

<b>Title</b>	<b>Diagnosis and treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in people with Multiple Sclerosis (MS)</b>
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<b>Reference</b>	ETMIS 2012 8(7) Printed French edition 978-2-550-64551-1 <a href="http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Traitement/ETMIS2012_Vol8_No7.pdf">http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Traitement/ETMIS2012_Vol8_No7.pdf</a> English summary (PDF) 978-2-550-64550-4 <a href="http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Traitement/INESSS_Summary_MS_EN.pdf">http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Traitement/INESSS_Summary_MS_EN.pdf</a>

## Aim

Despite the many warnings that scientific bodies have issued about the lack of evidence concerning Dr Zamboni's research results, several patients with MS have taken the initiative to travel to private medical clinics abroad in order to receive the proposed treatment (venoplasty), which is recognized neither in Canada nor in Québec. Considering the risks that patients face in being treated abroad, the Québec division of the Multiple Sclerosis Society of Canada (MSSC) asked the ministère de la Santé et des Services sociaux to consider the need to develop a follow-up guide for these patients. In this context, the Minister granted the Agence d'évaluation des technologies et des modes d'intervention en santé (now INESSS) the mandate to:

- provide an update of the available scientific evidence concerning the hypothesis of a causal relationship between CCSVI and MS, and the proposed treatment;
- undertake a technology watch on the topic and forward any new significant information to the Minister and to those in charge of this portfolio at the ministère de la Santé et des Services sociaux (MSSS); and
- present, in a timely manner, the best course of action to continue this work.

This report responds only to the first part of this mandate. It presents the state of scientific evidence to allow the Minister to make an informed decision when the research results of the studies under way are integrated into the current body of knowledge. The technology watch continued after the release of this report.

## Conclusions and results

On the basis of this analysis and until it can be updated following the publication of results of the studies under way, INESSS has proposed the following to the Minister of Health and Social Services:

- Québec should participate in Canadian research on venoplasty for the treatment of MS and in the national surveillance system set up by the Canadian Institute for Health Information (CIHI);
- Services for CCSVI diagnosis or treatment by venoplasty should be limited to the context of experimental research in clinical trials; and

- The MSSS should form a committee of experts, patients and community representatives mandated to propose a decision framework to government authorities, based on the results of this report and on any new information that will emerge from the technology watch under way.

## Methods

A systematic literature review of the studies identified in Medline (via PubMed), EMBASE, the Cochrane Library, Web of Science and CINAHL was performed. A narrative review of the scientific, political and social contexts, including patient perspectives, based on a search of websites of interest and a media watch carried out with an information search and monitoring guide, provided answers to the following four evaluation questions:

- What is the state of the scientific literature on the hypothesis of a causal relationship between CCSVI and MS?
- Which diagnostic techniques are used in evaluating CCSVI and what is their diagnostic performance?
- How safe and effective is venoplasty?
- Which contextual elements must be taken into account?

## Further research/reviews required

The evidence presented in this report may change in light of the results of the research studies under way in Canada and elsewhere in the world. In such case, INESSS will continue its technology watch on this topic and will, if necessary, update these proposals and submit them to the Minister of Health and Social Services.

## Written by

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