National Multiple Sclerosis Society

2017 McDonald Criteria for the Diagnosis of Multiple Sclerosis

ECTRIMS
EUROPEAN COMMITTEE FOR TREATMENT AND RESEARCH IN MULTIPLE SCLEROSIS

Diagnosis of MS requires elimination of more likely diagnoses and demonstration of dissemination of lesions in the CNS in space and time. See Lancet Neurology paper* for details.

CLINICAL PRESENTATION	ADDITIONAL DATA NEEDED TO MAKE MS DIAGNOSIS
…in a person with a typical attack/CIS at onset	(see KEY below for definitions)
• ≥2 attacks and objective clinical evidence of ≥2 lesions • ≥2 attacks and objective clinical evidence of 1 lesion with historical evidence of prior attack involving lesion in different location	None. Dissemination in space (**DIS**) and dissemination in time (**DIT**) have been met.
• ≥2 attacks and objective clinical evidence of 1 lesion	**One** of these criteria: – **DIS**: additional clinical attack implicating different CNS site – **DIS**: ≥1 **symptomatic or asymptomatic** MS-typical T2 lesions in ≥2 areas of CNS: periventricular, **juxtacortical/cortical**, infratentorial or spinal cord
• 1 attack and objective clinical evidence of ≥2 lesions	**One** of these criteria: – **DIT**: additional clinical attack – **DIT**: simultaneous presence of both enhancing and non-enhancing **symptomatic or asymptomatic** MS-typical MRI lesions – **DIT**: new T2 or enhancing MRI lesion compared to baseline scan (without regard to timing of baseline scan) – **CSF-specific (i.e. not in serum) oligoclonal bands**

CONTINUED ON REVERSE

Colored text= revisions compared to previous McDonald Criteria

KEY: **CIS**: clinically isolated syndrome **CNS**: central nervous system **CSF**: cerebrospinal fluid **DIS**: dissemination in space **DIT**: dissemination in time **T2 lesion**: hyperintense lesion on T2-weighted MRI

*Thompson AJ, et al. Lancet Neurol 2017; online Dec 21. http://dx.doi.org/10.1016/S1474-4422(17)30470-2.

2017 McDonald Criteria for the Diagnosis of Multiple Sclerosis (continued)

CLINICAL PRESENTATION	ADDITIONAL DATA NEEDED TO MAKE MS DIAGNOSIS
…in a person with a typical attack/CIS at onset (continued)	(see KEY on reverse for definitions)
• 1 attack and objective clinical evidence of 1 lesion	**One** of these criteria: – **DIS**: additional attack implicating different CNS site – **DIS**: ≥1 MS-typical **symptomatic or asymptomatic** T2 lesions in ≥2 areas of CNS: periventricular, **juxtacortical/cortical**, infratentorial or spinal cord **AND** **One** of these criteria: – **DIT**: additional clinical attack – **DIT**: simultaneous presence of both enhancing and non-enhancing **symptomatic or asymptomatic** MS-typical MRI lesions – **DIT**: by new T2 or enhancing MRI lesion compared to baseline scan (without regard to timing of baseline scan) – **CSF-specific (i.e. not in serum) oligoclonal bands**
…in a person with progression of disability from onset	
• progression from onset	– 1 year of disability progression (retrospective or prospective) **AND** **Two** of these criteria: – ≥1 **symptomatic or asymptomatic** MS-typical T2 lesions (periventricular, **juxtacortical/cortical** or infratentorial) – ≥2 T2 spinal cord lesions – CSF-specific (i.e. not in serum) oligoclonal bands

The International Panel on Diagnosis of Multiple Sclerosis was convened under the auspices of the International Advisory Committee on Clinical Trials in MS, sponsored by the National MS Society and the European Committee for Treatment and Research in Multiple Sclerosis.

More resources for clinicians: https://www.nationalmssociety.org/For-Professionals/Physicians