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between the three groups (6.5 in the multiple switch group versus 5.8 in the lateral switch group versus 5.3 in the escalation group, p-value <0.001) and (3) the mean EDSS was higher in the multiple switch group compared to the lateral and escalation switch groups (p-value <0.001).

Escalation switching was the most frequent strategy of shifting between DM1s (n=178; 65%) with fingolimod being the most common drug switch to in this category. However, interferon beta 1a was the most common drug switched to in the other two groups. The most common causes for switching DM1s was inefficacy followed by tolerability. Multiple logistic regression analysis was performed to study the association between different variables and both the escalation and multiple switch groups as compared to the lateral switch group. Education level and SDMTs were significantly associated with the escalation switching (p-value= 0.035 and p-value <0.001, respectively) while EDSS and SDMT score were significantly associated with the multiple switching strategy (p-value=0.007 and p-value=0.004, respectively).

**Conclusion(s):** This cross sectional Egyptian study revealed that escalation switch was the most prominent switching pattern. The most common cause of switch was the lack of efficacy. The most common drug to be switched from was INF beta 1A sc. The most common drug to be switched to was Fingolimod and INF beta 1A sc, more in escalation group and lateral switch group respectively. Clinical variables that were significantly associated with the escalation switching were the patients’ education, and SDMT score. The variables that were significantly associated with multiple switching were the EDSS, and SDMT score.

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**Expert Opinion on COVID-19 Vaccination and the Use of Cladribine Tablets**

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**Objective(s):** Gaps in current evidence and guidance leave clinicians with unanswered questions on the use of cladribine tablets for the treatment of multiple sclerosis (MS) during the COVID-19 pandemic, particularly relating to COVID-19 vaccination. We describe a consensus-based program led by international MS experts with the aim of supplementing current guidelines and treatment labels by providing timely recommendations relating to COVID-19 vaccination and the use of cladribine tablets in clinical practice.

**Material(s) and Method(s):** A steering committee (SC) of 10 international MS experts identified seven clinical questions to answer concerning the use of cladribine tablets and COVID-19 vaccination, which addressed issues relating to patient selection, timing and efficacy, and safety. Clinical recommendations addressing each question were drafted using available evidence combined with expert opinion from the SC. An extended faculty of 28 MS experts, representing 19 countries, in addition to the SC members, voted on the recommendations. Consensus on recommendations was achieved when ≥75% of respondents expressed an agreement score of 7–9, on a 9-point scale.

**Result(s):** Consensus was achieved on all 13 recommendations. Clinical recommendations are provided on whether all patients with MS receiving cladribine tablets should be vaccinated against COVID-19, and whether they should be prioritized; the timing of vaccination around dosing of cladribine tablets (i.e., before and after a treatment course); and the safety of COVID-19 vaccination for these patients.

**Conclusion(s):** There was overwhelming consensus that the risks of COVID-19 outweigh risks of vaccination in people with MS who are being treated with cladribine tablets, and all people with MS treated with cladribine tablets should be vaccinated against COVID-19 as soon as possible, unless they have a contraindication. The consensus provides timely guidance on patient selection, timing, efficacy, and safety of COVID-19 vaccination in patients receiving cladribine tablets, which is relevant to decision-making in everyday clinical practice.

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**Multiple Sclerosis Specialized Nurses in Saudi Arabia: Challenge, and Opportunities**

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**Background:** Multiple Sclerosis (MS) is a chronic inflammatory demyelinating disease of the central nervous system affecting young adults. It is considered one of the major causes of disability in adults. The prevalence of MS is increasing globally. In Saudi Arabia (KSA) it is reported that the projected overall prevalence of MS is 40/100,000 for the total population and higher for Saudi nationals at 61.95/100,000 putting Saudi Arabia above the low-risk zone as per Kurtzke classification. With this rising prevalence, and the established significance of multidisciplinary team management, there is a growing need for specialist MS nurses. A group of specialized MS nurses formed an advisory group to support the role of the MS nurse in the management of patients with MS in KSA. This is the first advisory board meeting aiming to optimize nursing care for MS patients in KSA.

**Material(s) and Method(s):** A panel of 12 registered MS nurses representing several medical institutions across the KSA were invited to participate. The advisory board was held online on 1st of May, 2021 and was comprised of three main topics to be discussed: “Overview of the Roles of MS Nurse”, “MS specialized nurses (MSSN) Interventions, Challenge, and Opportunities”, and: A Patient-Centric Perspective in MS care. Each session lasted for approximately two hours and a half hour. Following each section, a nominal group discussion was conducted to come up with a list of challenges and opportunities that are needed to improve the role of MS nurse in KSA.

**Result(s):** Panel members reached a consensus on the valuable role of the MS nurse in empowering patients with information regarding the course of the disease, raising awareness on adverse events of disease-modifying drugs, and providing psychological support. It was agreed that a higher level of patient education correlates with a greater need to discuss diagnostic results, relapses, disability, and disease prognosis. They commented on shortages in the required number of trained and certified nurses. They also highlighted the need to empower the role of MS nurses within the MS multidisciplinary team by increasing the