### 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?

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

3. Androgens
   - [ ] yes
   - [ ] no
   - [ ] unknown

4. Antimalarial drugs
   - [ ] yes
   - [ ] no
   - [ ] unknown

5. Azathioprine (Azasan, Imuran)
   - [ ] yes
   - [ ] no
   - [ ] unknown

6. Corticosteroids
   - [ ] yes
   - [ ] no
   - [ ] unknown

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CIBMTR Form 2145 revision 2 (page 1 of 6) March 2011
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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.

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
<table>
<thead>
<tr>
<th>Treatment Code</th>
<th>Treatment Given</th>
<th>Reason for Treatment Code</th>
<th>Date Treatment Started</th>
<th>Currently Receiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Cyclophosphamide (CTX, Cytoxan, Neosar)</td>
<td>1 yes</td>
<td>24. If Code 4 — Other reason, specify:</td>
<td>26. Month Day Year</td>
<td>27. 1 yes 2 no</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Cyclosporine (CsA, Neoral, Sandimmune)</td>
<td>1 yes</td>
<td>29. If Code 4 — Other reason, specify:</td>
<td>31. Month Day Year</td>
<td>32. 1 yes 2 no</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Intravenous immune globulin (IVIG)</td>
<td>1 yes</td>
<td>34. If Code 4 — Other reason, specify:</td>
<td>36. Month Day Year</td>
<td>37. 1 yes 2 no</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Lymphocytopheresis</td>
<td>1 yes</td>
<td>39. If Code 4 — Other reason, specify:</td>
<td>41. Month Day Year</td>
<td>42. 1 yes 2 no</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. Methotrexate (MTX, Folex)</td>
<td>1 yes</td>
<td>44. If Code 4 — Other reason, specify:</td>
<td>46. Month Day Year</td>
<td>47. 1 yes 2 no</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. Mycophenolate mofetil (MMF, CellCept)</td>
<td>1 yes</td>
<td>49. If Code 4 — Other reason, specify:</td>
<td>51. Month Day Year</td>
<td>52. 1 yes 2 no</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. Plasmapheresis</td>
<td>1 yes</td>
<td>54. If Code 4 — Other reason, specify:</td>
<td>56. Month Day Year</td>
<td>57. 1 yes 2 no</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 unknown</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>58. Rituximab (anti-CD20, Rituxan)</td>
<td>1 yes</td>
<td>59. If Code 4 — Other reason, specify:</td>
<td>61. Month Day Year</td>
<td>62. 1 yes 2 no</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63. Other treatment</td>
<td>1 yes</td>
<td>64. If Code 4 — Other reason, specify:</td>
<td>66. Month Day Year</td>
<td>67. 1 yes 2 no</td>
</tr>
<tr>
<td></td>
<td>2 no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 unknown</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Reason for Treatment Codes**

1 planned per protocol 2 continued from prior to HSCT 3 relapse / progression of SLE 4 other reason 5 reason unknown
Fever — > 38° C. Exclude infectious cause.

Cranial nerve disorder — New onset of sensory or motor neuropathy involving cranial nerves. Include vertigo due to lupus.

Mucosal ulcers — Ongoing oral or nasal ulcerations due to active lupus.

Myositis — Proximal muscle aching/weakness associated with elevated creatine phosphokinase/aldolase or electromyogram changes, or a biopsy showing myositis.

New rash — Ongoing inflammatory lupus rash.

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.

Pericarditis — Classic and severe pericardial pain, rub, effusion, or electrocardiogram confirmation.

Pleurisy — Classic and severe pleuritic chest pain, pleural rub, effusion, or new pleural thickening due to lupus.

Proteinuria — > 0.5 gm/24 hours. New onset or recent increase of > 0.5 gm/24 hours.

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.

Pyuria — > 5 white blood cells/high power field. Exclude infection.

Seizures — Recent onset (last 10 days). Exclude metabolic, infectious, or drug cause, or seizure due to past irreversible CNS damage.

Thrombocytopenia — < 100,000 platelets/mm$^3$ (x 10$^9$L).
Score Criterion

90. 1 yes 2 no 3 unknown

Urinary casts — Heme-granular or red blood cell casts.

91. 1 yes 2 no 3 unknown

Vasculitis — Ulceration, gangrene, tender finger nodules, periungual infarction, splinter hemorrhages, or biopsy or angiogram proof of vasculitis.

92. 1 yes 2 no 3 unknown

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.

93. Total SLEDAI score: __________

94. Was an MRI scan of the brain performed since the date of the last report?
1 yes 2 no 3 unknown

95. Date of most recent MRI brain scan: __________

96. Specify results of most recent MRI brain scan:
1 normal 2 abnormal, related to SLE 3 abnormal, unrelated to SLE 4 unknown

Laboratory Studies at the Time of Evaluation for This Reporting Period

97. Creatinine clearance:
1 known 2 not known

Specify units:
1 mL/min 2 mL/sec

98. Cerebral spinal fluid (CSF) protein:
1 known 2 not known

1 mg/dL 2 g/L

99. Cerebral spinal fluid (CSF) IgG:
1 known 2 not known

1 mg/dL 2 g/L

100. Cerebral spinal fluid (CSF) cell count:
1 known 2 not known

101. Urine protein (24-hour):
1 known 2 not known

1 mg / 24 hours 2 g / day

102. Urine protein / creatinine ratio:
1 known 2 not known

103. Were urine RBC / RBC casts detected?
1 yes 2 no 3 unknown

104. Erythrocyte sedimentation rate:
1 known 2 not known

mm / hour

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
105. Complement level of CH50:
   1  decreased
   2  normal
   3  unknown

106. Complement level of C3:
   1  decreased
   2  normal
   3  unknown

107. Complement level of C4:
   1  decreased
   2  normal
   3  unknown

108. Antibody for anti-ANA:
   1  positive
   2  negative
   3  unknown

109. Antibody level of anti-dsDNA:
   1  increased
   2  normal
   3  unknown

110. Antibody level of anti-Sm:
   1  increased
   2  normal
   3  unknown

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

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

113. Anti-cardiolipin IgG level:
   1  increased
   2  normal
   3  unknown

114. Anti-cardiolipin IgM level:
   1  increased
   2  normal
   3  unknown

115. 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:

116. Date pulmonary function tests were performed: 20 [Month Day Year]
117. Vital capacity (VC):
   1. Known
   2. Not known

118. Was the actual VC value in the normal range (≥ 80% of predicted value)?
   1. Yes
   2. No

119. DLCO:
   1. Known
   2. Not known

120. Was the actual DLCO value in the normal range (≥ 80% of predicted value)?
   1. Yes
   2. No

121. DLCO corrected for hemoglobin:
   1. Known
   2. Not known

122. Was the DLCO value (corrected for hemoglobin) in the normal range (≥ 80% of predicted value)?
   1. Yes
   2. No

123. Was oxygen desaturation present on exercise testing?
   1. Yes
   2. No
   3. Unknown

124. Was an echocardiogram performed since the date of the last report?
   1. Yes
   2. No
   3. Unknown

125. Was pericardial effusion present?
   1. Yes
   2. No
   3. Unknown

126. Specify the size of the area of accumulated excess fluid:
   1. Small
   2. Moderate
   3. Large

127. Left ventricular ejection fraction:
   1. Known
   2. Not known

128. Was pulmonary artery hypertension present?
   1. Yes
   2. No
   3. Unknown

129. Specify the estimated systolic pulmonary artery pressure:

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