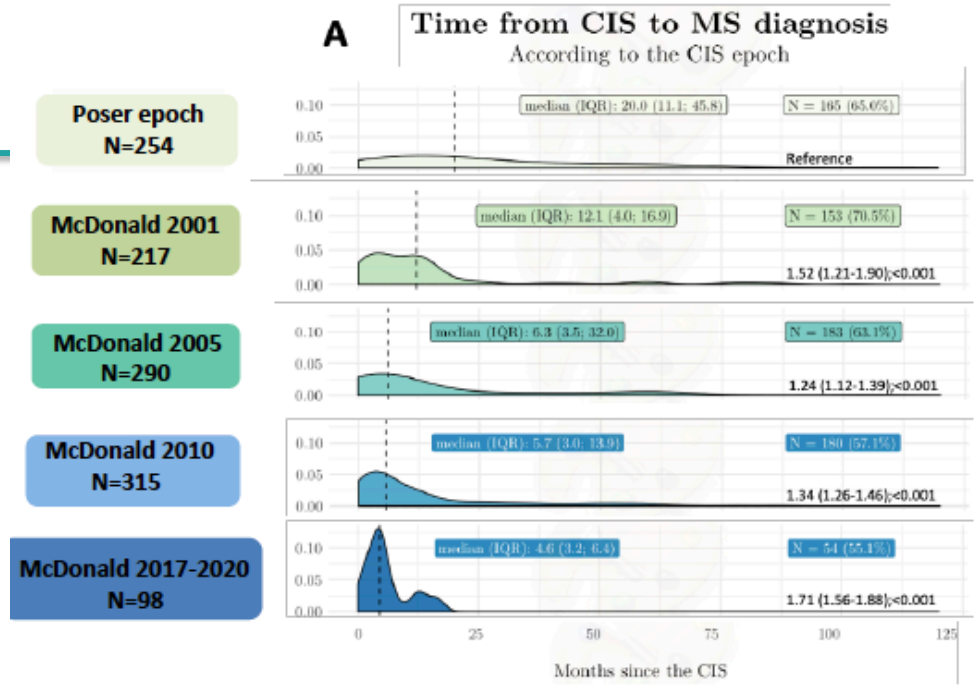
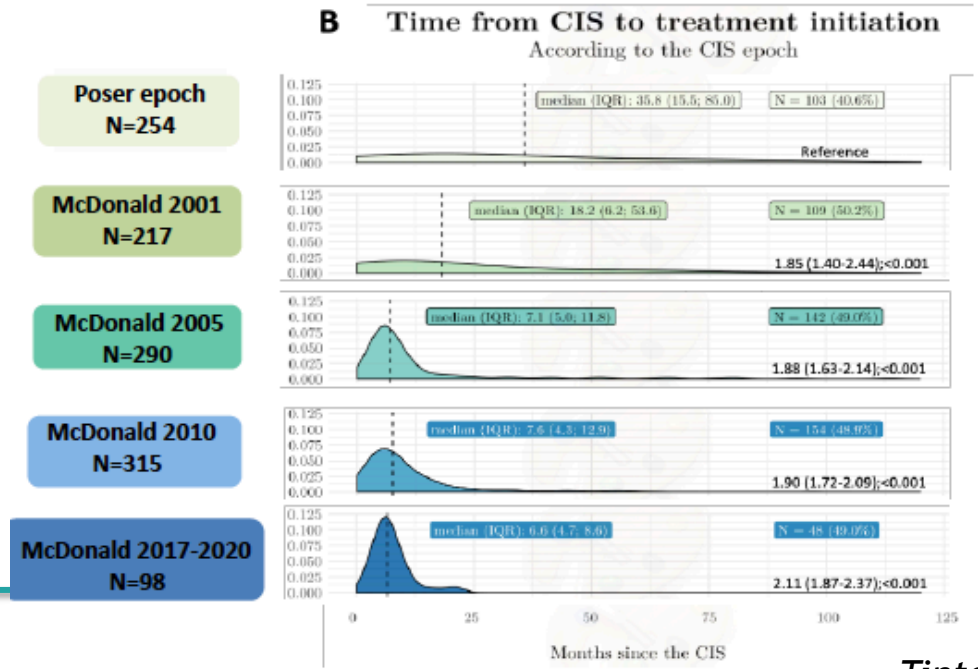


From Poser to McDonald 2017:

77%

reduction in the median time

from CIS to MS diagnosis



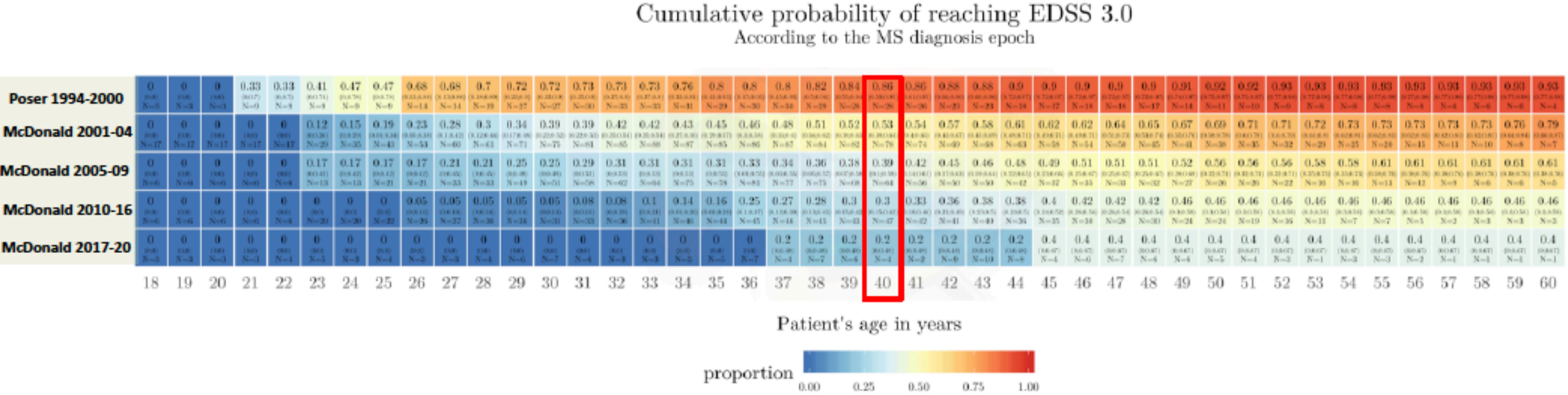
From Poser to McDonald 2017:

82%

reduction in the median time

from CIS to treatment initiation

Tintore M, Cobo-Calvo A,…; Montalban X. Neurology 2021

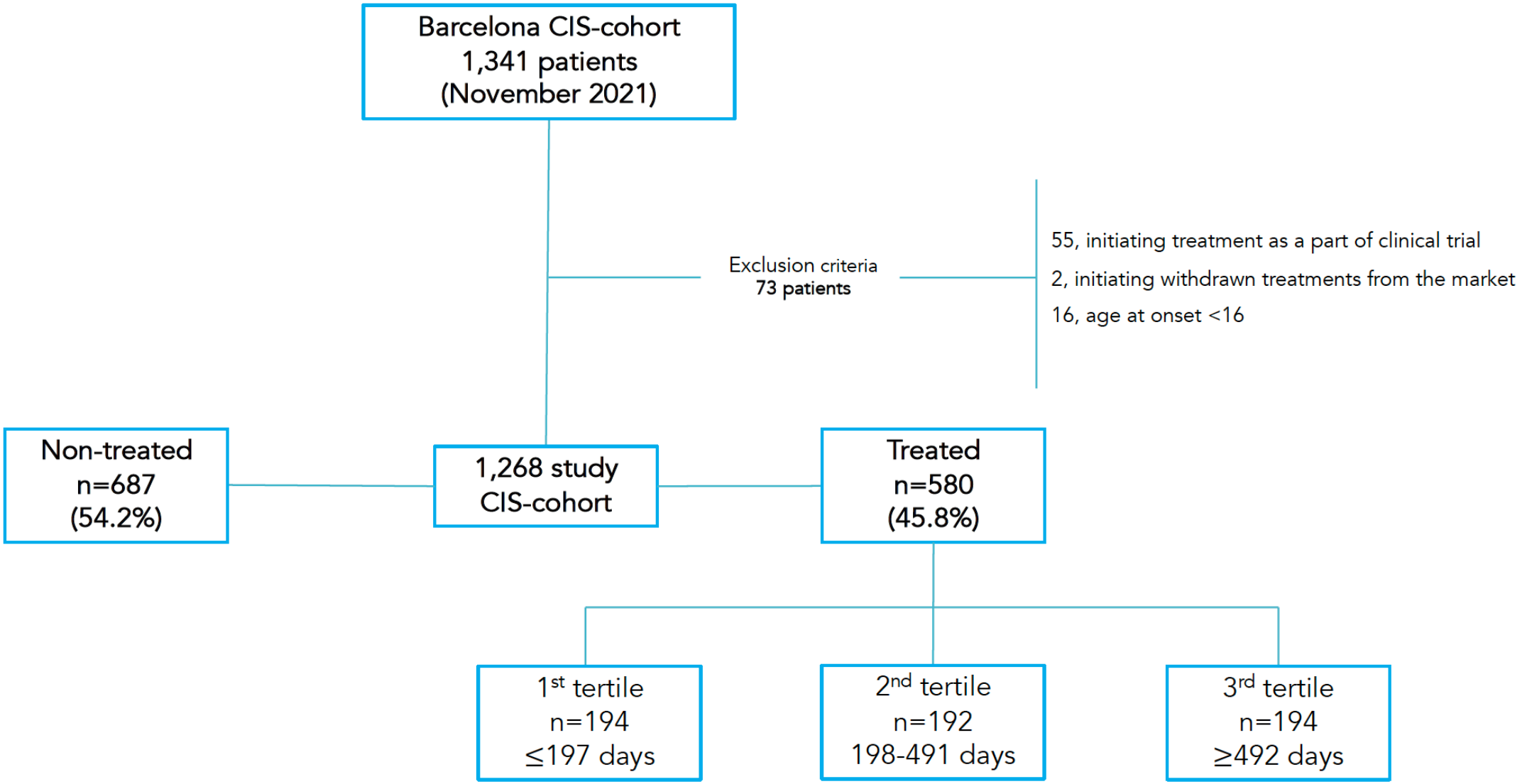


Probability for reaching an EDSS ≥3.0 at the age of 40 years (95%CI):

- 0.86 (0.59-0.95) in Poser
- 0.52 (0.38-0.64) in McDonald 2001-04
- 0.39 (0.10-0.59) in McDonald 2005-09
- 0.30 (0.15-0.42) in McDonald 2010-16
- 0.20 (0-0.48) in McDonald 2017-20

Cemcat

Tintore M, Cobo-Calvo A,…, Montalban X. Neurology 2021



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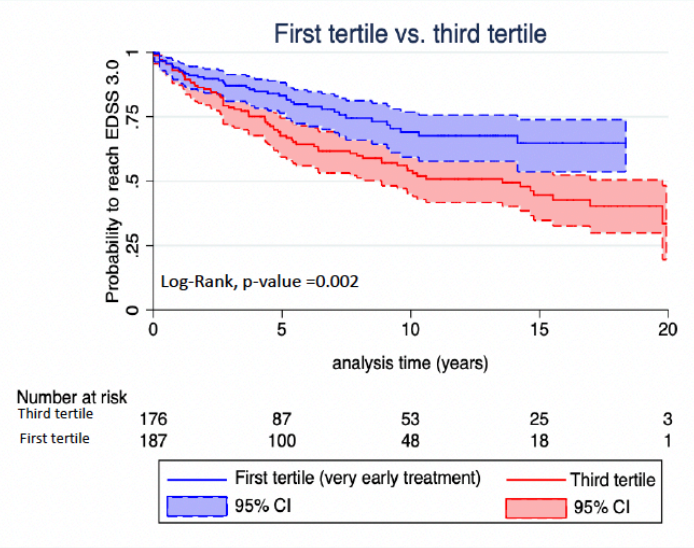
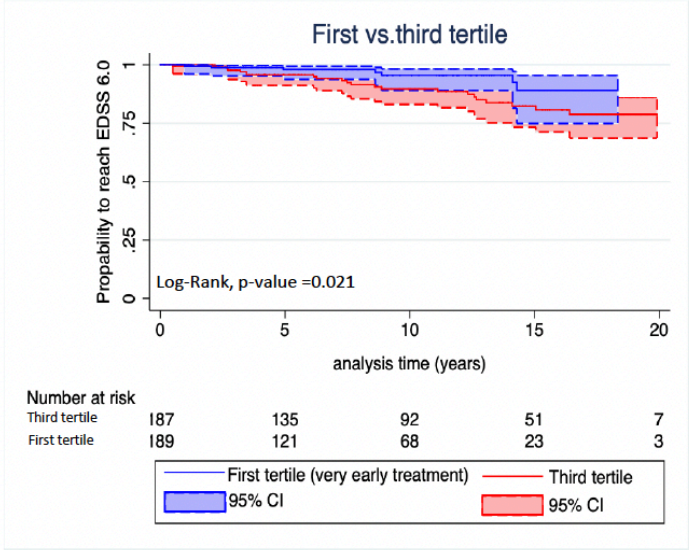
Cobo-Calvo A,..., Montalban X. Neurology (in press)

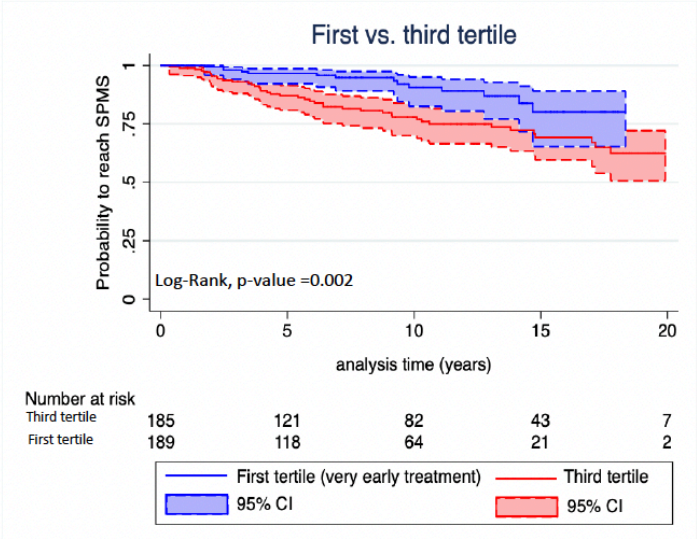
A Time to reach EDSS 3.0



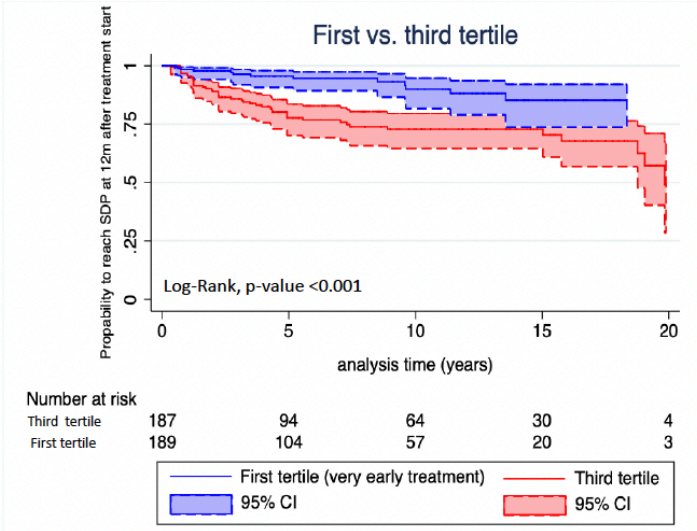
B Time to reach EDSS 6.0



C Time to reach SPMS



D Time to reach SDP at 12 months after treatment initiation



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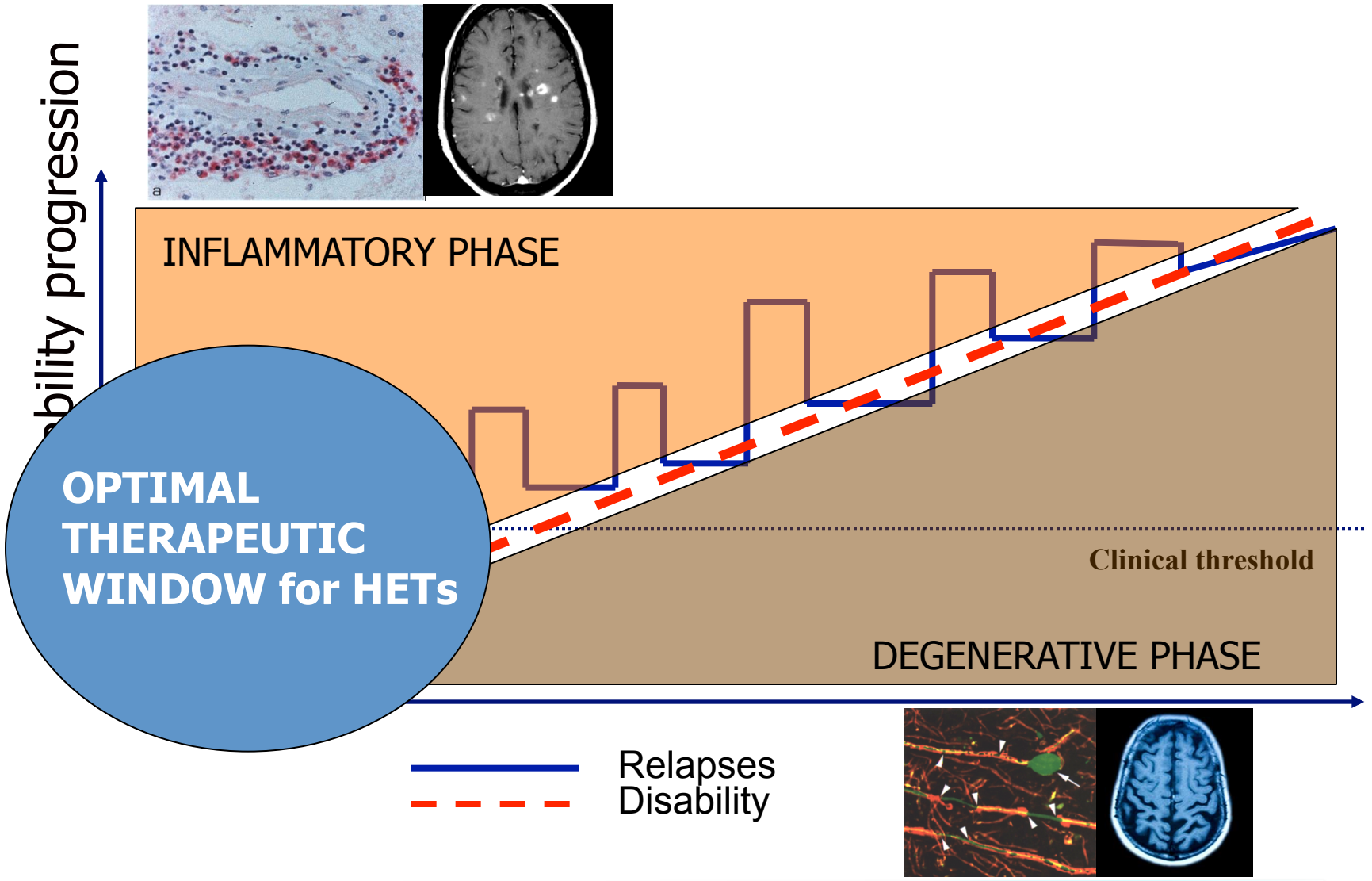
Cobo-Calvo A,..., Montalban X. Neurology (in press)


bility progression
INFLAMMATORY PHASE
OPTIMAL THERAPEUTIC WINDOW for HETs
Clinical threshold
DEGENERATIVE PHASE
Relapses
Disability

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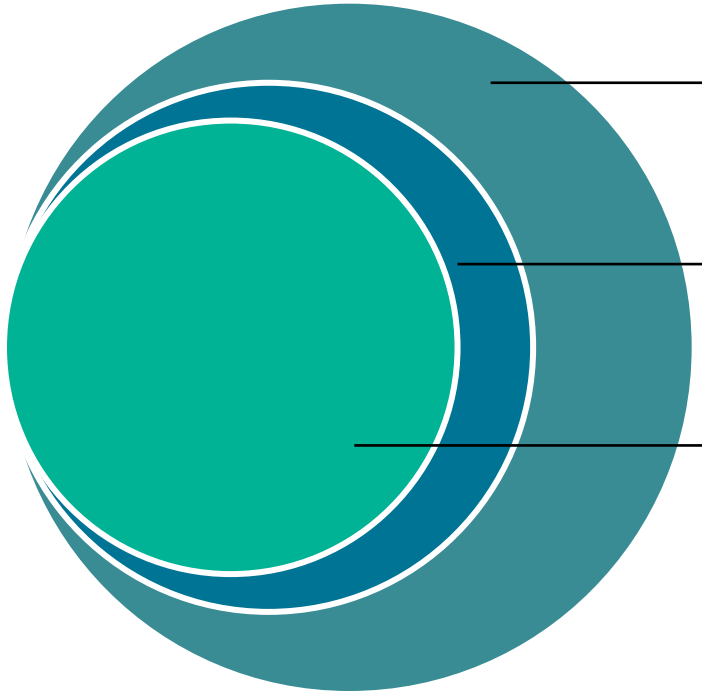
Results Big numbers



1,378
Patients presenting with a first attack

831 (60%)
Patients fulfilling McDonald 2017 criteria

627 (75%)
Patients starting treatment

Generally speaking

A total of 1,464 treatment sequences have been administered in patients fulfilling McDonald 2017 criteria during their follow-up

Of these, 449 (30,7%) treatment sequences were second line treatments

Results Ongoing treatments line

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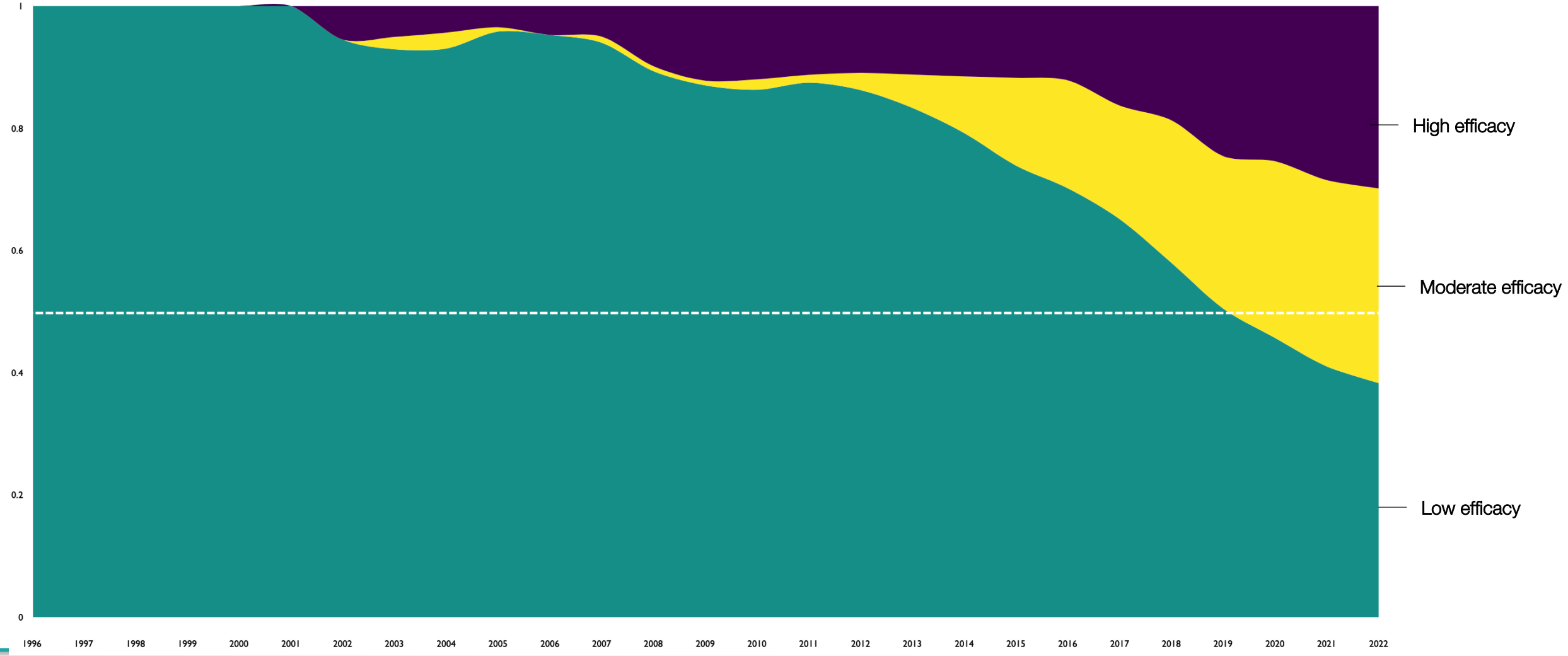
Centre d'Esclerosi Múltiple de Catalunya



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There is no prevention for MS

christine.vanbroeckhoven@molgen.vib-ua.be

Acknowledgements
The authors thank J.-J. Martin and A. Sieben for the immunohistochemistry images and expert support. The authors receive funding from the Belgian Science Policy Office Interuniversity Attraction Poles programme, the European Centers of Excellence in Neurodegeneration, the Methusalem Excellence programme, the Alzheimer Research Foundation, the Medical Foundation Queen Elisabeth, the Research Foundation Flanders, the Agency for Innovation by Science and Technology Flanders, the University of Antwerp Research Fund, and the MetLife Foundation Award for Medical Research.

marked increase in the incidence
immune diseases, which has p
been driven by changes in envirc
factors. Epidemiological risk fa
MS include vitamin D deficiency,
to Epstein–Barr virus in early ch
and cigarette smoking. Recent stu
shown that components of the c
and gut microbiota can strongly a
levels of effector T cells in the gut;
dietary factor could well be salt. In
independent groups came to the cc

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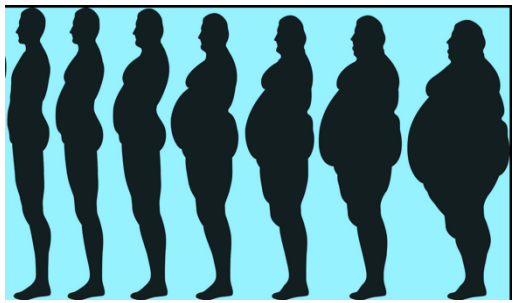

Policy Office Interuniversity Attraction Poles
programme, the European Centers of Excellenc
Neurodegeneration, the Methusalem Excellenc
programme, the Alzheimer Research Foundatic
Medical Foundation Queen Elisabeth, the Rese
Foundation Flanders, the Agency for Innovation
Science and Technology Flanders, the Universi
Antwerp Research Fund, and the MetLife Found
Award for Medical Research.

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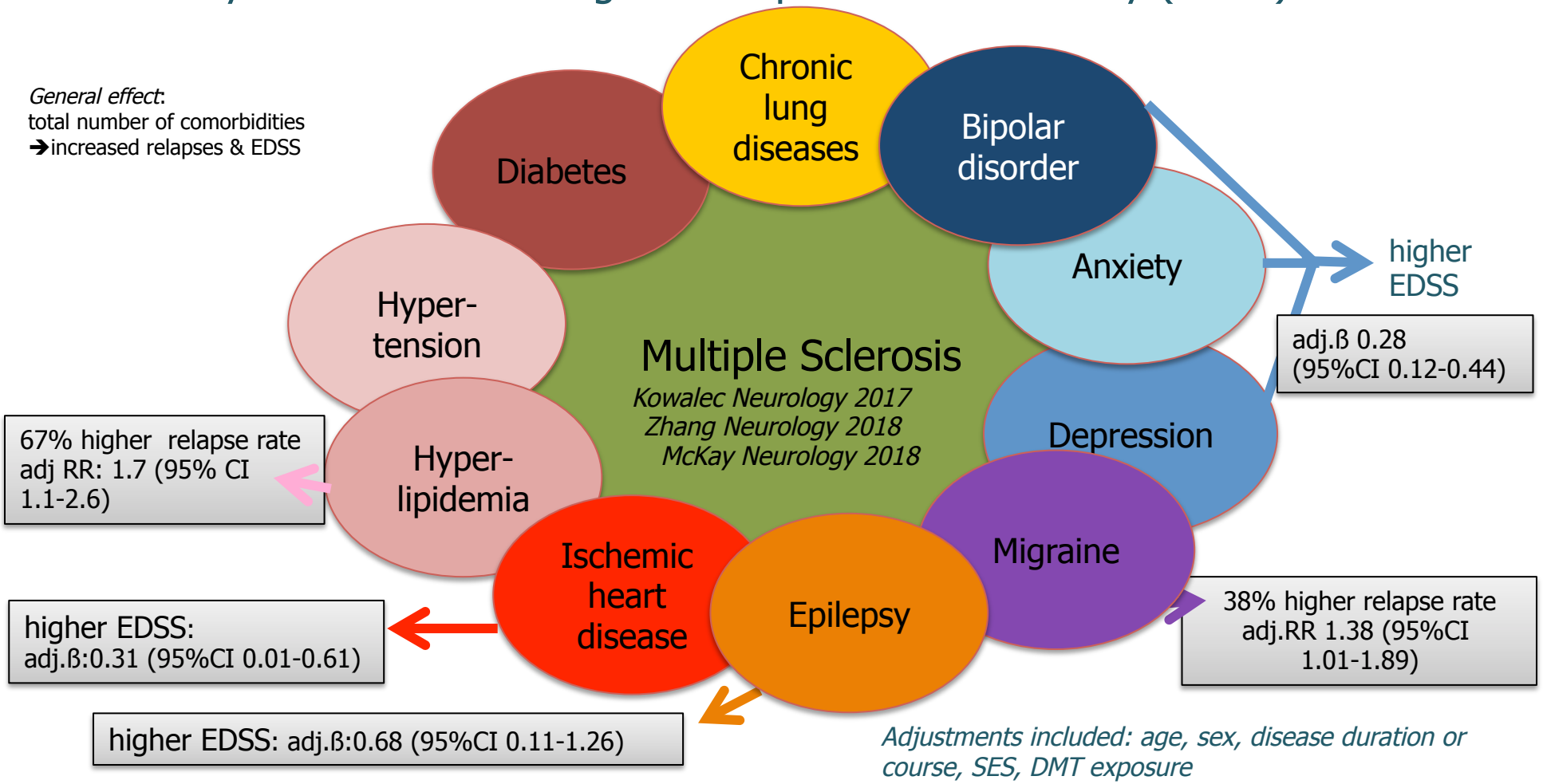
Environmental factors. Prevention clinic

Comorbidity associated with higher: relapse rate & disability (EDSS) risk



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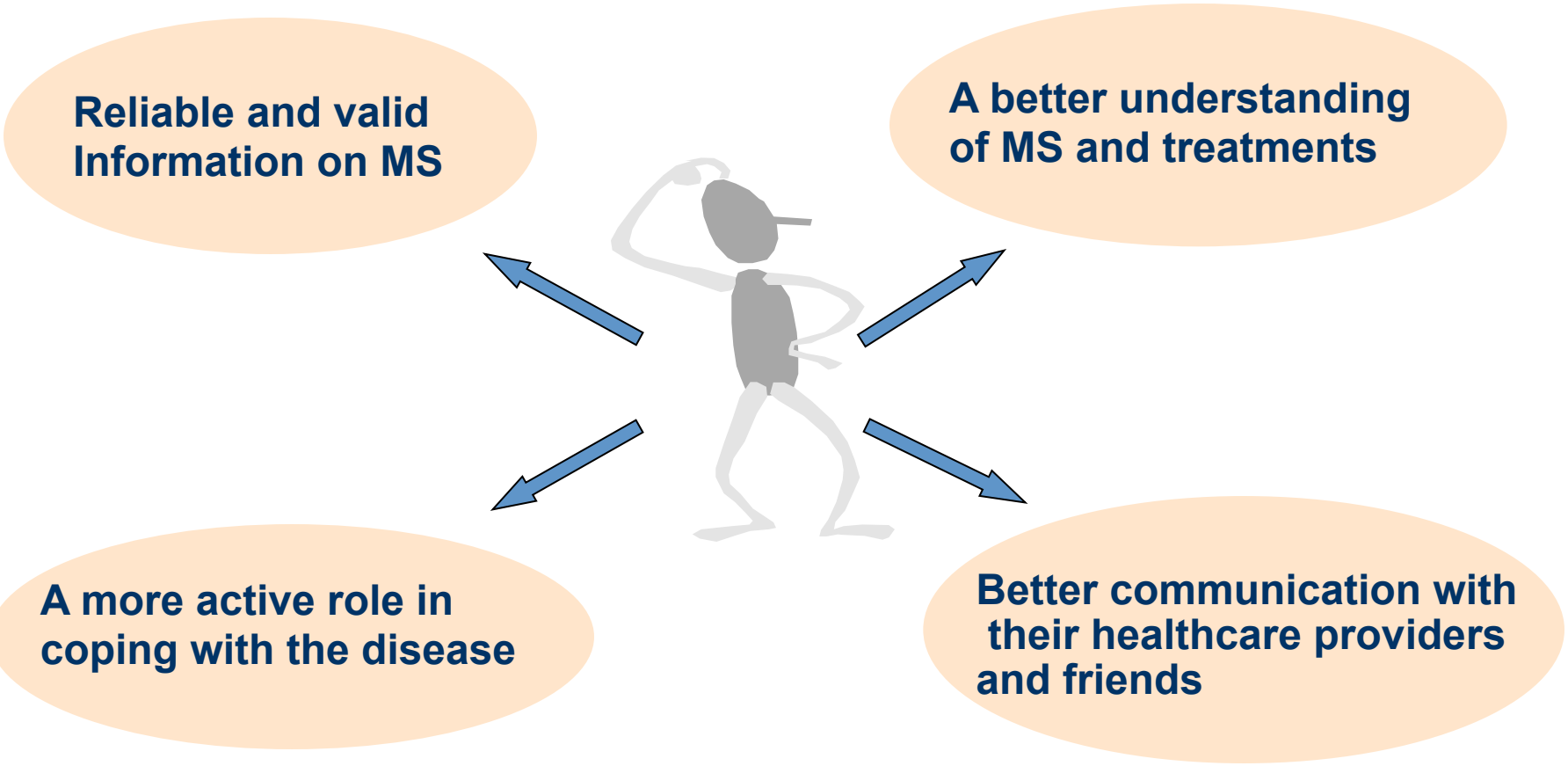
Doctors are the ones who decide treatments

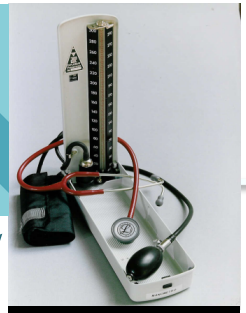
The expert patient

Today people with MS are looking for:

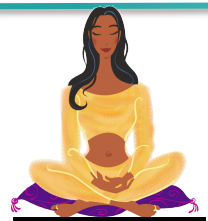


Neurologists

Social worker

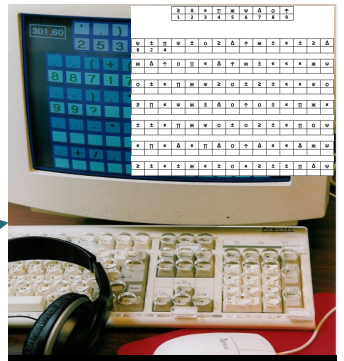


Nursing



Yoga

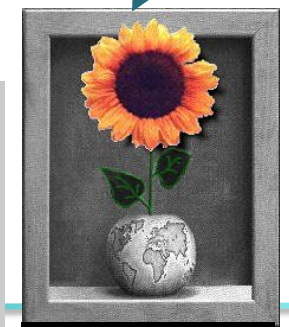
Physiotherapy



Neuro-psychologists

Occupational Therapy

Scientists



Art Therapy

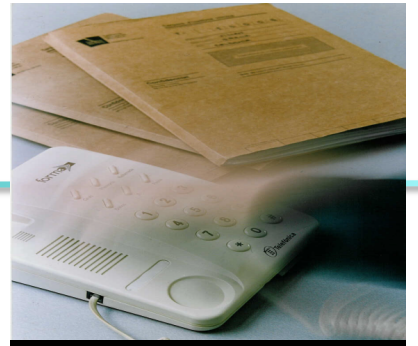
Neuroradiologists

Speech therapy

Cemcat

Yoga

Neurologists

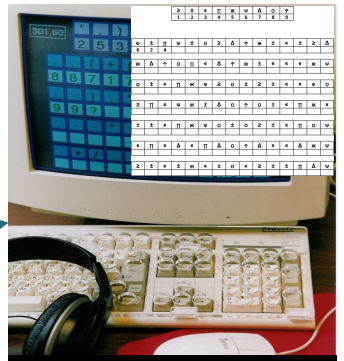


Social worker

Nursing

Physiotherapy

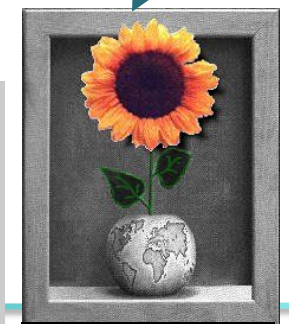
MS



Neuro-psychologists

Occupational Therapy

Scientists



Art Therapy

Neuroradiologists

Speech therapy

Cemcat

DR. NIFLORES
NO TIENE NADA; ES USTED ASAZ HIPOCONDRIACO
¿Y EL HACHA?
PUROS NERVIOS
UFFFS... MENOS MAL

STROKE

- Intravenous thrombolysis plus mechanical thrombectomy remains the best strategy for acute ischaemic stroke with large vessel occlusion
- Flying doctors, mobile stroke units, or direct admission to the angiography suite are gaining attention
- In a series of 88 surgically resected sporadic cerebral cavernous malformations CCMs, the authors identified that 39% of lesions had *PIK3CA* somatic mutations. These data suggest that pharmacological targeted treatment (such as PIK3CA inhibitors that have shown promising results in oncology) could be the future of CCM management.