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Long-term Efficacy for Patients Receiving Cladribine Tablets in CLARITY/CLARITY Extension: Primary Results from 9–15 Years of Follow-up in the CLASSIC-MS Study

Gavin Giovannoni,¹ Thomas Leist,² Aida Aydemir,³ Elisabetta Verdun Di Cantogno,³ on behalf of the **CLASSIC-MS Steering Committee**

¹Blizard Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, UK; ²Division of Clinical Neuroimmunology, Jefferson University, Philadelphia, PA, USA; ³Ares Trading SA, Eysins, Switzerland, an affiliate of Merck KGaA, Darmstadt, Germany

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Disclosures:

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CONCLUSIONS

Reported findings for CLASSIC-MS, with a median of 10.9 years' follow-up after CLARITY/CLARITY Extension, suggests sustained efficacy of cladribine tablets in terms of long-term mobility and disability status in patients with relapsing MS



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• CLASSIC-MS (NCT03961204) was an exploratory, ambispective Phase IV study designed to evaluate the long-term efficacy of cladribine tablets in the real-world setting, for patients who were previously enrolled to Phase III (parent) trials: CLARITY,¹ CLARITY Extension,² and ORACLE-MS³



Report results for long-term mobility and disability from **CLARITY/CLARITY Extension**



Primary: long-term mobility (no wheelchair use/bedridden; i.e. EDSS <7 in the 3 months prior to first visit in CLASSIC-MS)



METHODS

- Patients with relapsing MS who participated in CLARITY,¹ with or without subsequent enrollment to CLARITY Extension,² were evaluated
- All patients must have received ≥ 1 course of cladribine tablets or placebo during the parent study

CLARITY n=435

Patients also enrolled to CLARITY Extension n=345

- A total of 394 patients (90.6%) were exposed to cladribine tablets during the CLARITY/CLARITY Extension parent trials
- 160 patients received the approved cumulative dose of 3.5 mg/kg over 2 years
- A total of 41 patients (9.4%) were never exposed

Screening

Clinical characteristics Medical history

^aCan also be administered by telephone instead of in-person at clinic at study visit 1; ^bMay be determined through retrospective chart review and/or at Study Visit 1, e.g. if conversion or disability progression occurred between last regular clinical visit and Study Visit 1.

Abbreviations: CI, confidence interval; DMT, disease-modifying therapy; EDSS, Expanded Disability Status Scale; HDA, high disease-modifying therapy; EDSS, Expanded Disability Status Scale; HDA, high disease-modifying therapy; EDSS, Expanded Disability Status Scale; HDA, high disease activity; MRI, magnetic resonance imaging; MS, multiple sclerosis; OR, odds ratio; SD, standard deviation | References: 1. Giovannoni G, et al. N Engl J Med. 2010; 362:416–426. 2. Giovannoni G, et al. Mult Scler. 2018; 24:1594–1604. 3. Leist T, et al. Lancet Neurol. 2014; 13:257–267. Medical writing assistance was provided by Claire Mwape of inScience Communications, Springer Healthcare Ltd, UK, and was funded by the healthcare business of Merck KGaA, Darmstadt, Germany (CrossRef Funder ID: 10.13039/100009945). ClinicalTrials.gov identifier: NCT03961204

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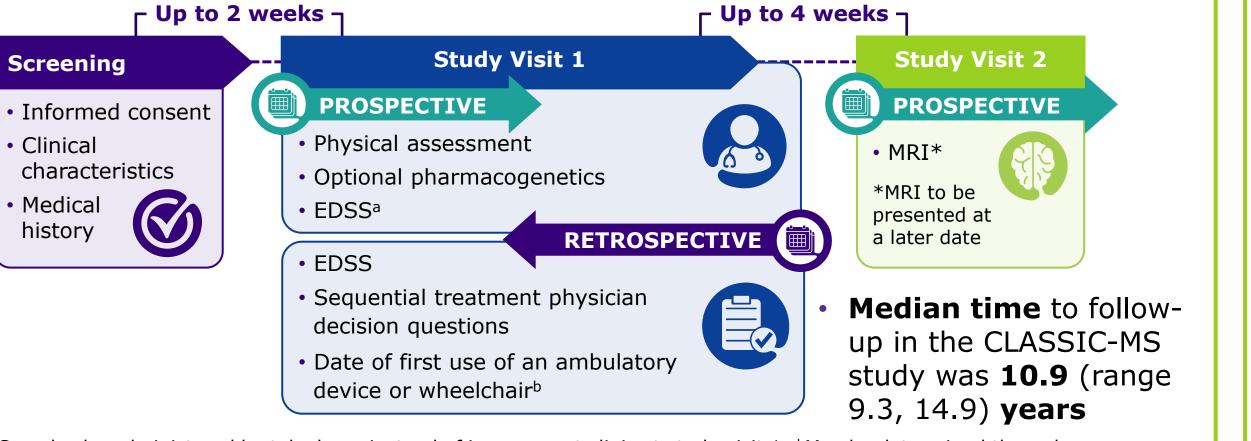


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Secondary: long-term disability status (no requirement for an ambulatory device; i.e. EDSS <6 any time since last parent study dose)





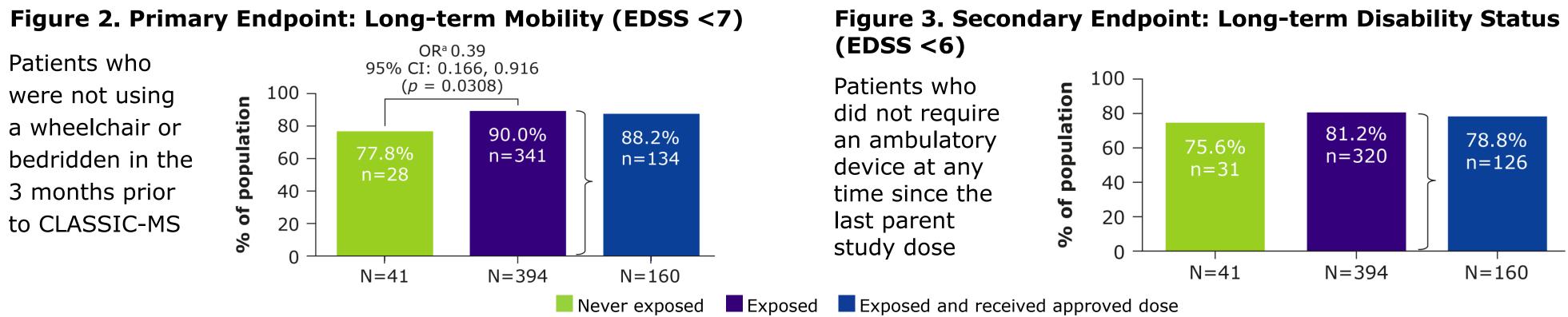
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КЙ RESULTS

Table 1. Characteristics of CLASSIC-MS Patients From CLARITY/CLARITY Extension Compared With Non-CLASSIC-MS Patients From the Parent Studies (CLARITY, CLARITY Extension, and ORACLE MS)

Variable	CLASSIC-MS patients from CLARITY/CLARITY Extension n=435	Non-CLASSIC-MS patients n=1232
Age at parent study baseline, years (mean \pm SD)	38.5 ± 9.66	37.5 ± 10.25
Female, n (%)	295 (67.8)	815 (66.2)
EDSS score at parent study baseline (mean ± SD)	2.82 ± 1.29	2.56 ± 1.38
No. of relapses during last year before enrolment to parent study (mean \pm SD)	1.3 ± 0.62	1.4 ± 0.6
Prior use of DMT at parent study baseline, n (%)	94 (21.6)	293 (33.8)
HDA ^a status at parent study baseline, n (%)	128 (29.4)	303 (34.9)

^aHDA defined as patients with ≥ 2 relapses during the year prior to Parent Study entry, regardless of prior DMT use, OR patients with ≥ 1 relapse in the previous year and ≥ 1 T1 gadolinium enhancing lesion or ≥ 9 T2 lesions while on therapy with other DMTs.



^aFrom a logistic regression model with fixed effects for treatment group. Missing data were not included in the analysis.

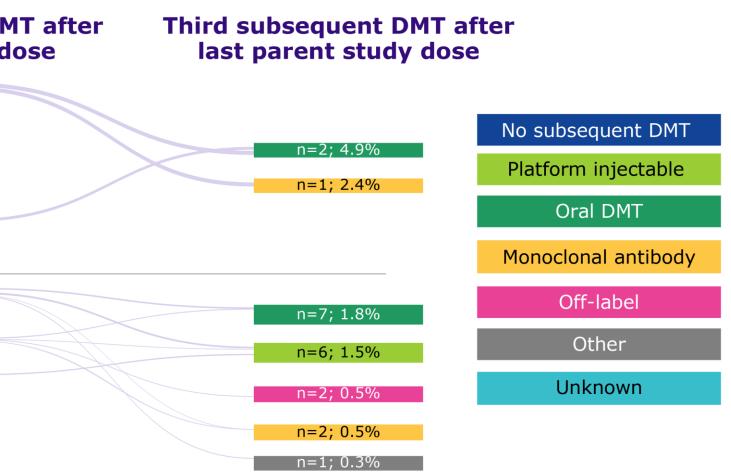
Figure 4. Patterns of DMT^a Use in the CLASSIC-MS Population at Any Time After Last Parent Study Dose (N=435)

		subsequent DMT after t parent study dose	Second subsequent DM last parent study de
		n=11; 26.8%	n=4; 9.8%
Never exposed	n=41; 9.4%	n=19; 46.3%	n=4; 9.8%
cohort ^b		n=3; 7.3% n=6; 14.6%	n=2; 4.9% n=1; 2.4%
		n=1; 2.4% n=1; 2.4%	n=1; 2.4%
		n=220; 55.8%	n=16; 4.1%
Exposed cohort ^c	n=394; 90.6%	11-220, 55.070	n=28; 7.1%
	,	n=113; 28.7%	n=8; 2.0%
		n=35; 8.9%	n=2; 0.5%
		n=15; 3.8% n=5; 1.3%	n=2; 0.5%
		n=4; 1.0%	
		n=2; 0.5%	

^aSubsequent DMTs are reflective of those available in the intervening period (2010–2021) after completion of the parent studies. ^bNever exposed cohort received only placebo during the parent studies. ^cExposed cohort includes all patients who received ≥ 1 dose of cladribine tablets during the parent studies.

• Baseline patient characteristics suggest that patients enrolled to CLASSIC-MS from CLARITY/CLARITY Extension were a representative sample of patients included in the parent studies (**Table 1**) • The mean disease duration for this cohort of patients in CLASSIC-MS was 22.36 \pm 6.972 years, where disease duration = (Study Visit 1 - date of MS diagnosis +1) / 365.25 • For patients exposed to ≥ 1 dose of cladribine tablets in

CLARITY/CLARITY Extension (Figures 2 and 3):



– 90.0% did not require wheelchair use/not bedridden – 81.2% did not require an ambulatory device

• Patients exposed to cladribine tablets during the parent studies were less likely to receive further treatment with DMTs (Figure 4)

• 55.8% of the exposed cohort did not receive further treatment with DMTs versus 26.8% in the never exposed cohort

