

MSTRANSLATE & WHAT'S HOT IN MS RESEARCH

BRETT DRUMMOND

CO-FOUNDER, MSTRANSLATE



WHO IS MSTRANSLATE?

**BRETT
DRUMMOND**

Co-founder,
Chief Science Communicator



ERIC DRUMMOND

Co-founder,
Digital Media Manager



WHAT IS MSTRANSLATE?

Established in late 2012,
MStranstrate has evolved and
grown during the last decade.

01

SCIENCE
COMMUNICATION
CONSULTANCY

Supporting medical research
organisations, biotechnology
companies and patient advocacy
organisations.

02

SCIENCE
COMMUNICATION
INITIATIVE

Providing updates on the latest
breaking developments in multiple
sclerosis research.

WHERE IS MSTRANSLATE?

Website

<https://mstranslate.com.au>

Social Media

Facebook:

<https://www.facebook.com/MStranslate>

Twitter:

<https://twitter.com/MStranslate>

YouTube:

<https://www.youtube.com/user/MStranslate1>

Instagram:

<https://www.instagram.com/mstranslate>

LinkedIn:

<https://www.linkedin.com/company/mstranslate>

MStranslate

HOME RESEARCH + TREATMENTS + LIFESTYLE COLLABORATIONS + CONNECT + ABOUT MSTRANSLATE + CONTACT US

BREAKING → HEART MEDICATION SHOWS POTENTIAL TO REPAIR MYELIN

HEART MEDICATION SHOWS POTENTIAL TO REPAIR MYELIN
MStranslate · August 16, 2022 · Remyelination, Research, Treatments

HOW COULD EPSTEIN-BARR VIRUS TRIGGER MS?
MStranslate · July 21, 2022 · Epstein-Barr virus, Research

EBV T-CELL TREATMENT FOR MS: TRIAL UPDATE
MStranslate · July 13, 2022 · Epstein-Barr virus, Progressive MS, Research, Treatments

STUDY SHOWS HOW EBV MAY HELP TRIGGER MS
MStranslate · June 29, 2022 · Epstein-Barr virus, Research

UNDERSTANDING SCIENCE: WHAT IS A BIOMARKER?
MStranslate · June 8, 2022 · Understanding Science

Novoron Bioscience: Remyelination Research
MStranslate · May 16, 2022 · Dr Travis Stiles, Remyelination, Research

In the past, our co-founder, Brett Drummond, and MStranslate partner, Dr Travis Stiles, have talked broadly about developments in remyelination research around the world. However, they have never really...

ACTRIMS Forum 2022 Insights – Dr Barry Singer
MStranslate · April 4, 2022 · ACTRIMS, Conferences, Research

The Americas Committee for Treatment and Research in Multiple Sclerosis (ACTRIMS) held its annual meeting

RECENT POSTS

- Heart Medication Shows Potential to Repair Myelin
- How Could Epstein-Barr Virus Trigger MS?
- EBV T-Cell Treatment for MS: Trial Update
- Study Shows How EBV May Help Trigger MS
- Understanding Science: What is a Biomarker?

RECENT COMMENTS

WHY MSTRANSLATE?

Why is it important that science communication initiatives such as MStranlate exist?

Doctors believe they have discovered the cause of multiple sclerosis

KATE FOSTER, SCOTTISH HEALTH EDITOR, The Daily Telegraph
July 24, 2018 9:44am



A VACCINE for avoiding multiple sclerosis has moved a step closer, as doctors believe they have discovered the cause of the disease.

MS develops following two separate common infections which cause the body to attack itself, British research has found.

And doctors now believe the development of a vaccine against one of the viruses may hold the key to future MS prevention.

THE NEED

Why is it important that science communication initiatives such as MStranlate exist?

[Mult Scler Relat Disord](#), 2018 Jul 4;24:157-174. doi: 10.1016/j.msard.2018.06.014. [Epub ahead of print]

Hypothesis: Multiple sclerosis is caused by three-hits, strictly in order, in genetically susceptible persons.

[Kearns PKA](#)¹, [Casey HA](#)², [Leach JP](#)³.

 **Author information**

Abstract

Multiple Sclerosis is a chronic, progressive and debilitating neurological disease which, despite extensive study for over 100 years, remains of enigmatic aetiology. Drawn from the epidemiological evidence, there exists a consensus that there are environmental (possibly infectious) factors that contribute to disease pathogenesis that have not yet been fully elucidated. Here we propose a three-tiered hypothesis: 1) a clinic-epidemiological model of multiple sclerosis as a rare late complication of two sequential infections (with the temporal sequence of infections being important); 2) a proposal that the first event is helminthic infection with *Enterobius Vermicularis*, and the second is Epstein Barr Virus infection; and 3) a proposal for a testable biological mechanism, involving T-Cell exhaustion for Epstein-Barr Virus protein LMP2A. We believe that this model satisfies some of the as-yet unexplained features of multiple sclerosis epidemiology, is consistent with the clinical and neuropathological features of the disease and is potentially testable by experiment. This model may be generalizable to other autoimmune diseases.

THE NEED

Why is it important that science communication initiatives such as MStranlate exist?

Vitamin D could cut multiple sclerosis symptoms

OLIVER MOODY | THE TIMES | DECEMBER 31, 2015 1:22PM



SAVE

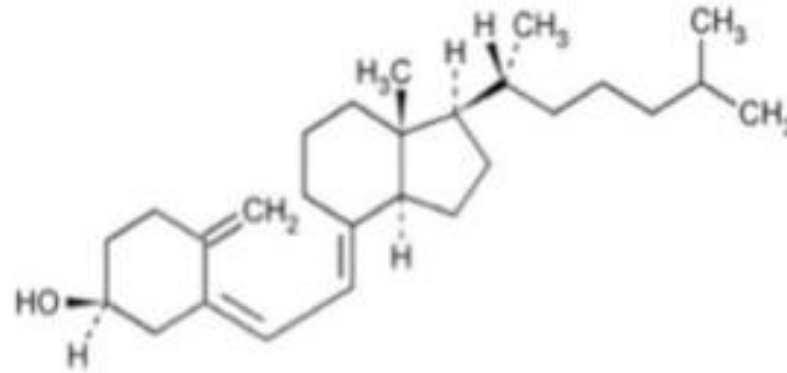


Vitamin D activates a gene that may protect against MS.

Taking hefty supplements of vitamin D could help to reverse some of the symptoms of multiple sclerosis, according to a study.

THE NEED

Why is it important that science communication initiatives such as MStranstrate exist?



Effects of High-Dose Vitamin D in PwMS

by [M. Stranstrate](#) · © January 4, 2018 · [Research, Vitamin D](#)

Research Summary: Safety and immunologic effects of high- and low-dose cholecalciferol in MS

The outcomes

There are two major outcomes from this trial. Firstly, they have shown that high-dose Vitamin D3 therapy appears to be safe in people with multiple sclerosis. However, it must be considered that the study was only conducted over a 6-month period and so longer-term effects were not studied. Secondly, they have shown that this high-dose protocol increases the levels of Vitamin D in the blood and has a potentially beneficial effect on the immune system. Larger clinical trials are now underway that should determine whether a similar treatment plan results in improvements in symptoms and disability progression in people with MS.

WHAT ARE THE BENEFITS?



WHAT ARE THE BENEFITS?



THE BENEFITS:

PwMS will always have questions, they need answers.

The general understanding of research needs to be improved.

Important messages need to be delivered quickly and accurately

- Creating the headline is better than responding to a headline
- CCSVI
- COVID-19



PATIENT ENGAGEMENT

Every negative interaction has the potential to be a positive one.

8:19

Cannabis is the greatest thing for MS.. end of story. These freaks are just money making big pharma minions

Like · Reply · Message · 37w

PATIENT ENGAGEMENT

It is possible to recognise the right to an opinion, while addressing / correcting the accuracy of an individual's concerns and reinforcing community standards.

8:19

Cannabis is the greatest thing for MS.. end of story. These freaks are just money making big pharma minions

Like · Reply · Message · 37w

MStranlate · 0:09

Hi _____, just a few quick points regarding your comment:

1) You are obviously entitled to your views about what you feel is the best treatment of MS for yourself, but it is important to remember that this was a discussion about the COVID-19 pandemic, which cannot be treated by cannabis

2) It is important to note that MStranlate is an unfunded organisation and that none of the neurologists that participated in this broadcast were paid for their time. Their time and expertise was a generous donation from them, as they all realised the importance of sharing their knowledge and this information with the MS community during these unprecedented circumstances.

3) MStranlate is definitely a place where we encourage freedom of expression, sharing of ideas and the ability to talk and engage in a respectful manner. As such, I'd ask that all future comments refrain from including personal insults. The full guidelines for interacting on our platforms can be found on our website. Once again, you are more than welcome to voice your own personal opinions and thoughts on the topics being discussed, but we can't allow for any sort of negative comments directed at other members of the site and/or individuals featured.

Thank you for your understanding with this.
Kind regards, Brett Drummond (MS Researcher, Science Communicator and Co-Founder - MStranlate)

PATIENT ENGAGEMENT

The outcome when done properly...

0:00

Well said and apologies for calling you freaks.. I watched the first few minutes where you mentioned treatments and am just sick of knowing that something works unbelievably well and no1 talks about it, so I made assumptions, which weren't called for..

As for Covid-19. I do also believe that cannabis, is essential to a healthy functioning immune system which in turn fights off Covid-19 developing into a big issue.

Take care and thanks for calling me out on a poor comment by me

[Like](#) · [Reply](#) · [Message](#) · 37w



0:00

Thanks Brett, I will check out some of the previous videos. I stand corrected and apologies again. Pretty embarrassed now that I've had some time to think about it.

I'll keep my post up so that if anyone sees it they can see your well measured honest response that makes me look like an irrational moron.

Take care mate and apologies again.

THE BENEFITS:

Trial and study recruitment

Alternate funding sources

This relationship needs to be two way



THE BENEFITS

Research ideas generated from the lived patient experience

Study and trial co-design

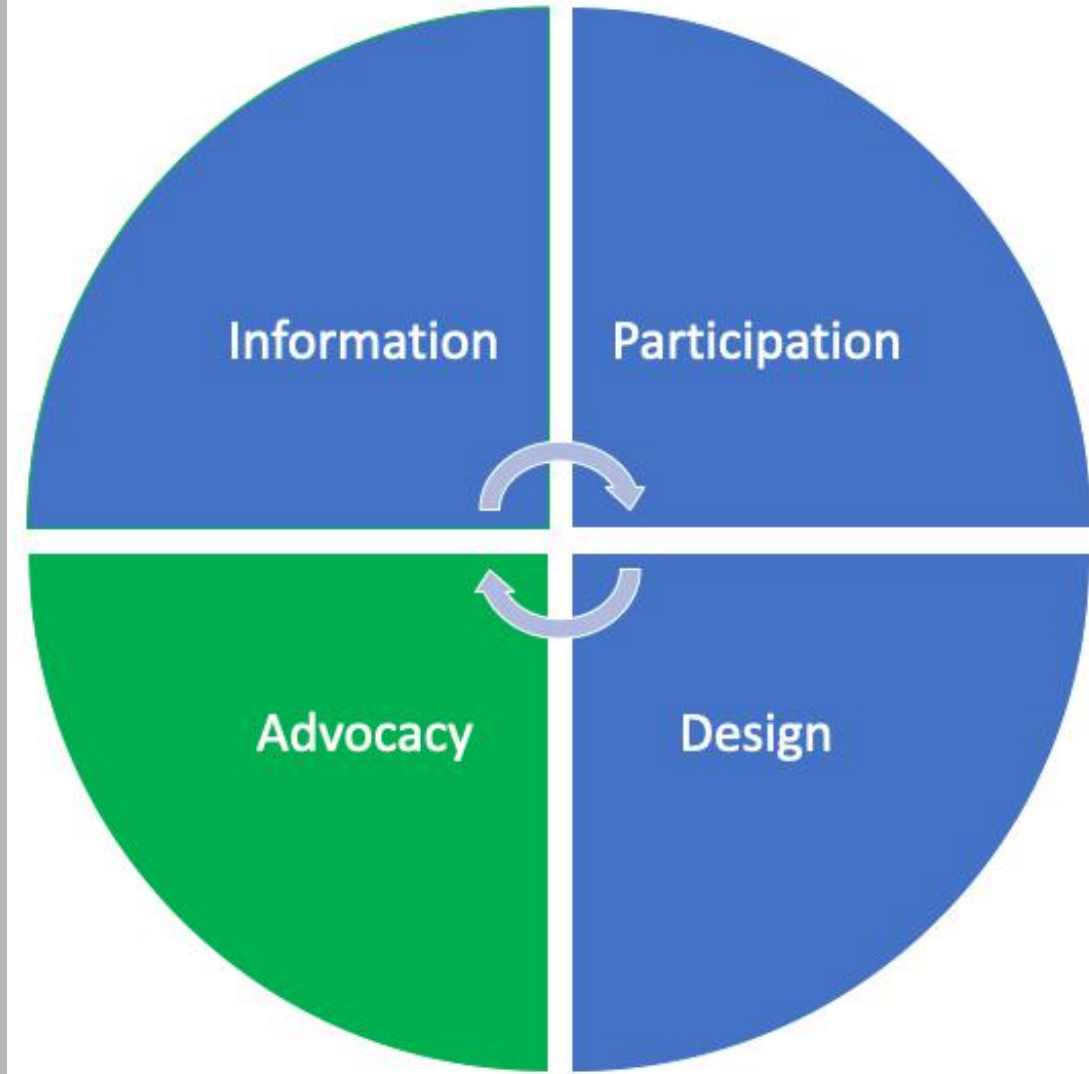
Increased engagement



THE BENEFITS

The power of the community's voice

- Increased research funding
- Research direction
- Improvements in care, such as NDIS reform



WHAT'S HOT IN MS RESEARCH



Lifestyle
Modifications

WHAT'S HOT (AND WHAT'S NOT) IN MS RESEARCH



Personalised
Medicine

Remyelination



Lifestyle
Modifications

WHAT'S HOT (AND WHAT'S NOT) IN MS RESEARCH



EBV



Personalised
Medicine



Lifestyle
Modifications

Remyelination

WHAT'S HOT (AND WHAT'S NOT) IN MS RESEARCH



Podcast
Hosting



EBV



Personalised
Medicine



Lifestyle
Modifications

Remyelination

THE ECTRIMS PODCAST



Episode 3: ECTRIMS 2022 Wrap-up

ECTRIMS President Mar Tintoré wraps up the key takeaways from ECTRIMS 2022, as well as what you can expect from ECTRIMS' new 365 programme, with host Brett Drummond from...



Episode 2: Day Two Highlights of ECTRIMS 2022

Timothy Coetzee – Chief Advocacy, Services & Science Officer at the National MS Society – discusses the most relevant insights from day two of ECTRIMS 2022, with host Brett Drummond from...

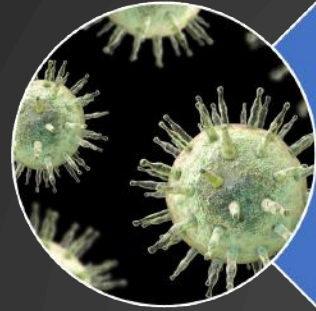


Episode 1: Day One Highlights of ECTRIMS 2022

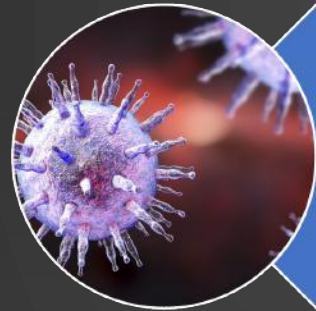
Brenda Banwell – the ECTRIMS 2022 Keynote Lecturer – deep dives into the key takeaways of the first day of ECTRIMS 2022, with host Brett Drummond from MStranlate.



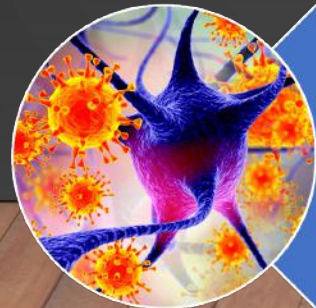
THE ROLE OF EPSTEIN-BARR VIRUS



Where we were

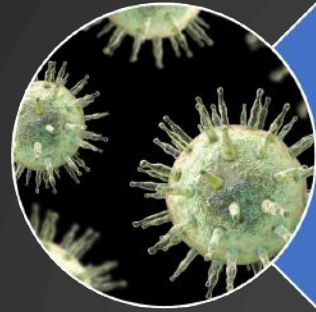


Where we are



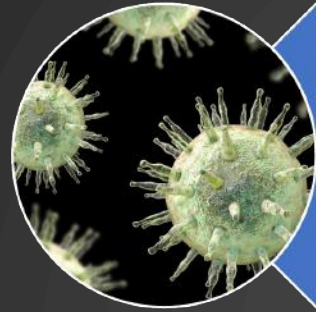
Where we are going

THE ROLE OF EPSTEIN-BARR VIRUS



Where we were

THE ROLE OF EPSTEIN-BARR VIRUS

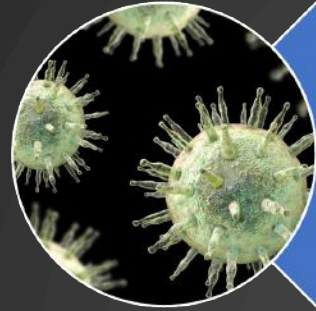


Where we were

PwMS
~95%

HC
~90%

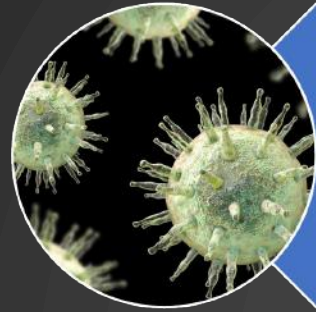
THE ROLE OF EPSTEIN-BARR VIRUS



Where we were

EBV

THE ROLE OF EPSTEIN-BARR VIRUS

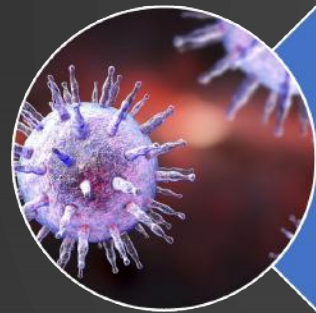


Where we were

EBV

PwMS	HC
~95%	~90%


THE ROLE OF EPSTEIN-BARR VIRUS







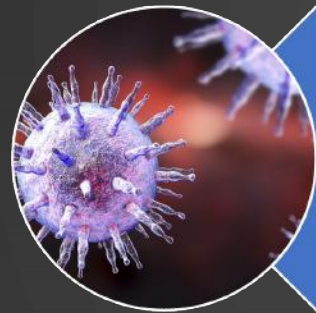
Where we are

May
2020

THE ROLE OF EPSTEIN-BARR VIRUS

Complete Epstein-Barr virus seropositivity in a large cohort of patients with early multiple sclerosis 


Sargis Abrahamyan^{1, 2}, Bettina Eberspächer³, Muna-Miriam Hoshi⁴, Lilian Aly⁴, Felix Luessi⁵, Sergiu Groppa⁵, Luisa Klotz⁶, Sven G Meuth⁶, Christoph Schroeder⁷,  Thomas Grüter⁷, Björn Tackenberg⁸, Friedemann Paul^{1, 9}, Florian Then-Bergh¹⁰, Tania Kümpfel¹¹, Frank Weber¹², Martin Stangel¹³, Antonios Bayas¹⁴, Brigitte Wildemann¹⁵,  Christoph Heesen¹⁶, Uwe Zettl¹⁷, Clemens Warnke^{18, 19}, Gisela Antony²⁰, Nicole Hessler²¹, Heinz Wiendl⁶, Stefan Bittner⁵, Bernhard Hemmer⁴, Ralf Gold⁷,  Anke Salmen²²,  Klemens Ruprecht¹ on behalf of the German Competence Network







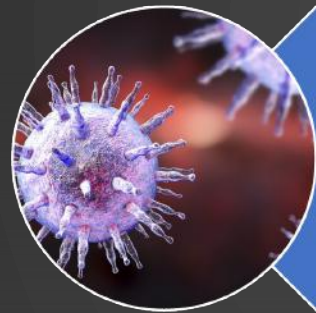
Where we are

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Where we are

Jan 2022

Longitudinal analysis reveals high prevalence of Epstein-Barr virus associated with multiple sclerosis

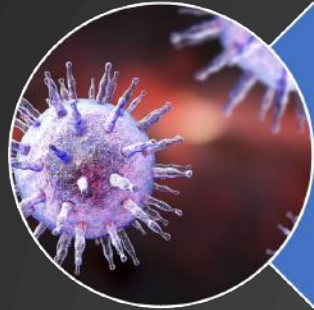
[KJETIL BJORNEVIK](#)  [MARIANNA CORTESE](#)  [BRIAN C. HEALY](#)  [JENS KUHLE](#), [MICHAEL J. MINA](#)  [YUMEI LENG](#)  [STEPHEN J. ELLEDGE](#)  [DAVID W. NIEBUHR](#),

[ANN I. SCHER](#), [KASSANDRA L. MUNGER](#) , AND [ALBERTO ASCHERIO](#) 

fewer

[Authors Info & Affiliations](#)

THE ROLE OF EPSTEIN-BARR VIRUS



Where we are

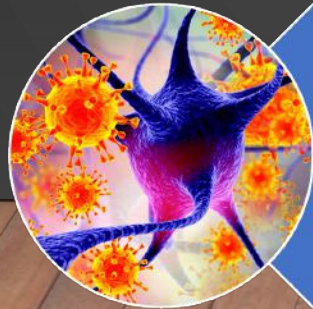
Jan 2022

Clonally expanded B cells in multiple sclerosis bind EBV EBNA1 and GlialCAM

[Tobias V. Lanz](#), [R. Camille Brewer](#), [Peggy P. Ho](#), [Jae-Seung Moon](#), [Kevin M. Jude](#), [Daniel Fernandez](#), [Ricardo A. Fernandes](#), [Alejandro M. Gomez](#), [Gabriel-Stefan Nadj](#), [Christopher M. Bartley](#), [Ryan D. Schubert](#), [Isobel A. Hawes](#), [Sara E. Vazquez](#), [Manasi Iyer](#), [J. Bradley Zuchero](#), [Bianca Teegen](#), [Jeffrey E. Dunn](#), [Christopher B. Lock](#), [Lucas B. Kipp](#), [Victoria C. Cotham](#), [Beatrix M. Ueberheide](#), [Blake T. Aftab](#), [Mark S. Anderson](#), [Joseph L. DeRisi](#), [Michael R. Wilson](#), [Rachael J. M. Bashford-Rogers](#), [Michael Platten](#), [K. Christopher Garcia](#), [Lawrence Steinman](#) & [William H. Robinson](#) 

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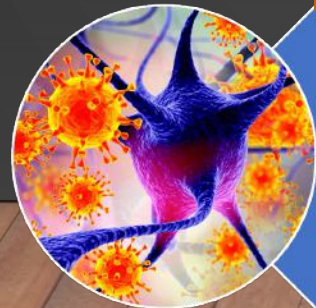
THE ROLE OF EPSTEIN-BARR VIRUS



Where we are going

THE ROLE OF EPSTEIN-BARR VIRUS

PREVENTION

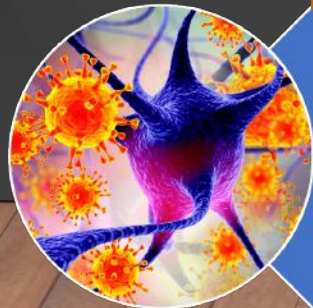


Where we are going

THE ROLE OF EPSTEIN-BARR VIRUS



PREVENTION



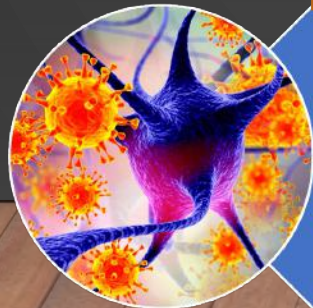
Where we are going

THE ROLE OF EPSTEIN-BARR VIRUS



PREVENTION

THERAPEUTIC



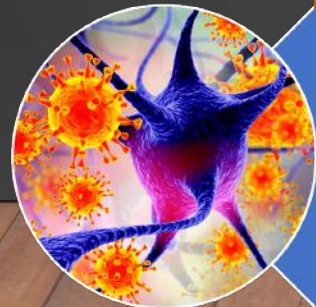
Where we are going

THE ROLE OF EPSTEIN-BARR VIRUS



PREVENTION

THERAPEUTIC



Where we are going

THE ROLE OF THE MS NURSE



THE ROLE OF THE MS NURSE



THE ROLE OF THE MS NURSE



LIFESTYLE MODIFICATIONS



LIFESTYLE MODIFICATIONS

Prehabilitation vs
rehabilitation

Guidelines
published



LIFESTYLE MODIFICATIONS

Prehabilitation vs
rehabilitation

Guidelines
published



Increases
susceptibility

Worsens
progression

LIFESTYLE MODIFICATIONS

Prehabilitation vs
rehabilitation

Guidelines
published

No one "MS diet"



Increases
susceptibility

Worsens
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LIFESTYLE MODIFICATIONS

Prehabilitation vs
rehabilitation

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Increases
susceptibility

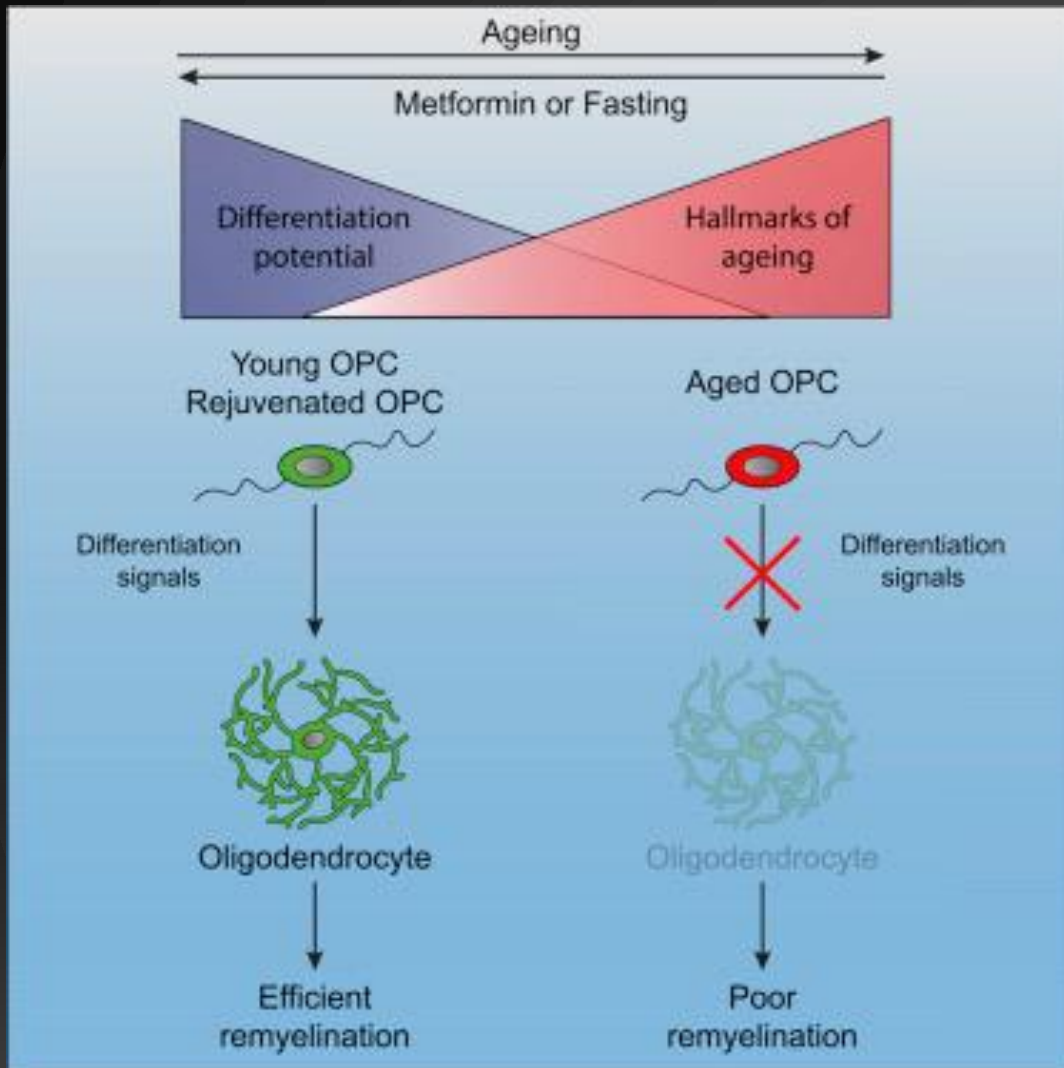
Worsens
progression

Independently
associated with
fatigue in MS

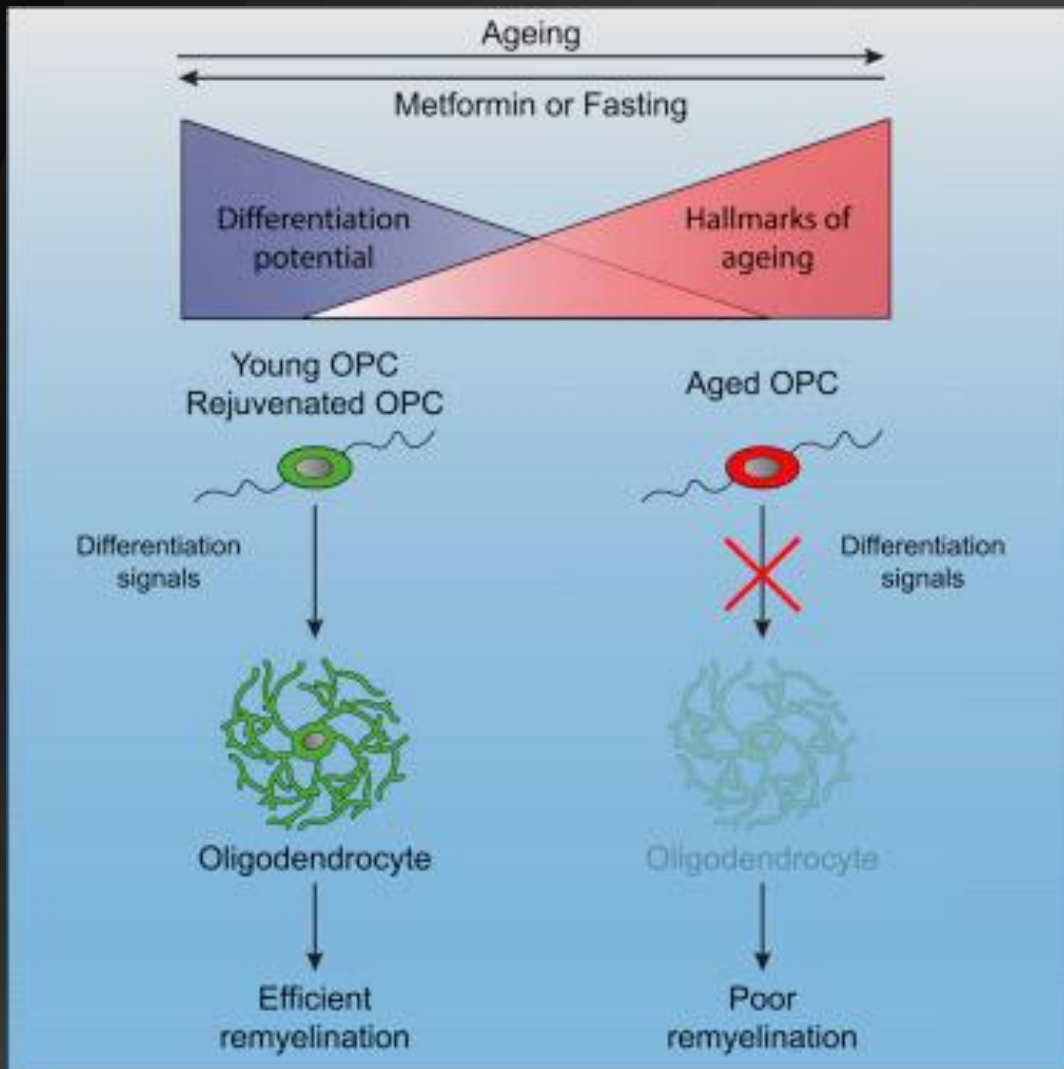
REMYELINATION

- Myelin repair is possible and common
- Ability appears to decrease over time in people living with MS
- Multiple pathways are being explored to overcome this barrier

REMYELINATION



REMYELINATION



- Alternate day fasting led to improved myelin repair
- Metformin led to improved myelin repair
- Calorie restriction has also been shown to lead to improved myelin repair

PERSONALISED AND PRECISION MEDICINE

- Extended dosing
- Individual monitoring

PERSONALISED AND PRECISION MEDICINE

- Extended dosing
- Individual monitoring

0017

Personalised dosing of monoclonal antibodies in multiple sclerosis

Z. van Kempen¹

¹*Amsterdam UMC, location VUMC, MS Center Amsterdam, Amsterdam, Netherlands*

Introduction: Monoclonal antibodies are currently taking a leading role among high efficacy therapies for multiple sclerosis (MS). As 'no evidence of disease activity' is within reach for most relapsing remitting MS patients, the time is right to further optimize treatment with aims of reducing side effects/complications, costs and treatment burden.

Aims: In this lecture, available evidence regarding personalised and extended interval dosing of various monoclonal antibodies will be reviewed in regards to maintaining drug efficacy, reduction of adverse events and costs. Biomarkers for personalised dosing, in which treatment intervals are based on pharmacokinetic and/or pharmacodynamic measurements, will be discussed and their usability in daily care. Finally, pros and cons will be outlined of standard versus personalised versus extended dosing of monoclonal antibodies in MS.

Disclosure: Z. van Kempen: nothing to disclose

PERSONALISED AND PRECISION MEDICINE

- Extended dosing
- Individual monitoring
- How does AHSCT fit in?

PERSONALISED AND PRECISION MEDICINE

- Extended dosing
- Individual monitoring
- How does AHSCT fit in?

O019

Comparative effectiveness of autologous haematopoietic stem cell transplantation vs. fingolimod, ocrelizumab and natalizumab in relapsing-remitting MS

T. Kalincik^{1,2}, S. Sharman¹, I. Roos^{2,1}, M. Freedman³, H. Atkins³, J. Burman⁴, J. Massey^{5,6}, I. Sutton^{5,6}, B. Withers^{5,6}, R. Macdonell^{1,7}, A. Grigg^{7,1}, O. Torkildsen⁸, L. Bo⁸, A. Lehmann⁸, D. Horakova^{9,10}, E. Havrdova^{10,9}, E. Krasulova^{9,10,9}, M. Trnety^{9,10}, T. Kozak^{9,11}, A. van der Walt^{12,13}, H. Butzkueven^{12,13}, P. McCombe^{14,15}, B. Van Wijmeersch^{16,17}, K. Buzzard^{18,13,2}, O. Skibina^{18,13,12}, J. Lechner-Scott^{19,20}, B. Willekens²¹, M. Barnett^{6,22}, E. Cartechini²³, S. Ozakbas²⁴, R. Alroughani²⁵, G. Izquierdo²⁶, S. Eichau²⁶, C. Boz²⁷, J. Kuhle²⁸, F. Patti^{29,30}, M. Terzi³¹, A. Prat^{32,33}, M. Girard^{33,32}, P. Duquette^{33,32}, P. Grammond³⁴, M. Onofrj³⁵, A. Lugaresi^{36,37}, S. Khoury³⁸, A. Soysal³⁹, M. Slee⁴⁰, J. Prevost⁴¹, R. Turkoglu⁴², B. Sharrack⁴³, J. Snowden⁴³, On behalf of the MSBase Study Group

¹University of Melbourne, Neurology, Melbourne, Australia, ²Royal Melbourne Hospital, Neurology, Parkville, Australia, ³University of Ottawa, Ottawa Hospital Research Institute, Ottawa, Canada, ⁴Uppsala University Hospital, Neurology, Uppsala, Sweden, ⁵St Vincents Hospital, Neurology, Sydney, Australia, ⁶University of Sydney, Neurology, Sydney, Australia, ⁷Austin Health, Neurology, Melbourne, Australia, ⁸Haukeland University Hospital, Bergen, Norway, ⁹Charles University, Prague, Czech Republic, ¹⁰General University Hospital, Prague, Czech Republic, ¹¹University Hospital Kralovske Vinohrady, Prague, Czech Republic, ¹²The Alfred Hospital, Melbourne, Australia, ¹³Monash University, Melbourne, Australia, ¹⁴University of Queensland, Brisbane, Australia, ¹⁵Royal Brisbane and Women's Hospital, Brisbane, Australia, ¹⁶Rehabilitation and MS-Centre, Pelt, Belgium, ¹⁷Hasselt University, Hasselt, Belgium, ¹⁸Box Hill Hospital, Melbourne, Australia, ¹⁹University Newcastle, Newcastle, Australia, ²⁰John Hunter Hospital, Newcastle, Australia, ²¹Antwerp University Hospital, Edegem, Belgium, ²²Royal Prince Alfred Hospital, Sydney, Australia, ²³Azienda Sanitaria Unica Regionale Marche - AV3, Macerata, Italy, ²⁴Dokuz Eylul University, Konak, Turkey, ²⁵Amiri Hospital, Sharq, Kuwait, ²⁶Hospital Universitario Virgen Macarena, Sevilla, Spain, ²⁷KTU Medical Faculty Farabi Hospital, Trabzon, Turkey, ²⁸University Hospital and University of Basel, Basel, Switzerland, ²⁹GF Ingrassia, Department of Medical and Surgical Sciences and Advanced Technologies, Catania, Italy, ³⁰University of Catania, Catania, Italy, ³¹19 Mayıs University, Samsun, Turkey, ³²Université de Montreal, Montreal, Canada, ³³CHUM MS Center, Montreal, Canada, ³⁴CISSS Chaudière-Appalache, Levis, Canada, ³⁵University G. d'Annunzio, Chieti, Italy, ³⁶Istituto delle Scienze Neurologiche di Bologna, Bologna, Italy, ³⁷Università di Bologna, Bologna, Italy, ³⁸American University of Beirut Medical Center, Beirut, Lebanon, ³⁹Bakirkoy Education and Research Hospital for Psychiatric and Neurological Diseases, Istanbul, Turkey, ⁴⁰Flinders University, Adelaide, Australia, ⁴¹CSSS Saint-Jérôme, Saint-Jérôme, Canada, ⁴²Haydarpasa Numune Training and Research Hospital, Istanbul, Turkey, ⁴³Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, United Kingdom

Introduction: Chemotherapy followed by autologous hematopoietic stem cell transplantation (AHSCT) is occasionally used in patients with aggressive multiple sclerosis (MS). Single-arm observational cohorts have demonstrated its remarkable effect on stabilising highly active inflammatory disease phenotypes. Information about its comparative effectiveness relative to other highly efficacious disease modifying agents is scarce.

Aim: This study emulated a series of pairwise trials of comparative effectiveness of AHSCT vs. fingolimod, ocrelizumab and natalizumab.

Methods: Patients with relapsing-remitting MS from 6 AHSCT MS centres in Ottawa, Uppsala, Sheffield, Bergen, Sydney and Melbourne were combined with patients from MSBase. Patients were included if they were treated with AHSCT or one of the study therapies and had sufficient information recorded before and after the start of the therapy (baseline). They were matched in pairwise comparisons on a propensity score derived from sex, age, disability score (EDSS), number of relapses 12 and 24 months before baseline, time from MS onset, the most effective prior therapy and country. The pairwise-censored groups were compared on annualised relapse rates (ARR) and freedom from relapses and 6-month confirmed EDSS worsening and improvement.

Results: The matched patients had high mean disease activity (>0.9 relapses in the prior year) and mean EDSS 3-4. In comparison to fingolimod (n=612), matched AHSCT (n=120) experienced less relapses (ARR: mean±SD 0.20±0.43 vs. 0.11±0.36; risk of relapses: hazard ratio 0.55, 95%CI 0.37-0.91), similar risk of EDSS worsening (hazard ratio 0.49, 95%CI 0.16-1.54) and higher chance of disability improvement (hazard ratio 2.62, 95%CI 1.46-4.72). Ocrelizumab (303) and AHSCT (91) were associated with similar ARR (0.10±0.39 vs. 0.08±0.33), risk of relapses (0.85, 0.46-1.56), EDSS worsening (0.41, 0.09-1.90) and EDSS improvement (2.31, 0.63-8.48). Natalizumab (n=606) and AHSCT (n=116) were associated with similar ARR (0.12±0.37 vs. 0.09±0.30), risk of relapses (0.78, 0.40-1.52) and EDSS worsening (0.50, 0.09-2.61). EDSS improvement was more common after AHSCT (1.82, 1.19-2.78).

Conclusion: Among patients with highly active MS with moderate disability, AHSCT is superior to fingolimod and comparable with ocrelizumab and natalizumab in preventing relapses. AHSCT is associated with higher rate of recovery from disability than natalizumab, a therapy that is known for reduction of disability in trials.

OTHER HIGHLIGHTS

- Progressive MS
- Biomarkers
- Paediatric MS



THANK YOU FOR LISTENING!!

- Any questions?
- There is a lot happening in the world of MS research to be excited about!
- We are always open to conversations, please reach out!
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