

# Sustained Efficacy in Relapsing Remitting Multiple Sclerosis Following Switch to Placebo Treatment from Cladribine Tablets in Patients with High Disease Activity at Baseline

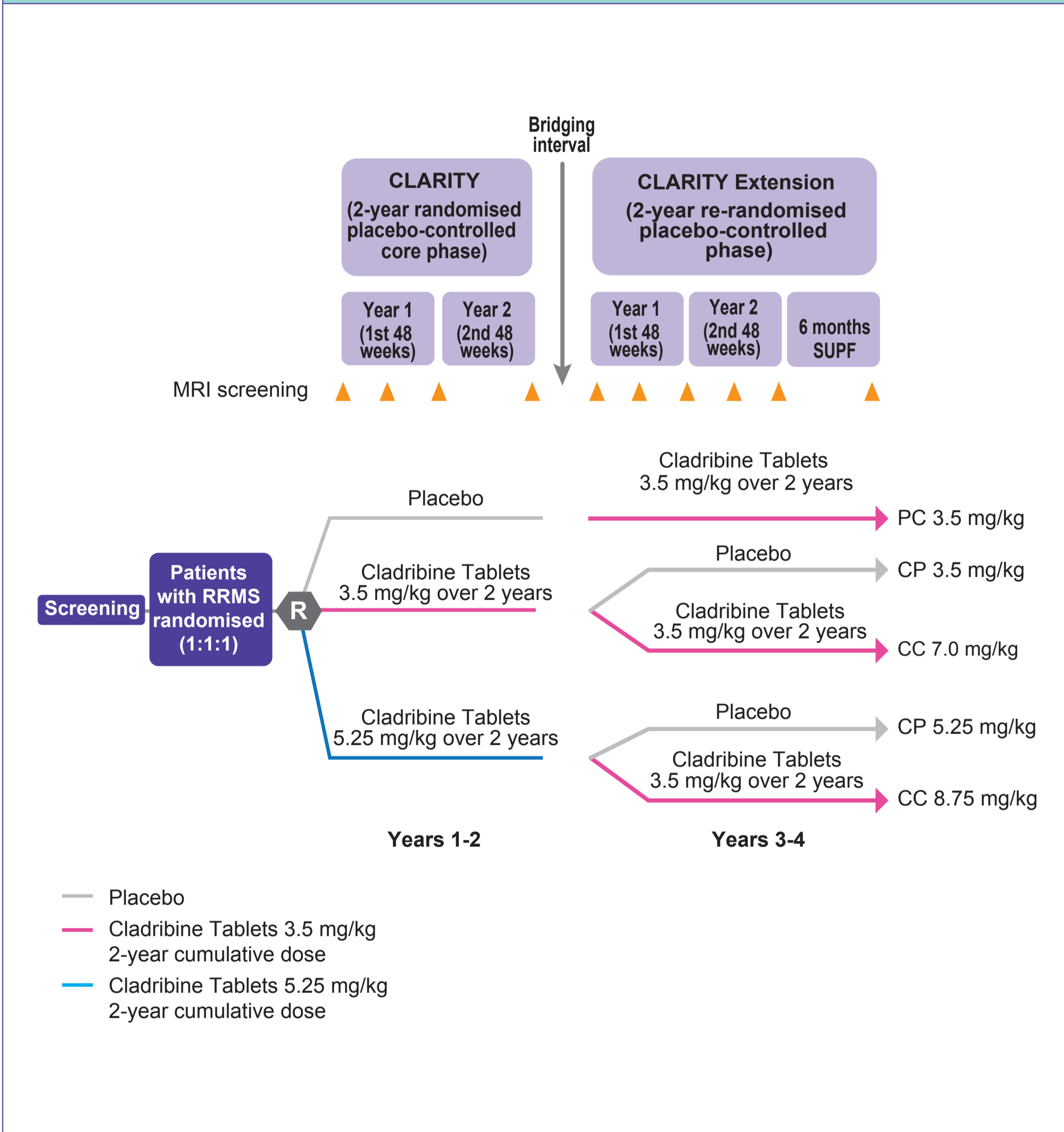
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## INTRODUCTION

- The Phase III CLARITY study in patients with relapsing remitting multiple sclerosis (RRMS) demonstrated that Cladribine Tablets 10 mg (3.5 mg/kg cumulative dose over 2 years; referred to as Cladribine Tablets 3.5 mg/kg), given as two short (4 or 5 days) weekly treatments annually over 2 years, significantly reduced relapse rates, disability progression and outcomes assessed by magnetic resonance imaging (MRI) versus placebo.<sup>1</sup>
- Patients completing CLARITY could enter the CLARITY Extension study (Figure 1), where they were re-randomised to Cladribine Tablets or placebo.
  - The effects of Cladribine Tablets were shown to be durable, as efficacy was sustained in years 3 and 4 in patients that received no further active treatment.<sup>2</sup>
- Patients with RRMS who show an increased rate of relapse or MRI activity can be described as having high disease activity (HDA) and are at higher risk of disease progression.<sup>3</sup>

Figure 1. CLARITY/CLARITY Extension Study Design



CC, Cladribine Tablets in CLARITY and in CLARITY Ext; CP, Cladribine Tablets in CLARITY and placebo in CLARITY Ext; MRI, magnetic resonance imaging; PC, placebo in CLARITY and Cladribine Tablets in CLARITY Ext; RRMS, relapsing-remitting multiple sclerosis; SUPP, supplementary follow-up.

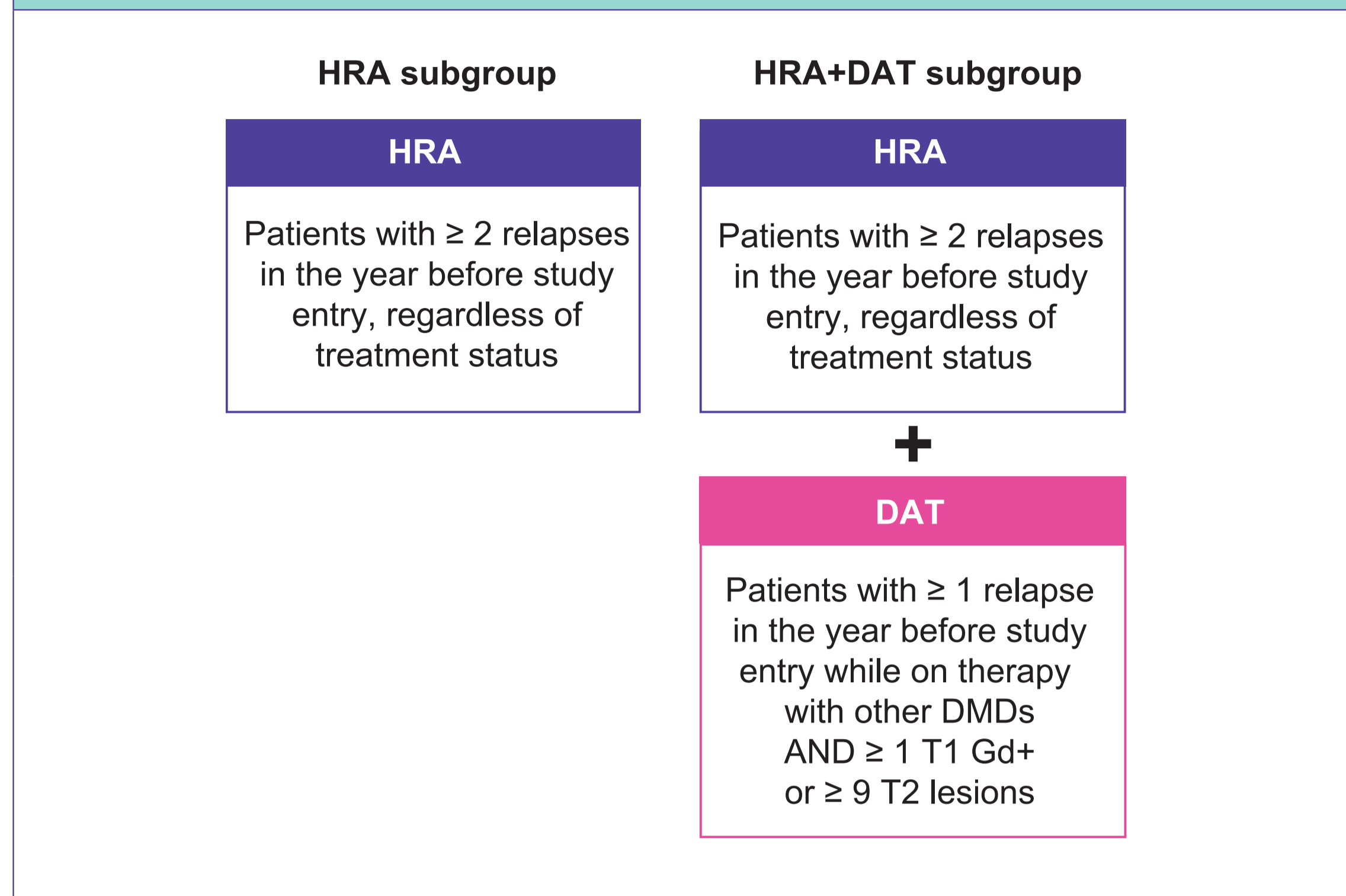
## OBJECTIVE

- The aim of this *post hoc* analysis was to determine whether the clinical efficacy of Cladribine Tablets 3.5 mg/kg in CLARITY was sustained long-term in patients switched to placebo in CLARITY Extension (years 3 and 4), in a subgroup of patients with HDA at CLARITY study baseline.

## METHODS

- The CLARITY study enrolled patients aged 18–65 years with a definite diagnosis of RRMS according to the McDonald criteria, including:<sup>1</sup>
  - ≥ 1 relapse in the 12 months before study entry, but no relapses within the 28 days before entry.
  - Neurological lesions detectable by MRI consistent with MS.
  - An Expanded Disability Status Scale (EDSS) score of 0–5.5.
- Patients were excluded if they had received a disease-modifying drug (DMD) within 3 months before study entry, or if treatment with > 1 DMD had failed.
- Patients randomised to Cladribine Tablets 3.5 mg/kg in CLARITY who then switched to placebo in CLARITY Extension were retrospectively analysed using two HDA definitions based on relapse history, prior treatment, and MRI characteristics.
- Two overlapping sets of criteria (Figure 2) were applied in the analysis of baseline disease characteristics to subdivide patients into HDA groups based upon:
  - High relapse activity (HRA), defined as patients with ≥ 2 relapses during the year before study entry, regardless of prior use of DMDs.
  - HRA plus disease activity on treatment (HRA+DAT), defined as patients with ≥ 2 relapses in the year before study entry, regardless of prior use of DMDs, plus patients with ≥ 1 relapse in the year before study entry AND ≥ 1 T1 gadolinium (Gd+) or ≥ 9 T2 lesions while on DMD therapy.

Figure 2. Definitions of High Disease Activity



Gd+, Gadolinium-enhancing; HDA, high disease activity; HRA, high relapse activity; HRA+DAT, high relapse activity plus disease activity on treatment.

- The ability of these criteria to retrospectively identify patients with HDA, and the effects of Cladribine Tablets 3.5 mg/kg versus placebo on relapse rates and disability outcomes in these patient groups has been presented previously.<sup>3</sup>
- Clinical outcomes were analysed for patients randomised to CLARITY Extension who fulfilled HRA and HRA+DAT criteria at CLARITY baseline and who received Cladribine Tablets 3.5 mg/kg in CLARITY and placebo in CLARITY Extension.
- The CLARITY data are for assessments at the end of the 96-week double blind period. The CLARITY Extension data covers the 96-week double-blind period and the 6-month supplemental follow-up (including the gap between periods).

## RESULTS

### Patients

- A total of 98 patients received Cladribine Tablets 3.5 mg/kg in CLARITY and placebo in CLARITY Extension.
- Baseline demographics and disease characteristics at baseline of the CLARITY study are shown in Table 1.
- Of these 98 patients, 29 were retrospectively classified as HRA and 31 were classified as HRA+DAT.
  - Both HDA subgroups (HRA and HRA+DAT) had a lower mean age and a higher proportion of females compared with the corresponding non-HDA subgroups and the overall subgroup.
  - There was a higher proportion of patients with prior MD use in both HDA subgroups compared with the corresponding non-HDA subgroups.

Table 1. Patient Demographics and Disease Characteristics by HDA Definitions for Patients who Received Cladribine Tablets 3.5 mg/kg in CLARITY and Placebo in CLARITY Extension

	Overall N = 98	HRA n = 29	Non-HRA n = 69	HRA+DAT n = 31	Non- HRA+DAT n = 67
Age, years; mean (SD)	38.1 (10.6)	35.4 (11.2)	39.2 (10.3)	36.2 (11.3)	39.0 (10.3)
Female, %	68.4	75.9	65.2	74.2	65.7
Disease duration, years; mean (SD)	3.86 (4.68)	2.13 (3.07)	4.59 (5.05)	2.16 (2.97)	4.65 (5.12)
Prior use of DMDs, n (%)	18 (18.4)	7 (24.1)	11 (15.9)	9 (29.0)	9 (13.4)
Relapses in prior 12 months, n (%)					
0	0	0	0	0	0
1	69 (70.4)	0	69 (100)	2 (6.5)	67 (100)
2	20 (20.4)	20 (69.0)	0	20 (64.5)	0
≥ 3	9 (9.2)	9 (31.0)	0	9 (29.0)	0
EDSS score; mean (SD)	3.01 (1.35)	2.88 (1.53)	3.06 (1.27)	2.94 (1.50)	3.04 (1.28)
Number of T1 Gd+ lesions; mean (SD)	1.2 (2.6)	1.7 (2.9)	1.0 (2.4)	1.6 (2.8)	1.0 (2.5)
Number of T2 lesions; mean (SD)	28.4 (20.8)	33.0 (24.0)	26.5 (19.1)	32.2 (23.5)	26.7 (19.3)
T2 lesion volume; mean (SD)	18.35 (17.60)	18.42 (15.36)	18.32 (18.57)	18.06 (15.01)	18.48 (18.79)

DMD, disease modifying drug; EDSS, Expanded Disability Status Scale; Gd+, Gadolinium-enhancing; HRA, high relapse activity; HRA+DAT, high relapse activity plus disease activity on treatment; SD, standard deviation. Data presented relate to baseline of the CLARITY study.

### Sustained clinical efficacy from CLARITY to CLARITY Extension

- Clinical outcomes in CLARITY and at the end of CLARITY Extension were similar in the overall population randomised to Cladribine Tablets 3.5 mg/kg and in corresponding HDA subgroups (Tables 2 and 3).

### Relapses

- At the end of CLARITY Extension, the annualised relapse rate (ARR) for qualifying relapses for the overall patient population who switched to placebo in CLARITY Extension from Cladribine Tablets 3.5 mg/kg in CLARITY was 0.15 (95% confidence interval [95% CI]; 0.11, 0.21). This was equal to or similar to the ARR for HDA and non-HDA patients (Tables 2 and 3).

- ARRs for HRA and non-HRA patients were 0.15 (95% CI; 0.08, 0.28) and 0.15 (95% CI; 0.10, 0.22), respectively (Table 2).
- For HRA+DAT and non-HRA+DAT patients, ARR were 0.14 (95% CI; 0.08, 0.26) and 0.15 (95% CI; 0.10, 0.22), respectively (Table 3).

Table 2. Outcomes for Patients Overall and Those Classified by HRA Status in CLARITY and CLARITY Extension

		Overall	HRA	Non-HRA
Cladribine Tablets 3.5 mg/kg in CLARITY	N	573	130	303
	ARR [adjusted]; (95% CI)	0.14 (0.12; 0.17)	0.16 (0.11; 0.22)	0.14 (0.11; 0.18)
	Proportion with 3-month EDSS progression, n (%)	62 (14.3)	12 (9.2)	50 (16.5)
Cladribine Tablets 3.5 mg/kg in CLARITY Extension	N	98	29	69
	ARR [adjusted]; (95% CI)	0.15 (0.11; 0.21)	0.15 (0.08; 0.28)	0.15 (0.10; 0.22)
	Proportion with 3-month EDSS progression, n (%)	18 (18.4)	4 (13.8)	14 (20.3)
Placebo in CLARITY Extension	N	13 (13.3)	4 (13.8)	9 (13.0)
	ARR [adjusted]; (95% CI)	0.15 (0.11; 0.21)	0.15 (0.08; 0.28)	0.15 (0.10; 0.22)
	Proportion with 6-month EDSS progression, n (%)	13 (13.3)	4 (13.8)	9 (13.0)

N.B. These definitions are not exclusive; to a large extent, the subgroups comprise the same patients. ARR, annualised relapse rate; CI, confidence intervals; DMD, disease modifying drug; EDSS, Expanded Disability Status Scale; HRA, high relapse activity. The CLARITY data are for assessments at the end of the 96-week double blind period. The CLARITY Extension data cover the 96-week double-blind period and the 6-month supplemental follow-up (including the gap between periods).

### EDSS Progression

- At the end of CLARITY Extension, numerically fewer patients in the HRA (13.8%) and HRA+DAT (12.9%) subgroups had confirmed 3-month EDSS progression relative to the non-HRA (20.3%), non-HRA+DAT (20.9%) and overall groups (18.4%) (Table 2 and 3).
- The proportions of patients with confirmed 6-month EDSS progression were similar in the HRA (13.8%), HRA+DAT (12.9%), non-HRA (13.0%), non-HRA+DAT (13.4%) and overall groups (13.3%) (Table 2 and 3).

Table 3. Outcomes for Patients Overall and Those Classified by HRA+DAT Status in CLARITY and CLARITY Extension

		Overall	HRA+DAT	Non- HRA+DAT
Cladribine Tablets 3.5 mg/kg in CLARITY	N	573	140	293
	ARR [adjusted]; (95% CI)	0.14 (0.12; 0.17)	0.16 (0.12; 0.22)	0.14 (0.11; 0.18)
	Proportion with 3-month EDSS progression, n (%)	62 (14.3)	12 (8.6)	50 (17.1)
Cladribine Tablets 3.5 mg/kg in CLARITY Extension	N	98	31	67
	ARR [adjusted]; (95% CI)	0.15 (0.11; 0.21)	0.14 (0.08; 0.26)	0.15 (0.10; 0.22)
	Proportion with 3-month EDSS progression, n (%)	18 (18.4)	4 (12.9)	14 (20.9)
Placebo in CLARITY Extension	N	13 (13.3)	4 (12.9)	9 (13.4)
	ARR [adjusted]; (95% CI)	0.15 (0.11; 0.21)	0.14 (0.08; 0.26)	0.15 (0.10; 0.22)
	Proportion with 6-month EDSS progression, n (%)	13 (13.3)	4 (12.9)	9 (13.4)

N.B. These definitions are not exclusive; to a large extent, the subgroups comprise the same patients. ARR, annualised relapse rate; CI, confidence intervals; DMD, disease modifying drug; EDSS, Expanded Disability Status Scale; HRA+DAT, high relapse activity plus disease activity on treatment. The CLARITY data are for assessments at the end of the 96-week double blind period. The CLARITY Extension data cover the 96-week double-blind period and the 6-month supplemental follow-up (including the gap between periods).

## CONCLUSIONS

- At the end of CLARITY Extension, sustained clinical efficacy was observed both in the overall population and in HDA patients treated with Cladribine Tablets 3.5 mg/kg in CLARITY and placebo in CLARITY Extension.
- Fewer patients with HDA had 3-month confirmed EDSS progression throughout CLARITY and CLARITY Extension than patients without HDA at baseline.
  - It should be noted, however, that the subgroups used in this analysis represent a small number of patients and therefore these results should be viewed with caution.

## REFERENCES

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## DISCLOSURES

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. GG has received speaker honoraria and consulting fees from Abbvie, Actelion, Atara Bio, Almirall, 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. PS-S 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, Teva, Sanofi-Aventis, Genzyme, and Novartis. His department has received research support from Biogen, Merck, Teva, Novartis, Roche, and Genzyme. BK and HS are employees of Merck KGaA, Darmstadt Germany.

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Cladribine Tablets are approved by the European Commission for the treatment of adult patients with highly active relapsing multiple sclerosis (MS) as defined by clinical or imaging features.

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