

BSPAR-ETN Event of Special Interest (ESI) report
Macrophage Activation Syndrome (MAS) PRIOR TO biologic therapy

BSPAR-ETN 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)

Event date:

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**:

Peak temperature _____ °C

Ferritin _____ ng/ml

Platelets _____ x 10⁹ /L

Lactate dehydrogenase _____ U/L

Aspartate aminotransferase _____ units/L

Fibrinogen _____ mg/dL

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 any new treatment commenced for sJIA? Yes ☐ No ☐ Details: _____

Form completed

By: _____

On: ____/____/____

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