

Real-World Disease Burden and Treatment Experiences of Patients With MS in the US: Results From the vsMS™ Survey

Ann D Bass¹, Bart Van Wijmeersch², Aaron Boster³, Lori Mayer⁴, Mathias Mäurer⁵, Matt Mandel⁶, Kersten Sharrock⁷, Colin P Mitchell⁶, Barry A Singer⁸

¹Neurology Center of San Antonio, San Antonio, TX, USA; ²Rehabilitation & MS-Centre Overpelt, Hasselt University, Hasselt, Belgium; ³OhioHealth Neurological Physicians, Columbus, OH, USA; ⁴Central Texas Neurology Consultants, Round Rock, TX, USA; ⁵Klinikum Würzburg Mitte gGmbH, Würzburg, Germany; ⁶Sanofi, Cambridge, MA, USA; ⁷Sanofi, Naarden, The Netherlands; ⁸MS Center for Innovations in Care, Missouri Baptist Medical Center, St Louis, MO, USA

OBJECTIVE

- To evaluate the impact of MS, beliefs about MS, and treatment experiences of MS patients in the US subpopulation of vsMS participants

CONCLUSIONS

- This survey highlights that patients value healthcare visits, but a majority delayed starting an MS DMT after diagnosis even though 68% were recommended by their neurologist to start treatment immediately, and 86% agreed that disease progression is more likely if treatment is delayed
- Patients considered reduction of disease activity and improved mobility very/extremely important factors when choosing a DMT, but after starting therapy, fewer patients expected to have improvements in mobility
- These data confirm the negative impact of MS on activities of daily living, and identify misconceptions about MS among patients in the US

INTRODUCTION

- vsMS is a global, electronic, anonymous survey of patients living with MS and care partners, designed to evaluate the impact of MS on their daily lives and their experiences with treatment
- Disability associated with relapse is a primary contributor to the burden of MS, but other factors such as fatigue, cognitive impairment, and emotional and social burden also disrupt the day-to-day lives of those living with the disease^{1,2}
- Treatment guidelines recommend use of an appropriate disease-modifying therapy (DMT) for MS,³ the primary goal being to reduce the relapse rate and mitigate long-term disease progression and cumulative disability^{4,5}
- A number of studies have investigated DMT use from the patient's viewpoint⁶⁻⁹; however, systematic data on patient perspectives of their treatment experience, as well as their beliefs about MS and the impact of the disease, have been lacking
- Greater understanding of patients' views on the burden and treatment of MS in a real-world setting may improve overall patient care and treatment outcomes

METHODS

- The development of the survey questionnaire was overseen and guided by a steering committee of expert MS clinicians
- The survey was conducted during July and August 2015, and included patients with RRMS and care partners living in Australia, Canada, France, Italy, Spain, the UK, and the US
 - Data reported here are from the US subpopulation
- Criteria for participation for individuals with MS included: age ≥18 years, literacy in the local language, and diagnosis of RRMS
- Participants completed a 20-minute electronic survey
- Individuals were identified and recruited via survey panels managed by a third party (Kantar Health, New York, NY)
- Survey findings for care partners are reported elsewhere¹⁰

RESULTS

Participant Characteristics

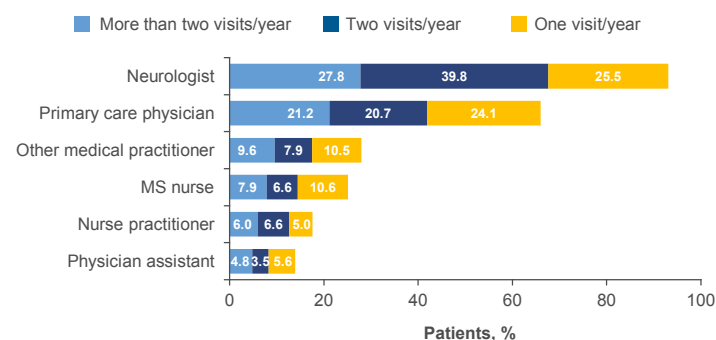
- Of the 1075 participants with RRMS who completed the vsMS survey, 605 (56.3%) were from the US
- Mean age at symptom onset for US participants was 32.3 years
- Time since MS diagnosis
 - Within the past <5 years: 14.7%
 - Within the past 5 to <10 years: 22.6%
 - Within the past 10–15 years: 24.0%
 - Within the past >15 years: 38.7%
- Relapses in previous 12 months:
 - None: 51.7%
 - 1 relapse: 26.6%
 - 2 relapses: 11.4%
 - >2 relapses: 10.2%

RESULTS

HCP Visits and Current Therapies

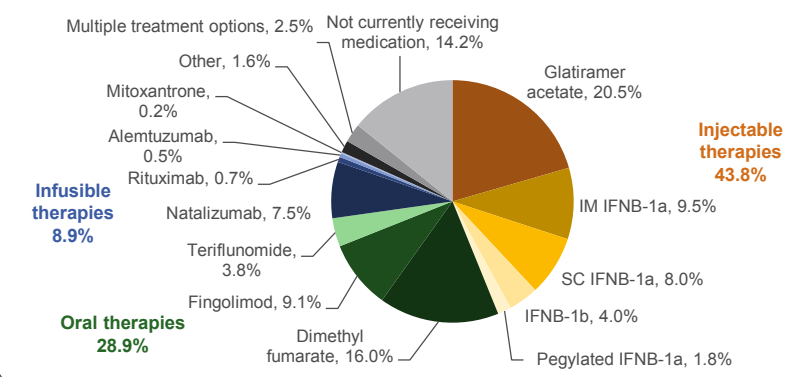
- 95.7% of patients agreed that regular visits to a HCP were important
- Patients reported visiting HCPs frequently for their MS (Figure 1)

Figure 1. Frequency of Visits by HCP Type



- 85.8% of participants with RRMS were currently receiving a DMT; 14.2% were not currently receiving medication (Figure 2)
- 67.6% of participants reported that their neurologist suggested to start treatment immediately after diagnosis
 - Only 38.2% of participants actually began treatment immediately following diagnosis
- Of patients not starting treatment immediately, 31.9% delayed less than 1 year, 15.2% delayed from 1 to less than 2 years, and 52.9% delayed 2 years or more

Figure 2. RRMS Patients' Current Therapies



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- Reasons for not starting treatment immediately following diagnosis included: no medications available when diagnosed (16.9%), neurologist recommended waiting before starting treatment (13.6%), and several factors relating to a lack of understanding of the risks of not treating MS with DMT: patients did not think treatment was needed (12.5%), patients wanted to see how they felt without taking it (10.2%), patients wanted to try alternative therapy or lifestyle modification (10.3%), and patients did not like the way the medication was administered (6.9%)
- Efficacy, particularly regarding slowing disease progression and preventing MRI lesions, and safety, were the main considerations driving choice of DMT (Figure 3)
- Patients' expectations for therapy included reduction or prevention of disease worsening, and retaining function; fewer patients expected improvements in symptoms or mobility (Figure 4)

Figure 3. Factors When Considering Different MS Treatments

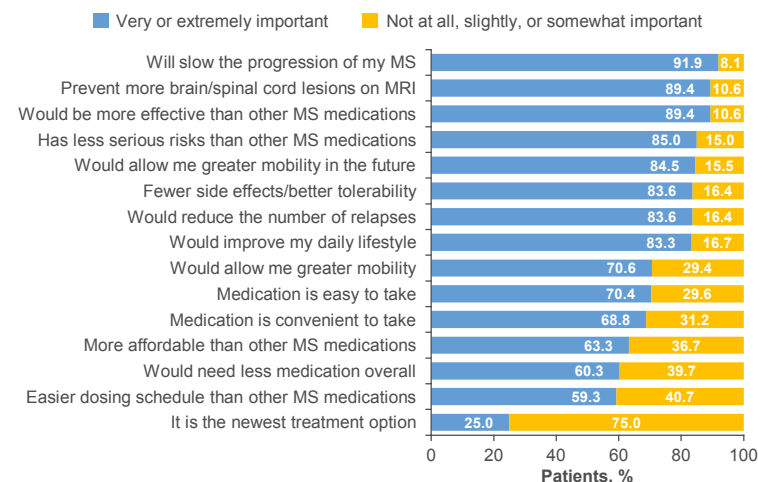
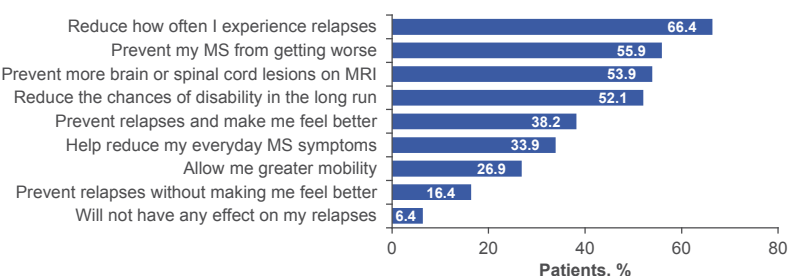


Figure 4. Patients' Expectations of MS Treatments After Starting Therapy



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Impact of Disease and Beliefs About MS

- Since diagnosis, many patients experienced an increase in the burden of MS, including worsening energy level, physical functioning, ability to exercise, and ability to fulfill professional goals (Figure 5)
- 40.2% reported an increasing impact of MS on daily activities over the prior 24 months
- 86.4% of patients believed that disease progression was more likely if treatment was not started early, in spite of fewer than half starting treatment immediately after diagnosis (Figure 6)
 - Approximately one half mistakenly believed that relapses would not lead to irreversible damage

Figure 5. Physical, Social, and Emotional Burden of MS

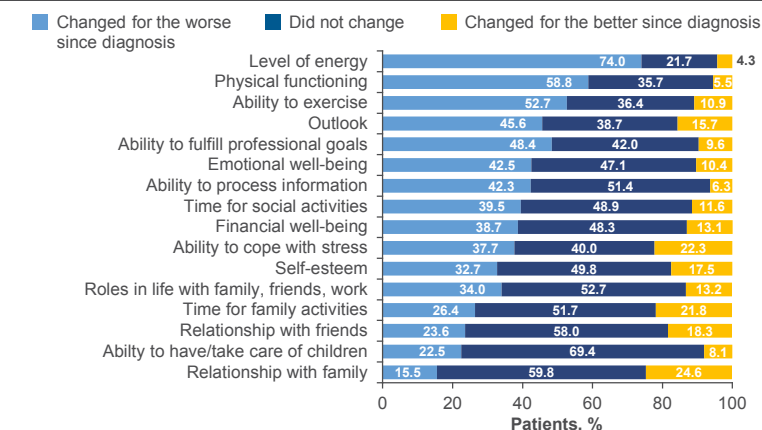
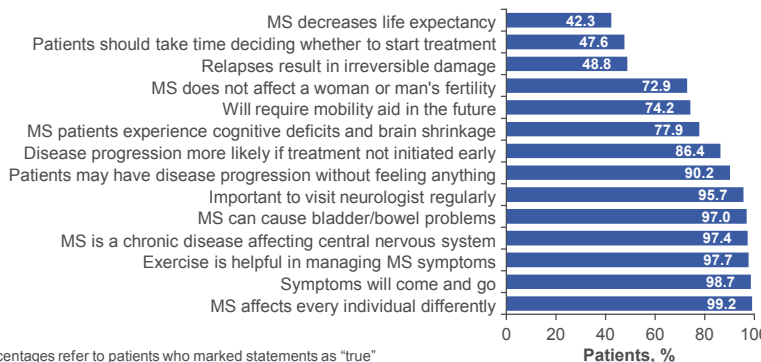


Figure 6. Beliefs About MS^a



^aPercentages refer to patients who marked statements as "true"

