

METRIC

 Site

 Date of form

 Patient Number
 Initials

 Date of birth

PATIENT CASE REPORT FORM: MRI INTERPRETATION

Radiologist Initials _____

MRI platform _____

Central review (due to unblinding at recruitment site) Y/N

Are you blinded to other clinical tests and investigations and patient clinical history (other than previous surgical history and new diagnosis or relapse cohort) Y/N

If N state what information/ test data you are aware of (e.g. barium FT) _____

| Segment | Quality of segmental visualisation to make correct diagnosis | | | | If poor visualisation, tick why | | |
|------------------|--|---|---|---|---|---|---|
| | 1-good/ 2-moderate/ 3-poor/ 4-N/A or excised | | | | 1- poor distension/ 2- oral contrast not reached segment/ 3-Other (state) | | |
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 |
| duodenum | | | | | | | |
| Jejunum* | | | | | | | |
| ileum | | | | | | | |
| Terminal ileum** | | | | | | | |
| Caecum | | | | | | | |
| Ascending | | | | | | | |
| Transverse | | | | | | | |
| Descending | | | | | | | |
| Sigmoid | | | | | | | |
| Rectum | | | | | | | |

* small bowel from DJ flexure mainly to the left of a diagonal running from the RUQ to LLQ showing typical feathery fold pattern, ** last 10cm of ileum upstream of IV valve/anastomosis

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| Overall disease assessment (to be completed for all patients) | | | | | | |
|--|------------------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|--------------------------------|
| | Normal | | Equivocal | | Abnormal | |
| Confidence of presence | 1 (disease definitely not present) | 2 (disease probably not present) | 3 (disease possibly not present) | 4 (disease possibly present) | 5 (disease probably present) | 6 (disease definitely present) |
| Any small bowel disease PRESENT? tick confidence box | | | | | | |
| Confidence of activity | 1 (disease definitely not active) | 2 (disease probably not active) | 3 (disease possibly not active) | 4 (disease possibly active) | 5 (disease probably active) | 6 (disease definitely active) |
| If present (confidence score ≥ 3) is it ACTIVE? tick confidence box | | | | | | |
| Confidence of presence | 1 (disease definitely not present) | 2 (disease probably not present) | 3 (disease possibly not present) | 4 (disease possibly present) | 5 (disease probably present) | 6 (disease definitely present) |
| Any colonic disease PRESENT? tick confidence box | | | | | | |
| Confidence of activity | 1 (disease definitely not active) | 2 (disease probably not active) | 3 (disease possibly not active) | 4 (disease possibly active) | 5 (disease probably active) | 6 (disease definitely active) |
| If present (confidence score ≥ 3) is it ACTIVE? tick confidence box | | | | | | |

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| | | | | |
|--|------------------------------|---|-----------------------------|----------------------------|
| Lymphadenopathy (0-3) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Abnormal free fluid (Y/N) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Abscess present | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| <i>If yes please state size & location</i> | | | | |
| Fistula present (circle all that apply) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| <i>If yes please circle location</i> | | | | |
| | | Ileo-ileal Ileo-colic entero-cutaneous ileo-vesical colon-vesical jejun- jejunal jejuno-colic Other (state _____) | | |
| Other small bowel diagnosis (e.g. adhesions, meckels, radiation enteritis etc) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| <i>If yes please state</i> | | | | |
| Extra enteric findings (e.g. aortic aneurysm, gallstones, solid organ abnormality, phlegmon) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| <i>If yes please state</i> | | | | |
| Are you recommending any further tests? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| <i>If yes please state which</i> | | | | |

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PATIENT CASE REPORT FORM: MRI INTERPRETATION

Please complete for each segment **Confidence of disease PRESENCE**

| | Normal | | Equivocal | | Abnormal | |
|----------------------|------------------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|--------------------------------|
| Segment | 1 (disease definitely not present) | 2 (disease probably not present) | 3 (disease possibly not present) | 4 (disease possibly present) | 5 (disease probably present) | 6 (disease definitely present) |
| Duodenum (D) | | | | | | |
| Jejunum (J) | | | | | | |
| Ileum (I) | | | | | | |
| Terminal ileum (TI)* | | | | | | |
| Caecum (C) | | | | | | |
| Ascending colon (A) | | | | | | |
| Transverse colon (T) | | | | | | |
| Descending colon (D) | | | | | | |
| Sigmoid (S) | | | | | | |
| Rectum (R) | | | | | | |

*throughout, if TI disease is contiguous for over 10cm count just as TI not TI and ileum

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| Confidence of disease ACTIVITY Please complete for each segment if confidence scores 3-6 for disease presence above i.e. present or equivocal | | | | | | | |
|---|---|-----------------------------------|---------------------------------|---------------------------------|-----------------------------|-----------------------------|-------------------------------|
| Segment | No disease (i.e. confidence scores 1 or 2 for disease presence) | Normal | | Equivocal | | Active | |
| | | 1 (disease definitely not active) | 2 (disease probably not active) | 3 (disease possibly not active) | 4 (disease possibly active) | 5 (disease probably active) | 6 (disease definitely active) |
| Duodenum (D) | | | | | | | |
| Jejunum (J) | | | | | | | |
| Ileum (I) | | | | | | | |
| Terminal ileum (TI) | | | | | | | |
| Caecum (C) | | | | | | | |
| Ascending colon (A) | | | | | | | |
| Transverse colon (T) | | | | | | | |
| Descending colon (D) | | | | | | | |
| Sigmoid (S) | | | | | | | |
| Rectum (R) | | | | | | | |

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PATIENT CASE REPORT FORM: MRI INTERPRETATION Disease Description Please complete for each disease site (defined as >3cm of normal bowel between disease sites). Use one table for each disease site. Only record segments which if you have a confidence score of 3 or more for disease presence. Use score definitions at the start of this CRF

DISEASE SITE 1

| Location | Tick one location | Single Wall thickness (mm) thickest portion | Wall thickening | Length of abnormal bowel (cm) | Stenosis causing functional obstruction | Peri-mural T2 signal | Mural T2 signal | Ulceration | Contrast enhancement | Contrast enhancement pattern | Diffusion signal | Does the segment contain established fibrosis (Y/N) | Segmental disease severity assessment | Segment shows active disease (Y/N) |
|----------|-------------------|---|-----------------|-------------------------------|---|----------------------|-----------------|------------|----------------------|------------------------------|------------------|---|---------------------------------------|------------------------------------|
| Duo | | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | |
| TI | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | |
| Des | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | |

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DISEASE SITE 2

| Location | Tick one location | Single Wall thickness (mm) thickest portion | Wall thickening | Length of abnormal bowel (cm) | Stenosis causing functional obstruction | Peri-mural T2 signal | Mural T2 signal | Ulceration | Contrast enhancement | Contrast enhancement pattern | Diffusion signal | Does the segment contain established fibrosis (Y/N) | Segmental disease severity assessment | Segment shows active disease (Y/N) |
|----------|-------------------|---|-----------------|-------------------------------|---|----------------------|-----------------|------------|----------------------|------------------------------|------------------|---|---------------------------------------|------------------------------------|
| Duo | | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | |
| TI | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | |
| Des | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | |

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PATIENT CASE REPORT FORM: MRI INTERPRETATION Disease Description Please complete for each disease site (defined as >3cm of normal bowel between disease sites). Use one table for each disease site. Only record segments which if you have a confidence score of 3 or more for disease presence. Use *score definitions at the start of this CRF*

DISEASE SITE 3

| Location | Tick one location | Single Wall thickness (mm) thickest portion | Wall thickening | Length of abnormal bowel (cm) | Stenosis causing functional obstruction | Peri-mural T2 signal | Mural T2 signal | Ulceration | Contrast enhancement | Contrast enhancement pattern | Diffusion signal | Does the segment contain established fibrosis (Y/N) | Segmental disease severity assessment | Segment shows active disease (Y/N) |
|----------|-------------------|---|-----------------|-------------------------------|---|----------------------|-----------------|------------|----------------------|------------------------------|------------------|---|---------------------------------------|------------------------------------|
| Duo | | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | |
| TI | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | |
| Des | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | |

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PATIENT CASE REPORT FORM: MRI INTERPRETATION Disease Description Please complete for each disease site (defined as >3cm of normal bowel between disease sites). Use one table for each disease site. Only record segments which if you have a confidence score of 3 or more for disease presence. Use *score definitions at the start of this CRF*

DISEASE SITE 4

| Location | Tick one location | Single Wall thickness (mm) thickest portion | Wall thickening | Length of abnormal bowel (cm) | Stenosis causing functional obstruction | Peri-mural T2 signal | Mural T2 signal | Ulceration | Contrast enhancement | Contrast enhancement pattern | Diffusion signal | Does the segment contain established fibrosis (Y/N) | Segmental disease severity assessment | Segment shows active disease (Y/N) |
|----------|-------------------|---|-----------------|-------------------------------|---|----------------------|-----------------|------------|----------------------|------------------------------|------------------|---|---------------------------------------|------------------------------------|
| Duo | | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | |
| TI | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | |
| Des | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | |

Please attach additional pages if required. If additional pages added, insert total number of additional pages used: _____page(s)

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| PATIENT CASE REPORT FORM: MRI INTERPRETATION: Additional Sequences | | |
|--|--------------------------|--------------------------|
| | Diffusion weighted | Contrast enhanced |
| Not helpful | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnosis unchanged but increased confidence | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnosis changed-additional disease site detected | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnosis changed-disease site now discounted | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnosis changed –disease re-classified as active | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnosis changed –disease re-classified as inactive | <input type="checkbox"/> | <input type="checkbox"/> |
| Other-state | | |

Completed by:

Print name:

Signature:

Date:

Office Use Only:

Received by (Print name & sign):

Date:

Entered by: (Print name & sign):

Date: