

ECTRIMS 2015
ALLOW Delphi

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The Delphi Method on Peginterferon Beta-1 Injection Site Reactions and Management Strategies in the Relapsing-Remitting Multiple Sclerosis ALLOW Study

DeRen Huang¹, Sibyl Wray², Barry Hendin³, Robert Naismith⁴, Sheri Rosenblatt⁵, Brian Werneburg⁶, Javier Zambrano^{6*}

¹Neurology & Neuroscience Associates, Akron, OH; ²Hope Neurology, Knoxville, TN; ³Phoenix Neurological Associates, Phoenix, AZ; ⁴Dept of Neurology, Washington University in St. Louis, St. Louis, MO; ⁵fit2market, New York, NY; ⁶Biogen, Cambridge, MA.

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*Corresponding Author

Background: The tolerability profile of relapsing-remitting multiple sclerosis (RRMS) therapies may impact patient adherence to treatment. Injection site reactions (ISR) have been reported with interferon treatments and can affect therapeutic compliance.

Objective: To better understand peginterferon beta-1a–related ISR and identify management strategies for ISR in RRMS patients switching from non-pegylated interferon therapies based on experience in the ALLOW study.

Methods: ALLOW sites with ≥ 4 (n=24) patients participated in a consensus-generating exercise using the Delphi methodology that utilises iterative rounds of questionnaires and qualitative interviews to understand consensus on experience and potential mitigation strategies. An independent steering committee (n=4) oversaw the development of the respondent surveys and qualitative interviews, obtained ISR occurrence and impact data, and developed consensus ($\geq 70\%$ agreement in response) on the most effective strategies for mitigating ISR.

Results: Respondents indicated that erythema was the most commonly observed ISR associated with peginterferon beta-1a, that it was not disruptive to patients' daily activities (85.8%), and that onset was delayed versus other interferon injections. Consensus was reached (90.0%) that erythema was delayed for >24 hours among the respondents and usually did not require any medical treatment (91.6%). Less agreement was observed between ISR duration vs their clinical experience with other interferon therapies. Patient education was reported to be the most effective strategy to diminish patient anxiety (91.1%), followed by ISR illustration guides (86.8%), and patient follow-up after the first injection of peginterferon beta-1a (84.2%). Respondents reported that use of NSAIDs for pain (81.6%), and diphenhydramine or hydrocortisone cream for pruritus (60.0%), were also effective treatment management strategies.

Conclusion: Erythema, the most commonly observed ISR associated with peginterferon beta-1a, rarely disrupted patients' lifestyles or activities and rarely required medical treatment. The incidence and severity of ISR observed in the Delphi project were consistent with phase 3 ADVANCE data. Delphi consensus data provides support for educating patients on the characteristics and management of ISR before starting treatment to set treatment expectations, promote adherence, and improve the patient experience.