

Site ID I_I_I	Patient ID I_I_I	Patient Initials I_I_I_I
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CHARACTERISTICS AND MANAGEMENT OF PATIENTS WITH CTD RELATED ILD NATIONAL - MULTICENTRIC DATABASE

CASE REPORT FORM

Participating Physician

Site Name

Site ID I_I_I

Patient Initials I_I_I_I

Patient ID I_I_I

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	INCLUSION CRITERIAS	YES	NO
1	Patients aged 18 years old or older	<input type="checkbox"/>	<input type="checkbox"/>
2	Patients evaluated as CTD-ILD between January 2018 and December 2019.	<input type="checkbox"/>	<input type="checkbox"/>



ALL ANSWERS HAVE TO BE YES

	EXCLUSION CRITERIAS	YES	NO
1	Patients under 18 years.	<input type="checkbox"/>	<input type="checkbox"/>



ANSWER HAS TO BE NO

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Data Collection Date	I _ I _ I / I _ I _ I / I _ I _ I _ I
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DEMOGRAPHICS

Date of Birth	I _ I _ I / I _ I _ I / I _ I _ I _ I
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height	<input type="checkbox"/> Unknown I _ I _ I _ I cm
Weight	<input type="checkbox"/> Unknown I _ I _ I _ I kg
BMI	Calculated automatically
Occupation / Job	<input type="checkbox"/> Metal worker <input type="checkbox"/> Roof worker <input type="checkbox"/> Other; <input type="checkbox"/> Unknown
Smoking Status	<input type="checkbox"/> Active Smoker <input type="checkbox"/> Never Smoked <input type="checkbox"/> Quit Smoking <input type="checkbox"/> Unknown If active smoker or quit smoking: packs / year
Co-morbidites	<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes; <input type="checkbox"/> Arterial Hypertension <input type="checkbox"/> Pulmonary Hypertension; if yes; group; (Can be marked multiple) <div style="margin-left: 20px;"> <input type="checkbox"/> Group I <input type="checkbox"/> Group II <input type="checkbox"/> Group III <input type="checkbox"/> Group IV <input type="checkbox"/> Group V </div> <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Ischemic heart disease <input type="checkbox"/> Neurologic Disease <input type="checkbox"/> Malignancy; If yes please specify;

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	<input type="checkbox"/> Liver Disease <input type="checkbox"/> Gastroesophageal reflux disease <input type="checkbox"/> Long Term Proton Pump Inhibitor Usage <input type="checkbox"/> Other;
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CONCOMITANT MEDICATIONS (Not Related to CTD / ILD, ongoing medications after diagnosis)

Medication 1 Active Ingredient In Medication	
Start Date / End Date or Ongoing <input type="checkbox"/> Ongoing
Indication	.....
Medication 2 Active Ingredient In Medication	
Start Date / End Date or Ongoing <input type="checkbox"/> Ongoing
Indication	.....
Medication 3 Active Ingredient In Medication	
Start Date / End Date or Ongoing <input type="checkbox"/> Ongoing
Indication	.....
Medication 4 Active Ingredient In Medication	
Start Date / End Date /or Ongoing <input type="checkbox"/> Ongoing
Indication

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DIAGNOSIS INFORMATION

Date of Diagnosis of CTD I _ I _ I / I _ I _ I / I _ I _ I _ I	
CTD Type	<input type="checkbox"/> Rheumatoid Arthritis Joint involvement (0-5 points) <input type="checkbox"/> None <input type="checkbox"/> 1 large joint <input type="checkbox"/> 2-10 large joints <input type="checkbox"/> 1-3 small joints (large joints not counted) <input type="checkbox"/> 4-10 small joints (large joints not counted) <input type="checkbox"/> >10 joints including at least one small joint Serology (at least one test needed for classification; 0-3 points) <input type="checkbox"/> None <input type="checkbox"/> Negative RF and negative ACPA <input type="checkbox"/> Low positive RF or low positive ACPA <input type="checkbox"/> High positive RF or high positive ACPA Acute-phase reactants (at least one test needed for classification; 0-1 point) <input type="checkbox"/> None <input type="checkbox"/> Normal CRP and normal ESR <input type="checkbox"/> Abnormal CRP or abnormal ESR Duration of symptoms <input type="checkbox"/> None <input type="checkbox"/> < 6 weeks <input type="checkbox"/> >= 6 weeks SCORE:
	<input type="checkbox"/> Systemic sclerosis (SSc) <input type="checkbox"/> Skin thickening of the fingers of both hands extending proximal to the metacarpophalangeal joints (sufficient criterion) Skin thickening of the fingers (only count the highest score) <input type="checkbox"/> None <input type="checkbox"/> Puffy fingers <input type="checkbox"/> Sclerodactyly of the fingers (distal to MCP but proximal to the PIPs) Finger Tip Lesions <input type="checkbox"/> None <input type="checkbox"/> Digital Tip Ulcers <input type="checkbox"/> Finger Tip Pitting Scars <input type="checkbox"/> Telangiectasia Pulmonary arterial hypertension and/or Interstitial Lung Disease (Maximum score is 2) <input type="checkbox"/> None <input type="checkbox"/> PAH

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	<input type="checkbox"/> ILD <input type="checkbox"/> PAH and ILD Scleroderma related antibodies <input type="checkbox"/> None <input type="checkbox"/> Anti-centromere <input type="checkbox"/> Anti-topoisomerase <input type="checkbox"/> Anti-RNA antibody <input type="checkbox"/> Abnormal nailfold capillaries <input type="checkbox"/> Raynaud's Phenomenon SCORE:
	<input type="checkbox"/> Mixed connective tissue disease 1. Serologic criterion: Positive antibodies to U1 RNP antibodies at a titer >= 1:1600 1. Serologic criterion: Positive antibodies to U1 RNP antibodies at a titer >= 1:1600 <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Clinical criteria 1) Edema of the hands <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Synovitis <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Myositis <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Raynaud phenomenon <input type="checkbox"/> Yes <input type="checkbox"/> No 5) Sclerodactyly <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Myositis Age of onset of first related symptoms <input type="checkbox"/> 18-40 <input type="checkbox"/> >= 40 <input type="checkbox"/> No biopsy <input type="checkbox"/> Biopsy Muscle Weakness <input type="checkbox"/> Objective symmetric weakness, usually progressive, of proximal upper extremities <input type="checkbox"/> Objective symmetric weakness, usually progressive, of proximal lower extremities <input type="checkbox"/> Neck flexors are relatively weaker than neck extensors <input type="checkbox"/> In the legs, proximal muscles are relatively weaker than distal muscles <input type="checkbox"/> No biopsy <input type="checkbox"/> Biopsy Skin manifestations <input type="checkbox"/> Heliotrope rash <input type="checkbox"/> Gottron's papules <input type="checkbox"/> Gottron's sign <input type="checkbox"/> No biopsy <input type="checkbox"/> Biopsy Other clinical manifestations <input type="checkbox"/> Dysphagia or esophageal dysmotility <input type="checkbox"/> No biopsy <input type="checkbox"/> Biopsy Laboratory measurements <input type="checkbox"/> Anti-Jo-1 (anti-histidyl-tRNA synthetase) autoantibody positivity

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	<input type="checkbox"/> Elevated serum levels of creatine kinase (CK)* or lactate dehydrogenase (LDH)* or aspartate aminotransferase (ASAT/AST/SGOT)* or alanine aminotransferase (ALAT/ALT/SGPT) <input type="checkbox"/> No biopsy <input type="checkbox"/> Biopsy Muscle biopsy features <input type="checkbox"/> Endomysial infiltration of mononuclear cells surrounding, but not invading, myofibres <input type="checkbox"/> Perimysial and/or perivascular infiltration of mononuclear cells <input type="checkbox"/> Perifascicular atrophy <input type="checkbox"/> Rimmed vacuoles <input type="checkbox"/> No biopsy <input type="checkbox"/> Biopsy SCORE:
	<input type="checkbox"/> Systemic lupus erythematosus (SLE) Clinical Domains Constitutional domain <input type="checkbox"/> Fever Cutaneous domain <input type="checkbox"/> Non-scarring alopecia <input type="checkbox"/> Oral ulcers <input type="checkbox"/> Subacute cutaneous or discoid lupus <input type="checkbox"/> Acute cutaneous lupus Arthritis domain <input type="checkbox"/> Synovitis or tenderness in at least 2 joints Neurologic domain <input type="checkbox"/> Delirium <input type="checkbox"/> Psychosis <input type="checkbox"/> Seizure Serositis domain <input type="checkbox"/> Pleural or pericardial effusion <input type="checkbox"/> Acute pericarditis Hematologic domain <input type="checkbox"/> Leukopenia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Autoimmune hemolysis Renal domain <input type="checkbox"/> Proteinuria > 0.5 g/24 hr <input type="checkbox"/> Class II or V lupus nephritis <input type="checkbox"/> Class III or IV lupus nephritis Immunologic Domains Antiphospholipid antibody domain <input type="checkbox"/> Anticardiolipin IgG > 40 GPL 2 or anti-B2GP1 IgG > 40 units or lupus anticoagulant Complement proteins domain <input type="checkbox"/> Low C3 or low C4 <input type="checkbox"/> Low C3 and low C4 Highly specific antibodies domain

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	<input type="checkbox"/> Anti-dsDNA antibody <input type="checkbox"/> Anti-Sm antibody
	SCORE:
	<input type="checkbox"/> Sjogren's Disease. <input type="checkbox"/> Labial salivary gland with focal lymphocytic sialadenitis and focus score of ≥ 1 foci/4 mm ² (3 points) <input type="checkbox"/> Anti-SSA/Ro positive (3 Points) <input type="checkbox"/> Ocular Staining Score ≥ 5 (or van Bijsterveld score ≥ 4) in at least 1 eye (1 Point) <input type="checkbox"/> Schirmer's test ≤ 5 mm/5 minutes in at least 1 eye (1 Point) <input type="checkbox"/> Unstimulated whole saliva flow rate ≤ 0.1 ml/minute (1 Point)
	SCORE:
	<input type="checkbox"/> ANCA Associated Vasculitis The patient followed for a minimum of 3 months. <input type="checkbox"/> Yes <input type="checkbox"/> No The patient must be aged >16 years at the time of diagnosis. <input type="checkbox"/> Yes <input type="checkbox"/> No Histological proof of vasculitis (including necrotising glomerulonephritis) and/or granuloma formation (granuloma are defined according to the American College of Rheumatology (ACR, 1990) criteria for Wegener's granulomatosis—as histological changes showing granulomatous inflammation within the wall of an artery or in the perivascular or extravascular area (artery or arteriole)3) <input type="checkbox"/> Yes <input type="checkbox"/> No Positive serology for ANCA (proteinase 3-ANCA or myeloperoxidase-ANCA; indirect immunofluorescence result alone is acceptable only if ELISA is unavailable in a centre or the diagnosis was made before 1995) <input type="checkbox"/> Yes <input type="checkbox"/> No Specific investigations strongly suggestive of vasculitis and/or granuloma (neurophysiology must show mononeuritis multiplex) (from angiography; either magnetic resonance angiography or coeliac axis angiography in PAN), thoracic or neck magnetic resonance imaging/ computed tomography imaging (showing retro-orbital or tracheal disease; neurophysiology) (the presence of IgA in a renal or skin biopsy is suggestive of Henoch Schonlein purpura (HSP). Detection of antglomerular basement membrane (GBM) antibodies is suggestive of Goodpasture's syndrome. However, we recognise that both IgA deposits and anti-GBM antibodies may occur concurrently with ANCA-positive vasculitis. The exclusion of cases of HSP/Goodpasture's is left to the individual clinician) <input type="checkbox"/> Yes <input type="checkbox"/> No Eosinophilia (.10% or .1.56109/l) <input type="checkbox"/> Yes <input type="checkbox"/> No Malignancy <input type="checkbox"/> Yes <input type="checkbox"/> No

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	<p>Infection (including hepatitis B and C, HIV, tuberculosis, subacute bacterial endocarditis) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Drugs (including hydralazine, propylthiouracil, cocaine and allopurinol) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Secondary vasculitis—rheumatoid arthritis, systemic lupus erythematosus, Sjögren's syndrome, connective tissue disease <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Behcet's disease, Takayasu's arteritis, giant cell arteritis, Kawasaki's disease, essential mixed cryoglobulinaemia, Henoch Schönlein purpura, anti-GBM disease <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vasculitis mimics—for example, cholesterol embolism, calciphylaxis, catastrophic antiphospholipid antibody syndrome, atrial myxoma <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sarcoidosis and other non-vasculitic granulomatous disease <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Start Date of Symptoms of CTD and first symptom	I _ I _ I / I _ I _ I / I _ I _ I _ I First symptom:
Date of Diagnosis of ILD	I _ I _ I / I _ I _ I / I _ I _ I _ I
Start Date of Symptoms of ILD	I _ I _ I / I _ I _ I / I _ I _ I _ I
ILD Symptoms at diagnosis	<input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic, If symptomatic; <input type="checkbox"/> cough <input type="checkbox"/> dyspnea <input type="checkbox"/> fatigue <input type="checkbox"/> weight loss <input type="checkbox"/> other;.....
Extent of lung status:	<input type="checkbox"/> <20 <input type="checkbox"/> ≥20
HRCT	HRCT <input type="checkbox"/> Done, If Done HRCT Pattern (at CTD-ILD Diagnosis) <input type="checkbox"/> Usual Interstitial Pneumonia (UIP) <input type="checkbox"/> Non-Specific Interstitial Pneumonia <input type="checkbox"/> Organizing Pneumonia <input type="checkbox"/> LIP <input type="checkbox"/> Unclassified <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown
6 Min Walking Test (At diagnosis)	<input type="checkbox"/> Not Done <input type="checkbox"/> Done <input type="checkbox"/> Not completed <input type="checkbox"/> Completed

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	<p>.....meter</p> <p>spO2 (Initial):</p> <p>spO2 (End):</p>
FVC (At diagnosis) mL
FVC - % predicted (At diagnosis)
DLCO (At diagnosis)	..... mL/mm Hg/min
DLCO - % predicted (At diagnosis)	
DLCO / VA	.....
Is Lung Biopsy Performed?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, If Yes Date of Biopsy;/...../.....
Biopsy Result	.....
ECHO	<input type="checkbox"/> Done <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown If Done; Pulmonary Artery Pressure (s): mm/Hg TRV: EF: Pericardial Fluid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Right Heart Catheterization	<input type="checkbox"/> Done <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown If Done; mPAB: PCWP: PVR:
BNP pg/ml
Pro BNP pg/ ml

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LABORATORY PARAMETERS AT DIAGNOSIS

Date of Lab Results	I _ I _ I / I _ I _ I / I _ I _ I _ I																
Antinuclear antibody																
Rheumatoid factor	<input type="checkbox"/> Positive <input type="checkbox"/> Negative If Positive:																
Anti CCP	<input type="checkbox"/> Positive <input type="checkbox"/> Negative If Positive:																
Creatinine kinase																	
CRP (mg/dl)																	
Erythrocyte sedimentation rate																	
Miyositis specific antibody	<table border="0"> <tr> <td><input type="checkbox"/> Jo-1</td> <td><input type="checkbox"/> PL-7</td> <td><input type="checkbox"/> PL-12</td> <td><input type="checkbox"/> EJ</td> </tr> <tr> <td><input type="checkbox"/> OJ</td> <td><input type="checkbox"/> Mi-2</td> <td><input type="checkbox"/> SRP</td> <td><input type="checkbox"/> KS</td> </tr> <tr> <td><input type="checkbox"/> TIF1γ/α</td> <td><input type="checkbox"/> TIF1β</td> <td><input type="checkbox"/> MJ/NXP-2</td> <td><input type="checkbox"/> MDA5/CADM-140</td> </tr> <tr> <td><input type="checkbox"/> SAE</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Jo-1	<input type="checkbox"/> PL-7	<input type="checkbox"/> PL-12	<input type="checkbox"/> EJ	<input type="checkbox"/> OJ	<input type="checkbox"/> Mi-2	<input type="checkbox"/> SRP	<input type="checkbox"/> KS	<input type="checkbox"/> TIF1 γ/α	<input type="checkbox"/> TIF1 β	<input type="checkbox"/> MJ/NXP-2	<input type="checkbox"/> MDA5/CADM-140	<input type="checkbox"/> SAE			
<input type="checkbox"/> Jo-1	<input type="checkbox"/> PL-7	<input type="checkbox"/> PL-12	<input type="checkbox"/> EJ														
<input type="checkbox"/> OJ	<input type="checkbox"/> Mi-2	<input type="checkbox"/> SRP	<input type="checkbox"/> KS														
<input type="checkbox"/> TIF1 γ/α	<input type="checkbox"/> TIF1 β	<input type="checkbox"/> MJ/NXP-2	<input type="checkbox"/> MDA5/CADM-140														
<input type="checkbox"/> SAE																	
Anti-ro	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown																
Anti-ro 52	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown																
Anti – ds DNA																
Anti-la	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown																
Anti-Scl70	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown																

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Anti-Smith antibody	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
Anti rnp	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
C - ANCA	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
P - ANCA	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
Anti PR3	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
Anti MPO	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown

TYPE OF CTD TREATMENT

Type of CTD Treatment Initial Treatment	Start Date: I _ I _ I / I _ I _ I / I _ I _ I _ I
	Stop Date: I _ I _ I / I _ I _ I / I _ I _ I _ I <input type="checkbox"/> Ongoing
	<input type="checkbox"/> Corticosteroids; <input type="checkbox"/> Low Dose <input type="checkbox"/> High Dose
	<input type="checkbox"/> Immunosuppressive Therapy;
	<input type="checkbox"/> Biological immunosuppressive (Rituximab); <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD
	<input type="checkbox"/> Anti-cytokine (tocilizumab); <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD
	<input type="checkbox"/> CS – DMARD; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD
	<input type="checkbox"/> Biological DMARD; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD
	<input type="checkbox"/> TS – DMARD; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD
	<input type="checkbox"/> Other;
Is Medication change needed ?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

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Type of CTD Treatment Follow-up	<p>Reason for the change of previous therapy:</p> <p><input type="checkbox"/> Lack of Efficacy</p> <p><input type="checkbox"/> Intolerance or toxicity;</p> <p style="padding-left: 40px;"><input type="checkbox"/> Related to the lungs</p> <p style="padding-left: 40px;"><input type="checkbox"/> Not related to the lungs; Definition:</p> <p><input type="checkbox"/> Physician discretion</p> <p>Start Date: I _ I _ I / I _ I _ I / I _ I _ I _ I</p> <p>Stop Date: I _ I _ I / I _ I _ I / I _ I _ I _ I <input type="checkbox"/> Ongoing</p> <p><input type="checkbox"/> Corticosteroids; <input type="checkbox"/> Low Dose <input type="checkbox"/> High Dose</p> <p><input type="checkbox"/> Immunosuppressive Therapy;</p> <p style="padding-left: 40px;"><input type="checkbox"/> Biological immunosuppressive (Rituximab); <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p style="padding-left: 40px;"><input type="checkbox"/> Anti-cytokine (tocilizumab); <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p style="padding-left: 40px;"><input type="checkbox"/> CS – DMARD; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p style="padding-left: 40px;"><input type="checkbox"/> Biological DMARD; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p style="padding-left: 40px;"><input type="checkbox"/> TS – DMARD; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p><input type="checkbox"/> Other; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p>
	<p>Start Date: I _ I _ I / I _ I _ I / I _ I _ I _ I</p> <p>Stop Date: I _ I _ I / I _ I _ I / I _ I _ I _ I <input type="checkbox"/> Ongoing</p> <p><input type="checkbox"/> Corticosteroids; <input type="checkbox"/> Low Dose <input type="checkbox"/> High Dose</p> <p><input type="checkbox"/> Immunosuppressive Therapy</p> <p style="padding-left: 40px;"><input type="checkbox"/> Biological immunosuppressive (Rituximab); <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p style="padding-left: 40px;"><input type="checkbox"/> Anti-cytokine (tocilizumab); <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p style="padding-left: 40px;"><input type="checkbox"/> CS – DMARD; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p style="padding-left: 40px;"><input type="checkbox"/> Biological DMARD; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p style="padding-left: 40px;"><input type="checkbox"/> TS – DMARD; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p> <p><input type="checkbox"/> Other; <input type="checkbox"/> For CTD <input type="checkbox"/> For ILD</p>

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CLINICAL / LABORATORY PARAMETERS
AT FOLLOW UP IF APPLICABLE (Annually; Including 4th year follow-up)

Symptoms	<input type="checkbox"/> New symptom <input type="checkbox"/> Progression of the symptoms <input type="checkbox"/> Regression of the symptoms
Diseases since one year	Infection: <input type="checkbox"/> Yes. <input type="checkbox"/> None, If yes; <input type="checkbox"/> COVID19 Cardiovascular Disease <input type="checkbox"/> Yes. <input type="checkbox"/> None, If yes; <input type="checkbox"/> MI. <input type="checkbox"/> Stroke. <input type="checkbox"/> Other; Malignity <input type="checkbox"/> Yes. <input type="checkbox"/> None Other Diseases;
HRCT (High Resolution Computed Tomography)	<input type="checkbox"/> Done <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown If Done; HRCT Pattern (at CTD-ILD Diagnosis) <input type="checkbox"/> Usual Interstitial Pneumonia (UIP) <input type="checkbox"/> Non-Specific Interstitial Pneumonia <input type="checkbox"/> Organizing Pneumonia <input type="checkbox"/> LIP <input type="checkbox"/> Unclassified
HRCT assesment	<input type="checkbox"/> Progression <input type="checkbox"/> Regression <input type="checkbox"/> Stable
HRCT Result	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal If abnormal;

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	<input type="checkbox"/> Anterior upper lobe <input type="checkbox"/> Exuberant honeycombing <input type="checkbox"/> Straight edge <input type="checkbox"/> Other;
6 Min Walking Test (At diagnosis)	<input type="checkbox"/> Not Done <input type="checkbox"/> Done <input type="checkbox"/> Not completed <input type="checkbox"/> Completed meter spO2 (Initial): spO2 (End):
FVC (At follow-up)	..... mL
FVC - % predicted (At follow-up)	.....
DLCO (At follow-up)	..... mL/mm Hg/min
DLCO - % predicted (At follow-up)	
DLCO / VA	.....
ECHO	<input type="checkbox"/> Done <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown If Done; Pulmonary Artery Pressure (s): mm/Hg TRV: EF: Pericardial Fluid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Lab Results	I _ I _ I / I _ I _ I / I _ I _ I _ I
Antinuclear antibody

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Rheumatoid factor	<input type="checkbox"/> Positive <input type="checkbox"/> Negative If Positive:
Anti CCP	<input type="checkbox"/> Positive <input type="checkbox"/> Negative If Positive:
Creatinine kinase	.....
CRP (mg/dl)	.....
Erythrocyte sedimentation rate	.....
Miyositis specific antibody	<input type="checkbox"/> Jo-1 <input type="checkbox"/> PL-7 <input type="checkbox"/> PL-12 <input type="checkbox"/> EJ <input type="checkbox"/> OJ <input type="checkbox"/> Mi-2 <input type="checkbox"/> SRP <input type="checkbox"/> KS <input type="checkbox"/> TIF1 γ/α <input type="checkbox"/> TIF1 β <input type="checkbox"/> MJ/NXP-2 <input type="checkbox"/> MDA5/CADM-140 <input type="checkbox"/> SAE
Have there been any changes in the laboratory parameters below compared to the previous follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-ro	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Anti-ro 52	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Anti – ds DNA	.....
Anti-la	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Anti-Scl70	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Anti-Smith antibody	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Anti rnp	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
C - ANCA	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown

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P - ANCA	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
Anti PR3	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
Anti MPO	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown

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END OF STUDY PAGE

Is patient still followed up at the site?

☐ Yes

☐ No

If Yes;

Last Contact Date I__I__I / I__I__I / I__I__I__I

If No;

Last Contact Date I__I__I / I__I__I / I__I__I__I

Reason:

☐ Lost to follow-up

☐ Death;

Date of death: I__I__I / I__I__I / I__I__I__I

Reason for death:.....

☐ Other (.....)