those patients with the most active disease compared with treated cohorts in other western countries. However, alemtuzumab has been available in our center off-license since 2005, and our study’s long-term outcomes mirror those reported in another alemtuzumab-treated cohort.5

The expansion in DMTs in the last decade has led to the development of several options to treat relapsing MS but a lack of data or consensus on DMT sequencing choices. We agree with the authors that RCT data are urgently needed and, anticipating this, used the results from this observational study as preliminary data to inform the development of the Determining the Effectiveness of Early Intensive vs Escalation Approaches for the Treatment of Relapsing-Remitting Multiple Sclerosis (DELIVER-MS) trial. DELIVER-MS is a pragmatic parallel group, randomized clinical trial designed to compare outcomes of people treated with an early intensive approach vs an escalation approach. In 24 centers (12 in the United States and 12 in the United Kingdom), we aim to recruit 400 randomized and 400 observational patients with a definite diagnosis of MS, onset in the last 5 years, who are treatment naive, to receive either an escalation approach or an early intensive treatment approach. The primary end point is brain volume loss at 36 months and secondary end points include the accumulation of disability and health-related quality of life. We look forward to the results of this trial and hope that it will provide a more definitive answer to the question of the effect of initial treatment approaches on long-term outcomes in MS.

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Published Online: October 14, 2019. doi:10.1001/jamaneurol.2019.3459

Conflict of Interest Disclosures: Dr Harding reported grants and nonfinancial support from Novartis as well as personal fees from Biogen and Merck outside the submitted work. Dr Tallantyre reported honoraria and support to attend educational meetings from Merck and Novartis, support to attend educational meetings from Biogen, and a salary as a UK MS Registry fellow from Biogen outside the submitted work. Dr Robertson reported grants from Genzyme and Novartis outside the submitted work and honoraria and support to attend educational meetings from Biogen, Genzyme, Novartis, and Celgene.


