2nd the MS SUMMIT

Egypt | 2018

Magnims

Magnetic Resonance Imaging in Multiple Sclerosis

The Second MS Summit Meeting
Magnims Course

Current Options and Tomorrow's Future

NOVARTIS

Welcome Message

On behalf of Egyptian Society of Multiple Sclerosis in collaboration with Egyptian Chapter of Multiple Sclerosis, it is our pleasure to welcome you in Cairo on the occasion of the 2nd MS SUMMIT which will be held in Cairo Egypt from 1st -2nd November 2018.

The program is designed to cover the new developments in all areas of multiple sclerosis including treatment, genetics, pathology, imaging, immunology and epidemiology.
The program includes plenary lectures (Day 1 and 2) by our distinguished faculty followed in the afternoon by workshops with the speakers who are participating in the meeting.
We look forward to welcoming you to Cairo

Magd Zakaria
Head of Egyptian Society of MS

Al-Bahay Reda
Head of MS Chapter – Egyptian Society of Neurology, Psychiatry & Neurosurgery

Welcome to Cairo

Dear colleagues and friends

On behalf of the MAGNIMS, European Neuroradiology Society, it is our pleasure to welcome you to Cairo on the occasion of the MAGNIM MS course which will be held in Cairo Egypt from 1st -2nd November 2018.

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Alex Rovira (Spain)

Alex Rovira

Co-Director

Tarek Yousry (UK)

Tarek Yousry

Co-Director

Guest Speakers

Alphabetical Order

Alan Thompson	UK
Alex Rovira	Spain
Ayse Altintas	Turkey
David Clifford	USA
Gene Major	USA
Ludwig Kappos	Switzerland
Nikolaos Grigoriadis	Greece
Riadh Gouider	Tunisia
Tarek Yousry	UK

National Speakers

Alphabetical Order

Al Bahay Reda
Alaa El Mazny
Dina Zamzam
Eman Hamdy
Hany Aref
Magd Zakaria
Mohamed Eissa
Mohammad Aboul Wafa
Nevin Mohi Eldin

Thursday 1st November 2018

09:00 – 10:00 Registration

Chairpersons

Al Bahay Reda

Farouk Talaat

Rashad Hamdy

Saher Hashem

Part I

10:00 – 10:30 MR imaging of MS (Typical features and protocol)
Tarek Yousry (UK)

10:30 – 11:00 Advanced MR techniques: high field and iron
Alex Rovira (Spain)

11:00 – 11:30 MRI of the cord in MS
Alex Rovira (Spain)

11:30 – 12:00 Coffee Break

12:00 – 12:30 OPENING CEREMONY

Thursday 1st November 2018

Chairpersons

Magd F. Zakaria
Mahmoud Abdel Saied
Sahar Selim
Tarek Tawfik

Part II

12:30 – 13:00 NMO spectrum disorder clinical presentation
Ayse Altintas (Turkey)

13:00 – 13:30 MR in NMO
Alex Rovira (Spain)

13:30 – 14:00 Imaging of Non-MS lesions in MS (DD?)
Tarek Yousry (UK)

14:00 – 14:30 MS in Pregnancy
Riadh Gouider (Tunisia)

14:30 – 15:30 Lunch

Thursday 1st November 2018

Chairpersons

Hussein Mohamed Hussein
El Sayed Tag El Din
Sherif Hamdy

Part III

15:30 – 15:50 African multiple sclerosis facts and myths, Review of evidence
Al Bahay Reda, Professor of Neurology, Azhar University

15:50 – 16:10 BTK, a new target for multiple sclerosis therapy
Hany Aref, Professor of Neurology, Ain Shams University

16:10 – 16:30 Integrated approach for monitoring MS patients: filling the gaps
Nevin Mohi Eldin, Professor of Neurology, Cairo University

16:30 – 16:50 Vitamin d and body mass index in MS patient
Dina Zamzam, Assistant Professor of Neurology, Ain Shams University

16:50 – 17:10 Coffee Break

Thursday 1st November 2018

Chairpersons

Ayman Ezz El-Deen

Mahmoud Haron

Mohamed Osama Abdel Ghani

Part I V

17:10 – 17:30 CIS and RIS, What to expect

Alaa El Mazny, Lecturer of Neurology, Cairo University

17:30 – 17:50 A Two-year experience with induction therapy at Alexandria MS Unit

Eman Hamdy, Assistant Lecturer of Neurology, Alexandria University

17:50 – 18:10 MS neuroimaging in Africa: Egypt as an example

Mohammad Aboul Wafa, Research Fellow Neurologist, Azhar University

18:10 – 18:30 Overview of MS center of Nariman Hospital

Mohamed Eissa, Senior Resident Neurology Department, Alexandria University

Friday 2nd November 2018

09:30 – 10:00 Coffee Break

Chairpersons

Abdallah Maamoun Sarhan

Ahmed Deif

Ahmed Gamal Azab

Alex Rovira

Part I

10:00 – 10:30 The story of JC virus and PML
Gene Major (USA)

10:30 – 11:00 Management of PML and infectious complications
David Clifford (USA)

11:00 – 11:30 MR of treatment side effects
Tarek Yousry (UK)

11:30 – 13:00 Prayer – Coffee Break

Friday 2nd November 2018

Chairpersons

Ali Soliman

Ashraf Abdou

Nikolaos Grigoriadis

Tarek Yousry

Part II

13:00 – 13:30 Smoke & Mirrors; between statistical analysis & clinical practice
Magd Zakaria (Egypt)

13:30 -14:00 MR Biomarkers: lesion volume and brain volume
Alex Rovira (Spain)

14:00 – 15:00 Lunch

Friday 2nd November 2018

Chairpersons

Hassan Hosny
Maged Abdel Naseer
Wael Fadel

Part III

15:00 – 15:30 Recent advances in the neuropathology of MS
Nikolaos Grigoriadis (Greece)

15:30 – 16:00 Developments in MS research
Alan Thompson (UK)

16:00 – 16:30 Progressive MS: when and how to treat
Alan Thompson (London UK)

16:30 – 17:00 Treatment of MS Standard and recent advances (overview of trials)
Ludwig Kappos (Switzerland)

17:00 – 17:30 Induction in very active MS
Ludwig Kappos (Switzerland)

Abstracts

Al Bahay Reda

African multiple sclerosis facts and myths, Review of evidence

Multiple sclerosis has a worldwide prevalence and African region is not an exception.

MS has been classically described to show variability in disease prevalence as well as clinical features across different regions.

Environmental and genetic factors are assumed to account for these variabilities.

Certain epidemiological and clinical features have been described in literature characterizing MS patients of African origin.

Knowledge of these clinical features are essential to appropriate diagnosis and management of MS in the African region generally and Egypt specially.

AYSE ALTINTAS, M.D.

Nmo Spectrum Disorder: Clinical Presentation

Neuromyelitis optica spectrum disorder (NMOSD) is a rare autoimmune disease of the central nervous system, mainly representing with recurrent attacks
of optic neuritis and longitudinally extensive transverse myelitis.

NMOSD incidence and prevalence varies between populations and geographic regions. The prevalence ranges from 0.3 to 4.4 per 100,000. Asian and African-American populations are disproportionately affected, which contrasts with white populations where MS is much more common than NMOSD. The incidence of NMO is highest during the third to fourth decade of life, with a significantly higher frequency among females (female-to-male ratio; 9–10:1). NMOSD may be a monophasic or relapsing disease. After the first attack of the disease, 60% of patients experience another relapse within one year and 90% within three years. Current data revealed that 80%–90% of patients have a relapsing course.
In addition to optic neuritis and transverse myelitis, other symptoms and signs may also occur. Other less common clinical findings in NMOSD are as follows; nausea, hiccups endocrinopathies, encephalopathy, coma, cerebral syndromes and the posterior reversible encephalopathy syndrome (PRES).
In 2004, an autoantibody named as NMO–IgG was reported to be both a sensitive and specific biomarker for NMO by Lennon and Coleagues. One year after, Lennon et al. discovered that the target antigen of NMO–IgG was aquaporin (AQP)-4, the most abundant water channel in the central nervous system. Antibodies to aquaporin-4 (AQP4) water channels were identified as pathogenic in NMOSD. The detection of AQP4 antibody, in addition to typical clinical manifestation, is a hallmark according to diagnostic criteria described by International Panel in 2015.

In the majority of cases, NMOSD is caused by autoantibodies to AQP4 (AQP4- IgG); however, 10-25 % of patients with NMOSD are negative for AQP4-IgG.
In 10–15% of AQP4-IgG–seronegative patients with NMOSD, antibody against myelin oligodendrocyte glycoprotein (MOG) has been detected. According to recent data, MOG-IgG is not specific for NMOSD. This antibody might be detected in NMOSD, but also in other neurological disorders, including MS and ADEM. It is always to be remembered that the assays for MOG-IgG differ between the centers and their sensitivities are not equal.

David Clifford

Management of Infectious Safety Risks in Multiple Sclerosis Therapeutics

The evolution of immune modulating approaches to disease modifying therapy for multiple sclerosis has brought about additional considerations of safety risks of the therapeutics. The most obvious risks have evolved from the dramatic appearance of PML associated with natalizumab therapy, and subsequently recognition of PML risk with dimethyl fumarate, fingolimod and rituximab. Other infectious risks must be considered in this setting, but it has become critical that caregivers both know best means to minimize risk as well as the optimal care for patients who experience PML or other infectious complications. Practical approaches to management of PML will be reviewed in detail as well as emerging considerations to approach this serious complication. Emphasis on early diagnosis and optimal care of the immune reconstitution inflammatory syndrome will be discussed.

Dina Zamzam

Vitamin d and body mass index in MS patient

Multiple sclerosis (MS) is an inflammatory demyelinating and neurodegenerative disease affecting more than 2 million people worldwide. Researches are needed to answer the question whether a relationship between vitamin D, body mass index, and MS exists and underlying mechanisms. This study aimed to investigate a relationship between vitamin D and body mass index in Egyptian Multiple Sclerosis patients. Serum level of 25(OH) D was measured and BMI was calculated among 130 patients.

Eman Hamdy

A "Two-year" experience with induction therapy at Alexandria MS Unit.

Research focus: The outcome of induction therapy with cyclophosphamide in a sample of Egyptian patients.

Abstract:

Induction therapy is one of the important, yet not commonly used, strategies for management of multiple sclerosis (MS) particularly for patients with an aggressive course of the disease. This presentation will review, in short, the definition of induction therapy, discuss the indications of using this strategy, and then present the experience with induction therapy in the MS unit at Alexandria University hospital during the past two years. Cyclophosphamide is the immunosuppressant used for induction at this unit, and during the past two years, fourteen patients were given cyclophosphamide in a particular regimen developed by the unit for induction. Patients were followed up for 2 years to assess the annualized relapse rate after induction, the disability progression, and the MRI activity. The results of the regimen will be presented in this talk.

Gene Major

The Pathophysiology of JC Virus infection causing Progressive Multifocal Leukoencephalopathy

It has been 13 years since the JC Virus induced demyelinating disease progressive multifocal leukoencephalopathy, PML, was first diagnosed in two MS patients treated with natalizumab. Since that time, there have been more than 800 cases of PML with an overall incidence of 1/240 patients. The rate of PML in the risk group with anti JCV antibodies and a longer duration of natalizumab therapy is 1/70, the highest incidence of PML in any patient group regardless of underlying disease and severity of immune dysfunction. There are unique biological characteristics of natalizumab that are responsible for this high rate of PML compared with other therapies for MS including its action on resident bone marrow derived cells and molecular triggers that augment the replication of JC Virus itself. The stages of JCV infection have been detailed in these patients that provide an insight into solving the mechanism behind natalizumab's causal association of PML in MS patients.

Hany Aref

BTK, a new target for multiple sclerosis therapy

Still we do not have a magic pullet and despite the plethora of drugs used in MS we still need drugs for better safety and efficacy Current B cell therapy is game changer in multiple sclerosis but with shortcomings Btk inhibitor is a new concept for target immune system especially B- cell which might add new benefit in MS therapy landscape

Magd Zakaria

Smoke & Mirrors; between statistical analysis & clinical practice

A reduction in relapse rate is the main primary outcome in most clinical trials in patients with multiple sclerosis (MS), with the effect of a treatment commonly expressed as relative risk reduction for this outcome. Physicians often assume that a drug with a higher relative risk reduction demonstrated in one trial is more effective than a drug with a lower relative risk reduction in another, and may pass this idea on to younger physicians and to patients. The use of the relative risk reduction as a measure of drug efficacy can be misleading, as it depends on the nature of the population studied: a treatment effect characterized by a lower relative risk reduction may be more clinically meaningful than one with a higher relative risk reduction. This concept is especially important with regard to clinical trials in patients with MS, where relapse rates in placebo groups have been declining in recent decades. Direct, head-to-head comparisons are the only way to compare the efficacy of the different treatments for MS.

Mohamed Abo El-Wafa

MS neuroimaging in Africa: Egypt as an example

Diagnosis of MS is based upon accurate clinical assessment complemented by insightful use of MRI and other paraclinical workup. Advanced MRI techniques is helpful in understanding MS disease process and provide a better way for diagnosis and follow up of MS patients. Standardized use of MRI in Egypt specially and in Africa generally is essential in directing available resources to disease management. Different clinical as well as radiological features of MS among different regions/ethnicities may provide a potential for understanding the nature of MS.

Mohamed Eissa

Overview of MS center of Nariman Hospital

Alexandria has always been a beacon of science throughout history, so it was our duty to contribute constructively to the battle of the scientific community against Multiple Sclerosis. Since its establishment in 2014, MS center of Nariman University hospital has provided many medical and therapeutic services to hundreds of patients from all over the country. In addition, it represents a glimmer of hope in the field of medical research on MS in Egypt based on the special epidemiological and clinical characteristics of its patients

Nevin Mohy

An integrated approach for managing multiple sclerosis patients: Filling the gaps

Multiple sclerosis (MS) is an autoimmune degenerative disease. The natural course of MS varies among patients, however developing disability, whether cumulative from recurrent relapses or progressive as a transition to the secondary progressive phase, is ultimate in most cases. The key point in MS management is to alter this natural disease history and prevent or minimize disability. The MS standard of care is focused on the "no evidence of disease activity" (NEDA) concept, which is based on annualized relapse rate (ARR), MRI activity, and disability progression measured by expanded disability status scale (EDSS), whose core is dependent on ambulation distance. On the other hand, many crucial issues are disregarded namely cognition, hand function and the ambulation speed, which have been recently included in the clinical trials but not in routine clinical practice. Thus, the NEDA concept should be more extended to encompass more clinical parameters which are not currently included in treatment decision making at initiation or escalation. In addition to the disease course itself, there are the disabling and annoying MS symptoms which may impair the occupational and social life of the patients, and are usually unrecognized. An Integrated approach for people with MS should be directed towards having a full picture of all disease aspects that helps in providing the best therapeutic option required to alter disease course, plus improving the patients' quality of life (QoL) through a structured symptomatic treatment plan.

Kasr Al-Ainy MS unit (KAMSU) is developing an integrated standard of care for MS people attending the unit to observe its impact on the patients' outcome on both the short and the long terms.

Nikolaos Grigoriadis

Recent advances in the neuropathology of MS

Multiple Sclerosis (MS) has been classified as a CNS specific T-cell mediated autoimmune disease. However, B-cell targeted therapies have been proven effective both in relapsing and progressive forms of the disease. Therefore, the absolute T-cell autoimmune dogma has been challenged. MS is commonly viewed as a two-stage disease, where the initial inflammatory activity predominates in relapsing-remitting course whereas delayed neurodegeneration underlies the non-relapsing progression. i.e. secondary and primary progressive MS. With disease progression, inflammatory processes are predominantly driven by the action of CNS resident microglia cells, whereas meningeal lymphoid-like structures can form and contribute to late-stage inflammation. Overall, MS pathology is characterized by focal demyelinated plaques within the CNS, with variable degrees of inflammation, gliosis, and neurodegeneration. Outside focal MS lesions, diffuse changes can be observed in the so-called normal appearing white matter or periplaque white matter. Active MS lesions show a profound pathologic heterogeneity with four major patterns of immunopathology. Moreover, the subarachnoid space and cortex, even the deep grey matter may be initial sites and targets of the MS disease process. There is increasing evidence indicating that inflammatory cortical demyelination may be present early in MS, and that meningeal inflammation may drive cortical and white matter injury. Acute active plaques massively infiltrated by macrophages and most frequently detected in acute and relapsing-remitting MS, represent the pathologic substrate of relapses. Perivascular and parenchymal inflammatory infiltrates are invariably present, thus resulting in inflammatory – mediated demyelination and axonal degeneration. On the other hand, chronic plaques are more frequently detected in progressive MS patients. Chronic plaques may either be active being characterized by a slowly expanding rim of activated microglia or inactive with almost absent inflammatory cells though filled with activated astrocytes and glial scar. Completely remyelinated lesions, being described as shadow plaques, are sharply demarcated areas with reduced myelin density and thin myelin sheaths. Shadow plaques are extensive both in progressive and relapsing MS, as evidence for remyelination in almost half of chronic MS lesions. Other factors such as aging, mitochondrial activity, oxidative stress, iron deposition may participate in the ongoing axonal degeneration and therefore the ongoing disease progression. Last but not least, the immunopathogenesis of MS may be prone to microbial metabolites via regulation of microglia and astrocyte pathogenic activities.

Riad Gouider

Multiple Sclerosis and pregnancy

Multiple Sclerosis (MS) affects 2,5 millions people in the World, mainly women in their childbearing years. Pregnancy in women with MS is not generally considered with high risk. However, clinical and therapeutic cautions should be considered. The pregnancy-associated reduction in the relapse rate is followed by a post partum rebound of disease activity. Some studies suggest that pregnancy has no noticeable effect on disease course or disability progression. Other reports support that pregnancy might accelerate the rate of transition to secondary progressive MS.

All available disease modifying therapies (DMTs) have potential adverse effects on fertility and pregnancy, but variable amongst agents. Usually, DMTs were interrupted during pregnancy and after when breastfeeding. Some expert support a continued use of interferon-beta and glatiramer acetate throughout pregnancy to reduce the risk of post partum relapses. Nevertheless, this opinion is controversial. Disease outcome and drug safety should be discussed with all women with MS in their childbearing years. Decision-making is necessarily shared between patient and physician. Approach of treatment and disease managment must be individualized for each woman.The current knowledge on the impact of pregnancy in MS still uncertain.

Large and prospective studies on this issue are needed to understand all facets of this topic.

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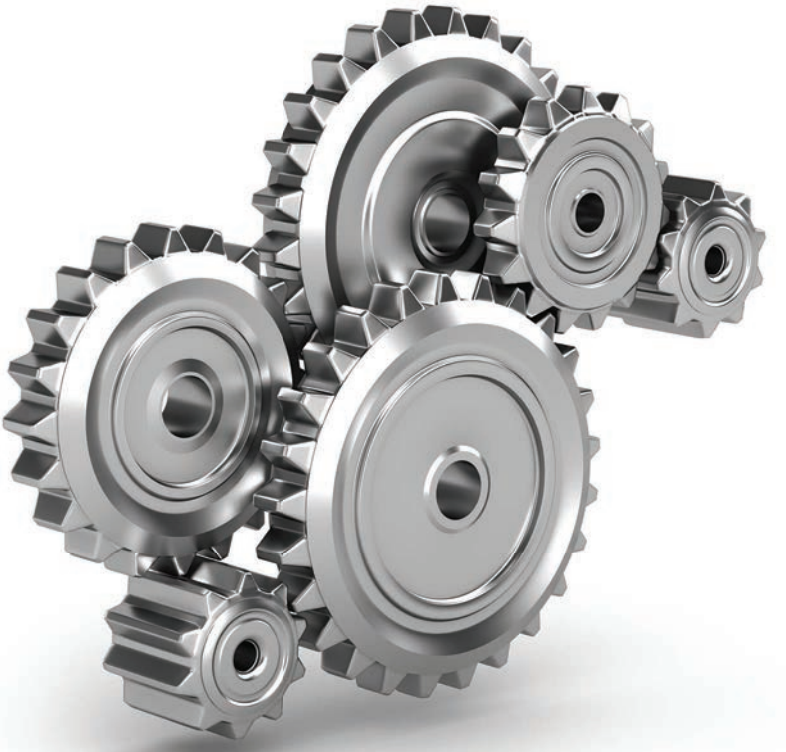

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