



Rheumatoid Arthritis Post-HSCT Data

Registry Use Only

Sequence
Number:

Date
Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date: / /
Month Day Year

Date of HSCT for which this form is
being completed: / /
Month Day Year

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

Product type: marrow PBSC cord blood other product, specify: _____

Visit: 100 day 6 month 1 year 2 years > 2 years, specify:

To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

Disease Assessment at the Time of Best Response to HSCT

1. Specify the date the recipient was evaluated for this report: / /
Month Day Year

2. Specify the percent of clinical improvement at the time of best response since HSCT compared to the evaluation just prior to mobilization, according to American College of Rheumatology (ACR) criteria:
(Felson et al, "Arthritis Rheum" 1995, 38:727.) Requires 20%* or more improvement in tender and swollen joint count plus 20%* or more improvement in 3 of following 6 criteria: 1 = Patient pain assessment 2 = Patient global assessment 3 = Physician global assessment 4 = Patient self-assessed disability 5 = Acute-phase reactant (ESR or CRP) 6 = Remission
* Substitute 50% or 70% for 50% and 70% improvement levels, respectively.

- 1 disease is worse →
- 2 no improvement
- 3 20% improvement (ACR20) →
- 4 50% improvement (ACR50) →
- 5 70% improvement (ACR70) →
- 6 disease in remission →

3. Specify the date of disease progression: / /
Month Day Year

4. Specify the date of maximal improvement: / /
Month Day Year

5. Specify the date of disease remission: / /
Month Day Year

Post-HSCT Treatment for Rheumatoid Arthritis

6. Did the recipient receive any treatment for RA since the date of the last report?

- 1 yes → **Continue with table on page 2**
- 2 no → **Continue with question 80**
- 3 unknown

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

CIBMTR Center Number:

CIBMTR Recipient ID:

113. Role Functioning-Emotional:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> score unknown
114. Social Functioning:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> score unknown
115. Bodily Pain:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> score unknown
116. Mental Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> score unknown
117. Vitality:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> score unknown
118. General Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> score unknown

119. Did the recipient complete a Health Assessment Questionnaire (HAQ) since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

120. Recipient's score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
121. Worst possible function score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
122. Best possible function score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>

123. Did the recipient complete a Global Assessment of Functioning of his/her own health since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

124. Recipient-rated Global Assessment score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
125. Worst possible score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
126. Best possible score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>

127. Did the physician complete a Global Assessment of Functioning of the recipient's health since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

128. Physician-rated Global Assessment score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
129. Worst possible score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
130. Best possible score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>

131. Signed: _____

Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____