



# British Society for Rheumatology

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Rheumatoid Arthritis Register

## **Add a New Follow Up:** Adverse Events

## Continue to Adverse Events.

**Study ID:**      **Cohort:** Anti-TNF    **Follow-Up:** 5    **FUP Status:** In Edit Window    **Due Date:** 04/02/2022    **Last FUP Date Entered:**

**Patient**  
Patient summary  
**Clinician FUP**  
Biologic Targeted Therapy  
Other Current Therapy  
**Adverse Events**  
Disease Activity  
Additional Info  
**Administrative**  
**Preview Queries**  
Close Edit Window  
Feedback / Comments

### Adverse event

#### New adverse events

Did the patient suffer any adverse events or new illnesses in this follow-up period?

☐ No

☐ Yes (use 'Add New' to enter details after clicking 'Update')

[Update](#)

No adverse events entered yet. Click "Add New" to enter details.  
If no adverse events have occurred, please record this in the box above.

[Add New](#)   [Tutorial](#)   [Advance to Next Section](#)

**All Adverse Events for this patient (Clinically Confirmed)** [SHOW](#)

**Suggestion**

Please ensure all adverse events are listed. All other current therapies should also be listed in the Other Current Therapy page. Examples of adverse events include, but are not restricted to:

- Any new diagnosis
- Worsening of a pre-existing condition
- **Clinically significant** laboratory results
- Any event that either you or another clinician has considered to be of sufficient importance to document in hospital case notes e.g. nausea, weight gain, headache

Please note that if an event classifies as an event of special interest (ESI), it can also be marked as serious for the reason of 'Medically Important Event'

If you are not sure if you have reported an event you can check by clicking on the **Show** button.



Study ID: Cohort: Anti-TNF Follow-Up: 5 FUP Status: In Edit Window Due Date: 04/02/2022 Last FUP Date Entered:

## Patient

Patient summary

## Clinician FUP

Biologic Targeted Therapy

Other Current Therapy

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Disease Activity

Additional Info

## Administrative

## Preview Queries

Close Edit Window

Feedback / Comments

## Adverse event

### New adverse events

Did the patient suffer any adverse events or new illnesses in this follow-up period?

- ☐ No
- ☐ Yes (use 'Add New' to enter details after clicking 'Update')

Update

No adverse events entered yet. Click "Add New" to enter details.  
If no adverse events have occurred, please record this in the box above.

Add New

Tutorial

Advance to Next Section

### All Adverse Events for this patient (Clinically Confirmed) HIDE

This list is for your reference. Please check before you add a new adverse event to make sure no duplicates are being entered.

AEUID	Start Date	Stop Date	Start FUP	Stop FUP	Description
	15/09/2019		1	1	<b>Fluctuating neutrophils</b> Pt has fluctuating neutrophils. Biologic temp stopped Sept 2019 to Oct 2019 but deemed to not be the cause, still being investigated.

A summary of past events that have been reported for the patient will then appear.



You will be asked to add any Adverse Events on this page.  
If there are no adverse events to record select **No** and **Update**.

<b>Study ID:</b>	<b>Cohort:</b> Anti-TNF	<b>Follow-Up:</b> 5	<b>FUP Status:</b> In Edit Window	<b>Due Date:</b> 04/02/2022	<b>Last FUP Date Entered:</b>
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**Patient**

Patient summary

**Clinician FUP**

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**Adverse event**

**New adverse events**

Did the patient suffer any adverse events or new illnesses in this follow-up period?

☒ No

**1 Select No**

☐ Yes (use 'Add New' to enter details after clicking 'Update')

Update

**2 Click Update**

No adverse events entered yet. Click "Add New" to enter details.  
If no adverse events have occurred, please record this in the box above.

Add New

Tutorial

Advance to Next Section

**Click Advance to Next Section**

**All Adverse Events for this patient (Clinically Confirmed)** **SHOW**

If there are adverse events to record select **Yes** and **Update**.  
Then click **Add New** to add an event.

Study ID: Cohort: Anti-TNF Follow-Up: 5 FUP Status: In Edit Window Due Date: 04/02/2022 Last FUP Date Entered:

## Patient

Patient summary

## Clinician FUP

Biologic Targeted  
Therapy

Other Current  
Therapy

Adverse Events

Disease Activity

Additional Info

## Administrative

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Close Edit Window

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Comments

## Adverse event

Record of new adverse events updated

### New adverse events

Did the patient suffer any adverse events or new illnesses in this follow-up period?

☐ No

☒ Yes (use 'Add New' to enter details after clicking 'Update')

1 Select Yes

Update

2 Click Update

No adverse events entered yet. Click "Add New" to enter details.  
If no adverse events have occurred, please record this in the box above.

Add New

3 Click Add New Section

All Adverse Events for this patient (Clinically Confirmed) **SHOW**

Complete event details and answer the questions and click **Save**.

<b>Study ID:</b>	<b>Cohort:</b> Anti-TNF	<b>Follow-Up:</b> 5	<b>FUP Status:</b> In Edit Window	<b>Due Date:</b> 04/02/2022	<b>Last FUP Date Entered:</b>
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**Patient**  
Patient summary  
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### Adverse Event Details

Short Description of the event:  
[177/200 chars left]

Detailed Description of the event:  
[1937/2000 chars left] 

Pt has fluctuating neutrophils. DMARD temporarily discontinued.

Event Start Date:  ☐ This is an estimated date

Do you believe there is a possibility this event was related to biologic / targeted therapy used to treat RA?

Is this a COVID-19 related event?

Is it a **Serious Adverse Event**?

Was the patient hospitalised **overnight**?

Outcome of the event:

You must complete all fields to be able to save and continue

If your event is serious you will get options to add the SAE category, admission/discharge dates (if hospitalised) and date of death where applicable.

<b>Study ID:</b>	<b>Cohort:</b> Anti-TNF	<b>Follow-Up:</b> 5	<b>FUP Status:</b> In Edit Window	<b>Due Date:</b> 04/02/2022	<b>Last FUP Date Entered:</b>
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**Patient**  
Patient summary  
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Biologic Targeted Therapy  
Other Current Therapy  
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### Adverse Event Details

Short Description of the event:  
[195/200 chars left]

Detailed Description of the event:  
[1995/2000 chars left]

Event Start Date:  ☐ This is an estimated date

Do you believe there is a possibility this event was related to biologic / targeted therapy used to treat RA?

Is this a COVID-19 related event?

Is it a **Serious Adverse Event**?

SAE Category:

Death has been selected as SAE Category. Please provide all relevant information regarding death or select a different SAE if it is not a death.  
Death Date:

**Event of Special Interest (ESI)** Please save this page and use the **+Add New ESI Category** link to enter as many ESIs as required.  
If you are unsure of this, please contact the study team for confirmation. If you want to enter any information in the ESI fields or overnight hospitalisation fields or if there were IV Antibiotics prescribed, this should also be marked as a Serious Adverse Event.

Was the patient hospitalised **overnight**?

Hospital Admission Date:  ☐ This is an estimated date

Hospital Discharge Date:  ☐ This is an estimated date

Outcome of the event:

**Click Save**

If the event is a COVID-19 related event, please select yes to the 'Is this a COVID-19 related event' question and complete the questions.

Study ID: Cohort: Anti-TNF Follow-Up: 5 FUP Status: In Edit Window Due Date: 04/02/2022 Last FUP Date Entered:

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### Adverse Event Details

Short Description of the event:  
(192/200 chars left) COVID 19

Detailed Description of the event:  
(1992/2000 chars left) COVID 19

Event Start Date: 01/06/2021 ☐ This is an estimated date

Do you believe there is a possibility this event was related to biologic / targeted therapy used to treat RA? No

**Is this a COVID-19 related event?** Yes

It would be very much appreciated if you could complete the voluntary questions below, to assist us with data collection on COVID-19, and its impact on this study. Thank you.

How was the diagnosis made?  
PCR (test for COVID antigen, including nasal swab or saliva)

If "other", please supply details

Did the patient experience symptoms typical of COVID-19 infection (e.g. cough, fever, anosmia, other)? Yes

Was the patient hospitalised overnight? No

Is it a **Serious Adverse Event**? No

Was the patient hospitalised **overnight**? No

Outcome of the event: Please Choose

Save

**Click Save**



Once saved the event will appear in the summary.  
Use the **Add New** button again to enter further events otherwise continue to the next section.

**Study ID:**      **Cohort:** Anti-TNF      **Follow-Up:** 5      **FUP Status:** In Edit Window      **Due Date:** 04/02/2022      **Last FUP Date Entered:**

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### Adverse event

#### New adverse events

Did the patient suffer any adverse events or new illnesses in this follow-up period?

☐ No

☒ Yes (use 'Add New' to enter details after clicking 'Update')

**Update**

	ID	Short Description	Start	Ongoing	SAE	ESI
Open		Fluctuating neutrophils	01/04/2021	No	No	

**Add New**      **Tutorial**      **Advance to Next Section**      **Click Advance to Next Section**

**All Adverse Events for this patient (Clinically Confirmed)**      **SHOW**

After saving a Serious Adverse Event you will also have the opportunity to add an ESI category.

### New adverse events

Did the patient suffer any adverse events or new illnesses in this follow-up period?

☐ No

☒ Yes (use 'Add New' to enter details after clicking 'Update')

UPDATE

	ID	Short Description	Start	Ongoing	SAE	ESI
Open		UTI	01/11/2022 Estimated	No	No	
Open		Covid-19	15/12/2022 Estimated	No	Yes	
Open		Hip replacement	01/01/2023	No	No	

ADD NEW

TUTORIAL

ADVANCE TO NEXT SECTION

Please note only our Serious Infection ESI is available for completion



Remember to add all applicable ESI categories to this event

+ Add New ESI Category

### ESI for Adverse Event

#### ESI

ESI

Serious infection (Excluding TB) ▾

INSERT

CANCEL

## Add the ESI form from the event summary.

### Adverse event

#### New adverse events

Did the patient suffer any adverse events or new illnesses in this follow-up period?

☐ No

☒ Yes (use 'Add New' to enter details after clicking 'Update')

UPDATE

	ID	Short Description	Start	Ongoing	SAE	ESI
Open		UTI	01/11/2022 Estimated	No	No	
Open		Covid-19	15/12/2022 Estimated	No	Yes	Serious infection (Excluding TB) [Awaiting ESI Form]
+ Add New ESI Category						
Open		Hip replacement	01/01/2023	No	No	

Add Form

ADD NEW

TUTORIAL

ADVANCE TO NEXT SECTION

Created by:

Date created:

Last updated by:

Date last updated:

INSERT FORM

Please complete the questions and click 'Insert Form' when complete.

If the edit window is closed the ESI form can be accessed from the patient summary page. Click on '**Missing ESI Form**' on the menu, click '**upload**' next to the event summary and complete the questions. Click '**Insert**' to submit the ESI form.

**Menu**  
View All Patients  
Add a New Patient  
View Records in Edit Window  
Currently Due Follow-Ups  
Follow-Ups Due Next Month  
Follow-Ups Due Next 3 Months  
**This Patient**  
Demographics  
RA Details  
**Missing ESI Form (1)**  
Switch Cohort

Study ID: Cohort: **Inflectra**  
Consent Date: **Not Entered** Consented By: **Not Entered** Created by on 30/03/2023

	Follow up	Due date	Follow up status	Date entered	Date last updated	Editable?	Quick Actions
Select	Baseline <sup>+</sup>	15/03/2023	Verified	30/03/2023	07/09/2023	Edit window closed	
Select	1 <sup>+</sup>	15/09/2023	Queried	07/09/2023	17/01/2024	Edit window closed	
Edit	2 <sup>+</sup>	15/03/2024			30/03/2023	Cannot yet be opened	
	3 <sup>+</sup>	15/09/2024			30/03/2023	Edit window not open	
	4 <sup>+</sup>	15/03/2025			30/03/2023	Edit window not open	
	5 <sup>+</sup>	15/09/2025			30/03/2023	Edit window not open	
	6 <sup>+</sup>	15/03/2026			30/03/2023	Edit window not open	
	7 <sup>+</sup> *	15/03/2027			30/03/2023	Edit window not open	
	* <sup>+</sup>					Edit window not open	

Study No	Fup No.	AEUID	Short Description	Long Description	Event Start	Event Stop	SAE Category	ESI	
2			Covid-19, developed PE whilst inpatient	Admitted with COVID-19. Developed PE three days into admission. Treated with oxygen therapy.	28 Feb 2023		Overnight Hospitalisation (initial or prolonged)	Serious infection (Excluding TB)	<b>UPLOAD</b>

***We only require ESI forms to be completed for serious infections. If the ESI category is missed from a serious infection event, the PV team will add this and you will be notified that a form requires completion.***

Created by:  
Date created:  
Last updated by:  
Date last updated:

**INSERT**