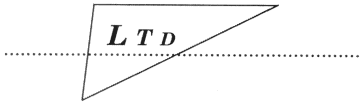


RU



NIDDK  
Liver Transplantation Database  
**REJECTION UPDATE FORM**

12/9/1991

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. \_\_\_\_\_

Update No. \_\_\_\_\_

**REJECTION UPDATE FORM**  
NIDDK Liver Transplantation Database

PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

TRANSPLANT NO. \_\_\_\_\_

To be completed monthly for rejection episodes that were not "resolved" at a previous timepoint.

I. EPISODE NO. \_\_\_\_\_ (From previous MR Form)

UPDATE NO. \_\_\_\_\_

1. Patient's immunosuppressive therapy at time of this update (check one)

- 1.1 Protocol
- 1.2 Reduced
- 1.3 None

IF PROTOCOL or REDUCED, check all that apply

|  |   |
|--|---|
| <input type="checkbox"/> 1. CsA        | <input type="checkbox"/> 6. ATG         |
| <input type="checkbox"/> 2. Prednisone | <input type="checkbox"/> 7. FK506       |
| <input type="checkbox"/> 3. Imuran     | <input type="checkbox"/> 8. RS-61443    |
| <input type="checkbox"/> 4. OKT3       | <input type="checkbox"/> 9. Other _____ |
| <input type="checkbox"/> 5. ALG        | specify (30 char)                       |

2. Other ASSOCIATED CONDITIONS during this time period?      Yes\_\_    No\_\_

IF YES, check all that apply

|                          |      |                           |
|--------------------------|------|---------------------------|
| <input type="checkbox"/> | 2.1  | Biliary leak              |
| <input type="checkbox"/> | 2.2  | Biliary stenosis          |
| <input type="checkbox"/> | 2.3  | Hepatic artery thrombosis |
| <input type="checkbox"/> | 2.4  | CMV infection             |
| <input type="checkbox"/> | 2.5  | Other viral infections    |
| <input type="checkbox"/> | 2.6  | Bacterial cholangitis     |
| <input type="checkbox"/> | 2.7  | Bacterial infection       |
| <input type="checkbox"/> | 2.8  | Other infections _____    |
|                          |      | specify (30 char)         |
| <input type="checkbox"/> | 2.9  | Portal vein thrombosis    |
| <input type="checkbox"/> | 2.10 | Hepatic vein thrombosis   |

REJECTION UPDATE FORM  
NIDDK Liver Transplantation Database

PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

II. TREATMENT given (or continued) since MR or last update for this episode of rejection? Yes\_\_ No\_\_

1. IF NO

specify reason \_\_\_\_\_  
(30 char)

2. IF YES, list all treatment codes as specified on opposite page

| CODE     | SPECIFY IF "OTHER" | FROM     | TO       | TOTAL DOSE<br>(For Bolus<br>and FK506) | RECYCLE DOSE<br>FROM | TO    |
|----------|--------------------|----------|----------|--|----------------------|-------|
| 1. _____ | _____              | __/__/__ | __/__/__ | _____                                  | _____                | _____ |
| 2. _____ | _____              | __/__/__ | __/__/__ | _____                                  | _____                | _____ |
| 3. _____ | _____              | __/__/__ | __/__/__ | _____                                  | _____                | _____ |
| 4. _____ | _____              | __/__/__ | __/__/__ | _____                                  | _____                | _____ |
| 5. _____ | _____              | __/__/__ | __/__/__ | _____                                  | _____                | _____ |
| 6. _____ | _____              | __/__/__ | __/__/__ | _____                                  | _____                | _____ |
| 7. _____ | _____              | __/__/__ | __/__/__ | _____                                  | _____                | _____ |
| 8. _____ | _____              | __/__/__ | __/__/__ | _____                                  | _____                | _____ |

**REJECTION UPDATE FORM**  
NIDDK Liver Transplantation Database

PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

9. \_\_\_\_\_ / / / / / / / /

10. \_\_\_\_\_ / / / / / / / /

specify (20 char)

MM DD YY

MM DD YY

**REJECTION UPDATE FORM**  
NIDDK Liver Transplantation Database

PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

11. Has treatment ended? Yes\_\_ No\_\_

IF YES, record labs done at end of treatment

IF NO, record most recent labs prior to update

11.1 Date of blood draw \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

11.2 Were labs done at center? Yes\_\_ No\_\_

11.3 Alkaline phosphatase (U/L) \_\_\_\_\_

11.4 Total bilirubin (mg/dl) \_\_\_\_\_

11.5 Direct bilirubin (mg/dl) \_\_\_\_\_

11.6 Gamma GTP (U/L) \_\_\_\_\_

11.7 SGOT (AST) (U/L) \_\_\_\_\_

11.8 SGPT (ALT) (U/L) \_\_\_\_\_

REJECTION UPDATE FORM  
NIDDK Liver Transplantation Database

PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

III. LIVER BIOPSY

1. Has a biopsy been done since the "Overall Outcome" on the MR form or the last RU form?

Yes\_\_ No\_\_

IF YES

1.1 Date of biopsy showing resolution or date of most recent biopsy \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

1.2 Biopsy results (check one)

- 1.2.1 Complete resolution
- 1.2.2 Resolving rejection (improved)
- 1.2.3 Continued rejection (persistent)
- 1.2.4 Non-diagnostic

1.3 Were biochemical tests done at the time of this biopsy? Yes\_\_ No\_\_

(use the tests done closest in time before the date of biopsy)

IF YES

1.3.1 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

1.3.2 Were labs done at center? Yes\_\_ No\_\_

1.3.3 Alkaline phosphatase (U/L) \_\_\_\_\_

1.3.4 Total bilirubin (mg/dl) \_\_\_\_\_

1.3.5 Direct bilirubin (mg/dl) \_\_\_\_\_

1.3.6 Gamma GTP (U/L) \_\_\_\_\_

1.3.7 SGOT (AST) (U/L) \_\_\_\_\_

1.3.8 SGPT (ALT) (U/L) \_\_\_\_\_

REJECTION UPDATE FORM  
NIDDK Liver Transplantation Database

PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

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

Date of update \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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 _____ / _____ / _____<br>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 _____ / _____ / _____<br>MM DD YY<br>(if known) |

\_\_ 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 _____ / _____ / _____<br>MM DD YY<br>(if known) |

\_\_ 4. Other (check all that apply)

|  |  |                                    |  |  |  |  |                                    |                   |
|--|--|------------------------------------|--|--|--|--|------------------------------------|-------------------|
| <input type="checkbox"/> 4.1 Failure of immunosuppression  |  |                                    |  |  |  |  |                                    |                   |
| <input type="checkbox"/> 4.2 Chronic rejection   |  |                                    |  |  |  |  |                                    |                   |
| <input type="checkbox"/> 4.3 Misdiagnosis  |  |                                    |  |  |  |  |                                    |                   |
| IF Misdiagnosed, check all that apply  |  |                                    |  |  |  |  |                                    |                   |
| <table border="1"> <tr> <td><input type="checkbox"/> 4.3.1 Hepatitis B</td> <td><input type="checkbox"/> 4.3.5 EBV</td> </tr> <tr> <td><input type="checkbox"/> 4.3.2 Hepatitis B &amp; D</td> <td><input type="checkbox"/> 4.3.6 Unknown</td> </tr> <tr> <td><input type="checkbox"/> 4.3.3 Hepatitis C</td> <td><input type="checkbox"/> 4.3.7 Other _____</td> </tr> <tr> <td><input type="checkbox"/> 4.3.4 CMV</td> <td>specify (30 char)</td> </tr> </table> | <input type="checkbox"/> 4.3.1 Hepatitis B | <input type="checkbox"/> 4.3.5 EBV | <input type="checkbox"/> 4.3.2 Hepatitis B & D | <input type="checkbox"/> 4.3.6 Unknown | <input type="checkbox"/> 4.3.3 Hepatitis C | <input type="checkbox"/> 4.3.7 Other _____ | <input type="checkbox"/> 4.3.4 CMV | specify (30 char) |
| <input type="checkbox"/> 4.3.1 Hepatitis B   | <input type="checkbox"/> 4.3.5 EBV         |                                    |  |  |  |  |                                    |                   |
| <input type="checkbox"/> 4.3.2 Hepatitis B & D   | <input type="checkbox"/> 4.3.6 Unknown     |                                    |  |  |  |  |                                    |                   |
| <input type="checkbox"/> 4.3.3 Hepatitis C   | <input type="checkbox"/> 4.3.7 Other _____ |                                    |  |  |  |  |                                    |                   |
| <input type="checkbox"/> 4.3.4 CMV   | specify (30 char)                          |                                    |  |  |  |  |                                    |                   |
| <input type="checkbox"/> 4.4 Other _____<br>specify (30 char)  |  |                                    |  |  |  |  |                                    |                   |





Treatment Codes

1. ALG
2. ATG
3. OKT3
4. Recycled Corticosteroids
5. Other
6. Bolus Corticosteroids
7. FK506