

**IMMEDIATE TREATMENT WITH IFNB-1B AFTER A FIRST EVENT SUGGESTIVE OF MS DELAYS PERSISTENT NEUROLOGICAL IMPAIRMENT**

**X. Montalban**<sup>1</sup> L. Kappos<sup>2</sup> C. Polman<sup>3</sup> G. Edan<sup>4</sup> M.S. Freedman<sup>5</sup> H.P. Hartung<sup>6</sup> D. Miller<sup>7</sup> F. Barkhof<sup>3</sup> L. Bauer<sup>8</sup> S. Dahms<sup>8</sup> C. Pohl<sup>8</sup> R. Sandbrink<sup>8</sup>

<sup>1</sup>Hospital Vall d'Hebron, Barcelona, Spain <sup>2</sup>University Hospital, Basel, Switzerland, <sup>3</sup>Vrije Universiteit Medical Centre, Amsterdam, The Netherlands <sup>4</sup>Centre Hospitalier Universitaire, Rennes, France <sup>5</sup>The Ottawa Hospital, Ottawa, Canada <sup>6</sup>Heinrich-Heine-Universität, Dusseldorf, Germany <sup>7</sup>National Hospital for Neurology & Neurosurgery, London, UK <sup>8</sup>Bayer Schering Pharma AG, Berlin, Germany

There is now comprehensive evidence for the significance of initiating treatment with interferon beta (IFNB) immediately after a first neurological event suggestive of multiple sclerosis (MS) in terms of delaying time to the diagnosis of MS. However, advantages of immediate over deferred treatment in the longer-term remain to be proven, in particular with regard to whether, and to what extent, this might also slow the development of neurological impairment. The Benefit (BEtaferon®/BEtaseron® in Newly Emerging MS for Initial Treatment) studies aim to also answer this question. In the placebo-controlled phase, 468 patients with a first clinical event suggestive of MS were randomized to either IFNB-1b 250 µg or placebo subcutaneously every-other-day. On completion of this phase, patients were eligible to enrol into a pre-planned follow-up phase, with IFNB-1b being offered to all patients. 89% of the original patients were enrolled into the follow-up phase. A pre-planned analysis, 3 years after the first clinical event, showed that confirmed progression of impairment, as measured by the Expanded Disability Status Scale, was reached by 16% of patients treated immediately and by 24% of patients with deferred treatment ( $p = 0.0218$ ). 37% of patients treated immediately and 51% of those treated later had developed CDMS ( $p = 0.0011$ ). These findings provide the first evidence of a positive effect of immediate IFNB-1b treatment on later neurological impairment. In addition, these results confirm those of the placebo-controlled phase of BENEFIT by showing that immediate treatment after the first event delays the onset of MS.