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| --- |
| **Etiology Classification Table** |
|  | **Specific Etiology**\* | Present? | Primary cause (only 1) | Secondary cause (only 1) |
| **Genetic or presumed genetic (if known, specify type below)** |
|  | Idiopathic generalized with known syndrome (childhood and juvenile absence epilepsy, juvenile myoclonic epilepsy, generalized GTCS alone) | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Other generalized epilepsy known or presumed to be genetic but not meeting criteria for an idiopathic generalized epilepsy syndrome (e.g., Doose Syndrome) | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Known genetic mutation with or without developmental /epileptic encephalopathy[[1]](#footnote-1) or known disease/syndrome linked to genetic mutation[[2]](#footnote-2)  | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Focal epilepsy with or without a known proven mutation[[3]](#footnote-3)  | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Genetic epilepsies not otherwise specified[[4]](#footnote-4) | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
| **Structural (select specific etiology below)** |
|  | Traumatic brain injury | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Stroke | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Intraventricular hemorrhage | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Hypoxic-Ischemic encephalopathy | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Neurocutaneous syndromes (e.g., tuberous sclerosis, neurofibromatosis) | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Developmental/epileptic encephalopathy of unknown cause as evidenced by the presence of intellectual disability, cerebral palsy, or autism with no evidence of a specific insult of disorder to which cause can be attributed preceding the onset of epilepsy | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Malformations of cortical or other brain development with or without known genetic determinants | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Neoplasia | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Mesial temporal sclerosis | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Dementia | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Other degenerative neurologic diseases | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Structural, other (e.g., encephalocele, structural abnormality of unknown cause) | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
| **Metabolic/toxic** |
|  | Inborn errors of metabolism | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Other metabolic or toxic insults | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
| **Other** |
|  | Immune | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Infectious (viral, bacterial, parasitic) | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |
|  | Unknown (epilepsy of unknown cause, without relevant abnormalities on examination, cognition, history or imaging) | [ ]  No | [ ]  Possible | [ ]  Probable | [ ]  Definite | [ ]  Unknown | [ ]  N/A |  |  |

\*This element is classified as Core.

## GENERAL INSTRUCTIONS

The Classification of Etiology is generally administered at screening or baseline to determine study eligibility. It may also be administered at a later timepoint in the study to track changes in etiology that result from obtaining new information that would reclassify the participant/subject. If the study captures etiology at more than one timepoint during the study, data should clearly identify etiology at baseline from etiology at another timepoint(s).

The elements on this CRF are classified as Supplemental – Highly Recommended unless specified by an asterisk.

## SPECIFIC INSTRUCTIONS

If more than one etiology is present, please identify each plausible etiology (e.g., patient had a traumatic brain injury with loss of consciousness, but also had a known CNS abscess

If one etiology could be considered as fitting in two different categories, please check boxes for BOTH categories. Examples include 1) Tuberous Sclerosis Complex, which is both structural and genetic and 2) Glut-1 deficiency which is both metabolic and genetic

Based on the current International League Against Epilepsy (ILAE) guidelines, this CRF Module is recommended to classify etiology for epilepsy studies. The classification of etiology included on the CRF are based on the current International League Against Epilepsy (ILAE) guidelines, which outline the concepts, terminology, and approaches for classifying the etiology of epilepsy[[5]](#footnote-5).

The following definitions should be used when completing this form:

* No = Not present
* Possible = The summary of evidence suggests less than 50% confidence level
* Probable = The summary of evidence suggests greater than 50% confidence level
* Definite = The summary of evidence suggests 100% confidence level
* Unknown = The summary of evidence is not sufficient to support a finding
* N/A = Not Applicable; to be used at the discretion of the Principal Investigator based on study design
1. For example, CDKL5 [↑](#footnote-ref-1)
2. For example, Dravet syndrome [↑](#footnote-ref-2)
3. For example, LGI1, ADNFL [↑](#footnote-ref-3)
4. Etiologies that are both genetic and structural will be captured under genetic, not otherwise specified [↑](#footnote-ref-4)
5. Berg AT, Berkovic SF, Brodie MJ, Buchhalter J, Cross JH, van Emde Boas W, Engel J, French J, Glauser TA, Mathern GW, Moshé SL, Nordli D, Plouin P, Scheffer IE. Revised terminology and concepts for organization of seizures and epilepsies: report of the ILAE Commission on Classification and Terminology, 2005-2009. Epilepsia. 2010;51(4):676–685. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1528-1167.2010.02522.x> [↑](#footnote-ref-5)