## Real life efficacy and tolerability of **Teriflunomide: a multicentre study**

## P. Annovazzi1, G. Mallucci2, M. Lo Re3, S. Miante4, R. Cavarretta5, L. Moiola6, V. Torri Clerici7, C. Zuliani8, C. Chiavazza9, B. Frigeni10, R. Bergamaschi2, A. Bertolotto3, P. Perini4, M. Rovaris5, S. Rossi7, P. Cavalla9, M.R. Rottoli10, M. Zaffaroni1, G. Comi1,6, A. Ghezzi1

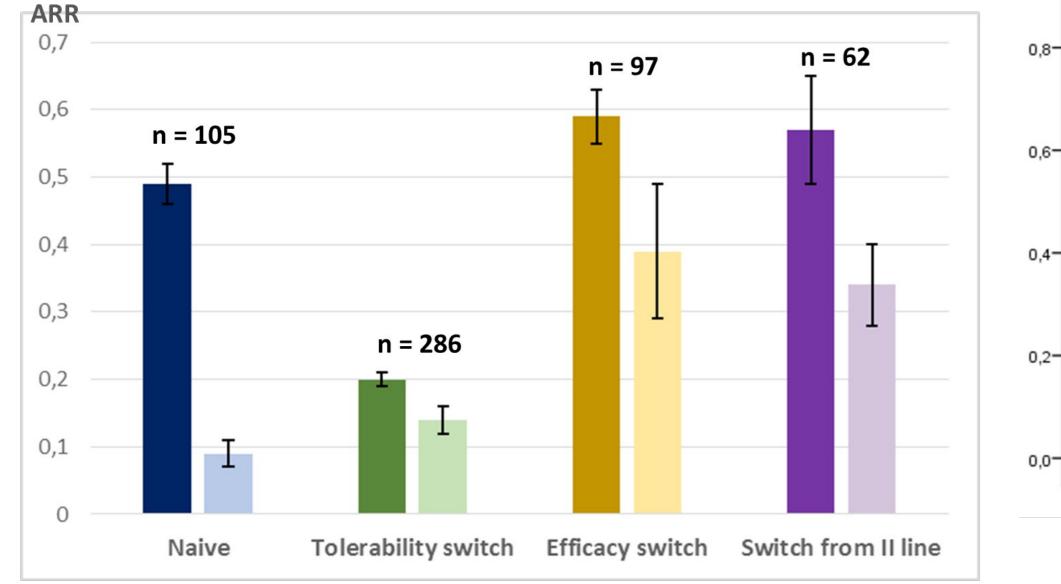
1 Multiple Sclerosis Study Centre, ASST Valle Olona - PO Gallarate, Gallarate (VA); 2 Inter-Department Multiple Sclerosis Research Centre, Neurological Institute IRCCS Mondino, Pavia; 3 Regional Multiple Sclerosis Centre, San Luigi Gonzaga Hospital, Orbassano (TO); 4 Department of Neurosciences, the Multiple Sclerosis centre, University Hospital of Padova, Padova; 5 Multiple Sclerosis Center, Scientific Institute Santa Maria Nascente, Don Carlo Gnocchi Foundation, Milano; 6 Department of Neurology, Scientific Institute H. San Raffaele, University Vita-Salute, Milano; 7 Neuroimmunology and Neuromuscular Diseases Unit, IRCCS Neurological Institute Carlo Besta, Milano; 8 Department of Neurology, Mirano Hospital, Mirano (VE); 9 Department of Neurology, AOU City of Science and Health, Torino; 10 Multiple Sclerosis Center, Department of Neurology, Papa Giovanni XXIII Hospital, Bergamo, Italy.

**Objective:** Aim of this study is to confirm post-marketing Teriflunomide (TFU) efficacy and safety profile, and to identify predictors of response to TFU.

Materials and Methods: We enrolled all patients receiving TFU in ten northern Italy MS centres, starting from Jan 2014, until Mar 2016. Patients were prospectively followed, collecting demographic and clinical data as well as laboratory assessment abnormalities

## Results

- Patients characteristics are illustrated in tab 1 • TFU efficacy data, in terms of ARR, Relapsefree survival and disability variations from baseline to follow-up are illustrated in fig 1, 2 and 3.
- · Predictors of relapse free-status are shown in tab 2
- TFU safety and tolerability data are illustrated in fig 4 and persistence on TFU is shown in figure 5



550 patients		Median	l e III quartile	<b>Tab 1:</b> patients baseline characteristics	
Sex	M 34%, F 66%	28 % of the female patients were of childbearing potential		<b>ARR =</b> Annualized Relapse Rate <b>DMD =</b> Disease Modifying Drugs	
Mean age (years)	46,7 <u>+</u> 9,6				
Mean disease duration (years)	15 <u>+</u> 10	14	8-21	NTZ = Natalizumab FTY = Fingolimod CFX = Cyclophosphamide MTX = Mitoxantrone	
EDSS	3 <u>+</u> 1,8	3	2-4		
Mean ARR in the prev. 2 y	0,4 + 0,3	0	0-1		
Previous therapies (#)	1,5	1	1-2		
Mean follow-up (months)	16,3 <u>+</u> 12,2	14	8-19		
Type of patients					
Naive or restarted the	erapy after quittir	ng Ist line	DMDs 19,2 9	%	
Switch from Ist	line DMDs for la	ck of tole	rability 52 %		
Switch from	Ist line DMDs for	r lack of e	fficacy <b>17,8</b> 9	$\sim$	
				- 62% from FTY	

Switch from II line DMDs for safety or lack of tolerability

- 15% from CFX/MTX

-						
		OR	95% IC	Р		
***:	Age			ns		
****	Gender <b>(F)</b>	1.8	0.9-3.5	0.07		
┠┿┿┐ <sup>╋</sup> ╊╤╤╍╍╍╍╍╍╍╍╍╍ ╠╦┥┿╼╋ <sub>┻┑</sub>	MS duration			ns		
	Baseline ARR	0.8	0.3-1.01	0.08		
****	Baseline EDSS			ns		
Functions dispersivienza per patien 1-4	Patient type			0.02		
	Naive	3.6	1.2-10.7			
	Tolerability switch	2.2	1.3-5.3			
	Tab 2: Relapse-free survival Cox multivariate regression					
	analysis	17; 3%				

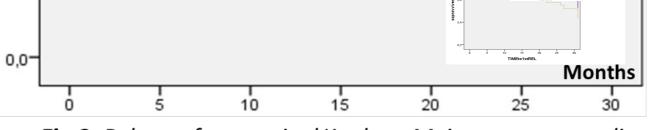
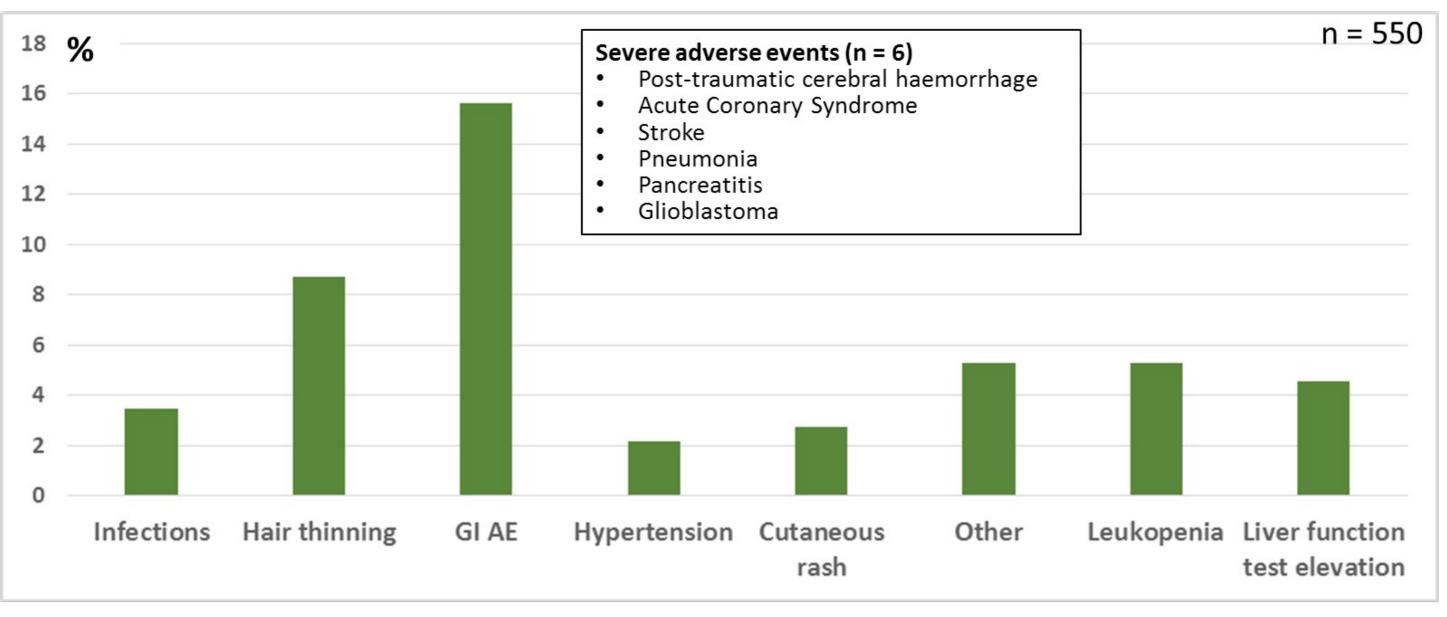
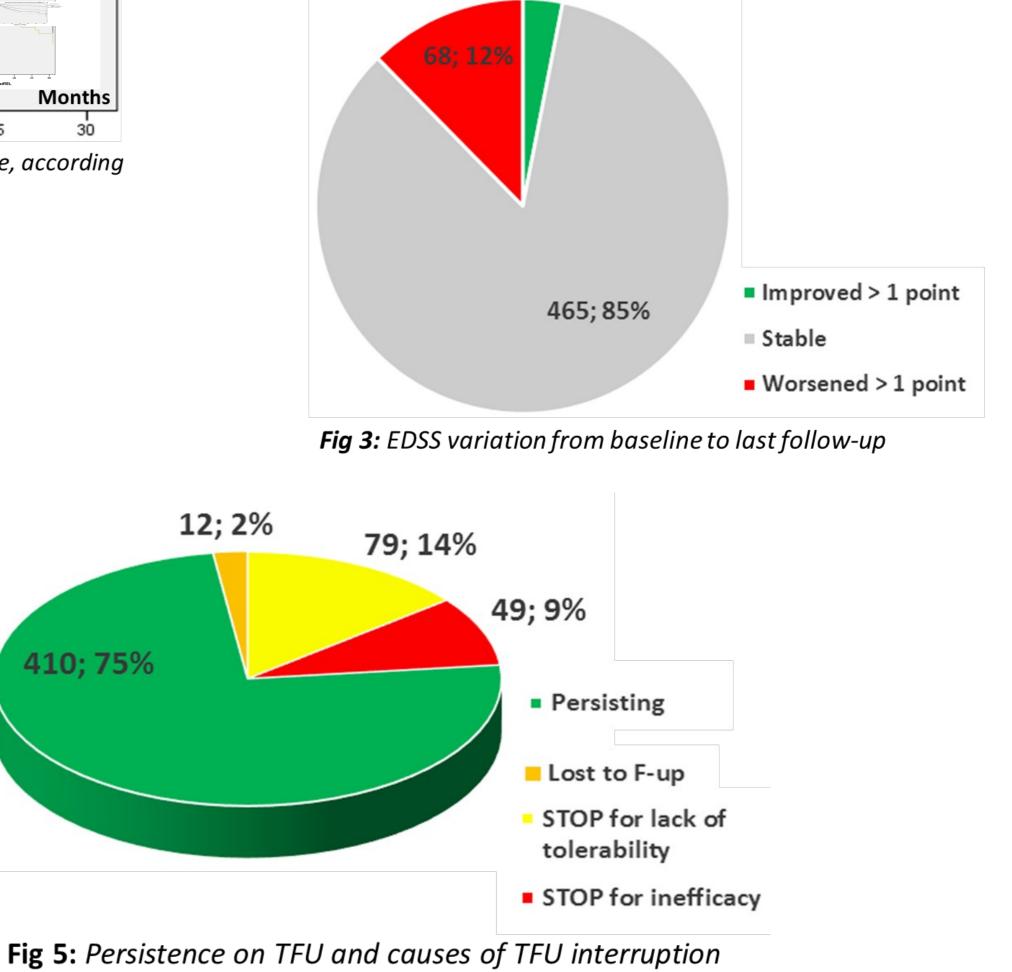


Fig 2: Relapse-free survival Kaplan – Meier curve, according to patient type.

*Fig 1:* Annualized relapse rate (ARR) according to patients type, 2 y before (darker color bars) and after (lighter color bars) TFU start. Error bars represent standard error



**Fig 4:** *TFU tolerability profile* 



(n = number of patients)

**Conclusions:** Even with the limitations of an open label study, our data confirm the efficacy and tolerability profile of TFU, especially as a first-line agent or alternative to

