

Long-Term Clinical Stability in a Subset of MS Patients with Minimal

Therapeutic Intervention

Leslie Blackshear, Lena Josephs, Saud A. Sadiq, MD
Tisch MS Research Center of New York



TISCH MS
RESEARCH CENTER OF NEW YORK



TISCH MS
RESEARCH CENTER OF NEW YORK

OBJECTIVE

Our objective is to determine if a subset of MS patients have no discernible disease activity over a period of several years with minimal or no therapeutic intervention.

BACKGROUND

There are an increasing number of therapeutic options in MS. However, most of these medications have significant complications. It is important to determine if some patients may be successfully managed in the long term (LT) with minimal or no therapeutic intervention.

METHODS

This is a retrospective chart review of the 1,659 patients followed at an MS center for greater than 10 years by a single neurologist. Patients of interest met the criteria for NEDA (No Evidence of Disease Activity) for 10 years or longer. NEDA criteria include no clinically documented relapses, no change in EDSS, no new MRI activity (T2 lesion load or gadolinium enhancing lesions), and no change in cognitive function. In addition, these patients were either untreated or treated with a single therapeutic agent. This study was approved by an institutional review board.

RESULTS

We examined data from 223 MS patients who exhibited NEDA for greater than 10 years of observation following diagnosis.

Seventy-four percent (166 of 223) of these patients were followed for greater than 15 years and 36% (81 of 223) had a stable disease course for more than 20 years following diagnosis. Of these patients, 174 were female (78%) and 49 were male (22%). Sixty-five percent were treated with a single disease-modifying medication and had remained stable on that drug while 35% were untreated. The average age at onset was 34.1, and the average duration of disease was 19.2 years. Of the 115 patients who had comprehensive cognition testing, only 4 of the 115 evaluated patients (3.5%) had mild cognitive impairment.

At the time of initial diagnosis, the most consistent clinical findings seen in these stable patients were the absence of cognitive/cerebellar dysfunction as well as the absence of spasticity. Analysis of our data did not show significant correlations between age, race, sex, or modality of therapy and likelihood of maintaining disease stability in the long term.

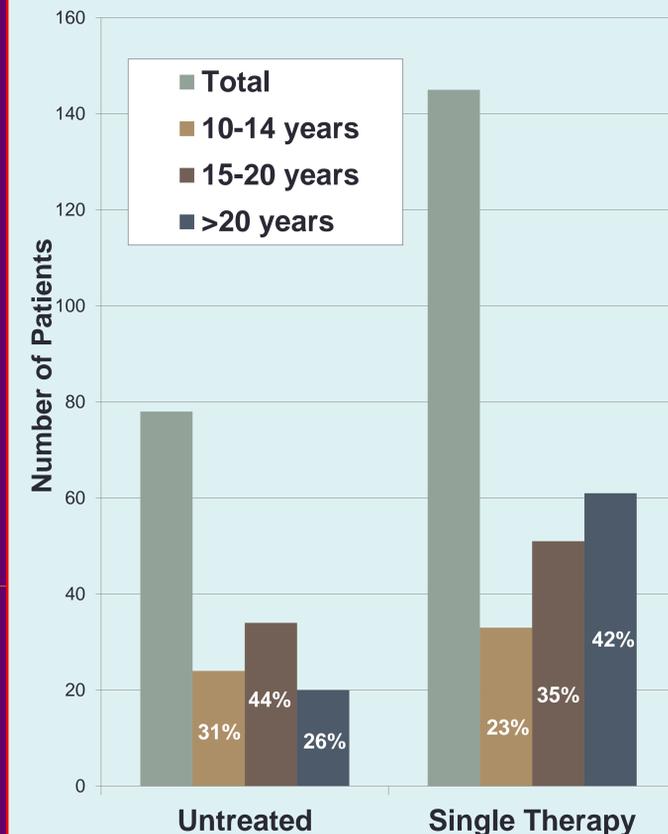
TABLE 1

Attribute	Value
Prevalence of LT Stable MS	223/1659 (13.4%)
Untreated	78/223 (35%)
Single Therapy	145/223 (65%)
Male	49/223 (22%)
Female	174/223 (78%)
Cog. Impairment	4/115 evaluated (3.5%)
Average Disease Duration	19.2 Years
Average Age at Onset	34.1

TABLE 2

Category	10-14 years stable	15-20 years stable	>20 years stable
All LT Stable	57/223 (26%)	85/223 (38%)	81/223 (36%)
Untreated	24/78 (31%)	34/78 (44%)	20/78 (26%)
Single therapy	33/145 (23%)	51/145 (35%)	61/145 (42%)

FIGURE 1



Labels indicate % of patients in each group

CONCLUSIONS

Our data support the existence of a group of MS patients who have a good prognosis and show no discernible evidence of disease activity or progression (NEDA) for more than 20 years following diagnosis, despite having received minimal or no long-term treatment.

Ms. Blackshear has nothing to disclose. Ms. Josephs has nothing to disclose. Dr. Sadiq has nothing to disclose.