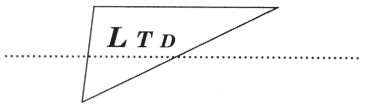
MR



NIDDK

Liver Transplantation Database

COMPLICATIONS - REJECTION FORM

02/26/1991

FORM KEYS

Patient ID _____

Transplant No. _____

Episode No. _____

COMPLETION LOG

Data Collector ID _____-_____
Center Initials

DATE

Data Collection _____/_____/_____

Data Entry _____/_____/_____

Sysid _____

Verification _____/_____/_____

Cleaned _____/_____/_____

Transfer _____/_____/_____
MM DD YY

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COMPLICATIONS - REJECTION FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

TRANSPLANT NO. _____

*** To be completed for <u>each episode</u> of rejection

I. EPISODE NO. _____

1. What triggered suspicion of rejection episode? (check all that apply)

__ 1.1 Clinical symptoms
__ 1.2 Increased LFT's
__ 1.3 Biopsy results

2. Patient's immunosuppressive therapy at time of suspected rejection (check one)

__ 2.1 Protocol
__ 2.2 Reduced
__ 2.3 None

IF PROTOCOL or REDUCED, check all that apply

__ 1. CsA	__ 5. ALG
__ 2. Prednisone	__ 6. ATG
__ 3. Imuran	__ 7. FK506
__ 4. OKT3	__ 8. Other _____ specify (30 char)

3. Other ASSOCIATED CONDITIONS at time of suspected rejection? Yes__ No__
IF YES, check all that apply

__ 3.1 Biliary leak
__ 3.2 Biliary stenosis
__ 3.3 Hepatic artery thrombosis
__ 3.4 CMV infection
__ 3.5 Other viral infections
__ 3.6 Bacterial cholangitis
__ 3.7 Bacterial infection
__ 3.8 Other infections _____ specify (30 char)
__ 3.9 Portal vein thrombosis
__3.10 Hepatic vein thrombosis
__3.11 Other _____ specify (30 char)

4. DATE REJECTION DIAGNOSED and/or first day of treatment _____/_____/_____

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MM DD YY

MR

COMPLICATIONS - REJECTION FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

II. TREATMENT given? Yes__ No__

1. IF NO specify reason _____ (30 char)

2. IF YES, check all that apply

	1. PRIMARY From	To	2. SECONDARY From	To	3. TERTIARY From	To
__ 2.1 Bolus corticosteroids	___/___/___ MM DD YY	___/___/___ MM DD YY	___/___/___ MM DD YY	___/___/___ MM DD YY	___/___/___ MM DD YY	___/___/___ MM DD YY
2.1.1 Total Dose	_____		_____		_____	
__ 2.2 OKT3	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
__ 2.3 ALG	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
__ 2.4 ATG	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
__ 2.5 Recycle corticosteroids	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
2.5.1 Doses: From-To ____	____	____	____	____	____	
__ 2.6 FK506	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
2.6.1 Total Dose	_____		_____		_____	
__ 2.7 Other _____ specify (30 char) ___/___/____	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	
__ 2.8 Other _____ ___/___/____	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	
__ 2.9 Other _____ ___/___/____	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	

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__2.10 Other _____ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___

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COMPLICATIONS - REJECTION FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

III. LIVER BIOPSY

1. Was initial liver biopsy done? Yes__ No__

IF YES

1.1 Date of biopsy _____/_____/_____
MM DD YY

1.2 Was it a protocol biopsy? Yes__ No__

1.3 Biopsy results (check all that apply)

__ 1.3.1 Acute rejection
__ 1.3.2 Chronic rejection
__ 1.3.3 No rejection
__ 1.3.4 Non diagnostic
__ 1.3.5 Consistent with, but not diagnostic of, acute cellular rejection

2. Was liver biopsy repeated after primary treatment? Yes__ No__ NA__

IF YES

2.1 Date of biopsy _____/_____/_____
MM DD YY

2.2 Biopsy results (check one)

__ 1. Complete resolution
__ 2. Resolving rejection (improved)
__ 3. Continued rejection (persistent)
__ 4. Non diagnostic

3. Was liver biopsy repeated after secondary treatment? Yes__ No__ NA__

IF YES

3.1 Date of biopsy _____/_____/_____
MM DD YY

3.2 Biopsy results (check one)

__ 1. Complete resolution
__ 2. Resolving rejection (improved)
__ 3. Continued rejection (persistent)
__ 4. Non diagnostic

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COMPLICATIONS - REJECTION FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

IV. BIOCHEMICAL PARAMETERS	A. Most recent prior to rejection	B. At time of diagnosis prior to treatment	C. At end of all treatment	D. One week after end of treatment
1. Date of sample	_____/_____/_____ MM DD YY	_____/_____/_____ MM DD YY	_____/_____/_____ MM DD YY	_____/_____/_____ MM DD YY
2. Were labs done at Tx center?	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__
3. Alkaline phosphatase (U/L) ___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___		___ ___ ___ ___
4. Total bilirubin (mg/dl)	___ ___.___	___ ___.___	___ ___.___	___ ___.___
5. Direct bilirubin (mg/dl)	___ ___.___	___ ___.___	___ ___.___	___ ___.___
6. Gamma GTP (U/L)	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___
7. SGOT (AST) (U/L)	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___
8. SGPT (ALT) (U/L)	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___

COMPLICATIONS - REJECTION FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

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NIDDK Liver Transplantation Database

PATIENT ID _____-_____

V. OVERALL OUTCOME of rejection episode (check all that apply)

Date of evaluation _____/_____/_____
MM DD YY

__ 1. Histologic (check one)

__ 1.1 Resolving rejection (improved)
__ 1.2 Continued rejection (persistent)
__ 1.3 Resolution Date _____/_____/_____
MM DD YY

__ 2. Biochemical (check one)

__ 2.1 Resolving rejection (improved)
__ 2.2 Continued rejection (persistent)
__ 2.3 Resolution Date _____/_____/_____
MM DD YY

__ 3. Clinical (check one)

__ 3.1 Resolving rejection (improved)
__ 3.2 Continued rejection (persistent)
__ 3.3 Resolution Date _____/_____/_____
MM DD YY

VI. Patient/graft status (check one)

Date

__ 1. Graft failure: retransplantation _____/_____/_____
__ 2. Graft failure: death _____/_____/_____
__ 3. Death from other cause(s) _____/_____/_____
MM DD YY
__ 4. None of the above

MR

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PATIENT ID _____-_____

VII. COMMENTS: Yes__ No__

IF YES

(60 char/line)