### Introduction

Intravenous recovery from multiple sclerosis (MS) relapses may contribute to accrual of disability, highlighting the importance of effective relapse treatment. Although disease-modifying therapies (DMTs) are used to reduce the occurrence of MS relapses, relapses still occur.

High-dose corticosteroid (CS) therapy is the mainstay of acute treatment of MS relapses. Older age and disease onset over 25 years of age are predictive of nonresponse to CS therapy. Some studies have suggested that up to 55% of patients may not adequately respond to intravenous or oral CS.

### Study Objectives

- To characterize patients receiving RCI for treatment of acute MS relapse, identify treatment patterns, and assess the efficacy and safety of RCI treatment in MS relapse

- The interim report summarizes preliminary data collected through August 2017.

### Methods

#### Study Design

- Ongoing multicenter, prospective, 24-month, observational registry study
- Target enrollment: up to 160 patients at approximately 50 sites (in the United States that treat adult patients with MS)

#### Interim Enrollment and Data Collection

- browsed on a daily basis or its subdomains (Table 1) and provided/accepted consent were enrolled (Figure 4).

### Results

#### Patient Characteristics and Medication Use

- All 42 AEs were reported, the most common AEs were nausea (n=2), urinary tract infection (n=2), headache (n=2), and sinusitis (n=2).
- Only 7.7 (5.8) treatments were administered in the study.
- The median dose of RCI was 80 U daily for 5 days, with most patients dosing on 3 days (Table 1).

#### Safety

- In a study of patients who had previously failed CS therapy and experienced an acute MS relapse, RCI was effective in reducing MS relapse activity and exacerbations early in the course of MS relapse (Figure 1).

#### Conclusions

- In this interim analysis of an observational study, RCI was effective in reducing MS relapse symptoms on the basis of MSIS-29v1 score.
- The AE and SAE profiles of RCI were similar to those observed in other RCI clinical trials; safety signals will continue to be assessed in future analyses of this trial.

### References


### Acknowledgment and Funding

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