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Economic impact of the Secondary Progressive Multiple Sclerosis in Spain: Interim analysis of the DISCOVER study

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Disclosures

C. Oreja-Guevara has participated in advisory boards for Novartis; J. Río has received speaking honoraria and personal compensation for participating on advisory boards from Novartis, Biogen-Idec, Genzyme, Merck- Serono, Teva, and Sanofi-Aventis; J.R. Ara Callizo has received honoraria for lecturing, travel expenses for attending meetings, or financial support for research from Biogen Idec, Merck Serono, Genzyme and Novartis; M. A. Hernández Pérez has received compensation from any commercial entity (for-profit business) from Biogen, Novartis, Roche, Merck, Teva and Genzyme-Sanofi; J. Gracia Gil has received compensation from Almirall, Bayer, Biogen, Genzyme-Sanofi, Novartis, Roche and Teva; A.M. Alonso Torres has participated in advisory boards for Novartis, Merck and Roche; S. Eichau Madueño has received speaker honoraria and consultant fees from Biogen, Novartis, Sanofi Genzyme, Merck, Almirall, Roche and Teva; S. Martínez-Yélamos has received honoraria compensation from Biogen Idec, Novartis, TEVA, Merck Serono, Genzyme, Almirall and Roche; B. Casanova-Estruch has received research support or personal compensation from any commercial entity from Biogen, Sanofi, Roche, Merck, Teva, Novartis, Celgene and Almirall; M.L. Martínez Ginés has received compensation for consulting services and speaking fees from Merck, Biogen, Novartis, Sanofi-Genzyme, Almirall, Roche and Teva; M.L. Aguado Valcárcel has had commercial relationship with Merck, Novartis, Biogen, Roche, Teva and Genzyme-Sanofi; J.E. Martínez Rodríguez has had investigational/consulting relationship with Novartis, Roche, Merc-Serono, Actelion, Celgene, Biogen Idec and Sanofi-Genzyme; A.M. López Real has participated as a speaker for Biogen Idec, Roche, Merck, Sanofi-Genzyme and Novartis; Y. El Berdei Montero has received speaker honoraria from Biogen, Bayer, Sanofi-Genzyme, Merck, Roche and Novartis; A. Labiano has received speaker honoraria from Biogen Idec, Novartis, Roche, Genzyme and Merck; M. Garcés Redondo has received honoraria for scientific sessions by Biogen, Merck and Sanofi; L. Costa-Frossard has received consulting compensation and speaker fees from Merck, Bayer, Biogen Idec, Novartis, Sanofi-Genzyme, Almirall, Roche, Celgene, Biopas, Ipsen and Teva; J.A. García-Merino has received compensation for scientific advisory board and consulting from Novartis, Merck, Roche, Emerald, Biogen and Sanofi and research support from Teva; C. Muñoz Fernández has participated as an investigator in observational studies for Sanofi, Novartis and Merck; T. Castillo-Triviño has received speaking/consulting fees and/or travel funding from Bayer, Biogen, Merck, Novartis, Roche, Sanofi-Genzyme and Teva; A. Rodríguez-Antigüedad has received personal compensation from any commercial entity (for-profit business) from Merck, Biogen Idec, Roche, Genzyme, Teva, Myland and Celgene; J. Peña Martínez has received speaker honoraria and compensation fees by Sanofi, Novartis, Roche, Almirall, Teva, Merck and Biogen; J.M. Prieto González has received consultant fees and/or grants for research projects from Bayer, Biogen Idec, Genzyme, Merck Serono, Novartis, Sanofi-Aventis, Teva, Roche and Almirall; D.M. Solar Sánchez has received speaker honoraria from Almirall, Biogen, Merck, Novartis, Roche, Sanofi and Teva; I. Pérez Molina has received personal compensation from Roche, Teva and Merck; E. Agüera Morales has participated as cientific advisor and/or received speaker honoraria from Novartis, Sanofi-Genzyme, Roche, Biogen, Bayer and Merck Serono; J.E. Meca-Lallana has received grants and consulting or speaking fees from Almirall, Biogen, Celgene, Genzyme, Merck, Novartis, Roche and Teva; L. Ramió i Torrentà, B. Pilo de la Fuente, F. Gascón Giménez, C. López de Silanes, V. González Quintanilla, F. Castellanos-Pinedo, V. Meca-Lallana and N. Herrera Varo have nothing to disclose.

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Background and objective

- Multiple Sclerosis (MS) is a chronic, inflammatory, autoimmune, and neurodegenerative disease.
- Around 19% of patients with relapsing-remitting MS (RRMS) treated with a disease-modifying therapy progress to Secondary Progressive MS (SPMS) 15 years after disease onset, representing the most severe stage of the disease.^{2,3}
- MS symptoms lead to a general disability, impacting the quality of life of patients and also being related with an important economic burden on the National Health System (NHS), the patients, their caregivers and the whole society.⁴
- There are limited published data on the economic impact of SPMS.

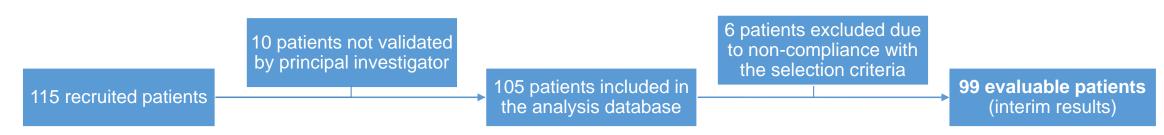
Objective

To estimate the economic impact of SPMS in Spain

^{1.} Sicras-Mainar A, et al. BMC Health Services Research. 2017;17:854. 2. Bártulos Iglesias M, et al. Neurología. 2015;30(9):552-60. 3. Scott TF, et al. Int J MS Care. 2020;22(3):110-4. 4. Maroney M, et al. Am J Manag Care 2014;20(Suppl 11):S220-7

Methods: Study design, primary endpoint and evaluable patients

- DISCOVER (CBAF312AES01) is an observational, non-interventional, cross-sectional, retrospective and multicenter study.
- Consecutive patients treated and monitored according to routine clinical practice in Spain in 34 public hospitals. All data were collected in one single visit.
- Primary endpoint was the total annual costs per patient from three perspectives:
 - Spanish National Health System perspective: including direct costs.
 - Patient perspective: including pharmacological costs payed by patients and other direct health costs privately funded.
 - Societal perspective: including direct and indirect costs.
- Interim results from 99 patients are presented:



Cut-off date: 11th October 2019

Baseline sociodemographic and clinical characteristics

Baseline sociodemographic characteristics	
Characteristic	Total (N=99)
Age, years, mean (SD)	53.1 (9.3)
Sex, female, n (%)	62 (62.6%)
Education level	
Without studies, n (%)	1 (1.0%)
Primary education, n (%)	23 (23.2%)
Secondary education, n (%)	35 (35.4%)
Higher education, n (%)	40 (40.4%)
Current familiar situation	
Living alone (excluding caregiver, if it applies), n (%)	13 (13.1%)
Living with a relative, n (%)	86 (86.9%)

SD, standard deviation

Baseline clinical characteristics			
Characteristic	n	Mean (SD)	n (%)
Time since first diagnosis, years	98	17.5 (8.9)	
Time since progression to SPMS, years	99	5.2 (4.3)	
EDSS score at diagnosis	59	2.0 (1.1)	
EDSS score at the time of progression	99	5.0 (1.1)	
EDSS score at the study visit	99	5.9 (0.8)	
EDSS>6	99		47 (47.5%)
Presence of relapses between 12-24 months before the study	78	0.1 (0.4)	10 (12.8%)
Time since the most recent MRI, years	96	1.4 (2.0)	
Presence of black holes in T1 according to the most recent MRI	95	16.4 (12.4)	76 (80.0%)
Presence of Gd+ lesions in T1 according to the most recent MRI	95	5.1 (6.7)	7 (7.4%)
Presence of hyperintense lesions in T2 according to the most recent MRI	96		95 (99.0%)

EDSS, Expanded Disability Status Scale; Gd, gadolinium; MRI, magnetic resonance imaging; SD, standard deviation; SPMS, secondary progressive multiple sclerosis

Impact of EDSS on MSIS29vs domains and EQ-5D-5L index value

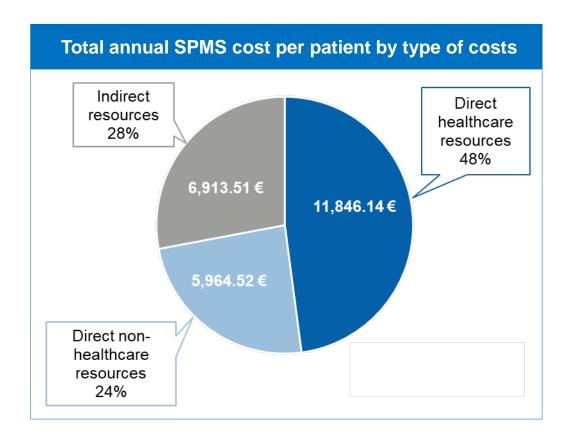
Characteristic	n	Physical impact	Psychological impact
MSIS29, (0-100), mean (SD)	99	61.5 (23.1)	50.2 (25.5)
MSIS29 according to the presence of relapses in the last 2 years			
Presence of relapses, (0-100), mean (SD)	13	56.8 (23.8)	52.4 (27.3)
Absence of relapses, (0-100), mean (SD)	65	63.5 (21.9)	48.4 (24.9)
MSIS29 according to SDMT score ≥ or < 40			
SDMT score ≥ 40, mean (SD)	66	61.9 (24.5)	53.7 (24.9)
SDMT score < 40, mean (SD)	31	59.7 (20.5)	42.9 (25.9)

Characteristic	n	Physical impact	Psychological impact
MSIS29, (0-100), mean (SD)	99	61.5 (23.1)	50.2 (25.5)
EDSS 4-4,5	11	47.4 (22.9)	40.4 (23.8)
EDSS 5-5,5	12	52.4 (19.1))	44.8 (25.5)
EDSS 6	28	57.7 (22.6)	45.2 (23.4)
EDSS 6.5	47	69.0 (22.2)	55.7 (25.7)

MSIS29v2 scores were higher (higher physical and psychological impact) and EQ-5D-5L index values lower (lower HRQoL) in patients with higher EDSS

Characteristic	n	Index Value
EQ-5D-5L mean (SD)	99	0.47 (0.27)
EDSS 4-4,5	11	0.66 (0.17)
EDSS 5-5,5	12	0.57 (0.15)
EDSS 6	28	0.57 (0,15)
EDSS 6.5	47	0.35 (0.30)

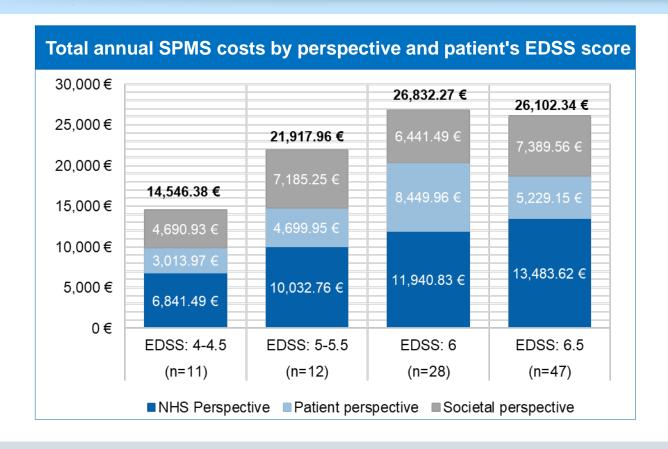
Total annual SPMS costs by type



- Direct health resources include outpatient visits, clinical tests, hospitalization, ER, MS treatments, other treatments, other.
- Direct non-health resources include mobility aids, vehicle/home adaptations, home help, non-relative caregiver, transportation.
- Indirect costs include patient and caregiver (when available) short- and long-term work absences and unemployment, permanent disability, early retirement, absenteeism, presenteeism, reduction of work hours, loss of leisure time, activities and expenditures.

Total annual cost per patient: 24,724.17 €

Total annual SPMS costs by EDSS



Low direct non-health related costs may be related with the fact that 86,9% of the sampled patients in Spain were living with a relative (indirect caregiver).

Total estimated annual SPMS costs per patient were 24,724 €

Conclusions

- An economic burden of 24,724 € per patient/year was attributable to SPMS in Spain from the societal perspective, with direct healthcare costs representing 48% of the total costs.
- These interim results from the DISCOVER study revealed a significant economic impact of MS progression, highlighting the importance of implementing therapeutic strategies specific to the SPMS patient within the early stages of progression.
- Final report will include data from 297 SPMS patients.

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Thank you