

# COVID-19 in People with Multiple Sclerosis Treated with Ocrelizumab

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## KEY FINDINGS

**THE MAJORITY OF COVID-19 CASES IN OCRELIZUMAB-TREATED CLINICAL TRIAL PARTICIPANTS WERE MILD/MODERATE IN SEVERITY AND RESOLVED; MOST OF THE CASES REPORTED IN THE POST-MARKETING SETTING WERE NON-SERIOUS AND ALSO RESOLVED**

**In the ongoing trials in patients with RMS and PPMS, the majority (85.5%) with symptomatic COVID-19 recovered or were recovering**



**Cox regression analysis in ocrelizumab-treated clinical trial patients with MS: Indicated that comorbidities may increase the likelihood of symptomatic COVID-19. Identified high BMI as the most important factor for serious COVID-19**



**In the post-marketing cohort, risk factors associated with severe COVID-19 in the general and MS populations (e.g. increasing age, male gender and comorbidities such as hypertension, obesity and diabetes) were more common among ocrelizumab-treated pwMS with severe COVID-19**

## BACKGROUND

- The ongoing COVID-19 pandemic has led to more than 230 million<sup>1</sup> confirmed cases worldwide to date and questions remain about the effects of DMTs on the immune response to the SARS-CoV-2 virus
- It is imperative for MS treatment to be maintained during the pandemic and in order to inform treatment decisions, continued and rapid dissemination of data on COVID-19 in pwMS who are receiving DMTs is crucial
- As of December 2020, >200,000 pwMS (RMS and PPMS) have been treated with OCR



**AIMS: To understand the factors that affect the development of symptomatic COVID-19 and its outcome in pwMS treated with OCR**

## METHODS

**Data sources**

**Clinical trial data:** OCR-treated pwMS in 10 ongoing Roche/Genentech clinical and post-marketing trials<sup>a</sup>

**Post-marketing case reports:** OCR-treated pwMS in the Roche/Genentech global safety database<sup>b</sup>

**Reference population for clinical trial data** Includes pwMS who were receiving ongoing OCR treatment at the beginning of January 2020 and newly enrolled patients thereafter; patients withdrawing from treatment between January 2020 and May 2021 were also included

**Confirmed COVID-19 Suspected COVID-19**

**COVID-19 cases include all confirmed and suspected reports**

**COVID-19 case severity:**

- Clinical trials reported using the CTCAE v5.0 grading system<sup>1</sup> (mild, moderate, severe, life-threatening, fatal)<sup>c</sup>
- For post-marketing reports, assigned as per Hughes *et al.* (2020)<sup>2</sup>



**Multi-variable Cox regression models were used to evaluate risk factors associated with symptomatic COVID-19 and serious vs non-serious disease<sup>d</sup>**

## RESULTS

### OCR-Treated Clinical Trial Patients

#### COVID-19 Outcomes

406 cases of COVID-19 were identified from 4,089 patients in the clinical trials; 132/406 cases were classified as serious; Of fatal cases, 6/32 occurred in each of Mexico and Poland, with 3/32 in Ukraine

#### Comorbidities<sup>a</sup> in Symptomatic/Serious Cases

Most comorbidities known to be associated with severe COVID-19 were more prevalent in those patients who suffered from serious COVID-19

Parameter	Symptomatic <sup>a</sup> COVID-19 (N=406, 9.9%) n (% of symptomatic cases)	Serious COVID-19 (N=132, 3.2%) n (% of serious cases)
<b>Confirmed, n (%)</b>		
PCR/antibody	357 (87.9)	121 (91.7)
<b>Serious<sup>b</sup></b>	132 (32.5)	-
<b>Severity<sup>c</sup>, n (%)</b>		
Mild/moderate	265 (65.3)	10 (7.6)
Severe	86 (21.2)	76 (57.6)
Life-threatening	13 (3.2)	13 (9.8)
Fatal	32 (7.9)	32 (24.2)
Missing	10 (2.5)	1 (0.8)
<b>Outcome<sup>d</sup>, n (%)</b>		
Recovered/recovering	347 (85.5)	89 (67.4)
Not resolved	18 (4.4)	11 (8.3)
Fatal	32 (7.9)	32 (24.2)
Missing	9 (2.2)	0

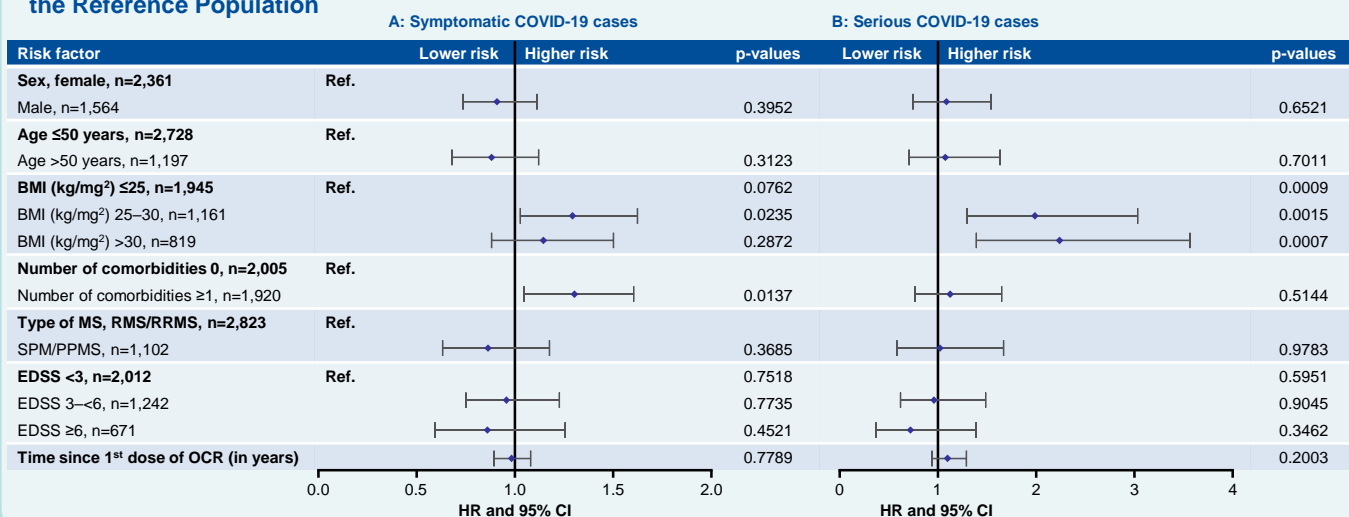
Parameter	Reference population <sup>a</sup> (N=4,089)	Symptomatic <sup>a</sup> COVID-19 (N=406)	Serious COVID-19 (N=132)
<b>Total number of patients with ≥1 comorbidity, n (%)</b>	854 (20.9)	115 (28.3)	45 (34.1)
<b>Vascular disorders, n (%)</b>			
Hypertension	529 (12.9)	69 (17.0)	26 (19.7)
Hypertension	499 (12.2)	64 (15.8)	22 (16.7)
<b>Metabolism and nutrition disorders<sup>d</sup>, n (%)</b>	214 (5.2)	31 (7.6)	11 (8.3)
Diabetes	140 (3.4)	21 (5.2)	7 (5.3)
Obesity	69 (1.7)	14 (3.4)	7 (5.3)
Hyperglycaemia	23 (0.6)	3 (0.7)	2 (1.5)
<b>Respiratory, thoracic and mediastinal disorders<sup>e</sup>, n (%)</b>	232 (5.7)	31 (7.6)	14 (10.6)
<b>Cardiac disorders<sup>f</sup>, n (%)</b>	41 (1.0)	5 (1.2)	1 (0.8)

#### Demographics by COVID-19 Risk Factors

The proportion of male patients and older patients increased with COVID-19 disease severity. The proportion of patients with fatal COVID-19 disease increased with greater EDSS score. Descriptive analysis of the baseline characteristics does not allow any conclusions regarding cause-effect relationship

Parameter	Clinical trial reference population (N=4,089)	Symptomatic <sup>a</sup> COVID-19 (N=406) n (% CT parameter reference pop <sup>a</sup> )	Serious COVID-19 (N=132) n (% CT parameter symptomatic pop <sup>a</sup> )	Fatal COVID-19 (N=32) n (% CT parameter symptomatic pop <sup>a</sup> )
<b>Sex, n (%)</b>				
Female	2,471	255 (10.3)	75 (29.4)	18 (7.1)
Male	1,618	151 (9.3)	57 (37.7)	14 (9.3)
<b>Age, n (%)</b>				
≤50 years	2,817 <sup>b</sup>	285 <sup>c</sup> (10.1)	82 <sup>c</sup> (28.8)	17 <sup>c</sup> (6.0)
>50 years	1,272 <sup>b</sup>	121 <sup>c</sup> (9.5)	50 <sup>c</sup> (41.3)	15 <sup>c</sup> (12.4)
<b>BMI, n (%)</b>				
<30	3,115	308 (9.9)	89 (28.9)	23 (7.5)
30-35	504	62 (12.3)	27 (43.5)	6 (9.7)
≥35	317	29 (9.1)	12 (41.4)	3 (10.3)
<b>Comorbidity<sup>d</sup>, n (%)</b>				
0	3,235	291 (9.0)	87 (29.9)	20 (6.9)
≥1	854	115 (13.5)	45 (39.1)	12 (10.4)
<b>Type of MS, n (%)</b>				
RMS	2,978	313 (10.5)	98 (31.3)	22 (7.0)
SPMS/PPMS	1,111	93 (8.4)	34 (36.6)	10 (10.8)
<b>EDSS<sup>e</sup>, n (%)</b>				
0-3	2,049	207 (10.1)	60 (29.0)	12 (5.8)
3-6	1,272	130 (10.2)	49 (37.7)	10 (7.7)
≥6	767	60 (7.8)	23 (38.3)	10 (16.7)
<b>Time since first OCR dose, median years (range)</b>	4.20 <sup>f</sup> (0.0-12.9)	4.75 <sup>f</sup> (0.1-12.2)	6.48 <sup>f</sup> (0.5-12.2)	6.23 <sup>f</sup> (1.0-11.0)

#### Risk Factors Associated with (A) Symptomatic<sup>a</sup> COVID-19 Cases and (B) Serious COVID-19 Cases, Within the Reference Population

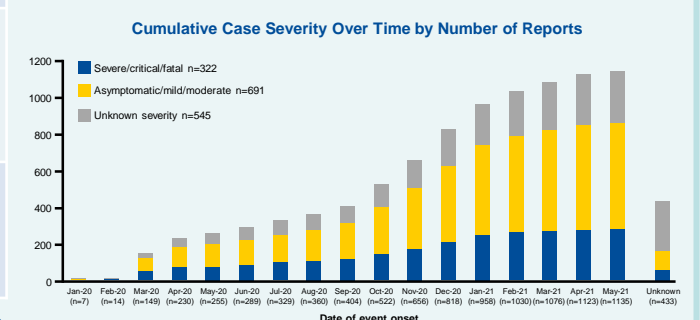
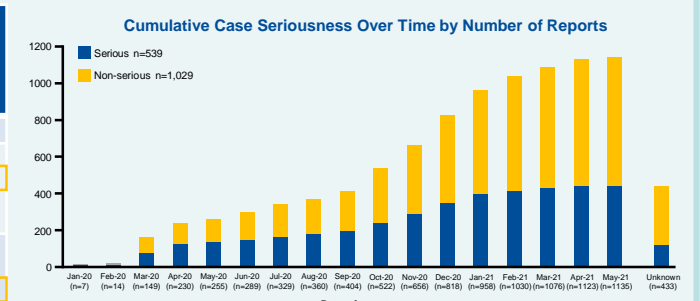


### OCR-Treated Post-Marketing Patients

#### Overview of Patient Demographics and COVID-19 Outcomes

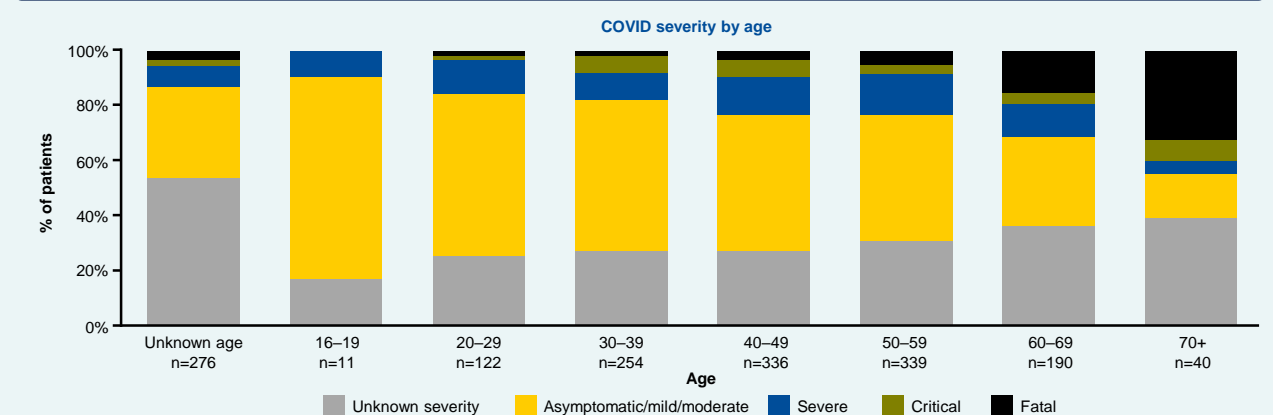
1,568 cases were identified in the global safety database as of 30 May 2021 using the company-wide standard search criteria. Most cases were non-serious (1,029/1,568 (65.6%)) not hospitalized (1,074, 68.5%) and recovered/recovering (806, 57.9%); NB: outcome was unknown/not reported in 406, 25.9% of cases) For cases with sufficient information to assess clinical severity (n=1,023), most cases were asymptomatic, mild or moderate (691/1,023, 67.5%) Clinical severity could not be assessed in 545/1,568 (34.8%) cases, but 75.4% (411/545) of these cases were non-serious Proportion of serious/severe cases has decreased over time likely reflecting improved patient management and introduction of COVID-19 vaccines

Parameter	All cases (n=1,568)	Serious cases (n=539, 34.4%)	Demographic parameters as risk factors for serious COVID (% based on all cases)
<b>Age, median years (range)</b>	48.0 (16-89) <sup>a</sup>	50.0 (18-89) <sup>b</sup>	
<b>Sex, n (%)</b>			
Male	470 (30.0)	199 (36.9)	199/470 (42.3)
Female	938 (59.8)	302 (56.0)	302/938 (32.2)
Not reported	160 (10.2)	38 (7.1)	38/160 (23.8)
<b>Type of MS, n (%)</b>			
Relapsing forms	712 (45.4)	233 (43.2)	233/712 (32.7)
Progressive forms	236 (15.1)	106 (19.7)	106/236 (44.9)
Not reported	620 (39.5)	200 (37.1)	200/620 (32.3)
<b>Severity<sup>c</sup>, n (%)</b>			
Asymptomatic, mild or moderate	691 (44.1)	80 (14.8)	N/A
Severe	187 (11.9)	180 (33.4)	N/A
Critical	64 (4.1)	64 (11.9)	N/A
Fatal	81 (5.2)	81 (15.0)	N/A
Not reported	545 (34.8)	134 (24.9)	N/A
<b>Outcomes, n (%)</b>			
Recovered or recovering	906 (57.8)	327 (60.7)	N/A
Not recovered at time of report	175 (11.2)	49 (9.1)	N/A
Fatal	81 (5.2)	81 (15.0)	N/A
Unknown/not reported	406 (25.9)	82 (15.2)	N/A

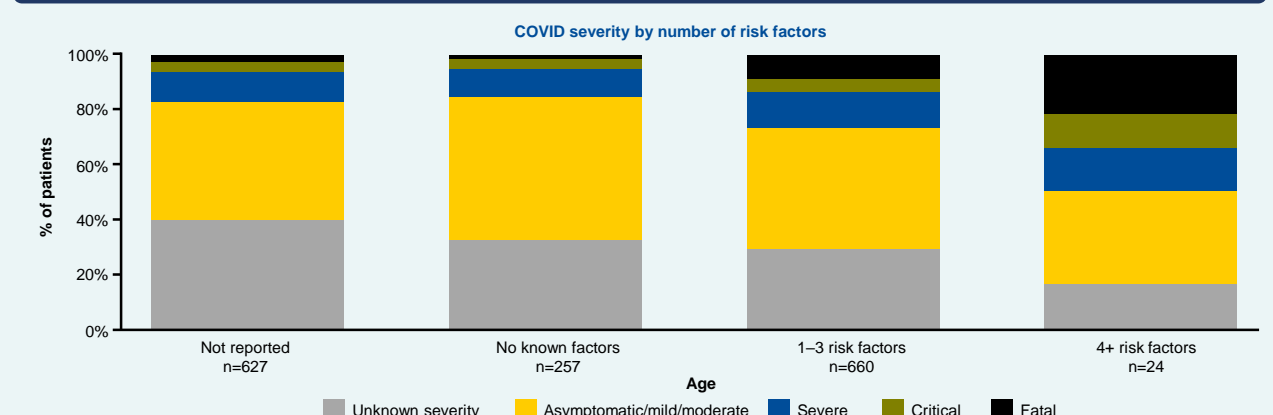


#### Factors Affecting Severity of COVID-19

COVID severity increases with increasing age – reflecting the trends seen in the general population. The proportion of severe, critical or fatal cases increased with each decade and median age also increased: 48 years (all cases) – 50 years (serious cases) – 61 years (fatal cases)



COVID-19 severity increases according to the presence/number of risk factors known to be associated with disease severity in the general population.\* NB information on risk factors was missing in 627 cases



\*Risk factors for severe COVID-19 included: age >50, hypertension, diabetes mellitus, BMI>25, chronic kidney disease, coronary heart disease, chronic pulmonary disease, asthma, dementia and malignancy.

## Disclosures

SL Hauser serves on the Board of Directors for Neurona and on scientific advisory boards for Accure, Alector, Annexon and Molecular Stethoscope; and has received travel reimbursement and writing assistance from F. Hoffmann-La Roche Ltd and Novartis for CD20-related meetings and presentations. R Gold received speakers' and board honoraria from Baxter, Bayer Schering, Biogen Idec, CLB Behring, Celgene, Eisai, Genzyme, Janssen, Merck Serono, Novartis, Roche, Sandoz, Stendhal, Talecris and Teva. His department received grant support from Bayer Schering, Biogen Idec, Genzyme, Merck Serono, Novartis and Teva. G Cutter is employed by the University of Alabama at Birmingham and is President of Pythagoras, Inc., a private consulting company located in Birmingham, AL. Data and Safety Monitoring Boards: Astra-Zeneca, Avexis Pharmaceuticals, BiolineRx, Brainstorm Cell Therapeutics, Bristol Myers Squibb/Celgene, CSL Behring, Galmed Pharmaceuticals, Mapi Pharmaceuticals Ltd, Merck, Merck/Pfizer, Mitsubishi Tanabe Pharma Holdings, Ophazyme, Opko Biologics, Neurim, Novartis, Sanofi-Aventis, Reata Pharmaceuticals, Teva, Viela Bio, NIBIB (Protocol Review Committee) and NICHD (OPRU oversight committee); Consulting or advisory boards: Alexion, Antisense Therapeutics, Biodelivery Sciences International, Biogen, Genzyme, Genentech, GW Pharmaceuticals, Immunic, Klein-Buendel Incorporated, Medimmune/Viela Bio, Medday, Merck/Serono, Neurogenesis Ltd, Novartis, Osmotica Pharmaceuticals, Perception Neurosciences, Recursion/Cerexis Pharmaceuticals, Reckover Pharmaceuticals, Regeneron, Roche, SAB Biotherapeutics and TG Therapeutics. K Fitovski is an employee and shareholder of F. Hoffmann-La Roche Ltd. H-M Schneble is an employee and shareholder of F. Hoffmann-La Roche Ltd. L Whitley is a Senior Partner at TranScrip Ltd and a consultant to F. Hoffmann-La Roche Ltd. N Jessop is an employee of F. Hoffmann-La Roche Ltd. A Sauter was an employee of F. Hoffmann-La Roche Ltd during completion of this work; she is currently an employee of Janssen Pharmaceuticals. Q Wang is an employee of F. Hoffmann-La Roche Ltd.

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