

# Highlights of OMS 2018

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**DEPARTMENT OF WOMEN & CHILDREN'S HEALTH**



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# International Opsoclonus Myoclonus-Ataxia Syndrome Study Group



Dancing eye  
syndrome  
support trust

<http://dancingeyes.org.uk/>



<https://omslifefoundation.org/>

# Dr Pranzatelli



# Dr Wilson



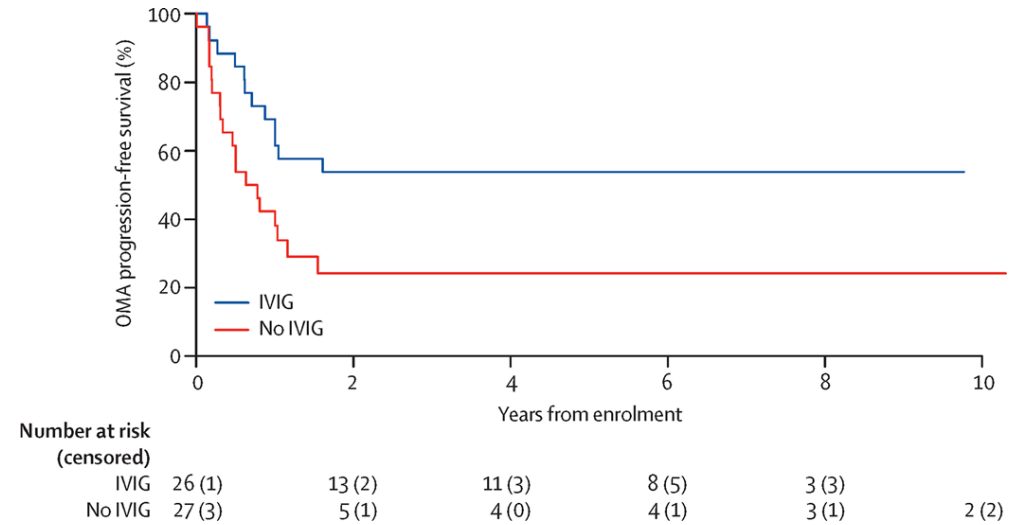
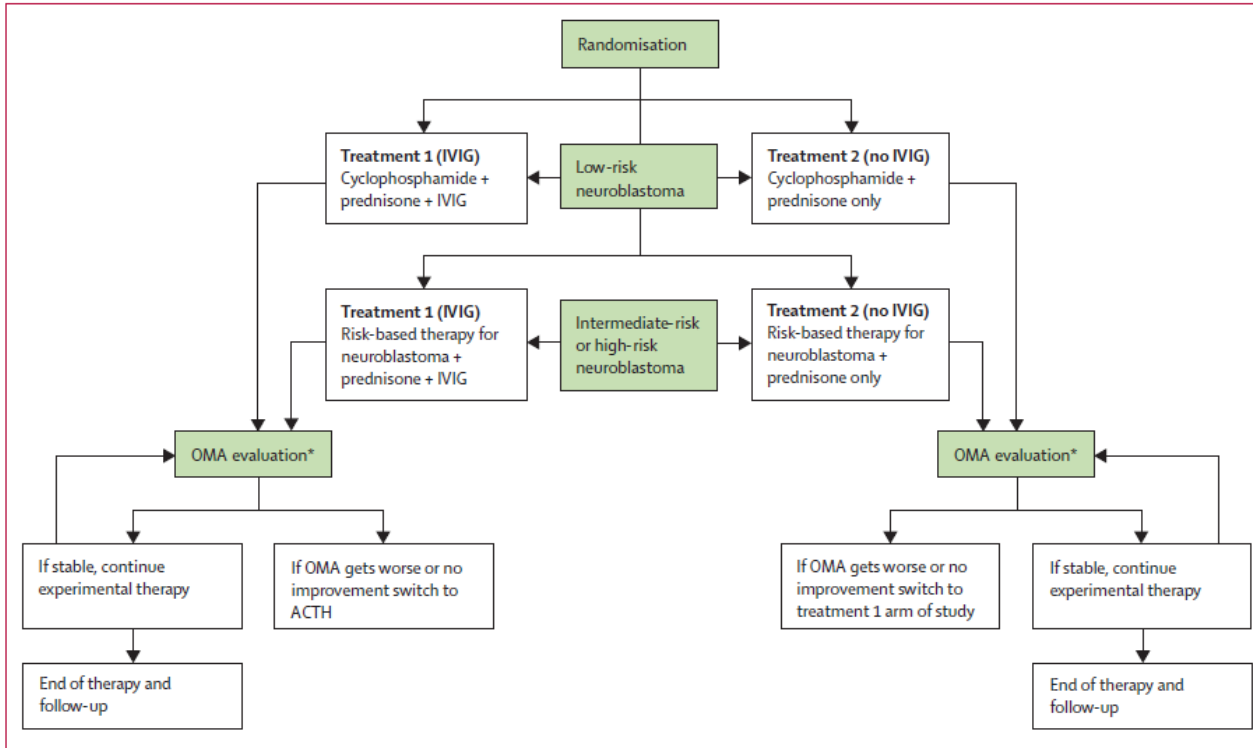
# SESSION 1 : Updates, Progress and Initiatives

- Launch of POOMAS (Paediatric Onset Opsoclonus Myoclonus Ataxia Syndrome Registry)
- OMS Consensus statement
- Family Education School pack

# SESSION 2 : Trials, Studies and Interventions

- Following many frustrating years for the European team, the study is now underway in 8 nations, 65 of the target 100 have been recruited
- **Children's Oncology Group ANBLOOP3 Trial publication**
- Impact of relapses on cognitive outcomes in OMS
  - Multivariable linear regression model including 34 participants number of relapses occurring before neuropsychological testing ( $p < 0.001$ ) and OMS severity score at last follow-up ( $p < 0.001$ ) predicted FSIQ (adjusted  $R^2 = 0.64$ ).
  - There was a mean decrease of 2.4 FSIQ points per OMS relapse  
Sheridan et al., 2020 *Dev Med Child Neurol* 62(12):1444-1449

# Intravenous immunoglobulin with prednisone and risk-adapted chemotherapy for children with opsoclonus myoclonus ataxia syndrome associated with neuroblastoma (ANBL00P3): a randomised, open-label, phase 3 trial



Patients randomized to receive IVIG received 1 gm/kg on day 0 and 1 of cycle one; day 0 of cycles 2 to 6; and then on day 0 of cycles 8, 10 and 12.

De Alarcon et al., 2018  
*Lancet Child Adolesc Health* 2(1); 25-34

## Commissioning Criteria Policy for the use of therapeutic immunoglobulin (Ig) England, 2021

Prepared by NHS England Immunoglobulin Expert Working Group. Published by NHS England, in electronic format only

<p><b>Opsoclonus-myoclonus syndrome - paediatric or adult non paraneoplastic</b></p>	<ul style="list-style-type: none"> <li>Paediatric OMS diagnosed by a paediatric neurologist</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>OMS in an adult with no evidence of neoplasm, anti-neuronal antibodies, or focal structural or inflammatory alternative diagnosis</li> </ul>	<p>Structural disease. Multiple sclerosis or other inflammatory lesions associated with defined diagnoses where the primary treatment of that disease is not Ig</p>	<p>Corticosteroids should be tried first</p> <p>Consider other anti-inflammatory strategies including oral immunosuppressants, rituximab or cyclophosphamide as appropriate</p>	<p>2g/kg over 5 days initially repeated at 6 weeks then titrated to optimal interval and minimum dose to achieve stability</p>	<ul style="list-style-type: none"> <li>OMS score</li> </ul>	<p>Yes</p>
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# Pablove Grants and Immunobiology sessions

- Autoantibodies to glutamate receptor delta 2 (GRID 2) in opsoclonus myoclonus syndrome?
  - Neurology. 2018 Aug 21;91(8):e714-e723 (Yes)
  - Neurology. 2021 Feb 16;96(7):e1082-e1087 (No)
- Autoantigen discovery in OMAS-an innovative multidisciplinary approach
- The cellular immunology of autoantibody mediated encephalidies: relevance to OMS
- Biomarkers and (-omics)



# OMS through the life span

- OMS Patient Registry: Neuroblastoma and precocious puberty survey
- Transition care
- Emotional Behavioural Autonomic Dysregulation (EBAD): Management in rare diseases
- Immunisation