

## MULTIPLE SCLEROSIS (MS)

Friday, March 27, 2020

**07:30-08:30** E-Poster Presentations (Exhibition Area)

**08:30-10:10** DIAGNOSIS

Chairs: **Anastasios Orologas**, Greece |

**08:30-09:20** **Are the 2017 MS McDonald criteria too liberal and should be more restrictive?**

*Capsule: The 2017 revisions of the McDonald criteria for the diagnosis of MS were mainly designed to facilitate an earlier MS diagnosis thus marginalizing the clinically isolated syndrome. While the criteria are easy to use and highly sensitive, they lack specificity and may bear the risk of MS overdiagnosis, exposing patients to unnecessary, expensive and sometimes dangerous therapy.*

08:30-08:40 Host: **Ralf Linker**, Germany

08:40-08:55 Yes: **Brian Weinschenker**, USA

08:55-09:10 No: **Christopher Hawkes**, UK

09:10-09:20 Discussion and rebuttals

**09:20-10:10** **Does OCT make VEP redundant?**

*Capsule: Visual evoked potentials (VEP) have traditionally been used to support the existence of subclinical involvement of the optic nerve in MS patients. The newly developed optical coherence tomography (OCT) is sensitive to anatomical changes in the retina and optic nerve. Does the OCT make the VEP obsolete or does the physiological measure add important information?*

09:20-09:30 Host: **Abhijit Chaudhuri**, UK

09:30-09:45 Yes: **Hadas Stiebel-Kalish**, Israel

09:45-10:00 No: **Mario Habek**, Croatia

10:00-10:10 Discussion and rebuttals

**10:10-10:25** *Coffee Break*

**08:30-10:10** THERAPY

Chairs: **Emma Gray**, UK | **Anas Jouhar**, Syria

**10:25-11:15** **Should new therapies for MS be used even with poor scientific support?**

*Capsule: Over the past three decades, numerous drugs were approved for MS, but in many patients the disease is not fully controlled. In this session, the debaters will outline the pros and cons of using interventions based on limited scientific evidence, such as high dose vitamin D or hyperbaric oxygen (HBO).*

10:25-10:35 Host: **Olaf Stuve**, USA

10:35-10:50 Yes: **Richard Nicholas**, UK

10:50-11:05 No: **Konrad Rejdak**, Poland

11:05-11:15 Discussion and rebuttals

**11:15-12:05** **Newly diagnosed MS patients should be started on aggressive therapy.**

*Capsule: Early treatment is claimed to improve long-term prognosis in MS. Recent studies also suggest that early aggressive therapy with potent immunosuppressive drugs ("induction therapy") may improve long-term outcomes and perhaps lower the risk of conversion to secondary-progressive MS. Should newly diagnosed MS patients be started on such aggressive therapies? Do the potential benefits always outweigh their risks?*

11:15-11:25 Host: **Jera Kruja**, Albania

11:25-11:40 Yes: **Ron Milo**, Israel

11:40-11:55 No: **Uros Rot**, Slovenia

11:55-12:05 Discussion and rebuttals

**12:05-12:15** *Short Break*

**12:15-13:15** Industry Supported Symposium

**13:15-14:15** *Lunch Break*

**13:15-14:15** Meet the Expert |

14:15-15:45 DISEASE COURSE	
Chairs:	<u>Jelena Drulovic</u> , Serbia   <u>Melchor Rodrigo</u> , Argentina
<b>14:15-15:00</b>	<b>Are MS patients at increased risk for developing cancer?</b> <i>Capsule: Whether people with MS are at higher risk of developing cancer has not been definitively established. The increased rate of general comorbidity would indicate a higher risk of cancer. On the other hand, some registers and large cohort studies have not found an association. Could it be that there is higher risk of specific cancers, but not all cancers? And can newer highly potent immunosuppressive treatments modify the long term risk?</i>
14:15-14:25	Host: <u>Cris Constantinescu</u> , UK
14:25-14:40	Yes: <u>Ali Manouchehrinia</u> , Sweden
14:40-14:55	No: <u>Melinda Magyari</u> , Denmark
14:55-15:00	Discussion and rebuttals
<b>15:00-15:45</b>	<b>MS is a primary progressive disease in all cases, but some patients have superimposed relapses.</b> <i>Capsule: Patients with clinically isolated syndrome have been shown to have significant cortical changes in their brains. Subcortical asymptomatic alterations have also been described. Does that mean that MS is basically a degenerative disease with superimposed clinical flare-ups ("relapses") as epiphenomena or is MS an inflammatory disease of the brain with only secondary degeneration?</i>
15:00-15:10	Host: <u>Bart van Wijmeersch</u> , Belgium
15:10-15:25	Yes: <u>Antonio Scalfari</u> , UK
15:25-15:40	No: <u>Bianca Weinstock-Guttman</u> , USA
15:40-15:45	Discussion and rebuttals
<b>15:45-16:00</b>	<b>Coffee Break</b>
<b>16:00-18:45</b>	<b>COGNITION IN MS AND FAKE NEWS</b>
Chairs:	<u>Manuel Seijo-Martinez</u> , Spain
<b>16:00-16:55</b>	<b>We are well enough equipped to identify fake news in MS therapy before they can cause harm.</b> <i>Capsule: Fake news are news stories or hoaxes created to deliberately misinform or deceive readers. Information that patients with MS read online, and especially in their social media feeds is often inaccurate or untrue. Misinformation about MS therapies have also been disseminated to care providers.</i>
16:00-16:10	Host: <u>Nikos Evangelou</u> , UK
16:10-16:25	Yes: <u>Klaus Schmierer</u> , UK
16:25-16:40	No: <u>Radu Tanasescu</u> , UK
16:40-16:55	Discussion and rebuttals
<b>16:55-17:50</b>	<b>Cognitive decline is sufficient to define transition to secondary progressive multiple sclerosis (SPMS).</b> <i>Capsule: There is no biomarker that indicates when a patient has transitioned from relapsing-remitting MS (RRMS) to SPMS, and consequently SPMS is a retrospective diagnosis, based primarily on motor disability. The period of diagnostic uncertainty separating RRMS and SPMS diagnoses often lasts years. Is cognitive decline sufficient to define this change?</i>
16:55-17:05	Host: <u>Dimitrios Karussis</u> , Israel
17:05-17:20	Yes: <u>Klaus Schmierer</u> , UK
17:20-17:35	No: <u>Thomas Berger</u> , Austria
17:35-17:50	Discussion and rebuttals
<b>17:50-18:45</b>	<b>In MS patients with significant cognitive decline, drug treatment should be modified.</b> <i>Capsule: Approximately 50% of people with MS become unemployed with a median EDSS of 3.0-3.5. They usually acquired hidden disabilities related to cognitive impairment. Should MS specific drug treatment be modified in patients with cognitive decline whose EDSS is otherwise unchanged?</i>
17:50-18:00	Host: <u>Laszlo Vecsei</u> , Hungary
18:00-18:15	Switch to a new agent: <u>Ron Milo</u> , Israel
18:15-18:30	Not so fast: <u>Amos Korczyn</u> , Israel
18:30-18:45	Discussion and rebuttals