SYMPOSIUM

# Latest developments in neuromyelitis optica spectrum disorder:

## Diagnostics, treatments and patient-centred care

Official symposium in conjunction with the 2023 Annual Meeting of the Consortium of Multiple Sclerosis Centers

Dr Dalia Rotstein

Dr Eoin Flanagan

Dr Jeffrey Bennett

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# Identifying NMOSD early: Current and emerging approaches

**Dr Eoin Flanagan**
Mayo Clinic,
Rochester, MN, USA

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# Audience questions for discussion

1. If suspicion is high and antibody testing is initially negative, when would you retest? Patients need plasma exchange as soon as possible and then to be started on biologics. Would antibody testing continue to be negative?
2. What advice would you give to neurologists who might not be so experienced with NMOSD in terms of identifying and diagnosing it as early as possible? What do you think are the main red flags?

NMOSD, neuromyelitis optica spectrum disorder.

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# Implementing the latest data into clinical decision making for NMOSD

**Dr Jeffrey Bennett**
University of Colorado School of Medicine, Aurora, CO, USA

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# Audience questions for discussion

1. What do you do for patients on satralizumab who develop neutropenia? Would you give granulocyte colony-stimulating factor?
2. How do you time meningococcal vaccines for eculizumab? There are two in the series of meningococcal vaccines. How far do you space them apart while ensuring treatment efficacy?
3. For a 46-year-old patient with a new diagnosis of NMOSD, concurrent antiphospholipid antibody syndrome and AQP4 positivity, the insurance company has denied inebilizumab and is forcing use of rituximab. Do you have any suggestions on how to approach this?

AQP4, aquaporin 4; NMOSD, neuromyelitis optica spectrum disorder.

# Managing the broader clinical features of NMOSD

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# Audience questions for discussion

1. If a patient is stable on traditional immunosuppressant therapy, would you still consider a switch to one of the approved immunotherapies?
2. How do you approach treatment of seronegative disease?
3. If you inherit a patient that is on DMT for MS, but you suspect NMOSD or MOGAD, would you expect testing to still be sensitive for NMOSD and MOGAD antibodies? How would you approach this situation?
4. In practice, are you able to keep patients on eculizumab, because the infusions are so frequent?
5. As we look toward the future, what would you like to see emphasized in research and clinical development with respect to care or new therapies for NMOSD or MOGAD?

DMT, disease-modifying therapy; MOGAD, myelin oligodendrocyte glycoprotein antibody disease; MS, multiple sclerosis; NMOSD, neuromyelitis optica spectrum disorder.