



Improved gastrointestinal profile with diroximel fumarate is associated with a positive impact on quality of life compared with dimethyl fumarate: results from the randomized, double-blind, phase III EVOLVE-MS-2 study

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STUDY BACKGROUND



EVOLVE-MS-2 (NCT03093324) compared GI tolerability of diroximel fumarate (DRF) versus dimethyl fumarate (DMF) in adults with relapsing-remitting MS.



Patients completed IGISIS and GGISIS eDiary questionnaires each day to track their gastrointestinal (GI) symptoms.

A previous analysis of EVOLVE-MS-2 showed DRF significantly improved GI tolerability compared with DMF.¹



- Significantly fewer days with an IGISIS score ≥ 2
- Lower incidence of GI adverse events (AEs)
- <1% DRF treatment discontinuation due to GI AEs

¹Naismith RT, et al. *CNS Drugs*. 2020;34(2):185-196.

WHY THIS STUDY WAS CARRIED OUT

This *post-hoc* analysis evaluated the impact of GI tolerability events on quality of life for patients with relapsing-remitting MS who received DRF or DMF in EVOLVE-MS-2.



STUDY OVERVIEW AND METHODS

- 5-week treatment period with DRF or DMF
- Randomized, double-blind, phase III
- Patients completed daily questionnaires to assess GI symptoms and their impact on daily activities and work
- Physicians assessed AEs at weekly study visits

Based on DMF/DRF studies showing that most GI AEs occur in the first month of treatment

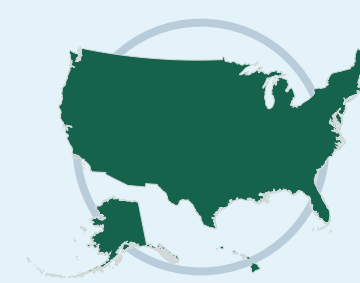
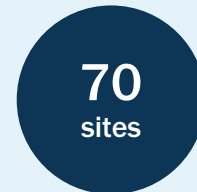
Received study drug



Completed GI symptom questionnaires



STUDY SITES



UNITED STATES



EUROPE

ELIGIBILITY CRITERIA

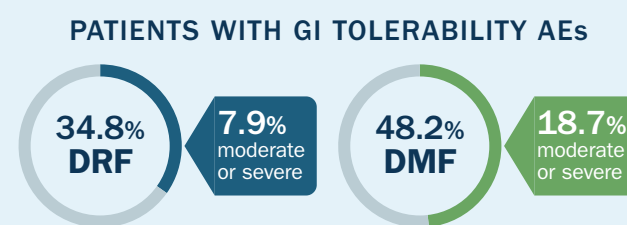


Adults with relapsing-remitting MS and no active/recurring GI symptoms, prior GI surgery, or prior DRF/DMF treatment.

RESULTS



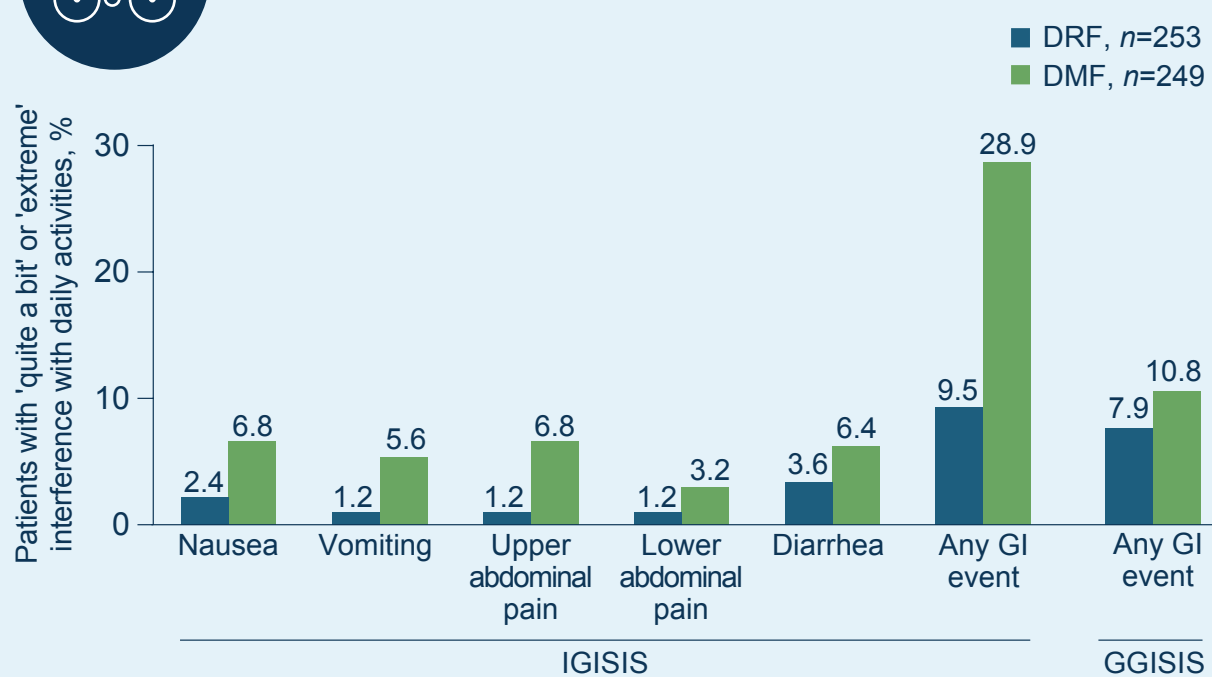
Patients treated with DRF experienced fewer and less severe GI tolerability AEs



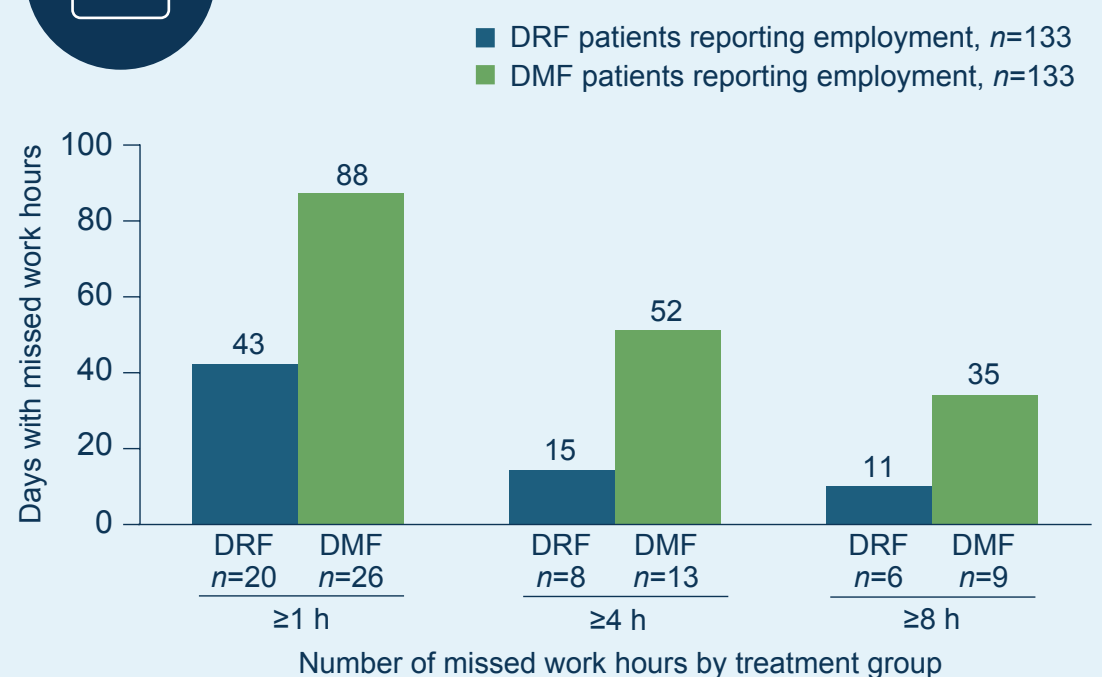
Patients treated with DRF used fewer concomitant medications (e.g., antacids) to treat GI symptoms



Patients treated with DRF had GI symptoms that interfered less with regular daily activities



Patients treated with DRF missed less work



IGISIS score ≥ 2 and quality of life

The majority (~90%) of patients who reported interference of GI symptoms on daily activities, missed work, and concomitant symptomatic medication use also had a worst IGISIS score ≥ 2 . These data suggest that an IGISIS score ≥ 2 represents an appropriate threshold for comparing GI tolerability with DRF versus DMF.

WHAT WAS LEARNED FROM THIS STUDY?



The improved GI tolerability with DRF translated into clinically meaningful benefits to quality of life, as patients experienced less impact on daily life and work, and required less concomitant symptomatic medication use.