

**Recent Advances in
Multiple Sclerosis Therapy**

RECENT ADVANCES IN MULTIPLE SCLEROSIS THERAPY

**Proceedings of the Vth Congress of the European
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FOREWORD

The Organizing Committee of the Vth ECTRIMS Congress was particularly delighted to welcome participants coming from nearly all over Europe and even from the five continents.

We were hesitant, maybe even reluctant to some point, to determine the treatment of Multiple Sclerosis (MS) as the main theme of this Vth ECTRIMS meeting. It was indeed the first time in Europe that a congress of this importance was mainly dedicated to MS therapy, which is always regarded suspiciously within the scientific world.

As the first immunosuppressive treatments go back to about the years 60, we thought that it could be possible to draw some conclusions either positive or negative, from the numerous clinical trials made in nearly all European countries since more than 25 years. Shortly after taking this decision, we heard that 2 meetings were programmed with the same theme in the United States at the end of 88 and beginning 89, which gave us confidence. It was most natural in these conditions for European searchers to sum up their experience and also to confront it with that of their American colleagues and we wish to thank them for coming and sharing their experience with us.

All those who have been facing MS treatment for decades will understand how exceptional it is that 3 main meetings are dedicated within a few months to MS therapy. Indeed for many years, MS treatment seemed such an impossible aim for an objection which is more an excuse than a good reason. We often hear, and this suits the public opinion, that as long that no cause is known for a disease, mastering it remains impossible. However, we have learnt from the past that we can act on a disease long before knowing its real cause. The most important point is indeed to know what are the pathophysiological mechanisms responsible of signs and symptoms.

It is true that in this field MS has remained a mystery until some years ago. We are now able to classify it with certainty within the group of immune diseases, even if we cannot yet determine the actual cause of these immune disorders. European searchers have been suspecting the role of immunity in MS for many years now, and let us not forget that immunosuppressive treatments in MS have been used for the first time in Europe.

MS has the advantage of fascinating immunologists all over the world. It is now common practice, when a new immunologic parameter is discovered to investigate it in MS. Undoubtedly the major discoveries in this field during these last few years, will have an utmost influence in solving the problem of MS. Basic research allows us to understand better each day some of the immune pathological mechanisms involved in the development of the disease. At the same time, techniques modifying immunity have increased tremendously and it was logical to check what happened in MS when modifying these mechanisms.

Unfortunately, MS brings up specific problems as far as effects of treatments are concerned. Firstly, we know that animals are not susceptible to get MS and we do

not yet have a perfect experimental animal model. Secondly, the fluctuating evolution of the disease makes it difficult to evaluate the effects of our experimental treatments. Thirdly, we know from recent MRI longitudinal studies that there is no strict correlation between the evolution of the lesions inside the brain and clinical symptoms.

Early European clinical studies have, for these reasons, been imperfect, which sometimes leads to criticism from our American colleagues. They had however the advantage of bringing two important contributions in our way of conceiving MS treatment: 1. immunotherapy is feasible in MS; 2. intense and prolonged immunosuppression can be effective in some patients.

Hence the numerous trials of immune techniques since a decade, not to actually eradicate MS, but in the hope of halting the progression. The ECTRIMS executive committee therefore felt that now was the most appropriate time to evaluate current results and define future perspectives.

The first part of the Congress was devoted to clinical and paraclinical parameters which ought to be used to objectively assess disease activity. As everybody knows we do not yet have the perfect functional and/or neurological scale but it would however be of the utmost importance to know which of the existing ones are the most reliable, and to define changes accepted by all as reflecting a true disease progression.

During these last years some new neurophysiological and mainly neuroradiological techniques have allowed us to better analyze the hidden face of the disease in such a way that they have even sometimes modified some of our concepts. We have good reasons to believe that MRI will enable us, in certain conditions not yet defined, to evaluate the effects of treatments faster and with more objectivity.

We wish to thank Prof. Hommes for accepting to draw concluding remarks from the presented papers and to define the best criteria to objectively assess both disease activity and effects of treatments.

As a matter of fact, on the second day treatments was dealt with. Too much time and money have been wasted in endless clinical trials, the inefficiency of which is however obvious. The role of ECTRIMS is to take a firm and clear position, independently of pharmaceutical companies and medical schools, concerning the usefulness or not to pursue such clinical trials. It should also be possible to define what trials ought to be developed in well trained centers and which should further be conducted in multicenter studies. Could the combination of two or more immune techniques bring better results like in cancer treatment for instance.

All these treatments, we must stress, only concern a small number of patients, those with a rapidly progressing disease and for whom it is anyway the last hope.

But we are every day confronted with the large number of patients whose disease is slowly but inexorably progressing. We know that within 25 years most of them will be severely handicapped and no effective help can to day be given. Several low risks immune techniques to reduce on the long term the relapse rate as well as the progression in those young patients have been recently suggested.

One of them, the COP I seems to have been quite seriously tested. If the positive effects on relapses seemed attractive there were some contradictions in the presentation of the results in progressive forms on successive meetings. It is furthermore un-

fortunate that red tape, political and financial problems prevent us from confirming or invalidating COP I effects in large multicenter studies.

Obviously we cannot yet take position concerning the efficiency of low risks treatments possibly suggested in young patients. It is therefore our duty to organize clinical studies able to answer firmly to the question: is such or such low risk treatment useful in early stages of the disease. Even more that the fact of following this types of treatment often implies high costs for the patients.

Prof. Mertin had to face the difficult task to suggest guidelines in these various fields. We thank him for doing so.

A last session was dedicated to another important problem: that of gathering and collecting clinical and paraclinical data in order to yet better understand the disease and mainly to make the most of our experience in therapeutic trials. The only way in this field is databasing.

For the first time, American and European computerized clinical files were presented and compared. Even if there was little chance of taking definite decisions, this round table will hopefully enable us in a near future to put together a computerized file which will serve as a common denominator to exchange and exploit MS data accumulated all over the world. This initiative shows once more the need of exchanging basic and clinical data in MS on an international level. Prof. Confravreux who has a wide experience in this field since years had accepted to be the chairman of this round table. He has reported about an European proposal for computerization of MS patients data, recently accepted by the ECTRIMS' executive committee.

Finally, it is very encouraging, with the United States of Europe in view, to hear that since December 88 MS research is officially part of the IVth Medical and Health Research programme of the CEC. Prof. Hommes, general secretary of ECTRIMS, is the keystone of this project.

This Vth ECTRIMS Congress dealt with three well defined objectives in the frame of MS treatment. The presentations and discussions were of high standard of quality and once again, we would like to thank all the participants for their contribution to the success of this meeting.

R.E. GONSETTE, MD
President Vth ECTRIMS Congress

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