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A real-world study of Alemtuzumab in a cohort of Italian patients

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Introduction: Real-world data on Alemtuzumab is limited and does not provide evidence on its effectiveness after different Disease Modifying Therapies (DMTs).

Objectives: To evaluate the impact of clinical variables on ARR and No Evidence of Disease Activity (NEDA) during Alemtuzumab therapy.

Aims: To provide real-world data on the efficacy of Alemtuzumab.

Methods: We retrospectively included patients from eighteen Italian MS-centers who started Alemtuzumab, and recorded demographics, previous therapies, washout duration, relapses and EDSS. Negative-binomial regression models were used to assess the effect of factors on ARR after Alemtuzumab initiation.

Results: We included 322 patients (mean age 36.8 years, 71.1% females, median EDSS 3, mean disease duration 7.4 years, median number of previous therapies 3). 106 patients were previously treated with Fingolimod, 80 with Natalizumab, 46 with Dimethylfumarate, 35 were treatment-naïve, 30 with interferon/glatiramer acetate, 10 with Teriflunomide, 9 with other drugs and 6 with Daclizumab. Reason for switch was relapse-rate (41.3%), MRI (22.8%), JCV+ (18.2%), EDSS progression (4.9%), other (12.8%). Median follow-up was 1.94 years. Pre-Alemtuzumab ARR was 0.99, and decreased to 0.13 during Alemtuzumab (p< 0.001). Number of previous year relapses was associated with Alemtuzumab-ARR (RR=1.37; p=0.011). Washout did not impact on Alemtuzumab-ARR (median 3 months; p=0.59). Progression-free survival was 95% after 1 year, and 88.1% after 2 years of Alemtuzumab. EDSS improvement occurred in 13.5% after 1 year, and 23.9% after 2 years. 61.8% of patients achieved NEDA after 1 year and 53.6% after 2 years. 13.9% experienced a relapse between Alemtuzumab courses, and this was linked to higher ARR during the remaining follow-up (RR=4.00; p< 0.001). 25 patients dropped-out for adverse events (7), relapse-rate (6), MRI activity (5), compliance (3), other (4).

Conclusions: Alemtuzumab decreases ARR independent of previous therapy, including patients with disease activity during Natalizumab. Relapses between treatment courses are associated with higher disease activity during follow-up. Disclosure: Francesco Saccà received honoraria for public speaking and/or for advisory boards from Almirall, Biogen, Forward Pharma, Merck, Mylan, Novartis, Pomona, Sanofi, Roche, Teva. Cinzia Valeria Russo had nothing to disclose. Roberta Grasso received honoraria for public speaking and/or for advisory boards from Merck, Biogen, Sanofi, Novartis. Jessica Frau serves on scientific advisory boards for Biogen and Genzyme, and has received honoraria as a speaker from Merck Serono, Genzyme, Biogen and Teva. Pietro Annovazzi received personal compensation for speaking at meeting or participating in advisory boards from Almirall, Biogen, Merck, Mylan, Novartis, Roche, Sanofi and TEVA. Elisabetta Signoriello received personal compensation from Almirall, Biogen, Genzyme, Novartis, and Teva for traveling and advisory boards. Simona Bonavita received honoraria for public speaking and/or for advisory boards from roche, novartis, teva, genzyme, merck serono, biogen. Roberta Grasso received compensation for serving in advisory boards for Merck, Biogen, Sanofi, Novartis. Marinella Clerico received personal compensation as invited speaker to conferences or or to participate in advisory committee or boardsfrom Merck, Biogen, Novartis, Sanofi-Genzyme and Pomona; received sponsorship to attend congresses from Merck, Biogen, Novartis, Sanofi-Genzyme and Almirall. Cinzia Cordioli received personal compensation for speaking and travel grants from Biogen, Novartis, TEVA, Merck Serono, Almirall. Alice Laroni received financial support for travel and attending meeting from Merck, Sanofi Genzyme, Teva, Biogen and Novartis. Marco Capobianco received personal compensation for speaking at meeting or participating in advisory boards from Almirall, Biogen, Merck, Novartis, Roche, Sanofi, TEVA. Valentina Torri Clerici acted as an Advisory Board member of Teva, Merck, Roche, Biogen, Novartis and Almirall; received funding for traveling by Genzyme, Merck and Roche; received honoraria for speaking or writing from Genzyme, Novartis and Almirall. She received support for research project by Almirall. Arianna Sartori has received funding for travel and/or speaker honoraria from Novartis, Teva, Merk, Genzyme, Roche, Biogen. Paola Cavalla support for participation to scientific meetings or personal compensation for speaking at meeting or in advisory boards from Biogen, Merck, Novartis, Roche, Sanofi, TEVA. Giorgia Teresa Maniscalco received personal compensation from Novartis, Genzyme, Biogen, Merck Serono, and TEVA for public

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