

Are there adverse effects in the immunotherapies for Multiple Sclerosis?



- Immunotherapies used to treat multiple sclerosis (MS) or clinically isolated syndrome (CIS) appear not to increase serious health events, compared to sham drugs (placebo).
- Many of these drugs have unwanted effects and, for some of them, more people included in studies dropped out because of side effects compared to sham drugs.
- Serious health events are relatively rare in people with multiple sclerosis, and were not well reported in the studies.



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Adults diagnosed with MS or CIS

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25 different immunosuppressive and immunomodulatory drugs

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Placebo or active agents

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SAEs and withdrawals due to AEs, at 1 or 2 years

EVIDENCE

123

RCTs with placebo control



57,682 participants



Up-to-date until March 2022

RESULTS



CERTAINTY OF EVIDENCE

Serious adverse events (SAEs)

Acceptable safety: ≤ 1 extra SAE per 18 people compared to placebo

Decrease SAEs

- Interferon beta-1a (Avonex), Dimethyl fumarate, Glatiramer acetate

Low



Comparable safety to placebo

- Teriflunomide
- Ocrelizumab, Ozanimod, Interferon beta-1b, Interferon beta-1a (Rebif), Natalizumab, Fingolimod, Laquinimod

Moderate



Unclear safety compared to placebo (imprecise data)

- Cladribine, Siponimod, Ofatumumab, Rituximab

Low



Low



84 studies

Withdrawals due to adverse events (AEs)

Acceptable safety: ≤ 1 extra withdrawals per 31 people compared to placebo

Increased withdrawals due to AEs

- Teriflunomide, Glatiramer acetate, Fingolimod, Interferon beta-1a (Rebif), Daclizumab, Interferon beta-1b

Low



Unclear safety compared to placebo (imprecise data)

- Ofatumumab

Low



105 studies