Clinical Dataset for MOG Antibody Study

Date of completion of form:
Name and email address of person completing form:
Treating physician:
Treating physician's email address and contact details:
Hospital:
Date of sample collection: first presentation □ relapse □ remission □
Treatment at time of sample collection:
Latest clinical follow-up date:

Patient Demographics

Name:
MOG antibody status (specify serum or CSF): Positive □ Negative □ Unknown □
AQP4 antibody status (specify serum or CSF): Positive □ Negative □ Unknown □
Centre and date where AQP4 antibody status was tested:
DOB:
Age:
Gender:
Ethnicity:
Weight:
Personal or family history of autoimmunity:
Preceding infectious prodrome:
Time of preceding illness (time before neurological onset):
Any additional relevant history or comorbidities:

Clinical Details

Current diagnosis:
Is this the first demyelinating event? Yes □ No □
Were there previous demyelinating events? Yes □ No □
Total number of demyelinating events including current and previous episodes:
If more than five total demyelinating events, please print out as many extra copies of page 6 as needed to provide information for each episode.

Investigations

- Cerebrospinal fluid analysis (if more than one, please provide details of all)
  - Date:
  - Cells (provide count):
  - Protein (provide value):
  - Oligoclonal bands (mirrored or CSF only):
- Erythrocyte sedimentation rate (ESR) (provide value):

- Any other observations or investigations of note *(eg presence of neuroretinitis, unusual features for optic neuritis, investigations for sarcoidosis etc)*

Clinical Episodes

- **First demyelinating event** date/month/year:
  BON □ UON □ short TM □ LETM □
  ADEM □ Other □ Describe:
  PRESENTING SYMPTOM/S:

  - Therapy

Agent	Date started	Date ceased	Dose	Other details (taper, etc)	Response
IV steroids					
Oral prednisone					
IVIg					
Plasma exchange					
Steroid sparing agent (specify)					
Rituximab					
Other					

  - Improvement with treatment? Yes □ No □
  - If ON Visual acuity at worst L R Date:
    Visual acuity at best at follow-up L R Date:
    Visual fields available? Yes □ No □ Date/s:
    OCT available? Yes □ No □ Date/s:
    Optic disc swelling present on examination?: radiology?:
  - If TM EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
    Spinal region/s involved Cervical □ Thoracic □ Lumbar □ Conus □
    Sphincter dysfunction? Bladder □ Bowel □
  - If ADEM isolated □ coexistent ON □ coexistent TM □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - If other demyelinating event
    Brainstem □ Cerebellar □ Primarily motor (non spinal) □
    Primarily sensory (non spinal) □ Other (please specify) □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - MRI brain Date or nd: Normal □ Abnormal □
  - MRI spine Date or nd: Normal □ Abnormal □ # vertebral segments:
  - MRI meeting 2010 McDonald's criteria[b]? Yes □ No □ Unknown □
    Please describe MRI abnormalities if present

ASYMPTOMATIC (FOLLOW-UP) MRI: Date:
normal □ residual □ New lesions □ NO New lesions □
RESIDUAL PROBLEMS: Yes □ No □.....

- **Second demyelinating event** date/month/year:

  BON □ UON □ short TM □ LETM □
  ADEM □ Other □ Describe:
  PRESENTING SYMPTOM/S:
  CURRENT THERAPY AT EVENT:

  - Therapy

Agent	Date started	Date ceased	Dose	Other details (taper, etc)	Response
IV steroids					
Oral prednisone					
IVIg					
Plasma exchange					
Steroid sparing agent (specify)					
Rituximab					
Other					

  - Improvement with treatment? Yes □ No □
  - If ON Visual acuity at worst L R Date:
    Visual acuity at best at follow-up L R Date:
    Visual fields available? Yes □ No □ Date/s:
    OCT available? Yes □ No □ Date/s:
    Optic disc swelling present on examination?: radiology?:
  - If TM EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
    Spinal region/s involved Cervical □ Thoracic □ Lumbar □ Conus □
    Sphincter dysfunction? Bladder □ Bowel □
  - If ADEM isolated □ coexistent ON □ coexistent TM □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - If other demyelinating event
    Brainstem □ Cerebellar □ Primarily motor (non spinal) □
    Primarily sensory (non spinal) □ Other (please specify) □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - MRI brain Date: Normal □ Abnormal □
  - MRI spine Date: Normal □ Abnormal □ # vertebral segments:
  - MRI meeting 2010 McDonald's criteria[b]? Yes □ No □ Unknown □

  Please describe MRI abnormalities if present

  ASYMPTOMATIC (FOLLOW-UP) MRI: Date:
  normal □ residual □ New lesions □ NO New lesions □
  RESIDUAL PROBLEMS: Yes □ No □.....

- **Third demyelinating event** date/month/year:

  BON □ UON □ short TM □ LETM □
  ADEM □ Other □ Describe:
  PRESENTING SYMPTOM/S:
  CURRENT THERAPY AT EVENT:

  - Therapy

Agent	Date started	Date ceased	Dose	Other details (taper, etc)	Response
IV steroids					
Oral prednisone					
IVIg					
Plasma exchange					
Steroid sparing agent (specify)					
Rituximab					
Other					

  - Improvement with treatment? Yes □ No □
  - If ON Visual acuity at worst L R Date:
    Visual acuity at best at follow-up L R Date:
    Visual fields available? Yes □ No □ Date/s:
    OCT available? Yes □ No □ Date/s:
    Optic disc swelling present on examination?: radiology?:
  - If TM EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
    Spinal region/s involved Cervical □ Thoracic □ Lumbar □ Conus □
    Sphincter dysfunction? Bladder □ Bowel □
  - If ADEM isolated □ coexistent ON □ coexistent TM □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - If other demyelinating event
    Brainstem □ Cerebellar □ Primarily motor (non spinal) □
    Primarily sensory (non spinal) □ Other (please specify) □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - MRI brain Date: Normal □ Abnormal □
  - MRI spine Date: Normal □ Abnormal □ # vertebral segments:
  - MRI meeting 2010 McDonald's criteria[b]? Yes □ No □ Unknown □

  Please describe MRI abnormalities if present

  ASYMPTOMATIC (FOLLOW-UP) MRI: Date:
  normal □ residual □ New lesions □ NO New lesions □
  RESIDUAL PROBLEMS: Yes □ No □.....

- **Fourth demyelinating event** date/month/year:

  BON □ UON □ short TM □ LETM □
  ADEM □ Other □ Describe:
  PRESENTING SYMPTOM/S:
  CURRENT THERAPY AT EVENT:

  - Therapy

Agent	Date started	Date ceased	Dose	Other details (taper, etc)	Response
IV steroids					
Oral prednisone					
IVIg					
Plasma exchange					
Steroid sparing agent (specify)					
Rituximab					
Other					

  - Improvement with treatment? Yes □ No □
  - If ON Visual acuity at worst L R Date:
    Visual acuity at best at follow-up L R Date:
    Visual fields available? Yes □ No □ Date/s:
    OCT available? Yes □ No □ Date/s:
    Optic disc swelling present on examination?: radiology?:
  - If TM EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
    Spinal region/s involved Cervical □ Thoracic □ Lumbar □ Conus □
    Sphincter dysfunction? Bladder □ Bowel □
  - If ADEM isolated □ coexistent ON □ coexistent TM □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - If other demyelinating event
    Brainstem □ Cerebellar □ Primarily motor (non spinal) □
    Primarily sensory (non spinal) □ Other (please specify) □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - MRI brain Date: Normal □ Abnormal □
  - MRI spine Date: Normal □ Abnormal □ # vertebral segments:
  - MRI meeting 2010 McDonald's criteria[b]? Yes □ No □ Unknown □

    Please describe MRI abnormalities if present

    ASYMPTOMATIC (FOLLOW-UP) MRI: Date:
    normal □ residual □ New lesions □ NO New lesions □
    RESIDUAL PROBLEMS: Yes □ No □.....

- **Fifth demyelinating event** date/month/year:

  BON □ UON □ short TM □ LETM □
  ADEM □ Other □ Describe:
  PRESENTING SYMPTOM/S:
  CURRENT THERAPY AT EVENT:

  - Therapy

Agent	Date started	Date ceased	Dose	Other details (taper, etc)	Response
IV steroids					
Oral prednisone					
IVIg					
Plasma exchange					
Steroid sparing agent (specify)					
Rituximab					
Other					

  - Improvement with treatment? Yes □ No □
  - If ON Visual acuity at worst L R Date:
    Visual acuity at best at follow-up L R Date:
    Visual fields available? Yes □ No □ Date/s:
    OCT available? Yes □ No □ Date/s:
    Optic disc swelling present on examination?: radiology?:
  - If TM EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
    Spinal region/s involved Cervical □ Thoracic □ Lumbar □ Conus □
    Sphincter dysfunction? Bladder □ Bowel □
  - If ADEM isolated □ coexistent ON □ coexistent TM □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - If other demyelinating event
    Brainstem □ Cerebellar □ Primarily motor (non spinal) □
    Primarily sensory (non spinal) □ Other (please specify) □
    EDSS[a] at worst Date:
    EDSS at best at follow-up Date:
  - MRI brain Date: Normal □ Abnormal □
  - MRI spine Date: Normal □ Abnormal □ # vertebral segments:
  - MRI meeting 2010 McDonald's criteria[b]? Yes ☐ No ☐ Unknown ☐

    Please describe MRI abnormalities if present

    ASYMPTOMATIC (FOLLOW-UP) MRI: Date:
    normal ☐ residual ☐ New lesions ☐ NO New lesions ☐
    RESIDUAL PROBLEMS: Yes ☐ No ☐……

MOST RECENT STATUS:

Date:

Current drugs:

Current EDSS:

Current clinical diagnosis:

Current clinical comments on course:

Current clinical problems:

Motor yes ☐ no ☐

Cognition yes ☐ no ☐

Vision yes ☐ no ☐

Sphincter yes ☐ no ☐

Sensory yes ☐ no ☐

Epilepsy yes ☐ no ☐

Therapeutic summary:

Current MRI: normal ☐ residual ☐

CURRENT MRI McDonald yes ☐ no ☐

Kurtzke's Expanded Disability Status Scale (EDSS):

Kurtzke JF. Rating neurologic impairment in multiple sclerosis: an expanded disability status scale (EDSS). Neurology. 1983;33:1444-52

0: normal
1: no disability, minimal signs in one functional system
1.5: no disability, minimal signs on two functional systems
2: minimal disability in one functional system
2.5: minimal disability in two functional systems
3: moderate disability in one functional system or mild disability in 3 or 4 functional systems, although fully ambulatory
3.5: fully ambulatory but with moderate disability in one functional system and mild disability in one or two functional systems; or moderate disability in two functional systems; or mild disability in five functional systems
4: fully ambulatory without aid, self-sufficient, despite severe disability in one functional system, able to walk without aid or rest 500 m
4.5: fully ambulatory without aid, up for much of the day and able to work a full day, may have some limitations of full activity or require minimal assistance. Relatively severe disability. Able to walk without aid or rest for 300 meters.
5: ambulatory without aid or rest for 200 m, impaired ability to carry out full daily activities
5.5: ambulatory without aid or rest for 100 m, disability precludes full daily activities
6: intermittent or unilateral constant assistance (walking aid like a cane/crutch/brace) to walk 100 m with or without resting
6.5: constant bilateral support (cane, crutch or braces) required to walk 20 meters without resting
7: unable to walk beyond 5 m even with aid, restricted to wheelchair but self-sufficient with this up to 12 hours a day
7.5: unable to take more than a few steps, restricted to wheelchair, may need aid to transfer; wheels self, but may require motorized chair for full day's activities
8: restricted to bed or wheelchair, effective use of arms, able to self-care, may be out of bed for much of the day
8.5 essentially restricted to bed for much of the day, some effective use of arms, retains some self care abilities
9: bedbound, can communicate and eat
9.5: bedbound, unable to communicate effectively or eat
10: death due to MS.

The 2010 McDonald Criteria for Diagnosis of MS

Polman CH, Reingold SC, Banwell B et al. Diagnostic criteria for Multiple Sclerosis: 2010 Revisions to the McDonald Criteria. Annals of Neurology. 2011; 69: 292-302.

Clinical Presentation	Additional Data Needed for MS Diagnosis
>/ 2 attacks; objective clinical evidence of >/2 lesions or objective clinical evidence of 1 lesion with reasonable historical evidence of a prior attack	None
>/2 attacks; objective clinical evidence of 1 lesions	Dissemination in space (DIS), demonstrated by: >/ T2 lesion in at least 2 of 4 MS-typical regions of the CNS (periventricular, juxtacortical, infratentorial, or spinal cord); or await a further clinical attack implicating a different CNS site.
1 attack; objective clinical evidence of >/2 lesions	Dissemination in time (DIT); demonstrated by: Simultaneous presence of asymptomatic gadolinium-enhancing and nonenhancing lesions at any times; or a new T2 and/or gadolinium-enhancing lesion(s) on follow-up MRI, irrespective of its timing with reference to a baseline scan; or await a second clinical attack
1 attack; objective clinical evidence of 1 lesion (clinically isolated syndrome)	Dissemination in space and time, demonstrated by: For DIS: >/ T2 lesion in at least 2 of 4 MS-typical regions of the CNS (periventricular, juxtacortical, infratentorial, or spinal cord); or await a further clinical attack implicating a different CNS site; and For DIT: Simultaneous presence of asymptomatic gadolinium-enhancing and nonenhancing lesions at any times; or a new T2 and/or gadolinium-enhancing lesion(s) on follow-up MRI, irrespective of its timing with reference to a baseline scan; or await a second clinical attack
Insidious neurological progression suggestive of MS (PPMS)	1 year of disease progression (retrospectively or prospectively determined) plus 2 of 3 of the following criteria: 1. evidence for DIS in the brain based on >/ 1 T2 lesions in the MS characteristic (periventricular, juxtacortical, or infratentorial) regions 2. Evidence of DIS in the spinal cord based on >/ 2 T2 lesions in the cord 3. Positive CSF (isoelectric focusing evidence of oligoclonal bands and/or elevated IgG index)