

# Background-Need

- Although we now have many treatments,
   ALS usually remains disabling and lifeshortening
- People living with ALS (PALS) understandably want access to experimental treatments



ALS patients and their families rallied for expanded access to experimental drugs in Washington, D.C. on May 11, 2015 (Courtesy of Lina Clark)



#### **Clinical Trials**

3 Main
Options for
Accessing
Experimental
ALS
Treatments

**Expanded Access Programs (EAPs)** 

Self-experimentation with alternative and off-label treatments

(Curr Treat Options Neurol 2021;23:40)

## Clinical Trials

- Clinical Trials are my preferred pathway for this, because:
  - Products plausible, pure
  - Informed consent
  - Oversight (FDA, IRB, DSMB)
  - Rigorous data collection
  - Benefits to patients (hope, altruism, medical)
    - Cancer 1985;56:1710-1718
    - Radiology 1995;197:859-862
    - Clin Invest Med 1996;19:179-183
    - Oncol Nurs Forum 1997;24:1411-1416
    - J Pediatr 1999;134:151-155
    - J Clin Epidemiol 2001;54:217-224
    - Controlled Clin Trials 2003;24:341-352
    - J Am Coll Surg 2013;216:774-781

## Problems with Trials

- There aren't nearly enough of them
- They are geographically restricted
  - Clin Invest 2014;4:373–380
- Most patients will not qualify
  - Inclusion criteria getting more and more narrow
    - Targeting specific disease subtypes
      - ex. NEJM 2022;387:1099-1110
    - Enrolling patients most likely to show signal on specific outcomes
      - ex. Lancet Neurol 2017;16:505-512
- Design features not always acceptable to or feasible for patients
  - ALS 2008;9:257-265
  - ALS 2010;11:502-507

#### **EAPs**

(Curr Treat Options Neurol 2021;23:40)

 Great option for those who cannot qualify for trials; same products, oversight, some data collection

#### But

- There aren't nearly enough of them (even less spots than trials)
- They are geographically restricted (even more so than trials)
- Some patients will not qualify

# Self-Experimentation

- Up to 99% of PALS use this path (Evid Based Complement Alternat Med 2013;2013:613596)
  - Via MD prescription
  - Via FDA Personal Importation Policy (https://www.fda.gov/industry/imp ort-basics/personal-importation)
  - Via "Buyers Club"
  - Via Internet

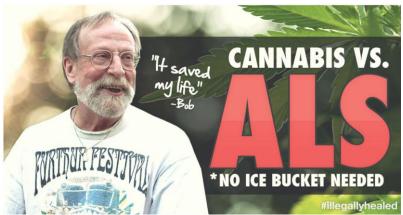


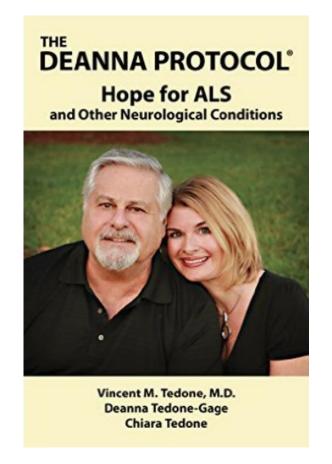
February 4th, 2013 - by Jessica Espinoza

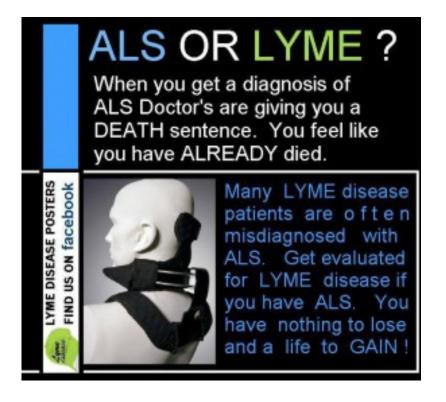
Coconut Oil Offers Hope For Those Suffering From ALS, Alzheimer's, and Parkinson's







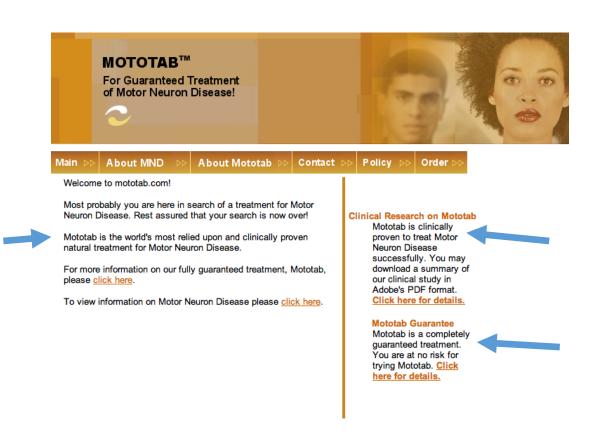




Many "alternative and off label" treatments (AOTs) currently being advertised on the Internet for ALS

#### AOTs on the Internet

- Proponents make attractive claims
  - "World's most relied upon"
  - "Clinically proven"
  - "Guaranteed"



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# Underappreciated Harms from AOTs

- Financial
  - AOTs can cost hundreds, thousands, hundreds of thousands of dollars
    - Ex. ALS 2010:11:414-416

- Physical
  - Infections, blood clots, tumors, deaths
    - Ex. ALS 2010;11:328-330

- Scientific
  - Low enrollment rate (2 patients/site/month) in our trials
    - ALS 2008;9:257-65

THE NEW ENGLAND TOURNAL OF MEDICINE

#### CORRESPONDENCE



#### Glioproliferative Lesion of the Spinal Cord as a Complication of "Stem-Cell Tourism"

have been highly publicized in the lay press and neoplasm (i.e., a "new growth"), it could not be operate worldwide with limited or no regula- assigned to any category of previously described tion.1 We report the case of a 66-year-old man human neoplasm on the basis of the data we who underwent intrathecal infusions for the gathered. Radiation therapy led to decreased treatment of residual deficits from an ischemic back pain, improved mobility of the right leg. stroke at commercial stem-cell clinics in China, and decreased the bulk of the lesion on MRL Argentina, and Mexico. He was not taking any Embryonic and other stem cells have tumor immunosuppressive medications. In reports pro-vided to him by the clinics, the infusions were source of common origin for cancer. Embryonic described as consisting of mesenchymal, embry-onic, and fetal neural stem cells. Progressive lower mice, and murine neural stem cells can transback pain, paraplegia, and urinary incontinence form into malignant gliomas with minimal ge-subsequently developed. Magnetic resonance im-aging (MRI) revealed a lesion of the thoracis espinal in culture can acquire mutations that may prediscord and thecal sac; a biopsy specimen was ob-tained (Fig. 1).

This case and others in which tumors have tained (Fig. 1).

Neuropathological analysis revealed a densely developed in the context of stem-cell tourism's cellular, highly proliferative, primitive neoplasm (a trend in which patients travel for the purpose with glial differentiation. Short tandem repeat of obtaining therapy) illustrate an extremely st DNA fingerprinting analysis indicated that the rious complication of introducing proliferatin mass was predominantly composed of nonhost stem cells into patients. Investigators have at cells (see the Supplementary Appendix, available tempted to reduce the risk of stem-cell-related with the full text of this letter at NEJM.org.). On tumors in clinical trials by means of the meathe basis of histopathological and molecular studies, this glioproliferative lesion appeared to by differentiating stem cells in vitro into postmihave originated from the intrathecally introduced totic phenotypes before administration.\(^{6}\) exogenous stem cells. The lesion had some features that overlapped with malignant gliomas try is not only potentially harmful to individual (nuclear atypia, a high proliferation index, glial patients but also undermines attempts to study differentiation, and vascular proliferation) but did stem-cell therapies in clinical trials. This case not show other features typical of cancer (no can-provides further support for the conclusions of cer-associated venetic aberrations were detected on an article advocating increased investigation of rest-generation sequencing of 309 cancer-associated genes (see the Supplementary Appendix)). tient education regarding the risks of stem-cell

TO THE EDITOR: Commercial stem-cell clinics Thus, although the lesion may be a considered a

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#### The Telegraph



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#### Europe's largest stem cell clinic shut down after death of baby

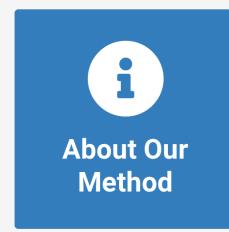
Europe's largest stem cell clinic, which is at the centre of a scandal over the death of a baby given an injection into the brain, has been shut down.

## ALSUntangled

- Started 2009
- Goal: develop group of clinicians & scientists that systematically assess AOTs, toward ultimately helping PALS make more informed decisions
- Methods
  - Inputs
  - Investigations/Reviews
  - Outputs



**ALSUntangled** reviews alternative and off label treatments, with the goal of helping people with ALS make more informed decisions about them.







#### **Future Reviews**

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### Inputs from PALS, CALS

- >500 suggested AOTs, listed on Future Reviews section of our website (www.alsuntangled.org)
- Prioritization
  - Votes
  - Multiplier
    - 0 if we cannot find any useful disclosable information on the AOT
    - 1 if we understand what the AOT is but cannot find a published ALS trial or case series on it
    - 2 if we can find at least 1 published ALS clinical trial or case series on it

Here you will find AOTs that patients and families around the world have asked us to review in the future. We are working hard to get these done as quickly as we can but it does take a lot of time to complete a thorough review. We invite you to cast up to one (1) vote for each item below. More information coming soon.

Vote	Treatment 🔻	Multiplier	Votes <b>▼</b>	Final Priority
		•		•
Vote	Infrared Sauna	1	1748	1748
Vote	Nadir's ALS Remission Protocol	1	1407	1407
Vote	Dr. David Steenblock	1	1249	1249
Vote	Steroids	2	601	1202
Vote	Caffeine	1	667	667
Vote	Tamoxifen	2	328	656
Vote	Lions Mane	1	591	591
Vote	Stem Cells at "Hanyang University in South Korea"	1	577	577
Vote	Placebo Therapy	2	276	552
Vote	Melatonin	1	520	520
Vote	Ozone	1	517	517
Vote	Rituximab	1	431	431
Vote	Inhaled Insulin	1	407	407
Vote	PoNS Device	1	393	393
Vote	Vitamin C	1	388	388
Vote	Astaxanthin	1	366	366
Vote	Charlotte's Web Hemp Oil	1	340	340
Vote	lbudlast and nootropics	2	158	316
Vote	Niagen	1	306	306





## Reviews

- Team
  - >130 members, 11 countries (USA, Canada, Ireland, Israel, Spain, Thailand, Sweden, Poland, France, Russia, Australia)
- Standard operating procedures (SOPs) guide everything we do, from information gathering to writing, crowd-sourcing drafts

#### ALSUntangled Table Of Evidence (TOE)

	Grade						
Evidence category	U	F	D	С	В	А	
Mechanistic plausibility	Unknown	Implausible; would violate known principles or laws of biology	Acts on a biological mechanism but it is not clear than this mechanism is relevant in ALS	Theoretically and plausibly acts on an ALS-relevant mechanism in humans	Shown in a peer-reviewed publication to act on a relevant mechanism in pre-clinical model(s)	Shown in a peer-reviewed publication to act on a relevant mechanism in humans	
Pre-clinical models (animal or cell models recognized by ALSUntangled reviewers to be relevant to ALS)	None	The only studies available show no benefit	One or more non-peer reviewed studies reporting benefits (published on a website or in an abstract)	One or more peer-reviewed publication(s) reporting benefits in flawed studies (*)	One peer-reviewed publication reporting benefits in a well-designed study (*)	Two or more peer-reviewed publications reporting benefits in well-designed studies (*)	
Patient case reports	None	The only reports available show no benefit	Subjective report(s) of benefit without validated diagnoses and/or benefits	One unpublished report of benefit with validated diagnosis and benefits	More than one unpublished report of benefit with validated diagnosis and benefits	One or more peer-reviewed publications reporting benefits with validated diagnosis and benefits	
Patient trials	None	The only trials available show no benefit	One or more peer-reviewed publications reporting benefits in a flawed trial (**)	One or more peer-reviewed publications reporting benefits in a well-designed randomized, blinded, placebo-controlled phase I or II trial	One peer-reviewed publication reporting benefits in a well-designed randomized, blinded, placebo-controlled phase III trial	Two or more peer-reviewed publications describing benefits in well-designed randomized, blinded placebo-controlled phase III trials	
Risks (harms that occurred on this treatment)	Unknown	At least 5% of exposed patients experienced death or hospitalization	More than 0% but less than 5% of exposed patients experienced death or hospitalizations	At least 10% of exposed patients experienced harms (no hospitalizations or deaths)	More than 0% but less than10% of exposed patients experienced harms (no hospitalizations or deaths)	No exposed patients appear to have experienced harms	

#### Outputs

- Reviews crowd-sourced, peer-reviewed, ultimately published in ALS-FTD
  - 78 published so far
  - All Free Open Access
  - TOE grades, PDFs posted under Completed Reviews on our website
- Updates on older reviews (\*)
- Partnered with CReATe to make podcasts
   <a href="https://podcasts.apple.com/us/podcast/create-podcast/id1356626499?uo=4">https://podcasts.apple.com/us/podcast/create-podcast/id1356626499?uo=4</a>)
- Spanish, Italian translations available

## Many Others



#### **Completed Reviews**

Here you will find our published reports on AOTs, along with the grades we gave each of them in different categories, short summaries and even podcasts. Click on the name of the review to open the published report, or click on the podcast link to listen to a short interview about it. When new information about an AOT comes out after our published review, we update the summary and the assigned grades accordingly. Summaries and grades that have been updated since a published review are annotated with an asterix.

Click on any completed review title or letter grade below for detailed information. Click on any column header ("Treatment", "Mechanism", etc.) to sort the entire table by that column. In addition, you can click here to view the complete table of evidence.

Treatment ▼	Podcast	Mechanism ▼	Pre-Clinical ▼	Cases ▼	Trials	Risks 🔻
Psilocybin (2025)		С	U	U	U	F
WAHLS Protocol (2024)		С	U	U	U	С
PoNS Device (2024)		U	U	U	U	C
Ashwagandha (2024)		В	A	С	U	В
Lions Mane (2024)	<b>@</b>	В	U	F	U	В
Insulin (2023)	<b>@</b>	С	В	U	U	F
Nuedexta (2023)	<b>@</b>	В	U	A	С	С
Caffeine (2023)	<b>@</b>	A	С	F	U	В
Astaxanthin (2023)	<b>@</b>	А	U	С	U	В
<b>Ozone</b> (2022)	<b>@</b>	А	D	С	U	D
Rituximab (2022)	<b>@</b>	D	D	E	U	F
Glucocorticoid Corticosteroids (2022)	<b>@</b>	D	F	В	F	С
Anti-Mycobacterial Antibiotics (2022)	<b>@</b>	D	U	A	U	D
Butyrates (2022)	<b>@</b>	А	A	С	U	С
Ketogenic Diets (2021) ** Updated: Jan 2024	<b>@</b>	В*	c*	<b>A</b> *	U*	D*
Vitamin C (2021)	<b>@</b>	С	С	В	F	В
Melatonin (2021)	<b>@</b>	А	С	В	U	В
Light Therapy (2021)	<b>@</b>	D	С	D	U	А

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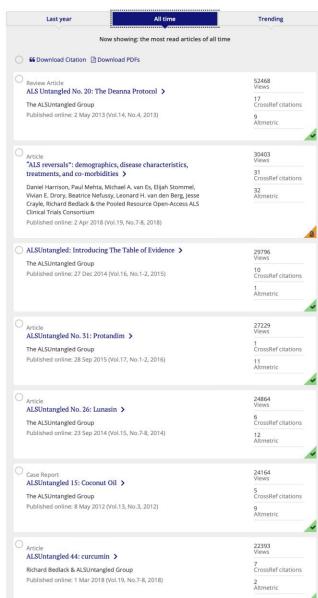
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#### Most read articles

 $\label{thm:continuous} Explore the most read and trending articles published in Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration.$ 



## Success?

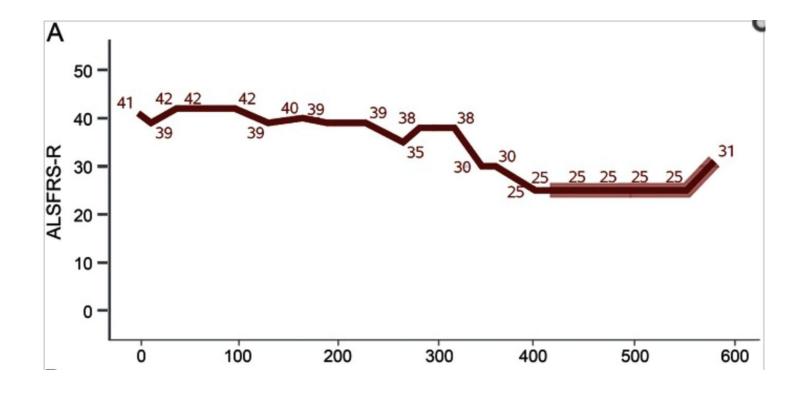
- Won multiple awards from patients, peers
- 8 of the top 10 most downloaded articles in the history of the ALS-FTD journal
  - Some individual reviews have >50,000 downloads
  - Collectively, >400,000 downloads
- Podcasts have >35,000 listens

## Lessons Learned: Proponents

- Motivations vary
  - Many are "true believers"
- They do some things that mainstream doctors need to learn from
  - Optimistic, hope-boosters
  - Respectful
  - Responsive

## Lessons Learned: Natural History

- Progression is not only variable between patients, it can also be quite variable in a single patient at different times
- Plateaus, small reversals not uncommon (Neurology. 2016 Mar 1;86(9):808-12)
- Dramatic ALS reversals can <u>very</u> <u>rarely occur (www.alsreversals.com)</u>



#### Lessons Learned: The Worst AOTs Share "Red Flags"

- Large out of pocket costs
- Advertised as effective for multiple incurable conditions with different causes
- Lack of safety and scientific oversight
- Absent or limited informed consent process
- Lack of an evidenced mechanism by which the intervention might help
- Absence of regularly measured validated outcomes
- Vague or no plan to present outcomes for peer review
- The only evidence of benefit is anecdotes
- Proponents have no relative training, presentations or publications
- Proponents portray themselves as victims, advise "divorce" from mainstream doctors



#### Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration

Taylor & Francis
Taylor & Francis
Taylor & Francis

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/iafd20

#### ALSUntangled 56: "ten red flags"-things to be wary of in alternative or off-label products

#### The ALSUntangled Group

To cite this article: The ALSUntangled Group (2020) ALSUntangled 56: "ten red flags"-things to be wary of in alternative or off-label products, Amyotrophic Lateral Sclerosis and Frontotemporal December 21-78, 642-647, DOI: 10.108/01/3678241.2020.1765518

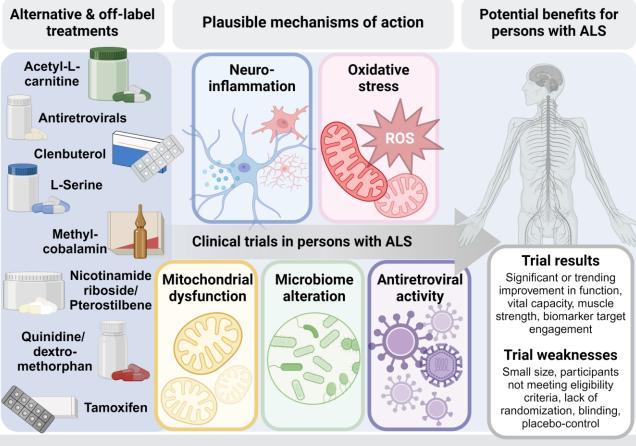
To link to this article: https://doi.org/10.1080/21678421.2020.1765518



#### Lessons Learned: Some AOTs Warrant Further Testing

• (Annals of Neurology 2024;97:15-27)

## Alternative, Off-Label ALS Treatments and Overlapping Pathophysiological Targets



There are currently no markedly effective pharmacologic treatments for most persons with ALS but a group called ALSUntangled has identified 8 alternative, off-label treatments that appear to have plausible mechanisms and clinical benefits in small,flawed trials

# How I Guide Patients in My Clinic Who Want to Experiment

### Step 1. Build a Foundation

- There are now <u>many</u> evidence and experience-based treatments for ALS (<a href="https://www.uptodate.com/contents/disease-modifying-treatment-of-amyotrophic-lateral-sclerosis">https://www.uptodate.com/contents/disease-modifying-treatment-of-amyotrophic-lateral-sclerosis</a>; <a href="https://www.uptodate.com/contents/symptom-based-management-of-amyotrophic-lateral-sclerosis?source=related\_link">https://www.uptodate.com/contents/symptom-based-management-of-amyotrophic-lateral-sclerosis?source=related\_link</a>)
  - We know these slow ALSFRS-R progression, reduce hospitalizations, improve quality of life, lengthen survival

• I encourage patients in my clinic to take advantage of these while they experiment with other things

Step 2. Review
Pathways for
Experimentation (in My
Preferred Order)

- Clinical Trials
- Expanded Access Programs
- Self-Experimentation with alternative and off-label products



## Step 3. For Those Who Must Self-Experiment...

- Just Starting
  - Add 1 new product at a time, starting with "top tier"
- Already on a large regimen
  - Remove products already shown not to work in ALS trials (ex. coQ10, vitamin C, vitamin E, glutathione), or those with lots of "red flags"
  - Remove products with overlapping mechanisms (ex. multiple antioxidants)
  - Add 1 new product at a time, starting with top tier or ones that have a mechanism that is not being targeted by the patient's current regimen
- For each product, have a target dose, agreed upon outcomes, duration, stopping rules
  - Ideally the dose is determined by trials, biomarker studies, safety studies
  - Outcome I use: 50% slowing in ALSFRS-R progression over 6 months

## Conclusions

- PALS want experimental options; while trials and EAPs are the preferred paths, "self experimentation" with AOTs will be the only option for most
- When it comes to AOTs, "The Truth Is Out There" but it isn't always easy to find
- ALSUntangled brings PALS, clinicians & scientists together to systematically review and report on AOTs with a goal of PALS making more informed decisions
- I have learned several important lessons in this program, and I use these to guide my practice and approach to AOTs



## Thanks

