Table 11: Summary of Recommendations in Included Guidelines

Recommendations	Strength of Evidence and Recommendations[a]
Rae-Grant et al., 2018[20]	
"Clinicians should discuss the benefits and risks of DMTs for people with a single clinical demyelinating event with 2 or more brain lesions that have imaging characteristics consistent with MS" (page 174)	Level of obligation: B
"After discussing the risks and benefits, clinicians should prescribe DMT to people with a single clinical demyelinating event and 2 or more brain lesions characteristic of MS who decide they want [DMT]" (page 175)	Level of obligation: B
"Clinicians may recommend serial imaging at least annually for the first 5 years and close follow-up rather than initiating DMT in people with CIS or relapsing forms of MS who are not on DMT, have not had relapses in the preceding 2 years, and do not have active new MRI lesion activity on recent imaging" (page 176)	Level of obligation: C – given the lack of evidence in these populations and inference made about the risk of harm from initiating DMTs
"Clinicians should [compare] the associated risks of continuing DMTs [with] those of stopping DMTs in people with CIS (who have not been diagnosed with MS)"[b] (page 212) Only recommendations for starting, switching, and stopping therapies for patients with CIS are reported here. Recommendations for other therapies and populations that did not meet the inclusion criteria for this review are excluded	Level of obligation: B – given that there is evidence that DMTs delay progression to MS but not all cases of CIS progress to MS. Inferences were made about people with CIS' attitudes toward indefinite treatment and the lack of evidence regarding stopping treatment in this population. Consideration was also given to good clinical practice of discussing risks of treatment with patients

CIS = clinically isolated syndrome; DMT = disease-modifying therapy; MRI = magnetic resonance imaging; MS = multiple sclerosis

[a] The level of obligation was based on confidence in the evidence, soundness of inference assuming all premises are true, acceptance of axiomatic principles, and anticipated magnitude of benefit relative to harms, among other criteria

[b] There was some uncertainty regarding consensus