



Highlights of the 2016 ECTRIMS Conference in London

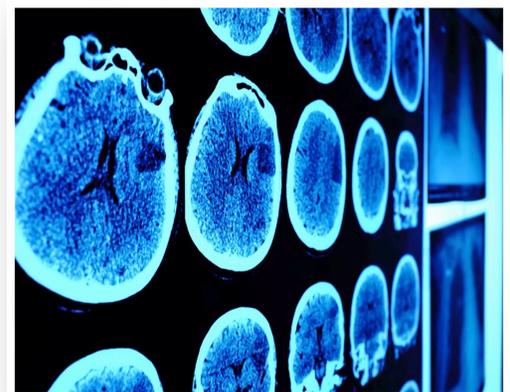
Last month we reported that 3 members of the ACP staff attended the world's largest international conference on MS research, organized by the European Committee for Treatment and Research in MS or ECTRIMS. ACP's CEO, Robert McBurney, Vice President of Scientific Operations, Hollie Schmidt, and Director of Alliances and Collaborations, David Gwynne, joined other researchers, advocates and health care professionals who gathered in London to hear about the latest updates and research findings on treatment, care and management of MS. The growth of this important meeting is a barometer of how interest in MS research has mushroomed over the years. In 1996, the first year the conference was held, a mere 800 clinical and research professionals attended. This year, close to 10,000 attendees participated in 65 sessions. A record-breaking 2,036 scientific abstracts were submitted!

Themes of the conference covered the gamut of current MS research interests, including:

- Understanding the mechanisms of MS progression
- Evolving approaches to treatment
- Long-term treatment effects and prognosis
- New insights from registry and cohort studies
- New directions in progressive MS research
- New advances in treatments for progressive MS

During ECTRIMS, our colleagues heard about significant progress being made in these areas and more. Highlights included:

- Research on **Siponimod**, a drug produced by Novartis that is similar to fingolimod. In a large phase III trial called EXPAND, about 1,600 participants received either siponimod or a placebo. Those who received siponimod had a lower risk of progression as assessed by the Expanded Disability Status Scale (EDSS). Novartis's website indicates that the drug company is "evaluating next steps in consultation with health authorities."
- Negative results in progressive MS were found for **fluoxetine (Prozac®)**, a drug that is mainly used to treat depression. It had been thought to prevent brain cells from degenerating. However, in a study designed to test whether it could slow MS progression, fluoxetine failed to produce significant improvement in people with primary or secondary progressive



MS (see below for an account of further research being conducted in England to test its impact on secondary progressive MS). Although the trial did reveal a slight trend towards a reduction in disability progression, it was not statistically significant.

- On a brighter note, a very small study (54 participants) of lipoic acid in secondary progressive MS showed a statistically significant effect of this supplement compared with placebo on reducing brain volume loss. A larger study to confirm these results seems warranted.
- By now, most people who care about MS are familiar with **ocrelizumab**, a new MS treatment developed by Genentech that was the highlight of the 2015ECTRIMS conference in Barcelona due to its positive results in primary progressive MS. In London, additional data was presented by several groups involved in the ORATORIO PPMS trial, showing that the drug consistently produced positive effects on walking and slowed the progression of disability. Other data covered safety and adverse effects, including the occurrence of inflammation and pain at the site of infusion in some people with MS.
- A significant and promising trial called MS-SMART is being conducted at 13 different sites across the United Kingdom, to test 3 drugs and their impact on secondary progressive MS. The 3 are **amiloride**, which is currently licensed to treat heart disease; **riluzole**, currently licensed to treat motor neurone disease; and, **fluoxetine** which, as noted above, is licensed to treat depression. 440 participants with worsening secondary progressive MS have been recruited in 4 groups: (1) placebo, (2) riluzole, (3) fluoxetine, and (4) amiloride. Researchers plan to follow them for 96 weeks to assess the effects of each drug on clinical and MRI outcomes and on disability.
- **Lifestyle factors.** As many of our readers are undoubtedly aware, in some instances MS begins with a first episode of neurologic symptoms that does not fulfill all the criteria for a diagnosis of MS. Called Clinically Isolated Syndrome or CIS, this syndrome sometimes, although not always, develops into MS over time. There is great interest in understanding the factors that cause or trigger conversion from CIS to MS and determining whether they can be controlled. Researchers from the MS Centre of Barcelona (CEMCAT) have followed about 500 people with CIS for an average of 8 years, trying to determine whether any relationships exist between low levels of Vitamin D and smoking at the time of diagnosis, and later conversion to MS. Using a biomarker of smoking (cotinine) in people with CIS they found no significant increase in conversion to MS in people who were smokers or who possessed low levels of vitamin D. However, both factors were significantly associated with the development of higher disability in the study's participants. They concluded that both risk factors, if modified, could slow the progression of disability in people with CIS.

Another study, conducted by the Danish MS Center, showed that smoking has a significant effect on the way that people with relapsing remitting MS who are treated with injectable interferons respond to that treatment. They found that people with MS who smoked more were less likely to respond to interferon treatment.

Researchers from the University of California, Berkeley and the University of California San Francisco who followed about 2,000 Americans and Swedes with MS (and healthy controls) found a causal connection between an abnormal increase in weight and the risk of MS. They suggested that the cause might be the effect of obesity on the immune system.

These and other important developments make clear that interest in MS research is growing around the world and the work being done is dynamic and holds enormous promise. As a leading organization providing essential resources to make MS research worldwide go faster, be more effective and focus

on the needs of people with MS, ACP plays a unique and important role. Our Repository (which you yourself may have contributed to) recently passed the milestone of approving 100 research studies worldwide, enabling research studies with biosample and data resources that would otherwise have been delayed or too cost-prohibitive to conduct. Far from being a passive resource for researchers to “come and get,” we are transforming the Repository into a pro-active enterprise that:

- a) expands and enhances itself in ways that generate and refresh its resource offerings consistent with the needs of researchers and the major directions of MS research;
- b) understands itself through preliminary data analyses to determine what assets hold the greatest value for particular research studies (the “jewels”), so that researchers can be alerted; and,
- c) actively markets itself to researchers worldwide to ensure that studies are undertaken to capitalize on the “jewels” and generate research findings that will benefit people living with MS.