BSRBR-RA Event of Special Interest (ESI) Report
LYMPHOPROLIFERATIVE MALIGNANCY

Study ID: **HRN:** **Patient Initials:**	**Gender:** **Date of Birth:** **NHS Number:**
Event Date:	**Biologic/biosimilar at time of event:** **Product Batch Number:**

Event Details

What was the diagnosis? (Please include site)

Histopathological classification & Staging/ Radiology: (If known, please enclose a copy of the results)

Treatment Regime:

Withdrawal of MTX, no other treatment given ☐

Withdrawal of biologic/biosimlar, no other treatment given ☐

☐ Surgery ☐ Chemo regime ☐ Rituximab ☐ Radiotherapy

Tissue EBV Status: ☐ Positive ☐ Negative ☐ Unknown

Past history of Sjögren's disease? ☐ YES ☐ NO ☐ DON'T KNOW

Please provide name & hospital of doctor treating the malignancy if available:

Positive family history of cancer? ☐ YES ☐ NO ☐ DON'T KNOW

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: _____

What was the outcome of the event?

Resolved ☐ Not Resolved ☐ Resolved with sequelae ☐ Fatal ☐

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. You can also fax these to: 0161 2751640