

# OFSEP

Observatoire Français de la Sclérose en Plaques

# FROM LIFE TO SCIENCE MS DATA IS OUR COMMITMENT



# OFSEP, the French MS registry

**ECTRIMS 2024** 











# OFSEP Scientific presentations at ECTRIMS 2024















### **OFSEP** scientific presentations

### **Wednesday 18 September**

#### **Poster session 1**

① 16:15 - 18:15 - Room D3

**P018** The NOMADMUS French Cohort: Unveiling the Evolving Landscape of NMOSD and MOGAD Diagnosis and Treatment (2010-2023). Thomas Roux.

**P034** Analysis of health care utilization before the diagnosis of radiologically isolated syndrome does not support the existence of a prodromal phase in multiple sclerosis. Christine Lebrun-Frenay.

**P286** From Big Data to PRIMUS: a precision medicine platform supporting neurologists in selecting treatments for multiple sclerosis with explainable-by-design analytics. Stanislas Demuth.

**P339** Time to multiple sclerosis reactivation after anti-CD20 treatment discontinuation: a retrospective observational study from 4 large French MS Reference centers in the OFSEP national Database. Hugo Viguier.



### **OFSEP** scientific presentations

### **Thursday 19 September**

Scientific Session 10: Treating MS - real-world evidence

15:27 - 15:34 - Room D3

O089 - Is there therapeutic inertia in women with MS?

Antoine Gavoille

#### Poster session 2

16:45 - 18:45 - Room D3

**P508** Evaluation of the frequency of oligoclonal bands restricted to the CSF and it predictive value on residual disability and risk of relapse, in MOGAD adult patients – The MOGADOC study. Julie Pique.

**P577** Acute clinical events identified as relapses but with stable MRI in multiple sclerosis. Antoine Gavoille.

**P713** Evaluation of an automatic segmentation tool to help radiologists and neurologists detect spinal cord lesions from T2 and STIR acquisitions in patients with MS. Baptiste Lodé.

**P844** Anti-CD20 therapies in drug-naive primary progressive multiple sclerosis patients: A multicenter real-life study. Marion Hay.



### **OFSEP** scientific presentations

### Friday 20 September

Scientific Session 20: Aging with MS - implications for treatment

① 11:19 - 11:26 - Room A1

O129 - Comparison of High Efficacy Treatment Discontinuation and Continuation among Stable Multiple Sclerosis Patients after 50.

Guillaume Jouvenot



# The French MS registry

### Collected data













### Clinical data collection

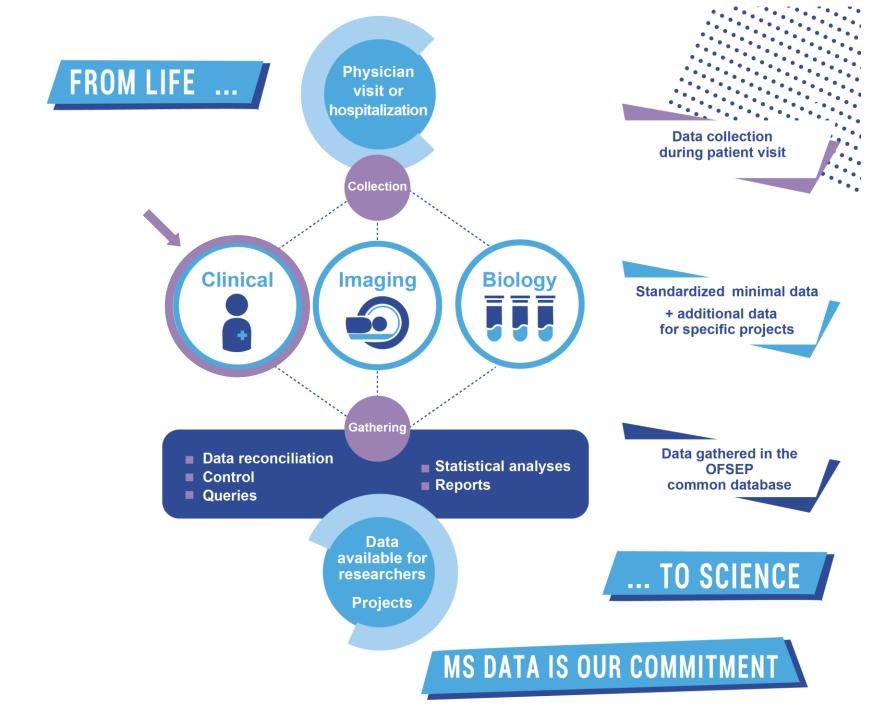












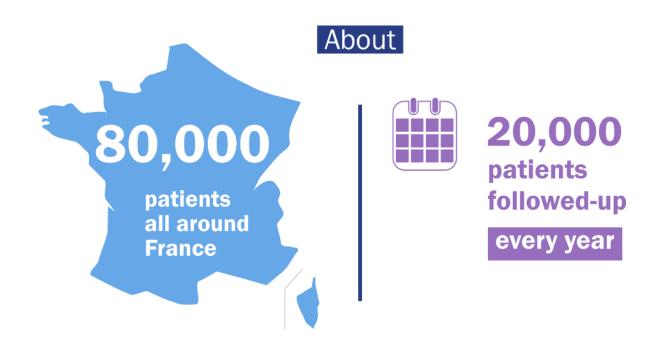


### Clinical data collection

- Clinical data collected during routine follow-up visits, usually at least once a year, retrospectively at the first visit and prospectively thereafter
- Minimal mandatory data set:
  - demographic and socioeconomic characteristics
  - neurological episodes
  - disability
  - brain and spinal cord MRI reports
  - disease-modifying treatments
  - serious adverse events
- Patients with RIS, CIS, MS, NMOSD or MOGAD followed up in a participating centre are eligible
- All French MS expert centers and several peripheral centers participate in data collection



### Clinical data collection



1,100,000 person-years of disease

> 500,000 person-years of prospective follow-up



# Imaging data collection (MRI)

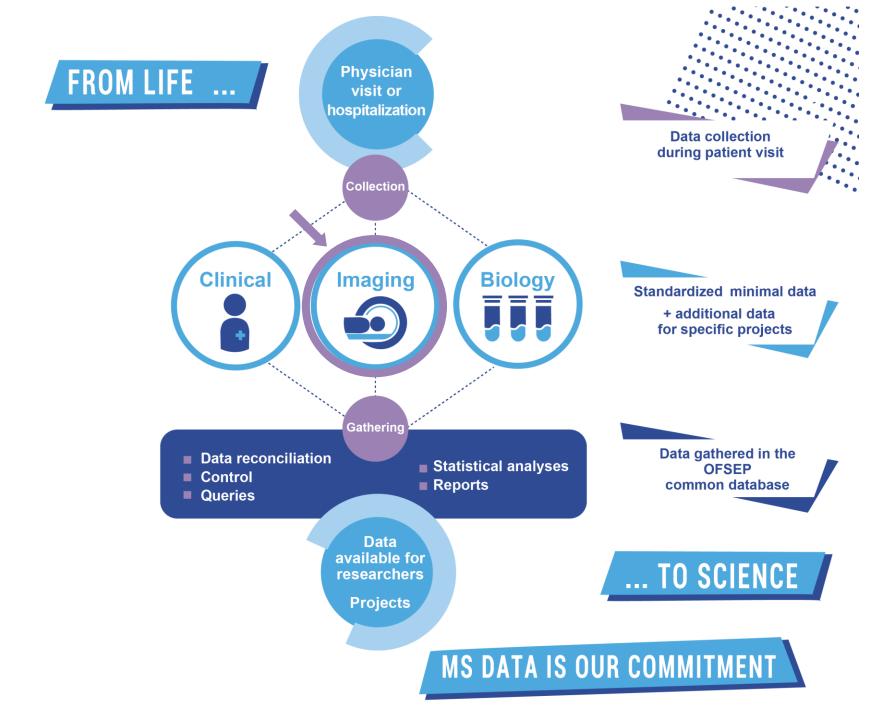














### MRI



# OFSEP cerebral and spinal cord MRI acquisition protocol\*,

a consensus within the scientific community, feasible on all equipment and compatible with clinical acquisition times

### **Recommended sequences:**

- Brain: 3D FLAIR, 3D T1, DWI, 3D T1 gado (if necessary)
- Spine: T2 SAG, T1 gado SAG (if necessary)

### **DICOM files** stored on a centralized neuroimaging platform

<sup>\*</sup> Brisset JC, Kremer S, Hannoun S, et al. New OFSEP recommendations for MRI assessment of multiple sclerosis patients: special consideration for gadolinium deposition and frequent acquisitions. J Neuroradiol. 2020;47(4):250-258.



### MRI



new patients

exams

> 2,200 | > 17,000 | > 100,000 sequences

**11,348** patients with at least one

**MRI** scan

44,742

brain exams

391,973

brain sequences

18,811 spinal cord exams 101,607

spinal cord sequences



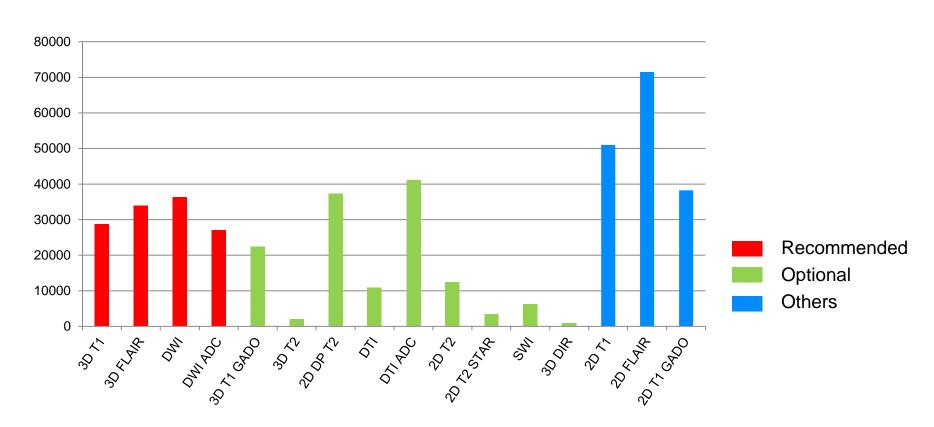
# Brain MRI

### Main sequences

**44,742** brain exams

391,973

brain sequences



Siemens: 54%

Philips: 23%

GE: 22%

1.5T: 46%

3T: 54%



### **Brain MRI**

44,742 brain exams

391,973

brain sequences

Number of patients							
	1 TP*	2 TP	3 TP	4 TP	5-10 TP	> 10 TP	
Brain IRM	2,532	1,670	1,156	959	2,206	339	

<sup>\*</sup> Time point

Disease form at the first MRI	N
RIS	155
First attack	3,070
RRMS	5,344
SPMS	993
PPMS	837
NMOSD	257
MOGAD	293
Not currently identified	168



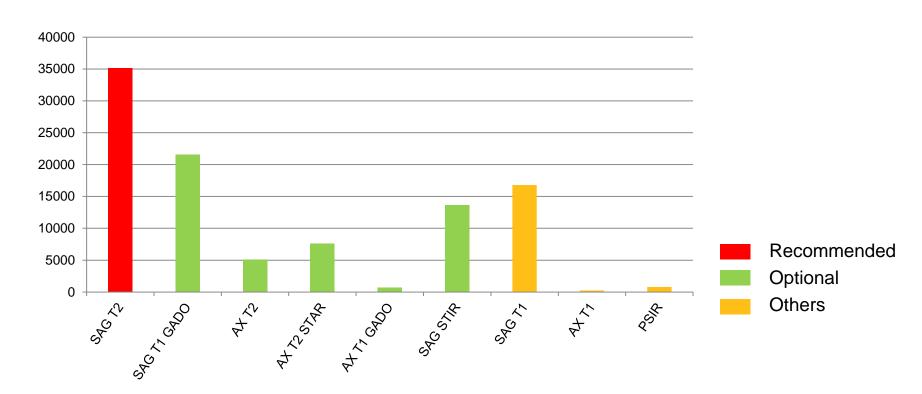
### Spinal cord MRI

Main sequences

**18,811** spinal cord exams

101,607

spinal cord sequences



Siemens: 64%

1.5T: 67%

Philips: 17%

3T: 33%

GE: 18%



### **Spinal cord MRI**

18,811 spinal cord exams

101,607

spinal cord sequences

Number of patients							
	1 TP*	2 TP	3 TP	4 TP	5-10 TP	> 10 TP	
Spinal cord MRI	2,464	1,234	671	395	515	20	

<sup>\*</sup> Time point

Disease form at the first MRI	N
RIS	155
First attack	3,070
RRMS	5,344
SPMS	993
PPMS	837
NMOSD	257
MOGAD	293
Not currently identified	168



# Biology samples collection

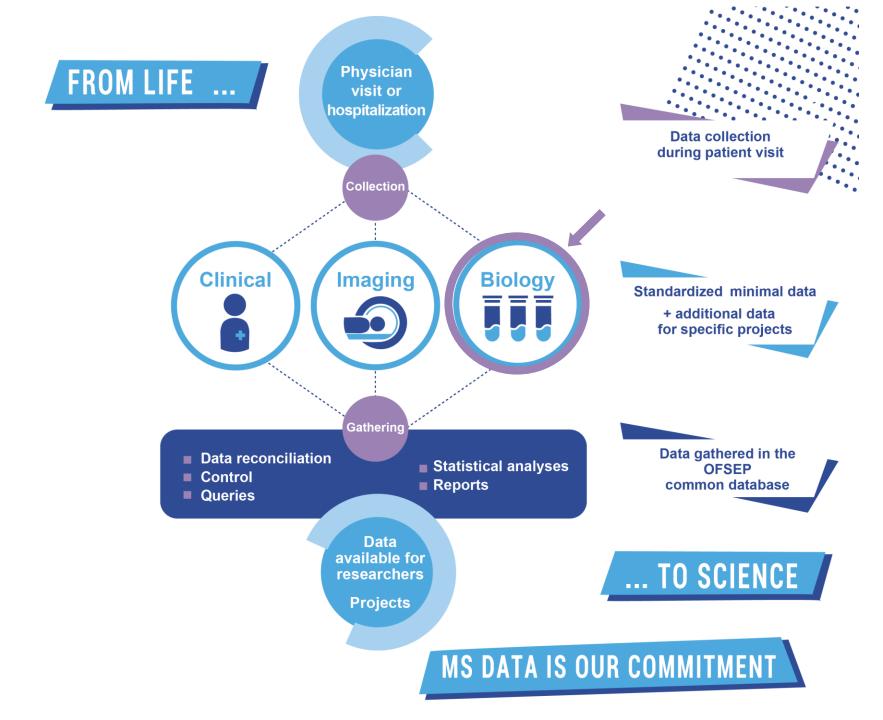












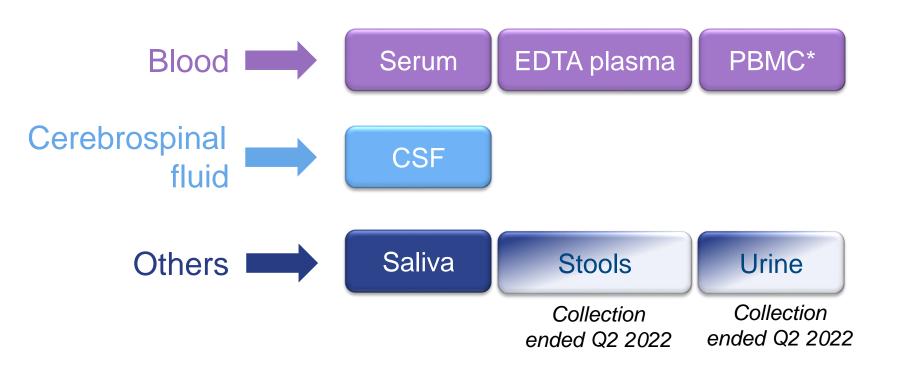


# Integrated cohorts with biological samples

Cohort	Iterative sample
Radiologically isolated syndromes (RIS)	Every year until conversion
Clinical isolated syndromes and relapsing-remitting MS (CIS / RRMS) 'First Attack' - Sample at less than 6 months of the first inflammatory event of the central nervous system - DMT naive at first sample	At year 1, 3 and 5 and during a relapse
Primary progressive multiple sclerosis (PPMS)  - Less than 6 years disease duration  - Untreated patient	At year 3 and 6
Neuromyelitis optical spectrum disorders (NMOSD) and Myelin oligodendrocyte glycoprotein-IgG (MOG-IgG) associated disorder (MOGAD) – NOMADMUS cohort	At year 1, 3 and 5 for patients included after the first relapse and before the second one. Additional sample during a relapse.
Acute Disseminated EncephaloMyelitis (ADEM)	No
Progressive Multifocal Leukoencephalopathy (PML)	No
Covid-19 - Sampling within 3 months after biological confirmation of the diagnosis by PCR or onset of symptoms	No
MS patients included in High Definition (HD) cohort	Every 2 years



### **Biological samples**



\*Peripheral blood mononuclear cells



### **Biological samples**

7,318 biological samples collected among 5,016 patients.

Patients <sup>‡</sup>	N. of patients	Blood*	РВМС	CSF**	Saliva	Urine***	Stools***	N iterative
RIS	207	207	201	81	47	134	6	32
First attack	1,215	1,215	829	595	93	683	33	304
RRMS	2,201	2,201	302	171	27	220	29	1,098
SPMS	413	413	24	13	2	22	2	183
PPMS	417	417	277	185	16	224	13	160
PML	10	10	10	2	0	9	0	0
NMOSD	369	369	363	28	56	224	3	56
MOGAD	285	285	279	17	52	168	4	57
ADEM	21	21	21	4	0	15	0	1
Covid-19***	66	66	65	0	0	21	0	0

<sup>&</sup>lt;sup>‡</sup> some patients could be counted several times if they enter an new cohort during the follow-up (ex : RIS => FA)

<sup>\*</sup> serum, EDTA plasma, DNA

<sup>\*\*</sup> cerebrospinal fluid

<sup>\*\*\*</sup> closed collection



## Merging with medicoadministrative database

French National Insurance database













### Merging with medicoadministrative database

- French National Insurance database (SNDS)
  - Reimbursements made by all health insurance plans (consulting, drug dispensing, medical procedures, biological exams, issuance of technical aids, long-term disease)
  - Hospital medical activity (hospitalizations, diagnoses, medical procedures, external consultations)
  - Death causes
- Allows to access non-specific MS data including comorbidities, co-prescriptions, recourse to care...



# Merging with medico-administrative database



## SNDS extraction 2009 ~ 2019 (planned until 2024)

85% successfully merged

>40,000

merged patient files



# The French MS registry

# Projects and nested cohorts

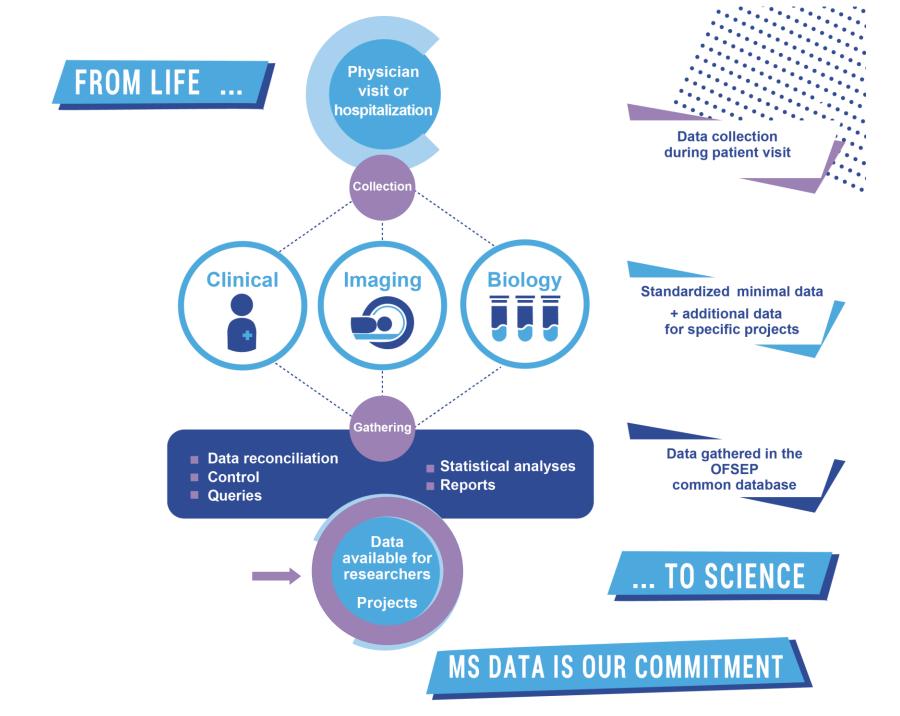














### **OFSEP HD cohort**













# **OFSEP HD cohort Inclusion criteria**

- Diagnosis of multiple sclerosis according to the most recent criteria
- Age ≥ 15 years
- Irreversible disability ≤ 7.0 (permanent use of a wheelchair) on EDSS
- Followed up in one MS expert center
- New cases diagnosed after the beginning of the study

or

For patients diagnosed before the beginning of the study,
 regular follow-up (at least one visit every two years since the date of the first EDSS assessment) with prospective collection of minimal dataset in EDMUS since 2011



### **OFSEP HD cohort**

### Follow-up

- Annual follow-up (± 2 months) with rebaseline at the first disease activity
- Continuation of the study at least until the end of 2026

### Specific data every year

- PRO: sociodemographic data, medical background, quality of life (EQ5D-5L, SF-12, MusiQoL), tobacco, cannabis and alcohol consumption
- Walk test (T25FW), test of upper extremity function (9HPT), test for the detection of information processing speed (CSCT)
- MRI (post-processing): T2 and new T2 lesions, cerebral volume and atrophy



### **OFSEP HD cohort**

#### **Population**

- 2842 patients included between July 2018 and September 2020.
- At inclusion
  - **73%** ♀
  - age = 43 years (± 12)
  - disease duration = 11 years (± 9)
  - prospective follow-up = 8 years (± 7)
  - 80% RRMS, 14% SPMS, 6% PPMS
  - untreated patients or all types of ongoing treatments

#### **Biocollection**

Blood sample and dosages (at inclusion and every two years) : NF-L, GFAP, vitamin D



### **NOMADMUS** cohort













### **NOMADMUS** cohort

#### Inclusion criteria

Patients meeting the international NMOSD criteria (Wingerchuk criteria 1999 and 2006, IPND 2015) including Aquaporin 4 – IgG positive patients (AQP4+)

- or Isolated, recurrent or not, acute extensive transverse myelitis
- or Isolated atypical optic neuritis
- or Myelin Oligodendrocyte Glycoprotein IgG positive patients associated disease (MOGAD)
- or MOGAD-like patients (MOG-IgG negative patients presenting clinical and/or radiological MOGAD features)
- The NOMADMUS expert group validates inclusions with a focus on double seronegative (AQP4 and MOG) patients and MOGAD-like patients
- Minimal mandatory data set specific to NMOSD/MOGAD



### **NOMADMUS** cohort

- 2369 patients included
- 1184 patients with biological samples (serum, plasma, PBMC, CSF...) in a dedicated biobank or in the OFSEP biobank
- 1444 patients with at least one MRI in a dedicated imaging bank or in the OFSEP imaging bank



### RIS cohort













### **RIS** cohort

#### Inclusion criteria

- MRI lesions suggestive of multiple sclerosis according to 2005 and 2017 MS DIS criteria
- EDSS=0
- Index MRI indication not consistent with demyelinating disease

#### **Exclusion criteria**

 Any focal neurological manifestation prior to the acquisition of the MRI

Mandatory data set specific to RIS and RIS conversion

- The RIS expert group validates all inclusions
- The RIS expert group is member of the Radiologically Isolated Syndrome Consortium (RISC)
- 714 RIS 2023 patients including 245 MS conversion



### **Publications**













### **Publications**

### **Reference publications**

Confavreux C et Al. **EDMUS, a European database for multiple sclerosis.** J Neurol Neurosurg Psychiatry 1992; 55: 671-676

Vukusic S et Al. Observatoire Français de la Sclérose en Plaques (OFSEP): A unique multimodal nationwide MS registry in France. Mult Scler. 2020;26(1):118–22

Brisset JC et Al. New OFSEP recommendations for MRI assessment of multiple sclerosis patients: Special consideration for gadolinium deposition and frequent acquisitions. J Neuroradiol. 2020;47(4):250-258. doi:10.1016/j.neurad.2020.01.083

Brocard G et Al. The biological sample collection of the OFSEP French MS registry: An essential tool dedicated to researchers. Multiple Sclerosis and Related Disorders. 2023 Sep;77:104872



### **Publications**

### **All publications**

OFSEP publications are available on our website:

https://www.ofsep.org/en/publications-en

# Acknowledgement



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