Movement Disorders

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Intrajejunal levodopa infusion (ILI) for Parkinson's Disease (PD): a Canadian experience

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Background: ILI has been in use in Canada since 2011 to treat advanced PD. We review the benefits and complications of ILI for PD in a tertiary movement disorders center in Canada. *Methods:* Detailed chart review of patients treated with ILI at including motor UPDRS scores, ILI pump and PEG-J tube complications. Patients and caregivers were interviewed at regular clinic follow up about their experience with ILI. *Results:* 13 patients received ILI [10M, 3F; mean age 65.6 yrs, range (51.8-79.5); PD duration 14.2 yrs, range (9.1-22.0); mean follow-up 1.8 yrs, range (0.2-4.8)]. Patients reported improvement in motor function, decreased dyskinesias and 'OFF times' [mean motor UPDRS: pre-ILI 37.1, 1-6months post-ILI 27.5]. Common complications included dislodgement, knotting or blockage of the jejunal tube extension requiring endoscopic re-insertion (29 incidents in 6 patients over 5 yrs). Four patients discontinued Duodopa treatment, for reasons of declining cognition, inability to care for the pump, and/or minimal benefit. *Conclusions:* ILI is useful for the treatment of advanced PD, in patients that can care for the pump apparatus.

MS / Neuroinflammatory Disease

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Steroid responsive life threatening acute hemorrhagic encephalomyelitis (AHEM) in a child with sickle cell disease (SCD)

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Background: AHEM is a rare form of acute disseminated encephalomyelitis (ADEM) characterized by fulminant encephalopathy with hemorrhagic necrosis and most often fatal outcome. *Methods:* A case report and review of literature. *Results:* A 6-year-old girl known SCD presented an acute demyelinating syndrome (ADS) with diplopia due to unilateral fourth nerve palsy. She received (20mg/kg/day for 5 days) of IVMP (intravenous methylprednisolone). Two weeks after steroid weaning, she presented right hemiplegia. Brain MRI showed a left frontal necrotico-hemorrhagic lesion and new areas of demyelination. She showed signs of herniation and underwent craniotomy. Investigations ruled out vascular and infectious process in both events. The deterioration stopped concomitantly to the initiation of IVMP. She was discharged with a longer oral wean. Later, she was diagnosed with Crohn's disease and primary sclerosing cholangitis. We considered AHEM as the most plausible diagnosis based on the clinical and radiological presentation, the preceding ADS, the exclusion of other etiologies, and the response to IVMP including resolution of non-necrotic lesions. Similar - but fatal - AHEM has been reported in 2 SCD patients. *Conclusions:* In any ADS occurring in the context of SCD and/or auto-immune condition, we recommend to slowly wean steroids, and to closely monitor the patient after weaning to quickly treat any recurrence with IVMP.

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Real world experience with Fingolimod in Canada

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Background: The Gilenya® Go Program™ offers education and support services, including coordination of first dose observation (FDO) and follow-up contact to reinforce monitoring recommendations and compliance in fingolimod-treated relapsing-remitting multiple sclerosis (RRMS) patients. *Methods:* Data were analyzed for patients enrolled in the Canadian Gilenya® Go Program™ from March 2011 to January 2016. The retention to fingolimod therapy, reasons for treatment discontinuation and incidence of adverse events (AEs) during treatment are reported. *Results:* At data cut-off, 3956 patients had completed FDO; 3201 patients were being actively treated. Mean age at enrolment was 41.0 years; 74.9% patients were female. The overall fingolimod exposure was 7869 patient-years. Most recent previous therapies (n=3746) included interferons (43.3%) and glatiramer acetate (29.6%). Most common reasons for switching to fingolimod (n=3674) was lack of efficacy (31.8%). Retention to therapy at data cut-off was 81.3%. AEs (45.2%) were the most common reason (n=334) for treatment discontinuation and included low lymphocyte count/abnormal hematology values (13.8%), gastrointestinal disturbances (6.9%), and elevated liver enzyme levels (7.8%). Adherence to recommended ophthalmic examination was 92.4%. *Conclusions:* In real-world clinical practice in Canada, adherence to both fingolimod treatment and monitoring was high. The Gilenya® Go Program™ helps to meet the safety monitoring recommendations for fingolimod-treated RRMS patients.

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Vaccination protocol for MS patients undergoing immunosuppressive therapy: an important topic lacking consensus

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Background: As therapy for MS has expanded to include multiple immunomodulatory and immunosuppressive therapies, the need to consider patient vaccination status has emerged as a salient issue in the treatment of MS. Unfortunately, there is little research or consensus about how vaccination in these patients should be addressed. *Methods:* A search of primary literature on the topic of potential pathogens and available vaccinations in immunosuppressed patients was performed. We reviewed the limited available information in the MS, gastroenterology, and rheumatology literature. As well, the current Canadian immunization guide was referred to along with expert