

[P5.193] Are individuals with Radiologically Isolated Syndrome have a different clinical outcome once they convert to Clinically Isolated Syndrome?

Aksel Siva,¹Melih Tutuncu,¹Orhun Kantarci,²Ugur Uygunoglu,¹Pinar Acar,³Asli Kurne,³Mark Keegan,²Ayşe Altintas,¹Sabahattin Saipoglu,¹Rana Karabudak,³Daniel Pelletier,⁴Darin Okuda,⁵Christine Lebrun Frenay,⁶Radiologically Isolated Syndrome Consortium (RISC), Club Francophone de la Sclérose en Plaques (CFSEP)

¹Istanbul, Turkey, ²Rochester, MN, USA, ³Ankara, Turkey, ⁴New Haven, CT, USA, ⁵Dallas, TX, USA, ⁶Nice, France.

OBJECTIVE:

The purpose of this study was to determine the clinical course after the first event in radiologically isolated syndrome (RIS) subjects to those with a clinically isolated syndrome (CIS) presentation not previously diagnosed with RIS.

BACKGROUND:

RIS describes individuals with MRI features of multiple sclerosis (MS) without typical symptoms of CNS demyelination. About one-third of these individuals develop a clinical event within 5 years. The temporal course of RIS subjects after the seminal clinical event is unknown.

DESIGN/METHODS:

The time to a second clinical event and disability thereafter were studied in a cohort of RIS subjects who developed a first demyelinating event and compared to patients with a CIS presentation. A diagnosis of MS diagnosis was made according to McDonald 2010 criteria. The impact of disease modifying therapy (DMT) exposure was assessed.

RESULTS:

Twenty-six individuals (out of 85) (mean age 35.1 ± 11.2 ; 65.3% females) with RIS developed an initial clinical event (RIS-CIS) and 270 cases with CIS (mean age 30.0 ± 8.4 ; 65.6% females) were included ($p=0.007$). Of the RIS-CIS group, 7 of 26 (26%) and of the CIS group 81 of 270 (30%) had a second clinical event after a follow-up of 2.3 ± 1.8 vs 1.5 ± 1.3 years, respectively ($p=0.139$). DMT use before the second clinical event was similar among groups (46% RIS-CIS; 51% CIS). Mean follow-up and EDSS at last exam were similar between RIS-CIS (2.9 ± 3.3 years; 0.67 ± 0.7) and CIS groups (2.8 ± 1.9 years; 0.64 ± 0.67). Mean follow-up of patients that did not develop a second clinical event was also similar among groups (CIS 2.3 ± 1.9 years; RIS-CIS 2.3 ± 3.0 years).

CONCLUSIONS:

RIS subjects experience a first clinical event at an older age and have a slower tendency of developing a second clinical event than those with CIS, while demonstrating similar disability levels within the same time period after the initial clinical event.

Category - MS and CNS Inflammatory Disease: Clinical Science

Session: P5: Poster Session V: MS and CNS Inflammatory Diseases: MS Disease Course, Activity, Progression, Cognition, and Quality of Life (2:00 PM-6:30 PM)

Date/Time: Wednesday, April 22, 2015 - 2:00 pm

[Close Window](#)