

Pre Course Virtual Learning

- **eHealth and how it can transform the management of MS**
Dr Niraj Mistry, Consultant Neurologist, University Hospitals Birmingham NHS Foundation Trust & Ruth Stross, MS Nurse Specialist, Epsom and St Helier University Hospitals NHS Trust
- **What can we expect our patients to self manage?**
Dr Agne Straukiene, Consultant Neurologist, Torbay and South Devon NHS Foundation Trust
- **The potential impact of running a remote MS service for patients and the NHS**
Prof Gavin Giovannoni, Professor of Neurology, Barts and The London School of Medicine and Dentistry
- **HSCT as NHS treatment for highly-active MS**
Prof Basil Sharrack, Consultant Neurologist, Sheffield Teaching Hospitals NHS Foundation Trust
- **HSCT – are we ready to offer it first-line?**
Dr Ben Turner, Consultant Neurologist, Barts Health NHS Trust
- **Case histories to address advanced directives, infections, falls and bone health**
Prof Carolyn Young, Consultant Neurologist, The Walton Centre NHS Foundation Trust
- **DELIVER-MS and what it means for clinical practice and how it will potentially reduce variance in DMT prescribing**
Dr Nikos Evangelou, Clinical Associate Professor, University of Nottingham
- **PPI and monitoring patients disease – the case for an MOT or self-monitoring**
Dr Alison Thomson, Lecturer in Public Engagement and Patient Public Involvement, Queen Mary University of London
- **Managing immunosuppression and pharmacovigilance in clinical practice**
Dr Joanne Jones, Consultant Neurologist, Cambridge University Hospitals NHS Foundation Trust
- **Case studies with a twist – test your diagnostic, management and communication skills**
Prof Gavin Giovannoni
- **Transitioning from paediatric to adult with MS**
Dr Wallace Brownlee, Consultant Neurologist, University College London Hospitals NHS Foundation Trust
- **UK MS epidemiology update and the impact of progressive MS treatments for clinical practice**
Prof Neil Robertson, Clinical Professor of Neurology, Institute of Psychological Medicine and Clinical Neurosciences, Cardiff University School of Medicine
- **Social determinants of health & the management of MS**
Dr Helen Ford, Consultant Neurologist, Leeds Teaching Hospitals NHS Trust
- **Value-based pricing is the way to improve MS services – Debate session**
For: Dr Heather Wilson & **Against:** Dr David Paling
- **Advanced MS champions**
Paru Naik, Director of Health Professional Programmes, MS Trust & Advanced Champion & Megan Roberts, Head of Health Professional Programmes, MS Trust

Day 1 – Thursday, 16 September 2021

Each case will be discussed as a group followed by a presentation from the chair around the topic and the discussion generated.

09:30 Registration and refreshments

09:45 Welcome

Joela Mathews, Highly Specialist Pharmacist – Neurosciences Lead, Barts Health NHS Trust

10:15 Diagnostics

Dr Floriana De Angelis, Consultant Neurologist, Luton and Dunstable University Hospital NHS Foundation Trust

An 18-year women with optic neuritis has a lumbar puncture that shows a no OCBs in the CSF but has an MRI that is typical of MS, but without any enhancing lesions

- Lab technology underpinning CSF assays, including sensitivity, specificity, positive and negative predictive value and ROC analysis
- Use of 2017-18 McDonald criteria in clinical practice
- Does the fact that the CSF analysis is negative change your management?
- DMT choice in CSF negative subjects

11:15 A 32-year old male with atypical migraine has an MRI that shows multiple white matter lesions typical of demyelination with at least two Gd-enhancing lesions. His neurological examination is unremarkable. A lumbar puncture reveals a positive CSF with local synthesis of oligoclonal IgG bands (OCBs)

- When does RIS become MS?
- Can we use cognition to define MS?
- Can we use EPs and CMCTs to define MS?
- Managing active RIS?

12:15 Lunch

13:00 Symposium - Biogen Idec Ltd

13:00 Epidemiology, statistics and data use

Dr Emma Tallantyre, Clinical Senior Lecturer, Cardiff University

A 45-year medically retired lawyer on fingolimod has noticed worsening lower limb weakness and a reduction in his walking distance.

- Despite being NEDA-2 (no relapse and MRI activity) in fingolimod he asks whether or not he has SPMS?
- What has happened to the incidence and prevalence of SPMS in the UK?
- He is concerned about his ability to work, what is the impact of SPMS on his ability to work?

- Should he be referred for neuropsychological assessment to document cognitive impairment or is the SDMT sufficient?
- Is he eligible for a switch, for example, siponimod? What is active SPMS?

15:00 Refreshment break

15:30 Pathophysiology

15:30 Debate: Selective B cell depletion therapies are the safest and preferred way to manage highly-active relapsing MS

Prof David Baker, Professor of Neuroimmunology, Barts and The London School of Medicine and Dentistry & Dr John Woolmore, Consultant Neurologist, University Hospitals Birmingham NHS Foundation Trust

Yes Prof David Baker & **No** Dr John Woolmore

16:30 The pathophysiology of MS-related fatigue and its management

Dr John Woolmore

17:30 Sessions close for day 1

19:00 Pre-dinner drinks (not compulsory)

19:30 Informal dinner

Day 2 – Friday, 17 September 2021

08:30 Registration

08:45 Feedback from the delegates – day 1

Dr David Paling, Consultant Neurologist, Sheffield Teaching Hospitals NHS Foundation Trust

09:00 Radiology

Dr David Paling

A long standing patient with MS on Natalizumab comes in with some progressive cognitive and balance symptoms. Their conventional MRI scans are unchanged. Why is this?

- Non-relapsing progressive MS vs, sub-clinical PML vs. early ageing
- How to manage non-relapsing progressive MS in patients that are NEIDA (no evidence of inflammatory disease activity)
- Does early ageing exist in MS? If yes, how to diagnose it.
- How effective is extended interval dosing at preventing PML?
- Switching from natalizumab; what factors need to be considered?

11:00 Refreshments

11:30 Treatment

Dr Wallace Brownlee, Consultant Neurologist, University College London Hospitals
NHS Foundation Trust

A 56-year old patient with SPMS who has been on fingolimod for 6 years without relapses or MRI activity. He is keen to stop his treatment as he has recently had a basal cell carcinoma excised from his forearm.

- To review the DMT stopping criteria
- How to MRI to help make the decision
- Managing MS in the older patient with MS
- Clinical trials in drug discontinuation.

12:30 A 22-year old medical student with highly-active RRMS having failed DMF has been recommended to escalate her treatment by her neurology consultant. Despite this she is very keen not to change her treatment and would like to try and change her diet instead.

- How to counsel patients about the risks and benefits of high efficacy DMTs
- How to manage the communication difficulties and misconceptions.
- How to explore and work with patients models of illness and support shared decision making.

13:30 Lunch

14:15 Supportive care

Dr Eli Silber, Consultant Neurologist, King's College Hospital NHS Foundation Trust - **virtual**

Further discussion around the case studies delving deeper into current pathways between MS and palliative care.

- How can we improve these?
- Are they there?
- Best Practice?
- Funding?
- Joint working best practice examples?

16:00 The collaboration between MS and palliative care - how can this be developed?

Prof David Oliver, Honorary Professor, Tizard Centre, University of Kent

16:30 Mentorship & project

Dr David Paling



MS Advanced MasterClass 14 Module 1
16 & 17 September 2021 – Halifax Hall, Sheffield

17:00 **Final remarks and depart**
Dr David Paling