#### **OBJECTIVE**

To evaluate long-term treatment strategies, including retreatment, in people with multiple sclerosis (PwMS) treated with cladribine tablets in real-world practice.

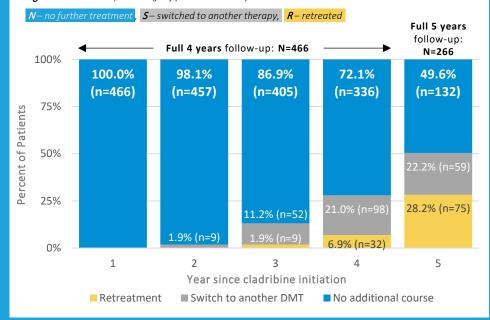
#### **BACKGROUND**

While cladribine tablets have demonstrated short-term efficacy, data on management beyond 4-5 years, particularly regarding retreatment after the initial 2 courses, is limited.

#### **METHODS**

We analyzed patients from the Czech national registry of PwMS (ReMuS) who completed 2 cladribine courses by December 31, 2024, with at least 4 years of follow-up (FU). Patients were categorized as: R-retreating cladribine course, S-switching to another disease-modifying therapy (DMT), and N-receiving no further treatment. Characteristics and outcomes were compared across these groups.

Figure 1. Cumulative percentage of patients in each year since cladribine initiation:



## FROM TRIALS TO REAL-WORLD DATA: NATIONAL INSIGHTS ON CLADRIBINE TABLETS IN MULTIPLE SCLEROSIS AFTER FOUR YEARS AND BEYOND



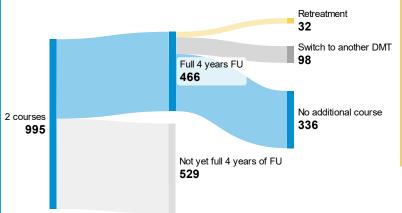
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## **RESULTS**

treated). Groups R (n=32), S (n=98), and N (n=336, 72%) differed significantly in mean: age (35.3; 35.4; 37.5 years), EDSS at initiation (2.6; 2.8; 2.6) and end of year 4 (3.2; 3.8; 2.9), time to first relapse (28; 20; 29 months), relapse-free rates (41%; 65%; 89%), Progression Independent of Relapse Activity (PIRA) free rates (100%; 83%; 96%), and 3-months confirmed progression-free rates (97%; 63%; 92%). Among retreated patients (R), relapse-free PwMS increased from 41% in the year before retreatment to 56% after (only if FU≥1 year after the retreatment, n=32). At year 5 (164 patients had 5+ years of FU), results remained similar: Group N had the highest relapse-free (89%), PIRA-free (96%), and progression-free (92%) rates, while Group S, with the highest EDSS at initiation, had the lowest relapse-free (65%), PIRA-free (83%), and progression-free (63%) rates and switched therapies at a mean of 2.7 years.

Of the 995 patients completing 2 cladribine courses, 466 had 4+ years of FU (mean FU 5.06±0,66 years; mean age 36.4±8.9; 74.5% female; 93.6% pre-





## CONCLUSIONS

Most PwMS do not require additional treatment 4-5 years after initiating cladribine tablets, despite not being treatment-naïve like majority in the CLARITY trial. Retreatment appears to be a beneficial strategy for less stable patients, but further FU is needed to assess its long-term efficacy.







FROM TRIALS TO REAL-WORLD DATA: NATIONAL INSIGHTS ON CLAURIBINE TABLETS IN MULTIPLE SCLEROSIS AFTER FOUR YEARS AND BEYOND

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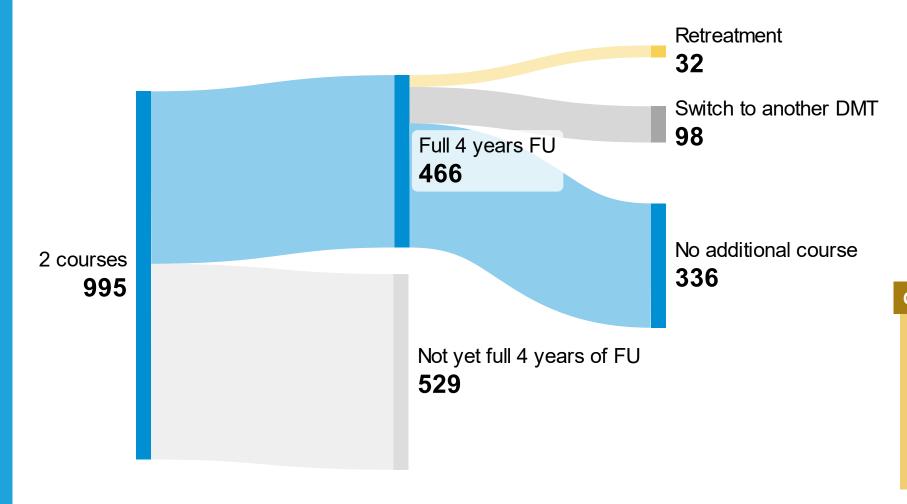




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#### RESULTS

Figure 2. Patients treated with cladribine with full 4 years of follow-up



FROM TRIALS TO REAL-WORLD DATA:

NATIONAL INSIGHTS ON **CLADRIBINE** 

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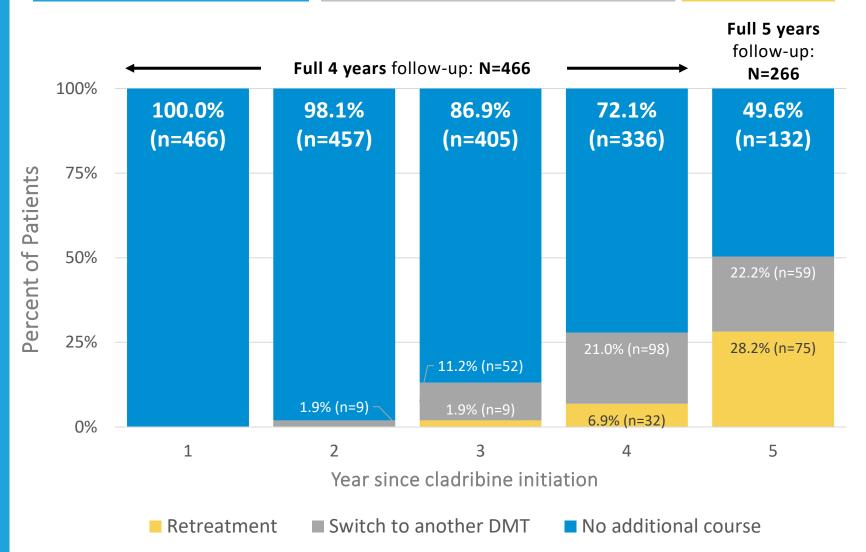


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#### RESULTS

Figure 1. Cumulative percentage of patients in each year since cladribine initiation:





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