

Effect of Ofatumumab on Serum Immunoglobulin Levels and Infection Risk in Patients With Relapsing Multiple Sclerosis Over 3.5 Years P931

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Introduction

- Lower serum immunoglobulin (Ig) levels are generally associated with infections; reduced Ig levels is known to occur with anti-CD20 treatment in multiple sclerosis (MS) patients and have been linked to an apparent increased risk of infection¹⁻⁸
- In the ofatumumab ASCLEPIOS Phase 3 trials, the rate of serious infections was low, and no association was observed between decreased Ig levels and the risk of serious infections for up to 96 weeks⁹

Objective

- To assess the effect of ofatumumab on serum IgG/IgM levels over ~3.5 years (168 weeks) and evaluate the risk of serious infections associated with a decrease in IgG/IgM during the core (ASCLEPIOS I/II, APLIOS or APOLITOS) and open-label extension (ALITHIOS) studies

Methods

Study Design and Assessments

- Serum IgG/IgM levels were monitored during the core and open-label extension study periods
- Change in IgG/IgM levels from baseline up to 168 weeks was analysed in the overall, long-term (continuous ofatumumab in core+extension) and switch (teriflunomide core/ofatumumab extension) groups
- Mean IgG/IgM levels were analysed by baseline quartiles in the long-term treatment group
- Proportion of patients with IgG/IgM less than lower limit of normal (<LLN: IgM, 0.4 g/L; IgG, 5.65 g/L) at any time during the post-baseline visits was assessed
- Association of serious infections reported for patients in conjunction with low IgG/IgM levels <LLN during 1 month prior/after any detection of the drop in the levels were analysed and compared with serious infections reported in patients who maintained normal Ig levels (≥LLN)

Results

- As of 29 Jan 2021, median time at risk (treatment-emergent period of a patient in the study) was 21.0 (range: 0 to 51.8) months in the overall and 35.5 months in long-term group; total 4238.5 patient-years
- Change in IgG/IgM levels was analysed in the overall (N=1969), long-term (N=1292) and switch (N=677) groups

Change in IgG levels over 3.5 years

- The mean serum IgG remained stable with up to 3.5 years of ofatumumab treatment (**Figure 1A**)
- Ofatumumab was associated with a transient drop in IgG levels through Week 48, which completely recovered and was maintained at later time points
- Patients did not show any decline after switching from teriflunomide and followed the same trajectory as of long-term ofatumumab group
- Treatment interruptions* and discontinuations were observed in 0.1% and 0.2% of patients respectively

Change in IgM levels over 3.5 years

- Average IgM levels remained well within the reference ranges over time (**Figure 1B**)
- Most of the reduction from baseline in IgM levels was observed at Week 48 (absolute mean, 0.93 g/L; % change, -31.8%), which stabilised thereafter (Week 168: absolute mean, 0.71 g/L; % change, -46%)
- Treatment interruptions* and discontinuations were observed in 9.1% and 3.3% of patients respectively

*As per the study protocol, study treatment interruption was mandated based on notably low IgG/IgM values. A notably low level for IgG was defined as a level 20% below the LLN and for IgM as a level 10% below the LLN

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Figure 1A. Serum IgG levels from baseline over time

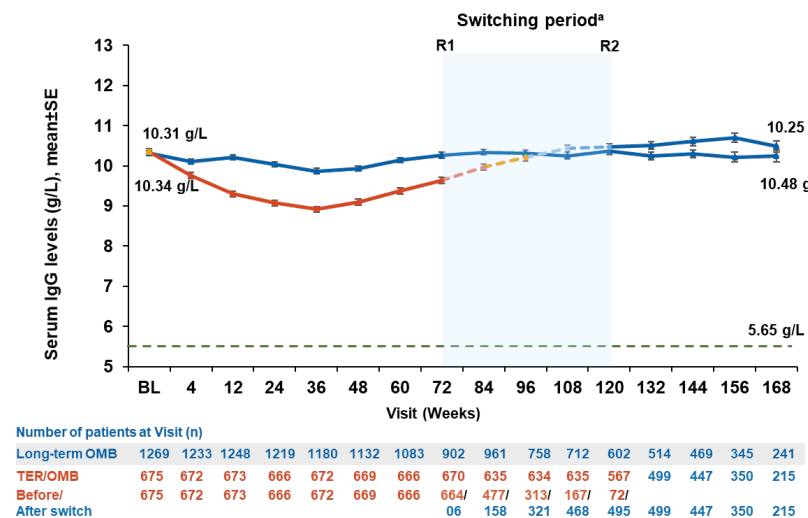
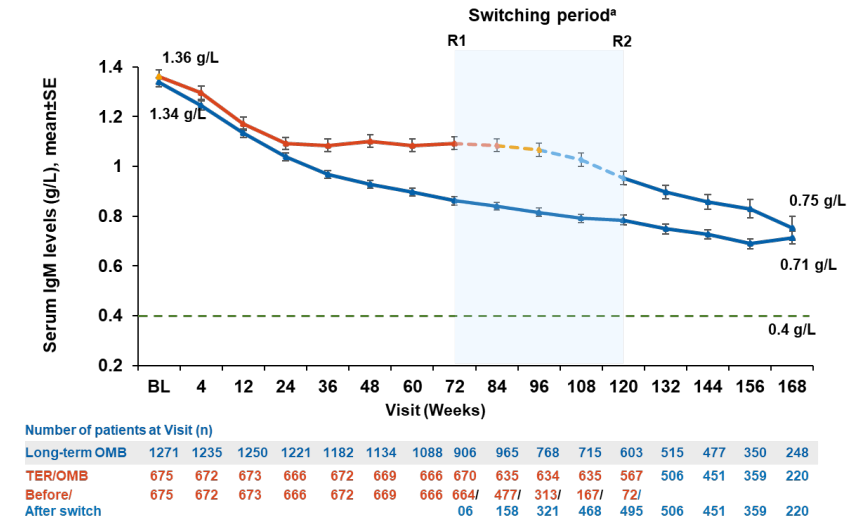


Figure 1B. Serum IgM levels from baseline over time



IgG/IgM levels by baseline quartiles in the long-term group

- IgG levels remained similar to the baseline values in all quartiles throughout the treatment period (**Figure 2A**)
- IgM levels decreased over time; the mean values remained above LLN with the least reduction observed for the lowest quartile group (<0.81 g/L) (**Figure 2B**)

Figure 2A. Serum IgG levels by baseline quartiles^a in the long-term ofatumumab group

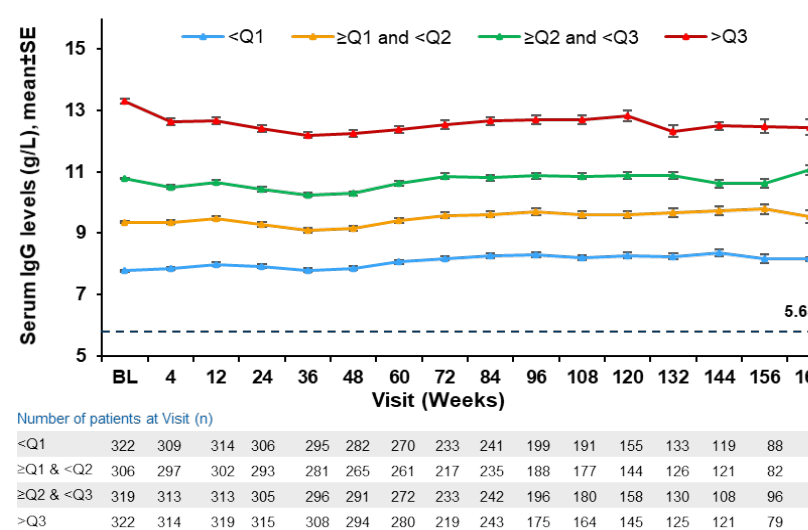
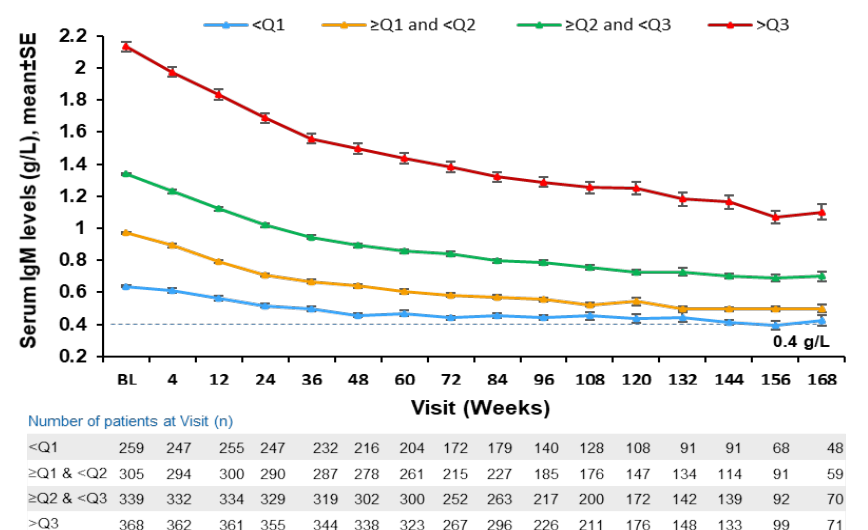


Figure 2B. Serum IgM levels by baseline quartiles^a in the long-term ofatumumab group



Serious infections observed with low IgG/IgM in overall ofatumumab-treated patients

- The proportion of patients who were <LLN at any time post-baseline was 1.5% (30/1969) for IgG and 23.1% (454/1969) for IgM
- The overall incidence of serious infections was low over 3.5 years (2.9%; IR, 1.39) (**Table 1**)
- No apparent association was observed between low IgG/IgM levels and risk of serious infections after 3.5 years of ofatumumab treatment; none of these patients with a serious infection suffered a recurrence
- No COVID-19 infections were observed related to IgG/IgM <LLN during this period

Table 1. Patients with ≥1 serious infection within 1 month prior/after any detection of drop in IgG/IgM <LLN

	IgG		IgM		Overall
	<LLN (N=30 ^a)	≥LLN (N=1936 ^b)	<LLN (N=454 ^a)	≥LLN (N=1512 ^b)	N=1969
	n (%); IR ^c	n (%); IR ^c	n (%); IR ^c	n (%); IR ^c	n (%); IR ^c
Patients with ≥1 serious infection (PT)	1 (3.3); 7.02	55 (2.8); 1.34	3 (0.7); 0.80	44 (2.9); 1.38	58 (2.9); 1.39
Herpes zoster	0	1 (0.1); 0.02	1 (0.2); 0.27	0	1 (0.1); 0.02
URTI	0	1 (0.1); 0.02	1 (0.2); 0.27	0	1 (0.1); 0.02
UTI	0	6 (0.3); 0.14	1 (0.2); 0.27	3 (0.2); 0.09	6 (0.3); 0.14
Pneumonia	1 (3.3); 7.02	8 (0.4); 0.19	0	8 (0.5); 0.25	9 (0.5); 0.21

^aNumber of patients with IgM/IgG <LLN at least once at any time during the post-baseline visits; ^bNumber of patients with no occurrence of IgM/IgG <LLN at least once at any time during the post-baseline visit; ^cIR per 100 PY estimated via a Poisson regression model with only treatment as the factor and with the log-link and natural logarithm of time as the offset variable; Ig, immunoglobulin; LLN, lower limit of normal; PT, preferred-term; PY, patient-year; URTI, upper urinary tract infection; UTI, urinary tract infection

Conclusions

- Mean IgG levels remained stable in patients treated with ofatumumab for up to 3.5 years
- A gradual decline in mean IgM levels was observed, which was more pronounced in the first year than in the subsequent time period
 - However, for the vast majority of patients, IgM levels remained well within the normal reference range
- The overall incidence of serious infections was low, and no association was observed between decreased Ig levels and the risk of serious infections
- Results from this analysis up to 3.5 years of ofatumumab treatment are consistent with 96-week ASCLEPIOS I/II Phase 3 data¹⁰

References

1. Md Yusof MY, et al. *Arthritis Rheumatol.* 2019;71(11):1812-1823.
2. Evertsson B, et al. *Mult Scler J Exp Transl Clin.* 2020;6(4):2055217320964505.
3. Barnett S, et al. *JAMA Netw Open.* 2018;1(7):e184169.
4. Maricinnò A, et al. *Neurol Neuroimmunol Neuroinflamm.* 2018;5(6):e498.
5. Besada E, et al. *Rheumatology (Oxford).* 2014;53(10):1818-24.
6. Ottaviano G, et al. *J Allergy Clin Immunol Pract.* 2020;8(1):273-282.
7. Shortt J, Spencer A. *Bone Marrow Transplant.* 2006;38(6):433-6.
8. Derfuss T, et al. *ECTRIMS Online Library.* 2019; 279399;65.
9. Wiendl H, et al. Presented at the MSVirtual2020;P0236.
10. Hauser S, et al. *NEJM.* 2020;383:546-57.

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