



**BSRBR-RA Event of Special Interest (ESI) Report  
SERIOUS HEPATIC DYSFUNCTION / FAILURE**

**Study ID:**

**HRN:**

**Patient Initials:**

**Gender:**

**Date of Birth:**

**NHS Number:**

**Event Date:**

**Biologic/biosimilar at time of event:**

**Product Batch Number:**

**Event Details** (please annotate with any additional information including time course)

**What signs and symptoms did the patient have?**

- |                       |                              |                             |                                     |
|-----------------------|------------------------------|-----------------------------|-------------------------------------|
| → Jaundice            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| → Ascites             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| → Coagulopathy        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| → Oesophageal varices | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| → Hypoglycaemia       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| → Encephalopathy      | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |

**What investigations were performed?**

Did the patient have raised Liver Enzymes?  YES  NO  DON'T KNOW

Please give the highest levels reached:

- |              |                    |
|--------------|--------------------|
| • AST: _____ | • Alk Phos: _____  |
| • ALT: _____ | • Bilirubin: _____ |
| • INR: _____ |                    |

And the **Lowest** albumin Level: \_\_\_\_\_

→ Was a liver biopsy performed?  YES  NO

Please give details or attach report

→ Was a CT/MRI/USS of the liver performed?  YES  NO

Please give details or attach report

**Medication at time of event:**

**METHOTREXATE: YES / NO** (please circle)

OTHER (please list):

**What previous history did the patient have?**

●Prior liver disease

YES  NO  DON'T KNOW

Details:

●Excessive alcohol intake

YES  NO  DON'T KNOW

Details:

●Infective hepatitis or other pre-existing infection

YES  NO  DON'T KNOW

Details:

●Drug abuse

YES  NO  DON'T KNOW

Details:

Did the patient undergo a liver transplant? (please circle) Yes / No

What was the outcome of the event?

Resolved  Not Resolved  Resolved with sequelae  Fatal

Details:

Do you believe there is a possibility that this adverse event was related to the

biologic/biosimilar drug used to treat RA? Yes  No  Unknown

If **Yes** please confirm which drug: \_\_\_\_\_

Form completed

By: \_\_\_\_\_

On: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return ESI/s to: BSRBR-RA. The University of Manchester,  
Unit 4 Rutherford House, 40 Pencroft Way, Manchester Science  
Park Manchester, M15 6SZ.  
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