Towards better outcomes in multiple sclerosis by addressing policy change:

The International MultiPlE Sclerosis Study (IMPrESS)

http://www.lse.ac.uk/LSEHealthAndSocialCare/research/LSEHealth/MTRG/IMPRESS-Report-March-2016.pdf

EMSP, Oslo 2016

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Purpose of study

- **Provide the evidence for, and discuss, the merits of potential changes in how MS is managed**:
  - Use of better (and more accurate) diagnostic follow up to monitor disease progression
  - Earlier use of disease modifying treatments to achieve better outcomes for individuals
- **Assess the socio-economic and personal impact of such a policy change** compared to the current status

The IMPrESS (International-MultiPlE-Sclerosis-Study)

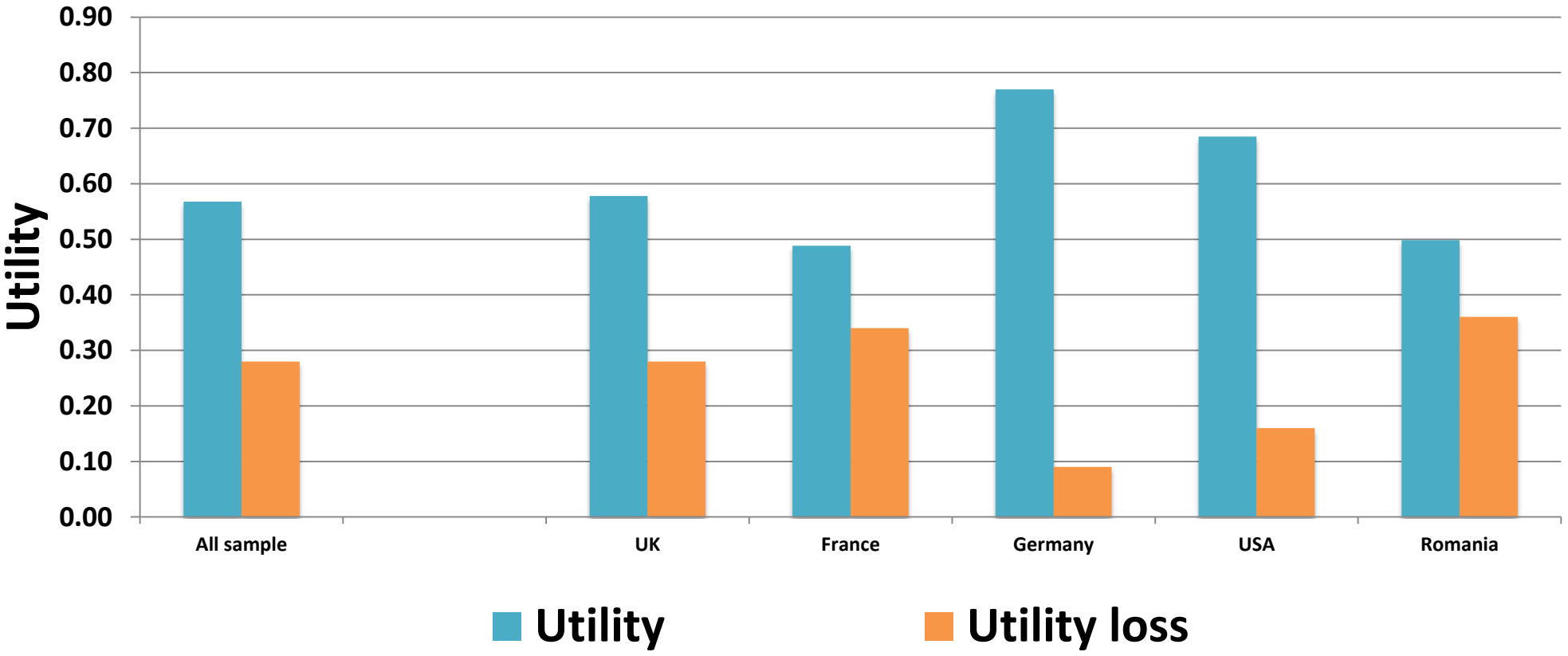
Online survey of 246 people with MS

- France 39%
- USA 29%
- Romania 18%
- UK 10%
- Germany 4%

- RRMS 66%
- SPMS 11%
- PPMS 10%
- Unknown 13%

- Differences between countries for:
  - Total cost
  - Direct medical costs
  - Indirect costs
  - Quality of life (measured by EQ-5D)

Reduction in quality of life



Health status: Aspects identified as having a big impact by PWMS

Fatigue and weakness	54%
Mobility	54%
Balance problems and dizziness	49%
Usual activities	48%
Pain/discomfort	42%
Bladder problems	38%

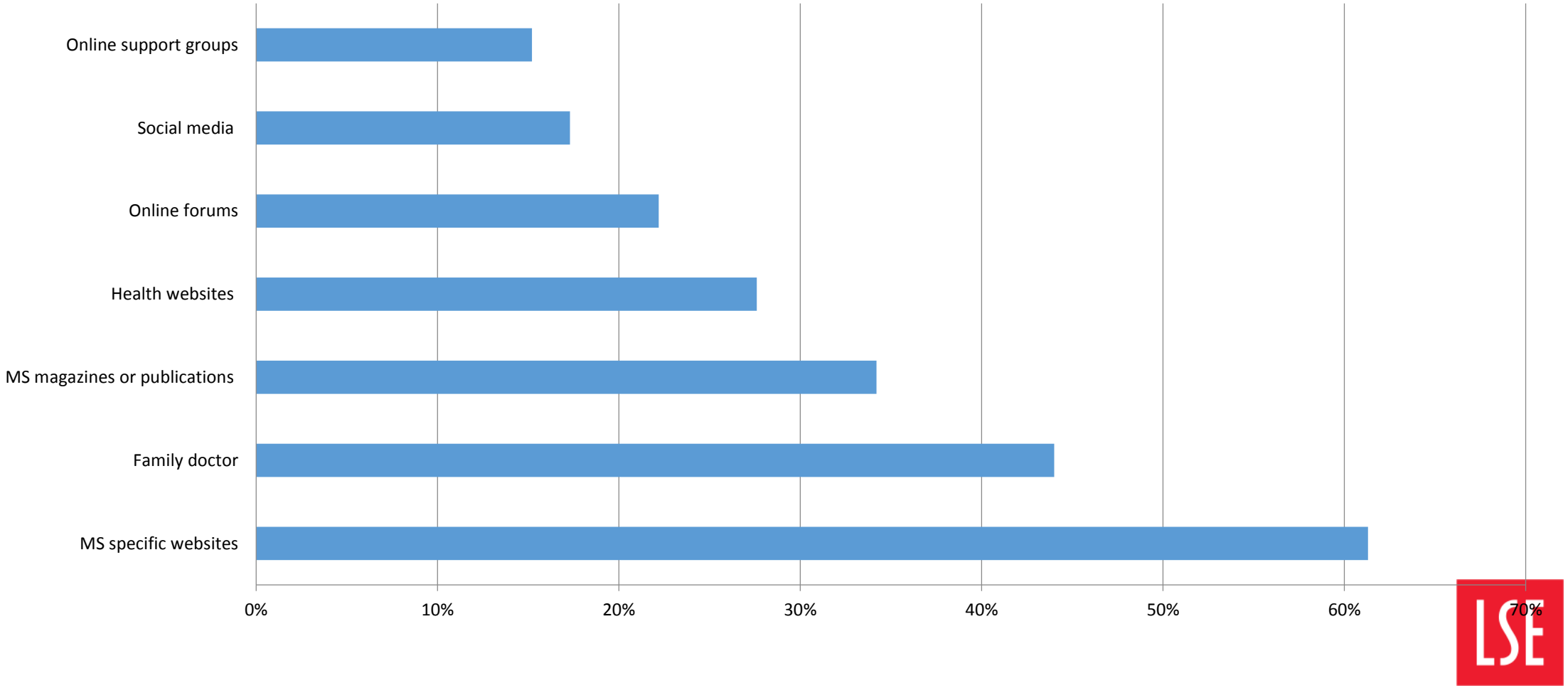
These are the top six aspects that respondents believed a new MS treatment should keep under control

Choosing disease modifying treatments: the most important three attributes

What clinicians said	What clinicians said drove PWMS' decisions	What PWMS said
Effectiveness Safety Tolerability	Effectiveness Safety Tolerability	Convenience (25%) Doctor's advice (19%) Other* (19%) Tolerability (17%) Effectiveness (14%)

* Side effects (i.e. safety), do not currently take/want to take any medicines

Preferred source of information



HTA Treatment recommendations for MS

Molecule	Indication	Evidence from HTA agencies					
		NICE (UK)	TLV (Sweden)	HAS (France)	SMC (Scotland)	IQWIG (Germany)	CADTH (Canada)
IFNβ 1a IM	RRMS	DNL	DNL	LWC	LWC	N/A	N/A
Alemtuzumab	Active RRMS	L	L	N/A	L	N/A	DNL
IFNβ 1a SC	RRMS	DNL	L	LWC	DNL	N/A	DNL
IFNβ 1b SC	RRMS	N/A	L	LWC	N/A	N/A	N/A
Glatiramer acetate	RRMS	DNL	N/A	L	N/A	N/A	N/A
Teriflunomide	RRMS	LWC	L	L	LWC	A	DNL
Dimethyl fumarate	Active RRMS	LWC	LWC	LWC	L	A	N/A
Fingolimod	Highly active RRMS	LWC	L	LWC	LWC	A	LWC
Natalizumab	Rapidly evolving severe RRMS	L	L	LWC	DNL	N/A	LWC

L= Listed (accepted); **LWC**= Listed with criteria (restricted); **DNL**= Do not list (rejected); **A**= Assessed without decision. **N/A** = Not assessed for the indication

There is an urgent need to achieve better outcomes for PWMS

The evidence suggests that this is possible if policy makers address the following issues.

- **Diagnosis, treatment and management goals should be set to provide the best health outcome for every person with MS**

- **(Further) robust evidence should be generated and used in order to make appropriate decisions about care management in MS strategies**

- **Improve the responsiveness of health care systems to new evidence on MS**

Next steps

- Expand the number of countries and participants

- If you are interested in participating, contact:

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Thanks to:

- All who completed the questionnaire
- European Multiple Sclerosis Platform, MS Society UK, MS Trust UK, National Multiple Sclerosis Society, the Romanian Association of Multiple Sclerosis, the Rocky Mountain Multiple Sclerosis Center and Foundation ARSEP - French MS Research Society - who facilitated data collection.
- Rozalina Lapadatu, Alessandra Ferrario, Elena Nicod and Olivier Wouters for translating the questionnaires.
- Birgit Bauer and Rozalina Lapadatu for additional insights and support in the development of the questionnaires and facilitating their distribution to respondents.
- F. Hoffmann-La Roche provided the sponsorship that allowed the LSE to carry out this research.