



Can Do MS Podcast Transcript

Dr. Scott Newsome's Story: The Road from Caregiver to MS Provider and Researcher – Part 2

Episode 97

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Kathy Costello, CRNP: Welcome back to the Can Do MS Podcast, episode 97. My name is Kathy Costello and I will be your host for this episode.

Today, I'm excited to welcome back Dr. Scott Newsome. It's National Caregivers' Month and if you didn't catch the first part of Dr. Newsome's story, about his role as a caregiver for his mother, please be sure to go back and check out episode 92 for the full picture into his journey as an MS caregiver.

Today, we get to continue the conversation and learn more about Dr. Newsome's experiences as an MS physician. Welcome back, Dr. Newsome

Dr. Scott Newsome: Thank you. Welcome.

Kathy: So, when we left off last time, we were talking about your college years and then your medical school and you mentioned right at the end of the episode that at that point in time, you had not thought of a career as an MS specialist. Is that true?

Dr. Newsome: Absolutely.

Kathy: But you had decided on a career in medicine. So, let's take it back to that decision, and then we'll go forward.

Dr. Newsome: Yeah. No, absolutely. So, you know, when I made the decision to go to college, it was quite frightful of a decision because as I mentioned, you know, once I left my apartment, there was no looking back. I didn't have a place that I could go back to at- at that moment in time.

And so, during college years [(2:00)], I sort of tried to work my way through to figure out, you know, what I wanted to do in- in life, and then it wasn't until my second semester, sophomore year, that I had the opportunity to get some clinical exposure for credits for a course. And, at that moment in time, I felt that I absolutely had to be involved in healthcare. I just really loved the interface between patients. At that time, I had no idea what- you know, areas of healthcare I would be doing, but I was just like, "Okay. I got to move forward, going to health care," and so, met with my advisor and my advisor had gone through the various different disciplines within healthcare, that one would, you know, expect to hear about including, you know, nursing, nurse practitioner, PA, MD, DO, PT, etc. and the one thing that caught my attention because I've never heard of a DO was DO and I was like, "Oh! Well, what is this?" And interestingly, my advisor was a former nurse in fact, that worked with an osteopathic physician in her former career. Which I - I was like, "Oh! Cool. What can you tell me a little bit about it?"

And just a long story short, I did my own independent research about, you know, the various disciplines that I mentioned, and the osteopathic practices and principles sort of pulled me towards applying and going

towards a- a DO School.

And then, during medical school, you know, during our clerkships, as I was going through some of the different subspecialties, I found neurology to be sort of the most fascinating. And I had always loved anatomy [(4:00)] and physiology, neurosciences, and once I took, actually, my initial neurology rotation, I felt like this is what I want to do. I just really love neurology and let's go ahead and apply for residency. But at that time again, as you- as you sort of alluded to, I did not think I would become an MS specialist and in part because I felt like it was too close to home. I felt like it would just be too difficult to take care of people who resembled my mother.

And then, here fast forward to residency, I took sort of a similar philosophy moving forward, but I kept getting drawn towards people with MS. When my co-residents were not interested, I was like, "You know what? This is just such a fascinating condition." And now, we're here on the advent of many therapeutics that could help people and there's a boatload of research that's going into this condition that I- I just was like, "I got to do it. I got to go into neuroimmunology, got to- you know, treat people with MS." So that's sort of a- you know, in a- snapshot.

Kathy: So, do you think the- there was a voice from your Mom that was influencing you? Or do you think maybe, subconsciously, it had anything to do with the experiences that you had had, providing care, and seeing the things that she went through?

Dr. Newsome: Absolutely, without a doubt. You know, when we think about empathy and sympathy, I felt like I was- I had a greater empathy for people with MS and I think it was because of my experiences growing up with my mother, without a doubt. And then, I do feel like the- the research at that point in time was really- I mean, taking off [(6:00)] and new therapeutics were taking off, you know, beyond the couple therapies that my Mom had a choice to start on. And so, that excited me because I- I thought about well, "Okay. My mother may not be in a position where she will benefit from these newer therapies but there are so many people that were similar to my mother when she was in her early stages of MS that could benefit," and now, here we are with treatments for progressive MS and healthy lifestyle influences, which we did not know about back then.

Stop smoking. My mother was a smoker. And so, there's a lot of really interesting things that I saw with my mother that now fast-forward where the science is telling us, "Hey, these are not good things to do." And now, we have treatments for a lot of different aspects of the disease, which is, for me, the most exciting piece of it.

Kathy: Absolutely. Absolutely. It's changed so, so much in our careers, for sure, so-

Dr. Newsome: Especially your career, right? I think- you know, I don't know, I don't want to date you, but if this is- you were around before and actually practicing before the first therapy, right? Was approved? I think.

Kathy: Yes. Thanks for bringing that up, but yes, that's true.

Dr. Newsome: [chuckles]

Kathy: But honestly, I totally agree with you that what's happened over that period of time has been outstanding, spectacular. And um... when I think back to those- the early people with MS that I was fortunate enough to provide care for, and I think of how different it is now in every aspect, it is- it is amazing. It's been an amazing journey and all moving in such a positive direction.

Dr. Newsome: Not to- not to take away that we still need to do a lot of work, right? I mean, it's not to say that there's not more work to be done, not more [(8:00)] research to be done, because clearly, many of our patients, even though they may be able-bodied- physical, even physical specimens, they're still, you know,

dealing with a lot of- a lot of different challenges and so that's- for me, when I wake up in the morning, that's what I think about. It's like we still need to do a lot of work- short of a cure, we need to keep pushing forward.

Kathy: Always more to be done for sure. I want to go back just a minute, though, Scott, to your choice of DO versus MD and- I think that that's a- a confusing for people. I don't think it's clear. What is a DO? And how is that different, but also what are those similarities?

Dr. Newsome: Yeah. So, it's interesting. I think the lines are- are a bit blurred more so now. And why I say that is I feel like MD is an allopathic schooling. There's more being recognized as looking at the person holistically, but what caught my attention about osteopathic medicine was just that, where in my research at that time, it looked like DOs really looked at the individual as a whole, not just looking at one individual symptom but looking at the collective whole of an individual and how maybe one symptom affected the entirety of the individual.

And another thing that drew my attention was the hands-on sort of manipulation that some DOs will do. And learning about the musculoskeletal system and how important it is actually in health. And where you can see disease show up initially, in the musculoskeletal system. And I think that in training, there's not a lot of focus actually, on a musculoskeletal system, at least in medical school [(10:00)] and so that was something that caught my attention. And in part, because, you know, I would hear my mother talk about how, you know, some of her musculoskeletal areas were quite problematic for various reasons and I was like, "Oh! That's kind of interesting. I'd love to learn more about it," because of my experiences with my mom.

And then I think going through osteopathic school that I really learned a tremendous amount about looking at the person as- as a whole, as a person. It helped- it's helped me, I think, be a better clinician for my patients and be open to non-pharmacological interventions as well that- that I think is a- a really key piece to my training is that it's not all about the medications. It's really looking at how can we treat this person from a multi-pronged approach. And here we are, as an MS specialist, thinking about the comprehensive care model, which a lot of it is non-pharmacological interventions. So, I- I think it was really a- a wonderful path for me to go down for what I'm doing today.

Kathy: It makes so much sense in a condition like MS, which affects every aspect of- of a person and the symptoms impact something else. One symptom impacts something else. What a- what a perfect background to be able to look at it in that way of how things interact with one another. Sounds like you made a fabulous choice.

Dr. Newsome: Yeah, and I- I just [crosstalk]

Kathy: What is it?

Dr. Newsome: I give my mother a- a lot of credit for that, right? Because I- I go back to the days when she was starting to progress and there was conversation around medications only and it was like, "Well, there's got to be other things," and I was a huge advocate. I was like, "What about physical therapy? [(12:00)] What about occupational therapy? There's got to be more to treating this condition than just giving her baclofen for her spasticity, right?"

And so, I think it, it was very- it was very good for me to have that experience as a child and as a- you know, a young adult because again, I think when I heard about DO from my advisor, not knowing exactly what that was, doing my independent research, I was like, "Oh my gosh! This resonates with me so much," and I- I would not change the path that I took for anything.

Regardless of your MD, DO, have a license to prescribe medications, do not get pigeonholed into only prescribing medications. Look at that sort of multi-pronged approach and treating a person. And if you

don't- I feel it's a disservice to your patient. And even though, maybe you're not the person doing the non-pharmacological intervention yourself, get other members to the team. And that comprehensive care model, I think is incredibly important.

Kathy: Absolutely. Thank you for that. So, you decide on a career in neurology and ultimately zeroed in on MS. So, let's pick up on your career at that point and I'd like you to tell us about your fellowship and how your career has developed along the way.

Dr. Newsome: Sure. Absolutely. And again, thank you for the opportunity to share my story and I hope it resonates with members of the audience. So, as I mentioned, you know, it was tricky for me I think early on to- to know what exactly I was going to do. But when I entered into a neurology residency, and I had shared the example of me being sort of pulled towards people with MS and related conditions. Which I do feel like a large part of it was my- sort of personal experience with my mom [(14:00)]. Once I decided, I said, "You know what? Because of the patient population, because of my experience in the empathy, I think that I could share with people with these various conditions and the research," that was starting to- I would say, explode with these various neuroimmunological conditions is like, "I- I got to do it." This is the direction I have to go, and I shared with you that my mother and I, finally, geographically, got closer together after many years. And so, she ended up moving up to where I was for residency. And it was a fantastic- you know, couple years after she moved up there because I was able to spend, I think some very good quality time.

So, once I decided, you know, geographically, I- I was restricted because of my mom at that point in time, and so I looked at the Dorothy's, I looked at sort of the Mid-Atlantic area and I was- I think lucky and fortunate enough to do training at Johns Hopkins, where I am currently. And then I saw the potential from a research perspective and so then eventually moved to Baltimore. I did my fellowship and at the time, was not sure where I'd end up long-term and here, we are many, many years later, and still in Baltimore and have loved every minute of it. And a- a- again, I have not looked back and a been involved in many different research efforts that I think, you know, if they haven't helped people now, I do feel like they'll help people in the future who have MS.

Kathy: If I'm not mistaken, Scott, your fellowship was a Sylvia Lowry Fellowship from the National MS Society, which gave you protected time, but it also helped you [(16:00)] in how to run and manage clinical trials and MS. And so- [crosstalk]

Dr. Newsome: That's right.

Kathy: I know that that's been part of your career moving forward, can you tell us a little bit about your research interests and the clinical trials that you're currently involved with?

Dr. Newsome: Absolutely. And this- this goes back right to my discussions around my mom, being involved in a clinical trial and there's absolutely, no way, I would have ever, ever expected that: number one, I'd be involved in treating people with MS, and number two, being involved in clinical trials. And that's because of, you know, my experience with my mom.

But now, looking back as like, "Oh my gosh! That was such important experience that I had." Where now, I'm seeing sort of the benefits of having that experience. And that, you know, my- my focus is on clinical trials and trying to help investigate whether there are better treatment strategies for our patients with MS, especially early in the relapses and remitting phase. And then, also trying to see- are there different ways to treat this condition, not just from preventing things from happening but are there opportunities to repair the damage that was left behind from relapse, new spots, and MRI, etc.

So, I've been very fortunate to be involved in a number of clinical trials. Some of them successful, others not. That's the world of clinical trials, but that have really brought some new therapies to the market to help people. Right now, Dr. Ellen Mowry and myself are leading a clinical trial called the [TREAT-MS Trial](#) that's

looking at, you know, are there different treatment strategies on front that can help a person? So, in a newly diagnosed relapsing-remitting patient, does it make a difference what we do upfront? Do you hit the immune system with the big hammer? Versus do you take a- maybe modestly traditional treatment approach as we call it that may "be safer," and as long as you change treatments early in the course if that medication starts working, will that ultimately protect people long-term.

And so, you know, why I'm so excited about that particular trial is because my mother never had the opportunity to be in a study like that to see if it makes a difference, you know, upfront what we do and you know, I'll leave it at that because as you know, I could actually go on and on and on but there's no way again that I would be, I don't know, I would tell you that I would be doing what I'm doing, you know, in my early adulthood.

Kathy: Well, I'd like to hear actually a little bit more about this trial because it's my understanding that you're still recruiting for participants for this trial. So please, take this opportunity to tell us a little bit more about it because think it really is important in several ways- it's important to our understanding of the disease, but it can be important for people with MS, in terms of what do you do first and why? So- [crosstalk]

Dr. Newsome: Absolutely [crosstalk]. No, I thank you for the opportunity. And so, you know, when we think about people that come to the clinic or get hospitalized with their initial symptom or initial clinical attack, the majority are relapsing-remitting in nature. Not to slight people who have progressive MS or- you know [(20:00)], from the beginning or progressive MS after they've had relapsing for a while because there are studies that were involved in that are looking at various therapies for that, but you know, we were very interested in trying to better understand, you know, with the number of therapies we have, which now has over 20 FDA-approved therapies, does it really make a difference which medication or medication classes at therapeutic strategies we do upfront, you know, over the long haul, make a difference?

And you know, it's very complicated for clinicians and patients to make this decision- you know, do you go towards an infusion therapy that may have greater risk. Here we're in a COVID pandemic, some of our therapies we know, put people at greater risk for more severe outcomes with COVID if they get it and it's like, "Well, geez." It would be wonderful to know do you need to hit the immune system with one of those big hammers and put someone in maybe undue risk to develop a bad outcome versus do we do sort of this more traditional escalation treatment paradigm where you start with a- a "safer drug" and just be mindful of changing therapies if it's not working? So, we don't know this question, right?

We're fortunate we have all these therapies, but we don't know which treatment strategy is most important. So that's what we're studying. So, we're studying those that have relapsing-remitting MS treatment-naive essentially who come in and really, any time period of their MS that were they were recently diagnosed and examining in a randomized fashion treatment strategy traditional versus early aggressive, which is primarily infusion therapies. Does that initial treatment prevent someone from having disability [(22:00)] long term?

So, you know, in this particular trial, we- we have a lot of different things we're looking at, including- you know, of course, the old traditional MRI metrics, the clinical exam that we do at the bedside. But there's a couple very unique things that I think the audience should take away. We want to know what the patient experience is. So, we're looking at patient-reported outcomes in this study and why that's important is maybe at the end of the day, we find that, "Ah, actually, it doesn't matter what treatment strategy the person goes on from the start," but we find out the patient experience is much different between these treatment strategies that's going to change the way we treat people upfront, I feel.

The other piece of this is we're taking a sampling of people's blood and putting it in a freezer so to speak and at the end of the trial, we're going to look at whether there are specific immune markers that tell us why someone may have done better than another, amongst these treatment strategies that we're evaluating. And so, the answer may be in the blood, right?

And so, it would be great to be able to take a sampling of someone's blood before they have disability or they're at risk for disability and say, "Oh! You know what? No. We need to put you on this treatment strategy because of this immune signature we see early on," and it- it's almost like the oncology reference where for certain cancers, they're doing that, right? They're checking someone's blood and saying, "Oh! You have this receptor?" This is the treatment regimen you need to be on and this is going to get you in a better place long-term. We don't have that right now in MS. But, you know, collecting this information, I think is going to be highly valuable for years to come.

And there's a whole bunch of other things that we're looking at that I think are quite novel. But we're excited! This is not just a hot concentric [(24:00)] study. This is a multi-centered study close to 50 sites around the United States. 900 patients is the goal to enroll. We have a little over 730 patients enrolled at this point. I just enrolled someone the other day and so, you know, I am sure for the individual that's newly diagnosed, there is probably a place near you that you may be a candidate for this trial. So, we- we welcome all people.

Kathy: This is very exciting, and this really speaks to the future, as well as the present and- and how we manage multiple sclerosis. So, thank you to you and Dr. Ellen Mowry and to Johns Hopkins for getting this started and coordinating this enormous trial.

I think that there's still plenty of time for people to participate. It sounds like you still need quite a few folks. And so, I think there's opportunities for our listeners and for those who they know to spread the word.

Dr. Newsome: And I'll just jump in real quick the Deliver MS trial is a parallel study. TREAT-MS, Deliver MS is PCORI funded, just to throw that in there. But Deliver MS is being spearheaded by the Cleveland Clinic and one of the UK groups. And so, it's a very similar in-design trial. And so, I think this is going to be incredible wealth of data moving forward where we can even, you know, pull data from both trials because we've harmonized some of the outcome measures, including the patient reported outcome measures for our trials, and the sample size is going to be- I think, at a level where we will certainly learn a tremendous amount- not all questions in MS, we'd be silly to think that but it's really exciting and I know that Deliver MS Trial is still recruiting as well. Which, you know, people can look [(26:00)] into to that- to that study, as well.

Kathy: Fantastic! Thanks for that great information, Scott, about the [TREAT-MS Trial](#). It's really very, very exciting.

And for our listeners, if you're interested in participating in the [TREAT-MS trial](#), we will have information for you in the podcast description that's associated with the posting for this podcast. We'll link to the [TREAT-MS website](#), but we'll also link- if you're interested in just additional information, there's [a neurology live video](#) that Scott and his colleague, Dr. Ellen Mowry did, and they discuss a lot more in-depth about the trial and we'll have a link to that as well.

So, this is very exciting. I hope there are a few listeners who might be interested because this really is not only our present, but it really is our future. So, with that, I have one more question for you. What do you hope, Dr. Scott Newsome, is your legacy in the MS world?

Dr. Newsome: Well, I don't know about legacy. I'll just say, I'm- I'm really fortunate to be involved in taking care- you know, caring people with MS. And I wouldn't look at it as like a single legacy. I just hope that some of the work that I'm involved in, will in the future, provide a higher level of care for patients.

And short of a cure, I'm hoping some of the studies that I'm involved in will lead to a better life for our patients. And I also hope that some of our trainees that come through my clinic and others at Hopkins, learn the value of listening to the patient and really sitting idle at times to get a better [(28:00)] understanding as best as you can, of what our patients are going through day-to-day. So, when they are out, doing whatever

they're doing, that they can remember that the people you're treating are people too. They're not just a number. They're not just a case report. They're not just a case series, a clinical trial participant, that they are actually people.

And I think I'll- I'll end with that. But again, I- I appreciate the opportunity to tell my story and I'm just really excited to be involved in people with MS's care.

Kathy: Well, thank you so, so much Scott. This is an incredible story and incredible journey that you've been on. And I am certain that your experiences have resonated with our listeners and that all of your recommendations have been helpful, not only to people living with MS but also to their [music] care partners and their support partners. So, thank you, thank you so much for joining us for 2 episodes of the Can Do MS Podcast.

Dr. Newsome: Thank you.

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Kathy: To our listeners, you've reached the end of another episode of the Can Do MS Podcast. I'm your host, Kathy Costello, and thank you for listening. I'd also like to take a moment to thank our sponsors for their generous support. Thank you to EMD Serono, Novartis Pharmaceuticals, Sanofi Genzyme, and Genentech. If you liked this episode, please be sure to subscribe to the Can Do MS Podcast and give us a rating and review. Thanks for tuning in.

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