Immune suppression treatments can be withheld in NMO patients who have prolonged stability: host introduction

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Neuromyelitis optica spectrum disorders (NMOSD) are a group of disorders, most commonly associated with autoantibodies directed to aquaporin-4 (AQP4-IgG) but also associated in a minority with antibodies to myelin oligodendrocyte glycoprotein (MOG-IgG). These disorders lead to recurrent attacks of the CNS, with particular predilection for optic nerves and spinal cord. The vast majority of patients, particularly those with AQP4-IgG, are highly likely to relapse, and relapses are very commonly associated with major disability and poor recovery. Accordingly, and given the substantial evidence for improved outcomes, in particular lower attack frequency, from retrospective studies, several international expert groups have advocated early and continued treatment with maintenance medications with demonstrated efficacy, including immunosuppressive drugs and rituximab. However, the long term prognosis of NMOSD, whether or not the disease ever enters a “remission state,” and need for long term immunosuppression remain unclear. It is not clearly established whether the diagnostic antibodies reflect the continued tendency to relapse and whether a combination of age, clinical indicators and serologic indicators can be used to recommend to some patients who are stable over a prolonged period that they may discontinue treatment. This will be the topic of this debate. As the answer is unknown, we hope to hear whether and how studies could be designed to address this important issue in an informative and ethical way.