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Abstract Title: Efficacy of Ofatumumab on Microglial Activity and Brain Iron in Patients With

Relapsing Forms of Multiple Sclerosis: Results From a 9-Month Study

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Introduction:

Potential impact of ofatumumab on microglial activation and its association with peripheral B-cell depletion, serum biomarkers, and brain iron changes in multiple sclerosis (MS) are unknown. It is important to study the effect of anti-CD20 therapies on the innate immune system to understand their role in limiting disease progression in MS.

Objectives/Aims:

To determine the effect of ofatumumab on microglial activation and brain iron, using [F-18]PBR06 PET and quantitative susceptibility mapping (QSM) in patients with MS, in relation to peripheral B-cell depletion, serum biomarker measurement and changes in clinical impairment, longitudinally over 9 months.

Methods:

An open-label, single-centre, observational study was conducted in 10 patients with active relapsing MS. The following evaluations were performed at baseline, and at Week 1 and Months 1, 3 and 9 after ofatumumab initiation, in the first 5 patients (mean age, 40.2 ± 12 years, median EDSS, 3.0): [F-18]PBR06 PET scans, peripheral CD-19+ counts, MRI (including QSM), clinical evaluations, serum neurofilament light chain (NfL) and glial fibrillary acid protein (GFAP) levels. Statistical parametric mapping (SPM) analysis was performed to assess the reduction in PET and QSM signal, analysed at Month 9 versus baseline. Normal-appearing white matter (NAWM), cortical grey matter (CoGM), and thalamic (Th) regions of interest (ROI) in standard atlas space were interrogated for peak cluster T-values corresponding to *P*<0.05.

Results:

At 9 months following of atumumab initiation, voxel-clusters with significantly decreased PET uptake were observed in the CoGM (P<0.01) versus baseline. There were no clusters of significantly reduced PET uptake detectable in NAWM or Th-ROIs. Clusters of decreased QSM signal, representing decreased brain iron, were also seen in CoGM and NAWM (P<0.01). Serum NfL, but not serum GFAP, was significantly lower at 9 months (P<0.05). CD-19+ B cells were reduced significantly after 1 week of treatment initiation. EDSS and T25FW remained stable but hospital anxiety and depression scores (HADS-D and HADS-A) were significantly decreased at 9 months (both P<0.05).

Conclusion:

Ofatumumab treatment was associated with decreased cortical grey matter microglial activation, decreased brain iron and reduced NfL levels at 9 months and was preceded by peripheral CD19+ cell

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depletion. The relationship between changes in cortical microglial activation, brain iron and serum NfL, in response to ofatumumab, warrants further investigation.

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