International IBD Genetics Consortium

PRED4

Proton Pump Inhibitor Induced Nephritis

Case Report Forms

Please stick study label here

On completion, please return to:

IBD Pharmacogenetics Research Office
The Research, Innovation, Learning and Development Centre (RILD)

Barrack Road

Exeter

EX2 5DW

Proton Pump Inhibitor Induced Nephritis Introduction

Please complete all boxes where indicated and in black ball point pen.

If you make a mistake please put a line through the box, initial and date and write answer to the side.

Complete dates in format dd/mm/yyyy

The patient identification number is the bar code on the front of the CRF. Please transcribe this on to the top of the page in each relevant section.

For study inclusion participants must meet all the major criteria and any number of the additional 5 minor criteria. A diagnosis of PPI induced nephrotoxicity will be most confident in patients with all 5 minor criteria and least confident in those with no additional minor criteria.

*Other risk factors

Drugs

Penicillins, Cephalosporins, Ciprofloxacin, Sulphonamides, Rifampicin, Frusemide, Bumetanide, Thiazides, Allopurinol, Cimetidine, Indinavir, 5- ASA

Comorbidities

Uncontrolled hypertension, Diabetes, severe peripheral vascular disease

	Proton Pump Inhibitor Induced Nephritis
Sec	tion 1 - Inclusion Criteria Study code
1.1	Major criteria (all must be met)
	\geq 30% rise in serum creatinine $or \geq$ 25% fall in eGFR any time after introduction of PPI
	No other risk factors for renal disease (see page 2)* at the time of the renal injury
	Medical opinion implicating PPI justifies drug withdrawal, even if temporary
1.2	Minor criteria
	Normal creatinine at baseline
	Rise in serum creatinine or fall in eGFR occurs within 12 months of introduction of PPI
	Renal biopsy demonstrates interstitial nephritis
	25% improvement in peak creatinine or lowest eGFR on withdrawal of PPI, with or without use of steroids
	Re-challenge with any PPI leads to \geq 30% rise in serum creatinine or \geq 25% fall in eGFR any time after introduction
1.3	Number of minor criteria
1.4	Participant's eligibility Investigator sign-off
Is the	e participant eligible to take part in the clinical trial? Yes No
If no	, please give reason(s) for screen failure:
1.	
2.	
3.	

Investigator's signature

Investigator's name (print)

dd / mm / yyyy

Date

Study code **Section 2 - Patient Details** 2.1 Patient details Date of Birth dd / mm / yyyy Sex: M Weight when diagnosed with renal failure (or nearest estimate) kg Height cm 2.2 Ethnicity - Please tick as appropriate White **Black or Black British** British Caribbean Irish African Any other White background Any other Black background Mixed **Chinese or Other Ethnic Group** White and Black Caribbean Chinese White and Black African Any other ethnic group (please specify) White and Asian

Asian or Asian background

Indian
Pakistani

Bangla	deshi	

	Any othe	r Asian	background
--	----------	---------	------------

2.3 Participant informed consent

Any other Mixed background

Date participant signed written consent form

dd / mm / yyyy

Not stated

Date of blood sample taken

dd / mm / yyyy

Section 3 - Medical History Study code

3.1 Hospital Details	
3.1.1 Consultant Gastroenterologist	3.1.2 Consultant Nephrologist
Hospital	Hospital
Hospital address	Hospital address
Consultant telephone	Consultant telephone
Consultant email	Consultant email
3.2 Comorbidities Yes No	
3.2.1 Hypertension Yes No	Date of diagnosis dd / mm / yyyy
3.2.2 Diabetes Yes No	Date of diagnosis dd / mm / yyyy
Туре I	Using insulin: Yes No
Type II	Date commenced insulin dd / mm / yyyy
3.2.3 Severe peripheral vascular disease	Yes No No
Date of diagnosis dd / mm / yyyy	
3.2.4 Other significant medical history If yes, please give details here	Yes No

Ex Smoker / mm / yyyy / mm / yyyy		t Smoker		
3.3 Smoking History 3.3.1 Never Smoked Ex Smoker Current Smoker 3.3.2 Start Date dd / mm / yyyy 3.3.3 End Date dd / mm / yyyy 3.3.4 Maximum number of cigarettes per day Section 4 - PPI History 4.1				
Date started	Date stopped	Maximum dose		
dd / mm / yyyy	dd / mm / yyyy			
dd / mm / yyyy	dd / mm / yyyy			
dd / mm / yyyy	dd / mm / yyyy			
dd / mm / yyyy	dd / mm / yyyy			
dd / mm / yyyy	dd / mm / yyyy			
dd / mm / yyyy	dd / mm / yyyy			
ced nephritis:	Yes No	o Unknown		
	Date started dd / mm / yyyy dd / mm / yyyy	Date started dd / mm / yyyy dd / mm / yyyy		

Section 5 - Renal H	History		S	tudy cod	le	
5.1 Presentation Did the patient presen	nt because o	f:				
Opportunisti	ic blood test		Clinical man	ifestation o	of renal failu	ıre
5.2 Pre-existing re	nal diseas	e				
Any known pre-existin	ng renal dise	ase \	res	No 🗌	Unk	nown _
5.3 Baseline renal	function					
5.3.1 Latest renal func	the normal	reference ra	nge please]			
5.3.2 Date of latest rer5.4 Abnormal ren			ing PPI		dd / mm / yy	/уу
	Creatinine (µmol/l)	Normal range as per lab report	eGFR (ml/min)	Date	Urinalysis	Date
Renal function first abnormal						
Abnormal renal function first recognised						
Worst renal function						
Worst Creatinine clearance						
5.5 Recovered ren	al function	า				
	Creatinine (µmol/l)	Normal range as per lab report	eGFR (ml/min)	Date	Urinalysis	Date
Best recovered renal function						
Time to best recovered	d renal funct	tion (days)				

Section 5 - Renal History	Study code
5.6 Action taken	
Drug withdrawn	Date dd / mm / yyyy
Dose decreased	Date dd / mm / yyyy
Reduced dose	
Tolerated (normal rena	al function on this dose) Not tolerated Not known
5.7 Peak blood eosinophil (within 3 months of abnorr	count mal renal function being recognised)
Date dd / mm / yyyy	Count (x10°/L)
5.8 Renal biopsy	
Yes No	If yes, date of renal biopsy dd / mm / yyyy
Histology of renal biopsy	
5.9 Was the patient re-chal	llenged with a PPI?
Yes No	
If yes, which PPI was used?	Date started dd / mm / yyyy
Outcome:	
Tolerated Dos	se tolerated
Not tolerated	
Lowest Creatinine/eGF	R (with date of test)
Date of drug withdrav	val dd / mm / yyyy

Section 5 - Renal History		St	udy code	
5.10 Treatment of interstitia	ıl nephritis			
Were steroids used?		Yes	No 🗌	
Date steroids started?	dd / mm	n / yyyy	Dose	
Date steroids stopped?	dd / mm	n / yyyy		
Were any other immunosuppress	sants used?	Yes	No 🗌	
Name of immunosuppressant use	ed and dose			
Date started?	dd / mm	n / yyyy	Dose	
Date stopped?	dd / mm	n / yyyy		
5.11 Other treatment for rer	nal failure			
Did the patient require dialysis?		Yes	No 🗌	Unknown
If yes, date dialysis commenced	dd / mm	n / yyyy		
Date dialysis ceased	dd / mm	n / yyyy		
Was this haemodialysis or perito	neal dialysis?		<u></u>	
Was dialysis temporary or perma	nent?			
Did the patient require renal tra	nsplantation?	Yes	No 🗌	
If yes, date of transplantation	dd / mm	n / yyyy		
5.12 Comments				

Section 6 - Other Drug History	Study code (
--------------------------------	--------------	--

(in 12 months prior to development of renal impairment)

Drug	Route (oral/PR)	Dose	Start date	Stop date mm / yyyy	Non-renal side effects
			. , , , , , ,	, , , , ,	
	I		<u> </u>		

Section 7 - Principal Investigat	cor Statement Study code
reflects the study information obtain	n that, to the best of my knowledge, it accurately ned for this participant. All entries were made either upervision who has signed the Delegation Log.
Principal Investigator's signature	
Date dd / mm / yyyy	
Principal Investigator's name (print)	

ONCE SIGNED, NO FURTHER CHANGES CAN BE MADE TO THIS CRF WITHOUT A SIGNED DATA QUERY FORM