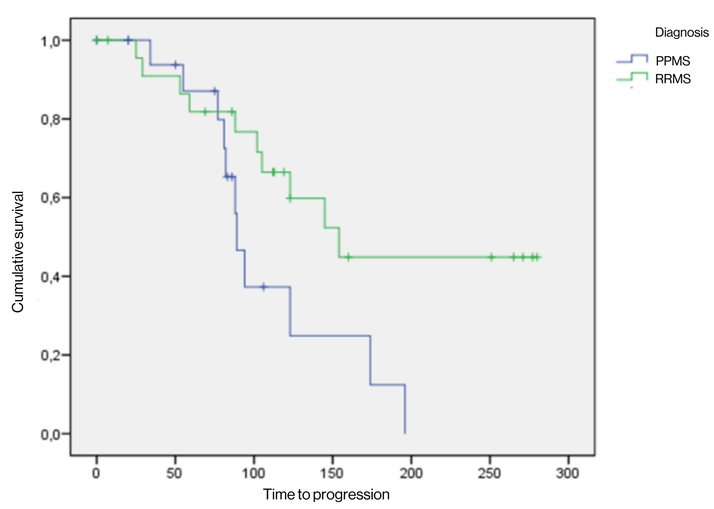
- Retrospective and prospective observational study
- Patient medical histories were obtained through MambrinoXXI®, and Farmatools® using the outpatients' module.
- Inclusion criteria: MS diagnosis, treated with Ocrelizumab.
- Studied variables: Sex, age, MS diagnosis type (RRMS or PPMS), history of previous disease-modifying therapies, initial Expanded Disability Status Scale (EDSSi) score, time to treatment and duration in weeks before the re-emergence of disease activity.
- Statistical Analysis: Descriptive statistics and Kaplan-Meier Survival Analysis using SPSS v.15.0 alongside a confidence interval (CI) of 95%.

RESULTS

- 43 patients
- 23 (53,49%) were men, median 51±9,9 years old.
- 24 (55,81%) had RRMS diagnosis
- 26 (60,47%) patients received previous disease-modifying therapies.
- Mean EDSSi was 5,21 (ranging from 0,5-9).
- Median time elapsed between MS diagnosis and Ocrelizumab initiation was 5.65 years.



- **NEDA: 123 WEEKS**



- **NEDA (RRMS): 154 WEEKS**
- **NEDA (PPMS): 89 WEEKS**

p = 0,035

CONCLUSION AND RELEVANCE

These findings align with existing clinical trial data, showing better responses in RRMS compared to PPMS. The inflammatory and less progressive nature of RRMS may explain its better response to immunomodulatory therapies. This calls for personalized treatment approaches in MS management. Future research should focus on optimizing treatment strategies for PPMS and further validating these results across diverse patient populations.