Multiple Sclerosis Academy®

MS Advanced MasterClass 22 Module 2

27th - 28th November 2025 – Halifax Hall, Sheffield

Day 1 - Thursday 27th November 2025

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 in the UK**

Sue Thomas, neurology CRG patient and public voice partner and independent healthcare consultant

- How are MS services commissioned in the UK?
- How will care closer to home benefit people with MS?
- 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 Foundation Trust, UCLH & Daisy Cam, lead MS specialist nurse, Sheffield Teaching Hospitals NHS Foundation Trust

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

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15:00 **Refreshment break**

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

Dr Wallace Brownlee

A 41 year old man with RES-MS previously treated with ocrelizumab for the last 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
- 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, Dr David Paling, honorary strategic director, MS Academy & consultant neurologist, Sheffield Teaching Hospitals NHS Foundation Trust and Ruth Stross, head of nursing, Neurology Academy & neurology specialist nurse, Kingston Hospital NHS Foundation Trust

Delegates present their intermodule project to peers, sponsors and faculty, and demonstrate:

- practical implementation of learning through service improvement
- use of new skills / increased confidence in utilising those skills
- personal growth / increased confidence

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

19:15 **Pre-dinner drinks**

19:45 **Formal dinner**

Day 2 – Friday 28th November 2025

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, Dr Kate Petheram & Dr Emma Husbands, Palliative care physician, Gloucestershire Hospitals NHS Foundation Trust

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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, University College London Hospitals NHS Foundation Trust & Dr Blanca de Dios Perez, research fellow, University of Nottingham & George Pepper, CEO and founder of Shift.ms

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 Tarunya Arun, consultant neurologist, University Hospitals Coventry and Warwickshire NHS Trust & Rachel Dorsey-Campbell, senior lead pharmacist - neurosciences, Imperial College Healthcare NHS Trust

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A 41 year old man is recovering from a spinal cord relapse. His neurologist has recommended changing his treatment from ponesimod to ublituximab. Three weeks after stopping the poesimod his lymphocyte count is 0.34.

- Sequencing MS therapies
- Managing lymphopenia in patients with active MS

A 37 year old woman has been on treatment with ocrelizumab for the last 4 years and is keeping well. Her IgG levels have fallen 3.2g/L over the last few years. She had had a couple of colds in the last 12 months but hasn't had any serious infections or required a course of antibiotics.

- Managing hypogammaglobulinemia in patients treated with antiCD20 therapies

A 49 year old woman has been on treatment with Tysabri for the last 11 years. She receives a letter from the hospital to say that her treatment will be changed over to biosimilar natalizumab.

- What are biosimilar medicines?
- Counselling patients about biosimilars, and dealing with nocebo effects

A 49 year old woman develops abdominal pain and diarrhoea 7 months after starting treatment with ofatumumab. Her gastroenterologist diagnoses colitis and contacts the MS team to ask if she should stop taking the ofatumumab

- Immune-mediated colitis and other autoimmune complications of antiCD20 therapies

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. A referral is made to the HSCT

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

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

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

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