

CONy 2022 Virtual Congress Scientific Program
Program times refer to Central European Time (CET)

FRIDAY, MARCH 25, 2022		
	MULTIPLE SCLEROSIS (MS)	HALL C
Chair:	<u>Klaus Schmierer</u> , UK	
14:00-14:50	Lifestyle interventions are as relevant for disease control as disease modifying therapies (DMTs) in MS	
	<i>Capsule: There are currently close to twenty disease-modifying therapies for patients with MS that have been shown to reduce the number of clinical relapses and, in some instances, slow down the accumulation of neurological disability. It was also demonstrated that environment factors account for susceptibility to developing MS, and possibly modifying the disease course. Which intervention has a better risk-benefit ratio: DMT or lifestyle modifications?</i>	
14:00-14:10	Introduction and Pre-Debate Voting	
14:10-14:25	YES: <u>Agne Straukiene</u> , UK	
14:25-14:40	NO: <u>Kate Petheram</u> , UK	
14:40-14:50	Discussion, Rebuttals and Post-Debate Voting	
14:50-15:40	The microbiome is a therapeutic target in MS	
	<i>Capsule: Environmental factors are thought to trigger and perpetuate inflammation in patients with MS. Preclinical data have shown that the gastrointestinal microbiome environment may play a critical role in regulating immune responses in autoimmunity in the CNS. Fecal transfer has been successfully used in humans with inflammatory bowel disease, and it is no stretch of the imagination to think that similar interventions could become available for MS patients. Do preclinical data provide sufficient plausibility to pursue this route of inquiry? What is the magnitude of the effect of the microbiome in MS inflammation? What role do approved DMTs play in microbiome biology?</i>	
14:50-15:00	Introduction and Pre-Debate Voting	
15:00-15:15	YES: <u>Cris Constantinescu</u> , UK	
15:15-15:30	NO: <u>Patrick Vermersch</u> , France	
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting	
15:40-16:30	Hematopoietic stem cell therapies (HSCT) should be offered as a first line DMT in selected MS patients	
	<i>Capsule: Autologous HSCT is considered the most potent immunomodulatory intervention available for patients with active MS. There are also perceived benefits to initiating therapy as early as possible. Can it be assumed that HSCT is an ideal first line intervention for MS patients? Or should concerns about potential diagnostic and safety issues delay its use?</i>	
15:40-15:50	Introduction and Pre-Debate Voting	
15:50-16:05	YES: <u>Mark Freedman</u> , Canada	

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16:05-16:20	NO: <u>Jaime Imitola</u> , USA
16:20-16:30	Discussion, Rebuttals and Post-Debate Voting
16:30-19:00	MULTIPLE SCLEROSIS (MS) HALL C
Chair:	<u>Olaf Stuve</u> , USA
16:30-17:20	Slowly expanding lesions (SELs) are clinically meaningful for disease progression
	<i>Capsule: SELs in MS are a relatively recent discovery using both susceptibility-weighted MRI and neuropathology highlighting iron rims. SELs are part and parcel of the discussion around “smoldering MS”, which is thought to underlie insidious disease progression without new inflammatory activity detectable using standard MRI. However, only a small proportion of lesions on T2 weighted MRI appear to represent SELs. Are they clinically meaningful?</i>
16:30-16:40	Introduction and Pre-Debate Voting
16:40-16:55	YES: <u>Daniel Reich</u> , USA
16:55-17:10	NO: <u>Maria Rocca</u> , Italy
17:10-17:20	Discussion, Rebuttals and Post-Debate Voting
17:20-18:10	DMTs approved for progressive MS are only effective in active progressive MS
	<i>Capsule: Ocrelizumab and Siponimod are licensed not only for relapsing MS, but also for progressive disease. However, disease activity needs to be demonstrated on MRI to underpin their usefulness in people with progressive MS. Is such restriction justified, or does the latest evidence also support their use in people with MS with no demonstrable inflammatory changes on MRI?</i>
17:20-17:30	Introduction and Pre-Debate Voting
17:30-17:45	YES: <u>Gilles Edan</u> , France
17:45-18:00	NO: <u>Xavier Montalban</u> , Spain
18:00-18:10	Discussion, Rebuttals and Post-Debate Voting
18:10-19:00	To withhold effective MS treatment cannot be ethically justified
	<i>Capsule: Watching and waiting used to be a common approach in the (non-) treatment of people with MS. However, the advent of effective disease-modifying treatments challenge this strategy. On what grounds – if any – is it nowadays justified to withhold DMT from a person with MS provided there are no contraindications?</i>
18:10-18:20	Introduction and Pre-Debate Voting
18:20-18:35	YES: <u>Leonora Fisniku</u> , UK

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18:35-18:50	NO: <u>Olaf Stuve</u> , USA
18:50-19:00	Discussion, Rebuttals and Post-Debate Voting
19:00-19:50	European Charcot Foundation
Chairs:	<u>Giancarlo Comi</u> , Italy <u>Per Soelberg Soerensen</u> , Denmark
	Assessing treatment response in progressive MS
	<i>Capsule: Progressive MS is still an incurable disease but several interventions have been suggested. Since the disease is advancing very slowly, biomarkers have been suggested to replace clinical evidence of benefit, including imaging, visual parameters, plasma or cerebrospinal fluid protein levels.</i>
19:00-19:01	Introduction
19:01-19:16	Role of MRI <u>Nicola De Stefano</u> , Italy
19:16-19:31	Role of visual platform <u>Letizia Leocani</u> , Italy
19:31-19:46	Role of body fluid biomarkers <u>Hans-Peter Hartung</u> , Germany
19:46-19:50	Final discussion