

Stefan Braune,¹ Gillian Ingram,² Finn Sellebjerg,³ Jeppe Romme Christensen,³ Peter Vestergaard Rasmussen,⁴ Henrik Boye Jensen,⁵ Sivagini Prakash,⁶ Arnfin Bergmann,¹ James Witts,⁷ Owen R Pearson,² Rod Middleton,⁷ Jana B. Jarecki,⁸ Yanic Heer,⁸ Ana Ferro,⁹ Juan Acosta,¹⁰ NTD Study group,¹ Melinda Magyari³

¹NeuroTransData Registry, Neuberg, Germany; ²Neurology Department, Morriston Hospital, Swansea Bay University Health Board, Port Talbot, United Kingdom; ³Danish Multiple Sclerosis Center, Copenhagen University Hospital - Rigshospitalet, Glostrup, Denmark; ⁴Department of Neurology, Aarhus University Hospital, Aarhus, Denmark; ⁵Department of Brain and Nerve Diseases, Lillebaelt Hospital, University Hospital of Southern Denmark, Denmark; ⁶Department of Neurology, Viborg Hospital, Denmark; ⁷UK Multiple Sclerosis Register, Swansea University, Swansea, United Kingdom; ⁸Rewoso – real world solutions, Zurich, Switzerland; ⁹Roche Products Ltd, United Kingdom; ¹⁰F. Hoffmann-La Roche Ltd, Basel, Switzerland

OBJECTIVE

To describe the baseline characteristics and treatment patterns of people with multiple sclerosis (pwMS) initiating treatment with ocrelizumab subcutaneous (OCR SC) in Denmark, Germany, and the United Kingdom.

KEY TAKEAWAYS

Characteristics of patients with MS who start OCR SC appear similar in Denmark, Germany, and the UK.

After the recent launch of OCR SC, most patients in this study had previously received treatment with OCR IV.

In Germany, the decision to start OCR SC was substantially driven by patient preferences, highlighting the significance of considering patients’ perspective in joint treatment decision making.

BACKGROUND

- In 2024, OCR SC* was authorized in Europe for the treatment of patients with relapsing forms of MS (RMS) and early primary progressive MS (PPMS) [1] [2]
- The new OCR SC offers pwMS a convenient and time-efficient option for treatment application compared to intravenous
- Following the recent approval, real-world insights into OCR SC treatment are emerging

METHODS

- **Design:** Retrospective real-world cohort study
- **Setting:** Danish MS Registry [3], German NeuroTransData Registry [4], United Kingdom MS Register [5]
- **Population:** pwMS initiating OCR SC from the approval date—June 2024 in Denmark and Germany and July 2024 in the United Kingdom—until February 2025
- **Methods:** Continuous variables summarized as mean (SD) within countries and meta-analytically aggregated across countries, and numerical as counts and proportions. Index date: start of OCR SC. Categories with N < 5 were grouped for data protection reasons

RESULTS

- Initial uptake of OCR SC primarily consists of patients switching from OCR IV to SC
- Treatment with OCR SC was also observed in patients previously treated with other DMTs, including ofatumumab, or in DMT naïve patients (<4% in DK and GER, <14% in UK) as first line therapy

Table 1. Baseline Characteristics at OCR SC Start by Country

Characteristic ¹	Denmark N = 545	Germany N = 79	United Kingdom N = 35
MS form			
PPMS or SPMS	111 (20.4%)	18 (22.8%)	< 5
RRMS	434 (79.6%)	61 (77.2%)	> 30
Gender			
Female	323 (59.3%)	49 (62.0%)	27 (77.1%)
Age at OCR SC start	45.6 (10.0)	48.5 (10.1)	46.0 (8.7)
EDSS around index (-1y, +90d post-index)	3.1 (2.2)	3.7 (2.2)	3.1 (2.2)
Unknown	242	11	11
Years since first diagnosis	11.5 (7.8)	13.6 (8.9)	10.1 (6.2)
Years since manifestation	14.07 (8.65)	15.46 (9.00)	15.24 (8.01)
Crude annual relapse rate in 12 mo. before index	0.05 (0.24)	0.09 (0.29)	0.05 (0.23)
Relapses in 12 mo. before index, grouped			
None	519 (95.2%)	72 (91.1%)	18 (94.7%)
≥ 1	26 (4.8%)	7 (8.9%)	< 5
Unknown	< 5	< 5	> 10
Number of unique prior DMTs, excluding OCR IV	1.8 (1.4)	1.6 (1.5)	0.8 (1.0)
Number of unique prior DMTs			
0 (DMT naïve = no prior DMT)	19 (3.5%)	< 5	< 5
1 (OCR IV prior)	221 (40.6%)	39 (49.4%)	13 (22.9%)
1 (other DMTs prior)	14 (2.6%)	< 5	< 10
≥ 2 (OCR IV or other DMTs prior)	291 (53.4%)	34 (43.0%)	9 (25.7%)
Prior DMT, incl. OCR			
Ocrelizumab (IV)	478 (87.7%)	70 (88.6%)	26 (74.3%)
Dimethyl fumarate	5 (0.9%)	< 5	< 5
Fingolimod	8 (1.5%)	0 (0.0%)	< 5
Natalizumab	14 (2.6%)	0 (0.0%)	< 5
Ofatumumab	6 (1.1%)	< 5	< 5
Supportive care ²	19 (3.5%)	< 5	5 (14.3%)
Teriflunomide	6 (1.1%)	0 (0.0%)	< 5
Others ³	9 (1.7%)	9 (11.4%)	< 5
Prior DMT’s administration mode, including OCR			
IV	484 (92.5%)	71 (93.4%)	26 (96.3%)
IM or SC	17 (3.3%)	< 5	< 5
Oral	22 (4.2%)	< 5	< 5
Unknown	22	< 5	8

¹ n (%); Mean (SD).
² Supportive care defined as no prior OCR IV and no prior DMT in the 90 days before OCR SC; can have DMTs before 90 days.
³ Others category can include e.g., alemtuzumab, cladribine, daclizumab, diroximel fumarate, glatiramer acetate, interferon, ozanimod, rituximab, and for Germany and the UK may include also the DMTs/supportive care that are masked in the table.

Table 2. Baseline Characteristics at OCR SC Start by Prior DMTs Aggregated Across Denmark, Germany, United Kingdom

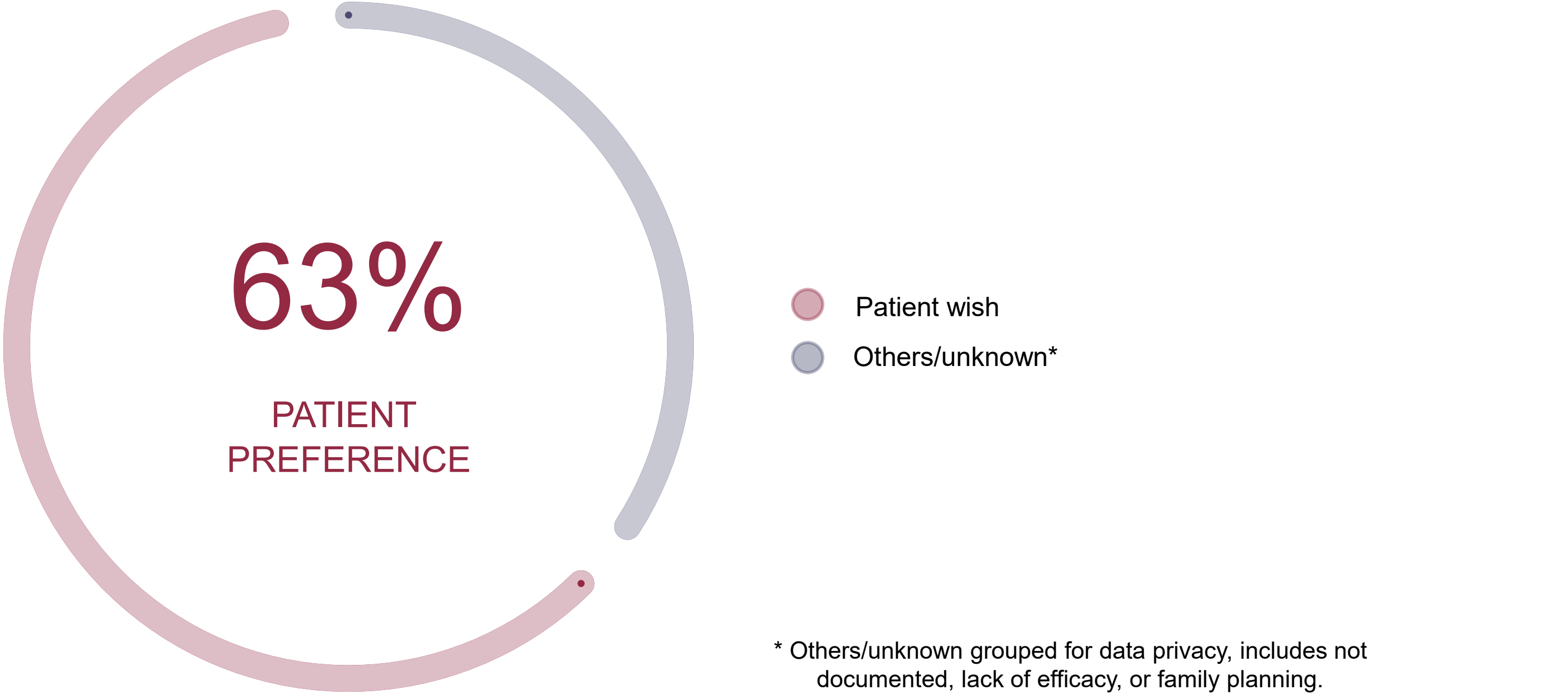
Characteristic ¹	Prior Ocrelizumab IV N = 574	Prior Other DMTs N = 61	Prior Supportive Care ² N = 24
MS form			
PPMS or SPMS	110 (19.16%)	12 (21.1%)	8 (42.1%)
RRMS	464 (80.84%)	49 (80.33%)	16 (66.67%)
Gender			
Female	343 (59.76%)	42 (68.85%)	14 (58.33%)
Age at OCR SC start	46.18 (45.37–47.00)	46.24 (43.60–48.88)	42.31 (39.17–45.44)
EDSS around index (-1y, +90d)	3.19 (2.96–3.43)	3.40 (2.75–4.04)	3.10 (2.31–3.89)
Unknown	239	22	3
Years since first diagnosis	11.98 (11.36–12.59)	11.46 (9.12–13.81)	3.19 (0.83–5.54)
Years since manifestation	14.66 (13.97–15.35)	14.15 (11.69–16.60)	6.29 (3.50–9.08)
Crude annual relapse rate in 12 mo. before index	0.03 (0.02–0.05)	0.26 (0.14–0.38)	0.16 (0.37)
Relapses in 12 mo. before index, grouped			
0	546 (96.98%)	44 (75.86%)	19 (86.36%)
≥ 1	17 (3.02%)	14 (24.14%)	3 (13.64%)
Unknown	11	< 5	< 5

¹ n (%), meta-analytic mean (95% CI). Aggregation across countries form summary results in UK and raw data in Denmark and Germany by summation for counts and for continuous variables by meta-analytic mean, assuming fixed effects, common variances, REML between-study variance estimation.
² No prior OCR IV and no prior DMT up to 90 days before OCR SC (can have DMTs earlier).

REASONS FOR TRANSITIONING TO OCR SC

- In the German NTD Registry, patient preference was the main reason for switching to OCR SC

Figure 1. Reason for Switch to OCR SC in Germany (n=66)



TREATMENT PATHWAYS UP TO 2 DMTs BEFORE OCR SC

Figure 2. Treatment Journeys of Treated PwMS From Up to Two DMTs Prior to OCR SC in Germany and Denmark

