Multiple Sclerosis Academy

MS Advanced MasterClass 14 Module 2

8-9 March 2022 – Halifax Hall, Sheffield

Day 1 – Tuesday, 8 March 2022

N.B Cases are for illustration purposes only and may be adapted by the faculty.

09:30 **Registration and refreshments**

09:45 **Welcome, what's happened since we last met?**
Joela Mathews, Highly Specialist Pharmacist – Neurosciences Lead, Barts Health NHS Trust

10:15 **Epidemiology, statistics and data use**
Joela Mathews

NHSE specialist commissioning is worried about the unsustainable growth in DMTs. They ask you what is happening to the incidence and prevalence of MS so that they can plan for the future. What are you to tell them?

- To review the epidemiology of MS in the UK and its impact on MS services
- To review the national, regional and local DMT prescribing patterns of DMTs
- To show how data can be used locally to potentially improve services

12:15 **Lunch**

13:00 **Diagnostics**
Prof David Baker, Professor of Neuroimmunology, Barts and The London School of Medicine and Dentistry

Vaccine immunology and impact on patient care

- Review of vaccine immunology and the impact DMTs have on vaccine responses

13:55 **Comfort break**

14:00 **Diagnostics cont.**
Joela Mathews & Dr Wallace Brownlee, Consultant Neurologist, University College London Hospitals NHS Foundation Trust & Academic Director, MS Academy

A 56-year old man with PPMS who has three courses of ocrelizumab is due for his next infusion in 6 weeks time. He is keen to have the COVID-19 vaccine. What are you going to advise him in relation to the timing of his next ocrelizumab infusion?

- To cover vaccine readiness and heistancy and its relevance to MS
- To review vaccinations and MS management

15:00 **Refreshment break**

This activity has been supported by sponsorship from Roche Products Ltd, Biogen Idec Ltd and Janssen-Cilag Ltd.
The sponsors have had no control over the educational content of this activity.

15:30 **Pathophysiology**
Dr Wallace Brownlee

A person with RES-MS previously treated with alemtuzumab 5 years, but it has become apparent they have entered the secondary progressive phase of their disease with worsening spastic paraparesis and gait despite having no relapses or new activity on MRI for the last 5 years. He wants to understand why this has happened and what can be done to stop his health declining.

- To review MS disease course definitions
- To review the pathogenesis of progressive MS
- Neuroprotection, including recently completed clinical trials
- Remyelination, including recently completed clinical trials

17:30 **Short listed 3 - present projects**
Dr Wallace Brownlee

- Ruth Stross & Dr Victoria Wallace: Setting up a pathway to improve management of Cognitive Impairment in people with MS using screening with the Symbol Digit Modality Test prior to referral to Neuropsychology
- Sinead Jordan: A model of care for subcutaneous Natalizumab in the community
- Sarah Roderick: Analysis of Community Caseload and how to manage duplication of services

18:00 **Vote & sessions close for day 1**

19:15 **Pre-dinner drinks (not compulsory)**

19:45 **Informal dinner**

Day 2 – Wednesday, 9 March 2022

08:30 **Registration**

08:45 **Feedback from the delegates – day 1**
Dr Heather Wilson, Consultant Neurologist, Royal Free London NHS Foundation Trust

09:00 **Disease-modifying therapies - MDT Meeting**
Dr Heather Wilson & Olivia Moswela, Lead Pharmacist - Neurosciences & Neuro-Critical Care, Oxford University Hospitals NHS Foundation Trust

A 50 year woman with relatively mild MS stops her tecfidera because of lymphopenia. 18 months later her lymphocyte count is 0.66 and two new lesions are detected on a follow-up MRI.

- To review the definition of lymphopenia and impact on DMT decisions
- Complications of lymphopenia

This activity has been supported by sponsorship from Roche Products Ltd, Biogen Idec Ltd and Janssen-Cilag Ltd.
The sponsors have had no control over the educational content of this activity.

A 27 year old woman completed two courses of cladribine treatment in January 2018 and January 2019. She is keeping well (EDSS 1) but an MRI scan shows two new lesions. She would like to take another course of cladribine.

- Immune reconstitution therapies - defining treatment failure
- When and how to re-treat with cladribine

A 49 year old woman has been on treatment with ocrelizumab for 3 years. Her psoriasis has been much worse since starting on ocrelizumab and her dermatologist has recommended treatment with ustekinumab.

- Autoimmune comorbidities in people with MS
- Impact on DMT decisions

A 36 year old man with RES-MS has had two disabling relapses 18 months after his third course of alemtuzumab and his EDSS has worsened to 6.0. Brain MRI shows three gadolinium-enhancing lesions. The patient is interested in HSCT.

- Patient selection for HSCT
- Short and long-term complications of HSCT, and patient monitoring.

11:00 **Refreshments**

11:30 **Treatment - women's health issues**

Dr Karen Chung, Consultant Neurologist, University College London Hospitals NHS Trust

Aggressive MS manifests again with a brainstem relapse (INO, ataxia and severe vertigo) six months after treatment is de-escalated to glatiramer acetate from fingolimod in a patient wanting to become pregnant. The patient was previously treated with natalizumab but this was stopped after 7 years because of a risk of PML.

- How to manage active MS in relation to someone with MS wanting fall pregnant
- To review the management of DMTs in pregnancy and breast-feeding
- Fertility treatment - impact on MS disease activity

12:30 **A 49 year old woman with MS is stable on treatment with teriflunomide but reports marked worsening of fatigue, headaches, low libido, hot flushes and difficulty concentrating at work. Her periods have been irregular in the last two years.**

- Impact of the menopause on MS disease course
- Role of hormone replacement therapy
- Female sexual dysfunction
- Bone health

13:30 **Lunch**

This activity has been supported by sponsorship from Roche Products Ltd, Biogen Idec Ltd and Janssen-Cilag Ltd.
The sponsors have had no control over the educational content of this activity.

14:15 **Supportive care**

Dr Lorraine Petersen, Consultant in Palliative Medicine and Medical Director at the Arthur Rank Hospice Charity, Cambridgeshire, UK

A 38-year old woman with SPMS (EDSS 8.5) lives at home with her husband and two sons (aged 14 and 16). She has difficulty swallowing with two recent admissions for chest infections. A speech therapist has done a recent swallowing assessment and has recommended the patient has a PEG inserted for feeding. She has a suprapubic catheter in situ, which frequently blocks and needs flushing by district nurses every 2 weeks. She is plagued by recurrent UTIs. Her bowels are managed with daily rectal irrigation. She has developed a moderate sized sacral pressure sore. The patient is quite cognitively impaired and is adamant she wants to go to Dignitas for assisted suicide. Her husband and sons are not supportive of her request on religious grounds; they are practising catholics. The school has noted that both her sons are disengaged with school activities and have recently added them to their high-risk register. Her husband is depressed and has said he is not coping with her night-time care needs, is sleep deprived and admits to drinking excessively at night. They currently live in a two-bedroomed ground floor flat with an adapted bathroom. The husband feels she needs her own room with a hospital bed to deal with her pressure sore. Their social worker has turned down his request for large housing because of lack of availability. The husband has admitted that they are battling financially as a family and frequently runs out of money before the end of the month.

How are you going to manage this patient, her family and their social needs?

- How to deal with an assisted suicide request
- Dealing with advanced directives
- How to manage complex problems in patients with advanced MS
- The role of the palliative care team in MS

16:15 **Final remarks and meeting close**

This activity has been supported by sponsorship from Roche Products Ltd, Biogen Idec Ltd and Janssen-Cilag Ltd.
The sponsors have had no control over the educational content of this activity.