

# ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

				2	0				
Month	Day	Year							

Infusion Date:

				2	0				
Month	Day	Year							

CIBMTR Center Number:

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## Rheumatoid Arthritis Post-HSCT Data

Registry Use Only

Sequence Number:

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Date Received:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

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CIBMTR Recipient ID:

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Today's Date:

				2	0				
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: \_\_\_\_\_

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 —————> 3. Specify the date of disease progression: \_\_\_\_\_

2  no improvement

3  20% improvement (ACR20) —————>

4  50% improvement (ACR50) —————>

5  70% improvement (ACR70) —————>

4. Specify the date of maximal improvement: \_\_\_\_\_

6  disease in remission —————> 5. Specify the date of disease remission: \_\_\_\_\_

### 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

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

Fax this form to your designated campus (Milwaukee 414-456-6165 or Minneapolis 612-627-5895).

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Today's Date:

Infusion Date:

CIBMTR Center Number:

		2	0		
Month	Day	Year	Year	Year	Year

		2	0		
Month	Day	Year	Year	Year	Year

--	--	--	--	--	--	--	--

CIBMTR Center Number: 

--	--	--	--	--	--	--	--

CIBMTR Recipient ID: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Therapy Given?	Reason for Therapy Code <small>See page 3</small>	Date Therapy Started	Currently Receiving?						
		<small>Month Day Year</small>							
7. Anti CD20 / rituximab 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	8. <input type="checkbox"/> 9. If Code 4 — Other reason, specify: _____	10. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			11. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
12. Anti-tumor necrosis factor (TNF) 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	13. <input type="checkbox"/> 14. If Code 4 — Other reason, specify: _____	15. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			16. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
17. Azathioprine 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	18. <input type="checkbox"/> 19. If Code 4 — Other reason, specify: _____	20. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			21. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
22. Corticosteroids 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	23. <input type="checkbox"/> 24. If Code 4 — Other reason, specify: _____	25. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			26. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
27. Cyclophosphamide 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	28. <input type="checkbox"/> 29. If Code 4 — Other reason, specify: _____	30. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
32. Cyclosporin A 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	33. <input type="checkbox"/> 34. If Code 4 — Other reason, specify: _____	35. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
37. Gold-IM 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	38. <input type="checkbox"/> 39. If Code 4 — Other reason, specify: _____	40. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
42. Gold-PO 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	43. <input type="checkbox"/> 44. If Code 4 — Other reason, specify: _____	45. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
47. Hydroxychloroquine 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	48. <input type="checkbox"/> 49. If Code 4 — Other reason, specify: _____	50. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
52. Leflunomide 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	53. <input type="checkbox"/> 54. If Code 4 — Other reason, specify: _____	55. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						
57. Methotrexate 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	58. <input type="checkbox"/> 59. If Code 4 — Other reason, specify: _____	60. <table border="1" style="display: inline-table; width: 100px; height: 19px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">2</td><td style="width: 12.5%; text-align: center;">0</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>			2	0			61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0						

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

		2	0		
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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Therapy Given?	Reason for Therapy Code <i>See below</i>	Date Therapy Started	Currently Receiving?												
		Month    Day    Year													
62. Minocycline 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	63. <input type="checkbox"/> 64. If Code 4 — Other reason, specify: _____	65. <table style="display: inline-table;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td colspan="3"></td></tr></table>			2	0			Month	Day	Year				66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0												
Month	Day	Year													
67. Penicillamine 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	68. <input type="checkbox"/> 69. If Code 4 — Other reason, specify: _____	70. <table style="display: inline-table;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td colspan="3"></td></tr></table>			2	0			Month	Day	Year				71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0												
Month	Day	Year													
72. Sulfasalazine 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	73. <input type="checkbox"/> 74. If Code 4 — Other reason, specify: _____	75. <table style="display: inline-table;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td colspan="3"></td></tr></table>			2	0			Month	Day	Year				76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0												
Month	Day	Year													
77. Other treatment 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	78. Specify other treatment: _____ 79. <input type="checkbox"/> 80. If Code 4 — Other reason, specify: _____	81. <table style="display: inline-table;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td colspan="3"></td></tr></table>			2	0			Month	Day	Year				82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
		2	0												
Month	Day	Year													

Reason for Therapy Codes				
1 Planned per protocol	2 Continued from prior to HSCT	3 Relapse / progression of RA	4 Other reason	5 Reason unknown

### Disease Status at the Time of Evaluation for This Reporting Period

83. Specify the percent of clinical improvement at this current evaluation compared to the evaluation just prior to mobilization, according to American College of Rheumatology (ACR) criteria (see question 2):

1 <input type="checkbox"/> disease is worse	→	84. Specify the date of disease progression:	<table style="display: inline-table;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td colspan="3"></td></tr></table>			2	0			Month	Day	Year			
		2	0												
Month	Day	Year													
2 <input type="checkbox"/> no improvement															
3 <input type="checkbox"/> 20% improvement (ACR20)	→	85. Specify the date of maximal improvement:	<table style="display: inline-table;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td colspan="3"></td></tr></table>			2	0			Month	Day	Year			
		2	0												
Month	Day	Year													
4 <input type="checkbox"/> 50% improvement (ACR50)	→														
5 <input type="checkbox"/> 70% improvement (ACR70)	→														
6 <input type="checkbox"/> disease in remission	→	86. Specify the date of disease remission:	<table style="display: inline-table;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td colspan="3"></td></tr></table>			2	0			Month	Day	Year			
		2	0												
Month	Day	Year													

Specify the following criteria for clinical remission in rheumatoid arthritis, according to criteria of the American College of Rheumatology (ACR):  
*(Pinals et al, Arthritis Rheum, 1981, 24:1308.) 5 or more of the criteria must be fulfilled for at least 2 consecutive months. No alternative explanation may be invoked to account for the failure to meet a particular requirement. For instance, in the presence of knee pain, which might be related to degenerative arthritis, a point for "no joint pain" may not be awarded. Exclusions: clinical manifestations of active vasculitis, pericarditis, pleuritis or myositis, and unexplained recent weight loss or fever attributable to rheumatoid arthritis will prohibit a designation of complete clinical remission.*

87. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown	Duration of morning stiffness not exceeding 15 minutes
88. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown	No fatigue
89. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown	No joint pain (by history)
90. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown	No joint tenderness or pain on motion
91. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown	No soft tissue swelling in joints or tendon sheaths
92. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown	Erythrocyte sedimentation rate (Westergren method) < 30 mm/hr (female) or < 20 mm/hr (male)

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Today's Date:

  **20**   
Month Day Year

Infusion Date:

  **20**   
Month Day Year

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

93. Date of assessment for the current disease evaluation:   **20**   
Month Day Year

94. Specify the number of painful / tender joints since the date of the last report: (*Eular/ACR 28 joint count; Fuchs and Pincus, Arthritis Rheum, 1994, 37:470. Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.*)   number unknown

95. Specify the number of swollen / effused joints since the date of the last report: (*Eular/ACR 28 joint count; Fuchs and Pincus, Arthritis Rheum, 1994, 37:470. Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.*)   number unknown

96. Was morning stiffness present since the date of the last report?

- 1  yes  
2  no  
3  unknown

97. Specify duration:    duration unknown  
Hours Minutes

98. Were extra-articular manifestations of RA present since the date of the last report?

- 1  yes  
2  no  
3  unknown

99. Were nodules present?

- 1  yes  
2  no

100. Were other manifestations present?

- 1  yes  
2  no

101. Specify: \_\_\_\_\_

Specify if any of the following laboratory values were elevated since the date of the last report:

102. 1  yes 2  no 3  unknown Antinuclear antibody (ANA) titers  
103. 1  yes 2  no 3  unknown C-reactive protein  
104. 1  yes 2  no 3  unknown Erythrocyte sedimentation rate (ESR)  
105. 1  yes 2  no 3  unknown Serum rheumatoid factor (RF) titers

## Recipient Current Pain Self-Assessment

Specify the recipient's assessment of pain level experienced due to disease within one week prior to the date of the current evaluation:

106. Recipient's pain assessment:  .

107. Worst possible pain score:  .

108. Best possible pain score:  .

## Recipient Current Disability Self-Assessment

109. Did the recipient complete an SF-36 Health Survey since the date of the last report?

- 1  yes  
2  no  
3  unknown

110. How is the score reported?

- 1  transformed score (range 0-100)  
2  raw score  
3  unknown

Specify the following scale scores:

111. Physical Functioning:  .   score unknown

112. Role Functioning-Physical:  .   score unknown

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