

26th Annual Meeting of the European Charcot Foundation

Baveno, Italy 15–17 November 2018

Presentation preference: Oral or Poster

Title: An exploratory analysis of the efficacy of Cladribine Tablets 3.5mg/kg (CT3.5) in patients with relapsing multiple sclerosis (RMS) stratified according to age above and below 45 years in the CLARITY study

Short title to be displayed on app: Age-stratified efficacy of Cladribine Tablets

Main Author: G. Giovannoni¹

Additional authors: K. Rammohan², S. Cook³, P. Soelberg-Sørensen⁴, P. Vermersch⁵, B. Keller⁶, E. Verdun di Cantogno⁶

¹Queen Mary University of London, Blizard Institute, Barts and The London School of Medicine and Dentistry, London, UK; ²University of Miami School of Medicine, Department of Neurology, MS Research Center, Clinical Research Building, 1120 NW 14th Street, Suite 1322, Miami, FL 33136, USA; ³Rutgers, The State University of New Jersey, New Jersey Medical School, Newark, NJ, USA; ⁴Danish MS Center, Department of Neurology, University of Copenhagen, Rigshospitalet, Copenhagen, Denmark; ⁵University of Lille, CHU Lille, LIRIC-INSERM U995, FHU Imminent, Lille, France; ⁶Merck KGaA, Darmstadt, Germany.

Introduction: In CLARITY, Cladribine Tablets 3.5 mg/kg (CT3.5) demonstrated efficacy vs placebo (PBO) for patients with RMS. Age-related variability in response to disease-modifying treatments has been observed in patients with MS.

Objectives: *Post hoc* evaluation of response to CT3.5 in patients with RMS aged ≤ 45 years or >45 years.

Methods: The CLARITY CT3.5 and PBO intention-to-treat populations were stratified by age (≤ 45 and >45 years). Efficacy endpoints included qualifying relapse, all relapses and mean/cumulative numbers of new T1 gadolinium-enhancing (Gd+), active T2 and combined unique (CU) lesions.

Results: There were 649 patients aged ≤ 45 years (CT3.5 N=330; median age: 34.5 years) and 221 aged >45 years (CT3.5 N=103; median age: 51 years). The >45 group had a higher proportion of females (CT3.5 77.7%) than the ≤ 45 group (CT3.5 66.1%). CT3.5 was associated with significant relative risk reductions for annualised qualifying relapse rate vs PBO in both age groups (≤ 45 years: relative risk [RR] 0.39 [95% confidence interval (CI) 0.31, 0.51], $p < 0.0001$; >45 years: RR 0.5 [95%CI 0.31, 0.80] $p = 0.004$). Similar RRs were obtained in the two age groups for 'all relapses' ($p < 0.0001$ for

CT3.5 vs PBO in both age groups). Compared to PBO in both age groups, CT3.5 reduced the number of cumulative new T1 Gd+ lesions, mean number of active T2 lesions per patient per scan (≤ 45 years: -0.667 [95%CI -0.67, -0.50], $p < 0.0001$; > 45 years: -0.167 [95%CI -0.33, 0.00], $p < 0.0001$) and mean number of CU lesions per patient per scan (≤ 45 years: -0.667 [95%CI -1.00, -0.67] $p < 0.0001$; > 45 years; -0.333 [95%CI -0.33, 0.00] $p < 0.0001$).

Conclusions: CT3.5 treatment was efficacious in patients above and below 45 years of age with respect to reduction of relapse frequency and number of MRI lesions, consistent with previous analyses.

The CLARITY study: NCT00213135

Disclosures: This study was sponsored by EMD Serono Inc, a business of Merck KGaA, Darmstadt, Germany (in the USA), and Merck Serono SA, Geneva, an affiliate of Merck KGaA Darmstadt, Germany (ROW).

Author disclosures

GG has received speaker honoraria and consulting fees from Abbvie, Actelion, Atara Bio, Bayer Schering Pharma, Biogen Idec FivePrime, GlaxoSmithKline, GW Pharma, Merck, 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, Novartis, and Ironwood.

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.

SC has received honoraria for lectures/consultations from Merck Serono, Bayer HealthCare, Sanofi-Aventis, Neurology Reviews, Biogen Idec, Teva Pharmaceuticals, and Actinobac Biomed Inc.; has served on advisory boards for Bayer HealthCare, Merck, Actinobac Biomed, Teva Pharmaceuticals, and Biogen Idec; and received grant support from Bayer HealthCare.

PSS has served on advisory boards for Biogen, Merck, Novartis, Teva, MedDay Pharmaceuticals, and GSK; on steering committees or independent data monitoring boards in trials sponsored by Merck, Teva, GSK, and Novartis; has received speaker honoraria from Biogen Idec, Merck Serono, Teva, Sanofi-Aventis, Genzyme, and Novartis. His department has received research support from Biogen, Merck, Teva, Novartis, Roche, and Genzyme.

PV has received honoraria or consulting fees from Biogen, Sanofi-Genzyme, Bayer, Novartis, Merck, Celgene, Roche and Almirall; and research support from Biogen, Sanofi-Genzyme, Bayer, and Merck.

BK and **EVdC** are employees of Merck KGaA, Darmstadt, Germany

