



45051

Subject ID:

Date form completed:

Day

Mon

Year

Clinic ID:

Investigator:

FIVE-FACTOR SCORE (FFS)

1) Does the patient have a newly diagnosed vasculitis or is he/she experiencing a disease flare of previously diagnosed vasculitis?

 Yes

please go on to question 2

 Noplease stop here (*FFS is not applicable*)

2) The FFS is based on the following 5 clinical items, with the presence of each being accorded 1 point for a maximum score of 5 (please tick the boxes):

- Renal insufficiency (serum creatinine \geq 1.58 mg/dl [140 micro mol/l])
- Proteinuria \geq 1g/day
- Central nervous system involvement
- Cardiomyopathy
- Severe gastrointestinal (GI) involvement (GI bleeding, infarction and/or pancreatitis)

Total Score

Important: For patients experiencing a disease flare and not those with newly diagnosed vasculitis, the items should only be considered in the context of active renal disease. In particular, renal insufficiency \geq 1.58 mg/l (140 μ mol/l) and/or proteinuria \geq 1 g/day present prior to the disease flare and considered to be a sequela of formerly active renal disease should not be scored.

FFS information: The FFS is a prognostic score that has been proven to accurately predict survival for patients with polyarteritis nodosa, microscopic polyangiitis or Churg-Strauss syndrome (Guillevin et al. *Medicine (Baltimore)* 1996;75:17-28; Gayraud et al. *Arthritis Rheum* 2001;44:666-75). For those diseases, 5-year survival rates were: 88% when FFS = 0; 74% when FFS = 1; and 54% when FFS \geq 2 (Guillevin et al. *Medicine* 1996;75:17-28). The FFS has not yet been formally validated for other vasculitides, e.g. Wegener's granulomatosis. Since validation studies were based on patients with newly diagnosed vasculitides, it remains to be established to what extent, if any, this prognostic score might be valid when it is applied at the time of a disease flare. Conversely, this instrument is not valuable for overall assessment of disease activity.