An Update on Pregnancy Outcomes Following Ocrelizumab Treatment in Patients With Multiple Sclerosis and Other Autoimmune Diseases

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BACKGROUND

Ocrelizumab (OCR), a monoclonal antibody that selectively targets CD20 B-cells, is approved by the US Food and Drug Administration and the European Medicines Agency for the treatment of primary progressive multiple sclerosis (PPMS) and relapsing-remitting multiple sclerosis (RRMS). The demographic profile of patients with PPMS (MC) includes a mean age of onset of approximately 30 years and a female-to-male ratio of approximately 2.1:1, indicating that a significant proportion of patients eligible for treatment with OCR will be women of reproductive age.

METHODS

The rationale for this statement is described in Box 1. The data on this poster have previously been presented at the 7th Joint European Committee for Treatment and Research in Multiple Sclerosis (ACTRIMS) Meeting; October 25–28, 2017; Paris, France.

CONCLUSIONS

- B-cell levels in normal pregnant women exposed to ocrelizumab do not return to baseline levels of baseline B-cells, which may limit maternal B-cell immunity in those cases.
- The data are consistent with previous reports of increased infections in infants born to women exposed to ocrelizumab. It is important to note that the number of pregnancies remains small, limiting the ability to draw conclusions about long-term safety.
- These findings highlight the need for additional research to understand the long-term safety implications of ocrelizumab use in pregnancy.

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