

# Exploring the differences between treated and never treated PwMS in the German MS Register

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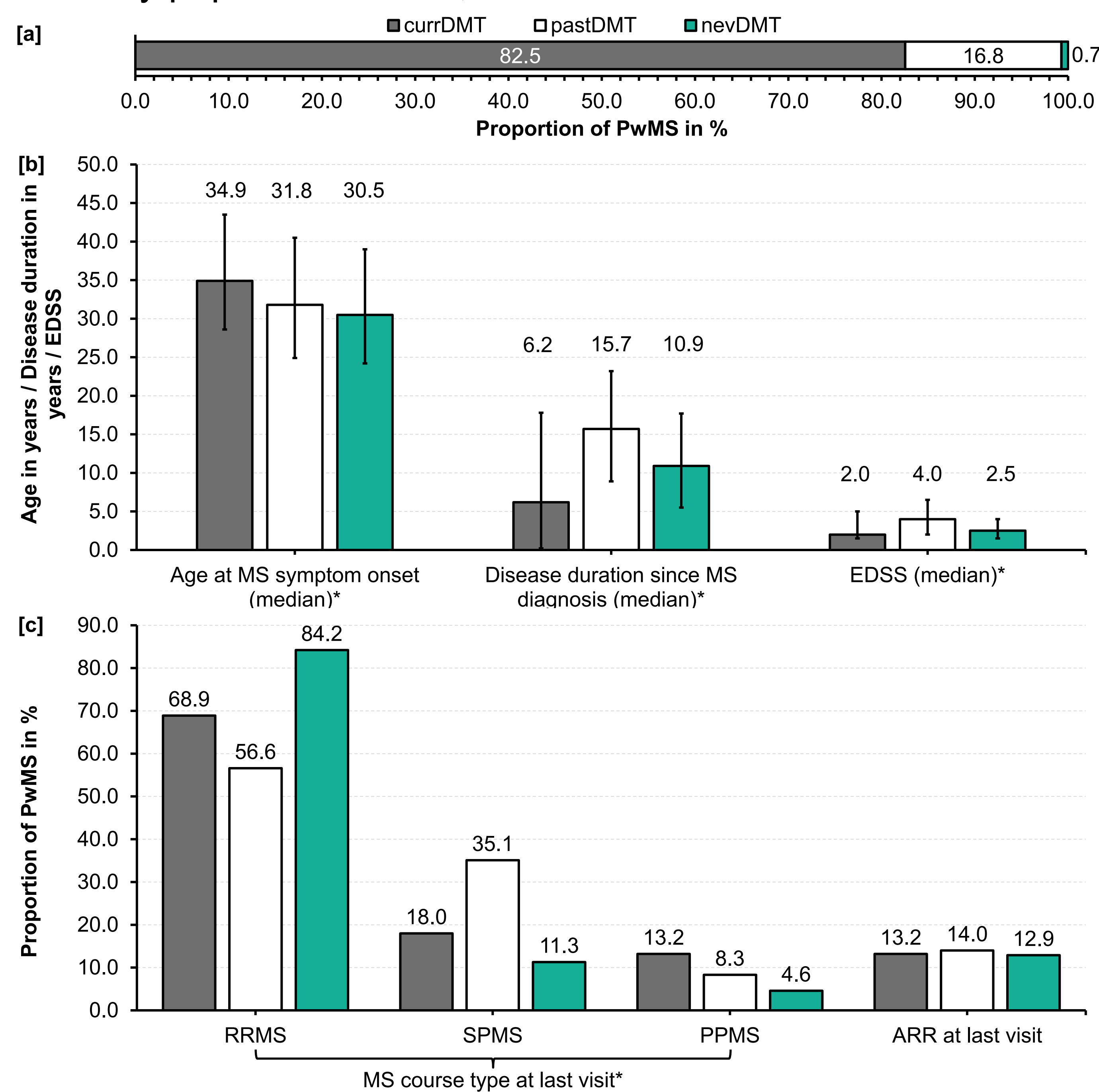
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## Introduction

Disease-modifying therapies (DMTs) are prescribed to reduce the frequency and severity of relapses, and to slow disease progression in patients with MS (PwMS). However, some PwMS never receive DMTs, although the vast majority of PwMS in Germany are covered by health insurance.

## Results

- Study population: N=23,430



**Figure 1.** Comparison of nevDMT, pastDMT and currDMT regarding age, ARR, disease course, disease duration and EDSS. [a] provides the categorisation of included PwMS into nevDMT, pastDMT and currDMT. In [b], the median values of age, disease duration and EDSS are shown. The whiskers represent the 25% and 75% quantiles, respectively. In [c], the proportions of PwMS are presented. ARR – annualized relapse rate, currDMT – currently treated PwMS, DMT – disease-modifying therapy, EDSS – expanded disability status scale, nevDMT – PwMS who have never received any DMT, pastDMT – PwMS who discontinued their previous DMT, PPMS – primary progressive MS, PwMS – people with multiple sclerosis, RRMS – relapsing-remitting MS, SPMS – secondary progressive MS, \* –  $p < 0.001$

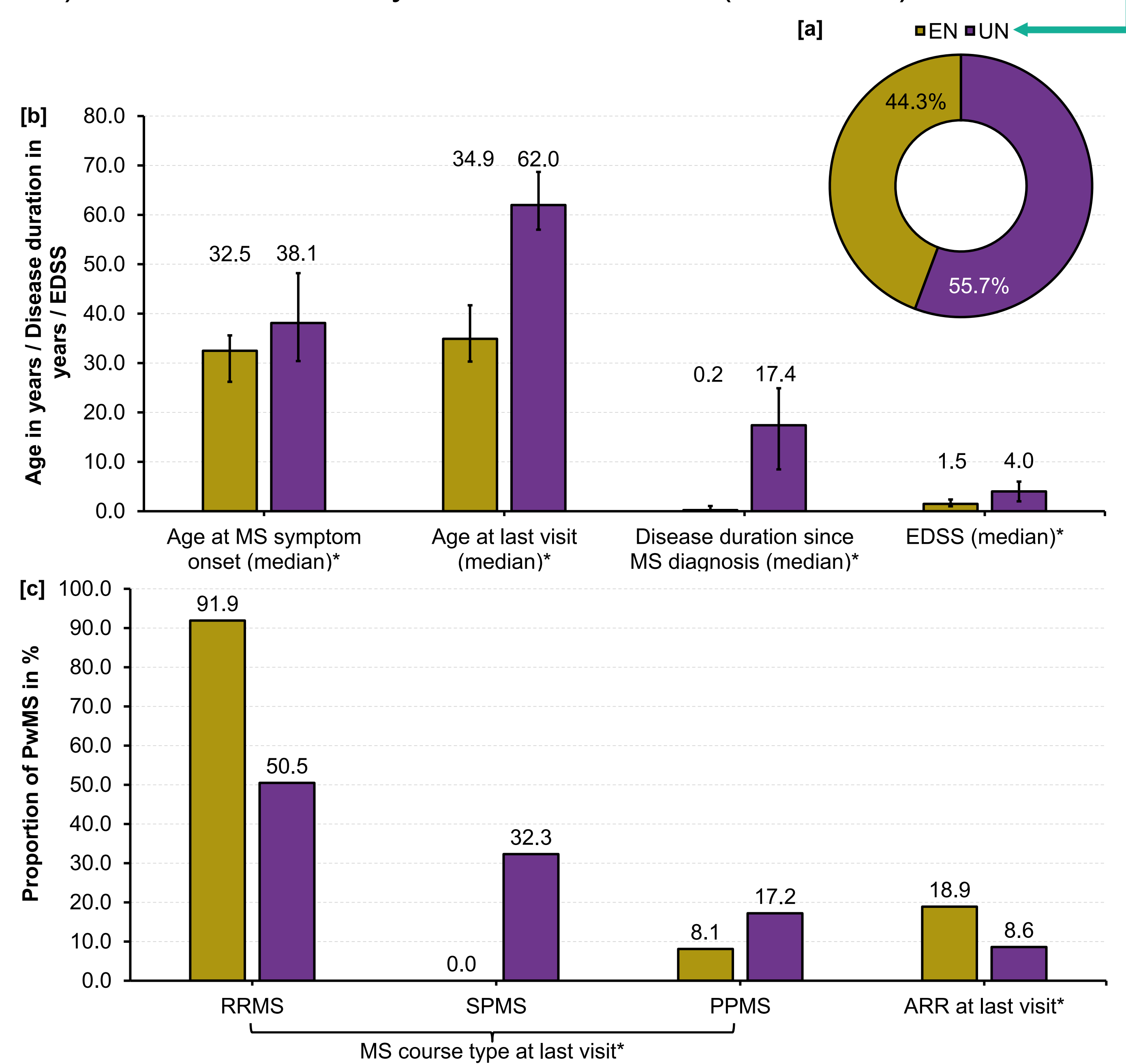
## Objectives/Aims

- 1) To ascertain the proportion and characteristics of PwMS who have never received any DMT (nevDMT)
- 2) To compare one-year annualised relapse rates (ARRs) of currently treated PwMS (currDMT), nevDMT and currently untreated PwMS who discontinued their previous DMT (pastDMT)

## Methods

- Data from the German MS Register from 2000 to 02/2025 were included, encompassing clinical and demographic variables
- Inclusion criteria:
  - Confirmed MS diagnosis
  - Documented diagnosis date
- Cluster analysis was conducted for the nevDMT group, exploring subgroups by age/disease duration

- nevDMT (n=167): classified into early still DMT-naïve PwMS (EN: n=74) + late continuously untreated PwMS (UN: n=93)



**Figure 2.** Comparison of EN and UN regarding age, ARR, disease course, disease duration and EDSS. [a] provides the categorisation of nevDMT into EN and UN. In [b], the median values of age, disease duration and EDSS are shown. The whiskers represent the 25% and 75% quantiles, respectively. In [c], the proportions of PwMS are presented. ARR – annualized relapse rate, DMT – disease-modifying therapy, EDSS – expanded disability status scale, EN – early still DMT-naïve PwMS, nevDMT – PwMS who have never received any DMT, PPMS – primary progressive MS, PwMS – people with multiple sclerosis, RRMS – relapsing-remitting MS, SPMS – secondary progressive MS, UN – late continuously untreated PwMS, \* –  $p < 0.001$

## Conclusion

- The decision not to receive DMT is not based on a homogeneous patient group → influenced by various factors such as age, disease stage, disease activity and progression
- Variability within the nevDMT group → reasons for not receiving therapy are complex
- Further research is needed to better understand the long-term consequences and decision-making process

### Disclosure of conflict of interest:

Firas Fneish, Melanie Peters, Mathias Kirstein, David Ellenberger, Dagmar Krefting and Michaela Mai have nothing to disclose. Alexander Stahmann has no personal pecuniary interests to disclose, other than being the lead of the German MS Register, which receives (project) funding from a range of public and corporate sponsors, recently including The German Innovation Fund (G-BA), The German Retirement Insurance, The German MS Trust, The German MS Society, Bristol Myers Squibb, Merck Healthcare Germany GmbH, Novartis Pharma GmbH, Roche Pharma AG and TG Therapeutics/Neuraxpharm. Peter Flachenecker has received speaker's fees and honoraria for advisory boards from Almirall, Bayer, Biogen Idec, BMS-Celgene, Coloplast, Genzyme, GW Pharma, Hexal, Janssen-Cilag, Novartis, Merck, Roche, Sanofi, Stadapharm, and Teva. Kerstin Hellwig has received speaking fees and/or institutional grant support from Bayer, Biogen, BMS, Merck Serono, Novartis, Roche, Sanofi-Genzyme, and Teva. Christoph Kleinschnitz has received speaker's fees, honoraria for attending advisory boards, and financial support for conducting research projects from Merck Serono GmbH Germany, and Merck KGaA Germany. Klaus Berger received a grant from the German Ministry of Education and Research (within the German Competence Net Multiple Sclerosis) plus additional funds from Biogen, all to the University of Münster for an investigator initiated adverse events register for patients with multiple sclerosis. Uwe K. Zettl has received speaking fees, travel support and/or financial support for research activities from Alexion, Almirall, Bayer, Biogen, Bristol Myers Squibb, Janssen, Merck Serono, Novartis, Octapharma, Roche, Sanofi Genzyme, Teva as well as EU, BMBF, BMWi, and DFG. Friedemann Paul has received speaking fees, travel support, honoraria from advisory boards and/or financial support for research activities from Bayer, Novartis, Biogen, Bristol Myers Squibb, Teva, Sanofi-Aventis/Genzyme, Merck Serono, Alexion, Chugai, MedImmune, Shire, German Research Council, Werth Stiftung of the City of Cologne, German Ministry of Education and Research, EU FP7 Framework Program, Arthur Arnstein Foundation Berlin, Guthy Jackson Charitable Foundation and National Multiple Sclerosis of the USA. He serves as academic editor for PLoS ONE and associate editor for Neurology, Neuroimmunology and Neuroinflammation. Clemens Warnke has received institutional support from Novartis, Alexion, Sanofi Genzyme, Biogen, Merck, and Roche. Niklas Frahm is an employee of the GMSR. Moreover, he is an employee of Rostock's University Medical Center and received travel funds for research meetings from Novartis. None resulted in a conflict of interest.

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