## Long-term Disease Stability Assessed by the Expanded Disability Status Scale in Patients Treated with Cladribine Tablets in the CLARITY and CLARITY Extension Studies

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#### INTRODUCTION

- The CLARITY study demonstrated that treatment with cladribine tablets 10 mg (cumulative dose 3.5 mg/kg over 2 years, henceforth referred to as cladribine tablets 3.5 mg/kg [CT3.5]) significantly reduced relapse rates and slowed disability progression versus placebo in relapsing-remitting multiple sclerosis (RRMS) patients.<sup>1</sup>
- Moreover, the CLARITY Extension study concluded that treatment with cladribine tablets for 2 years followed by treatment with placebo for 2 years produced similar clinical benefits to 4 years of cladribine tablets treatment but with lower incidence of grade 3/4 lymphopenia.<sup>2</sup>
- Disease stability in MS can be assessed through the Expanded Disability Status Scale (EDSS). The scale for neurological impairment ranges from 0–10 where a higher score indicates a greater degree of disability and therefore progression of the disease.<sup>1</sup>

#### **OBJECTIVE**

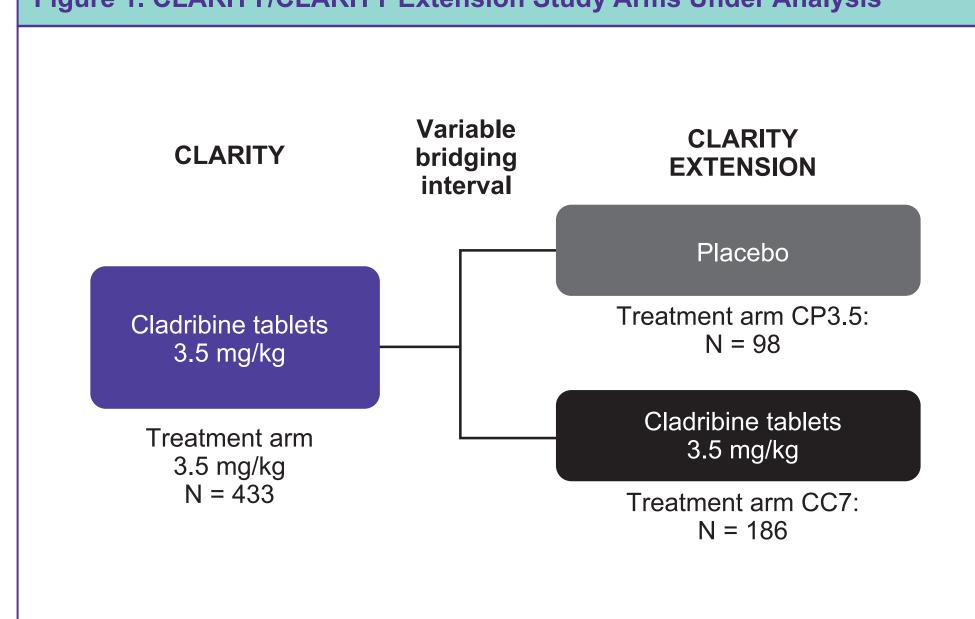
• To evaluate *post hoc*, long-term disease stability assessed by the EDSS score after treatment with CT3.5 in patients with RRMS enrolled in CLARITY and CLARITY Extension.

#### **METHODS**

#### **Eligibility and Endpoints**

- Patients enrolled into CLARITY Extension who were randomised to CT3.5 in CLARITY with at least one post-baseline EDSS measurement were included for analysis.
  - CLARITY Extension was not a pre-planned study; after completing CLARITY there was a variable bridging interval (median duration: 43 weeks) between studies where no cladribine tablets were administered.<sup>2</sup>
  - Two treatment groups were investigated (Figure 1):
    - CP3.5: CT3.5 in CLARITY followed by placebo in CLARITY Extension.
  - CC7: CT3.5 in CLARITY followed by CT3.5 in CLARITY Extension.
- Endpoints:
  - EDSS scores over time at 6-monthly intervals, from CLARITY randomisation to end of follow-up in CLARITY Extension, including the interval between studies.
    - Many patients whose EDSS score is shown for CLARITY are not represented in the values of CLARITY Extension.
    - No EDSS scores were retrospectively collected during the bridging interval between CLARITY and CLARITY Extension.
  - Time to 3- and 6-month confirmed EDSS progression from CLARITY
- EDSS score improvement or worsening each year was defined as any increase or decrease in minimum EDSS score at 6-monthly intervals. All other cases were classified as stable.
- An increase or decrease was defined as EDSS score changes of:
  - At least 1.5 points, if baseline EDSS score = 0.
  - At least 1 point, if baseline EDSS score ≤ 4.5.
     At least 0.5 points, if baseline EDSS score ≥ 5.





The only approved dose of cladribine tablets is 3.5 mg/kg of body weight over 2 years.

Following completion of the two treatment courses, no further cladribine treatment is required in Years 3 and 4.

#### Statistical Analyses

- This was a post hoc exploratory analysis of a subset of patients who completed 6 years of follow-up.
- EDSS score over time was descriptively analysed (median, 95% confidence interval [CI]) at 6-monthly intervals, overall and by bridging interval length (≤ 43 weeks versus > 43 weeks).
- Improvement, worsening and stability of EDSS score over 12 months were descriptively analysed (n, %).
- Three- and 6-month EDSS progression from CLARITY entry was analysed by Kaplan-Meier plots.

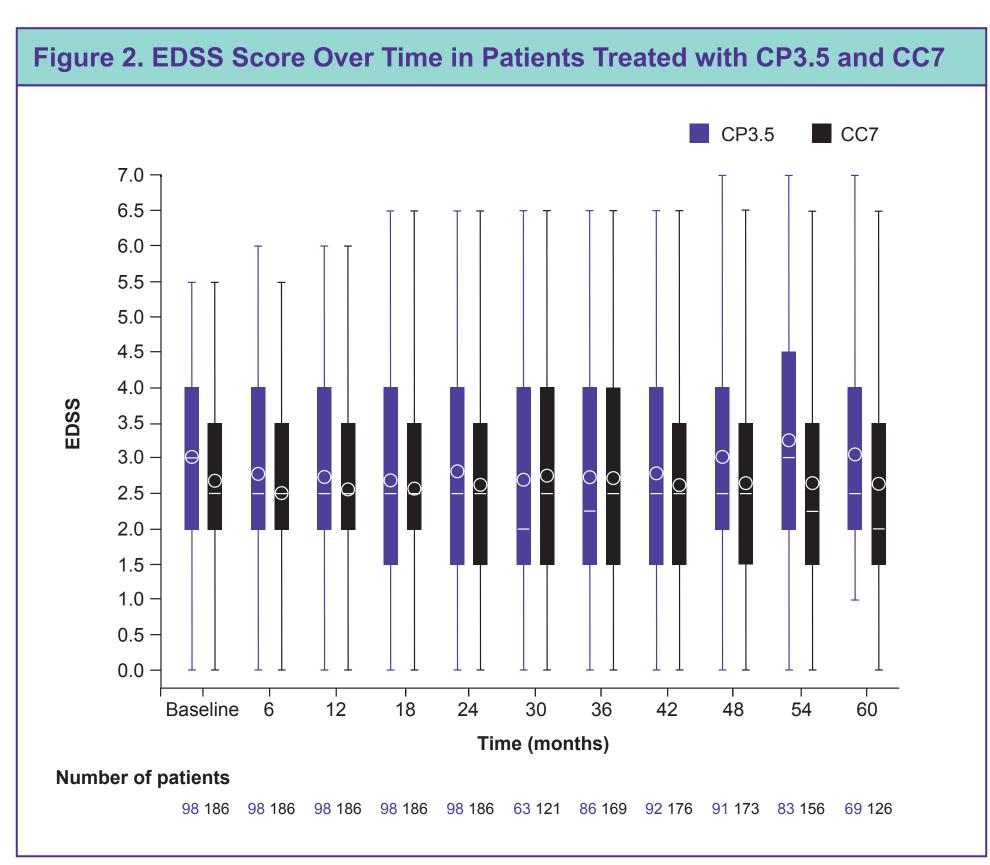
#### RESULTS

### EDSS Over Time Five years after CLARITY baseline, including variable bridging interval, median EDSS

Median EDSS score remained between 2.0–3.0 up to 60 months in the CP3.5 group (n = 69). Median change in EDSS score was 0 points up to 60 months.

score remained stable compared with baseline values for both groups (Figure 2).

- In the CC7 group (n = 126), median EDSS score ranged between 2.0–2.5 up to 60 months.
- Median (95% CI) EDSS score for patients in the CP3.5 group at 5 years was
   2.5 (2.0–3.5) compared with 3.0 (2.5–3.5) at baseline.
- In the CC7 group, median EDSS score (95% CI) was 2.0 (2.0–3.0) compared with 2.5 (2.5–3.0) at baseline.
- Similar results were observed for both groups when split by a variable bridging interval of ≤ or > 43 weeks.



Line = Median. Circles = Mean. Box = Q1, Q3. Error bars reflect the minimum and maximum EDSS score.

CC7, CT3.5 CLARITY, CT3.5 CLARITY Extension; CP3.5, CT3.5 CLARITY, placebo Extension; EDSS, Expanded Disability Status Scale.

#### Annual EDSS Stability

the CP3.5 and CC7 Patient Groups

- In the CP3.5 group, in each yearly period, EDSS score was stable in 53.9–76.5% of patients (Figure 3).
- In each yearly period, EDSS score improved in 21–30% of patients and worsened in 0–25%.
- During Year 5, EDSS score stability was observed in 48 (53.9%) patients, improvement in 19 (21.3%) and worsening in 22 (24.7%) in the CP3.5 group (n = 89).
- In the CC7 group during Year 5 (n = 171), EDSS score remained stable in 113 patients (66.1%), improved in 31 (18.1%) and worsened in 27 (15.8%).

Figure 3. Change in EDSS Score in Each 12 Month Period Up to 5 Years in

# | Improved | Stable | Worsened |

**Worsened:** any increase in EDSS score  $\geq$  1 (baseline EDSS 0.5–4.5) OR  $\geq$  1.5 (EDSS 0) OR  $\geq$  0.5 (EDSS  $\geq$  5.0).

**Improved:** any decrease in EDSS score  $\geq$  1 (baseline EDSS 1–4.5) OR  $\geq$  0.5 (EDSS  $\geq$  5.0).

**Stable:** all remaining cases i.e. increase or decrease < 1.0 (baseline EDSS 0.5–4.5) OR < 1.5 (EDSS 0) OR no change (EDSS  $\geq 5.0$ ).

CC7, CT3.5 CLARITY, CT3.5 CLARITY Extension; CP3.5, CT3.5 CLARITY, placebo Extension; EDSS, Expanded Disability Status Scale.

#### Time to EDSS Progression

- In both the CP3.5 and CC7 groups, less than 30% of subjects reached 3-month confirmed EDSS progression by 5 years (Figure 4a).
- A similar pattern was observed with time to 6-month confirmed EDSS progression.
   Less than 30% of subjects had confirmed EDSS progression in both the CP3.5 and CC7 groups (Figure 4b).

Figure 4. Time to 3- (a) and 6-Month (b) Confirmed EDSS Progression a) Time to 3-Month Confirmed EDSS Progression 0.2 0.1 Time (months) Subjects at risk (N. of events) 92 (6) 84 (14) 81 (17) 78 (19) 73 (23) 68 (27) 63 (29) 58 (30) 39 (30) 186 (0) 179 (7) 172 (14) 166 (20) 161 (25) 157 (29) 152 (32) 145 (37) 136 (41) 115 (44) 70 (48) b) Time to 6-Month Confirmed EDSS Progression —— CP3.5 \_\_\_\_ CC7 0.2 0.1 Time (months) Subjects at risk (N. of events) 88 (10) 84 (14) 81 (16) 76 (20) 72 (23) 66 (25) 59 (27) 40 (27) 186 (0) 180 (6) 174 (12) 170 (16) 167 (19) 163 (23) 157 (27) 149 (33) 139 (37) 116 (40) 72 (42)

CC7, CT3.5 CLARITY, CT3.5 CLARITY Extension; CP3.5, CT3.5 CLARITY, placebo Extension; D1, randomisation date; EDSS, Expanded Disability Status Scale.

#### **CONCLUSIONS**

- Median EDSS score remained stable for up to 5 years post-CLARITY baseline in both the CP3.5 and CC7 treatment groups.
- Over 50% of patients had stable EDSS score up to 5 years from baseline.
- Less than 30% of subjects reached 3- or 6-month confirmed EDSS progression at 5 years.

#### REFERENCES

- 1. Giovannoni G, et al. *N Engl J Med*. 2010;362:416-426.
- Giovannoni G, et al. Mult Scler J. 2018;24:1594-1604.

#### **ACKNOWLEDGMENTS**

This study was sponsored by EMD Serono Inc, a business of Merck KGaA, Darmstadt, Germany (in the United States), and Merck Serono SA, Geneva, an affiliate of Merck KGaA, Darmstadt, Germany (ROW). Medical writing assistance was provided by Matthew Bexon and Joseph Ward of inScience Communications, Springer Healthcare, Chester, United Kingdom and funded by Merck KGaA, Darmstadt, Germany.

#### **DISCLOSURES**

GG has received speaker honoraria and consulting fees from Abbvie, Actelion, Atara Bio, Almirall, Bayer Schering Pharma, Biogen Idec, FivePrime, GlaxoSmithKline, GW Pharma, Merck & Co., Merck KGaA, Pfizer Inc, Protein Discovery Laboratories, Teva Pharmaceutical Industries Ltd, Sanofi-Genzyme, UCB, Vertex Pharmaceuticals, Ironwood, and Novartis; and has received research support unrelated to this study from Biogen Idec, Merck & Co., Novartis, and Ironwood. **GC** has received consulting and speaking fees from Novartis, Teva Pharmaceutical Industries Ltd., Teva Italia Srl, Sanofi Genzyme, Genzyme corporation, Genzyme Europe, Merck KGaA, Merck Serono S.p.A, Celgene Group, Biogen Idec, Biogen Italia Srl, F. Hoffman-La Roche, Roche SpA, Almirall SpA, Forward Pharma, Medday, Excemed. KR has received honoraria for lectures and steering committee meetings from EMD Serono, Biogen Idec, Sanofi-Aventis, Genzyme, Novartis, Teva Neurosciences, Acorda and Roche/Genentech. **PR** has received honoraria for lectures/steering committee meetings from Merck, Biogen Idec, Bayer Schering Pharma, Boehringer-Ingelheim, Sanofi-Aventis, Genzyme, Novartis, Teva Pharmaceutical Industries, and Serono Symposia International Foundation. PV has received honoraria or consulting fees from Biogen, Sanofi-Genzyme, Bayer, Novartis, Merck KGaA, Celgene, Roche and Almirall; and research support from Biogen, Sanofi-Genzyme, Bayer, and Merck KGaA. FD is an employee of EMD Serono Research & Development Institute Inc., a business of Merck KGaA, Darmstadt, Germany. **BK** is an employee of Merck KGaA, Darmstadt, Germany.

The CLARITY study: NCT00213135. The CLARITY Extension study: NCT00641537.



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