**RESULTS**

**MRI Outcomes**

- **BG-12** resulted in statistically significant reductions relative to placebo in the number of new/enlarging T2 lesions (Figure 2) and the number of new non-enhancing T1 hypointense lesions (Figure 3) within the first year of the study, and were sustained at year 2.

- Reductions in adjusted mean numbers of new/enlarging T2 lesions versus placebo at 2 years were:
  - 78% with **BG-12** (lesion mean ratio (95% CI): 0.22 (0.17–0.28); p<0.0001)
  - 73% with **BG-12** TID (lesion mean ratio (95% CI): 0.27 (0.21–0.34); p<0.0001)

- Reductions in adjusted mean numbers of new non-enhancing T1 hypointense lesions versus placebo at 2 years were:
  - 65% with **BG-12** (lesion mean ratio (95% CI): 0.35 (0.30–0.40); p<0.0001)
  - 64% with **BG-12** TID (lesion mean ratio (95% CI): 0.36 (0.29–0.46); p<0.0001)

**Brain atrophy**

- **BG-12** 240 mg BID and TID significantly improved MRI outcomes over 2 years in patients with RRMS.
- **BG-12** significantly reduced the number of new/enlarging T2, new T1, and Gd+ lesions compared with placebo.
- **BG-12** 240 mg BID also significantly reduced brain atrophy from baseline to Year 2 compared with placebo.

**Conclusions**

- When considered alongside clinical efficacy and an acceptable safety profile, the results of this integrated analysis of data from two Phase 3 studies suggest that **BG-12** has the potential to become a valuable oral treatment option for patients with relapsing MS.