

# Identifying participants

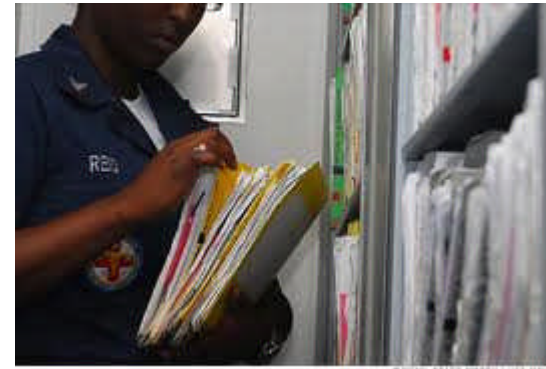


Patients over 18 years with

- A new diagnosis of vasculitis
- An established diagnosis

Date of diagnosis must not be more than two years before the date of enrolment  
Patients can have had symptoms for longer

- A potential diagnosis of vasculitis



# Patients eligible for DCVAS



## **CASES - a new or established diagnosis of:**

GPA	Granulomatosis with polyangiitis (formally Wegener's granulomatosis)
MPA	Microscopic polyangiitis
CSS	Churg Strauss syndrome
PAN	Polyarteritis nodosa
GCA	Giant cell arteritis
TAK	Takayasu arteritis
OTHER	Less common vasculitis: Behcet's disease; cryoglobulinaemic vasculitis; Henoch-Schonelin purpura; isolated aortitis; primary cerebral vasculitis; single organ vasculitis; other small and large vessel vasculitis

## **COMPARATORS - any disease which mimics vasculitis**

patients who present in a similar way to vasculitis but are subsequently given an alternative diagnosis

# Study time points



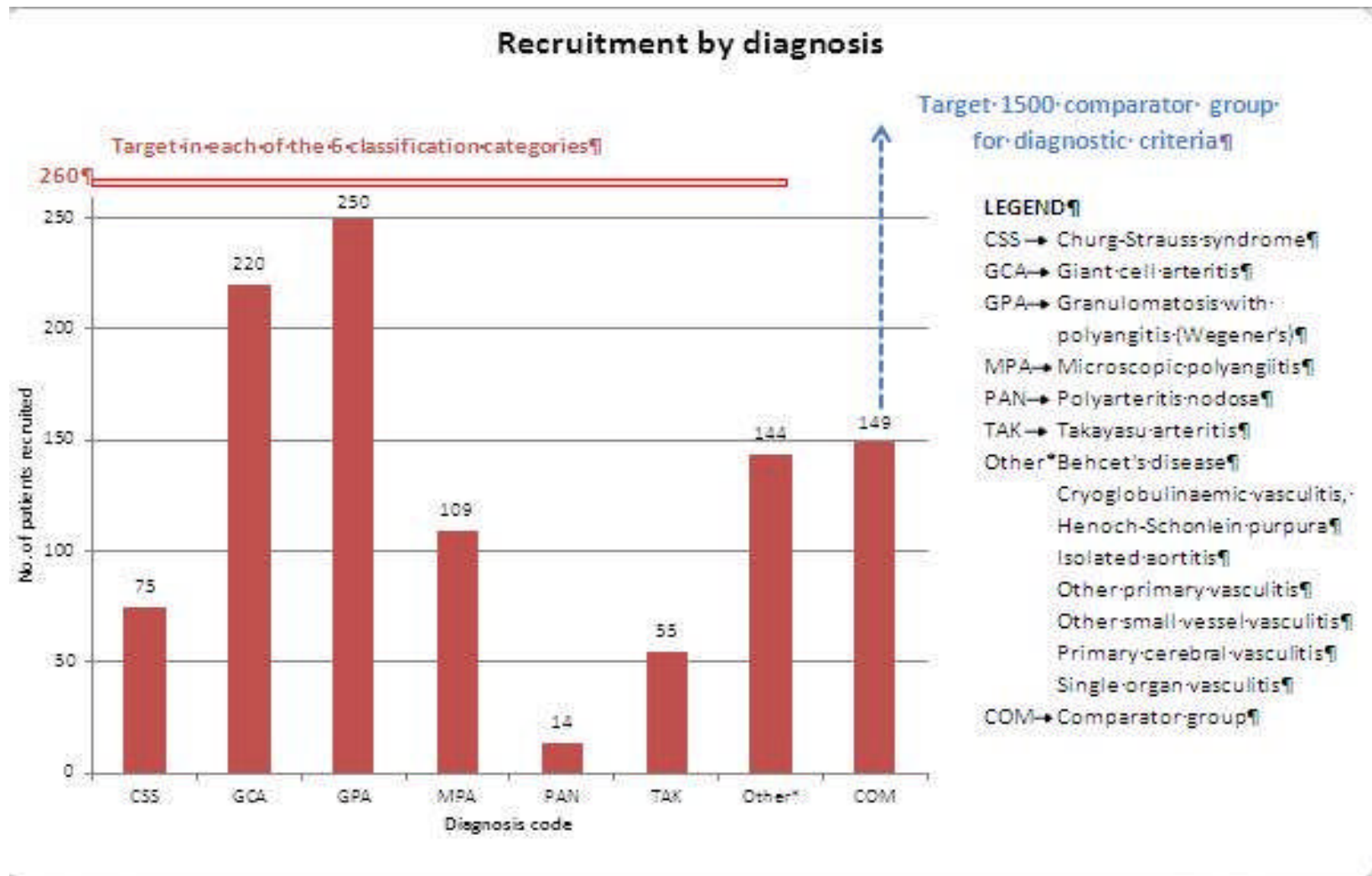
- Baseline data
  - The baseline data refers to all relevant information from onset of symptoms up to the time of diagnosis
- Follow up data
  - the closest time point six months from date of diagnosis
  - The date of follow up should not be less than 2 weeks earlier, but can be greater than 6 months to fit with local routine follow up.
  - 6 month data can be confirmed via telephone (if reliable)

# Retrospective recruitment



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- Patients who have an established diagnosis or were referred with a suspected diagnosis of vasculitis (i.e. both cases and comparators)
  - The date of diagnosis should not be greater than two years earlier to the date the patient is screened and consent taken.
  - Patients can have had symptoms for longer than two years

# Patients needed for the comparator group to develop diagnostic criteria



# Identifying comparator patients

DCVAS

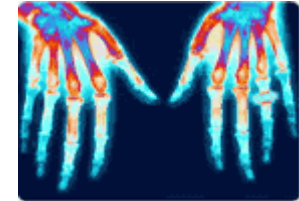
- Referrals from other specialties, e.g. renal, respiratory, neurology, ENT, ophthalmology
- Engage nurse specialists and junior doctors
- Use posters to advertise in other departments
- Attend multidisciplinary team meetings
- Use flyers on front of notes of potentially eligible patients to alert practitioners
- Talking at medical grand rounds and meetings
- Talking at vasculitis support groups



# Comparator group patients - rheumatology



## Could this patient have vasculitis?



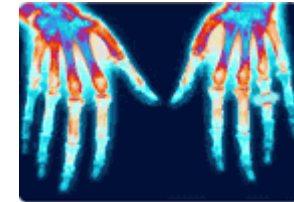
### *Clinical scenarios to consider*

- Referred to secondary or tertiary care with a suspicion of vasculitis
- Multi-system disease
- Fever
- Chronic signs and/or symptoms of upper airways disease
- Acute respiratory distress
- Acute or progressive renal impairment and/or failure
- New-onset headache
- Other signs or symptoms of ocular disease
- Inflammatory arthritis
- Rash
- Positive serologic test for autoimmune disease (ANCA, ANA, other)

# Comparator group patients - rheumatology



Could this patient have vasculitis?



*Potential diseases that could act as comparators*

RA/SLE/polymyositis/dermatomyositis/ antiphospholipid syndrome/ mixed connective tissue disease / sarcoid / Sjogren's / periodic fever syndrome / eosinophilic fasciitis

Patients seen in rheumatology who end up with another diagnosis,  
*for example* cancer or infectious disease

Vasculitis secondary to another cause

*For example, a patient known to have RA for 10 years who develops vasculitis leg ulcers*



# Comparator group patients - renal



## Could this patient have vasculitis?

### *Clinical scenarios to consider*

- Acute or progressive renal impairment and /or failure
- Microscopic haematuria
- Multi-system disease
- Unexplained fever, raised inflammatory markers



### *Potential diseases that could act as comparators*

- Goodpastures/anti GBM disease
- SLE
- Anti-phospholipid syndrome
- Acute HIV, subacute bacterial endocarditis, TB
- Acute tubular necrosis

# Comparator group patients - respiratory



## Could this patient have vasculitis?

### *Clinical scenarios to consider*

- Chronic signs and /or symptoms of upper airway disease
- Acute respiratory distress
- Exacerbation of asthma
- Multi-system disease
- Unexplained fever, raised inflammatory markers
- Haemoptysis / pulmonary haemorrhage

### *Potential diseases that could act as comparators*

- Cavitating lung diseases e.g. staph or TB
- Goodpastures/anti GBM disease
- Interstitial lung diseases
- Airways stenosis not due to vasculitis



# Comparator group patients - ophthalmology



## Could this patient have vasculitis?

### *Clinical scenarios to consider*

- New onset headache
- Sudden visual loss
- Visual blurring/disturbances



### *Potential diseases that could act as comparators*

- Migraine or other headache syndrome
- Sjogren's syndrome
- Uveitis

# Comparator group patients - ENT



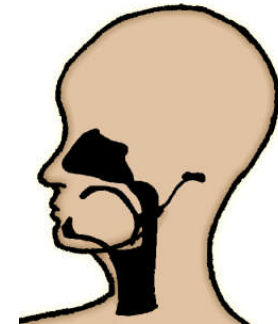
Could this patient have vasculitis?

## *Clinical scenarios to consider*

Chronic signs and/or symptoms of upper airways disease  
e.g. nasal crusting, recurrent nosebleeds  
Ischemic jaw or tongue pain

## *Potential diseases that could act as comparators*

Chronic idiopathic sinusitis  
Cocaine abuse  
Sinus destruction secondary to infection or malignancy



# Comparator group patients - neurology



## Could this patient have vasculitis?

### *Clinical scenarios to consider*

- New onset headache
- Sudden visual loss
- Stroke
- Peripheral neuropathy (either sensory or motor)

### *Potential diseases that could act as comparators*

- Guillain-Barre syndrome
- Migraine or other headache syndrome
- Stroke not due to vasculitis
- Multiple sclerosis

