International IBD Genetics Consortium

PRED4

Thiopurine Induced Liver Injury

Case Report Form

Study Code

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

Thiopurine Induced Liver Injury 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.

Section 1 - Inclusion Criteria

Study code

	 Major criteria (all must be met) History of inflammatory bowel disease Normal ALT and bilirubin at baseline No pre-existing liver disease Elevation of ALT and/or bilirubin to ≥ 4 times upper limit of normal (defined by local lab) History of thiopurine exposure in the previous 30 days prior to this abnormal blood test Medical opinion implicating thiopurine in development of hepatotoxicity leads to dose reduction or drug withdrawal (even if temporary) 2 Other risk factor(s) or potential causes for elevated liver enzymes 						
Drug		Yes	U No	Unkr	nown		
	If yes, please spec	ify					
	Was this drug wit	hdrawn?	Yes	No No	If yes	, date dd/mm/yyyy	
Alco	hol use:	Yes	🗌 No	🗌 Unkr	nown		
	If yes, please prov	vide estima	ited daily inta	ke 🗌			
Tests	done to rule out	other caus	es (provide re	esults if done)		
Hep	atitis A IgM antibo	ody					
Hbs	0						
	/ antibody	_					
<u> </u>	atitis E IgM antibo	-					
	i-smooth muscle a nti-LKM antibody	ntibody					
	nunoglobulin G (Ig	G) level					
	i-mitochondrial an						
L	um copper/caerulo						
—	mochromatosis ge	-					
Alp	ha-1 antitrypsisn						
no l	ging (U/S or MRI sł piliary dilatation o ary abnormality) er						
1.3	Participant's eli	igibility					
	e participant eligib		part in the cl	inical trial?	Yes	s 🗌 No	
lf no	, please give reaso	on(s) for sci	reen failure:		\Box	\Box	
1.							
2.							
3.							
Inve	stigator's name (pr	rint)			Date	dd / mm / yyyy	
Inte	rnational IBD Gen	etics Cons	sortium			Page 3 of 12	

	Iniopurine induced Liver injury					
Sec	tion 2 - Patient Details	Study code				
2.1	Patient details					
Date	e of Birth dd / mm / yyyy	Sex: M F				
Weig	ght at time of liver injury (or nearest esti	imate) kg				
Date	e of weight dd / mm / yyyy	Height cm				
2.2	Ethnicity - Please tick as appropria	ate				
Whit	te	Black or Black British				
	British	Caribbean				
	Irish	African				
	Any other White background	Any other Black background				
Mixe	ed	Chinese or Other Ethnic Group				
	White and Black Caribbean	Chinese				
	White and Black African	Any other ethnic group (<i>please specify</i>)				
	White and Asian					
	Any other Mixed background	Not stated				
Asia	n or Asian background					
	Indian					
	Pakistani					

- Bangladeshi
- Any other Asian background

2.3 Participant informed consent

Date participant signed written consent form

Date of blood sample taken

Name of person taking consent (print)

Designation

dd	/ mm /	уууу
dd	/ mm /	уууу

Thiopurine Ind Section 3 - Medical History	uced Liv	ver Injury Study code	
3.1 Other significant medical history If yes, please give details here	Yes	No No	

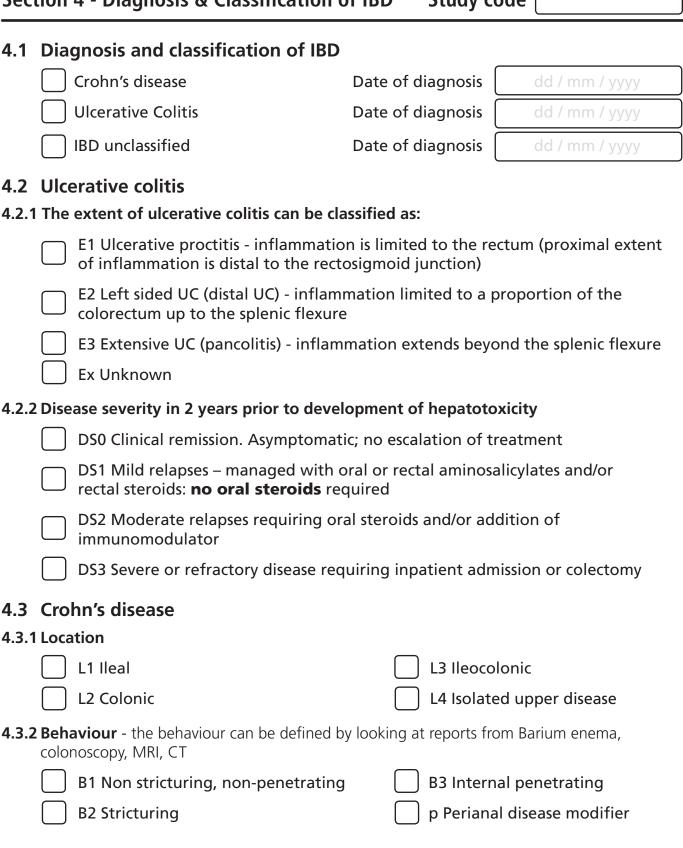
3.2 Smoking history

Never smo	oked Ex-smoke	er	Current	smoker
3.2.1 Start date	dd / mm / yyyy	3.2.2	End date	dd / mm / yyyy
3.2.3 Maximum nur	nber of cigarettes per day	/		

International IBD Genetics Consortium Thiopurine Induced Liver Injury in IBD CRF v4.0 (January 2016)

Section 4 - Diagnosis & Classification of IBD

Study code



	T	'hioj	purine	Ind	uceo	l Liv	er Inj	ury			
Section 5 - Liv	ver Inj	ury H	istory				Study	code			
5.1 Which thi	opurin	ie wa	is suspe	cted	of cau	using	liver in	jury?			
Azathio	oprine) Mer	capto	purine				
5.2 Date thiop	ourine	first	comme	nced				C	ld / mr	n / yyy	уу
5.3 Maximum to episode			-	e in 1	mon	th pr	ior				
5.3.1 Date when	this ma	aximu	m dose o	f thio _l	purine	starte	ed 🗌	d	d / mm	n / yyy	у
Did the pati	resentation id the patient present because of: Routine monitoring Opportunistic blood test Symptoms (give details)										
	Gins (giv	ve det]
Other]
5.5 Blood test	resul	ts									
	Date	ALT	Bilirubin	AST	GGT	ALP	Albumin	wcc	Hb	INR	Platelets
Normal range for your lab	dd/mm/ yyyy										
Baseline (last blood test before starting thiopurine)	dd/mm/ уууу										
First blood test showing elevated ALT/ bilirubin (above reference range for your lab)											
Blood test showing worst	dd/mm/										

ALT

Blood test showing worst

bilirubin

First recovered ALT (within normal range) First recovered bilirubin (within normal range)

		In all a start	1.	Les Services -
nio	ourine	Induced	Liver	Injury
				, ,

Section 5 - Liver Injury History

Study code

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5.6	Were thiopurine metabolites measured within 2 months of hepatotoxicity?
	Yes No
	If yes, please give details
	Date dd / mm / yyyy 6-TGN 6-MMP
5.7	Action taken
	Drug withdrawn Date dd / mm / yyyy
	Dose decreasedDatedd / mm / yyyy
	Reduced dose
	Tolerated (normal LFTs on this dose) Not tolerated Not known
	Allopurinol started Date dd / mm / yyyy
	Decreased thiopurine dose
	Tolerated (normal LFTs on this dose) Not tolerated Not known
5.8	Was a liver biopsy done?
	Yes No Unknown
	If yes, please give results
5.9	Did the patient require hospital admission at any stage due to liver to xicity?
	Yes No Unknown

Unknown
dd / mm / yyyy
dd / mm / yyyy

Unknown

5.10 Was the individual ever re-challenged with a thiopurine?

No

Thiopurine	us
Outcome	

Yes

If yes:

-	
Date of recomme	ncement dd / mm / yyyy
Thiopurine used	Azathiopurine Mercaptopurine Not known
Outcome	Tolerated (no adverse reaction)
	Dose tolerated
	Not tolerated
	Adverse reaction
	Date drug withdrawn dd / mm / yyyy

Please record all ALT/BILIRUBIN results for the re-challenge in the table below regardless of whether it was tolerated or not.

	Date	
Normal range for your lab	dd / mm / yyyy	
Baseline (last ALT test before starting thiopurine)	dd / mm / yyyy	
Baseline (last bilirubin test before the re-challenge)	dd / mm / yyyy	
First blood test showing elevated ALT during the re-challenge (only enter ALT if above reference range for your lab, otherwise leave blank)	dd / mm / yyyy	
First blood test showing elevated bilirubin during the re-challenge (only enter bilirubin if above reference range for your lab, otherwise leave blank)	dd / mm / yyyy	
Blood test showing worst ALT during re-challenge (even if this result is within normal range)	dd / mm / yyyy	
Blood test showing worst bilirubin during re-challenge (even if this result is within normal range)	dd / mm / yyyy	
First recovered ALT (within normal range) after re-challenge	dd / mm / yyyy	
First recovered bilirubin (within normal range) after re-challenge	dd / mm / yyyy	

Please record all drug doses of thiopurine (azathiopurine/6MP) in the concomitant section of the case report form with start and stop dates.

Section 6 - Supplementary Information

Study code

6.1 What is the individual's thiopurine methyltransferase (TPMT) genotype/ activity ?

	Genotype		
	Activity:	Absent	Level (U/ml)
		Low (carrier)	
		Normal	
		🗌 High	
	Not done:		
6.2	2 Has the individual experienced any other adverse effects attributable t azathioprine/mercaptopurine?		
	Yes	No No	Unknown
If ye	s:		
6.2.1	Leucopaen	ia (please give lowe	st WCC with dates)

- 6.2.2 Pancreatitis (please state peak serum amylase/lipase and laboratory reference)

6.2.3 Other (please state):

6.3 Other comments

If you have any other comments regarding this patient, please give details here.

Study code

7.1 Other drugs in 3 months prior to developing liver injury

Drug name	Dose and frequency	Start date	Stop date
		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
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		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy
		dd / mm / yyyy	dd / mm / yyyy

Section 8 - Principal Investigator Statement Study code

I have reviewed this CRF and confirm that, to the best of my knowledge, it accurately reflects the study information obtained for this participant. All entries were made either by myself or by a person under my supervision who has signed the Delegation and Signature Log.

Principal Investigator's signature		
Date	dd / mm / yyyy	
Principal	nvestigator's name (print)	

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