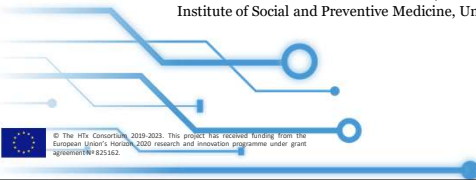



**Personalized predictions under several treatment options:
An online tool for patients with relapsing-remitting multiple sclerosis**


EMSP Annual Conference, 29-30/4/2022

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1




Background

“Which treatment is the best for a specific patient based on an outcome of interest?”



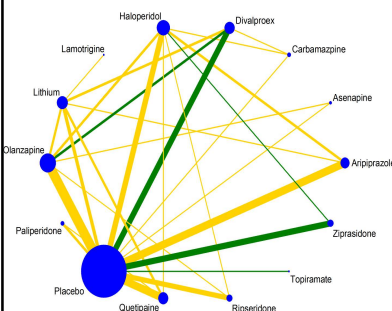
Different patients often have different health outcomes under the same treatment

2




Background

“Which treatment is the best for a specific patient based on an outcome of interest?”



Doctors often have to decide between several treatment options

3



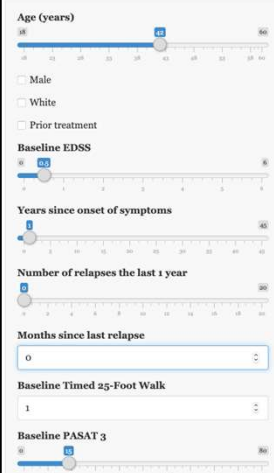
One size does not fit all

Treatment choice is (or should be) personalised
Not all patients have the same response to the same treatment
Heterogeneous Treatment Effects

The optimal treatment depends on patients' characteristics.

2

4



Patient A

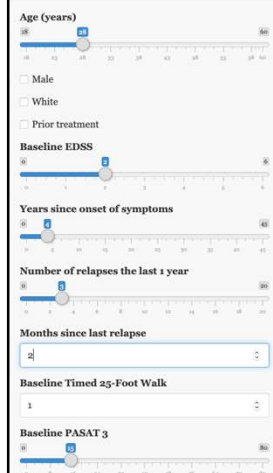
Predicted probabilities to relapse in two years
 Dimethyl Fumarate - 25 % / Glatiramer Acetate - 28 % / Natalizumab - 27 % / Placebo - 50 %

Ranking of predicted probabilities to relapse in two years

1. The lowest probability to relapse is under treatment:
Dimethyl Fumarate with 24.8 % probability to relapse.
2. Second best choice based on the probability to relapse:
 Natalizumab with 26.6 % probability to relapse.

3

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Patient B

Predicted probabilities to relapse in two years
 Dimethyl Fumarate - 71 % / Glatiramer Acetate - 75 % / Natalizumab - 58 % / Placebo - 84 %

Ranking of predicted probabilities to relapse in two years

1. The lowest probability to relapse is under treatment:
Natalizumab with 58 % probability to relapse.
2. Second best choice based on the probability to relapse:
 Dimethyl Fumarate with 71.4 % probability to relapse.

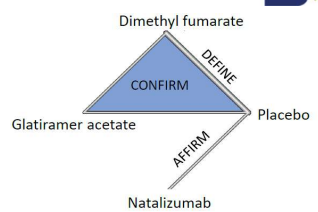
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Data

Randomized clinical trials (RCTs)

- 3 phase III RCTs - 2990 participants
- Placebo-arms from 9 phase III RCTs
1083 participants



Observational data – Swiss MS Cohort (SMSC)
<https://dkf.unibas.ch/en/competencies/registries-cohorts/swiss-ms-cohort/>

Started in June 2012, 8 centres in Switzerland

- 1554 patients
- 10'651 visits (median follow-up 5.7 years)

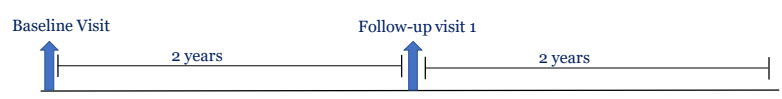
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7

Data

Observational data – Swiss MS Cohort (SMSC)

We included only patients with RRMS with at least 2 years of follow-up




Number of follow-up cycles	Number of patients
1	324
2	405
3	206

935 participants were included with 1752 two-year cycles


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Baseline characteristics of participants 

Study	Treatment	Number of patients	Number of patients experiencing relapse at two years (%)	Mean age (sd)	Number of females (%)	Mean baseline EDSS score (sd)	Mean Baseline risk (prior to treatment) (95%CrI)
SMSC	Total	935	191 (20.4)	40.8 (11.2)	631 (67.5)	2.3 (1.4)	20.1 (2.8, 37.5)
	Placebo	467	95 (20.3)	40.8 (11.2)	316 (67.5)	2.3 (1.4)	20.1 (2.8, 37.5)
AFFIRM	Total	939	359 (38.2)	36.0 (8.3)	657 (70.0)	2.3 (1.2)	36.5 (18.8, 54.1)
	Natalizumab	627	183 (29.2)	35.6 (8.5)	449 (71.6)	2.3 (1.16)	
	Placebo	312	176 (56.4)	36.7 (7.8)	208 (66.7)	2.3 (1.19)	
CONFIRM	Total	1417	451 (31.8)	37.3 (9.3)	993 (70.1)	2.6 (1.2)	37.2 (18.6, 55.7)
	Dimethyl fumarate	703	185 (26.3)	37.8 (9.4)	495 (70.4)	2.5 (1.2)	
	Glatiramer acetate	351	117 (33.3)	36.7 (9.1)	247 (70.3)	2.6 (1.2)	
	Placebo	363	149 (41.0)	36.9 (9.2)	251 (69.1)	2.6 (1.2)	
DEFINE	Total	1234	394 (31.9)	38.5 (9.0)	908 (73.6)	2.4 (1.2)	36.9 (17.7, 56.0)
	Dimethyl fumarate	826	212 (25.7)	38.5 (9.0)	602 (72.9)	2.4 (1.2)	
	Placebo	408	182 (44.6)	38.5 (9.1)	306 (75)	2.5 (1.2)	
Placebo arms dataset	Placebo	1083	301 (27.8)	41.2 (10.3)	752 (69.4)	NA	NA


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R-Shiny app

<https://cinema.ispm.unibe.ch/shinies/srrms/>


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Discussion 


A tool like that should include ***all the available treatments.***
Possible, when at least one IPD study includes each of the available treatments (challenging), or when more information about all treatments is available in Cohort studies

Validation is needed before a tool like that can be used in clinical practice (ongoing work).

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Thank you for your attention!



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