

ESMRMB Survey on Nephrogenic Systemic Fibrosis



Important: The questions are referring to the years 2006–2007

1. **How many MR examinations are performed on an average at your institution? (average of the years 2006 and 2007)**

..... number per year

2. **How many of these examinations have been performed with a contrast agent (IV Gd) ?**

.... %

3. **Which extracellular contrast agents have been used by your institute in the past 2 years?**

- Magnevist%
- Dotarem%
- Omniscan%
- Prohance%
- Gadovist%
- Multihance%
- Vasovist%

4. **Which dose rate of extracellular contrast agents have you used? (multiple answers possible)**

- 0.1 mmol/kg body weight approx. %
- 0.2 mmol/kg body weight approx. %
- 0.3 mmol/kg body weight approx. %

5. **Have you performed contrast agent enhanced MR examinations in the years 2006-2007 with patients with heavily restricted renal function (estimated glomerular filtration rate (eGFR) < 30 ml/min) or with hemo- or peritoneal dialysis?**

- yes
.... number of examinations per year
.... thereof hemodialysis per year
.... thereof peritoneal dialysis per year
- no

Comments:

.....
.....
.....
.....

6. Whenever you have performed contrast agent enhanced MR examinations on patients suffering from acute renal insufficiency, have you met any specific precautions already prior to the end of 2007?

Yes (if yes, see list of precautions below)

No

If yes:

Reductions of dose rate e.g. max. dose rate of 0.1 mmol/Kg body weight in case of MR angiography

Dialysis after the examination

Use of specific contrast agents

Which ones?

Hydrogenation

Further measures:

Since when have you carried out these safety measures? (year):

7. Are you currently using or have you ever used extracellular contrast agents for any intra-arterial angiography (DSA - conventional) or CT in the past?

Yes If yes, how many per year? Number

No

8. Have you observed any cases of Nephrogenic Systemic Fibrosis (NSF) in your Institute/clinical practice/hospital?

Yes (with or without exposure of gadolinium-based contrast agents)

No

If yes, how many cases Number

Year and initials of respective cases*

* This information should facilitate the identification of double entries.

9. Please respond to this question only, if question 8 has been answered with yes.

Does any possible coherence exist regarding your observed NSF cases and the medication of gadolinium-based contrast agents?

Yes

No

.....
Date:

.....
First Name and Last Name

.....
Institute/Clinical Practice:

.....
Signature:

**Please return the completed questionnaire per Email or fax to:
ESMRMB Office**

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