

# PATHOBIOLOGY OF EARLY ARTHRITIS COHORT

STUDY NUMBER	PATIENT INITIALS	VISIT	SITE	DATE

## FOLLOW UP VISIT

### 1. NEW CONCOMITANT MEDICATION

**NOTE:** Please record all new medication commenced since enrolment *except* for DMARDS

DRUG NAME	DOSAGE (UNITS) / UNIT TIME e.g. 15 mg / DAY	START DATE		CONDITION BEING TREATED

### 2. CURRENT DMARDS

DRUG NAME	DOSAGE (UNITS) / UNIT TIME e.g. 15 mg / WEEK	START DATE

### 3. CURRENT STEROID THERAPY

**NOTE:** Synovial Biopsy ideally should not be performed within 1 month of steroid therapy

RECENT STEROID THERAPY?	PLEASE TICK		DATE COMMENCED	NAME + DOSE e.g Prednisolone 7.5mg o.d.	CONDITION BEING TREATED
	YES				
	NO				

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## 4. CARDIOVASCULAR

Please Tick appropriate response

		YES	NO
Smoking history			
If YES please specify amount (e.g. cigs / day)			
NEW CV events (please document below)			
Date	Description of event		
Blood pressure: Systolic / Diastolic mmHg			
Pulse			
Weight (kg)			

## 5. ACR CRITERIA

Please Tick appropriate response

	YES		NO
Symmetrical Arthritis > 6 weeks			
Arthritis involving hands > 6 weeks			
3 joint areas affected > 6 weeks			
Subcutaneous nodules			
Early morning stiffness > 1 hour > 6 weeks			
X-ray evidence of Rheumatoid Arthritis			
Rheumatoid Factor		Titre	
If YES please give titre value unless previously recorded on previous visit			

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## 6. DIAGNOSIS

Please Tick appropriate response

DIAGNOSIS	Indicate diagnosis at clinic visit
Rheumatoid Arthritis (ACR criteria)	
Undifferentiated Arthritis	
Psoriatic arthritis	
Monoarthritis	
Other (please specify)	

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## 7. JOINT ASSESSMENT

Please enter **1** or **0** or **N/A**

JOINT	LEFT	
	Painful	Swollen
IP		
PIP 2		
PIP 3		
PIP 4		
PIP 5		
MCP 1		
MCP 2		
MCP 3		
MCP 4		
MCP 5		
Wrist		
Elbow		
Shoulder		
Knee		
TOTAL		

JOINT	RIGHT	
	Painful	Swollen
IP		
PIP 2		
PIP 3		
PIP 4		
PIP 5		
MCP 1		
MCP 2		
MCP 3		
MCP 4		
MCP 5		
Wrist		
Elbow		
Shoulder		
Knee		
TOTAL		

ARE ANY JOINTS UNABLE TO BE ASSESSED?	YES	NO
IF YES PLEASE SPECIFY		

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## 8. VISUAL ANALOGUE SCORES

1. Please rate how tired you feel today. Mark a line on the scale below at the point that best describes your level of tiredness.

NO TIREDNESS |-----| EXTREMELY TIRED

SCORE

2. How much pain are you suffering today? Mark a line on the scale below at the point that best describes your level of pain.

NO PAIN |-----| SEVERE PAIN

SCORE

3. Overall how active is your arthritis today? Mark a line on the scale below at the point that best describes how active your arthritis is today

NOT ACTIVE |-----| EXTREMELY ACTIVE

SCORE

4. Physicians Global Assessment

NOT ACTIVE |-----| EXTREMELY ACTIVE

SCORE

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## 9. DISEASE ACTIVITY SCORE

<b>TENDER JOINT COUNT</b>	
<b>SWOLLEN JOINT COUNT</b>	
<b>ESR</b>	
<b>PATIENT VAS FOR GLOBAL HEALTH</b>	
<b>DAS 28 (ESR)</b> Calculated by the formula: $\text{DAS28} = 0.56 \sqrt{(\text{TEN28})} + 0.28 \sqrt{(\text{SW28})} + 0.70 \text{Ln}(\text{ESR}) + 0.014 (\text{GH})$	

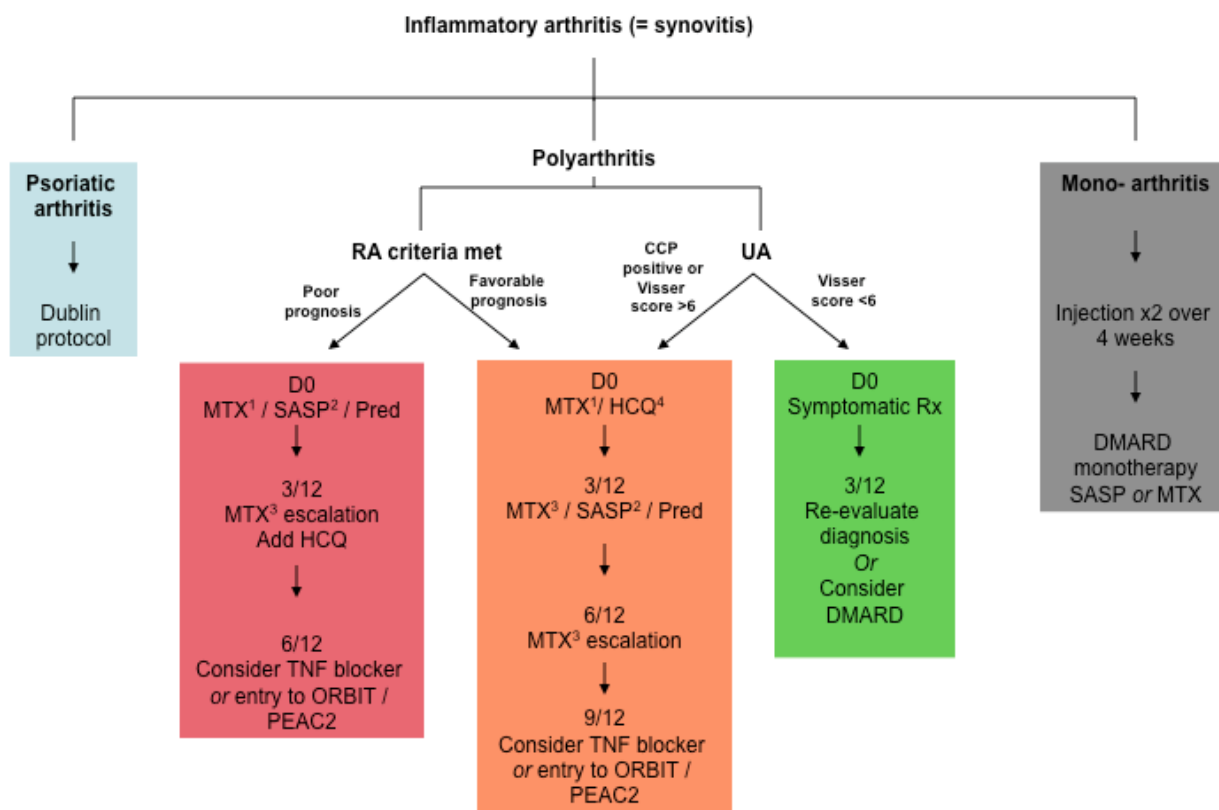
## 10. CHECK LIST AT END OF CONSULTATION

	DATE CONFIRMED	
	YES	NO
<b>US ASSESSMENT</b> (TIME 0 + EVERY 3 MONTHS)		
<b>SYNOVIAL BIOPSY</b> (TIME 0 + 6 MONTHS)		
<b>X-RAYS</b> Hands / Feet (TIME 0 + 12 MONTHS)		
<b>BLOODS</b> FBC / U+E / LFTs / CRP / ESR		
<b>TREATMENT CONTINUED</b> <b>AS PER P.E.A.C. PROTOCOL</b>		
<b>NEXT CLINIC VISIT</b>		

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## Therapeutic Algorithm



## Footnotes to protocol

1. MTX dose commencement: Oral dose of 7.5mg per week together with 5 mg per week of folic acid. Escalate MTX by 2.5mg increments every two weeks as tolerated. This will achieve dose of 20mg per week by week 12 evaluation. Monitoring required per local practice. Non mandatory interim reviews may be necessary at the discretion of the treating rheumatologist.
2. SASP dose commencement: Oral sulphasalazine 500mg per day increased in 500mg increments weekly to target dose 2g per day or maximum dose tolerated. Monitoring required per local practice.
3. MTX further dose escalation: At week 12 assessment post MTX commencement, increase in 2.5mg increments every two weeks to target dose 25mg per week or as tolerated. Consider resort to parenteral MTX administration if no therapeutic response.
4. HCQ commencement: oral dose 200mg per day if patient <63kg and 400mg per day if >63kg, adjust higher dose down pending tolerance. Visual screening as per local practice.

## Concomitant steroid rules

1. No steroid to a joint within 6 weeks pre-biopsy
2. 120-200mg depomedrone allowed at presentation and 6-8 weekly thereafter in appropriate prognostic groups
3. Oral prednisolone if used per protocol should be prescribed at 7.5mg p.o.
4. Intra-articular steroid injection allowed in addition - 10mg triamcinolone per small joint; 20mg triamcinolone to medium joint; 40mg triamcinolone to large joint. Dose equivalent steroid preparation may be used according to local practice.

## Disease activity assessment

1. Should be evaluated 3 monthly through year 1
2. Therapeutic escalation performed every three months per protocol guidance. Escalation of therapy required if therapeutic failure since last evaluation. Defined as *either* DAS28 fall is <1.2 *or* DAS28 fall > 1.2 but residual DAS28 score is >3.2.