

## **New Perspectives on Inflammatory CNS Disease Therapies**

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This presentation will focus on the treatment of people with multiple sclerosis (pwMS) and clinically isolated syndrome (pwCIS), with some comments on neuromyelitis optica (NMO) and an emphasis on the role of repurposed drugs in the current and future management of people with these conditions. The rising number of available disease modifying drugs (DMD) for people with relapsing MS (pwRMS) has expanded treatment options, however also increased the uncertainty about the best treatment strategy, particularly for colleagues who do not regularly see pwMS in their clinical practice. Broadly speaking, there are two strategies for the use of DMD in pwRMS, early induction or escalation. Assessing and explaining the benefit-risk balance of DMD are key for decision making, and to empower pwRMS to take such decisions jointly with their clinicians poses a major challenge. Even within a seemingly unified healthcare system, such as the NHS in the UK, there is heterogeneity of what is considered 'best practise', and influenced by restrictions of access to DMD (an issue in many countries). The question of whether or not to treat pwCIS depends on early signs of dissemination, in which case treatment should commence. Whilst there is currently no licensed DMD for pwNMO, various immunomodulatory drugs are being used, and trials with promising molecules underway. The debate whether trials should be placebo-controlled is ongoing. With two exceptions all currently licensed (and some unlicensed) DMD used in pwCIS and pwMS are repurposed drugs, which have served pwMS well for over 20 years since the introduction of beta-interferons revolutionised MS management. Whilst repurposed drugs are thus the mainstay of current MS disease modifying therapy, the more recent discussion about repurposing has focussed on generic drugs that may not only be safe and effective, but also more affordable treatments for pwMS.