

NEIAA Clinical Dataset

2. Diagnosis

2.1 Date of diagnosis (DD/MM/YY)

2.2 What is the primary working diagnosis?

EIA

- Rheumatoid arthritis
- Psoriatic arthritis
- Axial spondyloarthropathy
- Undifferentiated inflammatory arthritis
- Juvenile idiopathic arthritis (JIA)

Systemic Vasculitis

- Giant cell arteritis
- Large vessel vasculitis (not giant cell arteritis)
- Anti-neutrophil cytoplasmic antibody-associated vasculitis
- Small/medium vessel vasculitis (anti-neutrophil cytoplasmic antibody-negative)
- Behçets

CTD

- Systemic lupus erythematosus
- Primary sjögren disease
- Systemic sclerosis
- Idiopathic inflammatory myopathy
- Undifferentiated/other connective tissue disease or overlap syndrome

1. Was the patient referred through a dedicated GCA pathway?

- Yes No
-

2. Was a confirmatory test done for GCA?

- Yes No
-

If 'yes', please tick all that apply

1) Vascular ultrasound

a. Date test done - DD/MM/Y (please do not use the date the test was ordered or reported)

b. Test result: Negative Positive Equivocal for GCA

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c. Which vessels were included in the ultrasound scan? (tick all that apply):

Temporal artery ultrasound Axillary artery ultrasound

-

2) Temporal artery biopsy

a. Date test done - DD/MM/Y (please do not use the date the test was ordered or reported)

b. Test result: Negative Positive Equivocal for GCA

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If giant cell arteritis selected on Q2.2 please answer the following questions. If not, please skip to Q2.3

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3) CT-PET

a. Date test done - DD/MM/Y (please do not use the date the test was ordered or reported)

b. Test result: Negative Positive Equivocal for GCA

b. Steroid used: Methylprednisolone IV induction, then oral prednisolone

Oral prednisolone

Other

c. Starting oral prednisolone dose (in mg)

4) MRI

a. Date test done - DD/MM/Y (please do not use the date the test was ordered or reported)

b. Test result: Negative Positive Equivocal for GCA

5) CT

a. Date test done - DD/MM/Y (please do not use the date the test was ordered or reported)

b. Test result: Negative Positive Equivocal for GCA

3. Were steroids prescribed?

Yes No

If 'yes', the following additional information will be required:

a. Date started for suspected GCA diagnosis (DD/MM/YY)

If the patient was already on steroids for another indication such as PMR then this would be the date the steroid was increased in order to treat suspected GCA.

2.3 Is the patient eligible for follow-up with early inflammatory arthritis?

Answer yes only for patients who have a peripheral arthritis with a 'rheumatoid' pattern of disease, irrespective of their EIA diagnostic category. This should include almost all patients with rheumatoid arthritis and a minority of patients with axial spondyloarthritis and psoriatic arthritis.

Yes No

2.4 How would the patient prefer to be contacted to complete PROMs questionnaires and receive disease-specific and self-management information?

Email Does not wish to be contacted Patient withdrawn

Email address (please use block capitals):