Real World Experience of Siponimod at UHS NHS FT

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Introduction

Siponimod is the first DMT available for SPMS. This added an extra workload to the service. This poster will be used to showcase the experience at UHS, from MS HCP's and patients' perspective.

Objective

The aim of this research is to share our experience and best practice to other centres about:

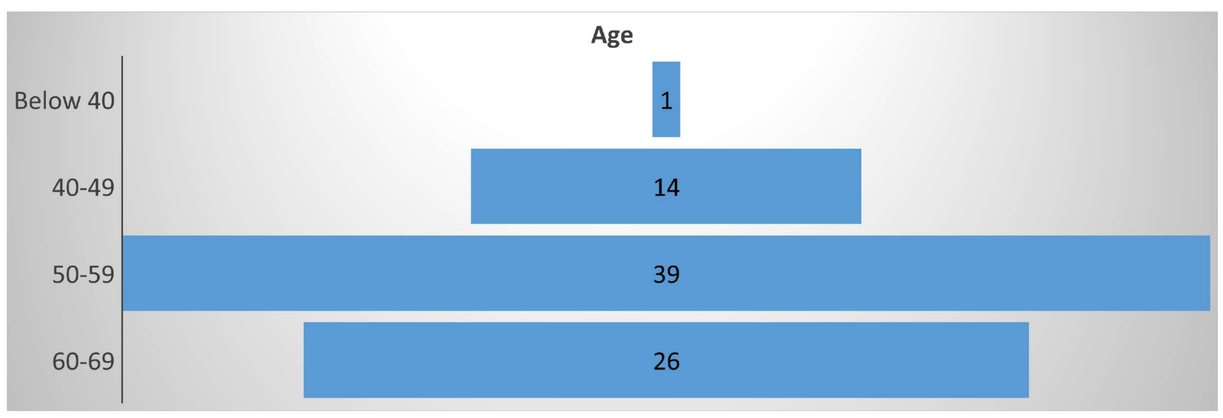
- The patients at UHS on Siponimod.
- Time frames of the process.
- Reasons for patients to discontinue.
- Reasons for patients not to start.
- Outcome of a "quality of life" questionnaire from patients on Siponimod.

Methodology

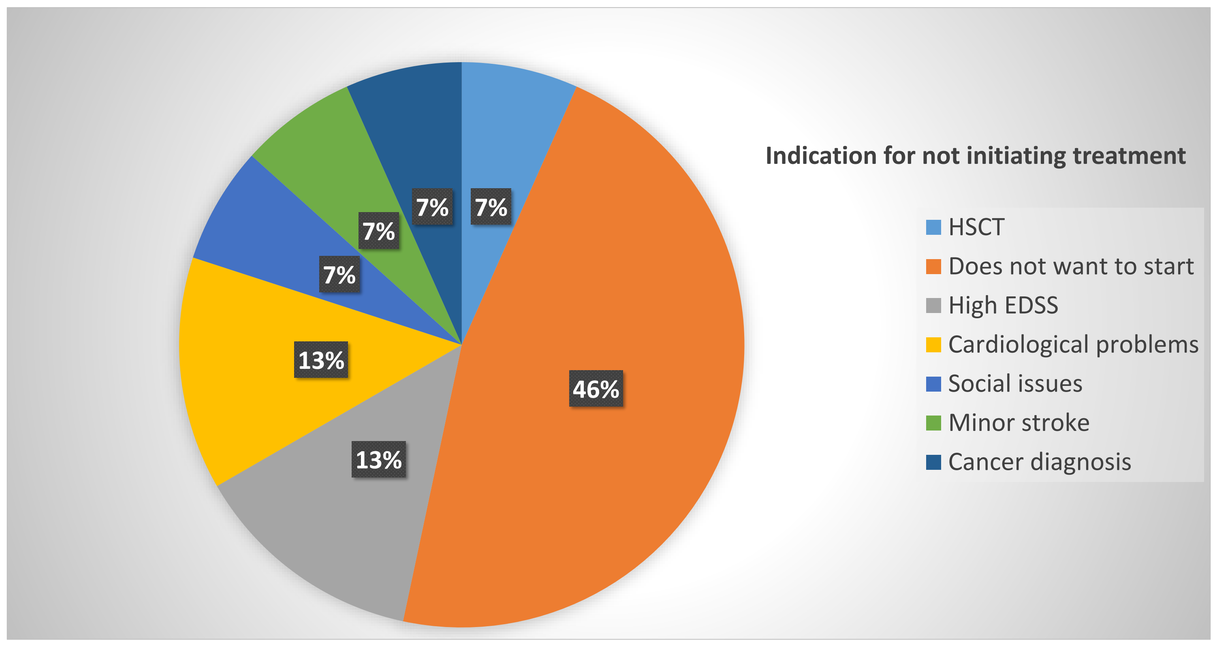
The sample consisted of individuals who were prescribed Siponimod between December 30, 2021, and December 31, 2023, as well as those whose cases were deliberated in Multidisciplinary Team (MDT) meetings for the approval of Siponimod. Information was gathered from the University Hospital Southampton (UHS) patient records system, questionnaires, and Patient Visit Summaries (PVS), obtained through MayzentConnect.

Results

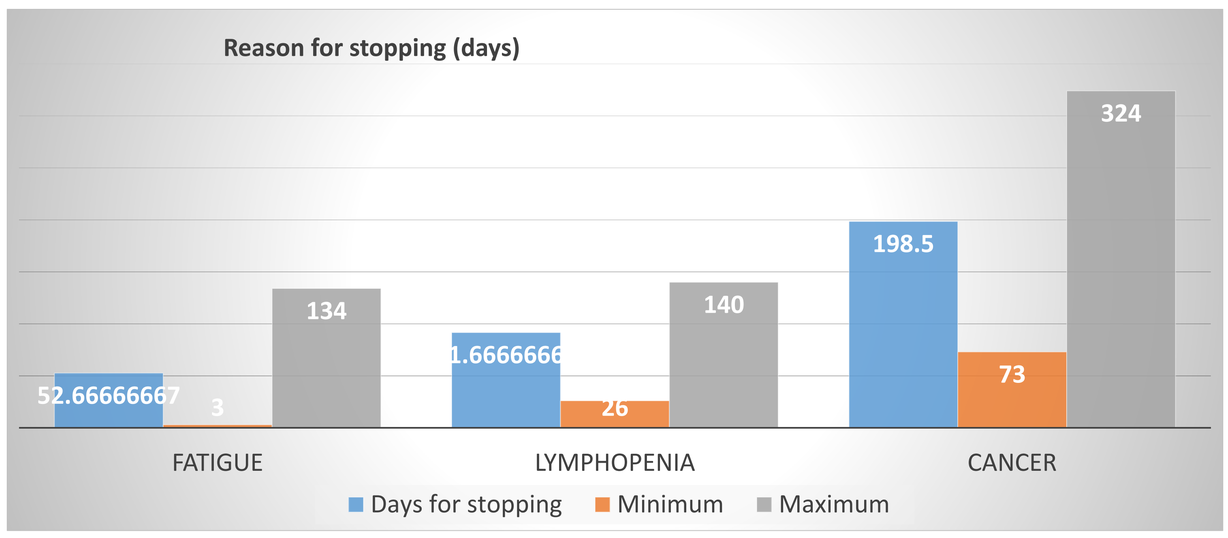
The study includes 80 participants, consisting of 18 males (22.5%) and 62 females (77.5%). The average age of the participants is 55.75 years, with an age range of 39 to 69 years. Notably, five individuals necessitated a First Dose Observation (FDO).



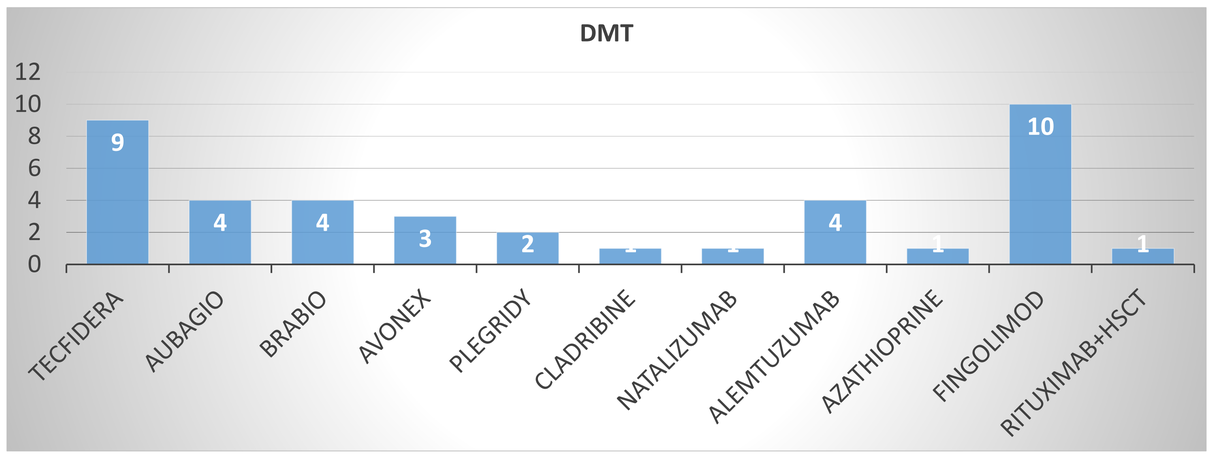
Fifteen patients either chose not to or were unable to initiate Siponimod treatment at the beginning of the prescription process, primarily citing patient preference as the main reason for this decision.



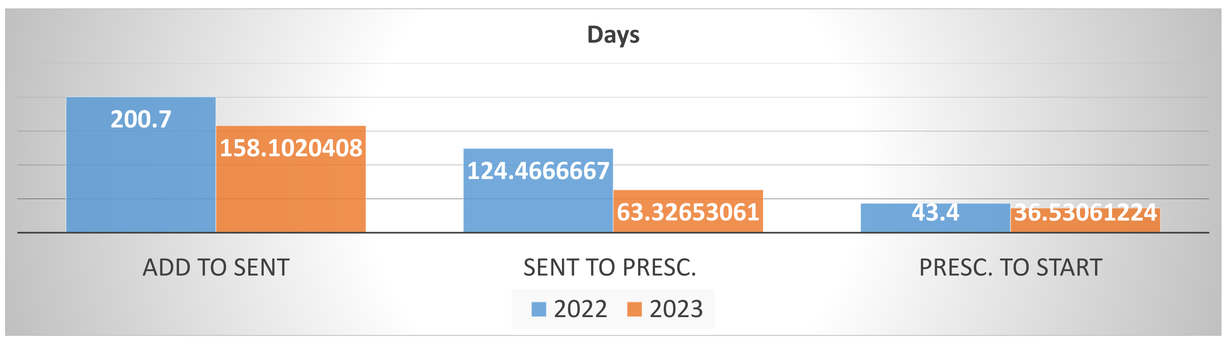
19% of patients discontinued Siponimod treatment, primarily due to increased fatigue (6 cases), cancer (2 cases), and lymphopenia (3 cases). The average duration until discontinuation was 52 days for increased fatigue, 91.6 days for lymphopenia, 198.5 days for cancer, and 105 days for macular oedema. Additionally, one patient developed macular oedema.



In terms of treatment status, there is a balanced distribution between patients who are new to treatment and those who have been previously exposed to disease-modifying therapies (DMTs). Within the latter group, the most common switches involve fingolimod, Tecfidera, Aubagio, Brabio, and Avonex, collectively representing 85% of these transitions.



The prescription process demonstrated a decrease in the number of days required for patients to commence treatment. In 2022, the mean duration from discussion at the multidisciplinary team (MDT) meeting to pre-assessment was 201 days, from pre-assessment to prescription was 124 days, and from prescription to treatment initiation was 43 days. In 2023, these intervals reduced to 158 days, 63 days, and 36 days, respectively.



Based on the Quality of Life (QoL) questionnaire completed by 8 patients, notable observations include that the majority of respondents have been diagnosed with MS for more than 7 years (6 patients) and generally perceive good tolerance to Siponimod (6 patients). In terms of side effects, a majority reported no adverse effects (4 patients), while headaches and palpitations were the most frequently mentioned side effects (reported twice). Intriguingly, patients expressed uncertainty about the impact of Siponimod on their QoL, but 3 patients reported being able to maintain full-time work or education.

Discussion

The study findings reveal typical gender and age patterns among secondary progressive multiple sclerosis (SPMS) patients (55.73 years). Over the observed period, there was a decrease in the time taken for patients to commence Siponimod treatment due to improvements in the process. However, a significant portion of patients discontinued treatment due to various reasons, including fatigue, cancer, lymphopenia, and macular oedema, with fatigue prompting the quickest discontinuation, highlighting the need for effective symptom management. Despite this, most patients reported good tolerance to Siponimod. Interestingly, patients expressed uncertainty regarding the impact of Siponimod on their quality of life, emphasising the challenge of assessing treatment outcomes beyond clinical metrics. However, improvements in the prescription process were observed, with decreased wait times noted between 2022 and 2023. This may potentially enhance patient access to timely treatment and overall disease management, attributable to accumulated experience, decreased staff turnover, and increased investment in staffing.

Conclusions

Initiatives aimed at simplifying the prescription process have resulted in a decreased timeframe for patients to initiate Siponimod treatment. It is crucial to proactively monitor and manage potential side effects during pre-assessments to enhance treatment adherence. The uncertainty among patients regarding the impact of Siponimod on their quality of life highlights the intricate nature of treatment decision-making in managing MS. Engaging patients in shared decision-making processes, taking into account individual preferences and treatment goals, is essential. We encountered various challenges, such as insufficient capacity in the hospital's OCT scan service, necessitating outsourcing. Patients in need of a FDO experienced delays in starting treatment (206 vs 120 days) due to the coordination required among the infusion service, MayzentConnect team, and the patient. Additionally, there were difficulties transitioning from certain DMTs.

References

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