Disease Assessment at Diagnosis

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

Specify the following laboratory studies performed at diagnosis of JIA:

5. Anti-nuclear antibody
   1. yes
   2. no
   3. unknown
6. C-reactive protein
   1. normal
   2. abnormal
   3. unknown
7. Erythrocyte sedimentation rate
   1. normal
   2. abnormal
   3. unknown
8. Rheumatoid factor
   1. normal
   2. abnormal
   3. unknown
9. Other lab study
   1. normal
   2. abnormal
   3. unknown

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

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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. Avascular necrosis of femoral head
   - 1. yes
   - 2. no

22. Cataracts
   - 1. yes
   - 2. no

23. Growth delay
   - 1. yes
   - 2. no

24. Hepatic dysfunction (≥3 fold increase in liver function tests)
   - 1. yes
   - 2. no

25. Renal insufficiency (>30% increase in creatinine)
   - 1. yes
   - 2. no

26. Severe gastrointestinal (GI) toxicity
   - 1. yes
   - 2. no

27. Specify GI toxicity: ____________

28. Severe hypertension
   - 1. yes
   - 2. no

29. Severe myelosuppression
   - 1. yes
   - 2. no

30. Other toxicity
   - 1. yes
   - 2. no

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
   - 2. no

33. Corticosteroids
   - 1. yes
   - 2. no
   - 3. unknown

34. Specify other reason:

35. If code 3, specify other reason: ____________

36. Was prednisone or other corticosteroid dosing changed between diagnosis and just prior to mobilization for stem cell collection?
   - 1. dose unchanged
   - 2. dose increased
   - 3. dose decreased
   - 4. unknown

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
<table>
<thead>
<tr>
<th>Treatment Given</th>
<th>Treatment Stopped?</th>
<th>Stopped Code</th>
<th>Codes for Treatment Stopped</th>
</tr>
</thead>
<tbody>
<tr>
<td>38. Cyclophosphamide (CTX, Cytoxan, Neosar)</td>
<td>1</td>
<td>no</td>
<td>2</td>
</tr>
<tr>
<td>42. Cyclosporine (CsA, Neoral, Sandimmune)</td>
<td>1</td>
<td>yes</td>
<td>2</td>
</tr>
<tr>
<td>46. Etanercept (Enbrel)</td>
<td>1</td>
<td>yes</td>
<td>2</td>
</tr>
<tr>
<td>50. Methotrexate (MTX, Folex)</td>
<td>1</td>
<td>yes</td>
<td>2</td>
</tr>
<tr>
<td>60. Other treatment</td>
<td>1</td>
<td>yes</td>
<td>2</td>
</tr>
</tbody>
</table>

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)?

66. Specify the date that the recipient last received disease-modifying drugs or anti-TNF regimen: Month Day Year

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)?

68. Were the NSAIDS discontinued prior to mobilization?

69. Specify the date NSAIDS were stopped: Month Day Year

70. Specify the reason for stopping (see Codes for Treatment Stopped above):

71. If code 3, specify other reason:
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:

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:

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):


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 2 unknown

1 inches 2 centimeters

79. Specify the recipient’s weight at the time of mobilization:

1 known 2 unknown

1 pounds 2 kilograms

80. Specify the recipient’s height one year prior to the time of mobilization:

1 known 2 unknown

1 inches 2 centimeters

81. Specify the recipient’s weight one year prior to the time of mobilization:

1 known 2 unknown

1 pounds 2 kilograms

Laboratory Studies Prior to Mobilization Therapy for Stem Cell Collection

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

1 yes 2 no 3 unknown

Antinuclear antibody (ANA) titers

83. C-reactive protein

84. Erythrocyte sedimentation rate (ESR)

85. Serum rheumatoid factor (RF) titers

86. Date CBC tested: Month Day Year

87. Specify units:

1 x 10^9/L (x 10^3/mm^3) 2 x 10^9/L

88. Segs:

1 known 2 not known

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<table>
<thead>
<tr>
<th>89. Bands:</th>
<th>1</th>
<th>known</th>
<th>2</th>
<th>not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>90. Lymphocytes:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>91. Monocytes:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>92. Eosinophils:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>93. Basophils:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>94. Hemoglobin:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>95. Hematocrit:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>96. Platelets:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>97. Creatinine:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>98. Alkaline phosphatase:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>99. AST:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>100. ALT:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>101. Total bilirubin:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
<tr>
<td>102. Albumin:</td>
<td>1</td>
<td>known</td>
<td>2</td>
<td>not known</td>
</tr>
</tbody>
</table>

Specify the results of the following immune function studies performed just prior to mobilization:

Quantitative immunoglobulins:

| 103. IgG | 1 | normal | 2 | decreased | 3 | increased | 4 | unknown |
| 104. IgA | 1 | normal | 2 | decreased | 3 | increased | 4 | unknown |
| 105. IgM | 1 | normal | 2 | decreased | 3 | increased | 4 | unknown |
| 106. IgE | 1 | normal | 2 | decreased | 3 | increased | 4 | unknown |

Specify units:

- 1 | g/dL |
- 2 | g/L |
- 3 | mmol/L |
- 1 | mg/dL |
- 2 | µmol/L |
- 1 | µkat/L |
- 1 | µkat/L |
- 1 | µkat/L |

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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?


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

- [ ] yes
- [ ] no
- [ ] 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 ≤ 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: [ ] [ ] [ ]

130. Specify the number of painful / tender joints prior to the preparative regimen:


- [ ]
- [ ]
- [ ]

131. Specify the number of swollen / effused joints prior to the preparative regimen:


- [ ]
- [ ]
- [ ]

132. Specify the pediatric EPM Range of Motion final score (0.0–3.0):


- [ ]
- [ ]
- [ ]

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

- [ ] yes
- [ ] no
- [ ] unknown

134. Specify the duration of morning stiffness: [ ] [ ]

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

- [ ] inches
- [ ] centimeters

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

- [ ] pounds
- [ ] 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. [ ] yes 2 [ ] no 3 [ ] unknown Antinuclear antibody (ANA) titers
138. [ ] yes 2 [ ] no 3 [ ] unknown C-reactive protein
139. [ ] yes 2 [ ] no 3 [ ] unknown Erythrocyte sedimentation rate (ESR)
140. [ ] yes 2 [ ] no 3 [ ] unknown Serum rheumatoid factor (RF) titers

141. Date tested: [ ] [ ] [ ] (testing done within 30 days of start of preparative regimen)

142. Segs: [ ] [ ]

- [ ] known
- [ ] not known

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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

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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?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Recipient’s pain assessment:**
- **Worst possible pain score:**
- **Best possible pain score:**

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

- **Recipient’s disability assessment:**
- **Worst possible disability score:**
- **Best possible disability score:**

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

- **Recipient’s severity assessment:**
- **Worst possible severity score:**
- **Best possible severity score:**

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**Physician-rated Global Assessment score:**

- **Worst possible score:**
- **Best possible score:**

176. Signed: ___________________________  
*Person completing form*

Please print name: ___________________________

Phone: (_________) ___________________________

Fax: (_________) ___________________________

E-mail address: ___________________________

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