CORRESPONDENCE

Interdisciplinary Risk Management in the Treatment of Multiple Sclerosis

by Dr. med. Joachim Havla, PD Dr. med. Clemens Warnke, Prof. Dr. med. Tobias Derfuss, Prof. Dr. med. Ludwig Kappos, Prof. Dr. med. Hans-Peter Hartung FRCP, and Prof. Dr. med. Reinhard Hohlfeld in issue 51–52/2016

Sustainable Risk Management

The title of the article by Havla et al. (1) raised expectations of sustainable risk management as an integral component of an evidence-based therapeutic approach for multiple sclerosis (MS), not merely a sort of early warning and control system for adverse effects. Genuine risk management means that when defining indications, these need to be adapted to the disease risk, which in MS is extremely variable. Unfortunately, in the specialty of neurology, instead of evidence-based considerations of risks and benefits, we have only expert opinion at our disposal—for example, the stepwise therapeutic scheme of the MS guideline and the “no evidence of disease activity” (NEDA) concept. It is problematic that according to NEDA, even the mere development of new lesions on MRI in clinically stable patients is categorized as therapeutic failure and an indication for second-line therapy, without any scientifically confirmed causal association between subclinical MRI activity and long-term results.

As the second consequence for affected patients, MS immunotherapy has to be conducted as continuous therapy from disease onset, in order to achieve the therapeutic objective of NEDA. The NEDA concept is neither evidence-based nor individually tailored. It leads to consecutive trials of licensed immunotherapies without taking into account potential cumulative risks and late sequelae. Furthermore, if one considers extending the diagnosis to mild clinical courses as a result of the McDonald criteria introduced in 2001, MS patients are currently running the risk of contracting greater harm from adverse effects than they would have had to expect from MS alone.

In order to prevent worse outcomes, one might look to, for example, successful oncology research and treatment networks (German Hodgkin Study Group [www.ghsg.org], or the German Childhood Cancer Foundation’s treatment network HIT [www.kinderkrebsstiftung.de]), which use studies of treatment optimization that are systematically building on one another and—actually in the form of interdisciplinary collaboration—have created the underlying data for risk stratification and risk group-adapted therapy of numerous cancers.

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REFERENCES

1. Havla J, Warnke C, Derfuss T, Kappos L, Hartung HP, Hohlfeld R: Interdisciplinary risk management in the treatment of multiple sclerosis. *Dtsch Arztebl Int* 2016; 113: 879–86.

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

Dr Scheiderbauer’s comment picks up the important topic of balancing risks and benefits in the treatment of multiple sclerosis (MS). The main question is whether the current diagnostic and therapeutic recommendations may in individual cases result in unnecessary overtreatment of MS patients. Therapeutic algorithms are as a rule based on insights gained from randomized controlled studies. Applying results from study cohorts to the situation in routine clinical practice is not always straightforward, however. Observational studies can partly close this gap (1). In our review article, we intentionally placed the main focus on interdisciplinary risk management after a therapeutic decision had been made (2). Topics that lead further, such as therapeutic algorithms, integrated treatment approaches, and evaluation of the NEDA (“no evidence of disease activity”) criteria were not the subject of our article.

The importance of networks for capturing the risks but also for improved prognostic classification and more targeted indications for MS therapies is undisputed. Worldwide, several initiatives exist in this setting. In order to bring together the various research efforts in Germany, the disease-specific competence network multiple sclerosis (KKNMS) has received funding from the Federal Ministry of Education and Research since 2009. The focus of this nationwide research alliance is on the long-term improvement of the diagnostic, therapeutic, and care quality of patients with MS.

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REFERENCES

1. Trojano M, Tintore M, Montalban X, et al.: Treatment decisions in multiple sclerosis—insights from real-world observational studies. *Nat Rev Neurol* 2017; 13: 105–18.
2. Havla J, Warnke C, Derfuss T, Kappos L, Hartung HP, Hohlfeld R: Interdisciplinary risk management in the treatment of multiple sclerosis. *Dtsch Arztebl Int* 2016; 113: 879–86.

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