

# ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

Month	Day	20		Year															

Infusion Date:

Month	Day	20		Year															

CIBMTR Center Number:

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## Juvenile Idiopathic Arthritis Pre-HSCT Data

### Registry Use Only

Sequence Number:

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Date Received:

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CIBMTR Center Number:

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CIBMTR Recipient ID:

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Today's Date:

Month	Day	20		Year															

Date of HSCT for which this form is being completed:

Month	Day	20		Year															

HSCT type:  autologous  allogeneic, unrelated  allogeneic, related  syngeneic (identical twin)

Product type:  marrow  PBSC  cord blood  other product, specify: \_\_\_\_\_

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient's medical records.

Questions followed by the symbol  indicate additional information necessary to complete the question is referenced in the forms instruction manual.

If this is a report of a second or subsequent transplant, check here  and continue with question 72.

### Disease Assessment at Diagnosis

1. What was the date of diagnosis of Juvenile Idiopathic Arthritis? 

Month	Day	Year																	

2. Specify the JIA subclass:

- 1  systemic JIA →
- 2  polyarticular rheumatoid arthritis with oligoarticular onset
- 3  polyarticular rheumatoid arthritis with polyarticular onset
- 4  other subtype →

3. Were the Schneider criteria (persistent thrombocytosis and corticosteroids to control fever) for systemic JIA fulfilled?

- 1  yes
- 2  no
- 3  unknown

4. Specify JIA subtype: \_\_\_\_\_

Specify the following laboratory studies performed at diagnosis of JIA:

- 5. 1  yes 2  no 3  unknown
- 7. 1  yes 2  no 3  unknown
- 9. 1  yes 2  no 3  unknown
- 11. 1  yes 2  no 3  unknown
- 13. 1  yes 2  no 3  unknown

- Anti-nuclear antibody →
- C-reactive protein →
- Erythrocyte sedimentation rate →
- Rheumatoid factor →
- Other lab study →

If performed, specify lab study results:

- 6. 1  normal 2  abnormal 3  unknown
- 8. 1  normal 2  abnormal 3  unknown
- 10. 1  normal 2  abnormal 3  unknown
- 12. 1  normal 2  abnormal 3  unknown
- 14. 1  normal 2  abnormal 3  unknown
- 15. Specify lab study: \_\_\_\_\_

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

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Sequence Number:

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Today's Date:

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Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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CIBMTR Recipient ID: 

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Specify the presence of the following complications at any time from diagnosis to mobilization for stem cell collection (or high-dose therapy if mobilization was not done):

16. Corticosteroid dependency to control JIA

- 1  yes
- 2  no
- 3  unknown

17. Disease progression while on therapy

- 1  yes
- 2  no
- 3  unknown

18. Systemic JIA with polyarticular course

- 1  yes
- 2  no
- 3  unknown

19. Were the Schneider criteria (persistent thrombocytosis and corticosteroids to control fever) for systemic JIA fulfilled?

- 1  yes
- 2  no
- 3  unknown

20. Toxicity from conventional treatment(s)

- 1  yes
- 2  no
- 3  unknown

Specify the toxicities present between JIA diagnosis and prior to the start of the preparative regimen:

- 21. 1  yes 2  no Avascular necrosis of femoral head
- 22. 1  yes 2  no Cataracts
- 23. 1  yes 2  no Growth delay
- 24. 1  yes 2  no Hepatic dysfunction ( $\geq 3$  fold increase in liver function tests)
- 25. 1  yes 2  no Renal insufficiency ( $> 30\%$  increase in creatinine)
- 26. 1  yes 2  no Severe gastrointestinal (GI) toxicity
- 27. Specify GI toxicity:
- 28. 1  yes 2  no Severe hypertension
- 29. 1  yes 2  no Severe myelosuppression
- 30. 1  yes 2  no Other toxicity
- 31. Specify other toxicity:

## Pre-HSCT Treatment for Juvenile Idiopathic Arthritis

32. Did the recipient receive any disease-modifying treatments between the time of diagnosis and prior to mobilization for stem cell collection (or high-dose therapy if mobilization was not done)?

- 1  yes → Continue with table below
- 2  no → Continue with question 65

Codes for Treatment Stopped			
1 Failure	2 Toxicity	3 Other reason	4 Reason unknown

Treatment Given?	Treatment Stopped?	Stopped Code	
33. Corticosteroids <input type="checkbox"/>			
1 <input type="checkbox"/> yes	34. 1 <input type="checkbox"/> yes	35. <input style="width: 20px;" type="text"/>	36. If code 3, specify other reason: <input style="width: 150px;" type="text"/>
2 <input type="checkbox"/> no	2 <input type="checkbox"/> no		
3 <input type="checkbox"/> unknown			
	37. Was prednisone or other corticosteroid dosing changed between diagnosis and just prior to mobilization for stem cell collection?		
	1 <input type="checkbox"/> dose unchanged		
	2 <input type="checkbox"/> dose increased		
	3 <input type="checkbox"/> dose decreased		
	4 <input type="checkbox"/> unknown		

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

		20
Month	Day	Year

Infusion Date:

		20
Month	Day	Year

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

Treatment Given?	Treatment Stopped?	Stopped Code	Codes for Treatment Stopped
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>Codes for Treatment Stopped</b>                      1 Failure   2 Toxicity   3 Other reason   4 Reason unknown                 </div>			
38. Cyclophosphamide (CTX, Cytosan, Neosar)	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	40. <input type="checkbox"/>	41. If code 3, specify other reason: _____
42. Cyclosporine (CsA, Neoral, Sandimmune)	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	44. <input type="checkbox"/>	45. If code 3, specify other reason: _____
46. Etanercept (Enbrel)	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	48. <input type="checkbox"/>	49. If code 3, specify other reason: _____
50. Methotrexate (MTX, Folex)	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	52. <input type="checkbox"/>	53. If code 3, specify other reason: _____
	54. Specify the maximum weekly dose: <input type="text"/> mg		<input type="checkbox"/> dose unknown
	55. Specify the duration of therapy: <input type="text"/> months		<input type="checkbox"/> duration unknown
56. Non-steroidal anti-inflammatory drugs (NSAIDS)	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	58. <input type="checkbox"/>	59. If code 3, specify other reason: _____
60. Other treatment	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	62. <input type="checkbox"/>	63. If code 3, specify other reason: _____
	64. Specify other treatment: _____		
65. Did the recipient stop receiving disease-modifying drugs (e.g., cyclophosphamide, methotrexate, etc.) or anti-TNF regimen (not NSAIDS) prior to mobilization for stem cell collection (or high-dose therapy if mobilization was not done)?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	66. Specify the date that the recipient last received disease-modifying drugs or anti-TNF regimen: <input type="text"/> / <input type="text"/> / 20	
		<input type="checkbox"/> date unknown	
67. Was the recipient receiving non-steroidal anti-inflammatory drugs (NSAIDS) within 4 weeks of mobilization for stem cell collection (or high-dose therapy if mobilization was not done)?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	68. Were the NSAIDS discontinued prior to mobilization?	
		69. Specify the date NSAIDS were stopped: <input type="text"/> / <input type="text"/> / 20	
		<input type="checkbox"/> date unknown	
		70. Specify the reason for stopping (see Codes for Treatment Stopped above): <input type="text"/>	
		71. If code 3, specify other reason: _____	

# ERROR CORRECTION FORM

Sequence Number:






















CIBMTR Recipient ID:

















Initials:

Today's Date:











Month      Day      Year

Infusion Date:











Month      Day      Year

CIBMTR Center Number:







CIBMTR Center Number:

CIBMTR Recipient ID:

## Disease Assessment Prior to Mobilization Therapy for Stem Cell Collection

**Information for this section should come from the most recent evaluation prior to the initiation of mobilization therapy (≤ 4 weeks prior to mobilization for stem cell collection). If the recipient did not receive mobilization therapy, check here  and continue with question 129.**

72. Date of evaluation prior to mobilization for stem cell collection: 










Month      Day      Year

73. Specify the number of painful / tender joints prior to mobilization: 
  number unknown  
*Fuchs HA, Pincus T. Eular / ACR 28 joint count. Arthritis Rheum 1994, 37:470-475.*  
*Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.*

74. Specify the number of swollen / effused joints prior to mobilization: 
  number unknown  
*Fuchs HA, Pincus T. Eular / ACR 28 joint count. Arthritis Rheum 1994, 37:470-475.*  
*Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.*

75. Specify the pediatric EPM Range of Motion final score (0.0-3.0): 





 score unknown  
*Len C., Ferraz M.B., Goldenberg J., et al. Pediatric Escola Paulista de Medicina Range of Motion Scale: A Reduced Joint Count Scale for General Use in JRA. J Rheumatol 1999, 26 (4) 909-913.*

76. Was morning stiffness present just prior to mobilization?

- 1  yes  
 2  no  
 3  unknown

77. Specify the duration of morning stiffness: 
 : 


Hours      Minutes

78. Specify the recipient's height at the time of mobilization:  
 1  known  inches  
 2  unknown 



 centimeters

79. Specify the recipient's weight at the time of mobilization:  
 1  known  pounds  
 2  unknown 



 kilograms

80. Specify the recipient's height one year prior to the time of mobilization:  
 1  known  inches  
 2  unknown 



 centimeters

81. Specify the recipient's weight one year prior to the time of mobilization:  
 1  known  pounds  
 2  unknown 



 kilograms

## Laboratory Studies Prior to Mobilization Therapy for Stem Cell Collection

Specify if any of the following laboratory values were elevated prior to mobilization:

82. 1  yes 2  no 3  unknown Antinuclear antibody (ANA) titers  
 83. 1  yes 2  no 3  unknown C-reactive protein  
 84. 1  yes 2  no 3  unknown Erythrocyte sedimentation rate (ESR)  
 85. 1  yes 2  no 3  unknown Serum rheumatoid factor (RF) titers

86. Date CBC tested: 










Month      Day      Year

87. WBC: 









 Specify units:  
 1  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  
 2  x 10<sup>6</sup>/L

88. Segs: 





 %  
 1  known  
 2  not known



# ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

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Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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CIBMTR Center Number: 

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CIBMTR Recipient ID: 

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Lymphocyte subsets:

107. CD3 1  normal 2  decreased 3  increased 4  unknown  
108. CD4 1  normal 2  decreased 3  increased 4  unknown  
109. CD8 1  normal 2  decreased 3  increased 4  unknown  
110. CD16 1  normal 2  decreased 3  increased 4  unknown  
111. CD19 1  normal 2  decreased 3  increased 4  unknown

## Radiographic Assessment Prior to Mobilization Therapy for Stem Cell Collection

112. Were radiographic bone erosions present just prior to mobilization?

- 1  yes  
2  no  
3  unknown

113. Was advanced skeletal age of affected joints noted radiographically?

- 1  yes  
2  no  
3  unknown

114. Were osteoporotic fractures present at any time between diagnosis and mobilization?

- 1  yes  
2  no  
3  unknown

## Functional Assessment Prior to Mobilization Therapy for Stem Cell Collection

115. Did the recipient complete a Childhood Health Assessment Questionnaire (CHAQ) prior to mobilization?

*Singh G, Athreya B, Fries J, Goldsmith DP. Measurement of health status in children with rheumatoid arthritis. Arthritis Rheum 1994, 37:1761-69.*

- 1  yes  
2  no  
3  unknown

Specify the following scores for the CHAQ pain sub-scale:

116. Recipient's pain assessment: 

				.	
--	--	--	--	---	--

117. Worst possible pain score: 

				.	
--	--	--	--	---	--

118. Best possible pain score: 

				.	
--	--	--	--	---	--

Specify the following scores for the CHAQ disability sub-scale:

119. Recipient's disability assessment: 

				.	
--	--	--	--	---	--

120. Worst possible disability score: 

				.	
--	--	--	--	---	--

121. Best possible disability score: 

				.	
--	--	--	--	---	--

Specify the following scores for the CHAQ severity sub-scale:

122. Recipient's severity assessment: 

				.	
--	--	--	--	---	--

123. Worst possible severity score: 

				.	
--	--	--	--	---	--

124. Best possible severity score: 

				.	
--	--	--	--	---	--

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

 /  /   
Month Day Year

Infusion Date:

 /  /   
Month Day Year

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

125. Did the physician complete a Global Assessment of Functioning of the recipient's health prior to mobilization?

- 1  yes  
2  no  
3  unknown

126. Physician-rated Global Assessment score:  .

127. Worst possible score:  .

128. Best possible score:  .

## Most Recent Disease Assessment Prior to the Start of the Preparative Regimen

Information for this section should come from the most recent evaluation performed  $\leq 2$  weeks prior to the preparative regimen. If the recipient was not evaluated prior to the preparative regimen, check here  and continue with the signature lines at question 176.

129. Date of evaluation prior to the preparative regimen:  /  /   
Month Day Year

130. Specify the number of painful / tender joints prior to the preparative regimen:   number unknown  
*Fuchs HA, Pincus T. Eular / ACR 28 joint count. Arthritis Rheum 1994, 37:470-475.*  
*Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.*

131. Specify the number of swollen / effused joints prior to the preparative regimen:   number unknown  
*Fuchs HA, Pincus T. Eular / ACR 28 joint count. Arthritis Rheum 1994, 37:470-475.*  
*Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.*

132. Specify the pediatric EPM Range of Motion final score (0.0-3.0):  .   score unknown  
*Len C., Ferraz M.B., Goldenberg J., et al. Pediatric Escola Paulista de Medicina Range of Motion Scale: A Reduced Joint Count Scale for General Use in JRA. J Rheumatol 1999, 26 (4) 909-913.*

133. Was morning stiffness present prior to the preparative regimen?

- 1  yes  
2  no  
3  unknown

134. Specify the duration of morning stiffness:  :   
Hours Minutes

135. Specify the recipient's height one year prior to the preparative regimen:

- 1  known  1  inches  
2  unknown 2  centimeters

136. Specify the recipient's weight one year prior to the preparative regimen:

- 1  known  1  pounds  
2  unknown 2  kilograms

## Laboratory Studies Prior to the Start of the Preparative Regimen

Specify if any of the following laboratory values were elevated prior to the preparative regimen:

137. 1  yes 2  no 3  unknown Antinuclear antibody (ANA) titers

138. 1  yes 2  no 3  unknown C-reactive protein

139. 1  yes 2  no 3  unknown Erythrocyte sedimentation rate (ESR)

140. 1  yes 2  no 3  unknown Serum rheumatoid factor (RF) titers

141. Date tested:  /  /  (testing done within 30 days of start of preparative regimen)  
Month Day Year

142. Segs:  %  
1  known  
2  not known

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

  **20**   
Month Day Year

Infusion Date:

  **20**   
Month Day Year

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

143. Bands:

- 1  known →  %  
2  not known

144. Monocytes:

- 1  known →  %  
2  not known

145. Eosinophils:

- 1  known →  %  
2  not known

146. Basophils:

- 1  known →  %  
2  not known

147. Alkaline phosphatase:

- 1  known →  .  1  U/L  
2  not known 2   $\mu$ kat/L

148. Albumin:

- 1  known →  .  1  g/dL  
2  not known 2  g/L

Specify the results of the following immune function studies performed just prior to the start of the preparative regimen:

Quantitative immunoglobulins:

149. IgG 1  normal 2  decreased 3  increased 4  unknown  
150. IgA 1  normal 2  decreased 3  increased 4  unknown  
151. IgM 1  normal 2  decreased 3  increased 4  unknown  
152. IgE 1  normal 2  decreased 3  increased 4  unknown

Lymphocyte subsets:

153. CD3 1  normal 2  decreased 3  increased 4  unknown  
154. CD4 1  normal 2  decreased 3  increased 4  unknown  
155. CD8 1  normal 2  decreased 3  increased 4  unknown  
156. CD16 1  normal 2  decreased 3  increased 4  unknown  
157. CD19 1  normal 2  decreased 3  increased 4  unknown

## Radiographic Assessment Prior to the Start of the Preparative Regimen

158. Were radiographic bone erosions present prior to the start of the preparative regimen?

- 1  yes  
2  no  
3  unknown

159. Was advanced skeletal age of affected joints noted radiographically prior to the start of the preparative regimen?

- 1  yes  
2  no  
3  unknown

160. Was osteoporosis present prior to the start of the preparative regimen?

- 1  yes  
2  no  
3  unknown

161. Were osteoporotic fractures present?

- 1  yes  
2  no  
3  unknown

# ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

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CIBMTR Center Number:

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CIBMTR Recipient ID: 

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### Functional Assessment Prior to the Start of the Preparative Regimen

162. Did the recipient complete a Childhood Health Assessment Questionnaire (CHAQ) prior to the start of the preparative regimen?  
*Singh G, Athreya B, Fries J, Goldsmith DP. Measurement of health status in children with rheumatoid arthritis. Arthritis Rheum 1994, 37:1761-69.*

- 1  yes
- 2  no
- 3  unknown

Specify the following scores for the CHAQ pain sub-scale:

163. Recipient's pain assessment: 

--	--	--	--

 . 

--

164. Worst possible pain score: 

--	--	--	--

 . 

--

165. Best possible pain score: 

--	--	--	--

 . 

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Specify the following scores for the CHAQ disability sub-scale:

166. Recipient's disability assessment: 

--	--	--	--

 . 

--

167. Worst possible disability score: 

--	--	--	--

 . 

--

168. Best possible disability score: 

--	--	--	--

 . 

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Specify the following scores for the CHAQ severity sub-scale:

169. Recipient's severity assessment: 

--	--	--	--

 . 

--

170. Worst possible severity score: 

--	--	--	--

 . 

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171. Best possible severity score: 

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 . 

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172. Did the physician complete a Global Assessment of Functioning of the recipient's health prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

173. Physician-rated Global Assessment score: 

--	--	--	--

 . 

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174. Worst possible score: 

--	--	--	--

 . 

--

175. Best possible score: 

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176. Signed: \_\_\_\_\_  
Person completing form

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_