

**Study Number:** **Date:**

**Local Contact Email:**

**International Calciphylaxis Collaborative Network (ICCN)**

**Follow up Data Collection Form**

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| 1. Laboratory data: Enter the most recent lab values and please indicate the units in which the values are provided: |
|  Test name | Value | Date (dd/mm/yyyy) |
|  Creatinine |       |       |
|  Calcium (total) |       |       |
|  Corrected Calcium |       |       |
|  Phosphate |       |       |
|  Total protein |       |       |
|  Albumin |       |       |
|  Alkaline phosphatase (total)  |       |       |
|  Intact PTH (iPTH) |       |       |
|  Or Bioactive PTH (Whole PTH) |       |       |
|  CRP |       |       |
|  Haemoglobin |       |       |
|  |
| 2. Maximum location of lesions at follow-up date: (check all that apply) |
|  abdomen thighs buttock  penis / vulvar area breasts lower extremities (calves, legs)   feet / toes back arms  hands / fingers other  |
| 3. Size of the wound (cm): |
|  |
| 4. Has the wound changed? |
|  improving staying the same deteriorating |
| 5. Which of the following medical interventions were used to treat the calciphylaxis?  (check all that apply) |
|  calcium containing phosphate binders stopped vitamin D therapy stopped or reduced calcimimetics administered dialysate calcium concentration reduced dialysis frequency increased dialysis modality changed, if yes  describe       warfarin/coumadin stopped iron therapy stopped bisphosphonates given, if yes Name:       dose:        route:       length of administration:       sodium thiosulfate, if yes,  Dose:       length of administration:       hyperbaric oxygen treatment  if yes, prescription       oral antibiotics intravenous antibiotics maggots antioxidants other |
| 6. Which of the following surgical interventions were done? (check all that apply) |
|  parathyroidectomy  if yes, date      (dd/mm/yyyy) wound debridement in operating room  wound debridement outside of operating room (i.e. clinic, home) amputation revascularisation / angioplasty skin graft other |
| 7. Were any other consultants/teams involved in the management of patient? (check all that apply) |
|  surgical vascular general plastic wound care specialist other than plastic surgeon dermatology infectious disease rheumatology haematology pain specialist wound follow-up (pls use wound assessment tool) pain scale folllow-up (1-10)  |
| 7. Did the patient develop bacteremia?  |  |
|  |
| 8. Did skin lesions resolve? |  |
|  If yes approximate date of full healing |       (dd/mm/yyyy) |
|  |
| 9. If the patient died, what was the primary cause of death? |
|       |
| 10. If not the primary cause, was calciphylaxis considered a secondary cause of death? |  |
|  |
| 11. Did the patient withdraw from dialysis prior to death? |  |
|  |
| ***Any other comments/information*** |
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| ***END of Follow up Data Collection Form*** |
| ***Thank you very much for submitting your patient details to EuCalNet.******PLEASE ENSURE THE STUDY NUMBER HAS BEEN ENTERED ON PAGE ONE.*** |
| Please fax the form to **+49 3576287944** | For any questions please email hrothe@moldiag.de |
| You will receive a reminder for follow up data collection in 4 months time if appropriate. |