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Real-world persistence and adherence to ocrelizumab in patients with multiple sclerosis over 24 months – interim analysis of the CONFIDENCE study

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KEY FINDINGS

- **PERSISTENCE TO OCRELIZUMAB OVER 24 MONTHS WAS 92% REGARDLESS OF MS PHENOTYPE**
- **PATIENTS SHOWED A STRONG ADHERENCE TO RECOMMENDATIONS OF OCRELIZUMAB INFUSIONS EVERY 6 MONTHS**

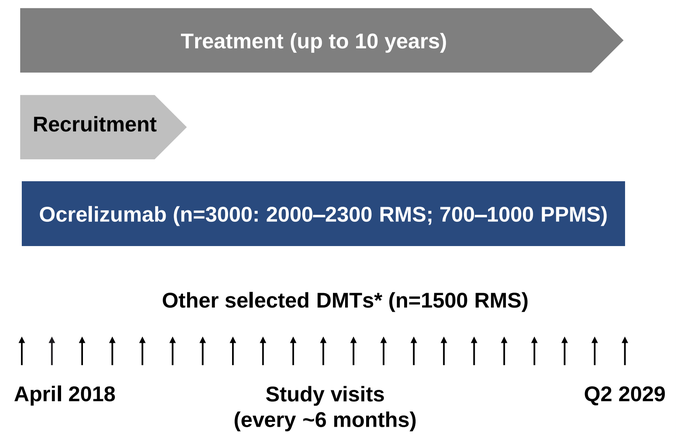
BACKGROUND AND OBJECTIVE

- As of December 2020, >200,000 patients with relapsing (RMS) or primary progressive multiple sclerosis (PPMS) have initiated treatment with ocrelizumab, a humanized monoclonal antibody selectively targeting CD20+ B-cells[1]
- Large, observational studies provide effectiveness and safety data in real-world populations to inform treatment options and management practices for MS
- Persistence and adherence to effective disease-modifying therapies (DMTs) are critical for optimizing MS patient care
- The present analysis investigates the persistence and adherence to ocrelizumab in patients with RMS and PPMS enrolled in the CONFIDENCE over the course of 24 months in a real-world setting

1. https://www.ocrelizumabinfo.global/en/homepage.html

STUDY DESIGN

- CONFIDENCE (ML39632, EUPAS22951) is an ongoing non-interventional, post-authorization safety study enrolling patients newly treated with ocrelizumab or other selected DMTs in Germany
- CONFIDENCE evaluates the safety and effectiveness of ocrelizumab in a real-world setting



*Alemtuzumab, cladribine, dimethyl fumarate, fingolimod, natalizumab, teriflunomide, not reported in this presentation. DMT, disease-modifying therapy; PPMS, primary progressive multiple sclerosis; RMS, relapsing MS

METHODS

- Patients enrolled in CONFIDENCE with RMS or PPMS treated with ocrelizumab who had ≥1 post-initiation assessment visit were included in this analysis
- Persistence was examined using Kaplan-Meier method for event-free time to treatment discontinuation where patients were considered at risk until the last assessment visit recorded prior to data cutoff or censored at time of ocrelizumab discontinuation, whichever occurred first
- Adherence was assessed using median time intervals between subsequent infusions
- The data cutoff for this analysis was 14 October 2020
- Statistical analyses were exploratory and descriptive

Figure 1. Baseline characteristics according to phenotype

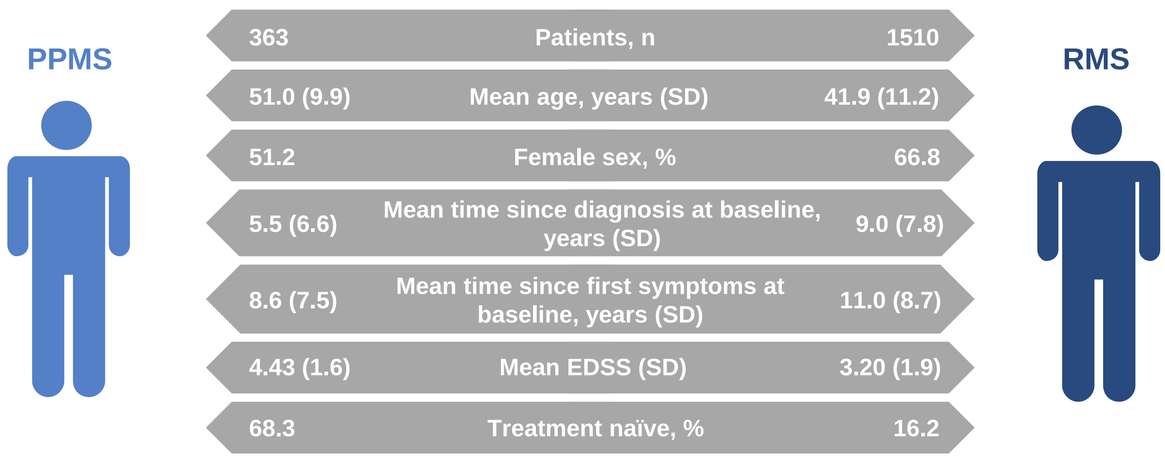


Figure 2. Distribution of baseline EDSS

- Larger proportions of patients with PPMS had higher EDSS scores at baseline

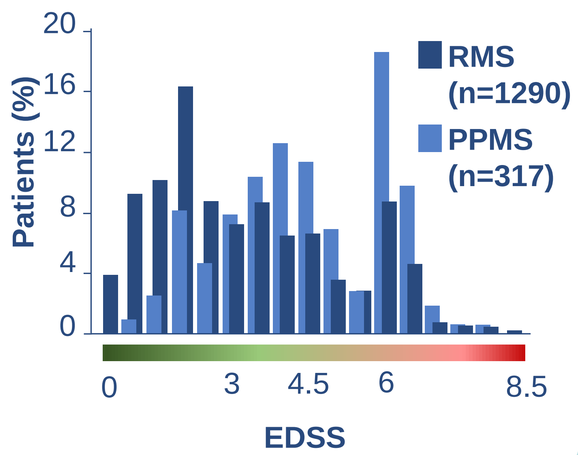


Figure 3. Kaplan-Meier estimates of persistence over 24 months

- At data cut-off, the mean (standard deviation) ocrelizumab exposure duration was 1.15 (0.64) years for patients with RMS and 1.16 (0.63) years for those with PPMS

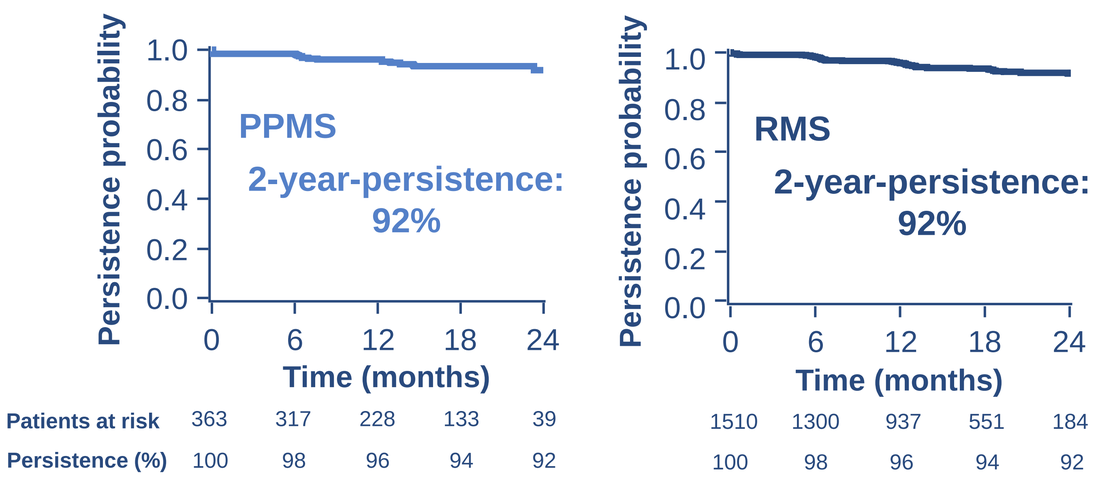


Figure 4. Reasons for treatment discontinuation

Reason for discontinuation*, n (%)	PPMS (n=363)	RMS (n=1510)
Total discontinuation	19 (5.2)	80 (5.3)
Reasons		
Patient wish	9 (2.5)	37 (2.5)
Adverse event	4 (1.1)	13 (0.9)
Insufficient efficacy**	3 (0.8)	12 (0.8)
Pregnancy wish	-	6 (0.4)
Pregnancy	-	4 (0.3)
Other	3 (0.8)	8 (0.5)

*Only one reason was given per patient. **Insufficient efficacy as reported by the investigator, not further specified.

Figure 4. Adherence – months between infusions

- Following the initial ocrelizumab dose of two 300-mg infusions 2 weeks apart, ocrelizumab label recommends administration every 6 months for subsequent doses[2]

PPMS (n=363) Median months between infusions [Q1, Q3]	Dose interval	RMS (n=1510) Median months between infusions [Q1, Q3]
5.95 [5.59, 6.18] (n=330)	2nd–3rd	5.95 [5.59, 6.18] (n=1361)
5.98 [5.75, 6.21] (n=246)	3rd–4th	5.98 [5.78, 6.21] (n=1001)
5.98 [5.91, 6.21] (n=149)	4th–5th	5.98 [5.75, 6.21] (n=622)
5.98 [5.75, 6.01] (n=67)	5th–6th	5.98 [5.72, 6.11] (n=295)

2. Ocrevus® [Fachinformation] Roche Pharma AG, Grenzach-Wyhlen, Germany

CONCLUSIONS

- Persistence and adherence to an effective DMT is critical for achieving therapeutic goals in MS
- This analysis of the real-world CONFIDENCE study in patients with RMS and PPMS treated with ocrelizumab demonstrates for both MS phenotypes:
  - High treatment persistence
  - Strong adherence to recommended ocrelizumab treatment intervals

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DISCLOSURES:
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