

RCP MATHEC FORM: SYSTEMIC SCLEROSIS (SSc)

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 SSc: Please complete this form for each patient you wish to submit to the RCP MATHEC meeting and send it between 8 and 3 days before the desired date of assessment to the following address: 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:

Patient presented

Last name (maiden name):

Last name used:

First name:

Sex:

Date of birth:

Address:

Telephone:

Diagnosis and initial level of disease burden

Date of first symptoms other than Raynaud's phenomenon:

Date of Diagnosis:

ACR/EULAR 2013 classification criteria (*Annexe 1*)
Score (on 24):

Organ involvement (*heart, lungs, kidneys, digestive tract, others*):

SSc disease progression since diagnosis

List different lines of therapy used, treatment response, and complications encountered

Clinical profile at last follow-up		
Date : / /		
Weight :	Height :	
Cutaneous assessment		Date: / /
Rodnan:/51		
Digital ulcers: <input type="checkbox"/> no <input type="checkbox"/> yes		
Cardiovascular assessment		
SBP:mmHg	DBP :.....mmHg	Heart rate :beats/min
ECG:		
Holter ECG 24h:		
Echocardiogram:		
		Date : / /
LVEF:.....%	EF:.....%	sPAP:.....mmHg TAPSE:.....m/s
Dilated cardiomyopathy:.....		
Valvular insufficiency:.....		
Pericardial effusion:..... PH:.....		
Cardiac MRI: <input type="checkbox"/> no <input type="checkbox"/> yes Date...../...../20.....		
Result :		
Pulmonary assessment		
Smoking: <input type="checkbox"/> never <input type="checkbox"/> currently <input type="checkbox"/> previous Quitting date : / / Packs per year:		
Crackles: <input type="checkbox"/> no <input type="checkbox"/> yes		
Thoracic CT scan: <input type="checkbox"/> no <input type="checkbox"/> yes Date : / /		
Result:.....		
.....		
Pulmonary Function Tests		
		Date : / /
Air flow/volume	% Mean predicted value	
FVC		
FEV		
FEV/VC max		
Spirometry		
VC max		
TLC		
RV		
Diffusion		
Corrected DLCO		
Corrected DLCO/VA		
Conclusion :		
.....		
Right catheterization + salt load: <input type="checkbox"/> no <input type="checkbox"/> yes Date: / /		
(10cc/kg isotonic saline serum at 37°C over 10min)		
	Pre-load	After-load
mPAP		
PWP		
RAP (UWood)		
Blood flow		
Result:.....		

Laboratory parameters

Date: / /

Biochemistry: Hb:.....g/dl WBC:...../mm3 Lymphocytes:..... /mm3
Platelets:...../mm3 Creatinine:.....µmol/l Albumin:.....g/l
Proteinuria 24h:g/24h

Assessment of inflammation: CRP :.....mg/l. fibrinogen :.....g/l

Assessment of infectious diseases:

	Serology		PCR	
	Results	Date	Results	Date
HIV 1/2 Ag+Ac				
HTLV1/2				
CMV				
EBV				
HBV	Ac HBs			
	Ag HBs			
	Ac HBc			
	Ac HBe			
HCV				
HHV8				
HSV1/2				
Toxoplasmosis				
TPHA / VDRL				

Hepatitis B vaccination: no yes
Pneumococcal vaccination: no yes
Flu vaccination: no yes

CT sinus scan + Consultation in otorhinolaryngology:

Date: / /

Panoramic radiograph + consultation in oral medicine:

Date: / /

Gynecologic consultation + mammogram:

Date: / /

Current treatments

Annexe 1

Domaine	Criteria	Score #
Skin thickening of the fingers (only count the highest score)	Skin thickening of the fingers of both hands extending proximal to the MCP joints (sufficient criterion)	9
	Puffy fingers	2
	Sclerodactyly of the fingers (distal to MCP but proximal to the PIPs)	4
Fingertip lesions	Digital Tip Ulcers	2
	Fingertip Pitting Scars	3
Telangiectasia		2
Abnormal nailfold capillaries		2
Pulmonary involvement	Pulmonary hypertension and/or fibrosis	2
Raynaud's phenomenon		3
SSc-specific antibodies	Anti-topoisomerase	3
	Anti-centromere	
	Anti-RNA polymerase III	

Van Den Hoogen F, Arthritis Rheum, 2013