

BCRD Event of Special Interest (ESI) report

Macrophage Activation Syndrome (MAS) **AFTER COMMENCING** biologic therapy

BCRD ID: HRN:

Please complete a separate form for each separate episode of MAS

**Event Details** (please annotate with any additional information including relevant clinical signs and symptoms) Biologic at time of event: Date of event: \_\_\_/\_\_\_/\_\_\_

Any previous biologic:

Diagnosis: Definite MAS Probable MAS Possible MAS

List all treatment for systemic JIA at time of event:

List any prior treatment for systemic JIA:

List all treatment given for this episode of MAS:

Please provide values **at time of diagnosis**: Lactate dehydrogenase \_\_\_\_\_ U/L

Peak temperature \_\_\_\_\_ ⁰C Aspartate aminotransferase \_\_\_\_\_ units/L

Ferritin \_\_\_\_\_ ng/ml Fibrinogen \_\_\_\_\_ mg/dL

Platelets \_\_\_\_\_ x 109 /L Triglycerides \_\_\_\_\_ mg/dL

**Any symptoms/problems associated with the following at any point during the episode of MAS?**

Skin rash Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardiac Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respiratory Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes- was mechanical ventilation required?

Gastrointestinal Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Renal Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes- was renal replacement therapy required?

Musculoskeletal Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes- was active arthritis confirmed?

Neurological/psychiatric (including lethargy, seizures, irritability, confusion, headache, mood changes, coma)

Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Haemorrhagic (including petechiae, ecchymoses, purpura, any bleeding, intravascular coagulation)

Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was there an identifiable trigger?**

Infection Disease flare Other Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What was the outcome?**

Resolved Resolved with sequelae Not resolved Fatal

If resolved, duration of episode ­­­\_\_\_\_\_\_\_\_ days

Was existing biologic stopped? Yes No

Was any new treatment commenced for sJIA? Yes No Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form completed

Thank you for your help! Please return to: BCRD, Arthritis Research UK Epidemiology Unit, Unit 4 Rutherford House, 40 Pencroft Way, Manchester Science Park, M15 6SZ, or fax to 0161 2751640

By: \_\_\_\_\_\_\_\_\_\_\_\_

On: \_\_\_/\_\_\_/\_\_\_