Disease Assessment Post-HSCT

1. Specify the date the recipient was evaluated for this report:

   Month   Day   Year

Post-HSCT Treatment for Systemic Lupus Erythematosus

2. Did the recipient receive any treatment for SLE since the date of the last report?

   1 Yes
   2 No
   3 Unknown

3. Androgens

   1 Yes
   2 No
   3 Unknown

4. Reason for Therapy Code

   See page 2

5. If Code 4 — Other reason, specify:

6. Date Therapy Started

   Month   Day   Year

7. Currently Receiving?

   1 Yes
   2 No

8. Antimalarial drugs

   1 Yes
   2 No
   3 Unknown

9. If Code 4 — Other reason, specify:

10. Date Therapy Started

   Month   Day   Year

11. Currently Receiving?

   1 Yes
   2 No

12. Azathioprine (Azasan, Imuran)

   1 Yes
   2 No
   3 Unknown

13. If Code 4 — Other reason, specify:

14. Date Therapy Started

   Month   Day   Year

15. Currently Receiving?

   1 Yes
   2 No

16. Corticosteroids

   1 Yes
   2 No
   3 Unknown

17. If Code 4 — Other reason, specify:

18. Date Therapy Started

   Month   Day   Year

19. Currently Receiving?

   1 Yes
   2 No

20. Other product, specify:

21. Date Therapy Started

   Month   Day   Year

22. Currently Receiving?

   1 Yes
   2 No

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.
<table>
<thead>
<tr>
<th>Therapy Given?</th>
<th>Reason for Therapy Code</th>
<th>Date Therapy Started</th>
<th>Currently Receiving?</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Cyclophosphamide (CTX, Cytoxan, Neosar)</td>
<td>1 yes</td>
<td>24.</td>
<td>26. Month Day Year</td>
</tr>
<tr>
<td>24.</td>
<td>25.</td>
<td>27. 1 yes</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>26.</td>
<td>27. 2 no</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>28.</td>
<td>29. 1 yes</td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>29.</td>
<td>28. 2 no</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>29.</td>
<td>29. 3 unknown</td>
<td></td>
</tr>
<tr>
<td>30. If Code 4 — Other reason, specify:</td>
<td>31. Month Day Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>32. 1 yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>33. 2 no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>34. 3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. If Code 4 — Other reason, specify:</td>
<td>36. Month Day Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>37. 1 yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>38. 2 no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>39. 3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. If Code 4 — Other reason, specify:</td>
<td>41. Month Day Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td>42. 1 yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>43. 2 no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43.</td>
<td>44. 3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. If Code 4 — Other reason, specify:</td>
<td>46. Month Day Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46.</td>
<td>47. 1 yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47.</td>
<td>48. 2 no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48.</td>
<td>49. 3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. If Code 4 — Other reason, specify:</td>
<td>51. Month Day Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.</td>
<td>52. 1 yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52.</td>
<td>53. 2 no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53.</td>
<td>54. 3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. If Code 4 — Other reason, specify:</td>
<td>56. Month Day Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56.</td>
<td>57. 1 yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57.</td>
<td>58. 2 no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58. Specify other treatment:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Specify if the following Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) criterion were present since the date of the last report:

<table>
<thead>
<tr>
<th>Score</th>
<th>Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Arthritis — More than 2 joints with pain and signs of inflammation (i.e., tenderness, swelling, or effusion).</td>
</tr>
<tr>
<td>2</td>
<td>Alopecia — Ongoing abnormal, patchy, or diffuse loss of hair due to active lupus.</td>
</tr>
<tr>
<td>8</td>
<td>Cerebrovascular accident (CVA) — New onset of cerebrovascular accident(s). Exclude arteriosclerosis or hypertensive causes.</td>
</tr>
<tr>
<td>8</td>
<td>Cranial nerve disorder — New onset of sensory or motor neuropathy involving cranial nerves. Include vertigo due to lupus.</td>
</tr>
<tr>
<td>1</td>
<td>Fever — &gt; 38°C. Exclude infectious cause.</td>
</tr>
</tbody>
</table>

CIBMTR Form 2145 (SLE) v1.0 (2–7) July 2007
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64. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 4
   □ □ □ Criterion
   □ □ □ Hematuria — > 5 red blood cells/high power field. Exclude stone, infection, or other cause.

65. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 2
   □ □ □ Criterion
   □ □ □ Increased DNA binding — > 25% binding by Farr assay, or above normal range for testing laboratory.

66. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 1
   □ □ □ Criterion
   □ □ □ Leukopenia — < 3,000 white blood cells/mm³ (x 10⁹/L). Exclude drug causes.

67. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 2
   □ □ □ Criterion
   □ □ □ Low complement — Decrease in CH50, C3, or C4 below the lower limit of normal for testing laboratory.

68. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 8
   □ □ □ Criterion
   □ □ □ Lupus headache — Severe, persistent headache: may be migrainous, but must be nonresponsive to narcotic analgesia.

69. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 2
   □ □ □ Criterion
   □ □ □ Mucosal ulcers — Ongoing oral or nasal ulcerations due to active lupus.

70. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 4
   □ □ □ Criterion
   □ □ □ Myositis — Proximal muscle aching/weakness associated with elevated creatine phosphokinase/aldolase or electromyogram changes, or a biopsy showing myositis.

71. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 2
   □ □ □ Criterion
   □ □ □ New rash — Ongoing inflammatory lupus rash.

72. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 8
   □ □ □ Criterion
   □ □ □ Organic brain syndrome — Altered mental function with impaired orientation, memory, or other intellectual function, with rapid onset and fluctuating clinical features. Include clouding of consciousness with reduced capacity to focus and inability to sustain attention to environment, plus at least 2 of the following: perceptual disturbance, incoherent speech, insomnia or daytime drowsiness, or increased or decreased psychomotor activity. Exclude metabolic, infectious, or drug causes.

73. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 2
   □ □ □ Criterion
   □ □ □ Pericarditis — Classic and severe pericardial pain, rub, effusion, or electrocardiogram confirmation.

74. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 2
   □ □ □ Criterion
   □ □ □ Pleurisy — Classic and severe pleuritic chest pain, pleural rub, effusion, or new pleural thickening due to lupus.

75. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 4
   □ □ □ Criterion
   □ □ □ Proteinuria — > 0.5 gm/24 hours. New onset or recent increase of > 0.5 gm/24 hours.

76. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 8
   □ □ □ Criterion
   □ □ □ Psychosis — Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized or catatonic behavior. Exclude uremia and drug causes.

77. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 4
   □ □ □ Criterion
   □ □ □ Pyuria — > 5 white blood cells/high power field. Exclude infection.

78. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 8
   □ □ □ Criterion
   □ □ □ Seizures — Recent onset (last 10 days). Exclude metabolic, infectious, or drug cause, or seizure due to past irreversible CNS damage.

79. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 1
   □ □ □ Criterion
   □ □ □ Thrombocytopenia — < 100,000 platelets/mm³ (x 10⁹/L).

80. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 4
   □ □ □ Criterion
   □ □ □ Urinary casts — Heme-granular or red blood cell casts.

81. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 8
   □ □ □ Criterion
   □ □ □ Vasculitis — Ulceration, gangrene, tender finger nodules, periungual infarction, splinter hemorrhages, or biopsy or angiogram proof of vasculitis.

82. 1 □ yes 2 □ no 3 □ unknown □ □ □ Score 8
   □ □ □ Criterion
   □ □ □ Visual disturbance — Retinal and eye changes of SLE. Include cytoid bodies, retinal hemorrhages, serous exudate or hemorrhages in the choroid, optic neuritis, scleritis, or episcleritis. Exclude hypertension, infection, or drug causes.

83. Total SLEDAI score: □ □ □
84. Was an MRI scan of the brain performed since the date of the last report?
1 □ yes
2 □ no
3 □ unknown

85. Date of most recent MRI brain scan:

86. Specify results of most recent MRI brain scan:
1 □ normal
2 □ abnormal
3 □ unknown

<table>
<thead>
<tr>
<th>Laboratory Studies at the Time of Evaluation for This Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>87. Creatinine clearance: Specify units:</td>
</tr>
<tr>
<td>1 □ known □ mL/min □ mL/sec</td>
</tr>
<tr>
<td>2 □ not known</td>
</tr>
<tr>
<td>3 □ unknown</td>
</tr>
<tr>
<td>88. Cerebral spinal fluid (CSF) protein:</td>
</tr>
<tr>
<td>1 □ known □ mg/dL □ g/L</td>
</tr>
<tr>
<td>2 □ not known</td>
</tr>
<tr>
<td>3 □ unknown</td>
</tr>
<tr>
<td>89. Cerebral spinal fluid (CSF) IgG:</td>
</tr>
<tr>
<td>1 □ known □ mg/dL □ g/L</td>
</tr>
<tr>
<td>2 □ not known</td>
</tr>
<tr>
<td>3 □ unknown</td>
</tr>
<tr>
<td>90. Cerebral spinal fluid (CSF) cell count:</td>
</tr>
<tr>
<td>1 □ known □</td>
</tr>
<tr>
<td>2 □ not known</td>
</tr>
<tr>
<td>91. Urine protein (24-hour): 1 □ mg / 24 hours 2 □ g / day</td>
</tr>
<tr>
<td>1 □ known □</td>
</tr>
<tr>
<td>2 □ not known</td>
</tr>
<tr>
<td>92. Were urine RBC / RBC casts detected?</td>
</tr>
<tr>
<td>1 □ yes □</td>
</tr>
<tr>
<td>2 □ no □</td>
</tr>
<tr>
<td>3 □ unknown</td>
</tr>
<tr>
<td>93. Erythrocyte sedimentation rate: mm / hour</td>
</tr>
<tr>
<td>1 □ known □</td>
</tr>
<tr>
<td>2 □ not known</td>
</tr>
<tr>
<td>94. Complement activity level of CH50:</td>
</tr>
<tr>
<td>1 □ decreased □</td>
</tr>
<tr>
<td>2 □ normal □</td>
</tr>
<tr>
<td>3 □ unknown</td>
</tr>
<tr>
<td>95. Complement activity level of C3:</td>
</tr>
<tr>
<td>1 □ decreased □</td>
</tr>
<tr>
<td>2 □ normal □</td>
</tr>
<tr>
<td>3 □ unknown</td>
</tr>
<tr>
<td>96. Complement activity level of C4:</td>
</tr>
<tr>
<td>1 □ decreased □</td>
</tr>
<tr>
<td>2 □ normal □</td>
</tr>
<tr>
<td>3 □ unknown</td>
</tr>
</tbody>
</table>
97. Antibody activity for anti-ANA:
1 ☐ positive
2 ☐ negative
3 ☐ unknown

98. Antibody activity level of anti-dsDNA:
1 ☐ increased
2 ☐ normal
3 ☐ unknown

99. Antibody activity level of anti-Sm:
1 ☐ increased
2 ☐ normal
3 ☐ unknown

100. Antibody activity level of anti-SS-A (anti-Ro):
1 ☐ increased
2 ☐ normal
3 ☐ unknown

101. Antibody activity level of anti-SS-B (anti-La):
1 ☐ increased
2 ☐ normal
3 ☐ unknown

102. Anti-cardiolipid IgG level:
1 ☐ increased
2 ☐ normal
3 ☐ unknown

103. Anti-cardiolipid IgM level:
1 ☐ increased
2 ☐ normal
3 ☐ unknown

104. Lupus-anticoagulant level:
1 ☐ increased
2 ☐ normal
3 ☐ unknown

Specify the results of the following pulmonary function tests performed since the date of the last report:

105. Date pulmonary function tests were performed:

106. Vital capacity (VC):
1 ☐ known
2 ☐ not known
% (predicted value) Yes

107. Was the actual VC value in the normal range (≥ 80% of predicted value)?
1 ☐ yes
2 ☐ no

108. Dl,CO:
1 ☐ known
2 ☐ not known
% (predicted value) Yes

109. Was the actual Dl,CO value in the normal range (≥ 80% of predicted value)?
1 ☐ yes
2 ☐ no

110. Dl,CO corrected for hemoglobin:
1 ☐ known
2 ☐ not known
% (predicted value) Yes

111. Was the Dl,CO value (corrected for hemoglobin) in the normal range (≥ 80% of predicted value)?
1 ☐ yes
2 ☐ no
112. Was oxygen desaturization present on exercise testing?
   - [ ] yes
   - [ ] no
   - [ ] unknown

113. Was an echocardiogram performed since the date of the last report?
   - [ ] yes
   - [ ] no
   - [ ] unknown

114. Was pericardial effusion present?
   - [ ] yes
   - [ ] no
   - [ ] unknown

115. Specify the size of the area of accumulated excess fluid:
   - [ ] small
   - [ ] moderate
   - [ ] large

116. Left ventricular ejection fraction:
   - [ ] known
   - [ ] not known

117. Was pulmonary artery hypertension present?
   - [ ] yes
   - [ ] no
   - [ ] unknown

118. Specify the estimated systolic pulmonary artery pressure: mm Hg

119. Was a multiple gate acquisition scan (MUGA test / nuclear ventriculography) performed since the date of the last report?
   - [ ] yes
   - [ ] no
   - [ ] unknown

120. Specify the left ventricular ejection fraction: %

Functional Assessment at the Time of Evaluation for This Reporting Period

121. Did the recipient complete an SF-36 Health Survey since the date of the last report?
   - [ ] yes
   - [ ] no
   - [ ] unknown

122. How is the score reported?
   - [ ] transformed score (range 0–100)
   - [ ] raw score
   - [ ] unknown

Specify the following scale scores:

123. Physical Functioning: score unknown

124. Role Functioning – Physical: score unknown

125. Role Functioning – Emotional: score unknown

126. Social Functioning: score unknown

127. Bodily Pain: score unknown

128. Mental Health: score unknown

129. Vitality: score unknown

130. General Health: score unknown

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
131. Did the recipient complete a Health Assessment Questionnaire (HAQ) since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

132. Recipient’s score:

133. Worst possible function score:

134. Best possible function score:

135. Signed: ____________________________

Person completing form

Please print name: ____________________________

Phone number: (__________) ____________________________

Fax number: (__________) ____________________________

E-mail address: ____________________________________________