



NIDDK
Liver Transplantation Database
COMPLICATIONS - REJECTION FORM

02/26/1991

COMPLETION LOG

Data Collector ID _____ - _____
Center Initials

DATE

Data Collection _____ / _____ / _____

Data Entry _____ / _____ / _____

Sysid _____

Verification _____ / _____ / _____

Cleaned _____ / _____ / _____

Transfer _____ / _____ / _____
MM DD YY

FORM KEYS

Patient ID _____

Transplant No. _____

Episode No. _____

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PATIENT ID _____

TRANSPLANT NO. _____

*** To be completed for each episode 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

<input type="checkbox"/> 1. CsA	<input type="checkbox"/> 5. ALG
<input type="checkbox"/> 2. Prednisone	<input type="checkbox"/> 6. ATG
<input type="checkbox"/> 3. Imuran	<input type="checkbox"/> 7. FK506
<input type="checkbox"/> 4. OKT3	<input type="checkbox"/> 8. Other _____
specify (30 char)	

3. Other ASSOCIATED CONDITIONS at time of suspected rejection? Yes___ No___

IF YES, check all that apply

<input type="checkbox"/> 3.1 Biliary leak	
<input type="checkbox"/> 3.2 Biliary stenosis	
<input type="checkbox"/> 3.3 Hepatic artery thrombosis	
<input type="checkbox"/> 3.4 CMV infection	
<input type="checkbox"/> 3.5 Other viral infections	
<input type="checkbox"/> 3.6 Bacterial cholangitis	
<input type="checkbox"/> 3.7 Bacterial infection	
<input type="checkbox"/> 3.8 Other infections _____	
specify (30 char)	
<input type="checkbox"/> 3.9 Portal vein thrombosis	
<input type="checkbox"/> 3.10 Hepatic vein thrombosis	
<input type="checkbox"/> 3.11 Other _____	
specify (30 char)	

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

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II. TREATMENT given? Yes__ No__

1. IF NO

specify reason _____
 (30 char)

2. IF YES, check all that apply

	1. PRIMARY		2. SECONDARY		3. TERTIARY	
	From	To	From	To	From	To
__ 2.1 Bolus corticosteroids	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
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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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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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)	____	____	____	____

MR

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

Date of evaluation ____/____/____
MM DD YY

__ 1. Histologic (check one)

<input type="checkbox"/> 1.1	Resolving rejection (improved)	
<input type="checkbox"/> 1.2	Continued rejection (persistent)	
<input type="checkbox"/> 1.3	Resolution	Date ____/____/____ MM DD YY

__ 2. Biochemical (check one)

<input type="checkbox"/> 2.1	Resolving rejection (improved)	
<input type="checkbox"/> 2.2	Continued rejection (persistent)	
<input type="checkbox"/> 2.3	Resolution	Date ____/____/____ MM DD YY

__ 3. Clinical (check one)

<input type="checkbox"/> 3.1	Resolving rejection (improved)	
<input type="checkbox"/> 3.2	Continued rejection (persistent)	
<input type="checkbox"/> 3.3	Resolution	Date ____/____/____ MM DD YY

VI. Patient/graft status (check one)

Date

<input type="checkbox"/> 1. Graft failure: retransplantation	____/____/____
<input type="checkbox"/> 2. Graft failure: death	____/____/____
<input type="checkbox"/> 3. Death from other cause(s)	____/____/____
<input type="checkbox"/> 4. None of the above	MM DD YY

