PANGAEA 2.0 EVOLUTION: Unraveling patient and treatment characteristics for SPMS and at risk for SPMS patients in clinical routine

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BACKGROUND

Diagnosis of secondary progressive multiple sclerosis (SPMS) patients and the identification of the transition phase from relapsing-remitting multiple sclerosis (RRMS) to SPMS remain a challenge as reliable clinical diagnostic criteria and diagnostic tools are lacking.

OBJECTIVE

This analysis evaluates disability parameters and patient reported outcomes in patients with RRMS at risk for SPMS and SPMS to:

- compare clinical parameters including magnetic resonance imaging (MRI), quality of life and socioeconomic aspects of patients with SPMS to patients at risk for SPMS
- characterize patients in the transition phase from RRMS to SPMS
- evaluate performance of the novel progression questionnaire (MSProDiscuss) in clinical routine

DESIGN/METHODS

PANGAEA 2.0 EVOLUTION is part of the non-interventional real-world study PANGAEA 2.0 including approximately 2,500 RRMS patients. Additionally up to 1,000 patients diagnosed with SPMS or on risk for SPMS are currently being recruited and will be prospectively followed independently of treatment for up to 2 years. Diagnosis for risk for SPMS is made by the physician after a comprehensive evaluation of the patient's symptoms including for example relapses, fatigue, progression or impact on quality of life as there are no standard criteria for the transition state for RRMS to SPMS. Routine clinical measurements including EDSS, relapse rate, MRI and cognition measurements, quality of life (EQ-5D, MSIS-29) and socioeconomic conditions (MS-HRS, WPAI) as well as observational parameters from the physician’s perspective (UKNDS, CGI) are collected at 6-month intervals.

RESULTS

Real world data of approximately 400 patients will be shown. Profiles of patients with different progression states will be compared and assessed for differences. MRI findings will be correlated with clinical and patient reported outcomes. Status of disease progression will be correlated with quality of life and socioeconomic measures collected within this study.

CONCLUSIONS

PANGAEA2.0 EVOLUTION allows to compare SPMS patient profiles with RRMS patients at risk for SPMS in a real world setting. By combining clinical and non-clinical parameters a clearer picture can be generated for the establishment of standard early diagnosis criteria and therapy of SPMS patients.