The objective of this questionnaire is to assess the effect of taking N-Acetyl-L-Cysteine (= NAC) to treat Dupuytren’s and Ledderhose disease. NAC is marketed under a variety of brand names and, to our knowledge, is approved in the US as nutritional supplement.

Laboratory results indicate that NAC might reduce Dupuytren growth rate (Juergen Kopp et al. “N-Acetyl-L-Cysteine abrogates fibrogenic properties of fibroblasts isolated from Dupuytren's disease by blunting TGF-β signalling” J. Cell. Mol. Med. 10 (2006) pp. 157-165). We do not encourage or discourage patients taking NAC but if someone is taking it, we would be interested in his/her observations with regard to Dupuytren’s disease over a longer period of e.g. 3 - 6 months.

This questionnaire has been developed by Dr. Charles Eaton (The Handclinic, FL) and Dupuytren Society (Dupuytren e.V.). If you want to participate and provide data, you can either e-mail your results or you can fax them to one of the faxes indicated below. **This questionnaire consists of two parts. Please provide Part 1 initially and Part 2 once per month.**

The collected data will be used for research and will be provided to research only in an anonymous form. Summary results will be published on [www.dupuytren-online.info](http://www.dupuytren-online.info).

**Part 1 – Initial assessment:**

**Name/Acronym:**

**Date of birth:**

**Age** (years) at start of treatment:

**Date when NAC treatment started:**

**Daily dose of NAC** (e.g. 600 mg):

**Are you currently taking any other medication?**

**At what age did Dupuytren start or was first diagnosed?**

**Previous treatments (which hand, finger, what therapy, when)**

If you had NA recently, please describe where and when and what the current status of the treated finger(s) is:

**Has your Dupuytren (nodules/cords on your hand) been growing quickly** (within months) [ ]

**Has your Dupuytren (nodules/cords on your hand) been growing slowly** (over 2 – 5 years) [ ]

**Has your Ledderhose (nodules on your feet) been growing quickly** (within months) [ ]

**Has your Ledderhose (nodules on your feet) been growing slowly** (over 2 – 5 years) [ ]
Current symptoms on recently untreated hand & foot:
Please describe whether and where you have nodules on your hand and estimate their diameter

Please describe whether and where you have cords on your hand and estimate their length and width

If you have any extension deficit please note the finger, joint and angle

Other Dupuytren related symptoms (aching, itching, change in skin):

Ledderhose (if it applies):
Please describe where you have Ledderhose nodules on your feet and their estimated size. Are they painful?

Please send part 1 (= 2 pages) by e-mail to NAC@dupuytren-online.info or fax it to

Handclinic / Eaton  561-746-3420 (within the U.S., otherwise add US country code ++1)
Dupuytren Society / e.V.  ++49 – 89 – 30 20 03  (country code already included)
Part II: Periodic assessment

Please send this page every month by e-mail to NAC@dupuytren-online.info or fax to

Handclinic / Eaton  561-746-3420 (within the U.S., otherwise add US country code ++1)
Dupuytren Society / e.V.  ++49 – 89 – 30 20 03 (country code already included)

Name/Acronym: Date of birth:

Status after .... Month (s):

Date:

Overall status  [ ] no change    [ ] improvement    [ ] worse

Dupuytren's disease
Have the nodules become softer?

[ ] yes    [ ] no    or describe status:

Did your nodules shrink, grow, or remain the same? (size estimates, if possible):

Did your cords shrink, grow, stay the same (size estimates, if possible):

Did you get new nodules/cords? Where?

Ledderhose disease
Have the nodules become softer?

[ ] yes    [ ] no    or describe status:

Did your nodules shrink, grow, or remain the same? (size estimates, if possible):

General
Did you observe side effects from taking NAC? Which?

Further comments:

Will you continue taking NAC?

[ ] yes    [ ] no