Patient and care partner panel

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[00:00:00] **Dr. Conor Kelly:** Arguably the most important panel session today where we get to hear from patients and their caregivers about their journey through their diagnosis in navigating their care. If each of the panelists could please introduce yourself one at a time and just discuss your diagnostic journey as you went through it. Yes ma'am.

[00:00:29] **Angela Jackson:** My name is Angela Jackson. I was diagnosed with transverse myelitis February 27th, 2019. A date I'll never forget. I woke up with a numb side and I blew it off. I got dressed, went to work, took some medicine with me, some Tylenol, and took that hoping that my thigh would come around. But about five hours later I was dragging my left leg, and I left work and since it was my left leg, I could drive. So, I went to my primary care physician, and she examined me and prescribed me some steroid pills and told me if it got worse to go to the hospital.

[00:01:28] When I left her office, my husband picked up my medication, and I went home and started watching tv. I became paralyzed from the waist down. My sister came over, she knocked on the door and blah, blah, blah, blah. And she goes hey, how you doing? And we're usually happy go lucky. And I was like, I can't walk.

[00:02:00] And it didn't resonate with her. She said, what? I said, I can't walk. So, I just started crying. Boot who tears, and so she woke my husband up and they took me to the hospital, and I got all the tests, all the MRIs and the shots and the hip, everything. And he told me I had a pinched nerve and I, didn't believe him.

[00:02:33] And then when he took me, when they let me go, and he gave me crutches, and that just threw me for a loop. I was like I can't walk. Why would you give me crutches? We conned him out of a wheelchair to get us to the car. And then the next day I went to see a neurosurgeon, which ER told me to do. When I got there with him,

[00:03:06] He said, you don't have a pinch nerve, and you need to go somewhere else. But so that was a waste of my time, and it is a setback when you're not getting care and it is visible that I needed care. The good news is my primary care doctor, Dr. Sid Meyer, had already called a neurologist and made an appointment for me because she was concerned.

[00:03:36] They called me after I got back from the neurosurgeon. They told me to come to their office as soon as possible. I did that and they just rolled me in, examined me. The first doctor said, "I know what you have is transverse myelitis, but I want you to wait and let me have a colleague do the test and look at you as well."

[00:04:12] He examined me, then he looked at my husband and he said, I'm not calling an ambulance. I want you to get her dressed, put her in that car and go down to the hospital on the corner. I will call them, tell them every test to run. I'll come to you after I get off work. That was another step in the right direction.

[00:04:39] But for me, emotionally, all I could do was cry because I didn't know what was going on. And it was good that I had good doctors, but mentally all you do is cry. All I did was cry. I don't know about everybody else, but all I did was cry. So, they did all the testing and everything that Dr. Ansari asked them to do.

[00:05:11] He came as he said he would. They I, the next day they moved me up to ICU and I was there for nine days. They moved me down to acute care. I was there for another 10 days. And you all were talking about plasmapheresis. I had 20 bags a day every other day for 12 days because I was allergic to somebody's plasma.

[00:05:48] So they had to keep me for that. And then also the bags, one of the bags were bad, so I had to stay in the hospital for that as well. Then after that, I was transferred over to rehab and it was inpatient rehab and I was there for two weeks and it felt like the ages, but I was still crying. But I was doing the work because I wanted to get better, but it, it took a long time.

[00:06:32] And I'm just thankful that there are good doctors and the, what I'd like to say is that ask the questions, don't let them intimidate you. And the nurses, they need to be educated on what transverse myelitis is and all of the other neural immune disorders that they have to deal with because they ask me what's wrong and they should know what's wrong, but that's the short end of my story and I had a good family that helped me all the way through from beginning to end. So thank you. Thank you.

[00:07:25] **Julia Lefelar:** First of all, I wanna say I'm sorry you had to go through that. That must have been really terrible. It was nice to hear that from you. It's good sharing your story. I appreciate it. I'm Julia Lefelar. I'm the executive director and co-founder of the MOG Project. I am a MOG patient myself. I've been a MOG patient since probably 1999, 2000, but I was not diagnosed until 2017 with actually MOG antibody disease.

[00:08:01] I had no diagnosis until 2014. And I had a diagnosis of N-M-O-S-D, which was seronegative at the time. And I, guess I'm here to tell you that MOG antibody disease does not always start in the ER. It can start very slowly with symptoms that creep up, and that was certainly was the case for me.

[00:08:25] I noticed that I was having some problems around 1999 towards the end, and I had a bad cold, and I just never felt like I got better. I felt often shaky, weak, weakness. I walk and I feel my legs were very weak. I feel like I had trouble breathing and I had a lot of fatigue. And the fatigue never went away.

[00:08:52] And the other would go away a little bit after a couple of weeks. I also had periods where I would have dimming vision and certainly a lot of pain around the eyes that I thought were sinus infections, but yet there was no sign of the other part of the infection. And yet I went to the doctor, millions of doctors it seemed like, but really there was about maybe 10 or 11 doctors over the course of the next couple of years.

[00:09:18] And they didn't even point it to a neurological condition they had kept "we don't know." And eventually they got tired of hearing me and having me come in and I was labeled as a psych patient, and that was hurtful. It really was. And I, went to see a psychiatrist and we had this wonderful discussion for, we laughed and talked.
[00:09:42] I was just like, nothing I told him, I said I, really am having these things happen. And after his, after

we talked and he really said I really believe you have something. I just don't, I, nobody knows what it is. And I just, I think your doctor is a and he used an explicit, and that was at least helpful to me because I knew that, like somebody could tell that I, this was a real thing that I was going through.

[00:10:12] And I just really had a lot of trouble getting some help over those two years. I was on disability twice for fatigue. I couldn't get out of bed. Sometimes I would come home, and I'd try to make myself do like the grocery shopping, and I would go and I would have trouble breathing and I felt like I was gonna fall over and pretty much collapse by the time I got home.

[00:10:34] I would just drop all of the groceries and climb up the stairs to my bed and lay on my side. And I felt like if I didn't breathe myself, my body wouldn't do it naturally. And so, I had these periods I would tell my husband, please check on me in five minutes. I might be dead. And I actually and he did, and I was alive.

[00:10:53] So I guess I was wrong in a way there. But that rest would bring me back. And during the time I had been given rounds of antibiotics, I'd been given all kinds of treatments, and they really just, I never got an MRI, it was crazy. But I eventually got better and then I thought I was okay.

[00:11:20] I was never the same again. And in around 2006, I got Lyme disease and it all started up again right after the Lyme disease. And I was just I thought it was the Lyme disease, but then I thought, there's that thing again. I didn't have Lyme disease then I would have this dimming vision, and it was really slight.

[00:11:40] I would tell, ask my husband is it dark in here? And he'd say, no. And I, and say, huh, that's really weird. And then after a couple weeks, it would go away. At some point I had a seizure while I was driving. That never happened again. I ended up in the ER with that, and they were scratching their heads and said, we don't know why you had a seizure.

[00:12:04] Didn't give me an MRI or anything. And so, I live in a metropolitan area. I live in the DC area. Somebody told me that I would eventually either get better, and nobody would know what happened to me or I would get worse. And so, in 2014 I got a cold. It's always something like that. And then all of a sudden, I went blind.

[00:12:25] And I again thought I had one of those sinus infections, except it got more painful. One of the most excruciatingly painful things I've ever experienced. And next thing you knew, I had bilateral optic neuritis, and I was completely blind for just a week. I got into, finally got into the ER, got treated with steroids.

[00:12:47] I was very responsive. And I went home and my vision was back to normal. And I thought, wow, what an ordeal. I'm that's over. And no, it wasn't. Over a week later, after the steroids wore off, I was blind again. And so, this happened four times in a row. I was really lucky because I eventually got up to Johns Hopkins University and Dr. Michael Levy, who is a well-known neurologist

[00:13:17] There was my doctor and he's now on our medical advisory committee. And he, he's a great guy. And he said to me, you've got NMO. And he took all the tests. They had an MS specialist come in, look at me, and they said, Nope, this is definitely not MS.

[00:13:33] And again, they were scratching their heads, but they said I think you have seronegative N-M-O-S-D. And so, I went with that for a few years and I kept having breakthrough attacks on the medicine that I was taking, and which was rituximab at the time. And I really just couldn't make any plans.

[00:13:55] I felt like this relapsing is just annoying. I can't do anything. And I had spinal lesions at the time, which they said on the MRI looked like I had them years ago. So, there was a missed opportunity, I think years ago when it was probably my leg weakness from then. And it wasn't TM, it was just, I guess you call it "M" so it was just between vertebrae and so it might have something to do with it.

[00:14:22] But I really had trouble. And then I went and had a couple more attacks and finally in 2017, Michael Levy said to me I think you've got this thing called MOG. I'm gonna test you for it. And I was like, okay. And sure, enough that was the culprit. And so, after all of those years, I had this, what I call my smoking gun.

[00:14:46] I know that's a term that people use, but I just knew that was the thing that was implicated in what was happening to me. It actually felt good. You think you'd be unhappy with a diagnosis, but I was actually very happy. Because now I had something to fight against and you don't go through all of that.

[00:15:05] And all of the, I call it medical gaslighting and the trauma of what I went through without some kind of reaction. And so, I decided, I went online and said, what have I got here? And nothing, like was accurate. There was no information. So, I said I guess it's an arrogant thing to say, but I said, I'm gonna make my own.

[00:15:30] And so I got with the doctor and I found other doctors, other patients online who had the disease, and we basically banded together and started the MOG project. And I would say I was a neurotic mess before I did that. I couldn't make a move without thinking something was happening.

[00:15:50] I didn't know this relapsing is so annoying. It just, it's just the great saboteur of all plans that you might have. And I think starting that and connecting with other patients, and certainly one of the first things I did was connect with the TMA at the time, which as is the SRNA.

[00:16:12] And we helped them launch the MOGAD advocacy. And it was a great thing to do. They have a great source for resources here, and they continue to advocate for not only all neuro immune conditions, but certainly MOGAD. And so, we decided to go off on our own and partner with them just to give it a little more attention because it was something that we were an underserved community and we needed a lot for this disease.

[00:16:44] And so we, we continue today to do that. And I eventually got through a medicine that makes me stable and I've decided to pay it forward. And it's go large or go home. So now we're a global organization, and I think it's really important to connect with these advocacy organizations. It brings peace and it actually makes it so that you no longer feel like you're alone.

[00:17:10] And that's huge. I was scared out of my mind. I thought this thing's gonna kill me. And then I found out I can live well with this. Look at all these people here. And I had also great family too, to help. My daughter's sitting right over there. She's here volunteering.

[00:17:29] And my husband was great during that time and my in-laws and my parents. And so that's important to get that support as well. So that's my story. There's a lot to it. It was definitely not something that I would recommend for anyone, but if you do happen to be able to connect with others through support groups and things like that.

[00:17:55] **Dr. Conor Kelly:** thank you for advocating for yourself and others.

[00:17:59] **Jodi Arminio:** I'm Jody Armenio, and I run a support group here in Georgia for NMO and TM and MS. And ADEM and AFM and NMO. You're all welcome to join us. We meet the second Saturday of each month September through May at the Shepherd Center in person, and then we're also online. You can get in touch with us through the SRNA.

[00:18:26] We're listed on their support group page. I was diagnosed with NMO, it started in 2010. In retrospect with probably a case of shingles that then a couple of months later I started having weakness in my left leg. Did not connect the two at all except that it would occasionally have a burning sensation in my hip.

[00:18:52] Went to an orthopedic and they did an m lumbar MRI and said there was nothing to see there. Had nerve conduction test, nothing showed up there. They were they weren't sure what to do, nothing to treat it with, just let us know if it gets any worse. And it didn't. It actually got better as time went on.

[00:19:15] And by the end of 2010 it had disappeared completely. Oh, then fast forward to 2011 in September and I started having a black spot show up in the left eye. So, I called my ophthalmologist, and they said you need to come in right away. And I said I can't. I'm at work and it's really important what I'm doing here when can I get an appointment?

[00:19:47] And she said are you having the eye, the eye shade or the window shade effect? And I said, no, it's just a little black dot. It looks like a floater, but it's not moving. And so, she said how about tomorrow afternoon at two o'clock and the Friday afternoon at two o'clock? I said, oh, that'd be perfect.

[00:20:08] I'll leave work early, come see you and then I can go home and enjoy my weekend. So, I got over there, and my ophthalmologist was gone for the day, but I did see the optometrist, and he checked me out and he said it's not retinal involved. You really need to see a neuro ophthalmologist and here's a list of three people.

[00:20:33] So by this time it's three o'clock on a Friday afternoon. And he didn't seem real concerned about it, so I wasn't real concerned about it. And I went home and I called the first one and they didn't take my insurance, and I called the second one and they said it would be April, and this was September.

[00:20:51] And then I called the third one and she said, we can see you on Tuesday. And I said, oh, great. Okay, that should have been my first clue. I did go and see her on that Tuesday, and she said, yes, I think you've got optic neuritis. We need to do a brain MRI. But before we can do that, we may need to make sure, or I mean I need to put you on steroids, but before we do that, I need a brain MRI because I can't put you on steroids if you have a brain tumor.

[00:21:20] And just between her office and my insurance company. It was like three weeks before we finally got that MRI. And in the meantime, I can't even see the big E on the eye chart. At least with the left eye, my right eye was fine. So got the MRI, yes, it's optic neuritis. Went through three days of solumedrol, IV Solumedrol.

[00:21:48] And you talked about the reactions of the nurses and everything. I was at a place where they were used to dealing with MS patients with, and so they were coming by every couple of minutes going, can you see now? Can you see now? And I'm like, no, I can't. It hasn't changed at all. And that then just got me really upset and I'm thinking, okay, this is not gonna be an overnight thing.

[00:22:20] Went through all of that. She did not ask me, and I did not connect it to the problem with my left leg. So went on to November, mid-November, still can't see out of this eye. And I wake up one morning and my whole torso just feels like it's on fire and I can't stand to be touched. And my eye doctor, the neuro-ophthalmologist had put me on folic acid after this event.

[00:22:56] That was the only thing that had changed in my medical regimen. So, I called and I said, I got this terrible burning sensation. Could I be having a reaction to the folic acid? And she's oh, no, that, that wouldn't happen. Maybe you need to see a rheumatologist. So, she made me an appointment there. Fast forward another couple of days and I start going numb from the feet to the knees to the thighs.

[00:23:25] By the time I see the rheumatologist for the scheduled appointment, I am like numb to my chest. And she says, this doesn't look like it's in my jurisdiction. You need to see a neurologist. Luckily, I have a sister who's married to a doctor who had a good friend who was a neurologist. And he got me in that afternoon.

[00:23:48] And that neurologist immediately said, I think I know what you have. I need to do some MRIs, and then we're gonna start you on Solumedrol. And I'm like, oh God, not again. And but I don't, he handed me a printout on it. He said, it's called neuromyelitis optica. I'm pretty sure this is what you have. But we're gonna have to do a blood test.

[00:24:14] It'll take several weeks to get it back. And in the meantime, I don't want you to Google it. And I said kay, so got the MRI, sure enough, inflammation on the spinal cord and still showing some on the optic nerve. Went in for the first round of the iv, solumedrol. Went home. Of course, I'm hyped on steroids.

[00:24:38] 3:00 AM in the morning, I can't sleep. I Googled it and found out that I was gonna die in five years, so God bless him. He'd also given me his email address, so I emailed him at 3:30 AM and said, you didn't tell me I was gonna die in five years. He emailed me back that morning and said, you Googled it, didn't you?

[00:25:05] So he said, things have definitely changed since that information is out there. We can't get rid of it for some reason, we've tried. Rest assured you this is not going to kill you. And he, as soon as the blood test came back, aquaporin four positive and I was on Imuran. And then CellCept when I broke through with another optic neuritis attack, went on CellCept, then had another optic neuritis attack, and then finally got on Rituxan in 2012.

[00:25:37] And I have been attacking free ever since. So, I count myself very blessed to have been living in Atlanta where there is a tremendous medical community and getting an early diagnosis. So that's it.

[00:25:56] **Dr. Conor Kelly:** Thank you.

[00:25:57] Stephanie Wingfield: Hi, my name is Stephanie Wingfield, and I am the caregiver to a 6-year-old, my 6-year-old daughter Layla, who has MOGAD. She was diagnosed at 15 months. I had to reflect and jot down the journey last night. Otherwise, I probably would not make it through this. My daughter Layla's journey with MOG antibody disease began at the age of 15 months.

[00:26:27] Layla came into this world full of sass and boundless energy. So, when we suddenly noticed a more subdued baby, we knew something was wrong. We initially thought she was a bit under the weather from vaccinations that she'd received, or that maybe she was coming down with an ear infection or a cold.

[00:26:49] But we rushed her to the doctor when suddenly she began to walk into walls, lose balance and struggle to stay awake. The doctor sent us immediately to the ER where every test under the sun was run that evening, lumbar puncture, blood work, CT. It was at that point that I started to suspect that something really horrible was happening to my baby.

[00:27:20] It was the following morning that an MRI was done, and we received the worst news imaginable that the MRI had revealed what they believed at the time to be a terminal genetic disorder. The prognosis was grim. We were to lose her function by function until she passed of respiratory failure, and we were sent home with palliative care.

[00:27:47] We went home in shock, couldn't eat, couldn't sleep. But the only thing the weight of the grief did not stop me from doing is researching. I researched, I cried, I researched, cried some more, researched some more. Was I in denial? Maybe. But did I come across a differential diagnosis that I was so sure fit what was happening to my daughter?

[00:28:13] I did. My baby was losing her vision rapidly, and I just knew it wasn't in line with the slower course that they said she'd take with the terminal genetic disease. So, we rushed her back to the hospital and were blessed with a wonderful neurologist who listened to our concerns and our doubts regarding the initial diagnosis.

[00:28:35] More tests were run and our suspicions that our daughter was suffering from ADEM and optic neuritis were confirmed. We would later find out that the ADEM, optic neuritis, and spinal lesions were caused by MOG antibodies for which she tested a high positive.

[00:28:53] Once the correct diagnosis was made and we were moved under the care of the amazing Dr. Gombolay, for the first time in weeks, we felt a sliver of hope that just maybe we weren't going to have to bury our small baby. She was declining rapidly though. Complete blindness, loss of all speech, loss of motor functions. She could no longer sit up on her own. There was an inability to regulate her body's temperature and extreme agitation.

[00:29:28] She was in the ICU and treatment was aggressive, plasma exchange, high dose steroids, rituximab, IVIG. It was traumatizing seeing her rushed off to have the bag placed for plex and for weeks she did not sleep more than an hour at a time. But despite the blindness, she was swinging at our heads and the heads of the doctors and nurses.

[00:29:58] Roid rage is what I believe they call it. Recovery was slow. The weeks were slowly passing by and while she was making some gains in motor function. We began to lose hope that she'd ever see our faces again. Until one day while in inpatient rehab, I dangled a little sock in front of her face expecting nothing of it, and she yanked it out of my hand and grinned.

[00:30:26] She could see. We weren't sure how much she could see, but we knew she was tracking and our hearts were overjoyed. Most importantly, our girl’s sass and spunk were coming back soon after she began to walk on her own again, and some of her speech began to come back. She loved telling the nurses Bye-bye. And night, she basic, basically wanted them to leave her room.

[00:30:49] Oh, we were released home where she continued to improve to her new baseline over the course of a year. She began in-home infusions of monthly IVIG. She calls it IVG, but it's IVIG. And she still receives them like clockwork to this day. Today, five years later, she has full motor function, functional vision.

[00:31:14] She's 20-70 in the most affected eye with. And we haven't reported this to you, Dr. Gombolay. We did find out there's no color vision in that eye recently from the ophthalmologist because it happened when she's, when she was so young, we find out new things about her course pretty often. But she has very functional vision despite having an incredibly thin optic nerve.

[00:31:40] Cognitively, she's in a mainstream classroom with just a few 5 0 4 accommodations for vision and attention challenges. While we are so grateful that we still have Layla here with us, and that her recovery has been remarkable, considering how her brain looks on MRI, we did not escape the devastation unscathed.

[00:32:06] What began as heartbreak with the initial misdiagnosis morphed into profound grief over the uncertainty of our future agony, watching her endure the monthly pokes that calls her so much angst. She can't quite understand why we have to, the importance of treatment, but we do grief over the change dynamics of our family.

[00:32:34] She has an older sibling who emotionally has definitely been, affected just being snatched away from being with your family every day, all day, to suddenly we were hospitalized for months, and he was with Nana the entire time, and he was maybe eight or nine at the time, didn't understand what was happening.

[00:32:57] And then he has to watch. But I'm sure he perceives as Layla getting more attention due to the nature of her diagnosis. Mental health challenges for me, especially PTSD, I already had general anxiety. I joke, I said God gave the mama who already had general anxiety, gave her daughter a disease for which there is no cure.

[00:33:20] We don't know a whole lot about. But we do, however, acknowledge the gains, more compassion in our hearts. Gratitude for the things that people so often take for granted, resilience, hope, and community.

[00:33:40] **Dr. Conor Kelly:** Thank you so much for sharing. Any questions from the audience?

[00:33:45] **Audience Member:** this is off the clinical side, but I, just talking to people and here, one of the things that keeps coming up is the challenges with insurance. You all have been through some very long, tough journeys. What are your thoughts on that part of the equation for all of you? Is it, does it continue to be a challenge? Are there any or are there any insider tricks that you have on how to navigate that part?

[00:34:18] **Angela Jackson:** I was fortunate enough to be employed with a great employer, and I had good insurance and the little card they give you that says it's $3,000 on it or $2,000 on it, I was able to leave the hospital with no pay. The rest of the journey with it is, I retired. I got Medicare and then I joined this, there's a supplemental plan. And with that you have to be careful. You need to know what An HMO is. You need to know what a PPO is. You need to look at your bank account and see what your, what you can pay because Medicare pays for part of it. But in that supplemental plan, they have, they let me see, I'm trying not to be mean, but

[00:35:27] like, when you go to a neurologist, the copay could be $50. If you have one plan, the non-PPO plan, and if you get the other plan, then it's a little bit less, like $20. So just check and make sure that you get a plan that you can work with because they will bill you. And there's, they have no regards of what plan you have.

[00:36:02] They just want their money. Outside of that, I, it's so far so good. I just paid my copays.

[00:36:16] **Julia Lefelar:** I almost wish you wouldn't have asked me that, because I could go on for an hour about it. Obviously as the head of an advocacy organization, we see a lot of people with this and MOG antibody disease is a new disease, relatively. And as far as I, I personally, I have good insurance, but that doesn't help everybody.

[00:36:38] And we talk to people worldwide. It's a great problem, especially when you don't have medicines that are FDA-approved. And so fortunately we have two clinical trials. I think one of them is being represented here today. And those clinical trials will help immensely for patients to get medicine.

[00:36:58] But in the meantime, there's a lot of people that are trying to work off label and get this for MOG antibody disease. And that can be challenging. There can be a lot, especially when you're trying to get either IVIG or subcutaneous IG. There's trouble. You know some insurances try not to pay it.

[00:37:19] Not recognizing that disability is so much more expensive. One of the first things I did and with others and the help of others is to put in proposals with the CDC and the World Health Organization to make MOG antibody disease its own disease. And in 2023 we went up in front of the CDC with the help of Dr.

[00:37:41] John Santoro out of uc, USC and CI guess it's CH CHLA is really where he works. And he's an excellent representative for this disease. And we were able to get a disease code for MOGAD that's outside of the umbrella of N-M-O-S-D. We realized that there were patients who were had ADEM and autoimmune encephalitis that weren't being included in that.

[00:38:09] And so that kind of thing not only helps research, but it helps patients as well as they look to match treatments with these disease code. And I probably I meant saying this prematurely, but we have some indication that our WHO proposal has been accepted so worldwide there will, it will be recognized, but that takes a couple years to disseminate, and they certainly haven't announced it formally.

[00:38:36] But that's the kind of thing that when you've got a new disease, you really have to fight the insurance. And it's one of the reasons that the advocacy organizations like the MOG project and the SRNA come really that's their bread and butters to do that kind of advocacy.

[00:38:54] And as far as getting insurance for MOG antibody disease if they won't approve your insurance. I think the SRNA has a great resource. I know we share their resource. We also have some great resources on just trying to first start with a let's say if you want to get something, start with your insurance company and have an appeal of course, that sometimes that doesn't work, but a peer-to-peer often works.

[00:39:24] I've had people, and I know somebody today told me that that she just really had no luck with that, even though the peer-to-peer, which is in my opinion, egregious. And so, it's a big sticking point for us. But hopefully in the future, in those cases, there, there are clinical trials that people can join if they can't get if they, but they have to qualify.

[00:39:49] And also in the future, those medicines that are in clinical trial will be indicated for MOGAD and the, hopefully everyone will be able to get that through their insurance and more importantly, through the federal systems like Medicare and Medicaid. But for now, it, it is a challenge. There's no doubt.

[00:40:10] So I appreciate that you are bringing that up, especially in the context of MOG antibody disease.

[00:40:17] **Dr. Conor Kelly:** Thank you so much. Let's have a round of applause for our panelists.