

## ***RetINAL Toxicity And HydroxyChloroquine Therapy (INTACT) Study***

### **SOP for MOAs at the Retina Specialist office**

1. Patients who are eligible for INTACT will be referred to your office from rheumatologists across the province for regular retinopathy screening, using the INTACT referral form; these referrals should come in like any other referral. Please look for the Arthritis Research Canada and UBC logos on the header of this referral form.
2. Please schedule a retina screening appointment for the study patient, as you would normally set up a patient appointment. Please be informed that the no charge referral code (3333) has already been sent by the rheumatologists' MOAs (even though you may not see a check mark in front of it on the referral form).
3. Please inform the INTACT study research team of this scheduled appointment date by faxing a cc of the appointment confirmation **with the appointment date** to (604) 207-4059.
4. Create a flag for the patient on your Electronic Medical Record system (EMR) to indicate that they are part of the INTACT study, as a reminder that this patient is for the INTACT study. If your office utilizes a separate appointment list, please flag the patient here as well.
5. When the patient presents for their appointment, please have the INTACT Patient Self-Report Questionnaire and the INTACT Retina Specialist Reporting Form ready, and assign a unique, **unused** INTACT study ID (Participant ID, in the format X-000) to the patient.

6. Please apply a sticker of the participant's ID or write it down by hand on the patient's folder and on **all pages of the forms** (top right corner). Fill out the date of the appointment and name of retinal specialist in the left-hand box, on the first page of the two forms (*Patient self-report questionnaire and Retina Specialist Reporting form*).
  
7. Please write down the unique ID code and the full name of patient on a sheet to have a record and fax along with the questionnaires and forms to the Arthritis Research Canada.
  
8. Ask the patient to fill out the *Patient self-report questionnaire*. This can be done while they are waiting for their appointment. Please assist them to complete it or answer any questions, if necessary. Verify that the questionnaire is complete and put it in the patient's folder.
  
9. Give the INTACT study patient's folder to the retina specialist including *Retina Specialist Reporting form*. Ask the retina specialist to fill out this form after completion of the exam. Return the two forms to the patient's folder (*Patient self-report questionnaire form and Retina Specialist Reporting form*).
  
10. On the **second** page of the retina specialist reporting form, verify if the diagnosis is **normal, abnormal, or equivocal**.
  - a. **If normal**, reschedule the patient for the next 12 months or based on the retina specialist's recommendation (i.e., for the next 3 or 6 months) and **skip to step 12**.
  - b. **If abnormal or equivocal**, reschedule the patient for the next 12 months or based on the retina specialist's recommendation (i.e., for the next 3 or 6 months) and **continue to step 11**.

11. If the assessment is abnormal or equivocal, send the patient's images by uploading a copy of the *SD-OCT image digital files and automated visual field*, into the cloud server (Harmony) using the patient's ID (the number on the sticker (for example, D-001).
  - a. **SD-OCT image characteristics:** Macular SD-OCT scan **60 degrees is recommended for both Asians and non-Asian patients. Macular SD-OCT scan** should cover a minimum of 20 degrees x 20 degrees for non-Asian patients and 30 degrees x 30 degrees for Asian patients. Block size and raster technique will be machine specific. For Heidelberg SD-OCT machines, a **12 mm x 9 mm cube scan** is recommended.
  - b. **Automated Visual Field characteristics:**
    - i. Non-Asian patient: 10-2 or 24-2 automated visual field test
    - ii. Asian patient: Both 10-2 and 24-2 or 30-2 automated visual field test
12. **Fax** the filled out patient self-report questionnaire and the retina specialist reporting forms to the INTACT Study research team at: **604-207-4059**
13. At the end of each month, the INTACT research team will fax or call your office to inquire about all INTACT patients who have been visited by the retina specialist that month, as well as all the new referrals received from that month, their appointment dates, and their study IDs.
14. At the end of each month, the INTACT research team may fax your office some study IDs of patients with normal SD-OCT images. Please upload the SD-OCT images of these patients into the cloud server (Harmony) using the patient's ID, and then send a confirmation fax to the research coordinator.

***If you have questions, please contact the INTACT Study research team:***

***Phone: (604) 207-4038 | Fax: (604) 207-4059 | Email: [intact.study@arthritisresearch.ca](mailto:intact.study@arthritisresearch.ca)***