

MALAYSIAN IBD REGISTRY - ULCERATIVE COLITIS Follow Up Form (Proforma-B)

Office use:		
Centre/PatientID:		

Instruction:

Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

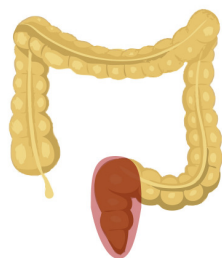
This form is to be completed at patient follow-up at specified duration (30 days / 12 months) after admission

i. Patient ID: _____ **ii. Patient Name:** _____

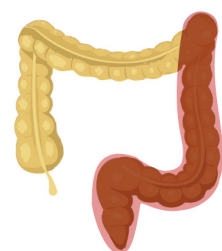
iii. Reporting Centre: _____ **iv. Date of Follow up** / /
(dd/mm/yy)

SECTION 1: DISEASE CHARACTERISTICS

1. Extent of disease



- E1 - Proctitis
Involvement limited to the rectum



- E2 - Left side colitis
Involvement limited to the proportion of the colon distal to the splenic flexure



- E3 - Extensive colitis
Involvement extends proximal to the splenic flexure including pancolitis

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SECTION 1: DISEASE CHARACTERISTICS (continue)

2. Disease activity at diagnosis

Simple Clinical Colitis Activity Index (SCCAI) (For Ulcerative Colitis patient)

SCCAI Score	0	1	2	3	4
1. Bowel frequency (per day)	<input type="radio"/> 1 - 3	<input type="radio"/> 4 - 6	<input type="radio"/> 7 - 9	<input type="radio"/> > 9	
2. Bowel frequency (per night)	<input type="radio"/> None	<input type="radio"/> 1 - 3	<input type="radio"/> 4 - 6		
3. Urgency of defecation	<input type="radio"/> Normal	<input type="radio"/> Hurry	<input type="radio"/> Immediately	<input type="radio"/> Incontinence	
4. Blood in stool	<input type="radio"/> None	<input type="radio"/> Trace	<input type="radio"/> Occasionally frank	<input type="radio"/> Usually frank	
5. General well being	<input type="radio"/> Very well	<input type="radio"/> Slightly below par	<input type="radio"/> Poor	<input type="radio"/> Very poor	<input type="radio"/> Terrible
6. Extraintestinal features (score 1 per item)					
<input type="checkbox"/> Uveitis <input type="checkbox"/> Pyoderma Gangrenoum <input type="checkbox"/> Erythema Nodosum <input type="checkbox"/> Arthritis					

SCCAI Interpretation	
<input type="radio"/> < 3	In remission
<input type="radio"/> 3 - 5	Mild
<input type="radio"/> 6 - 9	Moderate
<input type="radio"/> ≥ 10	Severe

TOTAL SCORE : _____
 * (Auto Calculated)

3. Associated disorders

- PSC
 Thromboembolic complication
 Others _____

4. Updates on Investigations/ procedures done

	Findings	Date (dd/mm/yy)
<input type="checkbox"/> Endoscopy	MAYO Score - An endoscopic scoring system for ulcerative colitis <input type="radio"/> Score 0 Normal or inactive disease <input type="radio"/> Score 1 Mild disease (erythema, decreased vascular pattern, mild friability) <input type="radio"/> Score 2 Moderate disease (marked erythema, absent vascular pattern, friability, erosions) <input type="radio"/> Score 3 Severe disease (spontaneous bleeding, ulceration)	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Histology		<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Radiology		<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Surgery		<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> DXA Scan	<input type="radio"/> Normal <input type="radio"/> Osteopeni <input type="radio"/> Osteoporosi	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Others		<input type="text"/> / <input type="text"/> / <input type="text"/>

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SECTION 2: THERAPY

**1. Medical
(Long term/
Maintenance
Only)**

Medication	Ongoing <i>Check if YES</i>	Date	Reason for stopping
<input type="checkbox"/> Corticosteroid	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> 5-ASA			
<input type="checkbox"/> Oral	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Topical	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Immunomodulator			
<input type="checkbox"/> Azathioprine	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> 6-mercaptopurine	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Methotrexate	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Tacrolimus	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Cyclosporine	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Biologics			
<input type="checkbox"/> Anti TNF			
<input type="checkbox"/> Infliximab	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Adalimumab	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Golimumab	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
+ Add Medication			

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SECTION 2: THERAPY (continue)

Medication	Ongoing <i>Check if YES</i>	Date	Reason for stopping
<input type="checkbox"/> Anti Integrin			
<input type="checkbox"/> Vedolizumab	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
+ Add Medication			
<input type="checkbox"/> Anti IL			
<input type="checkbox"/> Ustekinumab	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Guselkumab	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
+ Add Medication			
<input type="checkbox"/> JAK inhibitors _____ _____	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="checkbox"/> Others _____ _____ _____	<input type="checkbox"/>	Date Start : <input type="text"/> / <input type="text"/> / <input type="text"/> Date Stop : <input type="text"/> / <input type="text"/> / <input type="text"/>	

2. Surgical

a. Surgical details	
b. Surgical date	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/yyyy)
c. Resection	<input type="radio"/> No <input type="radio"/> Yes

[+ ADD SURGERY](#)

SECTION 3: VACCINATION

1. Vaccine

	Date vaccinated
<input type="checkbox"/> Influenza	<input type="text"/> / <input type="text"/> (mm/yyyy)
<input type="checkbox"/> HPV	<input type="text"/> / <input type="text"/> (mm/yyyy)
<input type="checkbox"/> Hepatitis B	<input type="text"/> / <input type="text"/> (mm/yyyy)
<input type="checkbox"/> Pneumococcal	<input type="text"/> / <input type="text"/> (mm/yyyy)
<input type="checkbox"/> Varicella	<input type="text"/> / <input type="text"/> (mm/yyyy)
<input type="checkbox"/> Covid	<input type="text"/> / <input type="text"/> (mm/yyyy)

SECTION 4: OUTCOME

1. Outcome

<input type="radio"/> Dead	Date of death:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)
	Cause of death:	
<input type="radio"/> Alive	<input type="radio"/> Ongoing follow-up	<input type="checkbox"/> Clinical remission <input type="checkbox"/> Endoscopic remission <input type="checkbox"/> Not in remission
	<input type="radio"/> Transferred to another centre	Date transferred: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy) Name of centre:
<input type="radio"/> Lost to follow-up	Date of last follow-up:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)
<input type="radio"/> Malignancy diagnosed		<input type="checkbox"/> CRC <input type="checkbox"/> Skin cancer <input type="checkbox"/> Solid organ <input type="checkbox"/> Others _____