(S40) OUTCOMES FROM THE AVONEX (INTERFERON BETA-1A) PREGNANCY EXPOSURE REGISTRY

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**Background:** The onset of multiple sclerosis (MS) typically occurs between the ages of 20 and 40 years. Because this commonly coincides with a woman’s reproductive years, disease-modifying therapies (DMTs) are likely to be widely used by women of childbearing potential. However, there is limited published information on the effects of DMTs on pregnancy outcomes.

**Objectives:** To analyze pregnancy outcomes in women with MS who were exposed to intramuscular (IM) interferon beta-1a (IFNβ-1a) during the first trimester of pregnancy (including 1 week preconception).

**Methods:** Pregnant women with MS in the United States who were exposed to IM IFNβ-1a within approximately 1 week of conception or during the first trimester of pregnancy were enrolled in an observational, exposure-registration and follow-up study, the AVONEX Pregnancy Exposure Registry. Information on IM IFNβ-1a exposure, potential confounding factors (eg, medical history, other medications, smoking), and pregnancy outcomes was collected at 4 to 5 months of pregnancy and 8 to 12 weeks after delivery. Reported rates from the registry were compared with available background rates from data sources such as the Metropolitan Atlanta Congenital Defects Program, March of Dimes, and National Vital Statistics Reports.

**Results:** As of October 2, 2009, a total of 262 pregnancies have been enrolled, and of these, 30 are pending outcome. Of the 232 pregnancy outcomes, there have been 193 live births, 28 spontaneous abortions, 4 induced abortions, 1 stillbirth, and 6 lost to follow-up. Fifteen of the 193 live births have been associated with defects. The rate of major or serious birth defects was not increased with IM IFNβ-1a exposure. No malformations or groups of malformations were overrepresented compared with rates in the general population.

**Conclusions:** IM IFNβ-1a was associated with no increase in the rate of major or serious birth defects, and no malformations or groups of malformations were overrepresented in this prospective registry compared with the general population. These data should be reassuring for cases in which IM IFNβ-1a exposure has occurred during pregnancy.

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