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An Expert Delphi Panel to Understand Potential Ofatumumab Injection-Related Reactions Among Patients With Relapsing Forms of Multiple Sclerosis

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Abstract:

Background: People with relapsing forms of multiple sclerosis (pwRMS) treated with ofatumumab (OMB) can experience injection-related reactions (IRRs), which are typically mild to moderate in severity. However, there are limited data on the potential occurrence and management of IRRs reported in real-world clinical settings.

Objectives: To better understand clinicians' perspectives regarding the occurrence and management of IRRs among pwRMS treated with OMB in clinical practice.

Methods: A panel of US-based neurologists and advanced practice providers (APPs; physician assistants and nurse practitioners) experienced with OMB therapy in pwRMS were invited to take part in a three-round online modified Delphi study to obtain insights and consensus regarding the occurrence and management of potential OMB IRRs. During round one, participants completed a survey that included a questionnaire designed to characterize the expert sample and the Delphi questionnaire on IRR management (comprised of four sections presenting a series of likelihood, proportion, and ranking queries) to establish a baseline assessment. Round two involved live webinars to provide feedback on the round one Delphi questionnaire results. In round three, participants were asked to review round one results and round two feedback before providing their final Delphi questionnaire responses. Consensus was deemed to be met in likelihood/proportion questions if interquartile ranges (75th-25th percentiles) around the median (0-100) responses were <25 and in ranking questions if >75% of respondents ranked an option among the top two in round three.

Results: Forty participants (neurologists, n=31; APPs, n=9) completed all three Delphi rounds. The majority of participants were male (55%), White (63%) and had ≥10 years of clinical practice experience (73%). All participants treated ≥6 patients with OMB, and 39% treated ≥26 patients. Concerning expert consensus, participants highly agreed that local and systemic IRRs, regardless of severity, were extremely unlikely and that pre or posttreatment of systemic IRRs was not uniformly needed for pwRMS receiving OMB. Conversely, there was limited consensus on various aspects of IRR prevention and management, including specific interventions, barriers, and pre and posttreatment options. There were minimal changes in consensus between rounds one and three.

Conclusions: Experts in this Delphi study agreed that local or systemic IRRs with OMB were extremely unlikely in clinical practice. Experts were also extremely unlikely to recommend pre- and/or posttreatment options. This study provides clinician insights into the potential occurrence and management of IRRs in the clinical practice setting. Detailed Delphi results will be presented.

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