

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
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 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
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- 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

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: <ol style="list-style-type: none"> 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)