Introduction

Delayed-release dimethyl fumarate (DMF) also known as ozanimod (R) has demonstrated favourable efficacy in Phase 3 clinical trials (DIFFINE, NCT01845415) in patients with relapselfrom-relapsing multiple sclerosis (RRMS) who had previously been treated with interferons, glatiramer acetate, and mitoxantrone. Moreover, data from the real-world comparative effectiveness (RCE) studies of patients with RRMS treated with DMF were associated with no evidence of increased safety or immunogenicity compared to fingolimod (FTY).

The Neurotranscript (NTD) MS registry is a German practice network comprising more than 38,000 patients with RRMS treated with DMF or FTY. This study compared the effectiveness of DMF versus FTY in real-world practice setting.

Objectives

1. To assess the comparative effectiveness of DMF with FTY using data from the NTD MS registry.

Methods

1. Incidence criteria:
   - Age ≥18 years at therapy initiation.
   - Two RRMS patients populations: FTY-ALL, including patients who were treated at treatment centers with glatiramer acetate (GA), interferons (IFN), and teriflunomide (TERI) as first-line therapy; FTY-EMA, including patients meeting the European Medicines Agency label for FTY.

2. Matched Comparative Effectiveness Analyses of the Delayed-release Dimethyl Fumarate Demonstrated No Difference vs. FTY Across Several Effectiveness Measures.3-6

3. Patients were excluded if they received pre-treatment with any other disease-modifying therapy than GA, IFN, or TERI.

4. Kaplan-Meier estimates for time to 6-month confirmed disability progression.

5. Compared with matched DMF cohorts, FTY patients had a significantly longer TTD.

Conclusions

- Delayed-release dimethyl fumarate (DMF) also known as ozanimod (R) has demonstrated favourable efficacy in Phase 3 clinical trials (DIFFINE, NCT01845415) in patients with relapselfrom-relapsing multiple sclerosis (RRMS) who had previously been treated with interferons, glatiramer acetate, and mitoxantrone. Moreover, data from the real-world comparative effectiveness (RCE) studies of patients with RRMS treated with DMF were associated with no evidence of increased safety or immunogenicity compared to fingolimod (FTY).

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