P517

Cladribine Tablets in the ORACLE-MS Study Open-Label Maintenance Period: Analysis of Efficacy in Patients After Conversion to Clinically Definite Multiple Sclerosis (CDMS).

Giancarlo Comi[1], Thomas Leist[2], Mark S. Freedman[3], Bruce A. C. Cree[4], Patricia K. Coyle[5], Hans-Peter Hartung[6], Patrick Vermersch[7], Doris Damian[8], Fernando Dangond[8]
[1]Department of Neurology and Institute of Experimental Neurology, Università Vita-Salute San Raffaele, Ospedale San Raffaele, Milan, Italy; [2]Division of Clinical Neuroimmunology, Thomas Jefferson University, Jefferson Medical College, Philadelphia, United States; [3]Department of Medicine, University of Ottawa and the Ottawa Hospital Research Institute, Ottawa, Canada; [4]Multiple Sclerosis Center, San Francisco, United States; [5]Stony Brook University, Department of Neurology, Stony Brook, New York, United States; [6]Department of Neurology, Heinrich Heine University, Düsseldorf, Germany; [7]Department of Neurology, Univ de Lille, CHU Lille, LIRIC - INSERM U995, Lille, France; [8]EMD Serono, Inc., Billerica, United States

Background: In the ORACLE-MS study in patients with a first demyelinating attack, cladribine tablets (CTs; 3.5 and 5.25 mg/kg) significantly reduced the risk of conversion to clinically definite multiple sclerosis (CDMS) compared with placebo. If CDMS occurred in the double-blind, initial treatment period (ITP), patients were treated with subcutaneous (SC) interferon-beta-1a in an open-label maintenance period (OLMP).

Methods: Participation in the ORACLE-MS OLMP was dependent on the clinical course of the patient's disease in the ITP. Patients in ORACLE-MS who converted to CDMS during the ITP entered the OLMP and were treated with SC interferon-beta-1a (titrated over 4 weeks up to the dose of 44 µg) administered three times per week. Annualised relapse rate (ARR) was assessed during ORACLE-MS OLMP, in patients randomised to CTs 3.5 and 5.25 mg/kg, or placebo, in the ITP.

Results: In all, 109 patients in ORACLE-MS converted to CDMS in ITP and received at least one dose of interferon-beta-1a. The median time on interferon-beta-1a was 56.0 weeks. Estimated ARRs in the OLMP were 0.14 (95% confidence interval (CI): 0.00–0.27) for patients (n = 25) originally treated with CT 3.5 mg/ kg; 0.24 (95% CI: 0.07–0.40) for patients (n = 24) originally treated with CT 5.25 mg/kg and 0.42 (95% CI: 0.28–0.56) for patients (n = 60) who originally received placebo in the ITP.

Conclusion: A treatment effect versus placebo of CTs given in ITP continues to be observed in patients who convert to CDMS and switch to treatment with SC interferon-beta-1a. Patients who had been treated with CTs and who had converted to MS during ORACLE-MS ITP had lower ARR during the OLMP, relative to those patients who had received placebo during ORACLE-MS ITP.