



Neuro-Kopf-Zentrum Neurologische Klinik und Poliklinik

Klinikum rechts der Isar Technische Universität München





From Early Outcome Prediction to Individualized Treatment Decisions

– Neurology Use Cases Utilizing Data Integration and Data Sharing

Bernhard Hemmer

Overview

- Why use case multiple sclerosis?
- From clinical care to outcome prediction in multiple sclerosis
- Other neurological use cases

Overview

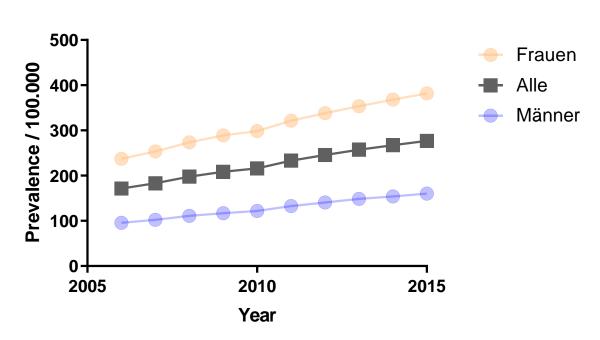
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- Most frequent non-traumatic cause of disability in young adults
- Worldwide more than 2.5 million people affected
- Increasing prevalence

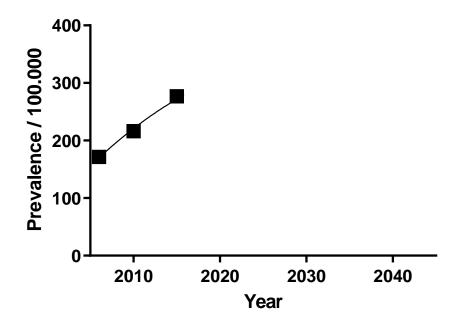
Prevalence of MS in Bavaria



Prevalence 2006-2015



Estimated future prevalence



- Visible multiple sclerosis research at all clinical sites
- Established national and international collaborations

















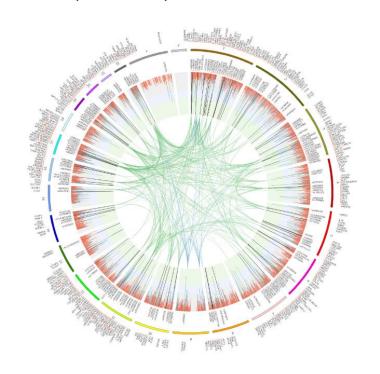


MS Genetics

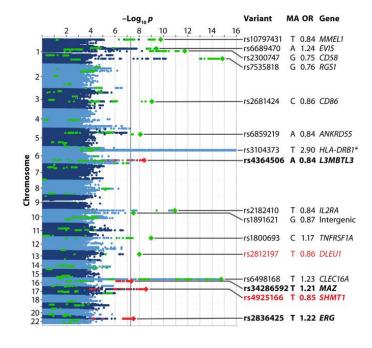


HLA Alleles

DRB1*1501, 1*1303, 1*0301 (OR 1.5-3.2) DRA*0201 (OR 0.7)



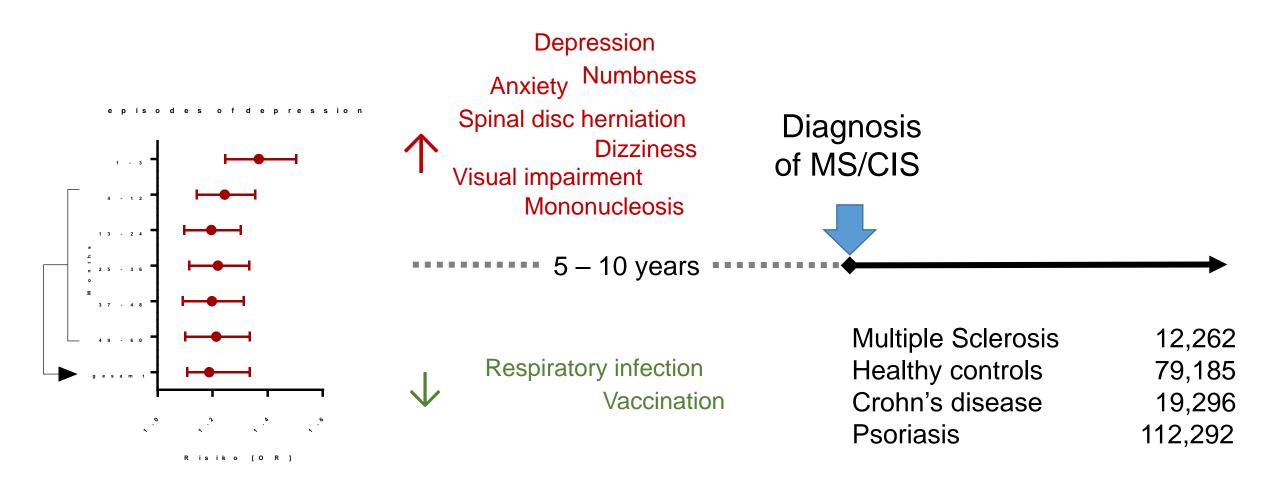
>200 genetic variants (OR 1.05-1.3)



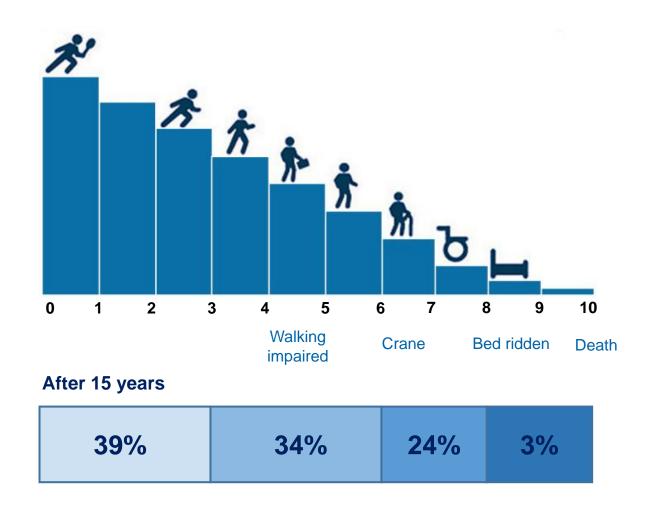
Dankowski, Genet Epidem. 2014, Andlauer, Science Adv. 2016

Prodromal phase



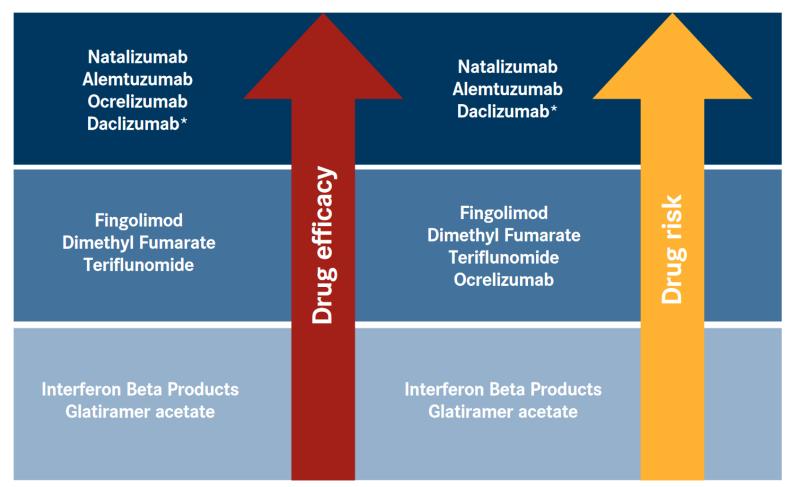


- MS has become a treatable diseases
- fifteen disease modifying drugs are approved for treatment of MS, which differ significantly in their mode of action, efficacy and side effect profile
- MS drugs are very expensive (yearly costs 15,000 33,000€)



Early Late **Immunotherapies** Efficacy

Duration of disease



FDA indicates Food and Drug Administration. Figure reprinted with permission from EW Associates, LLC.

Disease modifying treatment (DMT) should be initiated as early as possible. The treatment should be selected based on the predicted course of disease, treatment response and adverse events of the treatment.

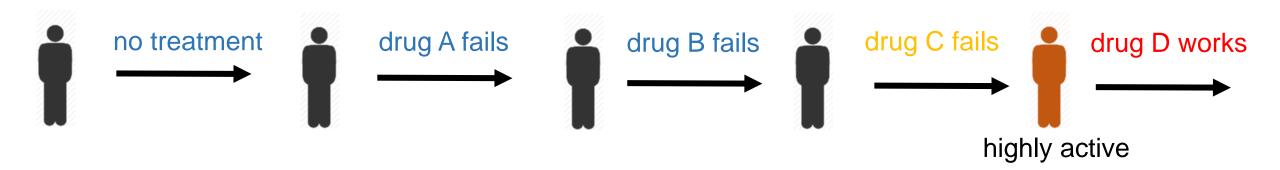
A subset of patients does not require DMT, others need the most effective DMT as early as possible.

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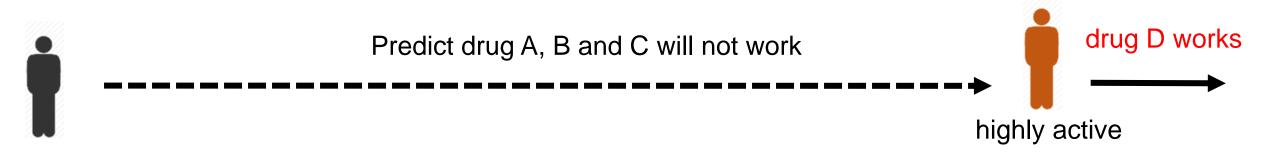
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What is missing

Current strategy



Future strategy



Parameters associated with outcome

- Clinical parameters: age, gender, initial symptom, relapse severity, frequency of relapses, incomplete recovery from relapse
- MRI: number and volume of lesions at onset, distribution of lesions, development of new lesions, brain and spinal cord atrophy
- Laboratory: CSF parameters (IgG, OCBs), neurofilament (CSF, blood), neutralizing antibodies to biopharmaceuticals
- Electrophysiological: visual and sensory evoked potentials
- Optical coherence tomography: retinal layer atrophy
- Genetics: HLA, susceptibly alleles
- Comorbidity: obesity, psychiatric diseases, smoking, vitamin D deficiency

Retrospective data analysis

Data from more than 5,000 MS patients in University centers

- since 2010 structured clinical documentation, standardized cerebral and spinal MRI, optical coherence tomography imaging, genotypes, laboratory and electrophysiological data
- harmonized between centers in 2017

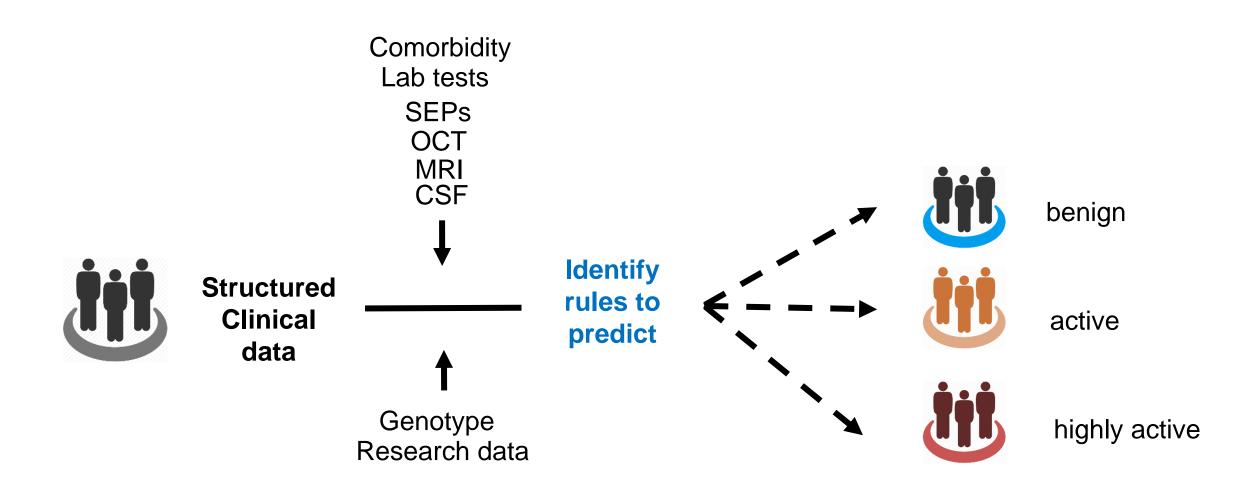
Data from more than 30,000 MS patients in the database of the Bavarian Association of Statutory Health Insurance Physicians

 all diagnoses and procedures performed in the outpatient setting (before and after diagnosis)

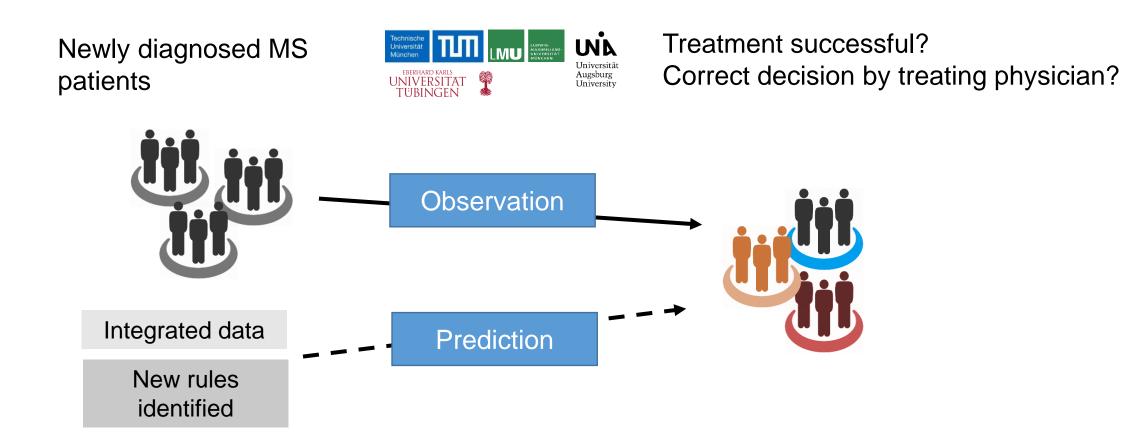




Retrospective data analysis



Prospective multi site study

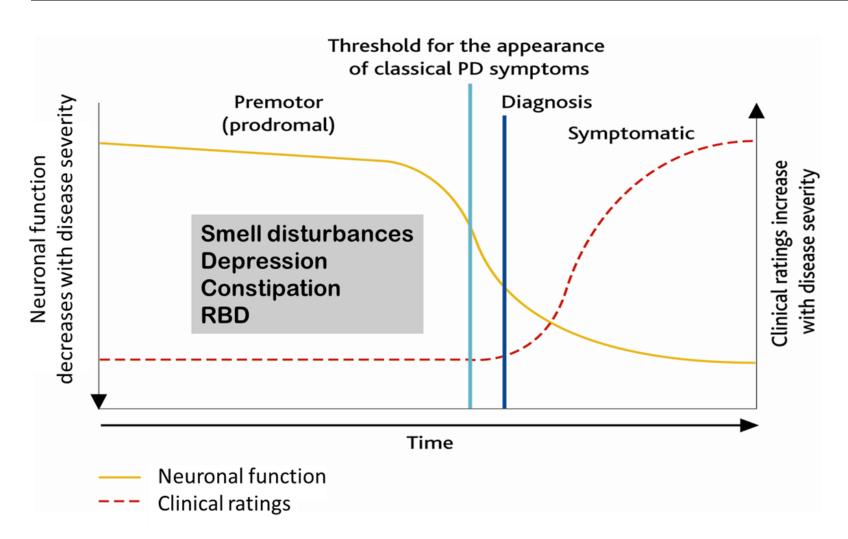


prospective study to evaluate and validate (multidimensional) rules to predict individual outcome 24 months after diagnosis of multiple sclerosis

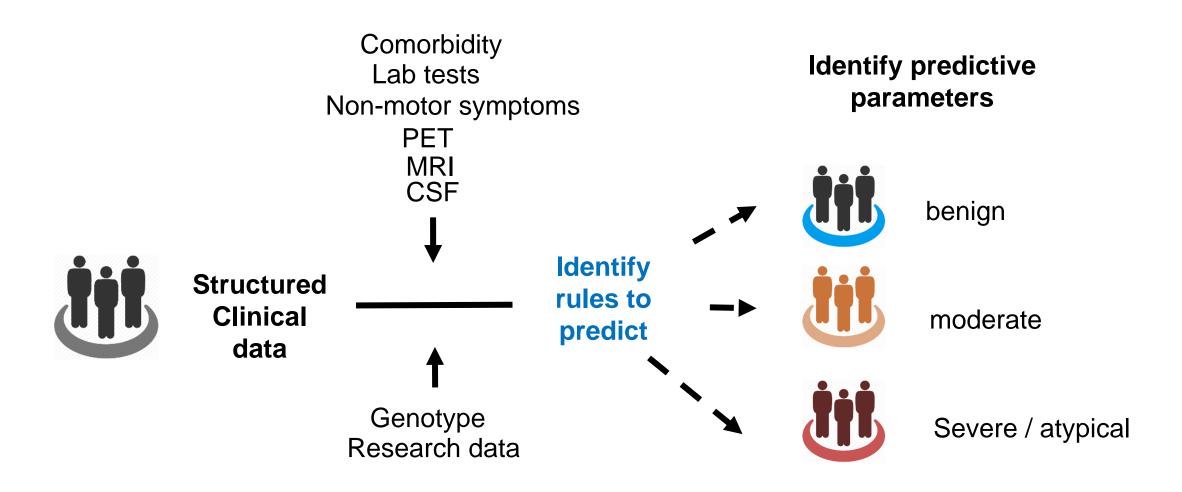
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Parkinson Syndrome



Retrospecitve data analysis in Parkinson diseases



Summary

- Multiple sclerosis is a prototypic disease for personalized treatment decisions
- The development and implementation of predictive rules for newly diagnosed patients will have a major impact on patient care
- The MS use case will also provide a rich source for clinical and basic research
- The MS use case will serve as a blueprint for other diseases



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