# Post-Approval Safety of Cladribine Tablets in the Treatment of Patients With Multiple Sclerosis: 2024 Update

**POSTER PDF** 



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# **OBJECTIVES**

To provide an update on the post-approval safety profile of cladribine tablets in people with relapsing multiple sclerosis (RMS).

# INTRODUCTION



Cladribine tablets (3.5 mg/kg over 2 years) are an established disease-modifying therapy for people with RMS.1



The favorable safety profile of cladribine tablets for the management of RMS has previously been described.<sup>2</sup>



Following completion of the two treatment courses, no further treatment with cladribine tablets is required in Years 3 and 4.3,4



Since the EU approval in 2017 and US approval in 2019, an estimated 101,132 people have received cladribine tablets for the treatment of MS with 251,900 cumulative years of exposure.<sup>5</sup>

# METHODS

- Adverse events (AEs) from post-approval sources (including spontaneous individual case safety reports, non-interventional post-marketing studies, and reports from other solicited sources) are presented through July 2024.
- The number of individual case safety reports and the number of associated AEs are reported.
- For AEs of special interest, adjusted reporting rates per 100 patient-years are reported along with the corresponding 95% confidence interval (CI).
- Note that serious infections/lymphopenia are reported instead of severe events, as severity is generally not reported in the post-approval setting.

# RESULTS

#### Table 1. Summary of Reports (as of July 7, 2024)

AEs of special interest	Adjusted reporting rate per 100 patient-years, (95% CI)
Hypersensitivity (2858 reports)	1.13 (1.09, 1.18)
Serious infections (1270 reports)	0.50 (0.48, 0.53)
Herpes zoster (830 reports)	0.33 (0.31, 0.35)
Liver injury (623 reports)	0.25 (0.23, 0.27)
Malignancies <sup>b</sup> (397 reports)	0.16 (0.14, 0.17)
Serious lymphopenia (259 reports)	0.10 (0.09, 0.12)
Seizures (160 reports)	0.06 (0.05, 0.07)
Opportunistic infections (excluding PML <sup>c</sup> and tuberculosis) (39 reports)	0.02 (0.01, 0.02)
Tuberculosis (35 reports)	0.01 (0.01, 0.02)

istribution of cancer types seen in the general population, without any clustering of specific tumor types. As of July 7,

# Hypersensitivity

 A total of 2858 reports were noted; the majority (98%) of the 566 cases (674 AEs) in the latest reporting period (July 8, 2023–July 7, 2024) were non-serious (Supplementary Figure 1).

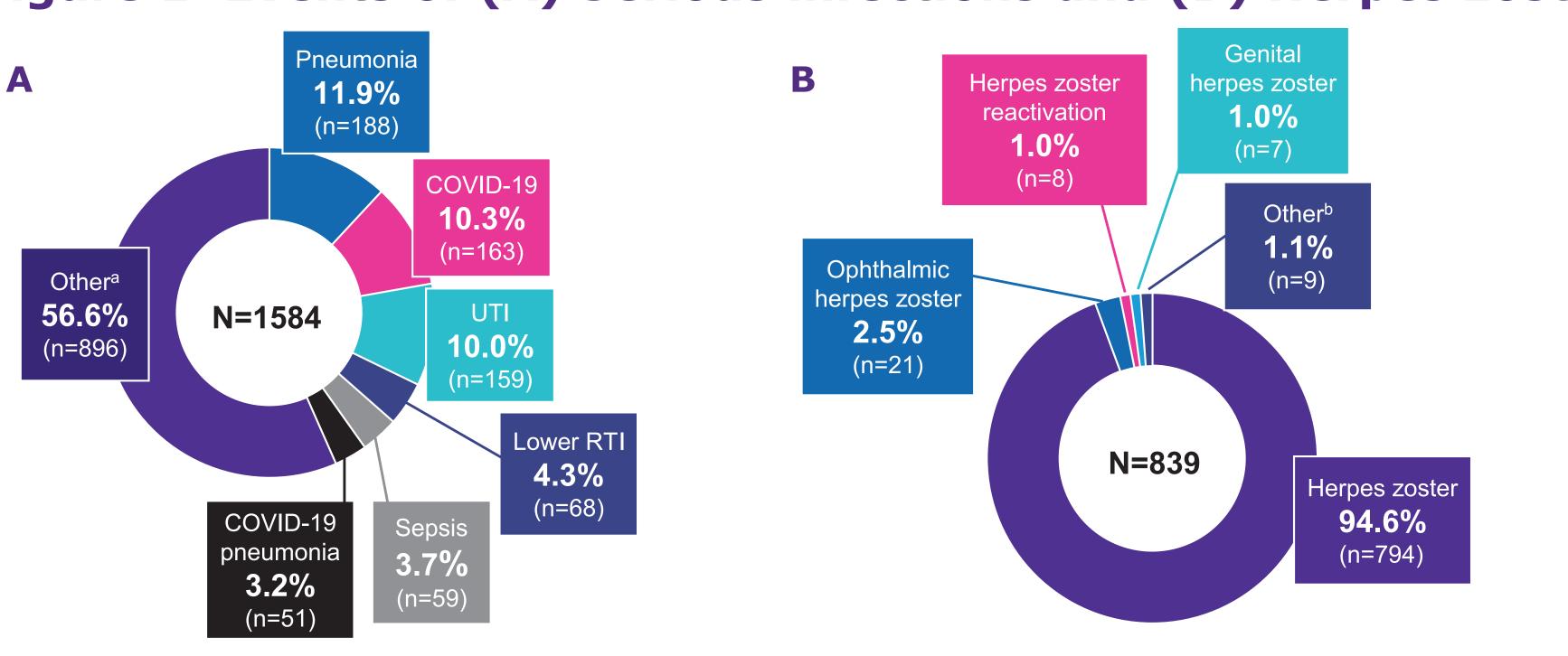
#### **Serious infections**

 A total of 1270 reports concerning 1584 serious infections were noted. The most frequently reported events are reported in Figure 1A.

#### Herpes zoster

 A total of 830 reports concerning 839 herpes zoster AEs were noted (serious events, n=61). The most frequently reported events are reported in **Figure 1B**.

#### Figure 1. Events of (A) Serious infections and (B) Herpes zoster



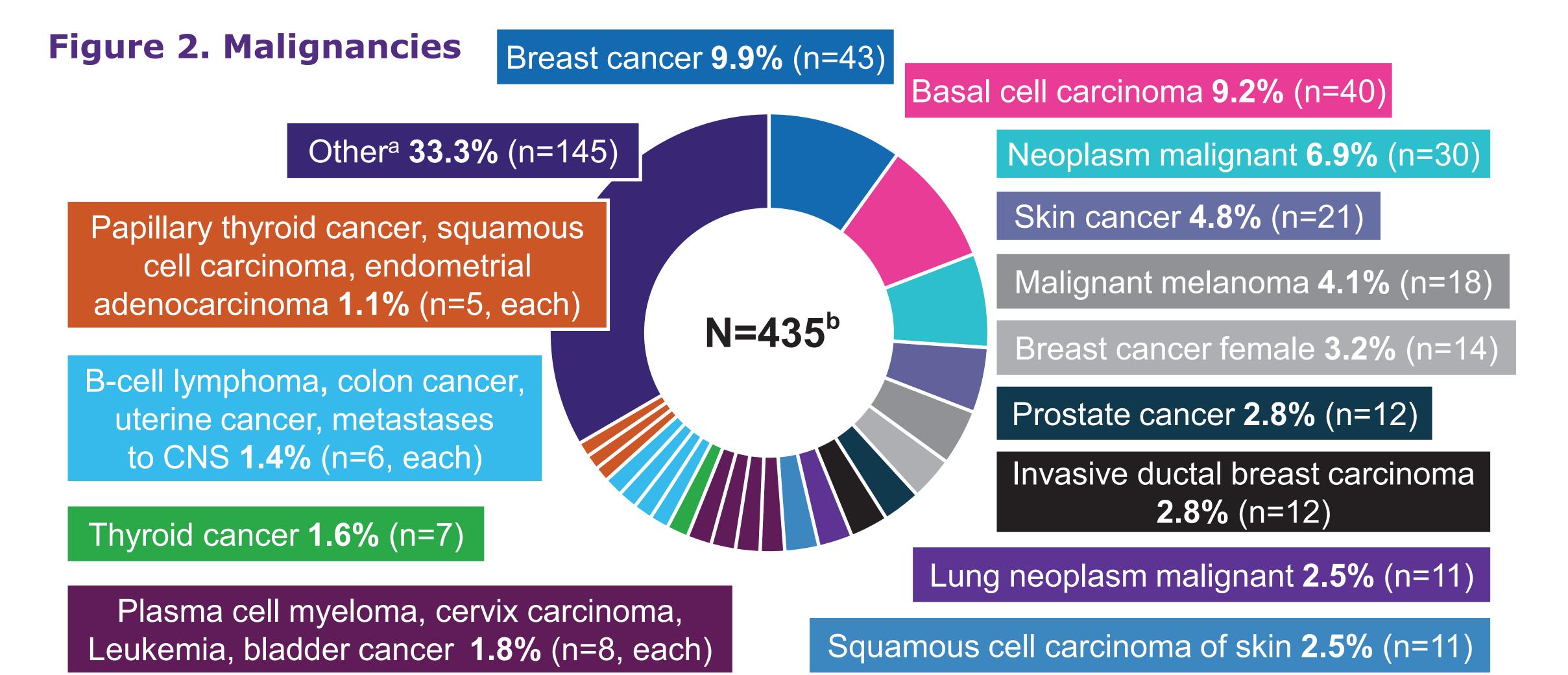
<sup>a</sup>Other includes: kidney infection (n=43), diverticulitis (n=39), herpes zoster and influenza (n=37, each), infection (n=27), urosepsis (n=26), and cellulitis (n=23). Other serious infections occurred <20 times within the reports and are not detailed here. bOther includes: herpes zoster oticus (n=3), oral herpes zoster (n=2), herpes zoster disseminated, herpes zoster infection neurological, herpes zoster meningitis and herpes zoster meningoencephalitis (n=1, each). n, number of events; RTI, respiratory tract infection; UTI, urinary tract infection

#### Liver injury

- A total of 623 reports concerning 837 AEs were noted; two cases (five AEs) had a fatal outcome. Of these, one event was described as liver failure likely secondary to isoniazid toxicity and unrelated to cladribine. The other four events occurred in one single patient with a history of drug-induced liver injury and other risk factors.
- Of the 228 serious AEs, the most common were increased alanine aminotransferase (n=45) and increased aspartate aminotransferase (n=35).
- Non-serious AEs (n=609) mostly pertained to liver enzyme elevations. In several cases, a medical history of episodes of liver parameter elevations with other drugs was reported.

#### Malignancies

- A total of 397 reports (435 AEs) were noted (**Figure 2**).
- Safety data concerning malignancies do not show a pattern of clustering.
- Malignancy occurrence was in line with that expected in the general population.<sup>6</sup>



# Serious lymphopenia

- A total of 259 reports (260 AEs) concerning serious lymphopenia were noted; 69 cases were associated with infections (104 AEs, of which 59 were serious).
- Serious co-reported infections occurring more than once included:

<sup>b</sup>Events ≥5 are displayed; events <10 are grouped. n, number of events; CNS, central nervous system

- COVID-19 (n=5), urinary tract infection (n=4), pneumonia and urosepsis (n=3, each), COVID-19 pneumonia, influenza, ophthalmic herpes zoster, lower respiratory tract infection, and subcutaneous abscess (n=2, each).
- None of the co-reported infections were fatal.

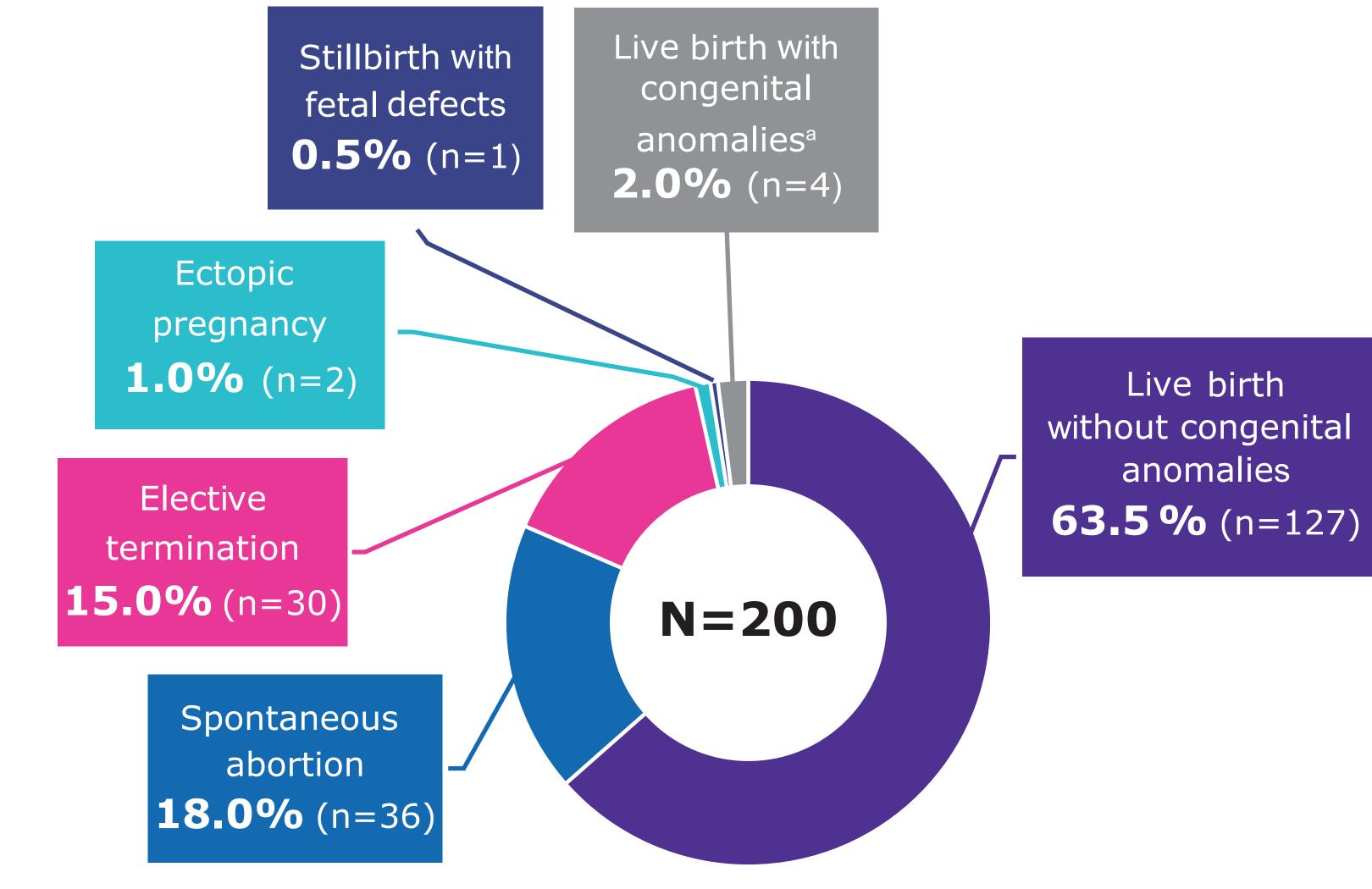
# Opportunistic infections other than tuberculosis

- A total of 39 reports concerning opportunistic infections other than tuberculosis were noted; 23 were serious and included:
- Ophthalmic herpes (n=7)
- Infection susceptibility increased, esophageal candidiasis, ophthalmic herpes simplex (n=2, each)
- Atypical mycobacterial infection, cytomegalovirus infection, histoplasmosis disseminated, meningitis cryptococcal, meningomyelitis herpes, nocardiosis, opportunistic infection, pneumonia cryptococcal, pneumonia fungal, and pulmonary histoplasmosis (n=1, each)
- No case of progressive multifocal leukoencephalopathy causally associated with cladribine tablets treatment was reported.

#### Pregnancy outcomes

• A total of 474 pregnancies were identified; 200 pregnancies have known outcomes (Figure 3).

### Figure 3. Known pregnancy outcomes



<sup>a</sup>Of the four live births with congenital anomalies, one was major (atrial septal defect) and three were minor.

 While data are currently scant and therefore caution should be taken on the interpretation of the results of a small number of cases, there is no evidence for an increased risk of adverse pregnancy outcomes in patients receiving cladribine tablets.

# CONCLUSIONS

 Cumulative to July 7, 2024, the safety profile as observed in the realworld setting of cladribine tablets is consistent with findings from the clinical development program<sup>7,8</sup> and previous safety updates.<sup>9</sup>



References: 1. Giovannoni G, Mathews J. Neurol Ther. 2023;11:571-595. 2. Clavelou P, et al. Neurol Ther. 2024;13:255-256]. 3. Mavenclad European Public Assessment Report Product Information [Online]. https://www.ema.europa.eu/en/medicines/human/EPAR/mavenclad. 4. Mavenclad US Prescribing Information (2024). https://www.emdserono.com/us-en/pi/mavenclad. 5. Hillert J, et al. Clin Epidemiol. 2024;16:717-732. 6. GLOBOCON 2022. https://gco.iarc. who.int/. 7. Cook S, et al. Mult Scler Relat Disord. 2019;29:157-167. 8. Leist T, et al. Mult Scler Relat Disord. 2020;46:102572. 9. Giovannoni G, et al. Mult Scler. 2022;28(3S):364.