Real world treatment patterns and high treatment completion rate in a large cohort of LATAM MS patients who received cladribine tablets

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CONCLUSION

95%
High treatment completion rate

2.8%
Low switch out rate

Increasing trend towards use in naive patients

INTRODUCTION

- The efficacy and safety of cladribine tablets has been demonstrated in the CLARITY phase III study. However, real-world evidence (RWE) studies from Latin America (LATAM) are still scarce.

OBJECTIVES

- To describe the **baseline characteristics** of patients enrolled in the Patient Support Program (PSP) for cladribine tablets (Adveva®) across the **Latin American Region** (Argentina, Brazil, Mexico, Chile, Colombia, Peru, Ecuador, Costa Rica, Dominican Republic, Guatemala, Honduras, Nicaragua, Panama, El Salvador)
- To describe **prior and subsequent use of DMTs** in cladribine treated patients.
- To describe **Y2 treatment initiation and completion rate** in this population.
- To describe **switch out rate** in this population

METHODS

- Patients treated with at least one course of cladribine tablets from April 16th, 2018 to December 31st, 2022 enrolled in the PSP from the Latin American Region, with signed consent form, were included for the analysis.
- December 31st 2022 was considered the cut-off date for all the analysis performed.
- Baseline variables were analyzed descriptively.
- Prior and subsequent DMT use in patients treated with cladribine tablets was described.
- Y2 treatment initiation and completion were defined as the percentage of patients who initiated Y2 and patients who received the complete dose corresponding to Y2, respectively, from the group with at least 18 months of follow-up since Y1 start. Switch out rate was defined as the percentage of patients that started an alternative disease modifying therapy after having received cladribine tablets.
- In Argentina, 2 other cladribine brands have been approved by the local regulatory agency, other than the original Mavenclad® Merck brand (at December 2022), so when considering the switch out rate, a separate analysis was performed with and without these patients, since it could be argued that they cannot be truly considered switch out.

RESULTS

- **1421 patients** were included (Fig. 1)
- Median **follow-up** since treatment onset was **18.2 months** (range 0.03-56.5)

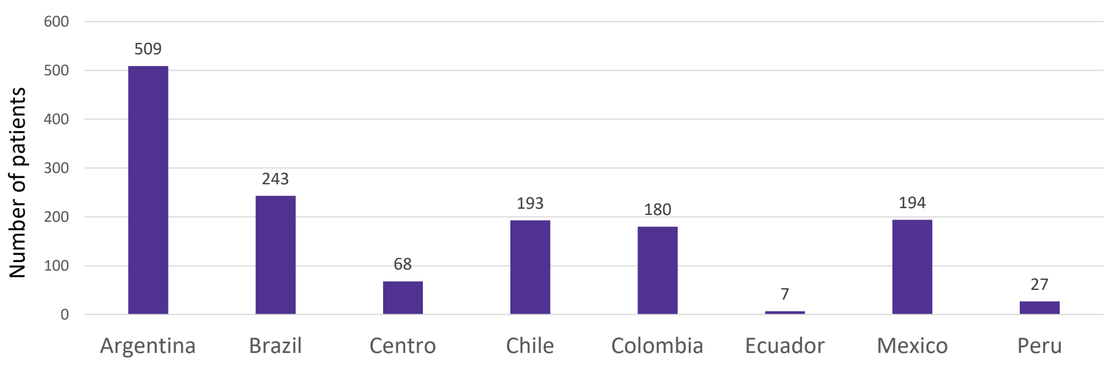


Figure 1. Distribution by country of included patients (countries from Central America have been grouped as "Centro")

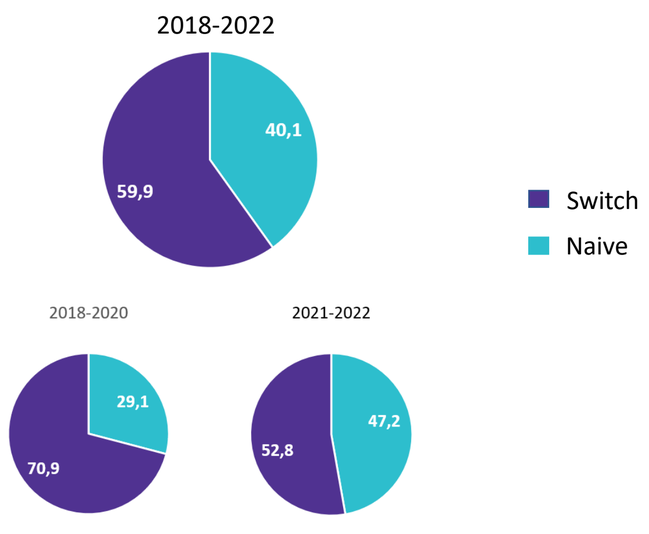


Figure 2. Previous treatments (data shown in percentage; top: entire cohort, bottom, grouped by time periods)

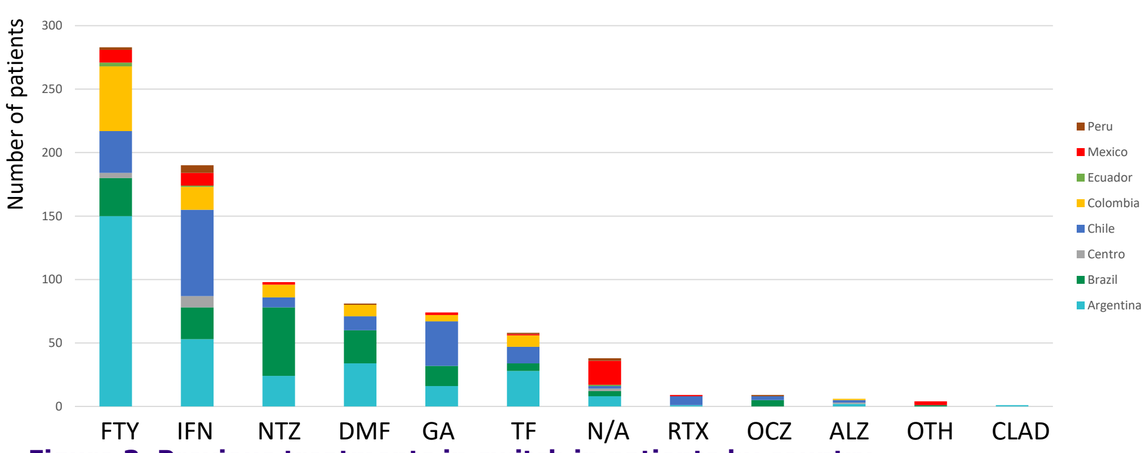


Figure 3. Previous treatments in switch in patients by country

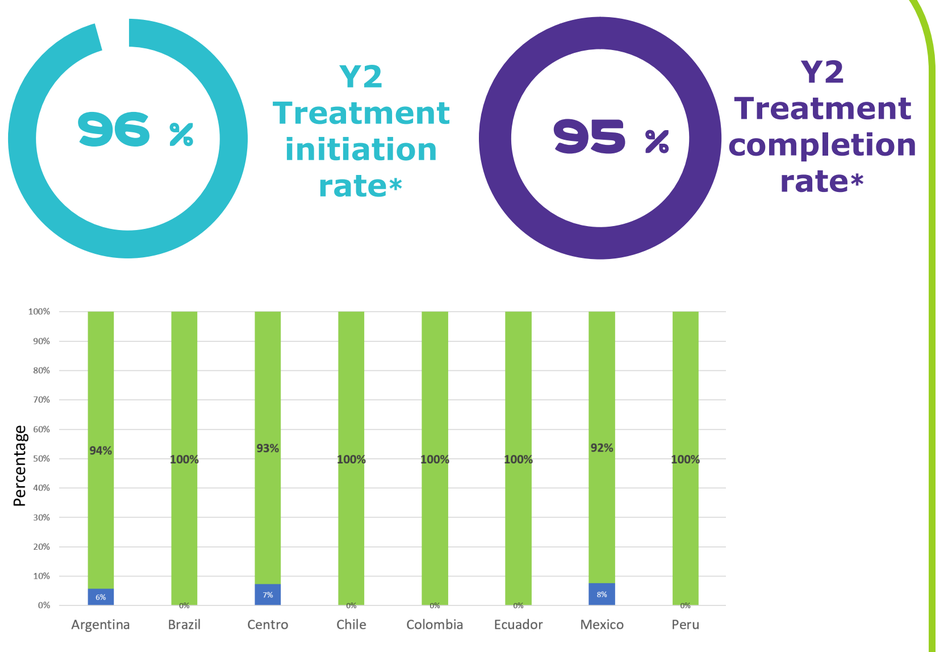
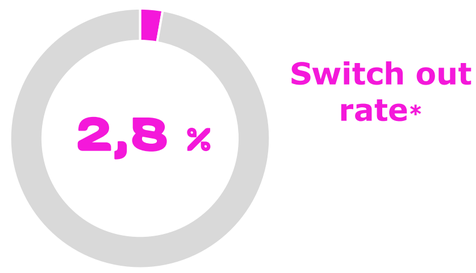


Figure 4. Y2 treatment initiation by country (* including only patients who received Merck branded cladribine during Y1 and Y2)



* Excluding patients that were switched out to other cladribine brands other than Mavenclad ®. If these were included, the switch out rate would be 4,1%

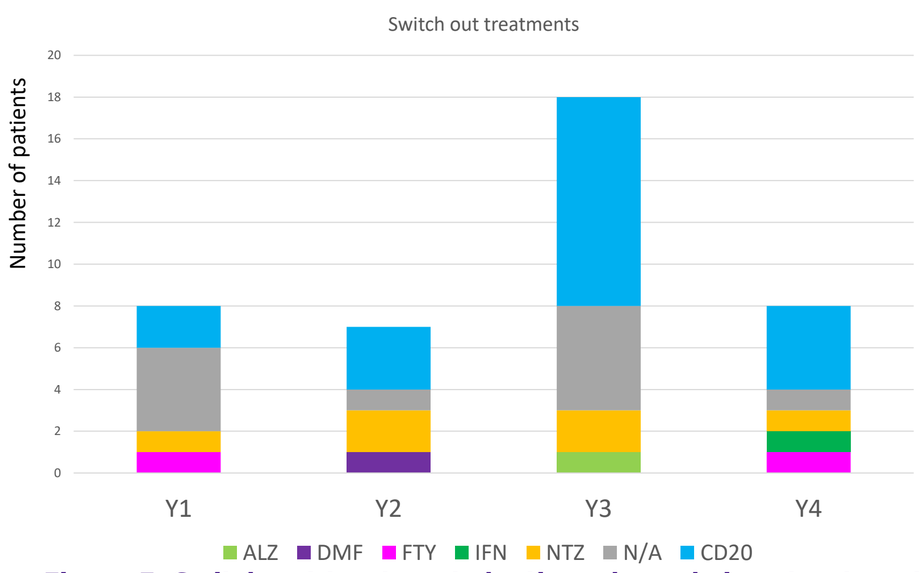


Figure 5. Switch out treatments by time elapsed since treatment onset (excluding patients switched to other cladribine brands)

FTY: fingolimod; IFN: interferon; NTZ: natalizumab; DMF: dimethyl fumarate; GA: glatiramer acetate; TF: teriflunomide; N/A: not available; RTX: rituximab; ALZ: alemtuzumab; OTH: other; CLAD: cladribine (other brands than Mavenclad®); CD20: anti CD20 treatments (including rituximab, ocelizumab and ofatumumab)
Y1: baseline-12 months; Y2: 12-24 months; Y3: 24-36 months; Y4: 36-48 months.

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