



**European multicenter cohort of patients with Hypereosinophilia and Hypereosinophilic syndromes**

**Patient number :** |\_\_|\_\_| |\_\_|\_\_|\_\_|

*2 first digits = number of the investigative center*

*3 last digits = personal inclusion number*

*001 to 100 : internal medicine /clinical immunology ; from 101 to 200 : dermatology ; from 201 to 300 : pneumology ; from 301 to 400 : hematology ; from 401 to 500 : pediatrics ; from 501 to 600 : gastro-enterology ; 601 and more : other*

**PATIENT'S INITIALS [Last name ; First name] :** |\_\_| |\_\_|

**DATE OF BIRTH (MM / YYYY)** |\_\_|\_\_| |\_\_|\_\_|\_\_|

**Gender**  Female  Male

**DATE OF INCLUSION (DD MM YYYY)** |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|

**INVESTIGATOR**

**NAME :** .....

**DEPARTMENT :** .....

**MAIL :** .....@.....

**PHONE :** .....

**BIO BANKING :**

Was a blood sample collected  YES  NO  Not applicable

**DATE OF SAMPLE (DD MM YYYY)** |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|

**Inclusion criteria :**

Male or female, all ages	
Fulfilling diagnostic criteria for hypereosinophilia OR hypereosinophilic syndrome (organ damage related to tissue eosinophilia + blood hypereosinophilia) OR tissue-restricted eosinophilia (without blood hypereosinophilia)	<input type="radio"/> YES <input type="radio"/> NO
<i>i.e</i> With blood eosinophils > 1.5 x10.9/L (at 2 occasions ≥ 1 month) and/or organ damage related to tissue eosinophilia	<input type="radio"/> YES <input type="radio"/> NO
Irrespective of the cause of eosinophilia : clonal, idiopathic, reactive, associated to chronic inflammatory/auto-immune disorders (Ig4 related disease, IBD, connective tissue diseases, ANCA negative EGPA..), or of undetermined significance	
Diagnosis of HE/HES since 01/01/2005	<input type="radio"/> YES <input type="radio"/> NO
Patient covered by the health insurance coverage	<input type="radio"/> YES <input type="radio"/> NO
Patient agreeing to comply with all study procedures throughout its duration	<input type="radio"/> YES <input type="radio"/> NO

**IF ONE QUESTION ABOVE IS ANSWERED “NO”, THE PATIENT CANNOT BE INCLUDED**

**Exclusion criteria :**

Unable to understand the informed consent form / Refusal to sign the consent form	<input type="radio"/> YES <input type="radio"/> NO
Freedom deprivation	<input type="radio"/> YES <input type="radio"/> NO
Persons under a legal protection scheme (state supervision/guardianship)	<input type="radio"/> YES <input type="radio"/> NO
Positive assay of anti PR3 or anti MPO antibodies	<input type="radio"/> YES <input type="radio"/> NO
Bullous pemphigoid	<input type="radio"/> YES <input type="radio"/> NO
HE/HES related to drug hypersensitivity reaction, helminth, solid neoplasia or acute hematological malignancies (lymphoma, acute leukemia...)	<input type="radio"/> YES <input type="radio"/> NO
Eosinophilic esophagitis	<input type="radio"/> YES <input type="radio"/> NO

**IF ONE QUESTION ABOVE IS ANSWERED “YES”, THE PATIENT CAN NOT BE INCLUDED**

**Signed consent :**  YES  NO

## GENERAL MEDICAL HISTORY

**Tobacco** (current and/or total use > 5 pack-years)  YES  NO  Unknown

If yes,  Current  Past      Number of pack-year |\_\_|\_\_|

**Alcohol** (*Alcohol > 4 units/day or > 14 units/week for male subjects ; > 3 units /day or > 7 units /week for female patients*)  YES  NO  Unknown

**Female patient of child-bearing age at the diagnosis of HE or HES**  YES  NO  not applicable (male patient)

If YES, did one or several flares occur during pregnancy or post-partum ?  YES  NO

If YES, please send the report on HE/HES flares, pregnancy follow-up, delivery or post-delivery follow-up

**Hospitalisation in the intensive care unit because of HES ?**  YES  NO  Unknown

If YES, please specify the reason and send the medical report : \_\_\_\_\_  
\_\_\_\_\_

**Familial history of HE/HES ?**  YES  NO  Unknown

If YES, please specify briefly : \_\_\_\_\_  
\_\_\_\_\_

**Food supplement or herbal medicine intake at diagnosis of HE/HES ?**  YES  NO  Unknown

If YES, please specify: \_\_\_\_\_

**Other significant medical history :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HISTORY OF ALLERGY / ATOPY**

- Absence  
 Presence

Please consider any history of atopy/allergy, persistent or not

**Chronic rhinosinusitis**

YES  NO  Unknown

If Yes, started around \_\_\_\_\_ years old  
 persistent OR  self-limited  
 allergic OR  non allergic

**Nasal polyposis**

YES  NO  Unknown

If Yes,  operated, AND/OR  persistent OR  self-limited

**Asthma**

YES  NO  Unknown

If Yes, started around \_\_\_\_\_ years old  
 persistent OR  self-limited  
 allergic OR  non allergic

**Allergic conjunctivitis**

YES  NO  Unknown

If Yes, started around \_\_\_\_\_ years old  
 persistent OR  self-limited

**Atopic dermatitis**

YES  NO  Unknown

If Yes, started around \_\_\_\_\_ years old  
 persistent OR  self-limited  
 allergic OR  non allergic

**Food allergy (anaphylaxis)**

YES  NO  Unknown

If Yes, started around \_\_\_\_\_ years old  
 persistent OR  self-limited

**Any other allergy (pollens, drug, ..)**

YES  NO

If Yes, specify: \_\_\_\_\_

## HE/HES history and organ involvement

**Date of first eosinophilia > 0.5 x10.9/L** (MM/AAAA) \_\_\_ / \_\_\_ / \_\_\_  Unknown  
**Date of first HYPEReosinophilia > 1.5 x10.9/L** (MM/AAAA) \_\_\_ / \_\_\_ / \_\_\_  Unknown  
**Date of first HES related symptoms** (MM/AAAA) \_\_\_ / \_\_\_ / \_\_\_  Unknown  No symptom  
**Date of first visit or hospitalization for HE/HES** \_\_\_ / \_\_\_ / \_\_\_  Unknown

### Comments about organ involvements :

- The absence of an organ involvement requires that the minimal systematic workup (column #3) is unremarkable
- In case of organ involvement, we would be grateful that you send the maximum documents (e.g., imaging or pathology reports ...) as possible (#4)

System/Organ	Clinical presentation	Recommended minimal systematic screening methods for excluding the diagnosis	Required tests for positive diagnosis of HES-related organ involvement
<input type="checkbox"/> Cardiac	Pericarditis, myocarditis, endomyocardial fibrosis, heart valve disorders, dilated cardiomyopathy, intraventricular thrombus, coronary vasospasm, arrhythmias or conduction disorders.	Clinical examination, troponin, BNP, electrocardiogram, TTE	Elevated troponin, abnormal echocardiography and/or cardiac MRI (*), <i>endomyocardial biopsy</i>
<input type="checkbox"/> Dermatological	Urticaria, maculopapular lesions, dermatitis, erythroderma, angio-oedema, purpura, pruritus sine materia, digital necrosis ...	Clinical examination	Skin biopsy (*)
<input type="checkbox"/> Pulmonary	Chronic eosinophilic pneumonia, acute eosinophilic pneumonia, pleural effusion, asthma, bronchiectasis, eosinophilic bronchiolitis.	Clinical examination, chest CT scan	Abnormal CT scan, BALF analysis (*), <i>lung biopsy</i> (*)
<input type="checkbox"/> Hepato-gastrointestinal	Eosinophilic (gastro)enteritis, eosinophilic colitis, recurrent pancreatitis, eosinophilic cholecystitis or cholangitis, eosinophilic ascites, eosinophilic hepatitis.	Clinical examination, abdomen CT scan or MRI, liver function tests	Abnormal abdomen CT scan or MRI, digestive or liver biopsy (*)
<input type="checkbox"/> ENT	Nasal polyps, chronic rhinitis.	Patient interview	Sinus CT scan, nasofibroscopy, <i>nasal / sinus mucosal biopsy</i> (*)
<input type="checkbox"/> Spleen, lymph nodes	Lymphadenopathy, splenomegaly.	Clinical examination CT scan of the chest, abdomen and pelvis	CT scan (or US)
<input type="checkbox"/> Peripheral NS	Mononeuritis multiplex, sensorimotor polyneuropathy, isolated cranial nerve damage.	Clinical examination	Electromyography, <i>nerve biopsy</i> (*)
<input type="checkbox"/> Central NS	Ischemic stroke (or embolic stroke), cerebral vasculitis, spinal cord damage (inflammatory, ischemic, etc.), meningitis or meningoencephalitis,...	Clinical examination	Cerebrovascular MRI, <i>CSF analysis</i> (*)
<input type="checkbox"/> Renal	Glomerulopathy, tubulointerstitial damage.	Urine dipstick test, urea, creatinine	Urine dipstick test, renal biopsy (*)
<input type="checkbox"/> Urological	Eosinophilic cystitis, eosinophilic ureteritis.	Clinical examination, urine dipstick test	Cystoscopy, bladder biopsy (*)
<input type="checkbox"/> Rheumatological	Inflammatory arthralgia, synovitis, tenosynovitis, myositis, fasciitis.	Clinical examination	Clinical assessment, US, MRI, muscle and/or fascia biopsy (*)
<input type="checkbox"/> Vascular	Arterial aneurysms, arterial or venous thrombosis, including thromboembolic disease, vasculitis.	Clinical examination	Vessel doppler US, CT scan or MRI
<input type="checkbox"/> Other	Endometritis, mastitis, ophthalmological damage, ...	Clinical examination	Biopsy and/or dedicated tests as appropriate

*Italic*: optional because exceptionally required for either positive diagnosis or excluding differential diagnoses and/or because of a high risk procedure; (\*) if performed too late, these imaging tests, pathological or cytological analyses can be negative when symptoms disappear spontaneously and/or due to steroids: in this case, negative result do not exclude the diagnosis

## HISTORY OF HES FLARES or ORGAN INVOLVEMENTS

**Please fill the table below with all the flares you can  
Before INCLUSION**

**If a patient presented with more than 5 flares with the same symptoms, just  
comment this in the last line**

Flare number	Date MM/YY	Organ(s) (1)	Treatment when the flare occurred (2)	AEC x10.9/L	Any trigger ? (3)	Treatment of the flare (4)	Outcome (5)
ex	06/2018	Dig + Card	None	2.5	Post-partum	CS (short course)	..C.CR / ..P.HR
1	/						....CR / ....HR
2	/						....CR / ....HR
3	/						....CR / ....HR
4	/						....CR / ....HR
5	/						....CR / ....HR
Subsequent flares ?							

### 1. Organ(s)

**Card** = Cardiac  
**CNS** = central nervous system  
**Derm** = dermatological  
**Dig** = digestive tract,  
**ENT**  
**PNS** = peripheral nervous system/nerve,  
**Liver**  
**Musc.** = Musculo-skeletal,  
**Renal**  
**Pulm** = Pulmonary,  
**Thromb.** = thrombosis  
**Vasc.** = non thrombotic vessel involve. Other, free text

### 2. Treatment when flare occurred

**TS** = topical steroids  
**CS** = corticosteroids (long-term use)  
**Mepo** = mepolizumab  
**Benra** = benralizumab  
 Other, free text

### 3. Potential trigger

**T1** = Pregnancy, 1<sup>st</sup> trimester  
**T2** = Pregnancy, 2<sup>nd</sup> trimester  
**T3** = Pregnancy, 3<sup>rd</sup> trimester  
**PP** = post-partum

### Treatment =

discontinuation or disruption  
**Inf°** = viral or bacterial proven infection

### 4. Treatment of the flare

**TS** = topical steroids  
**Short-OCS** = short course of oral CS  
**Long-OCS** = initiation of long-term oral CS  
**IV-CS:** IV CS and then oral long-term CS  
**Increase CS** = increase of CS dose  
**Mepo** = initiation of mepolizumab

**Benra** = initiation of benralizumab  
**Other** initiation or treatment, free text

### 5. Outcome, specify the Clinical Response (CR) and the Hematological Response (HR):

C = complete (CCR or CHR)  
 P = partial (PCR or PHR)  
 N = no response (NCR or NHR)  
*(CHR: AEC < 0.5x10.9/L ;  
 PHR : AEC decreased og 50% but remains > 0.5)*

**Minimal clinical data set**  
**(in addition to specific HES-related organ involvements)**

- |   |  |        |                                     |
|---|--|--------|-------------------------------------|
| <input type="checkbox"/> Lymphadenopathy > 1 cm | <input type="checkbox"/> at clinical examination | and/or | <input type="checkbox"/> on imaging |
| <input type="checkbox"/> Splenomegaly           | <input type="checkbox"/> at clinical examination | and/or | <input type="checkbox"/> on imaging |
| <input type="checkbox"/> Hepatomegaly           | <input type="checkbox"/> at clinical examination | and/or | <input type="checkbox"/> on imaging |

**Minimal Biological work-up**

Please join the **full report of CBC at HE / HES diagnosis**  transmitted  unavailable

**Max Peak of AEC** in the history of the patient: \_\_\_\_\_ x10.9/L

Please fulfill and send the following reports if appropriate

<b>Max CRP level</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> > 10 mg/l <input type="checkbox"/> > 40mg/l or value ___/mg/l	<input type="checkbox"/> Not performed
<b>Max serum vit B12</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Elevated > 1000 ng/l	<input type="checkbox"/> Not performed
<b>Max serum tryptase</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Elevated > 11.4 ng/ml	<input type="checkbox"/> Not performed
<b>Bone marrow smear</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, please send the report	<input type="checkbox"/> Not performed
<b>Bone marrow biopsy</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, please send the report	<input type="checkbox"/> Not performed
<b>T cell phenotyping:</b> <input type="checkbox"/> No abnormal subset <input type="checkbox"/> CD3-CD4+ subset ..... % of total lymph. count <input type="checkbox"/> other, specify : ....., ..... % of total lymph. count			<input type="checkbox"/> Not performed
<b>TCR rearrangement</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Clonal	<input type="checkbox"/> Not performed
<b>FIP1L1 ::PDGFRA</b>	<input type="checkbox"/> Absence	<input type="checkbox"/> Presence, <b>please send the report</b>	<input type="checkbox"/> Not performed
<b>Karyotype</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, <b>please send the report</b>	<input type="checkbox"/> Not performed
<b>Other abnormality detected by FISH</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <b>please send the report</b>	<input type="checkbox"/> Not performed
<b>NGS</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, <b>please send the report</b>	<input type="checkbox"/> Not performed
<b>CGH array, exome sequencing, RNA sequencing</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, <b>please send the report</b>	<input type="checkbox"/> Not performed

**Please share any report or document (biology, imaging, hospitalization or medical visit reports) which could help to fully understand the diagnosis and the main events during follow-up**

<b>FINAL DIAGNOSIS</b>
------------------------

**HE/HES definition (multiple choices are possible):**

**Hypereosinophilia  $\geq 1.5$  eosinophils  $\times 10^9/L$  on peripheral blood on two examinations (interval  $\geq 4$  weeks), tissue HE may or may not be detected.**

**Tissue eosinophilia defined by at least one of the following items:**

- Eosinophils  $> 20\%$  nucleated cells on BM biopsy
- Significant eosinophilic tissue infiltrate in another organ (according to the pathologist)
- Extracellular deposits of specific granules

**Organ damage or dysfunction attributed to eosinophils in the absence of other explanations, defined by at least one of the following items :**

- fibrosis (e.g., in the lungs, heart, digestive tract, and other organs),
- thrombosis (thromboembolism) in various organ systems,
- cutaneous erythema, edema/angioedema, blisters, ulceration, or eczema
- pulmonary manifestations,
- gastrointestinal involvement
- peripheral or central neuropathy with chronic or recurrent neurological deficit(s),
- eosinophilic vasculitis
- other less common eosinophil-related organ manifestations (liver, pancreas, kidney, others)

**Tissue-restricted eosinophilia** : no blood hypereosinophilia (eosinophil count  $< 1.5$  eosinophils  $\times 10^9/L$ ) + organ damage/dysfunction attributable to tissue HE and exclusion of other diseases / conditions as major reason for organ damage

*(caution: this box cannot be ticked if "hypereosinophilic syndrome" is ticked below)*

**Hypereosinophilic syndrome** : blood hypereosinophilia  $\geq 1.5$  eosinophils  $\times 10^9/L$  + organ damage/dysfunction attributable to tissue HE and exclusion of other diseases / conditions as major reason for organ damage

*(caution: this box cannot be ticked if "Tissue restricted eosinophilia" is ticked above)*



**HE/HES subtype (only one choice possible)**

- Familial HE/HES**
- Hypereosinophilia of undetermined significance** (*i.e.*, asymptomatic and idiopathic hypereosinophilia)
- Idiopathic HES** (or idiopathic tissue-restricted eosinophilia)
- Primary / Clonal / Neoplastic HE/HES** (according to histological features and/or molecular and/or cytogenetics defects)
- Lymphocytic HE/HES** (= Abnormal T cell subset on blood immunophenotyping : CD3-CD4+ > 0.5% (and not according to TCR clonality assay only); or persistent and high CD3+CD4+CD7- (> 10%) or CD3+CD4-CD8-TCRab T cell subset (> 1.5%) of total lymphocytes)
- IgG4-related disease** (according to IgG4-RD classification criteria according to modified 2019 ACR/EULAR Classification Criteria (with hypereosinophilia > 3 x 10<sup>9</sup>/L being no longer an exclusion criterion)
- ANCA-negative EGPA**
- according to “MIRRA adapted criteria” if there is no proven vasculitis and no strong surrogate of vasculitis or
  - according to 2022 ACR/EULAR classification criteria in a patient with biopsy-proven vasculitis or strong surrogate of vasculitis
- Reactive/secondary HE /HES (except lymphocytic HE/ HES):**
- Systemic mastocytosis
  - Rheumatic disease
  - Inflammatory bowel disease
  - Sarcoidosis
  - Other, specify: .....

**EVALUATION AT THE INCLUSION VISIT****DATE (dd/mm/yyyy)** |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|**Current clinical status at the day of inclusion visit**

- No symptom
- Recent or persistent HES-related clinical manifestations, please specify

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiac              | <input type="checkbox"/> Peripheral NS                   |
| <input type="checkbox"/> Dermatological       | <input type="checkbox"/> Central NS                      |
| <input type="checkbox"/> Pulmonary            | <input type="checkbox"/> Renal                           |
| <input type="checkbox"/> Liver                | <input type="checkbox"/> Urological                      |
| <input type="checkbox"/> Digestive tract      | <input type="checkbox"/> Rheumatological (Joint/muscles) |
| <input type="checkbox"/> ENT                  | <input type="checkbox"/> Vascular                        |
| <input type="checkbox"/> Other, specify ..... |  |

**Current hematological status at the day of inclusion visit**

**Please join the CBC performed at the day of the inclusion visit, or the last available CBC**

Or please specify the last available AEC \_\_\_\_\_, \_\_\_\_ x10.9/L  
Date of this CBC (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_

**Current medications, for HE/HES only:** ..... ; dose / frequency: .....  
..... ; dose / frequency: .....

**Threshold of steroids dependency**  YES \_\_\_\_\_ mg/d  unknown or Not applicable

**Cumulative dose of oral corticosteroids**

- Since diagnosis (estimation) : \_\_\_\_\_, \_\_\_\_\_ grams
- For the last 12 months : \_\_\_\_\_, \_\_\_\_\_ grams

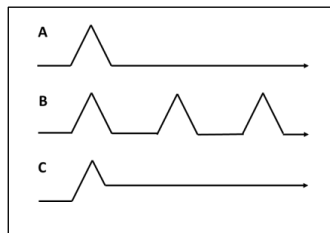
**OCS-induced side effects**

- |   |   |
|---|---|
| <input type="checkbox"/> Not concerned                | <input type="checkbox"/> Steroid-induced osteoporosis |
| <input type="checkbox"/> Steroid-induced diabetes     | <input type="checkbox"/> Infections, specify :        |
| <input type="checkbox"/> Steroid-induced hypertension | <input type="checkbox"/> Other, specify : .....       |
| <input type="checkbox"/> Steroid-induced cataract     |   |

**Other HES-related events in the last 12 months:**

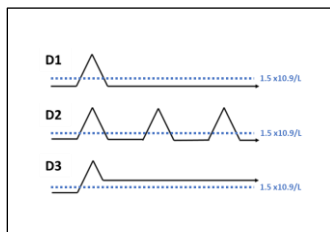
- Cessation of work, specify how long (days) .....
- School absence, specify how long (days) .....
- Hospitalization for infection, please specify .....
- Hospitalization for other reason, please specify .....
- Treatment discontinuation because of side-effects, please specify the during and the adverse event: .....
- Other, please specify .....

**For idiopathic and lymphocytic HES only (but not for clonal or other secondary HES):**  
disease progression profile according to clinical symptoms (A/B/C) and blood AEC (1,2)



- Profile A1: unique or isolated clinical flare-up without eosinophilia after flare-up
- Profile A2: unique or isolated clinical flare-up with eosinophils  $>0.5 \times 10^9/L$  after flare-up
- Profile B1: flare-ups/remissions with normal eosinophils between 2 flare-ups
- Profile B2: flare-ups/remissions with eosinophils  $> 0.5 \times 10^9/L$  between 2 flare-ups
- Profile C: chronic disease, relapses when steroids are tapered or within 6 months following CS discontinuation
- Not defined (newly-diagnosed disease and/or too short follow-up and/or no tapering/discontinuation of steroids)
- Not applicable (clonal HES, secondary HES, HE-US...)

**For HE of undetermined significance or lymphocytic HE only (but not for clonal or other secondary HES),** disease progression profile according to blood AEC (1,2,3) :



- Profile D1: unique or isolated asymptomatic blood hypereosinophilia  $> 1.5 \times 10^9/L$ , with normal blood AEC thereafter
- Profile D2: recurrent asymptomatic blood hypereosinophilia  $> 1.5 \times 10^9/L$ , with recurrent blood AEC  $> 1.5 \times 10^9/L$  thereafter
- Profile D3: persistent asymptomatic blood hypereosinophilia  $> 1.5 \times 10^9/L$
- Not defined (newly-diagnosed disease and/or too short follow-up and/or no tapering/discontinuation of steroids)
- Not applicable (HES, secondary HE, clonal HE...)

Follow-up visits |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|

VISIT number : .....

Please share any report or document (biology, imaging, hospitalization or visit reports) which could help to fully understand the diagnosis and the main events during follow-up

## Current clinical status at the day of follow-up visit

- No symptom  
 Recent or persistent HES-related clinical manifestations, please specify

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiac              | <input type="checkbox"/> Peripheral NS                   |
| <input type="checkbox"/> Dermatological       | <input type="checkbox"/> Central NS                      |
| <input type="checkbox"/> Pulmonary            | <input type="checkbox"/> Renal                           |
| <input type="checkbox"/> Liver                | <input type="checkbox"/> Urological                      |
| <input type="checkbox"/> Digestive tract      | <input type="checkbox"/> Rheumatological (Joint/muscles) |
| <input type="checkbox"/> ENT                  | <input type="checkbox"/> Vascular                        |
| <input type="checkbox"/> Other, specify ..... |  |

## Current hematological status at the day of follow-up visit

Please join the CBC performed at the day of follow-up visit, or the last available CBC

Or please specify the last available AEC \_\_\_\_\_, \_\_\_\_ x10.9/L  
 Date of this CBC (DD/MM/YYYY): \_\_/\_\_/\_\_

## Flares occurred in the last 12 months

Flare number	Date MM/YY	Organ(s) (1)	Treatment when the flare occurred (2)	AEC x10.9/L	Any trigger ? (3)	Treatment of the flare (4)	Outcome (5)
1	/						....CR / ....HR
2	/						....CR / ....HR
3	/						....CR / ....HR
4	/						....CR / ....HR

## 1. Organ(s)

**Card** = Cardiac  
**CNS** = central nervous system  
**Derm** = dermatological  
**Dig** = digestive tract,  
**ENT**  
**PNS** = peripheral nervous system/nerve,  
**Liver**  
**Musc.** = Musculo-skeletal,  
**Renal**  
**Pulm** = Pulmonary,  
**Thromb.** = thrombosis  
**Vasc.** = non thrombotic vessel involv. Other, free text

## 2. Treatment when flare occurred

**TS** = topical steroids  
**CS** = corticosteroids (long-term use)  
**Mepo** = mepolizumab  
**Benra** = benralizumab  
 Other, free text

## 3. Potential trigger

**T1** = Pregnancy, 1<sup>st</sup> trimester  
**T2** = Pregnancy, 2<sup>nd</sup> trimester  
**T3** = Pregnancy, 3<sup>rd</sup> trimester  
**PP** = post-partum

**Treatment** = discontinuation or disruption  
**Inf<sup>o</sup>** = viral or bacterial proven infection

## 4. Treatment of the flare

**TS** = topical steroids  
**Short-OCS** = short course of oral CS  
**Long-OCS** = initiation of long-term oral CS  
**IV-CS:** IV CS and then oral long-term CS  
**Increase CS** = increase of CS dose  
**Mepo** = initiation of mepo

**Benra** = initiation of benra  
**Other** initiation or treatment, free text

## 5. Outcome, specify the Clinical Response (CR) and the Hematological Response (HR):

C = complete (CCR or CHR)  
 P = partial (PCR or PHR)  
 N = no response (NCR or NHR)  
*(CHR: AEC < 0.5x10.9/L ; PHR : AEC decreased og 50% but remains > 0.5)*

**Current medications, for HE/HES only:** ..... ; dose / frequency: .....  
 ..... ; dose / frequency: .....

**Threshold of steroids dependency**  YES \_\_\_\_\_mg/d  unknown or Not applicable

**Cumulative dose of steroids**

- Since diagnosis (estimation) : \_\_\_\_\_ , \_\_\_\_\_ grams
- For the last 12 months: \_\_\_\_\_ , \_\_\_\_\_ grams

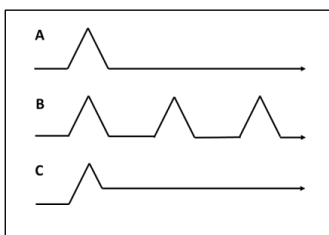
**OCS-induced side effects**

- |   |   |
|---|---|
| <input type="checkbox"/> Not concerned                | <input type="checkbox"/> Steroid-induced osteoporosis |
| <input type="checkbox"/> Steroid-induced diabetes     | <input type="checkbox"/> Infections, specify :        |
| <input type="checkbox"/> Steroid-induced hypertension | <input type="checkbox"/> Other, specify : .....       |
| <input type="checkbox"/> Steroid-induced cataract     |   |

**Other HES-related events in the last 12 months:**

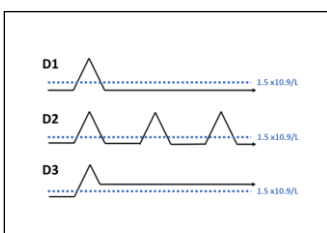
- Work stoppage for HES, specify how long (days) .....
- School absence specify how long (days) .....
- Hospitalization for infection, please specify .....
- Hospitalization for other reason, please specify .....
- Treatment discontinuation because of side-effects, please specify the drug and the adverse event: .....
- Other, please specify .....

**For idiopathic and lymphocytic HES only (but not for clonal or other secondary HES):**  
 disease progression profile according to clinical symptoms (A/B/C) and blood AEC (1,2)



- Profile A1: unique or isolated clinical flare-up without eosinophilia after flare-up
- Profile A2: unique or isolated clinical flare-up with eosinophils >0.5 x10.9/L after flare-up
- Profile B1: flare-ups/remissions with normal eosinophils between 2 flare-ups
- Profile B2: flare-ups/remissions with eosinophils > 0.5 x10.9/L between 2 flare-ups
- Profile C: chronic disease, relapses when steroids are tapered or within 6 months following CS discontinuation
- Not defined (newly-diagnosed disease and/or too short follow-up and/or no tapering/discontinuation of steroids)
- Not applicable (clonal HES, secondary HES, HE-US...)

**For HE of undetermined significance or lymphocytic HE only (but not for clonal or other secondary HES),** disease progression profile according to blood AEC (1,2,3) :



- Profile D1: unique or isolated asymptomatic blood hypereosinophilia > 1.5 x10.9/L, with normal blood AEC thereafter
- Profile D2: recurrent asymptomatic blood hypereosinophilia > 1.5 x10.9/L, with recurrent blood AEC > 1.5 x10.9/L thereafter
- Profile D3: persistent asymptomatic blood hypereosinophilia > 1.5 x10.9/L
- Not defined (newly-diagnosed disease and/or too short follow-up and/or no tapering/discontinuation of steroids)
- Not applicable (HES, secondary HE, clonal HE...)

**Any other event non-related to HES: please share any relevant document**

- Cancer diagnosis, please specify:
- Pregnancy (including miscarriages, ..), please specify:
- Job change or cessation, please specify .....
- Hospitalization for other reason, please specify .....
- Other, please specify .....

End of study ?       Yes       No

**If yes, specify:**

- Death, date: MM/YYYY : \_\_\_\_ / \_\_\_\_       Related to HES ? please specify: .....
- Patient's decision (withdrawal of patient consent)
- Physician's decision (stop of the follow-up)
- Change of region
- Appearance of an exclusion criterion, please specify .....
- Normal end of the study (10 years of follow-up)