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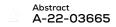
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Improvement in Cognitive Processing Speed with Ofatumumab in Patients with Relapsing Multiple Sclerosis

Introduction

In the Phase 3 ASCLEPIOS I/II trials, ofatumumab significantly reduced inflammatory disease activity and relapses and delayed disability worsening in patients with relapsing multiple sclerosis (RMS). Here, we report the effect of ofatumumab (versus teriflunomide) on cognitive processing speed (CPS) using pooled ASCLEPIOS I/II

Methods

We analysed the change in Symbol Digit Modalities Test (SDMT) score (baseline to Month 24; derived from a mixed model for repeated measures), proportion of patients with >=4-point sustained improvement on SDMT (by categorical analysis), and time-to-first 6-month confirmed cognitive improvement (6mCCI; >=4-point improvement on SDMT) in the overall population and in a subgroup of patients recently diagnosed (RD; within the last 3 years). Time-to-first 6mCCI was also analysed in a subgroup of patients with/without (SDMT score <=/>43) baseline cognitive impairment.

Ofatumumab significantly improved SDMT scores from baseline to Month 24 in both the overall and RD populations; improvement was more pronounced in the RD subgroup (Table). More patients on ofatumumab had >=4-point sustained improvement on SDMT versus teriflunomide in both the overall and RD populations (Table). Ofatumumab numerically increased the chance of time-to-first 6mCCI (hazard ratio [95% confidence intervals]) in the overall population (1.14 [0.96, 1.36]), RD subgroup (1.19 [0.93, 1.52]) and patients without baseline cognitive impairment (1.23 [0.98, 1.56]).

Conclusion

Ofatumumab was associated with clinically meaningful improvements in CPS versus teriflunomide when measured by change in SDMT in both the overall and RD populations. Early treatment initiation with ofatumumab may enhance CPS improvement in patients with RMS by efficiently suppressing inflammation.

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