



Progressive MS: A Major Unmet Need Mechanisms, role of EBV and Biomarkers

Sept 10, 2024

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Mechanisms contributing to progressive MS biology

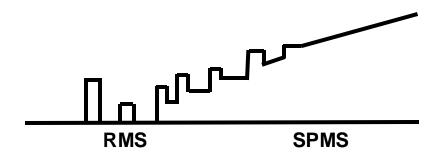
Emerging roles of EBV



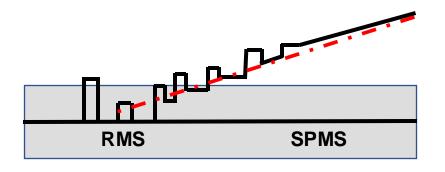
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Revisiting the Clinical Spectrum of MS

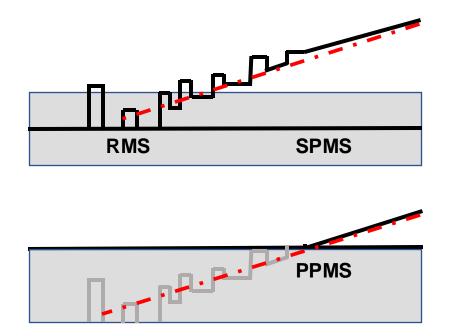


Revisiting the Clinical Spectrum of MS





Revisiting the Clinical Spectrum of MS



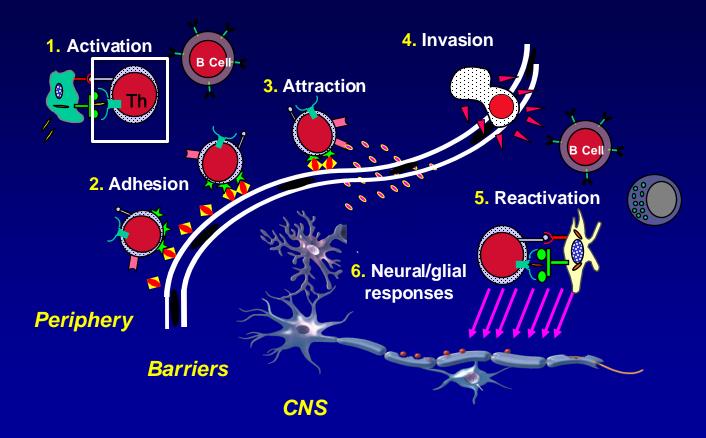
Both 'Relapsing' and 'Progressive' biologies exist across MS spectrum Both mostly sub-clinical, and exhibit substantial clinical heterogeneity



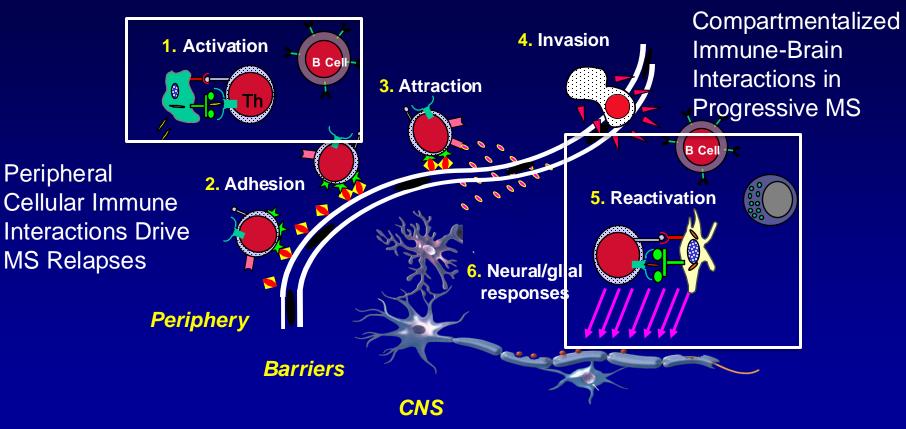
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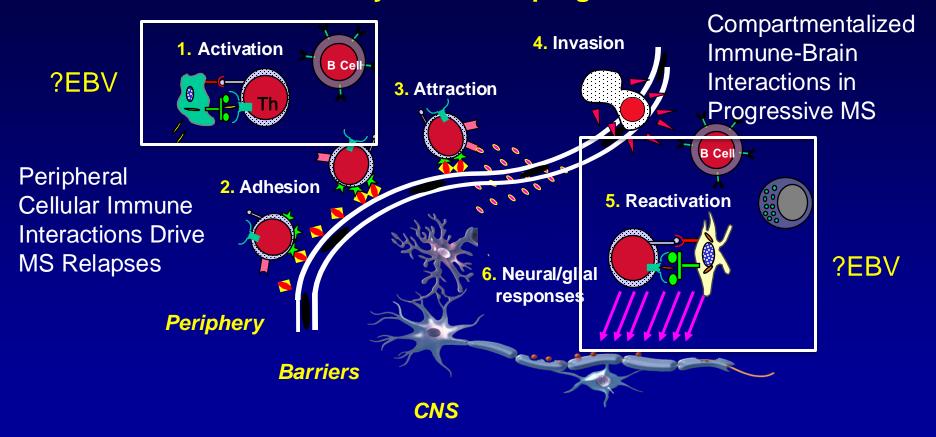
Simplified model of MS Immune Pathogenesis



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Treatments impacting only peripheral inflammation: modest efficacy at best for progressive MS



Elucidating mechanisms of Progressive ('non relapsing') MS

Potential underlying mechanisms:

Inflammation: meningeal; sub-ependymal; perivascular; diffuse microglial Bidirectional Immune:CNS interactions propagate injury

Mitochondrial (hypoxia; demand > supply; innate/adaptive immunity)

'Toxic substances': glutamate; oxygen, nitrogen species, thrombin

Ion channels: 'functional channelopathies'

Neural-glial uncoupling; functional networks

Loss of compensatory mechanisms

Normal aging + comorbidities (esp. vascular)

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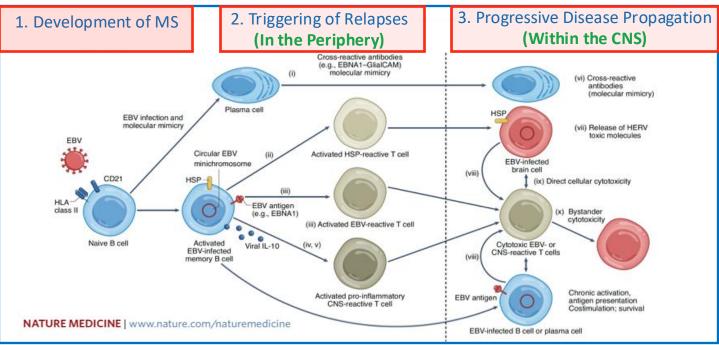
Reinvigorated interest in EBV role/s across MS spectrum

MULTIPLE SCLEROSIS

Guilty by association: Epstein-Barr virus in multiple sclerosis

Two new studies provide robust epidemiological evidence and a mechanistic link, with potential implications for strategies that target Epstein-Barr virus.

Amit Bar-Or, Brenda Banwell, Joseph R. Berger and Paul M. Lieberman Nat Med, 2022



Article

Ineffective control of Epstein-Barr-virus-induced Cell autoimmunity increases the risk for multiple sclerosis Cell 186, 1–14, December 21, 2023

Hannes Vietzen,^{1,5,*} Sarah M. Berger,¹ Laura M. Kühner,¹ Philippe L. Furlano,¹ Gabriel Bsteh,^{2,3} Thomas Berger,^{2,3} Paulus Rommer,^{2,3,4} and Elisabeth Puchhammer-Stöckl^{1,4}



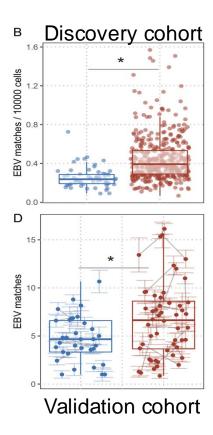
BRIEF DEFINITIVE REPORT

Broader Epstein-Barr virus-specific T cell receptor repertoire in patients with multiple sclerosis

Tilman Schneider-Hohendorf^{1*}, Lisa Ann Gerdes^{2,3,4*}, Béatrice Pignolet^{5*}, Rachel Gittelman⁶, Patrick Ostkamp¹, Florian Rubelt⁷, Catarina Raposo⁸, Björn Tackenberg^{8,9}, Marianne Riepenhausen¹, Claudia Janoschka¹, Christian Wünsch¹, Florence Bucciarelli⁵, Andrea Flierl-Hecht^{2,3,4}, Eduardo Beltrán^{2,3,4}, Tania Kümpfel^{2,3,4}, Katja Anslinger¹⁰, Catharina C. Gross¹, Heidi Chapman⁶, Ian Kaplan⁶, David Brassat⁸, Hartmut Wekerle^{2,11}, Martin Kerschensteiner^{2,3,4}, Luisa Klotz¹, Jan D. Lünemann¹, Reinhard Hohlfeld^{2,3}, Roland Liblau^{5*}, Heinz Wiendl^{1*}, and Nicholas Schwab^{1*}

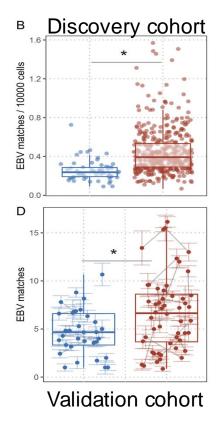
Schneider-Hohendorf et al., JEM, 2022

Broader EBV T cell repertoire in MS and Treatment Responses

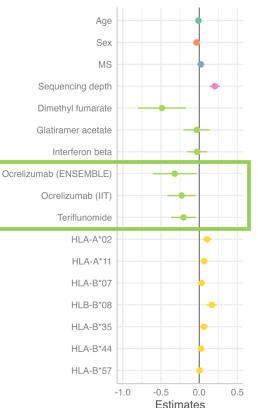


Schneider-Hohendorf et al., JEM, 2022

Broader EBV T cell repertoire in MS and Treatment Responses







Coefficient Plot EBV

Schneider-Hohendorf et al., Brain, 2024

Assessing effect of therapies on (MS-implicated) EBV biology

Need to measure EBV 'biology/state' broadly: ie. study both EBV-infected B cells and EBV-reactive T cells

Assays to detect EBV and EBV infected B-cells

ddPCR (EBV DNA viral load)

RTddPCR (EBV RNA viral transcripts: lytic + latent)

PrimeFlow (Flow-FISH)

LCLs (lymphoblastoid cell lines)

<u>Assays to detect EBV-specific T-cell responses:</u>

T cell repertoire

AIM assays (CD4, CD8)

Multiplexed custom HLA-tetramers (CD8)



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How to measure relevant biologies: key to providing biological proof-of-principle insight

NfL: neurofilament light chain; GFAP: glial fibrilary acidic protein ... fluid biomarkers of injury and progression in MS Neurofilament Light Chain (NfL) Non-specific marker of neuroaxonal injury ¹⁻⁷

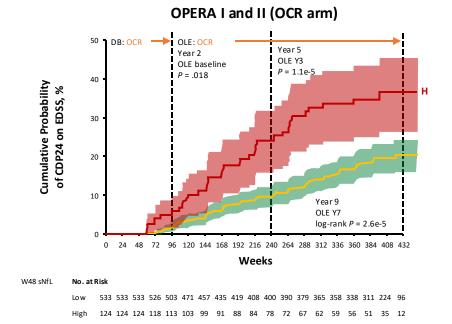
Neuroaxonal damage \rightarrow elevated NfL

Neuroaxonal Source: Structural Cytoskeleton Component

(MS, AD, ALS, PD, and Trauma) First-generation and Third-generation and second-generation fourth-generation neurofilament assays neurofilament assays 500 400 Analytical platforms 300 200 100 sNfL, pg/mL 50 20 Pearson R = 0.77; P < .001 (95% CI, 0.69-0.83) 10 Neurofilament 100 500 1000 5000 10000 25000 CSF NfL, pg/mL CSF Blood

1. Khalil M et al. Nat Rev Neurol. 2018;14:577-589. 2. Kuhle J et al. Mult Scler. 2016;22:1550-1559. 3. Zetterberg H et al. JAMA Neurol. 2016;73:60-67. 4. Weydt P et al. Ann Neurol. 2016;79:152-158. 5. Bacioglu M et al. Neuron. 2016;91:56-66. 6. Bergman J et al. Neurol Neuroinflamm. 2016;3:e271. 7. Disanto G et al. Ann Neurol. 2017;81:857-870.

NfL elevation in MS Patients on High Efficacy Therapy reflect injury from progressive MS biology



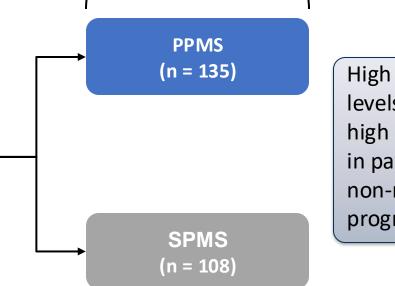
Nfl in a state of MS free of focal inflammation is a good predictor of future disability risk.-

Bar-Or et al EBioMed 2023, Jul;93:104662.

GFAP + NfL: Results of EmBioProMS¹

Patients followed over a mean of 29.3 months

- Prospective multicenter observational study followed patients with PPMS and SPMS
- Goal: define the association between novel blood biomarkers and disease progression in PMS



High GFAP + low NfL levels could identify high progression risk in patients with non-relapsing progressive MS

1. Abdelhak A et al. Ann Clin Transl Neurol. 2023;11:477-485.



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