


Clinical Activity Score

The Clinical Activity Score (CAS) is a validated tool designed to evaluate inflammatory signs and symptoms that are often characteristic of Active Thyroid Eye Disease (TED), also known as Graves' orbitopathy.^{1,2}

CAS Patient Record

Consider including this chart in your patient's medical record to monitor their CAS and disease activity.

Patient Name: _____

 How to use CAS^{1,3,4*} 1 point is given for each sign or symptom.		BASELINE EXAM	ONGOING MONITORING	
DATE		____/____/____	____/____/____	____/____/____
1	Spontaneous orbital pain			
2	Gaze-evoked orbital pain			
3	Eyelid swelling that is considered to be due to Active TED			
4	Eyelid erythema			
5	Conjunctival redness that is considered to be due to Active TED			
6	Chemosis			
7	Inflammation of caruncle or plica			
For baseline CAS, add items 1-7				
		Record baseline values for items 8-10 here	Continue to record proptosis measurements at each visit	
8	Increase of ≥ 2 mm in proptosis	_____ mm	_____ mm	_____ mm
9	Decreased eye movements $\geq 5^\circ$ any direction	_____ °		
10	Decrease of acuity ≥ 1 Snellen line	_____		
For ongoing monitoring, add items 1-10				



Baseline assessment:
CAS ≥ 3 on 7-point scale indicates Active TED.



Ongoing monitoring:
CAS ≥ 4 on 10-point scale indicates Active TED.

*While CAS is a valuable tool, some patients may not present with these characteristic signs of inflammation, and additional evaluation may be required to determine Active TED. At initial visit a score of 3 or more out of 7 is considered Active TED; at follow-up, a 10-point CAS is used, and a 4 or more is considered Active TED.^{1,5,6}



How to use CAS^{1,3,4*}
1 point is given for each sign or symptom.

ONGOING MONITORING

DATE		___/___/___	___/___/___	___/___/___	___/___/___
1	Spontaneous orbital pain				
2	Gaze-evoked orbital pain				
3	Eyelid swelling that is considered to be due to Active TED				
4	Eyelid erythema				
5	Conjunctival redness that is considered to be due to Active TED				
6	Chemosis				
7	Inflammation of caruncle or plica				
8	Increase of ≥ 2 mm in proptosis	mm	mm	mm	mm
9	Decreased eye movements $\geq 5^\circ$ any direction				
10	Decrease of acuity ≥ 1 Snellen line				
For ongoing monitoring, add items 1-10					

References: **1.** Barrio-Barrio J, Sabater AL, Bonet-Farriol E, Velázquez-Villoria Á, Galofré JC. Graves' ophthalmopathy: VISA versus EUGOGO classification, assessment, and management. *J Ophthalmol*. 2015. doi:10.1155/2015/249125. **2.** Bahn RS. Graves' ophthalmopathy. *N Engl J Med*. 2010;362(8):726-738. **3.** Bartalena L, Baldeschi L, Boboridis K, et al; European Group on Graves' Orbitopathy (EUGOGO). The 2016 European Thyroid Association/European Group on Graves' Orbitopathy guidelines for the management of Graves' orbitopathy. *Eur Thyroid J*. 2016;5(1):9-26. **4.** Ross DS, Burch HB, Cooper DS, et al. 2016 American Thyroid Association guidelines for diagnosis and management of hyperthyroidism and other causes of thyrotoxicosis. *Thyroid*. 2016;26(10):1343-1421. **5.** Mourits MP, Prummel MF, Wiersinga WM, Koornneef L. Clinical activity score as a guide in the management of patients with Graves' ophthalmopathy. *Clin Endocrinol (Oxf)*. 1997;47(5):9-14. **6.** Laurberg P, Berman DC, Pedersen IB, Andersen S, Carlé A. Double vision is a major manifestation in moderate to severe Graves' orbitopathy, but it correlates negatively with inflammatory signs and proptosis. *J Clin Endocrinol Metab*. 2015;100(5):2098-2105.