

# International IBD Genetics Consortium

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**PRED4**

**Thiopurine Hypersensitivity Reaction**

**Case Report Form**

**Study Code**

Please stick study label here

**On completion, please return to:**  
Exeter IBD Pharmacogenetics Research Office  
The Research, Innovation, Learning and Development Centre (RILD)  
Barrack Road  
Exeter  
EX2 5DW

# Thiopurine Hypersensitivity Reaction

## Introduction

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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.

# Thiopurine Hypersensitivity Reaction

## Section 1 - Inclusion Criteria

Study code

### 1.1 Inclusion criteria (all must be met)

- Aged 6 years or over
- History of inflammatory bowel disease
- History of thiopurine exposure in the previous 7 days before the onset of adverse event
- Flu-like symptoms severe enough to lead to drug withdrawal even if temporary (symptoms should include one of the following: fever, muscle ache, joint pain)
- Onset of hypersensitivity reaction within 4 weeks of starting thiopurine
- Symptoms of hypersensitivity reaction resolved within 14 days of drug withdrawal (for historical cases, please use clinical judgement when defining this inclusion)

### 1.2 Exclusion criteria

- Patient tolerated re-challenge with the same thiopurine regardless of dose
- Drug withdrawn due to nausea and/or diarrhoea without any other symptoms
- Objective evidence of infection at the time of the onset of hypersensitivity reaction

### 1.3 Participant's eligibility

Is the participant eligible to take part in the research project based on the above criteria?

Yes

No

If no, please give reason(s) for screen failure:

1.
2.
3.

Investigator's name (print)

Date

dd / mm / yyyy

# Thiopurine Hypersensitivity Reaction

## Section 2 - Patient Details

Study code

### 2.1 Patient details

Date of Birth

Sex: M

F

Weight at time of hypersensitivity reaction

kg

Date of weight

Height

cm

### 2.2 Ethnicity - Please tick as appropriate

#### White

- British
- Irish
- Any other White background

#### Black or Black British

- Caribbean
- African
- Any other Black background

#### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

#### Chinese or Other Ethnic Group

- Chinese
- Any other ethnic group (*please specify*)
- 
- Not stated

#### Asian 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

Hospital name



# Thiopurine Hypersensitivity Reaction

## Section 4 - Diagnosis & Classification of IBD

Study code

### 4.1 Diagnosis and classification of IBD

Crohn's disease

Date of diagnosis

dd / mm / yyyy

Ulcerative Colitis

Date of diagnosis

dd / mm / yyyy

IBD unclassified

Date of diagnosis

dd / mm / yyyy

### 4.2 Ulcerative colitis

#### 4.2.1 The extent of ulcerative colitis can be classified as:

E1 Ulcerative proctitis

E2 Left sided UC (distal UC)

E3 Extensive UC (pancolitis)

Ex Unknown

#### 4.2.2 Disease severity in 2 years prior to development of hypersensitivity reaction

DS0 Clinical remission

DS1 Mild relapses

DS2 Moderate relapse

DS3 Severe or refractory disease requiring inpatient admission or colectomy

### 4.3 Crohn's disease

#### 4.3.1 Location

L1 Ileal

L3 Ileocolonic

L2 Colonic

L4 Isolated upper disease

#### 4.3.2 Behaviour - the behaviour can be defined by looking at reports from Barium enema, colonoscopy, MRI, CT

B1 Non stricturing, non-penetrating

B3 Internal penetrating

B2 Stricturing

p Perianal disease modifier

# Thiopurine Hypersensitivity Reaction

Section 5 - Hypersensitivity Reaction History Study code

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**5.1 Which thiopurine was suspected of causing the hypersensitivity reaction?**

Azathioprine

Mercaptopurine

**5.2 Date thiopurine first commenced**

**5.3 Maximum dose of thiopurine in 1 month prior to the hypersensitivity reaction**

**5.3.1 Date when this maximum dose was started**

**5.4 Presentation**

**5.4.1 Symptoms**

Date of onset of symptoms

Please tick all symptoms that apply:

Fever

Joint pain

Muscle ache or pain

Headache

Fatigue

General malaise

Rash

Nausea

Vomiting

Diarrhoea

Other (please indicate)

Approximate duration of symptoms  days

Date drug withdrawn

# Thiopurine Hypersensitivity Reaction

Section 5 - Hypersensitivity Reaction History

Study code

## 5.5 Blood test results

	Date	ALT	Date	Bilirubin	Date	WCC	Date	CRP
Normal range for your lab	dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy	
Baseline (last blood test before starting thiopurine)	dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy	
Worst blood test during presentation of symptoms	dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy	
Blood test >2 weeks after drug withdrawal	dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy	

## 5.6 Did the patient require hospital admission at any stage due to the hypersensitivity reaction?

Yes
  No
  Unknown

If yes, date of admission

Date of discharge

Details

## 5.7 Tests conducted for investigation of hypersensitivity reaction

	Date	Please specify further details if positive or abnormal finding
None	dd/mm/yyyy	
Blood cultures	dd/mm/yyyy	
Urine culture	dd/mm/yyyy	
X-ray	dd/mm/yyyy	
CT	dd/mm/yyyy	
MRI	dd/mm/yyyy	
Ultrasound	dd/mm/yyyy	

# Thiopurine Hypersensitivity Reaction

Section 6 - Supplementary Information

Study code

## 6.1 Was the patient ever re-challenged with a thiopurine?

Yes       No       Unknown

If yes:

Date of recommencement

dd / mm / yyyy

Thiopurine used:  Azathioprine

Mercaptopurine

Not known

**Outcome:**

Tolerated (no adverse reaction)

Dose tolerated

Not tolerated

Adverse reaction (please give details)

Was this similar to the previous reaction?

Date drug withdrawn

dd / mm / yyyy

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

Genotype

Level (u/ml)

Activity:  Absent

Low (carrier)

Normal

High

Not done

# Thiopurine Hypersensitivity Reaction

Section 6 - Supplementary Information

Study code

**6.3 Has the individual ever experienced any other adverse effects attributed to azathioprine/mercaptopurine?**

Yes       No       Unknown

If yes, please record below

**6.3.1 Leucopenia** - please give lowest WCC with dates

**6.3.2 Pancreatitis** - please give peak serum amylase/lipase and laboratory reference and dates

**6.3.3 Liver injury** - please give peak ALT/Bilirubin

**6.4 Other comments**

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



# Thiopurine Hypersensitivity Reaction

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 Log.

Principal Investigator's signature

Date

Principal Investigator's name (print)

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