

ECTRIMS Focused Workshop 2023

Treatment algorithms in CNS inflammatory demyelinating diseases: management of des-escalating strategies

09-10 March 2023 / Lisbon, Portugal

The aim of the workshop is to review current knowledge regarding des-escalating strategies of disease modifying treatments in multiple sclerosis, NMO and MOGAD. To cover physiopathological and epidemiological background justifying des-escalation. To detail specific situations regarding age, gender, disease subtype, disease form, and individual treatments. To discuss practical situations and provide recommendations for the management of des-escalating strategies and patients' monitoring when des-escalating.

THURSDAY, 9 MARCH 2023

08.45	General Introduction B. Stankoff (Paris, FR), E. Iacobaeus (Stockholm, SE)
09.00 - 11.00	Session 1: Disease modifying therapies in CNS inflammatory demyelinating diseases: efficacy on the long term Chairs: M.P. Amato (Florence, IT), T. Derfuss (Basel, CH)
09.00	Induction versus escalating strategies in multiple sclerosis at the long term <i>L. Prosperini (Rome, IT)</i> <i>A summary of evidence-based data supporting induction versus escalating</i> <i>strategies, with a specific focus on long term follow up when available. Both efficacy</i> <i>and safety aspects could be discussed.</i>
09.15	Q & A
09.20	Lessons from comparative studies in registries H. Butzkueven (Melbourne, AU) Whereas most randomized trials include only short follow up, registries and databases open the perspective of longer-term analysis of the efficacy of therapeutic strategies, that will be overviewed here. How this could guide our therapeutic algorithms will be discussed.
09.35	Q & A



09.40	Outcomes to monitor long term efficacy E. Tallantyre (Cardiff, UK) What are the more reliable clinical or paraclinical outcomes to be used for predicting and monitoring treatment efficacy on the long term?
09.55	Q & A
10.00	Evolution of the immune response in aging people (immunosenecsence, inflammaging) V. Van Pesch (Louvain, BE) Overview of the biological background that may underly a different inflammatory component of neuroinflammatory diseases in aged people, and the evolution of the treatment response with age. Immunosenecence, inflammaging concepts will be explained.
10.15	Q & A
10.20	Treatment efficacy along the ages: from pediatric to elderly L. Kappos (Basel, CH) Discuss how age of people will influence the expected efficacy of disease modifying therapies in multiple sclerosis, and how this affects the monitoring of patients under disease modifying treatments
10.35	Q & A
10.40	Escalating or induction strategies in NMOSD/MOGAD? <i>R. Geraldes (Oxford, UK)</i> <i>A summary of acquired knowledge that may support induction versus escalating</i> <i>strategies in NMOSD/MOGAD, and review of long-term data in these populations.</i> <i>Both efficacy and safety aspects could be discussed.</i>
10.55	Q & A
11.00 - 11.30	Coffee break
11.30 - 12.50	Session 2: Des-escalating strategies in specific populations Chairs: F. Di Pauli (Innsbruck, AT), B. Stankoff (Paris, FR)
11.30	People with Progressive multiple sclerosis X. Montalban (Barcelona, ES) Overview current care of progressive MS and how and when des-escalating strategies should be considered in these patients.
11.45	Q & A



11.50	Aging people with MS B. Weinstock-Guttman (Buffalo, US) To which extent age should be taken into account in the decision of des-escalation in relapsing and progressive MS? Does age modify the risk of rebound after stopping treatment? To which extent safety issue prompt to des-escalade in aging people?
12.05	Q & A
12.10	After induction therapies in aggressive MS G. Edan (Rennes, FR) How and when to des-escalade after induction therapies? How long an immune reconstitution will prevent disease reactivation? Specific monitoring patients after induction therapies for aggressive MS
12.25	Q & A
12.30	Pregnancy planning <i>M. Tintoré (Barcelona, ES)</i> What are the recommended des-escalating algorithms for women under disease modifying therapies who plan a pregnancy? Who has started a pregnancy while still treated?
12 / 5	0.8 4
12.45	Q & A
12.45 12.50 - 14.00	Lunch break
12.50 - 14.00	Lunch break Session 2 (continued): Des-escalating strategies in specific populations
12.50 - 14.00 14.00 - 15.00	Lunch break Session 2 (continued): Des-escalating strategies in specific populations Chairs: F. Di Pauli (Innsbruck, AT), B. Stankoff (Paris, FR) Children with Multiple Sclerosis Y. Hacohen (London, UK) For how long children with MS should be treated and when should we consider des-escalating? What is the risk of rebound in children? How to monitor patients
12.50 - 14.00 14.00 - 15.00 14.00	Lunch break Session 2 (continued): Des-escalating strategies in specific populations Chairs: F. Di Pauli (Innsbruck, AT), B. Stankoff (Paris, FR) Children with Multiple Sclerosis Y. Hacohen (London, UK) For how long children with MS should be treated and when should we consider des-escalating? What is the risk of rebound in children? How to monitor patients after des-escalating?



14.40	NMOSD and MOGAD in adults <i>R. Marignier (Lyon, FR)</i> For how long people with NMOSD/MOGAD should be treated and when should we consider des-escalating? What is the risk of rebound? How age influence the decision to des-escalade? How to monitor patients after des-escalating?
14.55	Q & A
15.00 - 15.30	Coffee break
15.30 - 17.30	Session 3: Des-escalating after specific therapies Chairs: E. Iacobeus (Stockholm, SE), F. Zipp (Mainz, DE)
15.30	Anti CD20 antibodies F. Piehl (Stockholm, SE) What factors indicate that starting de-escalation of anti-CD20 therapy should be suggested in certain patients? Possible strategies to perform de-escalation with anti-CD20 therapy.
15.45	Q & A
15.50	Alemtuzumab C. Oreja-Guevara (Madrid, ES) How monitor and follow up patients treated with alemtuzumab and what DMTs may be suitable in patients with disease reactivation after alemtuzumab therapy. How frequent is occurrence of disease activity after alemtuzumab therapy?
16.05	Q & A
16.10	Cladribine J. Oh (Toronto, CA) What evidence exist on the frequency of MS disease reactivation during/after completed Cladribine cycles? Is there an age correlation? How and for how long follow patients with NEDA after completed Cladribine therapy? Discuss possible strategies if disease reactivation occurs in patients treated with Cladribine.
16.25	Q & A
16.30	Hematopeitic Stem Cell Transplantation M. Inglese (Genova, IT) For how long follow patients with NEDA after HSCT? Discuss strategies for patients with disease reactivation after HSCT, what DMT to use?
16.45	Q & A



16.50	Therapies with rebound effect: natalizumab fingolimod H. Kuusisto (Tampere, FI) What are the risk factors for rebound effect? Frequency for rebound effect? Strategies to prevent rebound effect?
17.05	Q & A
17.10	First line treatments in Benign Multiple Sclerosis A. Langer-Gould (Los Angeles, US) How do we define "benign MS" and what is the rational to select first line treatment in this patient group? Do injectables still have a role in DMT usage in MS?
17.25	Q & A
19.30	Focused Workshop Dinner

FRIDAY, 10 MARCH 2023

09.00 - 10.20	Session 4: When and how to stop disease modifying treatments? Chairs: M. Mycko (Olsztyn, PL), M. Inglese (Genova, IT)
09.00	Do we have evidenced based data? A literature review M. Magyari (Copenhagen, DK) Review of data from follow up studies on patients that stopped DMT, are there enough studies to draw any conclusion? What factors indicate that it is time to stop DMT in individual patients?
09.15	Q & A
09.20	Selecting patients who may stop therapies in Multiple Sclerosis H.P. Hartung (Düsseldorf, DE) Decision making regarding when to stop DMT in individual patients, is it possible to propose evidence based recommendations for clinical praxis?
09.35	Q & A
09.40	Selecting patients who may stop therapies in MOGAD and NMOSD A. Cobo-Calvo (Barcelona, ES) Decision making regarding when to stop DMT in individual patients, is it possible to propose evidence based recommendations for clinical praxis?
09.55	Q & A



10.00	How to monitor patients after stopping DMTs? <i>E. Maillart (Paris, FR)</i> For how long shall patients be followed up and what parameters should be monitored/assessed during follow up? Is it possible to set up general strategies for all patients or is it rather recommended to establish specific recommendations for each DMTs/subgroups of DMTs?
10.15	Q & A
10.20 - 10.50	Coffee break
10.50 - 11.50	Round Table / Panel discussion O. Ciccarelli (London, UK), C. Granziera (Basel, CH)
11.50 - 12.50 11.50	Wrap up by Chairs Session 1 M. P. Amato / T. Derfuss
12.05	Session 2 F. Di Pauli / B. Stankoff
12.20	Session 3 E. lacobaeus / F. Zipp
12.35	Session 4 M. Mycko / M. Inglese
12.50	Closing remarks
As of 13.00	Lunch and individual departure