

Name: \_\_\_\_\_

date of birth: \_\_\_\_\_

examination date: \_\_\_\_\_

## Current staging of chronic GVHD

<b>Organ scoring</b>				
<b>Stadium</b>	<b>0</b>	<b>I</b>	<b>II</b>	<b>III</b>
<b>General condition</b>	<input type="checkbox"/> Asymptomatic and fully active (ECOG 0, KPS/Lansky 100%)	<input type="checkbox"/> Symptomatic, fully ambulatory; restricted only in physically strenuous activity (KPS 80-90%)	<input type="checkbox"/> Symptomatic; ambulatory; capable of self-care; > 50% of waking hours out of bed (KPS 60-70%)	<input type="checkbox"/> Symptomatic; limited self-care; > 50% of waking hours in bed (KPS < 60%)
<b>Skin</b>  <input type="checkbox"/> Maculopapular rash <input type="checkbox"/> Lichen-planus like features <input type="checkbox"/> Papulossquamous lesions or ichthyosis <input type="checkbox"/> Hyperpigmentation <input type="checkbox"/> Hypopigmentation <input type="checkbox"/> Keratosis pilaris <input type="checkbox"/> Erythema <input type="checkbox"/> Erythroderma <input type="checkbox"/> Polikiloderma <input type="checkbox"/> Sclerotic features <input type="checkbox"/> Pruritus <input type="checkbox"/> Hair involvement  _____%BSA	<input type="checkbox"/> No symptoms	<input type="checkbox"/> < 20% BSA with disease signs but <b>NO</b> sclerotic features	<input type="checkbox"/> 21-50% BSA <b>OR</b> involvement with superficial sclerotic features 'not hidebound' (able to pinch)	<input type="checkbox"/> > 50% BSA <b>OR</b> deep sclerotic features "hidebound" (unable to pinch) <b>OR</b> impaired mobility, ulceration or severe pruritus
<b>Mouth</b>	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild symptoms with disease signs but not limiting oral intake significantly	<input type="checkbox"/> Moderate symptoms with signs with partial limitation of oral intake	<input type="checkbox"/> Severe symptoms with disease signs on examination with major limitation of oral intake
<b>Eyes</b> Mean tear test: <input type="checkbox"/> >10 <input type="checkbox"/> 6-10 <input type="checkbox"/> ≤5 <input type="checkbox"/> not done	<input type="checkbox"/> no symptoms	<input type="checkbox"/> Mild dry eyes symptoms not affecting ADL (requiring eyedrops ≤ 3 x per day) <b>OR</b> asymptomatic signs of keratoconjunctivitis sicca	<input type="checkbox"/> Moderate dry eye symptoms patially affecting ADL (requiring drops >3 x per day or punctal plugs) <b>WITHOUT</b> vision impairment	<input type="checkbox"/> Severe dry eye symptoms significantly affecting ADL (special eyeware to relieve pain) <b>OR</b> unable to work because ocular symptoms <b>OR</b> loss of vision caused by keratoconjunctivitis sicca
<b>GI Tract</b>  weight: _____kg	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Symptoms such as dysphagia, anorexia, nausea, vomiting, abdominal pain or diarrhea without significant weight loss (<5%)	<input type="checkbox"/> Symptoms associated with mild to moderate weigh loss ( 5-15%)	<input type="checkbox"/> Symptoms associated with significant weight loss (>15%), requires nutritional supplement for most calorie needs <b>OR</b> esophageal dilation
<b>Genital Tract</b>	<input type="checkbox"/> No symptoms, no	<input type="checkbox"/> Symptomatic with mild distinct signs on exam <b>AND</b> no effect on coitus and minimal discomfort with GYN exam	<input type="checkbox"/> Symptomatic with distinct signs on exam <b>AND</b> painfull effect on coitus or discomfort GYN exam	<input type="checkbox"/> symptomatic <b>WITH</b> advanced signs (stricture, labia agglutination or severe ulceration), andsevere pain with coitus or inability to insert vaginal speculum
<b>Liver</b>	<input type="checkbox"/> Normal LFT	<input type="checkbox"/> Elevated bilirubin, ALT, AST or AP < 2 x ULN	<input type="checkbox"/> Bilirubin > 3mg/dl or enzymes 2-4 x ULN	<input type="checkbox"/> Enzymes > 5 x ULN

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<b>Lungs</b> FEV1: _____% DLCO: _____%	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild symptoms (shortness of breath after climbing one flight of steps) <input type="checkbox"/> FEV1 60-79% <b>OR</b> LFS 3-5	<input type="checkbox"/> Moderate symptoms (shortness of breath after walking on flat ground) <input type="checkbox"/> FEV1 40-59% <b>OR</b> LFS 6-9	<input type="checkbox"/> Severe symptoms (shortness of breath at rest; requiring O <sub>2</sub> ) <input type="checkbox"/> FEV1 ≤39 or LFS 10-12
	<input type="checkbox"/> FEV1 <80% or LFS =2			
<b>Joints/ Fascia</b>	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild tightness of arms or legs, normal or mild decreased range of motion <b>AND</b> not affecting ADL	<input type="checkbox"/> Tightness of arms or legs <b>OR</b> joint contractures, erythema thought due to fasciitis, moderate decrease ROM <b>AND</b> mild to moderate limitation of ADL	<input type="checkbox"/> Contractures <b>WITH</b> significant decrease of ROM <b>AND</b> significant limitation of ADL (unable to tie shoes, button shirts, dress self etc.)

\*\*\*ADL = Activity of daily life. Pulmonary scoring should be performed using both the symptom and pulmonary function testing (PFT) scale whenever possible. When discrepancies exist between pulmonary symptom and PFT scores the higher value should be used for final scoring. Scoring used for the Lung Function Score (LFS) is preferred, but if DLCO is not available, grading using FEV1 should be used. The LFS is a global assessment of lung function after the diagnosis of bronchiolitis obliterans has already been established. The % predicted FEV1 and DLCO (adjusted for hematocrit but not alveolar volume) should be converted to a numeric score as follows: > 80% = 1; 70-79% = 2; 60-69% = 3; 50-59% = 4; 40-49% = 5; < 40% = 6. The LFS = FEV1 score + DLCO score, with possible range of 2-12.

other organ attendance: \_\_\_\_\_  
(the heaviness is rated by damage of ADL (mild =1, moderate =2, severe =3))

**other associated symptoms, organ attendances or complications (please mark where applicable) . Severity code by grade of attendance (mild =1, moderate =2, severe =3) angeben:**

- |  |  |
|--|--|
| <input type="checkbox"/> Progressive beginn (direct change aGVHD to cGVHD) | <input type="checkbox"/> low platelets (<100Gpt/l)                       |
| <input type="checkbox"/> Myasthenia gravis _____                           | <input type="checkbox"/> Cardiac disruption of conduction _____          |
| <input type="checkbox"/> BOOP (lungs) _____                                | <input type="checkbox"/> Cardiomyopathy _____                            |
| <input type="checkbox"/> Eosinophilie (>500/μl) _____                      | <input type="checkbox"/> Polymyositis _____                              |
| <input type="checkbox"/> Serositis (Ascites) _____                         | <input type="checkbox"/> Serositis (Pleura bruise/Perikard bruise) _____ |
| <input type="checkbox"/> Coronary attendance _____                         | <input type="checkbox"/> Peripheral neuropathy _____                     |
| <input type="checkbox"/> Nephrotic syndrome _____                          | <input type="checkbox"/> Ösophagus-Strikutures or net _____              |

**Biopsy performed:**  yes  no Organ of biopsy: \_\_\_\_\_  
GVHD approved:  yes  no Organ: \_\_\_\_\_

Risk group	low	medium	high
Number of affected Organ-systems	1-2	≥3	≥3
Severity of organ-manifestationen	1 (except lungs)	≥2 (or lungs 1)	≥2 (or lungs 2-3)
Risk parameters thrombozytopenia and/or progressive beginn	none	any	both
Karnofsky Performance	≥80%	<80%	<80%

High risk: medium risik + thrombozytopenia and progressive onset or lungs grade 2-3

Medium risk: 3 or more organ-systemw, severity f organmanifestation ≥2, or progressiver beginn or thrombozytopenia

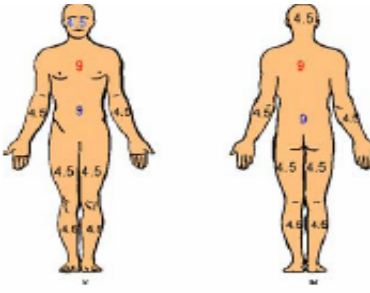
**Current treatment:**

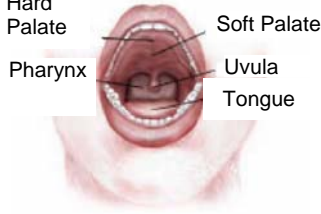
- |                             |  |                       |  |
|-----------------------------|--|-----------------------|--|
| Prednison Dose _____mg      | <input type="checkbox"/> yes <input type="checkbox"/> no | Methylpred. Bolus     | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Ciclosporin A               | <input type="checkbox"/> yes <input type="checkbox"/> no | Tacrolimus            | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Sirolimus                   | <input type="checkbox"/> yes <input type="checkbox"/> no | Thalidomid            | <input type="checkbox"/> yes <input type="checkbox"/> no |
| MMF (Cellcept®, Myfortic®)  | <input type="checkbox"/> yes <input type="checkbox"/> no | Hydroxychloroquine    | <input type="checkbox"/> yes <input type="checkbox"/> no |
| MTX po/iv                   | <input type="checkbox"/> yes <input type="checkbox"/> no | Daclizumab            | <input type="checkbox"/> yes <input type="checkbox"/> no |
| PUVA                        | <input type="checkbox"/> yes <input type="checkbox"/> no | Photopherese          | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Pentostatin                 | <input type="checkbox"/> yes <input type="checkbox"/> no | Everolimus            | <input type="checkbox"/> yes <input type="checkbox"/> no |
| topical Tacrolimus          | <input type="checkbox"/> yes <input type="checkbox"/> no | topical steroids oral | <input type="checkbox"/> yes <input type="checkbox"/> no |
| topical steroids inhalative | <input type="checkbox"/> yes <input type="checkbox"/> no | physical therapy      | <input type="checkbox"/> yes <input type="checkbox"/> no |
| others (please name) _____  | <input type="checkbox"/> yes <input type="checkbox"/> no |                       |  |

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Component	Findings	Scoring
<b>Skin</b> 	Erythematous rash of any sort	% BSA (max 100%)
	Moveable sclerosis	% BSA (max 100%)
	Non-moveable sclerosis (hidebound/non-pinchable) or subcutaneous sclerosis/fasciitis	% BSA (max 100%)
	Ulcer(s): (select the largest ulcerative lesion, and measure its largest dimension in cm and mark location of ulcer)	Location:  Largest dimension: _____ cm

<b>Mouth</b>	
	

Mucosal Change	No evidence of cGVHD		mild		moderate		severe	
		none	0	Mild erythema or moderate erythema (<25%)	1	Moderate (≥25%) or severe erythema (<25%)	2	Severe erythema (≥25%)
<b>Erythema</b>	none	0	Hyperkeratotic changes (<25%)	1	Hyperkeratotic changes (26-50%)	2	Hyperkeratotic changes (>50%)	3
<b>Lichenoid alterations</b>	none	0	None	0	Ulcers involving (≤20%)	3	Severe ulcerations (>20%)	6
<b>Ulcers</b>	none	0	1-5 Mucocelles	1	6-10 Scattered mucocelles	2	Over 10 mucocelles	3
<b>Mucoceles*</b>	none	0						
			* Mucocelles scored for lower labial and soft palate only			<b>Total score for all mucosal changes</b>		

<b>Gastrointestinal -Upper GI</b> - Early satiety OR - Anorexia OR - Nausea & vomiting	0= no symptoms 1= mild, occasional symptoms, with little reduction in oral intake during <b>the past week</b> 2= moderate, intermittent symptoms, with some reduction in oral intake during <b>the past week</b> 3= more severe or persistent symptoms throughout the day, with marked reduction in oral intake, on <b>almost every day of the past week</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Gastrointestinal -Esophageal</b> - Dyshagia - Odynophagia	0= no esophageal symptoms 1= occasional dysphagia or odynophagia with solid food or pills <b>during the last week</b> 2= intermittent dysphagia or odynophagia with solid food or pills, but not for liquids or soft foods, <b>during the past week</b> 3= Dysphagia or odynophagia for almost all oral intake, on almost every day <b>of the past week</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Gastrointestinal -Lower GI</b> - Diarrhea	0= no loose or liquid stools <b>during the past week</b> 1= occasional loose or liquid stools, on some days during the past week 2= intermittent loose or liquid stools throughout the day, on almost every day of the past week, <b>without requiring</b> intervention to prevent or correct volume depletion 3= voluminous diarrhea on almost every day of the past week, <b>requiring</b> intervention to prevent or correct volume depletion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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