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Vincenzo Carlomagno

WORK EXPERIENCE

26/01/2021 – 24/01/2025 Rome, Italy
NEUROLOGY RESIDENT FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

14/05/2020 – 25/01/2021 Albano Laziale, Italy
MEDICAL DOCTOR IN RSA-COVID19 RSA COVID, ALBANO LAZIALE (RM), LTALY

01/05/2021 – 01/10/2023 Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 3B CLINICAL TRIAL (NCT03523858 CONSONANCE) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

20/05/2021 – 10/07/2024 Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 3 BTK-INHIBITOR CLINICAL TRIAL (GEMINI 1 EFC16033) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

01/07/2023 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN BTK INHIBITOR CLINICAL TRIAL (FENHANCE GN42272) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

01/07/2023 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN CLADRIBINE CLINICAL TRIAL (CLADREAL) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

01/07/2023 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN CLADRIBINE CLINICAL TRIAL (CLADFIT) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

10/02/2023 – 28/06/2024 Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 2 CLINICAL TRIAL (NCT05523167 ARGX-113-2007) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

28/06/2024 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 3 CLINICAL TRIAL (NCT05979441 ARGX-113-2011) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

10/07/2024 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 3 OPEN LABEL ESTENSION BTK-INHIBITOR CLINICAL TRIAL (LTS17043) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

01/12/2024 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 2A CLINICAL TRIAL NEPTUNIA (MS200569_0041) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

01/12/2024 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 3 CLINICAL TRIAL FREXALT (EFC17919) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

01/12/2024 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 3 CLINICAL TRIAL FREVIVA (EFC17504) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

01/12/2024 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 4 OBSERVATIONAL STUDY ITAKOS (COMB157GIT02) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

01/12/2024 – CURRENT Rome, Italy
MEDICAL SUBINVESTIGATOR IN PHASE 4 OBSERVATIONAL STUDY MUSPO (ML44477) FONDAZIONE POLICLINICO UNIVERSITARIO AGOSTINO GEMELLI IRCCS

EDUCATION AND TRAINING

01/10/2013 – 23/10/2019 Rome, Italy
MEDICINE AND SURGERY DEGREE - MEDICAL DOCTOR Tor Vergata University, School of Medicine, Rome, Italy

Address Via montpellier 1, 00133, Rome, Italy

26/01/2021 – 24/01/2025 Rome, Italy
NEUROLOGIST Catholic University, School of Medicine, Neurology Rome, Italy

Address Largo Agostino Gemelli 1, 00168, Rome, Italy

30/03/2020 – CURRENT
MEDICAL LICENSE 65600 Order of Doctors in Rome

27/01/2025 – CURRENT Rome, Italy
PHD STUDENT IN NEUROSCIENCES (ONGOING) Catholic University of Sacred Heart, Rome

LANGUAGE SKILLS

Mother tongue(s): **ITALIAN**

Other language(s):

	UNDERSTANDING		SPEAKING		WRITING
	Listening	Reading	Spoken production	Spoken interaction	
ENGLISH	B2	B2	B2	B2	B2
FRENCH	A2	A2	A2	A2	A2

Levels: A1 and A2: Basic user; B1 and B2: Independent user; C1 and C2: Proficient user

DIGITAL SKILLS

Microsoft Office | Social Media | Microsoft Powerpoint | Outlook | Skype | Zoom | LinkedIn | Google Docs | Good listener and communicator | Chess

PUBLICATIONS

2022
The Expanding Role of the Infectious Disease Expert in the Context of the MS Centre.

Introduction: The complexity of the MS patient's management is constantly growing. Consequently, the MS care unit requires a multidisciplinary approach, including an infectious disease specialist to minimise the risk of infectious complications related both to the disease and DMTs.
Materials and methods: We retrospectively evaluated the infectious disease consultations performed from 2015 to 2019 in our MS centre.
Results: We identified 107 patients with at least one infectious disease consultation out of 1088 patients. We found a progressive increase in the number of consultations from 2015 to 2019. Nearly half of the consultations were requested at the time of starting MS treatment. The most frequent requests were represented by chronic or acute

infections. The most prevalent infectious agents were Herpesviridae and Mycobacterium tuberculosis. Antibiotic or antiviral treatment and prophylactic treatment or vaccination represented together the most frequent outcomes of the consultations. Finally, a treatment delay was significantly associated with the advice of a prophylactic treatment or of a vaccination.
Conclusion: There is an increasing awareness of the potential infectious complications of MS and of exposure to DMTs. The interaction between the MS neurologist and infectious disease specialist is fundamental to minimise the infectious risk related to the disease and to the DMTs, with a progressive shift from complication management to a broader prevention workup at the time of MS diagnosis, including both vaccination and prophylactic treatments. here...

10.3390/jpm12040591

Neurosarcoidosis presenting as longitudinally extensive myelitis: Diagnostic assessment, differential diagnosis, and therapeutic approach

Neurosarcoidosis is an uncommon and multiform clinical entity. Its presentation as an isolated longitudinal extensive transverse myelitis (LETM) is rare and challenging to identify. We report a case of LETM in a 60-year-old patient with no significant systemic symptoms nor relevant medical history. The peculiar spinal magnetic resonance imaging finding characterized by a posterior and central canal subpial contrast enhancement, the so-called "trident sign," together with chest computed tomography scan and lymph node biopsy led to the diagnosis of sarcoidosis. We also discuss the main differential diagnoses of LETM and therapeutic options for sarcoidosis-related myelitis.

10.1515/tnsci-2022-0231

2023

Current Status of Oral Disease-Modifying Treatment Effects on Cognitive Outcomes in Multiple Sclerosis: A Scoping Review.

Introduction: Cognitive impairment represents one of the most hidden and disabling clinical aspects of multiple sclerosis (MS). In this regard, the major challenges are represented by the need for a comprehensive and standardised cognitive evaluation of each patient, both at disease onset and during follow-up, and by the lack of clear-cut data on the effects of treatments. In the present review, we summarize the current evidence on the effects of the available oral disease-modifying treatments (DMTs) on cognitive outcome measures.
Materials and methods: In this systematised review, we extract all the studies that reported longitudinally acquired cognitive outcome data on oral DMTs in MS patients.
Results: We found 29 studies that evaluated at least one oral DMT, including observational studies, randomised controlled trials, and their extension studies. Most of the studies (n = 20) evaluated sphingosine-1-phosphate (S1P) modulators, while we found seven studies on dimethyl fumarate, six on teriflunomide, and one on cladribine. The most frequently used cognitive outcome measures were SDMT and PASAT. Most of the studies reported substantial stability or mild improvement in cognitive outcomes in a short-time follow-up (duration of most studies ≤2 years). A few studies also reported MRI measures of brain atrophy.
Conclusion: Cognitive outcomes were evaluated only in a minority of prospective studies on oral DMTs in MS patients with variable findings. More solid and numerous data are present for the S1P modulators. A standardised cognitive evaluation remains a yet unmet need to better clarify the possible positive effect of oral DMTs on cognition.

Carlomagno V, Mirabella M, Lucchini M. Bioengineering (Basel). 2023 Jul 18;10(7):848.

2023

Tumefactive Demyelinating Lesion Around a Developmental Venous Anomaly : A Rare Association

Developmental venous anomalies (DVAs) are the most frequently detected form of vascular malformations and are generally accepted as normal variants of venous development. They are characterized by a cluster of venous radicles that converge into a single collecting vein, assuming a typical radiological appearance known as caput medusae. However, brain parenchyma surrounding these venous anomalies shows some abnormalities that can be detected on MRI as T2-FLAIR hyperintensities.
As perivenular inflammation plays an important role in the pathogenesis of demyelinating diseases like multiple sclerosis (MS), different studies have raised the question whether vascular abnormalities may have a role in demyelination. Indeed, DVAs have been found to be more prevalent in people with MS and with a clinically isolated syndrome than in non-MS populations.
This article describes the case of a patient with no previous clinical history, who developed a tumefactive demyelinating lesion around a DVA.

Cicia A, Carlomagno V, Mirabella M, Lucchini M. Clin Neuroradiol. 2023 Dec;33(4):1155-1158.

2023

Isolated pontocerebellar leukoencephalopathy in HIV-related PML: focus on the "shrimp sign"

Cimmino AT, Carlomagno V, Sciarrone MA, Di Lazzaro G, Silvestri G. Neurol Sci. 2023 Oct 23.

2024

Multiple Sclerosis Onset before and after COVID-19 Vaccination: Can HLA Haplotype Be Determinant?

A few cases of multiple sclerosis (MS) onset after COVID-19 vaccination have been reported, although the evidence is insufficient to establish causality. The aim of this study is to compare cases of newly diagnosed relapsing–remitting MS before and after the outbreak of the COVID-19 pandemic and the impact of COVID-19 vaccination. Potential environmental and genetic predisposing factors were also investigated, as well as clinical patterns. This is a single-centre retrospective cohort study including all patients who presented with relapsing-remitting MS onset between January 2018 and July 2022. Data on COVID-19 vaccination administration, dose, and type were collected. HLA-DR81 genotyping was performed in three subgroups. A total of 266 patients received a new diagnosis of relapsing-remitting MS in our centre, 143 before the COVID-19 pandemic (until and including March 2020), and 123 during the COVID-19 era.(from April 2020). The mean number of new MS onset cases per year was not different before and during the COVID-19 era and neither were baseline patients' characteristics, type of onset, clinical recovery, or radiological patterns. Fourteen (11.4%) patients who subsequently received a new diagnosis of MS had a history of COVID-19 vaccination within one month before symptoms onset. Patients' characteristics, type of onset, clinical recovery, and radiological patterns did not differ from those of patients with non-vaccine-related new diagnoses of MS. The allele frequencies of HLA-DRB1*15 were 17.6% and 22.2% in patients with non-vaccine-related disease onset before and during the COVID-19 era, respectively, while no case of HLA-DRB1*15 was identified among patients with a new diagnosis of MS post-COVID-19 vaccine. In contrast, HLA-DRB1*08+ or HLA-DRB1*10+ MS patients were present only in this subgroup. Although a causal link between COVID-19 vaccination and relapsing-remitting MS cannot be detected, it is interesting to note and speculate about the peculiarities and heterogeneities underlying disease mechanisms of MS, where the interactions of genetics and the environment could be crucial also for the follow-up and the evaluation of therapeutic options.

Bianco A,...Carlomagno V.... Calabresi P, Mirabella M. Int J Mol Sci. 2024 Apr 22;25(8):4556

- **HOBBIES AND INTERESTS**

Chess Candidate Master

Tennis

Padel

Football

Amateur Astronophile

- **CONFERENCES AND SEMINARS**

03/12/2022 – 06/12/2022 Milan (Italy)
Società Italiana di Neurologia (SIN) 2022

01/07/2023 – 04/07/2023 Budapest (Hungary)
European Academy of Neurology (EAN) 2023

12/05/2023 – 14/05/2023 Rimini (Italy)
"La richiesta di competenza neurologica nel prossimo futuro" Società Italiana di Neurologia Giovani 2023

21/10/2023 – 24/10/2023 Naples (Italy)
Società Italiana di Neurologia (SIN) 2023