NATIONAL DERMATOLOGY REGISTRY (DermReg) **Malaysian Psoriasis Registry** **Biologic Treatment Follow Up Form**	***CONFIDENTIAL*** For official use only: ID:
Instructions: Where check boxes ❑ are provided, check (✓)one or more boxes. Where radio buttons ⊙ are provides, check (✓) one button only	Centre

Doctors' name	
Name of institution	

SECTION 1: DEMOGRAPHIC DETAILS

1. Visit date (dd/mm/yyyy)	☐☐/☐☐/☐☐☐☐
2. Name of patient	
3. NRIC	MyKad/MyKid: ☐☐☐☐☐☐ – ☐☐ – ☐☐☐☐ Old IC: ☐☐☐☐☐☐☐☐ Other ID document No : ☐☐☐☐☐☐☐☐☐☐ Specify type of ID : ……

SECTION 2 : CLINICAL EXAMINATION

a) Weight: ☐☐☐ kg **b) Blood pressure:** ☐☐☐ / ☐☐☐ mmHg

c) POST- TREATMENT PASI EVALUATION

Body region	**Plaque characteristic** *0 = None, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe*			**Percentage involvement of each body region**
	Erythema	**Thickness**	**Scaling**	
Head	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ None ⊙ 50 – 69% ⊙ 1 - 9% ⊙ 70 – 89% ⊙ 10 - 29% ⊙ 90 – 100% ⊙ 30 – 49%
Upper limbs	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ None ⊙ 50 – 69% ⊙ 1 - 9% ⊙ 70 – 89% ⊙ 10 - 29% ⊙ 90 – 100% ⊙ 30 – 49%
Trunk	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ None ⊙ 50 – 69% ⊙ 1 - 9% ⊙ 70 – 89% ⊙ 10 - 29% ⊙ 90 – 100% ⊙ 30 – 49%
Lower limbs	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ ⊙ ⊙ ⊙ ⊙ 0 1 2 3 4	⊙ None ⊙ 50 – 69% ⊙ 1 - 9% ⊙ 70 – 89% ⊙ 10 - 29% ⊙ 90 – 100% ⊙ 30 – 49%

SECTION 3 : BIOLOGIC DOSES RECEIVED

Name of biologic agent	**Date of injection**	**Self-administered**
		⊙ No ⊙ Yes
		⊙ No ⊙ Yes
		⊙ No ⊙ Yes
		⊙ No ⊙ Yes
		⊙ No ⊙ Yes

SECTION 4 : ADVERSE EVENT(S) DURING BIOLOGIC TREATMENT

Adverse event(s)		**Date of onset (dd/mm/yyyy)**
a) Cancer		
❑ Skin cancer	⊙ No ⊙ Yes, specify _____	☐☐/☐☐/☐☐☐☐
❑ Other cancers	⊙ No ⊙ Yes, specify _____	☐☐/☐☐/☐☐☐☐
b) Infection		
❑ Tuberculosis reactivation	⊙ No ⊙ Yes, specify location	☐☐/☐☐/☐☐☐☐
❑ Candida If yes, is it recurrent?	⊙ No ⊙ Yes ⊙ No ⊙ Yes	☐☐/☐☐/☐☐☐☐
❑ Herpes simplex If yes, is it recurrent?	⊙ No ⊙ Yes ⊙ No ⊙ Yes	☐☐/☐☐/☐☐☐☐
❑ Upper respiratory tract infection	⊙ No ⊙ Yes	☐☐/☐☐/☐☐☐☐
❑ Pneumonia	⊙ No ⊙ Yes	☐☐/☐☐/☐☐☐☐
❑ Cellulitis	⊙ No ⊙ Yes	☐☐/☐☐/☐☐☐☐
❑ Folliculitis	⊙ No ⊙ Yes	☐☐/☐☐/☐☐☐☐

❑ Others	⊙ No ⊙ Yes, specify _____	/ /
❑ Others	⊙ No ⊙ Yes, specify _____	/ /
❑ Others	⊙ No ⊙ Yes, specify _____	/ /
c) Worsening of psoriasis	⊙ No ⊙ Yes	/ /
d) Neuropsychiatry disorders		
❑ Demyelinating disease	⊙ No ⊙ Yes	/ /
❑ Epilepsy	⊙ No ⊙ Yes	/ /
❑ Psychiatric disorder	⊙ No ⊙ Yes, specify _____	/ /
❑ Others	⊙ No ⊙ Yes, specify _____	/ /
e) Autoimmune disease	⊙ No ⊙ Yes, specify _____	/ /
f) Injection site reaction	⊙ No ⊙ Yes	/ /
g) Major adverse cardiovascular event (MACE)	⊙ No ⊙ Yes, specify _____	/ /
h) Others	⊙ No ⊙ Yes, specify _____	/ /

SECTION 5 : CHANGE/CESSATION OF BIOLOGIC TREATMENT

1. Date of change/cessation (dd/mm/yyyy)	/ /
2. Change/cessation of biologic treatment	⊙ Change in current biologic dosage ⊙ Change to another biologic ⊙ Change to another systemic agent. Specify _____ ⊙ Withhold biologic treatment ⊙ Change in biologic treatment interval. Specify _____
a) If changed to another biologic agent, please specify	⊙ Infliximab ⊙ Secukinumab ⊙ Risankizumab ⊙ Adalimumab ⊙ Ixekizumab ⊙ Guselkumab ⊙ Etanercept ⊙ Others, specify _____ ⊙ Ustekinumab
b) If changed to another systemic agent, please specify	❑ Phototherapy ❑ Cyclosporin ❑ Oral methotrexate ❑ Hydroxyurea ❑ Parenteral methotrexate ❑ Systemic corticosteroids ❑ Acitretin ❑ Other systemic agent, specify ❑ Sulphasalazine _____
c) Reason for change/cessation	❑ Financial reasons ❑ Patient's decision ❑ Adverse event ❑ Almost or clear of lesions ❑ Primary lack of efficacy ❑ Clinical trial participation ❑ Secondary loss of efficacy ❑ Others, specify_____

SECTION 6 : CONCOMITANT SYSTEMIC TREATMENT

1. Concomitant systemic treatment / phototherapy	⊙ No ⊙ Yes, ❑ Phototherapy ❑ Oral methotrexate ❑ Parenteral methotrexate ❑ Acitretin ❑ Sulphasalazine ❑ Cyclosporin ❑ Hydroxyurea ❑ Systemic corticosteroids ❑ Others, specify _____

SECTION 7 : INVESTIGATIONS

1. Laboratory values (within last 6 months)

	Result	Date
Haemoglobin (g/DL):		
White cell count (x10^9/L):		
Platelet (x10^9/L):		
Urea (mmol/L):		
Creatinine (umol/L):		
Aspartate Aminotransferase (AST) (U/L):		
Alanine transaminase (ALT) (U/L):		