



Reporting Pre-transplant Comorbidities

Pre-TED (F2400) Manual

Two clarifications have been made to the Pre-TED (F2400) manual regarding the criteria for reporting pre-transplant comorbidities.

The following note has been added to clarify when it is appropriate to report hepatic and renal comorbidities:

NOTE: Hepatic and Renal Comorbidities

In addition to the guidelines listed on the Pre-TED form, include the following time-specific guidelines when reporting hepatic and renal comorbidities

Hepatic Comorbidity: The assessment of liver function tests (ALT, AST and/or Total Bilirubin) has to include at least 2 values per test on two different days within a period extending between days -24 & -10 (or between days -40 & -10 if only a single value was reported between days -24 & day -10) before HCT.

Renal (Moderate/Severe) Comorbidity: Serum creatinine > 2 mg/dL or > 177 μ mol/L, as detected in at least two lab values on two different days within a period extending between days -24 & -10 before HCT. The evaluation period may be extended to span between days -40 & -10 if the serum creatinine was only evaluated once between days -24 & -10; or on dialysis within a period of 4 weeks prior to transplant, or prior renal transplantation.

Sorrer, M. L. (2013). How I assess comorbidities before hematopoietic cell transplantation. *Blood*, 121(15), 2854-2863.

The criteria for reporting pre-transplant comorbidities used in the CIBMTR manuals are adapted from the hematopoietic cell transplantation comorbidity index.

Sources:

Sorrer ML. How I assess comorbidities before hematopoietic cell transplantation. *Blood*. Apr 2013; 121(15):2854-2863.

Sorrer ML, Maris MB, Storb R, et al. Hematopoietic cell transplantation (HCT)-specific comorbidity index: A new tool for risk assessment before allogeneic HCT. *Blood*. 2005; 106(8):2912-2919.

Sincerely,
CIBMTR Data Operations