

Rituximab tops other disease-modifying tx options in MS

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(HealthDay)—Rituximab has better efficacy and lower discontinuation

rates than other disease-modifying treatment (DMT) choices for newly diagnosed relapsing-remitting multiple sclerosis (RRMS), according to a study published online Jan. 8 in *JAMA Neurology*.

Mathias Granqvist, M.D., from the Karolinska Institutet in Stockholm, and colleagues conducted a [retrospective cohort study](#) using prospectively collected data for patients in Sweden with newly diagnosed RRMS. The effectiveness and drug discontinuation rates of rituximab were compared with those of injectable DMTs, [dimethyl fumarate](#), fingolimod, and natalizumab.

Of the 494 patients, 43.5 percent received an injectable DMT, 17.4 percent dimethyl fumarate, 3.4 percent fingolimod, 10.1 percent natalizumab, 24.3 percent rituximab, and 1.2 percent other DMT. The researchers found that there were pronounced regional preferences, with 81 and 18 percent of patients in Västerbotten and Stockholm, respectively, receiving rituximab. The annual discontinuation rates were 0.03, 0.53, 0.32, 0.38, and 0.29 for rituximab, injectable DMTs, dimethyl fumarate, fingolimod, and natalizumab, respectively. The main reason for discontinuation of injectable DMTs, dimethyl fumarate, and fingolimod was continued disease activity; the main reason for discontinuation of natalizumab was positive John Cunningham virus serology results. Compared with injectable DMTs and dimethyl fumarate, the rates of clinical relapse and/or neuroradiologic disease activity were significantly lower for rituximab, with a tendency for lower relapse rates relative to [natalizumab](#) and [fingolimod](#).

"Collectively, our findings suggest that rituximab performs better than other commonly used DMTs in patients with newly diagnosed RRMS," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Biogen, which manufactures [rituximab](#).

More information: [Abstract/Full Text](#)

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