

**MS Advanced MasterClass 22 Module 1****5th & 6th June 2025 – Halifax Hall, Sheffield****Day 1 – Thursday, 5th June 2025**

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**

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

**10:00      MS in special populations (1) - paediatric-onset MS**

Dr Wallace Brownlee & Stacey Pruett, clinical nurse specialist, Great Ormond Street Hospital for Children NHS Foundation Trust

**A 17 year old with relapsing-remitting MS on treatment with ocrelizumab is due to turn 18 next month and is feeling anxious about moving her care to the adult MS team.**

- Paediatric-onset MS
- Supporting young people with MS through the transition to adult care
- Navigating higher education and vocation in young adults with MS

**11:00      Diagnosis and differential diagnosis**

Dr Wallace Brownlee & Stacey Pruett

**A 39 year old woman is in the rehab unit recovering from a severe attack of transverse myelitis requiring treatment with steroids and plasma exchange. Her aquaporin-4 antibodies have come back positive.**

- Pathophysiology of NMOSD
- Similarities and differences with MS
- Treatment of NMOSD
- Who should be involved in the care of people with NMOSD?

**A 17 year old man is recovering from an attack of optic neuritis. He had ADEM at the age of 8 years and a previous attack of optic neuritis at the age of 14 years. His MOG-IgG antibodies come back positive.**

- Pathophysiology of MOGAD
- Similarities and differences with MS
- Treatment of MOGAD
- Supporting patients with NMOSD and MOGAD

**12:00      Lunch**

**MS Advanced MasterClass 22 Module 1****5th & 6th June 2025 – Halifax Hall, Sheffield****13:00      Symptom management (1) - focus on invisible symptoms**

Dr Victoria Wallace, consultant neurologist, St George's University Hospitals NHS Foundation Trust, Joanna Rutkowska-Wheeldon, occupational therapist, Cardiff and Vale University Health Board & Anna Sprigings, MS specialist practitioner and highly specialist neurological physiotherapist, Epsom and St Helier University Hospitals NHS Trust

**A 40 year old man with MS complains of disabling fatigue and is considering leaving work as a teacher due to physical and cognitive fatigue.**

- Occupational therapy perspective - assessment of MS fatigue, interventions to help fatigue
- Physiotherapy perspective - assessment of MS fatigue, interventions to help fatigue
- Medical perspective - pharmacological management of fatigue
- Multidisciplinary roundtable discussion

**A 31 year old woman with MS complains of pain and numbness in their legs, she works in a supermarket and is on her feet all day.**

- Types of pain in MS
- Occupational therapy perspective - assessment of pain, interventions to help address pain
- Physiotherapy perspective - assessment of pain, interventions to help address pain
- Medical perspective - pharmacological management of pain
- Multidisciplinary roundtable discussion

**15:00      Refreshment break****15:30      Disease-modifying therapies (1) - MDT meeting**

Dr James Varley, consultant neurologist, Imperial College Healthcare NHS Trust & Joela Mathews, highly specialist pharmacist – neurosciences lead, Barts Health NHS Trust

**A 59 year old woman on ofatumumab is diagnosed with high-grade HER2-positive breast cancer with involvement of axillary lymph nodes. She is scheduled to start neo-adjuvant chemotherapy next week, followed by surgery and further chemotherapy treatment.**

- Do DMTs increase the risk of cancer?
- What are the considerations for DMT in patients with cancer?

**A 39 year old man with ankylosing spondylitis is diagnosed with MS 12 months after starting treatment with adalimumab. His rheumatologist has stopped the adalimumab and he will start secukinumab next week.**

- TNF induced demyelination
- Managing MS in patients with autoimmune comorbidities

**A 28 year old woman with RRMS is stable on treatment with ofatumumab 2 years ago. She is thinking about starting a family next year.**

- How should women taking anti-CD20 agents be counselled about family planning?

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**A 61 year old man with obesity, type 2 diabetes and highly active MS has been treated with ocrelizumab since 2018. He was admitted to hospital with community acquired pneumonia in January 2025 and needed intensive care treatment. He has slowly recovered but remains deconditioned and his EDSS has worsened to 6.5. His last infusion of ocrelizumab was in October 2024. Blood tests show that his CD19 count is 2.8% and IgG 7.9g.L.**

- Risks of serious infections in people with MS
- DMT decision making in people with serious infections

**17:30      Career planning, project planning and networking**

Dr Wallace Brownlee, Ruth Stross, head of nursing, Neurology Academy, RCN neuroscience forum committee member and MS Together trustee, Joanna Rutkowska-Wheeldon, Anna Sprigings & Joela Mathews

**18:30      Close****19:00      Pre-dinner drinks****19:30      Informal dinner****Day 2 – Friday, 6th June 2025****08:30      Registration****08:45      Feedback from the delegates – day 1**

Dr David Paling, consultant neurologist, Sheffield Teaching Hospitals NHS Foundation Trust & honorary strategic director, MS Academy

**08:50      Symptom management (2) - focus on advanced MS**

Rhian O'Halloran, clinical specialist physiotherapist in MS, Cardiff and Vale University Health Board, Ruth Stross & Anna Tucker, principal speech & language therapist, North Bristol NHS Trust

**A 48 year old man with aggressive MS (EDSS 8.5) is recovering following admission to hospital with aspiration pneumonia. He has lost 5kg of weight over the last 12-18 months because he is no longer able to feed himself and has difficulty swallowing. He has a very soft voice and a weak cough.**

- Nutrition and swallowing assessment and management in advanced MS
- Eating and drinking with accepted risks (EDAR)
- When and how to discuss PEG feeding
- Respiratory management in patients with advanced MS

**10:50      Refreshments**

**MS Advanced MasterClass 22 Module 1****5th & 6th June 2025 – Halifax Hall, Sheffield****11:15****Pathophysiology (1) - ageing**

Dr Floriana De Angelis, consultant neurologist, Bedfordshire Hospitals NHS Foundation Trust  
& Jody Barber, head of integrated clinical services, Chiltern Multiple Sclerosis Centre

**A 72 year old woman with MS attends for her annual review appointment. Her MS has generally been stable over the last year (EDSS 6.0) and she continues on weekly injections of Avonex first started in 2002. She has a number of other health problems including depression, osteoporosis and hypertension.**

- Impact of ageing on MS disease course
- Impact of comorbidities on MS disease course
- Do DMTs work in older people?
- When to stop MS DMTs
- Healthcare maintenance in older people with MS

**13:00****Lunch****14:00****Neuroradiology**

Dr David Paling & Dr Andrew Martin, consultant neuroradiologist, Sheffield Teaching Hospitals NHS Foundation Trust

**A 27 year old woman presents with signs and symptoms of left optic neuritis.**

- How should MRI be used to establish a diagnosis of MS?
- How can MRI help with differential diagnosis of suspected MS?

**A 34 year old woman with MS is starting treatment with Tecfidera. She asks when her next MRI will be?**

- How should MRI be used to monitor response to treatment?
- When should a re-baseline MRI scan be done?
- Do all patients need gadolinium for routine follow-up scans?
- Does she need a spinal cord MRI?
- Should a single new lesion prompt a change in her treatment?

**A 44 year old man on treatment with natalizumab has a new juxtacortical lesion on a routine MRI scan. The neuroradiologist is concerned about PML.**

- Risk of PML with MS DMTs
- Role of MRI to detect sub-clinical PML
- Initial approach to assessment and treatment of patients with possible PML



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**16:00**      **Mentorship & project, including recording of 2024 project winner**

Dr David Paling

**16:30**      **Final remarks and depart**

Dr David Paling