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Patient Experience of Starting Treatment with Kesimpta (ofatumumab) for RRMS

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Background

Kesimpta® (ofatumumab) is a new self-injectable anti-CD20 monoclonal antibody treatment approved by NICE for the management of RRMS in 2021[1]. It has been in use at the National Hospital for Neurology and Neurosurgery since August 2021, and at the time of the survey, 75 patients have started treatment with Kesimpta® in the service.

On speaking to patients following their treatment commencement, we noticed an over-reporting of injection-related reactions (IRR) following their first and subsequent doses, compared to the expected rates from the ASCLEPIOS trials[2].

Aims

- To determine the patient experience of starting on Kesimpta®, both to evaluate the side effects experienced by this patient group, and their overall experience of starting on the treatment.
- To determine if there are any changes needed in the pathway to improve patient safety and experience.

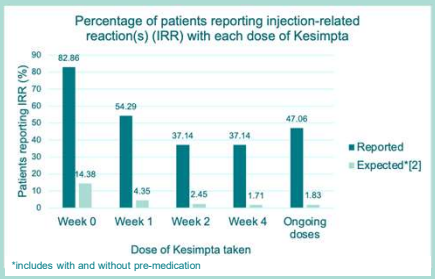
Method

We constructed a short SurveyMonkey questionnaire to send to patients who have started Kesimpta® with the service, to gather information about patient experience of the medication including side effects.

We phoned all patients who had administered at least one dose of Kesimpta® to ask them to participate in the questionnaire. We then emailed them a link to the questionnaire. 62 patients agreed to participate in the service evaluation, and 35 patients completed the survey.

Scan QR code on your phone to see the survey.

Results



88%
Ease of use of Sensoready® pen

83%
Overall satisfaction with starting Kesimpta®

Additionally, 3/35 (8.57%) of patients experienced exacerbation of previous MS symptoms with first injection only, which was not reported by the ASCLEPIOS trials as a possible side effect[2].

Other side effects reported included dizziness (2/35), nausea (1/35), bruising (1/35) (all reported in the trials[2]). Skin site reactions were reported by 3/35 patients (8.57%) of patients after first injection, and less with each subsequent injection (expected frequency[2]).

After the first injection, 31.43% of side effects lasted <12h; 37.14% lasted 12-24h; 5.71% lasted 24-48h; and 8.57% lasted >48h. This number was similar or lower for all subsequent doses.

Patients self-treated with OTC medication including paracetamol (20 patients following first injection), ibuprofen (9 patients) , aloe vera gel (1 patient - for skin-site reactions). This use reduced with subsequent injections.

"Positive experience, easy to use."
"The pen does take a bit of getting used to…"
"…it is nice that you don't have to see the needle."
"Straightforward and easy to administer."
"I love being able to do it at home and having it delivered."
"Very positive experience to date."
"It's getting easier with side effects with every month."
"…generally, very happy."
"The pen is so easy to use…"

Discussion

This patient survey did have some limitations which include:

- No demographic data gathered
- Unknown if patients were previously treated with other similar medications
- Small sample size
- Low response rate (47% total cohort)

There is no clear reason as to why our patient cohort experience would differ from the ASCLEPIOS trials.

It is possible that patients are over-reporting side effects because we are warning them to expect these side effects. It is also possible that the low response rate has skewed the sample.

Conclusion

The overall experience of patients starting Kesimpta® in our service has been positive.

In this patient cohort, more IRRs were reported than expected with every injection, but these reactions have remained mild and no patients have stopped treatment due to side effects to date.

As a result of this, we would like to trial using pre-medication to see if this has an impact on the rate of IRRs.

References

[1] NICE Guidance. Final Appraisal Document (FAD). Ofatumumab for treating relapsing multiple sclerosis. Available from: https://www.nice.org.uk/guidance/ta699. [Accessed March 2022]

[2] Hauser S, Bar-Or A, Cohen J, et al. Ofatumumab versus teriflunomide in relapsing multiple sclerosis. N Engl J Med. 2020;383(6):546–557.