





- Community of leaders/experts from the United States and Canada
  - Dedicated to the treatment and research in MS
  - Focus on knowledge dissemination, education and collaboration among disciplines
  - Annual Forum for clinicians and researchers to exchange information, debate current issues and discuss advances related to basic research and clinical issues.
  - Foster the careers of young neurologists/scientists in training who have an interest in multiple sclerosis





- Planning committee and Board of Directors
  - Dr. Benjamin Segal

### **OSU at ACTRIMS**

- Resident summit faculty
  - Dr. Benjamin Segal (Chair)
  - Dr. Em Harrington
  - Dr. Tirisham Gyang



## Meeting Highlights

- EBV (Epstein Barr Virus) and MS
- Diet and MS
- New digital tools to monitor MS
- Diversity and inclusion in MS research
- PBS documentary premier MS in the Black and African Americans
- Resident Summit



## EBV (Epstein Barr Virus) and MS

Dr. Lawrence Steinman, Stanford University

 Epstein Barr Virus (EBV) causes infectious mononucleosis

- EBV has been postulated to trigger MS
  - Prior studies reveal that increased serum antibodies to EBV in ~99.5% of MS patients compared with ~94% of healthy individuals
  - Multiple studies have identified EBV-infected B cells in the brains of MS patients

DISEASE

**Epstein-Barr** virus and multiple sclerosis



#### **MULTIPLE SCLEROSIS**

#### Longitudinal analysis reveals high prevalence of Epstein-Barr virus associated with multiple sclerosis

Kjetil Bjornevik<sup>1</sup>†, Marianna Cortese<sup>1</sup>†, Brian C. Healy<sup>2,3,4</sup>, Jens Kuhle<sup>5</sup>, Michael J. Mina<sup>6,7,8</sup>, Yumei Leng<sup>6</sup>, Stephen J. Elledge<sup>6</sup>, David W. Niebuhr<sup>9</sup>, Ann I. Scher<sup>9</sup>, Kassandra L. Munger<sup>1</sup>‡, Alberto Ascherio<sup>1,10,11</sup>\*‡

Dr. Marianna Cortese from Harvard University

- Cohort of 10 million young adults in active US military
  - Blood sample analysis
  - Over a 20-year period (1993–2013)
- 955 were diagnosed with MS during service
  - Risk of MS increased 32-fold after infection with EBV
  - This risk was not observed with other viruses
  - Serum levels of neurofilament light chain, a biomarker of neuroaxonal degeneration, increased only after EBV seroconversion



#### **MULTIPLE SCLEROSIS**

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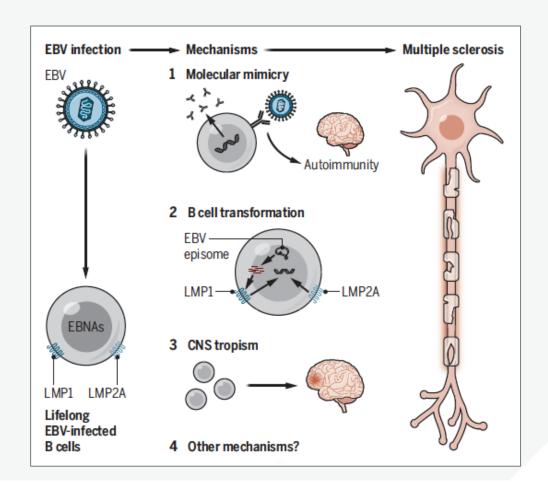
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- 955 were diagnosed with MS during their period of service
  - 35 of the 801 MS cases were initially EBV seronegative
  - 34 became infected with EBV before the onset of MS
  - EBV seropositivity was nearly universal at the time of MS development
    - Only one of 801 MS cases being EBV seronegative at the time of MS onset



## How does EBV infection lead to MS?

- We do not exactly know
- Possible mechanisms
  - 1. Molecular mimicry
  - 2. B cell transformation
  - 3. EBV infection might cause damage to nerves in the brain and spinal cord
  - 4. Other unknown mechanisms?



## EBV and MS

- Nearly everyone is infected with EBV, but only a small fraction develop MS.
  - It is likely that other factors, such as genetic susceptibility, are important in MS pathogenesis
  - Timing of EBV infection may be relevant higher risk associated with exposure in pre-teen and adolescent years compared to childhood exposure
- Debate (Dr. Peter Calabresi and Dr. Jeffrey Cohen)
  - Would a vaccine against EBV protect against MS?
  - Would antivirals that target EBV provide effective therapy to MS patients?
  - Can the B cells in the nervous system be killed or inactivated with therapeutics?



#### DISEASE

# Epstein-Barr virus and multiple sclerosis

Infection with Epstein-Barr virus is the trigger for the development of multiple sclerosis

By William H. Robinson<sup>1,2</sup> and Lawrence Steinman<sup>3</sup>

• "Now that the initial trigger for MS has been identified, perhaps MS could be eradicated."

Robinson WH, Steinman L. 2022;375(6578):264-265



## Diet and MS – Caloric restriction

Dr. Laura Piccio from Washington University St. Louis

- Animal model of MS in mice
  - Caloric reduction shown to reduce neuroinflammation.
- Human study in MS patients randomized study
  - Normal diet vs. calorie restricted diet 2 days a week
    - The 5:2 diet 500 calories/day, 2 days of the week
  - Calorie restriction was associated with
    - Reduction in weight and body fat percentage
    - Faster cognitive processing speeds
    - Increase anti-inflammatory molecule levels and altered T cell responses



#### **REVIEW**

## Effects of dietary restriction on neuroinflammation in neurodegenerative diseases

Luigi Fontana<sup>1,2,3</sup>, Laura Ghezzi<sup>4,5</sup>, Anne H. Cross<sup>4</sup>, and Laura Piccio<sup>4,6</sup>

#### Chronic dietary restriction

### Preclinical and clinical studies

Daily food intake is reduced by 20-50% and meal frequency is unchanged

#### Intermittent dietary restriction

#### **Preclinical studies**

Usually refers to every other day 24-hr complete fasting

#### Clinical studies

#### Intermittent Fasting

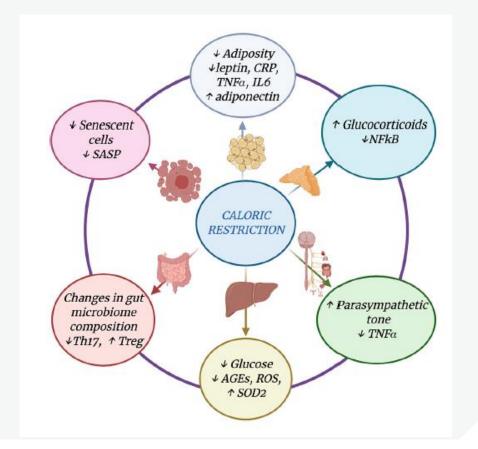
Fasting on alternate days or two-three days per week (e.g. 5:2 diet)

#### Intermittent Energy Restriction

Reducing calorie intake (e.g. 500 cal/day) 2-3 days per week (e.g. modified 5:2 diet)

#### Time Restricted Feeding

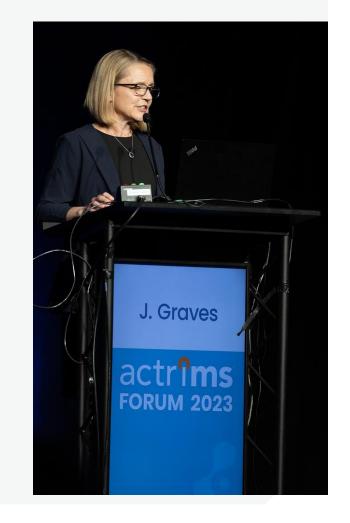
Consuming all daily food in a 6-8-h time window and fasting for the remainder of the day



## New digital tools to monitor MS

Dr. Jennifer Grave, University of California, San Diego

- New innovative tools are needed to monitor the progression of MS in clinics and in clinical trials
- Current measures focus on walking and leg strength and do not adequately capture certain changes like vision, cognition, hand function



## New digital tools to monitor MS

Dr. Jennifer Grave, University of California, San Diego

- Dr. Graves described
  - A portable device for measuring visual conduction
  - a variety of wearable accelerometer devices that can measure direction and speed of movement of the arms and legs
  - Apps for measuring hand function
- These new innovations are being validated and will be available soon for monitoring of MS patients.



## Diversity and inclusion in MS research

Dr. Leorah Freeman from University of Texas at Austin

- Under-representation of minority populations in MS research and clinical trials
- Diverse representation in research is very important in generalizing results from studies
- More studies are needed to understand MS in minority populations



## OSU Clinical research/trials

- Phase 3 study Tolebrutinib in relapsing and progressive MS
- Phase 3 study Vidofludimus calcium (IMU-838) in secondary and primary progressive MS
- Aging in MS study
- NACRMS registry
- Neurology Research Institute Brain Bank & Biorepository (NRI-BBB)

#### Interested in research

- Contact
  - Kasturi Ganesh Barki
    - Clinical research manager
  - 614-293-6123 Office
  - msresearch@osumc.edu
- Ask your provider



## Documentary – MS in Black and African Americans

- Documentary Premier
- Panel discussion
  - Two people living with MS—Tyler and Dawn
  - Dr. Mitzi Williams, neurologist and MS expert
  - Dr. Sophia Woodson, nurse practitioner and MS expert
- Full documentary available at <a href="https://www.abovems.com">https://www.abovems.com</a>











## Resident summit

- Over 80 neurology residents (doctors in training) from all over the country including OSU
- Lectures, workshops, career panels, etc.
- Chaired by Dr. Benjamin Segal
- OSU Faculty Dr. Em
   Harrington and Dr. Tirisham
   Gyang



## OSU at ACTRIMS



Thank you

## REFERENCES

- Bjornevik K, Cortese M, Healy BC, et al. Longitudinal analysis reveals high prevalence of Epstein-Barr virus associated with multiple sclerosis. *Science*. 2022;375(6578):296-301. doi:10.1126/science.abj8222
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