

## RCP MATHEC FORM: MULTIPLE SCLEROSIS (MS)

This form, as well as those pertaining other autoimmune diseases, can be downloaded at the following link: <https://www.mathec.com/soignants/rcp-mathec/>

For each patient with MS: Please complete this form for each patient you wish to submit to the RCP MATHEC meeting and send it at least 2 days before the desired date of assessment to the following address: [valentina.unfer@aphp.fr](mailto:valentina.unfer@aphp.fr) or fax to : **+33 01.42.49.94.78**

### Referring Physician

Last Name : First name :  
Email :  
Name and address of hospital :  
Telephone : Fax :

### Referring Neurologist (if different)

Last Name : First name :  
Email :  
Name and address of hospital:  
Telephone : Fax :

### Patient to be presented

Last Name (maiden name) : Last name used :  
First Name : Sex :  
Birth Date :  
Address :  
Telephone :

## Disease History

RRMS     SPMS     PPMS     Date    \_\_/\_\_/\_\_\_\_

**Disease history** (please include EDMUS record in an annex)

### Disease onset

Date of disease onset    \_\_/\_\_/\_\_\_\_

### Relapses (complete in the annex if needed)

Date of 2<sup>nd</sup> relapse    \_\_/\_\_/\_\_\_\_

Date of last 3 relapses    \_\_/\_\_/\_\_\_\_    \_\_/\_\_/\_\_\_\_    \_\_/\_\_/\_\_\_\_

Number of relapses in the last year    \_\_    Last 2 years    \_\_

Total number of relapses    \_\_

### EDSS score (complete in the annex if needed)

Current EDSS score    \_\_    EDSS score 1 year ago    \_\_

EDSS 4     no     yes    Date    \_\_/\_\_/\_\_\_\_

Evolution SP     no     yes

### Walking Distance (WD) (complete in the annex if needed)

Current PM    \_\_\_\_ m

WD 1 year ago    \_\_\_\_ m

WD 2 years ago    \_\_\_\_ m

Cane     no     yes    Date    \_\_/\_\_/\_\_\_\_

### Disease activity on MRI

**Brain**     no     yes

NE T2 \_\_ G+T1 \_\_    Date    MRI1\* \_\_/\_\_/\_\_\_\_    MRI2\* \_\_/\_\_/\_\_\_\_

**Spinal**     no     yes

NE T2 \_\_ G+T1 \_\_    Date    MRI1\* \_\_/\_\_/\_\_\_\_    MRI2\* \_\_/\_\_/\_\_\_\_

\* MRI1 : Reference MRI; MRI2 : Actual MRI

**Treatments received** (complete in the annex if needed)

<b>Natalizumab</b>	<input type="checkbox"/> no	<input type="checkbox"/> yes	Start date __/__/____	End date __/__/____
<b>Alemtuzumab</b>	<input type="checkbox"/> no	<input type="checkbox"/> yes	Start date __/__/____	End date __/__/____
<b>Anti-CD20</b>	<input type="checkbox"/> no	<input type="checkbox"/> yes	Start date __/__/____	End date __/__/____
<b>Mitoxantrone</b>	<input type="checkbox"/> no	<input type="checkbox"/> yes	Start date __/__/____	End date __/__/____

**Current treatment**

<b>Last clinical assessment</b>																							
<b>Date : .../... /20....</b>																							
<b>Weight :</b>	<b>Height :</b>																						
<b><u>Cardiovascular assessment</u></b>																							
SBP : .....mmHg      DBP : .....mmHg      Heart rate : .....beats/min																							
ECG : .....																							
<b>Echocardiogram:</b> Date : / /																							
LVEF : .....%      EF : .....%      sPAP : .....mmHg      TAPSE : .....m/s																							
Dilated cardiomyopathy:.....																							
Valvular insufficiency:.....																							
Pericardial effusion:..... PH :.....																							
<b>Cardiac MRI* :</b> <input type="checkbox"/> no <input type="checkbox"/> yes      Date...../...../20.....																							
Result :.....																							
<b>*if prior treatment with mitoxantrone</b>																							
<b><u>Pulmonary assessment</u></b>																							
<b>Smoking :</b> <input type="checkbox"/> never <input type="checkbox"/> currently <input type="checkbox"/> previous      Packs per year: .....      Quitting Date .... / .../....																							
<b>Thoracic CT scan :</b> <input type="checkbox"/> no <input type="checkbox"/> yes      Date...../...../20.....																							
Result :.....																							
<b>Pulmonary Function Tests</b> Date...../...../20.....																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Air flow/volume</th> <th style="text-align: left; padding: 2px;">% Mean predicted value</th> </tr> </thead> <tbody> <tr><td style="padding: 2px;">FVC</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">FEV</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">FEV/VC max</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"><b>Spirometry</b></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">VC max</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TLC</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">RV</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"><b>Diffusion</b></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Corrected DLCO</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Corrected DLCO/VA</td><td style="padding: 2px;"></td></tr> </tbody> </table>	Air flow/volume	% Mean predicted value	FVC		FEV		FEV/VC max		<b>Spirometry</b>		VC max		TLC		RV		<b>Diffusion</b>		Corrected DLCO		Corrected DLCO/VA		
Air flow/volume	% Mean predicted value																						
FVC																							
FEV																							
FEV/VC max																							
<b>Spirometry</b>																							
VC max																							
TLC																							
RV																							
<b>Diffusion</b>																							
Corrected DLCO																							
Corrected DLCO/VA																							
Conclusion :.....																							
<b><u>Ultrasound – bladder</u></b> Date...../...../20.....																							
Urinary retention <input type="checkbox"/> no <input type="checkbox"/> yes      volume of the PVR : ___ ml																							
Neurogenic bladder <input type="checkbox"/> no <input type="checkbox"/> yes																							
Pyelocalyceal dilation <input type="checkbox"/> no <input type="checkbox"/> yes																							
<b><u>CT sinus scan + Consultation in otorhinolaryngology:</u></b> Date : / /																							
.....																							
<b><u>Panoramic radiograph + consultation in oral medicine :</u></b> Date : / /																							
.....																							
<b><u>Gynecologic consultation + mammography:</u></b> Date : / /																							
.....																							

**Laboratory parameters**

Date : / /

**Biochemistry :** Hb :.....g/dl WBC :...../mm<sup>3</sup> Platelets :...../mm<sup>3</sup> Lymphocytes :..... /mm<sup>3</sup>  
 CD3 : ..... /mm<sup>3</sup> CD4 : ..... /mm<sup>3</sup> CD8 : ..... /mm<sup>3</sup> CD19 : ..... /mm<sup>3</sup>

Fasting blood glucose: .....g/l Creatinine .....µmol/l Albumin .....g/l ASAT.....mmol/l ALAT.....mmol/l  
 CRP :.....mg/l. fibrinogen :.....g/l

**immunoelectrophoresis-serum test :** Hypogammaglobulinemia  no  yes Gamma globulin .....g/l

**Infectious disease assessment :**

	Serology		PCR	
	Results	Date	Results	Date
HIV 1/2 Ag+Ac				
JCV				
CMV				
EBV				
HBV	Ac HBs			
	Ag HBs			
	Ac HBc			
	Ac HBe			
HCV				
HHV8				
HSV 1/2				
Toxoplasmosis				
TPHA / VDRL				

Hepatitis B vaccination :  no  yes

Pneumococcal vaccination :  no  yes

Flu vaccination :  no  yes

Annex  
EDMUS

