



Safety profile of ocrelizumab for the treatment of multiple sclerosis: a systematic review

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INTRODUCTION

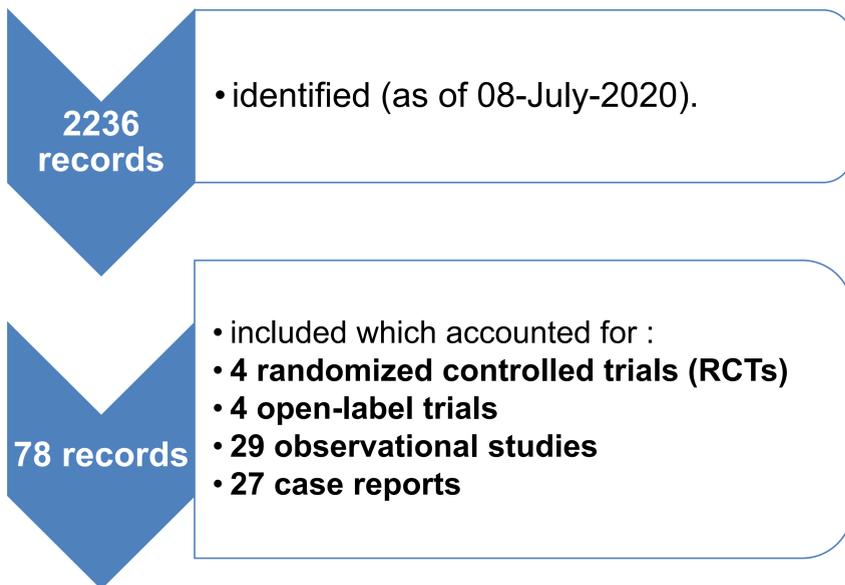
- Ocrelizumab has been approved for the treatment of relapsing and primary progressive multiple sclerosis (MS).
- This review aims to provide a comprehensive summary of reported adverse event for ocrelizumab, using a systematic approach.

METHODS

- We searched **four biomedical databases** (Medline, Embase, Web of Science and Toxicology Data Network-TOXLINE) from inception to **08-July-2020**, using search terms 'multiple sclerosis, clinically isolated syndrome and ocrelizumab'.
- We also searched clinical trial registries, drug company websites and ocrelizumab product monograph.
- We included **clinical trials, observational studies and case studies** reporting any **adverse events** for **individuals with a diagnosis of MS or clinically isolated syndrome**, regardless of age and sex.
- Searches and data extraction were conducted independently by two authors with any disagreements resolved with the third author.

RESULTS

Studies included in the review



Overview of adverse events by study

Adverse event	Study design (type of comparator)	Ocrelizumab group	Comparator group	Pooled frequency ocrelizumab (%)
Serious adverse events	RCT (vs beta-interferon)	58 / 825	73 / 826	218 / 3128 (7.0)
	RCT (vs placebo)	102 / 486	56 / 239	
	RCT (high or low dose vs placebo)	4 / 110	2 / 54	
	RCT (conventional vs shorter infusion)	3 / 291	3 / 289	
	OLT (no comparator)	34 / 680		
	OBS (no compactor)	14 / 447		
Adverse events leading to discontinuation	RCT (vs beta-interferon)	29 / 825	51 / 826	171 / 6577 (2.6)
	RCT (vs placebo)	20 / 486	8 / 239	
	RCT (high or low dose vs placebo)	3 / 110	0 / 54	
	RCT (pooled frequency from ocrelizumab treated RCTs/ OLTs)	141 / 4611		
	RCT (conventional vs shorter infusion)	1 / 291	0 / 289	
	OLT (no comparator)	7 / 680		
Any adverse events	OBS (vs rituximab)	11 / 161	8 / 311	2756 / 4498 (61.3)
	OBS (no comparator)	18 / 1225		
	RCT (vs beta-interferon)	688 / 825	689 / 826	
	RCT (vs placebo)	462 / 486	216 / 239	
	RCT (high or low dose vs placebo)	70 / 110	38 / 54	
	RCT (conventional vs shorter infusion)	125 / 291	120 / 289	
OLT (no comparator)	701 / 833			
OBS (no compactor)	590 / 1664			

Key: RCT, randomized controlled trial; OLT, open-label trial; OBS, observational studies.

Summary of adverse events by symptom, body site or laboratory parameter

Adverse event	Pooled frequency ocrelizumab (%)
Infections and infestations	
Serious infections	236 / 3244 (7.3)
Infections	1342 / 3424 (39.2)
Nasopharyngitis	248 / 1574 (15.8)
Upper respiratory tract infections	319 / 2268 (14.1)
Skin infections	68 / 486 (14.0)
Urinary tract infections	338 / 2485 (13.6)
Lower respiratory tract infections	115 / 1311 (8.8)
Influenza	95 / 1311 (7.2)
Herpesvirus-related infection	72 / 1311 (5.5)
Sinusitis	70 / 1464 (4.8)
Bronchitis	76 / 1646 (4.6)
Gastroenteritis	51 / 1521 (3.4)
Oral herpes	39 / 1421 (2.7)
Viral infection	33 / 1311 (2.5)
Rhinitis	29 / 1311 (2.2)
Herpes zoster	31 / 1754 (1.8)
Other infections (type unspecified)	40 / 335 (11.9)
Progressive multifocal leukoencephalopathy (PML) ^a	9 cases
Serious potential opportunistic infections	6 cases
Meningitis	2 case reports
Enterovirus-associated fulminant hepatitis B	1 case report
Infective endocarditis	1 case report
Viral encephalitis	1 case report

^a8 cases had prior exposure to another DMD, while 1 case had no prior DMD exposure.

Adverse event	Pooled frequency ocrelizumab (%)
General disorders and administration site conditions	
Serious infusion-related reaction	6 / 1452 (0.4)
Infusion-related reaction (IRR)	1391 / 5301 (26.2)
Rash (IRR)	127 / 1439 (8.8)
Pruritus (IRR)	144 / 1649 (8.7)
Throat irritation (IRR)	127 / 1891 (6.7)
Fatigue/ tiredness	159 / 2358 (6.7)
Flushing (IRR)	93 / 1439 (6.5)
Edema peripheral	29 / 486 (6.0)
Headache (IRR)	107 / 2270 (4.7)
Influenza-like illness/ flu-like symptoms	46 / 1063 (4.3)
Oropharyngeal pain (IRR)	39 / 1311 (3.0)
Urticaria/ allergic rash (IRR)	40 / 1352 (3.0)
Pyrexia (IRR)	40 / 1439 (2.8)
Nausea (IRR)	31 / 1690 (1.8)
Tachycardia (IRR)	30 / 1649 (1.8)
Dizziness (IRR)	24 / 1439 (1.7)
General disorders and administration site conditions (type unspecified)	46 / 493 (9.3)
Psychiatric disorders	
Depression including suicide	117 / 1311 (8.9)
Insomnia	74 / 1311 (5.6)
Atypical psychiatric presentation	2 case reports
Pregnancy, puerperium and perinatal conditions	
Birth defects	6 / 48 (12.5)
Structural malformations	3 / 48 (6.3)
Still birth	1 / 267 Numerator refers to the number of pregnancies, not number of women
Preterm birth	5 / 267 Numerator refers to the number of pregnancies, not number of women

Adverse event	Pooled frequency ocrelizumab (%)
Neoplasms	
Malignancies	72 / 5528 (1.3)
Breast cancer	95 Estimated denominator from the drug manufacturer
Investigations	
'Decreased lymphocytes' below the LLN ^b	299 / 1311 (22.8)
Lymphopenia (<500/mm ³)	44 / 1712 (2.6)
'Decreased neutrophils' level ^b	184 / 1311 (14.0)
Abnormal alanine aminotransferase ^c	76 / 1311 (5.8)
Abnormal gamma-glutamyl transferase ^c	69 / 1311 (5.3)
Abnormal aspartate aminotransferase ^c	32 / 1311 (2.4)
Investigations (type unspecified)	25 / 493 (5.1)
Late-onset neutropenia	3 case reports
Early-onset/ rapid onset neutropenia	2 case reports
Nervous system disorders	
Headache	177 / 1590 (11.1)
Nervous system disorder (type unspecified)	114 / 646 (17.6)
Seizure	2 / 235 and 3 case reports
Musculoskeletal and connective tissue disorders	
Back pain	115 / 1311 (8.8)
Pain in extremity	76 / 1311 (5.8)
Musculoskeletal and connective tissue disorders (type unspecified)	35 / 493 (7.1)
Other serious adverse events	
Death	26 / 4946 (0.5)
Cholecystitis/ cholelithiasis	7 / 1311 (0.5)
Pancreatitis	4 / 1311 (0.3)
Possible case of serum sickness	1 case report
Colitis	1 case report
Reactivation of rheumatic cardiopathy	1 case report
Drug reaction with eosinophilia and systemic symptoms (DRESS)	1 case report

Key: LLN, lower limit of normal.

^bNo definition of 'decreased' was provided, so it was unclear what was decreased relative to what. Of note, none of these findings appeared in peer-reviewed scientific publications.

^c'Abnormal' was defined by authors as 'clinically important abnormalities' but the level of abnormalities was not specified.

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DISCLOSURES

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- Dr Luzon was a former employee of Merck and is a current employee of Xenon Pharmaceuticals, although was a full-time student at the University of British Columbia when this study was conducted.
- Dr Tremlett is the Canada Research Chair for Neuroepidemiology and MS and has received research support in the last 3 years from the: NMSS, Canadian Institutes of Health Research, Canada Foundation for Innovation, MS Society of Canada, and the MS Scientific Research Foundation.