

### **Supplementary data**

Supplementary Table 1. Comparison of baseline clinical and radiological demographics in those with and without follow up at two and five years.

	People with optic neuritis		Significance
	People with clinical follow-up	People without clinical follow-up	
N	N = 58	N = 13	
Mean age, years $\pm$ SD (range)	33.5 $\pm$ 6.4 (27-48)	33.6 $\pm$ 8.1 (21-46)	<i>p</i> = 0.966
female : male	40 : 18	9 : 4	<i>p</i> = 1.000
Median baseline EDSS (range)	1 (0-3)	1 (0-2)	<i>p</i> = 0.585
Number with abnormal T2 scan (excluding symptomatic lesion)	46	9	<i>p</i> = 0.471
Number with periventricular lesions	40	6	<i>p</i> = 0.197
Number with Gd-enhancing lesions	19	3	<i>p</i> = 0.741
Mean brain parenchymal fraction $\pm$ SD	0.85 $\pm$ 0.04	0.85 $\pm$ 0.03	<i>p</i> = 0.388
Mean inner MTR gradient $\pm$ SE	0.05 $\pm$ 0.02	0.09 $\pm$ 0.04	<i>p</i> = 0.378

**Comparative results: capability of mean MTR in ring 1 and ring 5 for predicting conversion to CDMS and EDSS at 5 years**

***Conversion to CDMS – ring 1.***

In one-way ANOVA, the mean MTR of ring 1 in the ON group who developed CDMS within two years was significantly smaller than in healthy controls, but was not significantly different when compared to the ON group who did not develop CDMS within two years (converters vs healthy controls  $p=0.000$ ; converters vs non-converters  $p=0.077$ ; non-converters vs healthy controls  $p=0.007$ ). The results for conversion at five years were broadly similar (converters vs healthy controls  $p=0.000$ ; converters vs non-converters  $p=0.301$ ; non-converters vs healthy controls  $p=0.014$ ).

***Conversion to CDMS – ring 5.***

In one-way ANOVA, the mean MTR of ring 5 in the ON group who developed CDMS within two years was not significantly smaller than in healthy controls or the ON group who did not develop CDMS within two years (converters vs healthy controls  $p=0.062$ ; converters vs non-

converters  $p=0.893$ ; non-converters vs healthy controls  $p=0.012$ ). The results at five years were broadly similar (converters vs healthy controls  $p=0.031$ ; converters vs non-converters  $p=0.764$ ; non-converters vs healthy controls  $p=0.017$ ).

### ***Disability***

We found no correlation between the mean MTR values in rings 1 and 5 with EDSS score at five years ( $p=0.165$  and  $p=0.540$  respectively).

### **Effect of conversion to CDMS before MTR scan.**

As a confirmatory analysis we excluded those 8 ON subjects who converted to MS in the interval between the baseline clinical MRI and the MTR acquisition. Despite the reduced power, the pattern in group differences in periventricular MTR gradients was maintained: ON vs healthy controls ( $0.050 \text{ pu/mm} \pm 0.022$  vs.  $-0.033 \text{ pu/mm} \pm 0.028$ ,  $p=0.022$ ); ON converting to CDMS within two years vs HC ( $0.114 \text{ pu/mm} \pm 0.051$  vs.  $-0.033 \text{ pu/mm} \pm 0.028$ ,  $p=0.016$ ); ON converting to CDMS within two years vs non-converters ( $0.114 \text{ pu/mm} \pm 0.051$  vs.  $0.016 \text{ pu/mm} \pm 0.028$ ,  $p=0.102$ ).

### **MTR gradient threshold calculations**

The range of periventricular MTR gradients found in those who developed CDMS within 2 years ( $-0.20$  to  $0.40 \text{ pu/mm}$ ) compared to those who did not ( $-0.41$  to  $0.62 \text{ pu/mm}$ ) - and in those who developed McDonald MS within two years ( $-0.41$  to  $0.40 \text{ pu/mm}$ ) compared to those who did not ( $-0.35$  to  $0.62 \text{ pu/mm}$ ) - overlapped substantially, and there was no clear cut off beyond which

conversion from a CIS to MS was inevitable. The same pattern was seen when examining conversion versus no conversion at 5 years (CDMS: -0.41 to 0.40 pu/mm; -0.35 to 0.62 pu/mm) (McDonald MS: -0.41 to 0.40 pu/mm; -0.35 to 0.62 pu/mm).

When we use the mean MTR gradient of the group who did not develop CDMS within 2 years as a cut-off (n=40), 13/18 (72%) of those converting to CDMS within 2 years had a greater MTR gradient; if a mean + 1 SD threshold is used, 7/18 (39%, expected by chance 16%); and greater than the mean + 2 SD 1/18 (6%, expected by chance 2%). In comparison, the proportion of controls exceeding these thresholds were: mean 14/37 (38%); mean + 1 SD 3/37 (8%); mean + 2 SD 1/37 (3%). When we repeated this using the mean MTR gradient of controls as the threshold (n=37), 15/18 (83%) of those converting to CDMS within 2 years had a greater MTR gradient compared to 26/40 (65%) of those not converting within 2 years; if a mean + 1 SD threshold was used, respectively 9/18 (50%) and 9/40 (23%) exceeded the threshold, and greater than the mean + 2 SD 4/18 (22%) and 1/40 (3%).