(P07) ORAL FINGOLIMOD (FTY720) IMPROVES PERFORMANCE OF DAILY ACTIVITIES COMPARED WITH INTRAMUSCULAR INTERFERON BETA-1A: PATIENT-REPORTED INDICES FOR MULTIPLE SCLEROSIS (PRIMUS ACTIVITIES) RESULTS FROM THE TRANSFORMS PHASE 3 TRIAL

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Background: Impairments related to multiple sclerosis (MS) can limit the ability of patients to perform typical daily functions or activities. MS therapies may improve patients’ ability to perform such activities. The PRIMUS Activities scale, a patient-reported outcome measure of activity limitation, queries patients about their ability to perform approximately 20 daily activities without aids or assistance. Objectives: To report data from the phase 3 TRANSFORMS trial in relapsing-remitting MS on the effects of oral fingolimod (FTY720) versus intramuscular (IM) interferon beta-1a (IFNβ-1a; an approved standard MS therapy) on PRIMUS score. Methods: TRANSFORMS was a randomized, double-blind, double-dummy, parallel-group study. Patients (aged 18–55 years) with relapsing-remitting MS (revised McDonald criteria) were randomized to receive daily oral fingolimod, 0.5 mg or 1.25 mg, or weekly IM IFNβ-1a, 30 μg, for 12 months. PRIMUS Activities scores were recorded at baseline, month 6, and month 12 for patients in countries where PRIMUS was available. The treatments were compared in terms of improvement or worsening in PRIMUS Activities scores (defined as a change of ≥2 points). Results: PRIMUS Activities scores at baseline were similar for all treatment groups. Change from baseline in PRIMUS Activities scores at month 12 was lower with fingolimod 1.25 mg (0.12; n = 260) and 0.5 mg (0.08; n = 280) compared with IM IFNβ-1a (0.43; n = 270; P < .05 for both comparisons). At month 12, 17.5% to 19.6% of fingolimod-treated patients experienced improvements in PRIMUS Activities scores from baseline, compared with 14.1% of IM IFNβ-1a-treated patients. Worsening in PRIMUS Activities scores was reported for 17.9% to 19.6% of fingolimod-treated patients, compared with 24.1% of IM IFNβ-1a-treated patients. Odds ratios for the proportions of patients with improving or worsening PRIMUS Activities scores indicated a benefit of both fingolimod doses over IM IFNβ-1a. Conclusions: Patients treated with oral fingolimod for 12 months experienced less deterioration in their ability to independently perform daily activities than those treated with IM IFNβ-1a.

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