BCTRIMS

André Matta

BCTRIMS

- Comitê Brasileiro de Tratamento e Pesquisa em Esclerose Múltipla e Doenças Neuroimunológicas (BCTRIMS) é uma associação civil, de direito privado, sem fins lucrativos.

- O BCTRIMS tem por finalidades promover o estudo, a educação, a pesquisa e a divulgação de informações sobre esclerose múltipla e outras doenças neuroimunológicas.

ESCLEROSE MULTIPLA

- Doença desmielinizante, inflamatória e degenerativa do sistema nervoso central (SNC)
- Múltiplos fatores: ambientais e genéticos
- Mulheres:homens = 2-3:1
- No Brasil: 15/100.000 (1)
- Entre 20 e 40 anos (idosos e crianças)
- Várias incapacidades: a depender da topografia da lesão, atrofia cerebral (cognição)

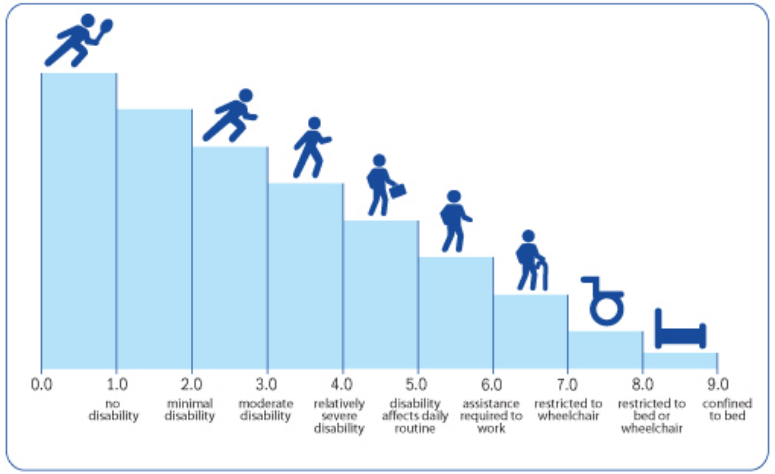
1-Projeto Atlântico Sul, Alvarenga RP et al.

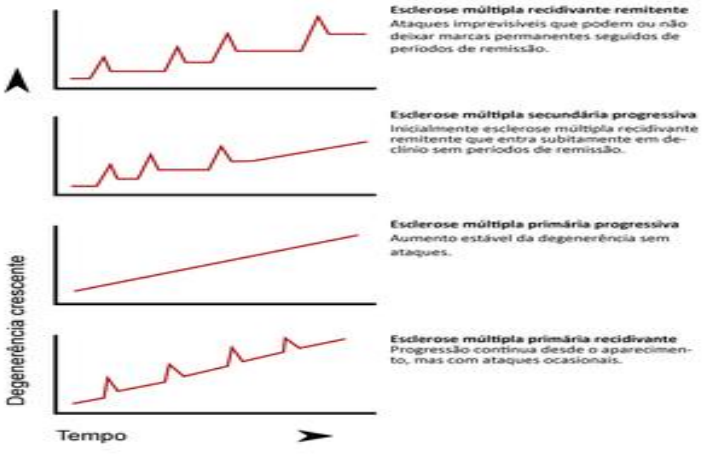
ESCLEROSE MULTIPLA

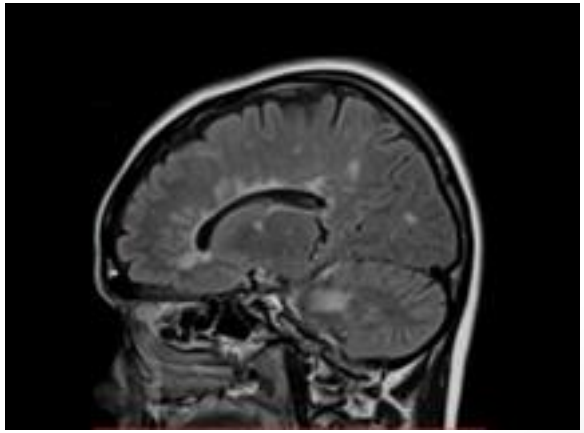
- QUADRO CLINICO [2]

TABELA 97.1 Sintomas mais prevalentes em pacientes com esclerose múltipla

Sintomas	Prevalência
Visuais	13%
Sensitivos	34%
Fraqueza	22%
Ataxia	11%
Fadiga	2%







2- WWW.MEDICINANET.COM.BR

IMPACTO SOCIAL

- População economicamente ativa: 30 mil!
- Custos diretos e indiretos
- Absenteismo e baixa produtividade
- Aposentadoria precoce
- Sobrecarga a Rede Pública (surtos e reabilitação)
- **O efeito da esclerose múltipla na vida profissional de um grupo de pacientes brasileiros** (3)
- "Pacientes com EM têm um alto índice de desemprego, aposentadoria e afastamento do trabalho apesar da alta escolaridade. Idade, duração da doença e incapacidade influenciaram estes achados."
- 96 pacientes: APENAS 40% estudavam ou trabalhavam regularmente

3-Fragoso YD et al, Arq Neuropsiquiatr 2010;68(6):914-917

Tratamentos atuais

- Betainterferonas: Avonex, Rebif e Betaferon
- Acetato de glatiramer (Copaxone)
- Orais: Tecfidera, Gilenya, Aubagio
- Anticorpos monoclonais: Tysabri e Lentrada
- Outros em estudo

- Avonex: betainterferona com comodidade posológica (única semanal) e eficácia semelhante
- Vantagens sobre as demais: adesão

Avonex: literatura médica

Interferon β-1a for Early Multiple Sclerosis: CHAMPS Trial Subgroup Analyses

Roy W. Beck, MD, PhD, Danielle L. Chandler, MSPH, Stephen R. Cole, PhD, Jack H. Simon, MD, PhD, Lawrence D. Jacobs, MD, R. Philip Kinkel, MD, John B. Selhorst, MD, John W. Rose, MD, Joanna A. Cooper, MD, George Rice, MD, Thomas J. Murray, MD, and Alfred W. Sandrock, MD, PhD, for the CHAMPS Study Group

The objective of this work was to assess the effect of interferon β-1a (Avonex®) on the rate of development of clinically definite multiple sclerosis and brain magnetic resonance imaging changes in subgroups based on type of presenting event, baseline brain magnetic resonance imaging parameters, and demographic factors in the Controlled High-Risk Subjects Avonex Multiple Sclerosis Prevention Study (CHAMPS) trial. After the onset of a first demyelinating event, 383 patients with brain magnetic resonance imaging evidence of subclinical demyelination were treated with corticosteroids and randomly assigned to receive weekly intramuscular injections of 30μg interferon β-1a or placebo. The treatment effect within subgroups was assessed in proportional hazards models both for the development of clinically definite multiple sclerosis and for a combined outcome of development of clinically definite multiple sclerosis or >1 new or enlarging T2 lesions on brain magnetic resonance imaging. A beneficial effect of treatment was noted in all subgroups evaluated. Adjusted rate ratios for the development of clinically definite multiple sclerosis in the optic neuritis, brainstem–cerebellar, and spinal cord syndrome subgroups were 0.58 ($p = 0.05$), 0.40 ($p = 0.03$), and 0.30 ($p = 0.01$) and for the development of the combined clinically definite multiple sclerosis/magnetic resonance imaging outcome were 0.50 ($p < 0.001$), 0.41 ($p = 0.001$), and 0.40 ($p = 0.004$), respectively. A treatment benefit on both outcome measures also was seen in subgroups based on baseline brain magnetic resonance imaging parameters, gender, and age. Interferon β-1a is beneficial when initiated at the first clinical demyelinating event in patients with brain magnetic resonance imaging evidence of subclinical demyelination. The beneficial effect is present for optic neuritis, brainstem–cerebellar syndromes, and spinal cord syndromes.

Ann Neurol 2002;51:481–490

Avonex: literatura médica

Intramuscular Interferon Beta-1a for Disease Progression in Relapsing Multiple Sclerosis

Lawrence D. Jacobs, MD,* Diane L. Cookfair, PhD,† Richard A. Rudick, MD,‡ Robert M. Herndon, MD,§ John R. Richert, MD,¶ Andres M. Salazar, MD,** Jill S. Fischer, PhD,‡ Donald E. Goodkin, MD,†† Carl V. Granger, MD,‡‡ Jack H. Simon, MD, PhD,§§ John J. Alam, MD,¶¶ David M. Bartoszak, MD,** Dennis N. Bourdette, MD,*** Jonathan Braiman, MD,** Carol M. Brownscheidle, PhD,* Michael E. Coats, MD,** Stanley L. Cohan, MD,¶ David S. Dougherty, MD,** Revere P. Kinkel, MD,‡ Michele K. Mass, MD,§ Frederick E. Munschauer, III, MD,* Roger L. Priore, ScD,† Patrick M. Pullicino, MD, PhD,* Barbara J. Scherokman, MD,††† Bianca Weinstock-Guttman, MD,‡ Ruth H. Whitham, MD,*** and The Multiple Sclerosis Collaborative Research Group (MSCRG)

The accepted standard treatment of relapsing multiple sclerosis consists of medications for disease symptoms, including treatment for acute exacerbations. However, currently there is no therapy that alters the progression of physical disability associated with this disease. The purpose of this study was to determine whether interferon beta-1a could slow the progressive, irreversible, neurological disability of relapsing multiple sclerosis. Three hundred one patients with relapsing multiple sclerosis were randomized into a double-blinded, placebo-controlled, multicenter phase III trial of interferon beta-1a. Interferon beta-1a, 6.0 million units (30 μg), was administered by intramuscular injection weekly. The primary outcome variable was time to sustained disability progression of at least 1.0 point on the Kurtzke Expanded Disability Status Scale (EDSS). Interferon beta-1a treatment produced a significant delay in time to sustained EDSS progression ($p = 0.02$). The Kaplan-Meier estimate of the proportion of patients progressing by the end of 104 weeks was 34.9% in the placebo group and 21.9% in the interferon beta-1a–treated group. Patients treated with interferon beta-1a also had significantly fewer exacerbations ($p = 0.03$) and a significantly lower number and volume of gadolinium-enhanced brain lesions on magnetic resonance images (p-values ranging between 0.02 and 0.05). Over 2 years, the annual exacerbation rate was 0.90 in placebo-treated patients versus 0.61 in interferon beta-1a–treated patients. There were no major adverse events related to treatment. Interferon beta-1a had a significant beneficial impact in relapsing multiple sclerosis patients by reducing the accumulation of permanent physical disability, exacerbation frequency, and disease activity measured by gadolinium-enhanced lesions on brain magnetic resonance images. This treatment may alter the fundamental course of relapsing multiple sclerosis.

Jacobs LD, Cookfair DL, Rudick RA, Herndon RM, Richert JR, Salazar AM, Fischer JS, Goodkin DE, Granger CV, Simon JH, Alam JJ, Bartoszak DM, Bourdette DN, Braiman J, Brownscheidle CM, Coats ME, Cohan SL, Dougherty DS, Kinkel RP, Mass MK, Munschauer FE III, Priore RL, Pullicino PM, Scherokman BJ, Weinstock-Guttman B, Whitham RH, The Multiple Sclerosis Collaborative Research Group (MSCRG). Intramuscular interferon beta-1a for disease progression in relapsing multiple sclerosis. Ann Neurol 1996;39:285–294

Avonex: literatura médica

Interferons-beta versus glatiramer acetate for relapsing-remitting multiple sclerosis (Review)

La Mantia L, Di Pietrantonj C, Rovaris M, Rigon G, Frau S, Berardo F, Gandini A, Longobardi A, Weinstock-Guttman B, Vaona A

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2014, Issue 7

http://www.thecochranelibrary.com

Authors' conclusions

The effects of IFNs-beta and GA in the treatment of patients with RRMS, including clinical (e.g. patients with relapse, risk to progression) and MRI (Gd-enhancing lesions) activity measures, seem to be similar or to show only small differences. When MRI lesion load accrual is considered, the effect of the two treatments differs, in that IFNs-beta were found to limit the increase in lesion burden as compared with GA. Evidence was insufficient for a comparison of the effects of the two treatments on patient-reported outcomes, such as quality of life measures.

Experiência do autor com o AVONEX em 2015

- 32 pacientes

- Predominantemente jovens e mulheres
- Bem tolerado: monitorização a cada 3 meses com exames de sangue
- Falha terapêutica: 1 paciente por efeitos colaterais no fígado
- Falha terapêutica: nenhum por falta de eficácia
- Redução da taxa de surtos maior do que o esperado pela literatura
- Redução de progressão da incapacidade melhor do que o relatado na literatura

Conclusões

- BCTRIMS
- Esclerose Múltipla
- Avonex