RADIOLOGICALLY ISOLATED SYNDROME (RIS) PATIENTS ARE AT HIGH RISK OF DEVELOPING MS AND WARRANT TREATMENT WITH DISEASE MODIFYING DRUGS (DMD): NO

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Two-thirds of individuals with RIS continue to have new MRI lesions/radiological progression on follow-up MRI studies and about one-third shows clinical conversion to CIS/MS when followed for up to five years. When this rate of conversion to the clinical first event in patient series with RIS is compared to those with CIS patients who convert to clinical MS (second event) in the treatment arms of Intreferon-beta and Glatiremar Acetate trials, it remain at lower/similar rate. Although that it may not be accurate to make such a comparison among these groups, the low rate of clinical conversion in the RIS cohorts is noteworthy. Currently, there is no clear information on the form and rate of clinical progression and disability development once RIS patients develop their first clinical event. Despite clinical conversion a substantial number of RIS-CIS patients were observed to continue to have a relatively benign course without any disease modifying treatment although the follow-up clinical period was limited such individuals. However, it's also a probability that a few RIS patients may also develop PPMS.

The risk factors

Either way, there is no who It's clear that some individuals with "RIS" will progress to clinical MS in months after the incidental finding of their MR lesions, some in years, and probably a substantial number never!

A few individuals with "Asymptomatic MS/RIS" may also develop PPMS

Some individuals with "RIS" have MRI changes similar to CIS/RRMS patients; some have very limited changes

Some individuals with "Asymptomatic MS/RIS" have cognitive changes similar to CIS/RRMS patients; but not all