

REAL-WORLD DATA ON THE USE OF CLADRIBINE IN A TERTIARY CARE HOSPITAL

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BACKGROUND AND IMPORTANCE:

Cladribine is an immunosuppressive drug used in relapsing-remitting multiple sclerosis (RRMS), with an intermittent dosing regimen that allows long-term disease control.

AIMS AND OBJECTIVES: Evaluate the use of cladribine in a tertiary hospital.

MATERIALS AND METHODS:

A retrospective analysis was conducted with patients who completed treatment with cladribine between January 2020 - August 2025. Baseline patient characteristics, the number of cladribine cycles received, and the need for subsequent disease-modifying treatment (DMT) were recorded.

RESULTS:

Total: 103 patients

♀ 70,87 %

♂ 29,13 %

	Median(Me)	Interquartile range (IQR)
Age (years)	39	32-46
Time (years) from diagnosis to initiation of cladribine	4,75	2-11,75
Baseline EDSS	2	1-2,63

¿Previous DMT?

- 14,56 % Naïve
- The rest:
 - 1 previous DMT: 56,31 %
 - 2 previous DMT: 20,39 %
 - 3 previous DMT: 7,77 %

27,18% Subsequent DMT

- 6 patients after 1 single cycle
- 22 patients after 2 cycles: 5 patients at 1 year, 9 patients at 2 years, 8 patients at 3 years, from the start of cladribine.

Number of patients	Reason for subsequent DMT
9	Disease progression
6	Radiological progression (MRI)
7	Disease + Radiological progression

13 patients didn't need further DMT after Cladribine

Time from the start of cladribine: 5 patients, 5 years, and 8 patients, 4 years.

18 patients received 3 cycles of Cladribine

Time (years) from Cladribine initiation to third cycle → \bar{x} : 4,49; SD: 0,66.

Number of patients	7	5	3	3
Reason for third cycle	Disease progression	Radiological progression (MRI)	Disease + Radiological progression	No reason found

CONCLUSION AND RELEVANCE:

- Many patients treated with cladribine maintained long-lasting therapeutic effects, with some continuing without the need for further DMT from the fourth year after treatment initiation. However, a significant proportion of patients required a third cycle or subsequent DMT due to disease progression.
- These results suggest that cladribine is an effective option for the treatment of RRMS, although continuous monitoring and individualized treatment adjustment are necessary to evaluate and optimize long-term outcomes.



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