

**FOLLOW-UP INSERT XXII**  
**Rheumatoid Arthritis**

**FOR REGISTRY USE ONLY:**  
I.D.  -  -   
Date received:

TEAM:

IUBMID:   
*(Institutional Unique Blood or Marrow  
Transplant Identification Number)*

Registry (circle one): *IBMTR* *ABMTR* *EBMT*

Date of transplant for which  
this form is being completed:     
Month Day Year

Date of report:     
Month Day Year

**Follow-up Information\***

*\* Report data from date of last contact or immediately prior to death*

1. Date of evaluation for this report:     
Month Day Year

**Retired – Not for Data Submission**

TEAM:

IUBMID:

2. Did patient receive treatment for rheumatoid arthritis at the time of this report?

- 1  Yes
- 0  No
- 8  Unknown

**Reason for Therapy Codes**

- 1 = Planned per protocol
- 2 = Continued from pretransplant
- 3 = Relapse/Progression of RA
- 7 = Other, specify
- 8 = Unknown

Cite regimens:			Reason for Therapy (use codes above)				Start Date			Still Receiving
Yes	No	Unk	Month	Day	Year	Month	Day	Year		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			4. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			6. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			8. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			10. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			12. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			14. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			16. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			18. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			20. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			22. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			24. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			26. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			28. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			30. <input type="checkbox"/> —If Other, specify: _____							<input type="checkbox"/>

Retired - Not for Data Submission

TEAM:

IUBMID:

**Disease Status at Current Evaluation**

31. Indicate number of painful/tender joints (Eular/ACR 28 joint count, Appendix B):    Unknown

32. Indicate number of swollen/effused joints (Eular/ACR 28 joint count, Appendix B):    Unknown

**Appendix B**  
*(Fuchs and Pincus, Arthritis Rheum, 1994, 37:470)*  
Joints included in 28 joint count are bilateral shoulders,  
elbows, wrists, MCPs, PIPs and knees

33. Was morning stiffness present?

- 1  Yes
- 0  No
- 8  Unknown

34. Specify duration:   hours   minutes

35. Were extra-articular manifestations of RA present?

- 1  Yes
- 0  No
- 8  Unknown

36. Nodules: 1  Yes 0  No  
Other, specify: \_\_\_\_\_

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
37. Were serum rheumatoid factor (RF) titers elevated?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
38. Was the erythrocyte sedimentation rate (ESR) elevated?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
39. Was C-reactive protein elevated?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
40. Were anti-nuclear antibody (ANA) titers elevated?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>

Retired – Not for Data Submission

TEAM:

IUBMID:

41. Specify percent clinical improvement at best response since transplant compared with evaluation just prior to mobilization according to criteria of the American College of Rheumatology (ACR) (see Appendix C):

- 1  Disease is worse—Date of progression:          
Month Day Year
- 2  No improvement
- 3  20% improvement (ACR20)—Date of maximal improvement:          
Month Day Year
- 4  50% improvement (ACR50)—Date of maximal improvement:          
Month Day Year
- 5  70% improvement (ACR70)—Date of maximal improvement:          
Month Day Year
- 6  Remission—Date of remission:          
Month Day Year

**Appendix C**  
(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 5 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.

42. Specify percent clinical improvement at current evaluation compared with evaluation just prior to mobilization according to criteria of the American College of Rheumatology (ACR) (see Appendix C):

- 1  Disease is worse—Date of progression, if different from Q.41:          
Month Day Year
- 2  No improvement
- 3  20% improvement (ACR20)
- 4  50% improvement (ACR50)
- 5  70% improvement (ACR70)
- 6  Remission
- 8  Unknown

Specify which of the following criteria for clinical remission in rheumatoid arthritis this patient fulfills according to criteria of the American College of Rheumatology (ACR) (see Appendix D) (check all that apply):

Yes No Unknown

- 43. 1  0  8  None
- 44. 1  0  8  Duration of morning stiffness not exceeding 15 minutes
- 45. 1  0  8  No fatigue
- 46. 1  0  8  No joint pain (by history)
- 47. 1  0  8  No joint tenderness or pain on motion
- 48. 1  0  8  No soft tissue swelling in joints or tendon sheaths
- 49. 1  0  8  Erythrocyte sedimentation rate (Westergren method) <30 mm/hr for a female or <20 mm/hr for a male
- 50. 1  0  8  Unknown

**Appendix D**  
(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.

TEAM:

IUBMID:

### Patient Pain Assessment

Patient's assessment of level of pain experienced due to disease in the week prior to current evaluation:

- 51. Patient's pain assessment: 

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- 52. Worst possible score: 

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- 53. Best possible score: 

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### Patient Self-assessed Disability

54. Did the patient complete an SF-36™ Health Survey at current evaluation?

- 1  Yes
- 0  No
- 8  Unknown

<b>55.</b> Score reported as:										
1 <input type="checkbox"/> Transformed Score (range 0-100)										
2 <input type="checkbox"/> Raw Score										
8 <input type="checkbox"/> Unknown										
<b>56.</b> Physical Functioning:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		<input type="checkbox"/> Unknown	
<b>57.</b> Role Functioning-Physical:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		<input type="checkbox"/> Unknown	
<b>58.</b> Role Functioning-Emotional:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		<input type="checkbox"/> Unknown	
<b>59.</b> Social Functioning:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		<input type="checkbox"/> Unknown	
<b>60.</b> Bodily Pain:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		<input type="checkbox"/> Unknown	
<b>61.</b> Mental Health:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		<input type="checkbox"/> Unknown	
<b>62.</b> Vitality:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		<input type="checkbox"/> Unknown	
<b>63.</b> General Health:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>		<input type="checkbox"/> Unknown	

64. Did the patient complete a Health Assessment Questionnaire (HAQ) at current evaluation?

- 1  Yes
- 0  No
- 8  Unknown

<b>65.</b> Patient's score:										
<b>66.</b> Worst possible score:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			
<b>67.</b> Best possible score:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			

68. Did the patient complete a Global Assessment of his/her health at current evaluation?

- 1  Yes
- 0  No
- 8  Unknown

	Specify range of possible scores for Patient Rated Global Assessment:									
<b>69.</b> Patient Rated Global Assessment:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			
<b>70.</b> Worst possible score:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			
<b>71.</b> Best possible score:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			

72. Did the physician complete a Global Assessment of the patient's health at current evaluation?

- 1  Yes
- 0  No
- 8  Unknown

	Specify range of possible scores for Physician Rated Global Assessment:									
<b>73.</b> Physician Rated Global Assessment:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			
<b>74.</b> Worst possible score:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			
<b>75.</b> Best possible score:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			

