

## A-STAR: Current Systemic Therapy

Patient Study ID:

Initials:

### Current systemic therapy (for additional therapies print further CRF pages)

**Name of therapy:**

- |   |   |
|---|---|
| <input type="checkbox"/> Oral Azathioprine          | <input type="checkbox"/> Lebrikizumab   |
| <input type="checkbox"/> Oral Cyclosporin           | <input type="checkbox"/> Nemolizumab  |
| <input type="checkbox"/> Oral Methotrexate          | <input type="checkbox"/> Rocatinlimab   |
| <input type="checkbox"/> Oral Mycophenolate mofetil | <input type="checkbox"/> Subcutaneous Dupilumab   |
| <input type="checkbox"/> Oral Prednisolone          | <input type="checkbox"/> Tralokinumab   |
| <input type="checkbox"/> Subcutaneous Methotrexate  | <input type="checkbox"/> Upadacitinib   |
| <input type="checkbox"/> Subcutaneous Omalizumab    | <input type="checkbox"/> Other (specify below, including route of administration):<br>_____             |
| <input type="checkbox"/> Abrocitinib                | <input type="checkbox"/> Investigational medication (specify below & route of administration):<br>_____ |
| <input type="checkbox"/> Baricitinib                |   |

**Dose:**  mg

**Frequency:**  Daily  Weekly  Other

**Start date:**

**Ongoing:**  Yes  No

**Stop date:**

**Effect:**

- Excellent (Clearance)
- Good
- Moderate
- Poor
- Unknown

**Reason for stopping:**

- Insufficient response
- Relapse (after initial good response)
- Side effect
- Cumulative dose
- Remission
- Other: \_\_\_\_\_

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