Blood Biomarker Dynamics in Highly Active Relapsing Multiple Sclerosis Patients Treated with Cladribine Tablets: Results of the 2-Year **MAGNIFY-MS Study**

H. Wiendl¹, N. De Stefano², F. Barkhof^{3,4}, X. Montalban⁵, A. Achiron⁶, T. Derfuss⁷, A. Chan⁸, S. Hodgkinson⁹, A. Prat¹⁰, L. Leocani¹¹, K. Schmierer^{12,13}, F. Sellebjerg^{14,15}, P. Vermersch¹⁶, H. Jin¹⁷, E. Järvinen¹⁷, A. Chudecka¹⁸, <u>L. Gardner¹⁹</u>

¹Department of Neurology, Institute of Translational Neurology, University of Münster, Münster, Germany; ²Department of Medicine, Surgery and Neuroscience, University of Siena, Siena, Italy; ³Department of Radiology, VU University Medical Center, Amsterdam, The Netherlands and ⁴UCL Institute of Neurology, London, UK; ⁵Department of Neurology-Neuroimmunology, Centre d'Esclerosi Múltiple de Catalunya (Cemcat), Hospital Universitario Vall d'Hebron, Universitat Autonoma de Barcelona, Barcelona, Spain; ⁶Multiple Sclerosis Center, Sheba Academic Medical Center, Ramat Gan, Israel; ⁷Department of Neurology, University Hospital Basel, Basel, Switzerland; ⁸Department of Neurology, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland; ⁹Ingham Institute for Applied Medical Research, University of New South Wales Medicine, Sydney, NSW; Australia; ¹⁰Department of Neurosciences, Université de Montréal, Montréal, QC, Canada; ¹¹Experimental Neurophysiology Unit, Vita-Salute San Raffaele University, Milan, Italy;¹²The Blizard Institute, Centre for Neuroscience, Surgery & Trauma, Barts and The London School of Medicine & Dentistry, Queen Mary University of London, London, UK and ¹³Clinical Board Medicine (Neuroscience), The Royal London Hospital, Barts Health NHS Trust, London, UK; ¹⁴Danish MS Center, Department of Neurology, Copenhagen University Hospital - Rigshospitalet, Glostrup, Denmark and ¹⁵Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark; ¹⁶Univ. Lille, Inserm U1172 LilNCog, CHU Lille, FHU Precise, Lille, France; ¹⁷the healthcare business of Merck KGaA, Darmstadt, Germany; ¹⁸Cytel Inc., Geneva, Switzerland; ¹⁹EMD Serono, Billerica, MA, USA



երեր

CONCLUSIONS

- Multifaceted immune changes were detected over a 2-year observation period following cladribine tablets treatment, including a novel observation regarding increase in CD16^{low}CD56^{bright} and NKp46 cells
- Reduction in pro-inflammatory B-cell (IL-6⁺) and T-cell (GMCSF, TNFa, IFNy) cytokines, and an increase in anti-inflammatory T-cell (IL-4+) cytokines above baseline level were observed
- Serum IgG and IgM levels remained within normal limits for most patients
- Serum NfL levels decreased, indicating a positive response to cladribine tablets treatment



INTRODUCTION

- The MAGNIFY-MS (NCT03364036) blood biomarker (BB) analysis aimed to characterize the effect of cladribine tablets (3.5 mg/kg cumulative dose over 2 years) on BBs in patients with highly active relapsing multiple sclerosis (RMS).
- Previously published data characterized the specific patterns of immune cell dynamics over 12 months following the first course of treatment with cladribine tablets in a subset of MAGNIFY-MS patients (n=57), and highlighted the pronounced reduction of immune cell subtypes from Month 2 onwards.^[1]

DBJECTIVE

Reference: 1. Wiendl H, et al. *Neurol Neuroimmunol Neuroinflamm*. 2023;10(1):e200048.

To describe BB dynamics over 2 years of treatment with cladribine tablets, including immune cell subsets, serum proteins, and intracellular cytokines.

ulative dose over 2 years) are indicated for the treatment of patients with MS in the United States (relapsing forms of MS, including relapsing-remitting disease and active secondary progressive disease, in adults

Medical writing support was provided by Joe Ward of inScience Communications, Springer Healthcare Ltd, UK, and was funded by the healthcare business of Merck KGaA, Darmstadt, Germany. Presented at ACTRIMS Forum 2023 | 23–25 February | San Diego, CA, USA For reactive Medical use only





GET POSTER PDF Copies of this poster obtained through QR (Quick Response) code are for personal use only and may not be reproduced without written permission of the authors. QR codes are active only during the congress duration

METHODS

Blood samples from patients in MAGNIFY-MS were collected at baseline and Months (M) 3, 6, 12, 15, 18, and 24 after treatment initiation for immune cell characterization, measurement of immunoglobulins (Ig), and serum neurofilament (sNfL) analysis.

Intracellular cytokine analyses were performed for a subset of patients in the BB sub-study and required blood collection at additional time points (M1, 2, and 14).

All analyses were performed without adjustment for multiplicity.

Correlation analysis between change in immune cell subsets from Baseline to the M3/6 visit versus presence of MRI lesions during the Baseline period to M3/6 was assessed with Cramer's V, and included patients with both B-cell and MRI assessments from the main study (N=270).

RESULTS
 A total of 270 patients enrolled in Quantitative immune cell change summarized below.
B-cell Panel (FAS)
Wonths
— CD19+ CD20+ — Memory
 Plasma cells CD38⁺ Short-lived Naïve Transitional - Regula
 In the table, purple shading signifies value above BL, baseline; CD, cluster of differentiation; FAS Median percentage change from memory (-89.29%) B-cells; and
T-cell Panel (FAS)
1200 100(100) 1000 1000 1000 1000 1000 100
-200 −200 − − − − − − − − − − − − − − − −
- CD4+ CD4+ CM
 CD4+ Th2 CD4+ Th17 CD4+ Regulatory CD4+ Naïve CD8+ CM
In the table, blue shading signifies nadir value. CM , central memory; EM , effector memory; FA
Table 1. Median Serum IoM a
IgM absolute value, g/L
IgG absolute value, g/L
IgG percentage change from BL
BL, baseline; FAS, full analysis set; Ig, immun
 Serum IgM levels decreased thro The majority of patients had thei IgM: 0.40-2.30 g/L). Compared with baceline old with baceline.

lled in the main study were analyzed (BB sub-study n=57, **Supplementary Table 1**). nanges were observed following each yearly treatment course of cladribine tablets, as

	Median Percen	itage Cha	nge from	n Baselin	е		
		M3	M6	M12	M15	M18	M24
	CD19+	-80.14	-60.60	-26.88	-77.24	-55.30	-27.65
	CD20 ⁺	-80.50	-60.32	-24.56	-77.11	-54.21	-24.77
	Memory	-92.69	-91.56	-86.90	-96.47	-94.67	-89.29
I I I I I I I I I I I I I I I I I I I	Activated CD69 ⁺	-74.02	-60.91	-28.82	-73.02	-51.87	-15.95
	Plasma cells CD38 ⁺	-66.62	-59.00	-54.75	-78.02	-72.39	-62.47
.5 18 24	Short-lived plasma	-68.18	-56.55	-56.70	-82.96	-79.54	-70.10
Activated CD69+	Naïve	-75.87	-45.87	1.63	-69.17	-39.73	10.85
ved plasma	Transitional	-4.06	14.82	11.92	28.69	11.27	6.30
ulatory	Regulatory	110.73	92.95	30.64	91.57	33.83	1.62

ue above Baseline level; green shading, highest value above Baseline level; blue shading, nadir value. on; FAS, full analysis set; Q1:Q3, quartile range; M, month

from baseline at M24: regulatory (+1.62%), transitional (+6.3%), naïve (+10.85%), and total plasma cells: -62.47%.

Median Percentage Change from Baseline								
		M3	M6	M12	M15	M18	M24	
	CD4 ⁺	-48.60	-47.18	-40.16	-69.04	-66.98	-57.51	
	CD4 ⁺ CM	-49.83	-47.31	-39.97	-70.18	-65.91	-56.96	
	CD4 ⁺ EM	-28.62	-26.81	-19.81	-46.05	-48.69	-38.56	
	CD4 ⁺ reg	-25.98	-29.84	-25.60	-48.40	-48.73	-40.30	
	CD4 ⁺ naïve	-60.43	-57.74	-50.50	-83.66	-78.50	-68.85	
	CD4 ⁺ Th1	-44.35	-43.20	-35.55	-63.68	-63.01	-52.86	
18 24	CD4 ⁺ Th2	-50.89	-52.31	-47.80	-75.96	-71.82	-62.72	
	CD4+ Th17	-33.09	-30.26	-18.39	-44.57	-44.77	-31.74	
···· CD4+ EM	CD8 +	-42.33	-39.42	-36.28	-57.08	-54.44	-45.93	
···· CD8+	CD8+ CM	-40.92	-43.30	-32.26	-62.74	-56.93	-43.26	
CD4+ Th1	CD8 ⁺ EM	-26.20	-23.09	-22.26	-44.11	-44.18	-35.05	
···· CD8+ Naïve	CD8 ⁺ naïve	-67.58	-65.44	-58.31	-84.66	-77.74	-67.54	

ory; FAS, full analysis set; Q1:Q3, quartile range; reg, regulatory; Th, T helper cell type

seen from M3 onward; no repopulation to baseline levels was observed during the trial.



gM and IgG Levels Over Time (FAS)

BL	M3	M6	M12	M15	M18	M24
1.14	1.1	1.01	0.95	0.79	0.8	0.77
-	-6.98	-13.38	-19.61	-27.33	-30.65	-31.49
10.3	10.6	10.4	10.35	10.6	10.7	10.6
-	5.00	3.71	1.05	4.90	2.40	2.99
	BL 1.14 - 10.3	BL M3 1.14 1.1 - -6.98 10.3 10.6 - 5.00	BLM3M61.141.11.016.98-13.3810.310.610.4-5.003.71	BLM3M6M121.141.11.010.956.98-13.38-19.6110.310.610.410.35-5.003.711.05	BLM3M6M12M151.141.11.010.950.796.98-13.38-19.61-27.3310.310.610.410.3510.6-5.003.711.054.90	BLM3M6M12M15M181.141.11.010.950.790.86.98-13.38-19.61-27.33-30.6510.310.610.410.3510.610.7-5.003.711.054.902.40

immunoglobulin; **M**, month

I throughout the study (Table 1). There were no clinically relevant changes in IgG levels. their individual values of IgM and IgG within reference ranges (IgG: 5.65-17.65 g/L;

fL was reduced at M12 (-25.22%) and M24 (-23.23%) (**Supplementary Figure 1**).



- CD16^{bright} CD56^{dim}

Table 2. Median Absolute Change (%) from Baseline for Cytokine Producing B-cells (BB Sub-study)

MET P coll subcot	Time point (months)								
MFI D-Cell Subset	M3	M6	M12	M15	M18	M24			
IL-10 ⁺ B cells	1.9	1.11	-0.94	-1.6	-1.57	-0.78			
IL-10 ⁺ Memory B cells	-0.93	-1.35	-1.47	-2.49	-1.52	-1.44			
IL-6 ⁺ B cells	-7.77	-9.02	-16.33	-15.31	-15.62	-12.69			
IL-6 ⁺ Memory B cells	-8.72	-9.53	-12.02	-10.63	-11.56	-10.88			

In the table, purple shading signifies value above Baseline level; green shading, highest value above Baseline level; blue shading, nadir value. **BB**, blood biomarker; **IL**, interleukin; **M**, month; **MFI**, mean fluorescence intensity; **Q1:Q3**, quartile range

Tab	le 3.	Med
(BB	sub	-stud

	Time point (months)							
MFI I-CEII SUDSET	M3	M6	M12	M15	M18	M24		
GMCSF ⁺ CD4 ⁺ T cells	-3.25	-1.61	-5.71	-6.67	-5.41	-3.93		
IFNy ⁺ CD4 ⁺ T cells	-3.63	-4.10	-6.13	-9.20	-6.97	-5.15		
TNFa ⁺ CD4 ⁺ T cells	-12.15	-16.30	-25.85	-46.30	-48.40	-28.45		
IL-4 ⁺ CD4 ⁺ T cells	0.79	0.84	0.61	0.92	2.30	1.70		
IL-10 ⁺ CD4 ⁺ T cells	1.78	0.53	-0.30	-0.87	-1.16	-0.94		
GMCSF ⁺ CD8 ⁺ T cells	-3.77	-2.80	-10.48	-11.60	-9.63	-4.70		
IFNy ⁺ CD8 ⁺ T cells	-0.3	-3.05	-14.72	-18.78	-15.06	-11.85		
TNFa ⁺ CD8 ⁺ T cells	-13.93	-15.40	-27.65	-44.65	-48.48	-28.05		
IL-4 ⁺ CD8 ⁺ T cells	0.40	0.74	0.18	0.52	1.19	0.61		
IL-10 ⁺ CD4 ⁺ T cells	-0.01	-0.23	-0.68	-1.19	-1.01	-0.89		

In the table, purple shading signifies value above Baseline level; green shading, highest value above Baseline level; blue shading, nadir value. BB, blood biomarker; CD, cluster of differentiation; GMCSF, granulocyte-macrophage colony-stimulating factor; IFNy, interferon gamma; **IL**, interleukin; **M**, month; **MFI**, mean fluorescence intensity; **TNFa**, tumor necrosis factor alpha

- Correlations

For patient demographics, sNfL, and correlation data please scan QR code

e serention and travel support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Sanofi, and Teva. He received research support from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Biogen, Biogen, Biogen, Biogen, Bi berk KGaa, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; and has received travel funds from the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; has grants or grants pending from FISM and Novartis, Roche, Sanofi, and Teva; and has received travel funds from the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; and has received travel funds from the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; and has received travel funds from FISM and Research Centre business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; has grants or grants pending from FISM and Novartis, Roche, Sanofi, and Teva; has grants pending from FISM and Research Centre business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; has grants pending from FISM and Research Centre business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; has grants pending from FISM and Research Centre business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; has grants pending from FISM and Research Centre business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; has grants pending from FISM and Research Centre business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; has grants pending from FISM and Research Centre business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; has grants pending from FISM and Research KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Research KGaA, Darmstadt, Germany, Novartis, Roche berk E business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi; and received speaker/advisory board honoraria from Actelion (Janssen/J&J), Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi; has received speaker/advisory board honoraria from Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and the Swiss MS Society, and the Swiss MS Societ beaker honoraria from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria for consulting serves on advisory boards for Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. She has received honoraria from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and stopic editor for the Journal of International Medical Research. SH serves on advisory boards for Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria from Bayer, Biogen, the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria from Bayer, Biogen, the leathcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria for consulting services and the serves on the leathcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria from Bayer, Biogen, the leathcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria from Bayer, Biogen, the leathcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria from Bayer, Biogen, the leathcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and Sanofi. AP has received honoraria from Bayer, Biogen, the leathcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, and the second terms and terescence business of Merck KGaA, Darmstadt, Germa ber bigen big Em bealthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and EJ are employees of the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and EJ are employees of the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and EJ are employees of the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and EJ are employees of the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and EJ are employees of the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and EJ are employees of the healthcare business of Merck KGaA, Darmstadt, Germany, Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and Teva; and research support from Novartis, Roche, Sanofi, and research support fr





NK-cell Panel (FAS)

🛛 30 🤤 Median Percentage Change from Baseline								
T T -	· 25		M3	M6	M12	M15	M18	M24
	20 20 - 20	CD16 ^{bright} CD56 ^{dim}	-36.13	-25.61	-11.05	-35.05	-24.99	-12.94
	15 0 10 2 10	CD16 ^{low} CD56 ^{bright}	-8.94	3.72	2.56	4.77	30.13	17.21
	5 0	NKp46	-20.85	-22.38	29.49	28.42	71.73	77.70
	edian	CD16+	-32.50	-21.78	-8.10	-28.56	-21.47	-13.76
6 12 15 18 24	Me	NK cells	-31.15	-22.18	-7.10	-27.70	-18.38	-13.05
Months								
56 ^{dim} — CD16 ^{low} CD56	bright	— NKp46	— CD	016+ -	– NK ce	ls		

In the table, purple shading signifies value above Baseline level; green shading, highest value above Baseline level; blue shading, nadir value. BL, baseline; CD, cluster of differentiation; FAS, full analysis set; M, month; NK, natural killer; Q1:Q3, quartile range

 Increased levels above baseline from M12 onwards were detected for CD16^{low} CD56^{bright} (M24, +17.21%) and NKp46 cells (M24, +77.7%).

Intracellular Cytokines

• In the BB sub-study, reductions in *pro-inflammatory* cytokine-producing IL-6⁺ B-cells and GMCSF⁺, TNFa⁺ and IFNγ⁺ T-cells were observed. There were also increases in *anti-inflammatory* cytokine-producing IL-10⁺ B cells and IL-4⁺ CD4⁺ and CD8⁺ T cells (**Tables 2** and **3**).

lian Absolute Change (%) from Baseline for Cytokine Producing T-cells

• No correlation was found between memory or regulatory B cells and CUA, T1 Gd+ and active T2 lesions at M3 and M6 (**Supplementary Figure 2**).



The study was sponsored by the healthcare business of Merck KGaA, Darmstadt, Germany (CrossRef Funder ID: 10.13039/100009945)



Supplementary Table 1. Patient Demographics

	Main study population (N=270)	Sub-study population (n=57)
Female, n (%)	180 (66.7)	35 (61.4)
Age >40 - <65 years, n (%)	118 (43.7)	22 (38.6)
Time since onset of MS in months, mean \pm SD	84.90 ±85.472	84.94 ± 93.385
Time since diagnosis in months, mean \pm SD	60.87 ±74.489	52.54 ± 67.413
Time since first relapse in months, mean ± SD	54.44 ±72.583	52.63 ± 80.704
Number of relapses within 12 months prior to Base	eline, n (%)	
0	3 (1.1)	2 (3.5)
1	102 (37.8)	15 (26.3)
2	133 (49.3)	29 (50.9)
>2	32 (11.9)	11 (19.3)
EDSS score ≤3 at Baseline, n (%)	204 (75.6)	42 (73.7)
Median EDSS at Baseline (range)	2.0 (0.0-5.0)	2.5 (0.0-5.0)
Number of previous DMTs, n (%)		
0	117 (43.3)	30 (52.6)
1	88 (32.6)	13 (22.8)
2	50 (18.5)	10 (17.5)
>2	15 (5.6)	4 (7.0)

DMT, disease-modifying therapy; EDSS, Expanded Disability Status Scale; MS, multiple scierosis; SD, standard deviation

For reactive Medical use only

Presented at ACTRIMS Forum 2023 | 23–25 February | San Diego, CA, USA



February 2023

The study was sponsored by the healthcare business of Merck KGaA, Darmstadt, Germany (CrossRef Funder ID: 10.13039/100009945)



Supplementary Figure 1. sNfL Levels Over Time (FAS)



BL, baseline; FAS, full analysis set; M, month; Q1:Q3, quartile range; sNfL, serum neurofilament light chain

Median (Q1:Q3) Percentages Change

For reactive Medical use only

Presented at ACTRIMS Forum 2023 | 23–25 February | San Diego, CA, USA

The study was sponsored by the healthcare business of Merck KGaA, Darmstadt, Germany (CrossRef Funder ID: 10.13039/100009945)





sNfL Percentage Change from Baseline

February 2023



Supplementary Figure 2. Correlation of B-cells with MRI Findings





Cramer's V is a measure of association between two nominal variables. It ranges from 0 to 1, where 0 indicates a perfect association between the two variables. p < 0.05 is considered significant. BL, baseline; CUA, combined unique active; Gd+, gadolinium enhancing; M, month; MRI, magnetic resonance imaging; n, number of patients with both B-cell and MRI assessments; r, Cramer's V correlation coefficient

For reactive Medical use only

Presented at ACTRIMS Forum 2023 | 23–25 February | San Diego, CA, USA

The study was sponsored by the healthcare business of Merck KGaA, Darmstadt, Germany (CrossRef Funder ID: 10.13039/100009945)



Increase in Regulatory B Lymphocytes from BL to M3

February 2023