Multiple Sclerosis Academy

**MS Advanced MasterClass 20 Module 2**

**28th - 29th November 2024 – Halifax Hall, Sheffield**

## Day 1 - Thursday 28th November 2024

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

**09:15** **Registration and refreshments**

**09:30** **Welcome, what's happened since we last met?**

Dr Wallace Brownlee, consultant neurologist, University College London Hospitals NHS Foundation Trust & honorary academic director, MS Academy

**09:45** **Leadership to effect change**

Prof Gabriele De Luca, consultant neurologist, Oxford University Hospitals NHS Foundation Trust

**10:45** **MS service provision**

Sue Thomas, independent healthcare consultant & Wallace Brownlee

**A patient with relapsing MS is stable on treatment with natalizumab. She asks about changing her treatment because of the expense of travelling into London each month and the disruption to work and family life. She asks why the MS team at her local hospital can't give natalizumab**

- How are MS services commissioned in the UK?
- What do ICBs mean for people with MS?
- How can MS service leaders be successful in business cases?
- GIRFT report and NHS long-term plan - implications for MS teams

**12:00** **Lunch**

**13:00** **MS in special populations (2) - women's health**

Dr Karen Chung, consultant neurologist, University College London Hospitals NHS Trust and Daisy Cam, lead MS specialist nurse, Sheffield

**Aggressive MS manifests again with a brainstem relapse (INO, ataxia and severe vertigo) six months after treatment is de-escalation 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

**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
- Impact of menopause on women's health, relationships and work

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- Role of hormone replacement therapy
- Managing female sexual dysfunction
- Bone health

**15:00** **Refreshment break**

**15:30** **Pathophysiology (2) - progressive MS**

Dr Wallace Brownlee

**A 41 year old man with RES-MS previously treated with alemtuzumab 5 years has 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.**

- Pathogenesis of progressive MS(Review)
- Disease-modifying therapy for progressive MS
- Neuroprotection, including recently completed clinical trials
- Remyelination, including recently completed clinical trials
- Is MS a progressive condition from onset?

**17:00** **Poster speed dating**

Dr Wallace Brownlee

**18:15** **Vote & Sessions close for day 1**

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

**19:45** **Formal dinner**

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## Day 2 – Friday 29th November 2024

**08:30** **Registration**

**08:45** **Feedback from the delegates – day 1**

Dr Kate Petheram, consultant neurologist, South Tyneside & Sunderland NHS Foundation Trust

**09:00** **Symptom management (4) - focus on advanced MS**

Ruth Stross, MS nurse specialist, Epsom and St Helier University Hospitals NHS Trust & Dr Kate Petheram, consultant neurologist, South Tyneside & Sunderland NHS FoundationTrust

**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?**

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

**11:00** **Refreshments**

**11:30** **Symptom management (3) - focus on employment**

Joanne Hurford, occupational therapist, National Hospital for Neurology and Neurosurgery, Dr Blanca de Dios Perez, research fellow, University of Nottingham & Rob Sloan, service designer, Shift.MS

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**A 45 year old IT consultant with secondary progressive MS is struggling at work due to fatigue and cognitive symptoms. Things were better during the pandemic when he could work from home but his line manager feels he needs to be in the office at least 3 days each week.**

- Employment and MS
- What do reasonable adjustments mean and how should the multidisciplinary team be involved?
- Can we support people with MS to have a positive exit from work?
- Lived experience of work difficulties in the context of MS

**13:30** **Lunch**

**14:15** **Disease-modifying therapies (2) - MDT meeting**

Dr Nikos Evangelou, clinical associate professor, University of Nottingham & Rachel Dorsey-Campbell, senior lead pharmacist - neurosciences, Imperial College Healthcare NHS Trust

**A 50 year old woman with RMMS stops her Tecfidera because of persistent lymphopenia. 18 month later her lymphocyte count is 0.66 and she has two new lesions on a follow-up MRI.**

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

**A 27 year old woman completed two courses of cladribine treatment in 2018 and 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.

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**16:15** **Final remarks and depart**
Dr Kate Petheram

**16:30** **Bus to depart to station**

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