Efficacy of a third course of alemtuzumab in patients with active relapsing-remitting multiple sclerosis who experienced disease activity after the initial two courses: pooled analysis of CARE-MS I and II

P. Vermersch¹, A. Traboulsee², A. Boster³, A. Bass⁴, R. Berkovich⁵, G. Comi⁶, O. Fernández⁷, H. J. Kim⁸, V. Limmroth⁹, J. Lycke¹⁰, R. Macdonell¹¹, B. Sharrack¹², H. Wiendl¹³, T. Ziemssen¹⁴, M. Melanson¹⁵, N. Daizadeh¹⁵, B. Singer¹⁶

1 Sanvice de Neurologie Générale et Pathologie Neuro-Inflammatoire, University of Lille, France

³Clinical Neuroimmunology, OhioHealth Neurological Physicians, USA

⁵Keck School of Medicine, University of Southern California, USA

⁶Department of Neurology, University Vita-Salute San Raffaele, Italy

⁷Department of Neurology, Fundación IMABIS Hospital Universitario Carlos Haya, Spain

⁸Research Institute, National Cancer Center, South Korea

⁹Klinik für Neurologie und Palliativmedizin, Kliniken Köln, Germany

¹⁰Department of Clinical Neuroscience, University of Gothenburg, Sweden

¹²Department of Neuroscience, Sheffield Teaching Hospitals NHS Foundation Trust, UK

¹³Department of Neurology, University of Münster, Germany

¹⁵Sanofi Genzyme, Sanofi, USA

Background: Alemtuzumab improved efficacy outcomes in 2-year (y), phase 3 trials vs SC IFNB-1a in RRMS patients (CARE-MS I: treatment-naive [NCT00530348]; CARE-MS II: inadequate response to prior therapy [NCT00548405]). Patients continuing in an extension (NCT00930553) demonstrated durable 6-y efficacy; 27% (pooled CARE-MS I/II) received only 1 alemtuzumab retreatment (Course 3 [C3]) through Y6. Goal: Evaluate alemtuzumab retreatment efficacy in pooled CARE-MS I/II patients who received C3. Methods: Patients received 2 courses of alemtuzumab 12 mg/day (baseline: 5 days; Month 12: 3 days) in CARE-MS I/II, and could receive as-needed alemtuzumab retreatment (for relapse/MRI activity) or another DMT (investigator discretion) in the extension. Assessments: annualized relapse rate (ARR); mean EDSS change; improved/stable EDSS; 6-month confirmed disability improvement (CDI). Patients receiving >C3 or another DMT were excluded. Conclusion: A third alemtuzumab course effectively reduced relapses and improved disability without further treatment. These data support administering C3 in patients with disease activity to achieve durable disease control.

¹Service de Neurologie Générale et Pathologie Neuro-Inflammatoire, University of Lille, France ²MS/NMO Clinic and Clinical Trials Research Group, University of British Columbia, Canada

⁴Department of Neurology, Neurology Center of San Antonio, USA

¹¹Department of Neuroscience and Mental Health, Austin Health and The Florey Institute, Australia

¹⁴Center of Clinical Neuroscience, University Hospital Carl Gustav Carus, Germany

¹⁶MS Center for Innovations in Care, Missouri Baptist Medical Center, USA