

Treating MS

New medicines, strong evidence, better practice?

September 2015

A Treatment Revolution for RRMS

- Over the past 20 years there has been a revolution in treatments for relapsing remitting MS
- There are now 11 disease-modifying treatments (DMTs) licensed
- We now have good evidence that DMTs can:
 - decrease the number and severity of relapses
 - delay the worsening of disability
 - slow down the speed at which it happens
- People are faced with the difficulty of deciding when - if at all - to take a DMT, and which DMT would be best for them



Making decisions about treatments

- There are many factors for people to take into account when choosing a DMT
- For example, DMTs vary in their efficacy, and as a general rule, the more effective treatments tend to have more severe potential side effects

Efficacy

First line

Second line

High efficacy

alemtuzumab

natalizumab

Good efficacy

dimethyl fumarate

fingolimod*

Moderate efficacy

5 beta interferons

glatiramer acetate

teriflunomide

*The most recent ABN guidance suggests that fingolimod can also be used as the first drug treatment for people with highly active relapsing remitting MS.

Making decisions about treatments

- There is also a choice of administration method
- So making a decision about which treatment to take can be difficult

Type

First line

Second line

Infusion

alemtuzumab

natalizumab

Oral

teriflunomide

dimethyl fumarate

fingolimod*

Injection

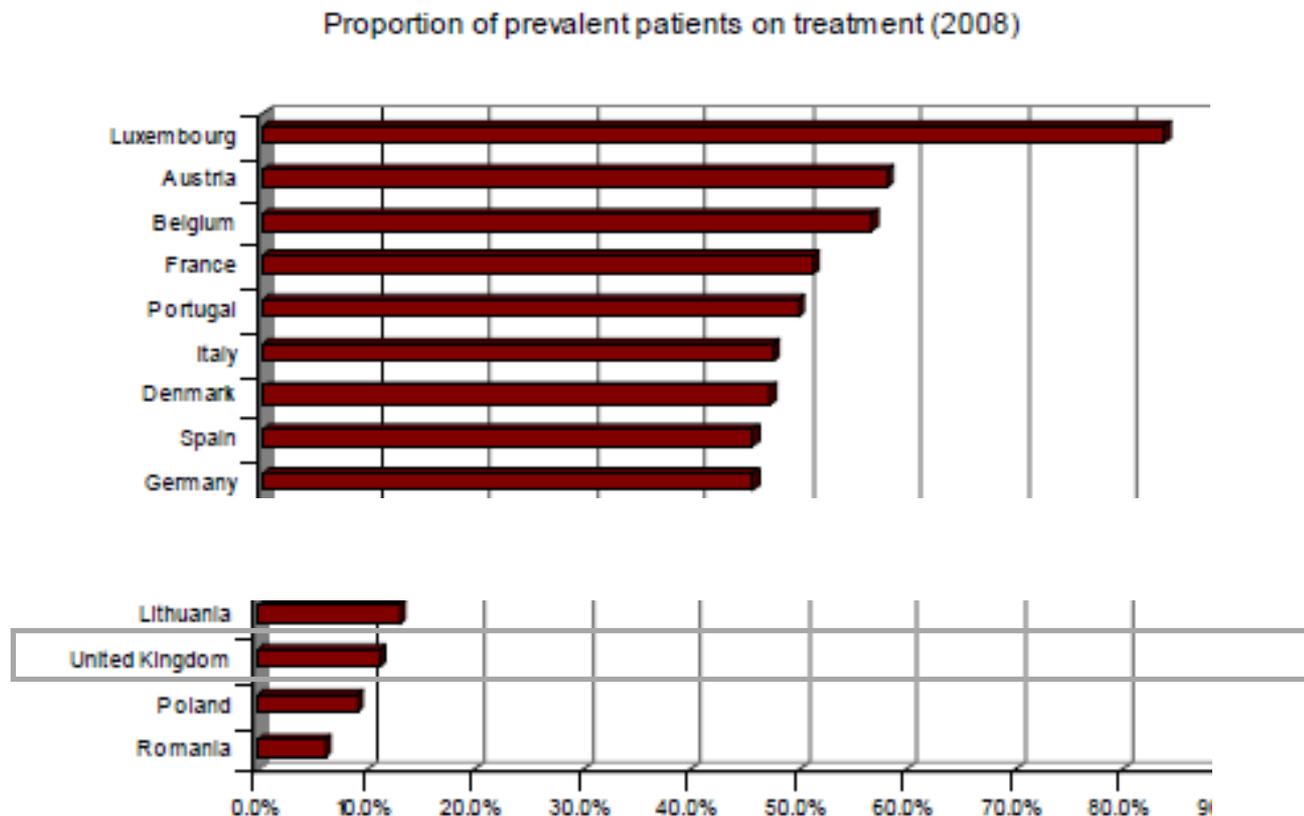
5 beta interferons

glatiramer acetate

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Access to medicines – European context

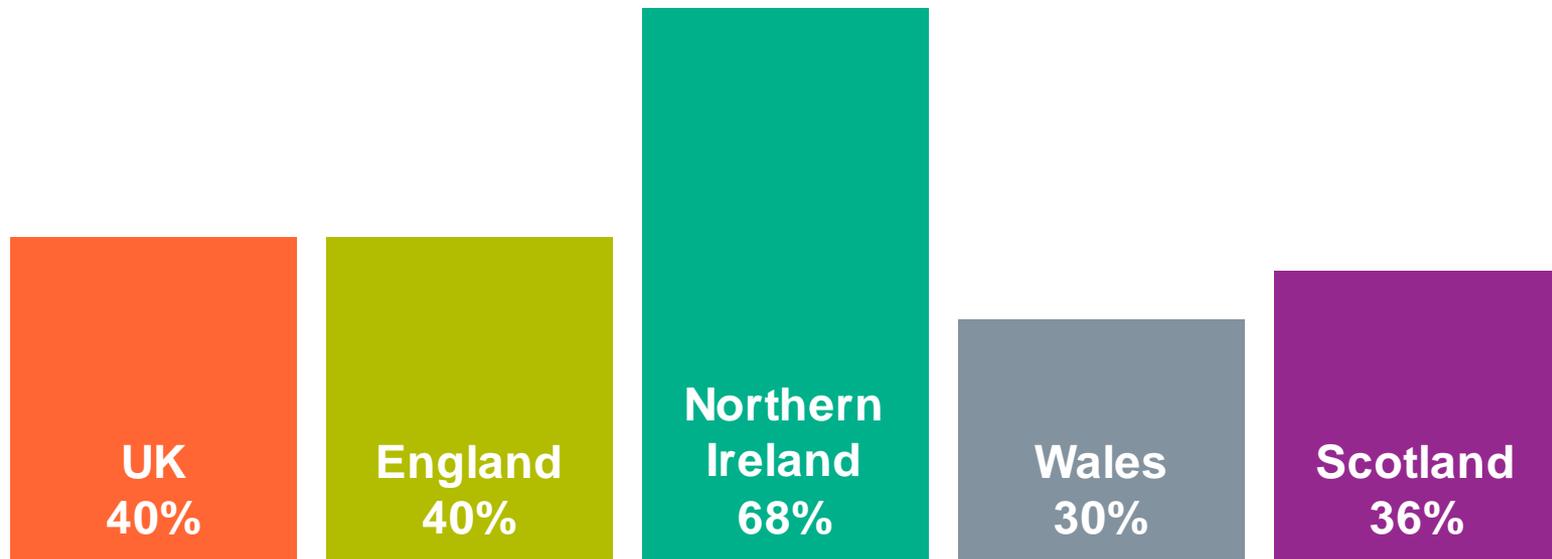
For people in the UK with relapsing remitting MS, the dominant treatment choice is still *no treatment*.



In 2009, the UK was ranked 25th out of 27 European countries on the proportion of people using DMTs; we only outperformed Poland and Romania.

Access to DMTs for relapsing MS - variation across the UK

More recently, in 2013, our Lottery of Treatment and Care report showed that across the UK 60% of people with relapsing forms of MS are currently *not* taking any of the licensed DMTs.



The current evidence...

- Experts used to think that in MS when you had a 'relapse' it meant symptoms appeared and/or quickly got worse and then went away - so you were in 'remission'.
- Thanks to wider use of MRI scanning we now have new evidence that when symptoms get better MS hasn't remitted.
- Even when you're not having a relapse, MS may still be causing damage in your brain and spinal cord, damage that can't be put right.
- This has changed what we understand about MS and how we should treat it.
- You can think of MS like an iceberg...
- The things above the surface are the relapses we can see. These are above the clinical threshold.
- But even when nothing is going on above the surface, underneath there may still be damage happening, like new lesions appearing and brain atrophy (shrinkage over time).
- See next slide for MS iceberg illustration.

The MS iceberg

Above the surface

Documented relapses

Unreported relapses

Clinical threshold

Below the surface

Subclinical relapses,
visible on MRI

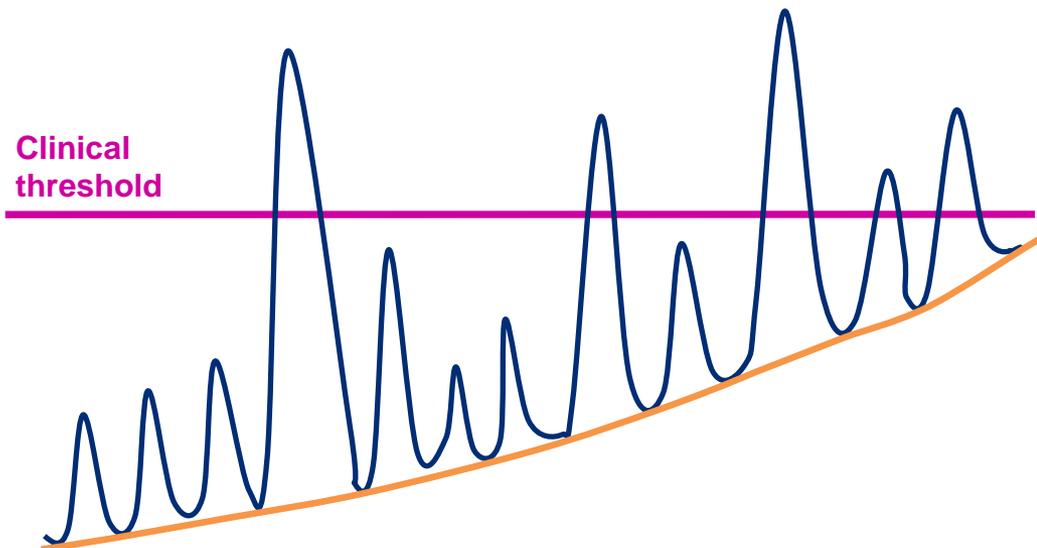
Focal grey and white matter
lesions not detected by MRI

Brain atrophy
(shrinkage)

The Evolution of MS

We can break this down further to look at what this means for treating MS...

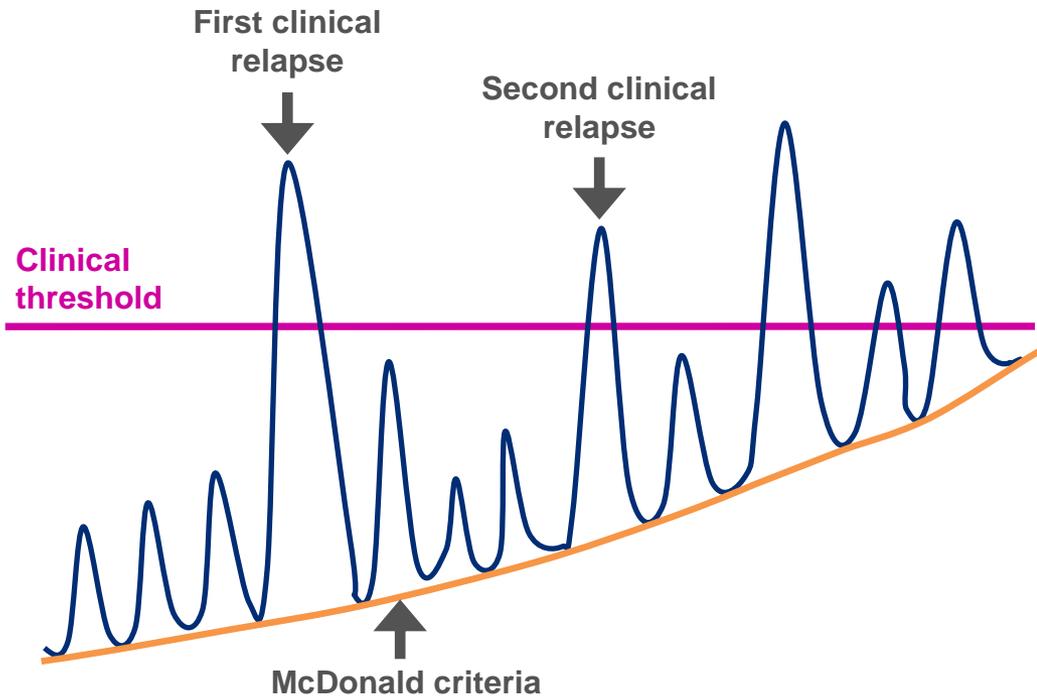
Relapsing remitting MS



- This diagram shows the damage occurring in MS.
- The orange line represents the underlying damage in MS building up over time.
- The blue line shows the peaks of disease activity that are contributing to the damage.
- The horizontal line is the clinical threshold. When disease activity goes above this level this is when symptoms appear, in the form of a relapse (this line is the surface of the water for the iceberg).
- You can see the damage happening under the surface again.

The Evolution of MS

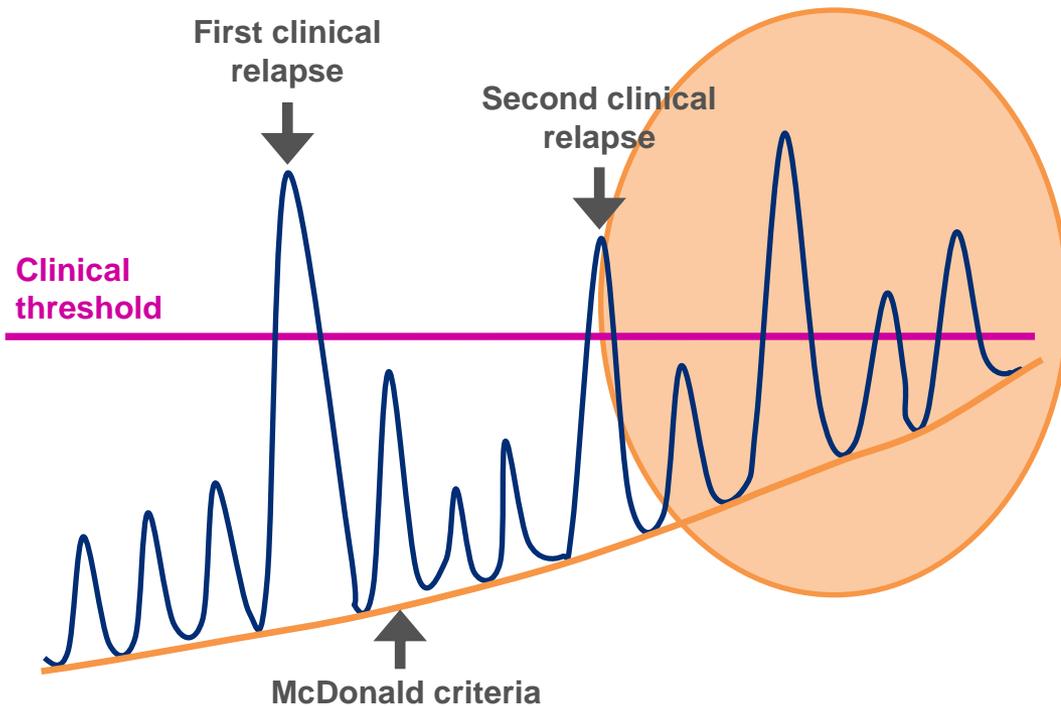
Relapsing remitting MS



- So you can see here the first clinical relapse, the second clinical relapse and so on...
- Someone might be diagnosed with MS once they have met the McDonald criteria, indicated at the bottom of the graph (of course we know for some people it can take longer).

The Evolution of MS

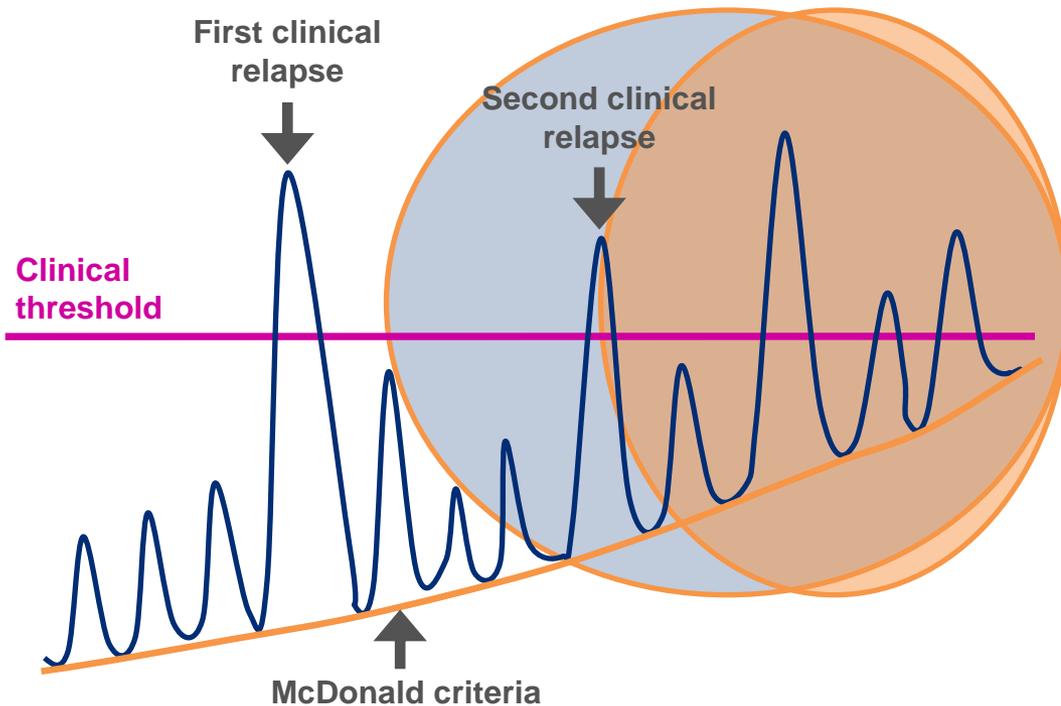
Relapsing remitting MS



- At the moment the orange oval represents the people with MS that are on treatment
- They've had a couple of relapses and they've decided to start a DMT

The Evolution of MS

Relapsing remitting MS



- But the blue circle is the population that could be treated if people were treated early – a much bigger group. We estimate this could be around 27,000 people.
- Crucially, for people in that group early treatment could mean that they get onto a DMT before significant damage builds up.

MS Society Scientific Meeting

- With growing evidence around DMTs being published, the MS Society co-ordinated a meeting to bring together people affected by MS, neurologists, MS nurses and other healthcare professionals.
- The meeting was held to discuss whether early treatment matters in terms of long term outcomes for people with MS.
- A consensus was reached among those in the group that on the balance of evidence available, early treatment with a DMT can improve long term outcomes for people with RRMS, compared to a later initiation of treatment.
- Importantly – the new evidence doesn't mean that starting treatment later will not have any benefits, it can still be beneficial.
- But we need to **bring an end the 'wait and see' culture** that exists for DMTs currently.



We're not alone...

- The National MS Society in the USA have also recently published a consensus paper which reaches very similar conclusions around early treatment.
- The Association of British Neurologists (ABN) issued new guidelines in 2015 which also recommend treatment starting as close to diagnosis as possible.
- And finally, a major new report is due to be published autumn 2015, written by an international group of researchers recommending early treatment.



What people with relapsing forms of MS need

- A fast, accurate diagnosis
- **Treatment to be offered as soon as possible after diagnosis**
- Regular MRI scans to monitor their MS
- A quick change in their treatment when MRI scans show it isn't working well
- A thorough review of their MS once a year
- Quality information on how MS is treated
- The skills and confidence to play an equal role in deciding the best treatment for them



Support available for Volunteers

- This presentation
- Early Treatment FAQs document
- MS Helpline – 0800 800 8000
- More MS Society produced resources – details at <http://volunteers.mssociety.org.uk/early-treatment>

Some people will be able to act on the news and some won't. For some, the news may be difficult to hear. Some will already have heard the news.

We know that this may affect some of your or your families personally and want to take this opportunity to remind you that the MS Helpline is there for you if you need it.