

INSERT XXIII
Systemic Lupus Erythematosus (SLE)

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

Pretransplant Information*

* If this is a report of a second (or subsequent) transplant, check here and go to Q.73

1. Date of diagnosis:
 Month Day Year

Indicate any family members affected:

- | | | | | |
|----|----------------------------|----------------------------|----------------------------|---|
| | Yes | No | Unknown | |
| 2. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Monozygotic twin |
| 3. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Dizygotic twin |
| 4. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Other first degree relative (sibling, parent, child) |
| 5. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Second degree relative (grandparent, aunt, uncle, 1st cousin) |
| 6. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Other, specify: _____ |

7. Was lupus nephritis present at anytime prior to mobilization?

- 1 Yes
 0 No
 8 Unknown

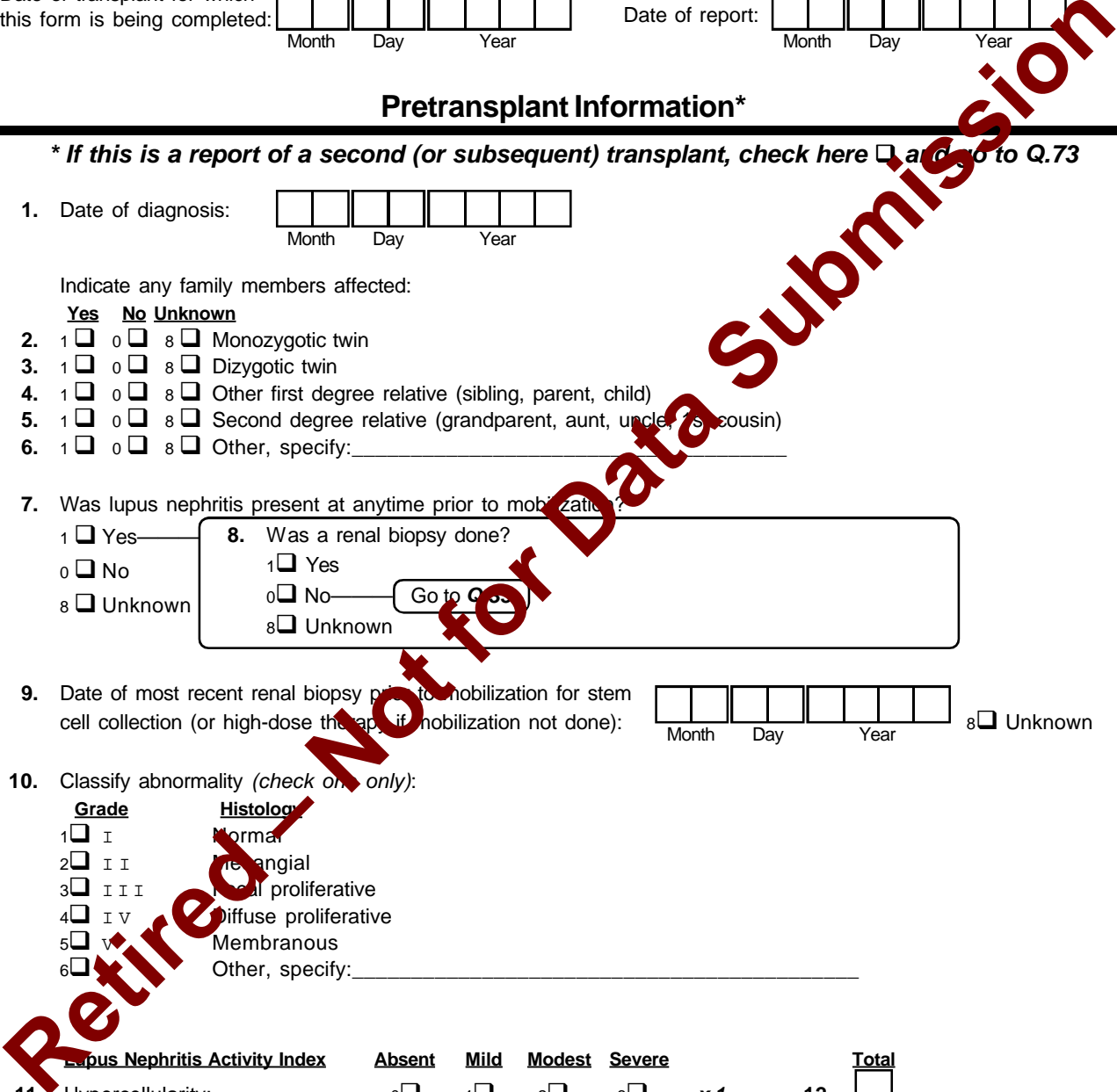
8. Was a renal biopsy done?
 1 Yes
 0 No
 8 Unknown

9. Date of most recent renal biopsy prior to mobilization for stem cell collection (or high-dose therapy, if mobilization not done): Unknown
 Month Day Year

10. Classify abnormality (check one only):

- | | |
|--------------------------------|-----------------------|
| Grade | Histology |
| 1 <input type="checkbox"/> I | Normal |
| 2 <input type="checkbox"/> II | Mesangial |
| 3 <input type="checkbox"/> III | Focal proliferative |
| 4 <input type="checkbox"/> IV | Diffuse proliferative |
| 5 <input type="checkbox"/> V | Membranous |
| 6 <input type="checkbox"/> | Other, specify: _____ |

Lupus Nephritis Activity Index	Absent	Mild	Modest	Severe		Total
11. Hypercellularity:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 1 =	12. <input type="text"/>
13. Leukocyte exudation:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 1 =	14. <input type="text"/>
15. Karyorrhexis/Fibrinoid necrosis:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 2 =	16. <input type="text"/>
17. Cellular crescents:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 2 =	18. <input type="text"/>
19. Hyaline deposits:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 1 =	20. <input type="text"/>
21. Interstitial inflammation:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 1 =	22. <input type="text"/>
23. Total Activity Index (maximum score = 24):						<input type="text"/>



TEAM:

IUBMID:

<u>Lupus Nephritis Chronicity Index</u>		<u>Absent</u>	<u>Mild</u>	<u>Modest</u>	<u>Severe</u>		<u>Total</u>
24.	Glomerular sclerosis:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 1 =	25. <input type="text"/>
26.	Fibrous crescents:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 1 =	27. <input type="text"/>
28.	Tubular atrophy:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 1 =	29. <input type="text"/>
30.	Interstitial fibrosis:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	x 1 =	31. <input type="text"/>
32.	Total Chronicity Index (maximum score = 12):						<input type="text"/>

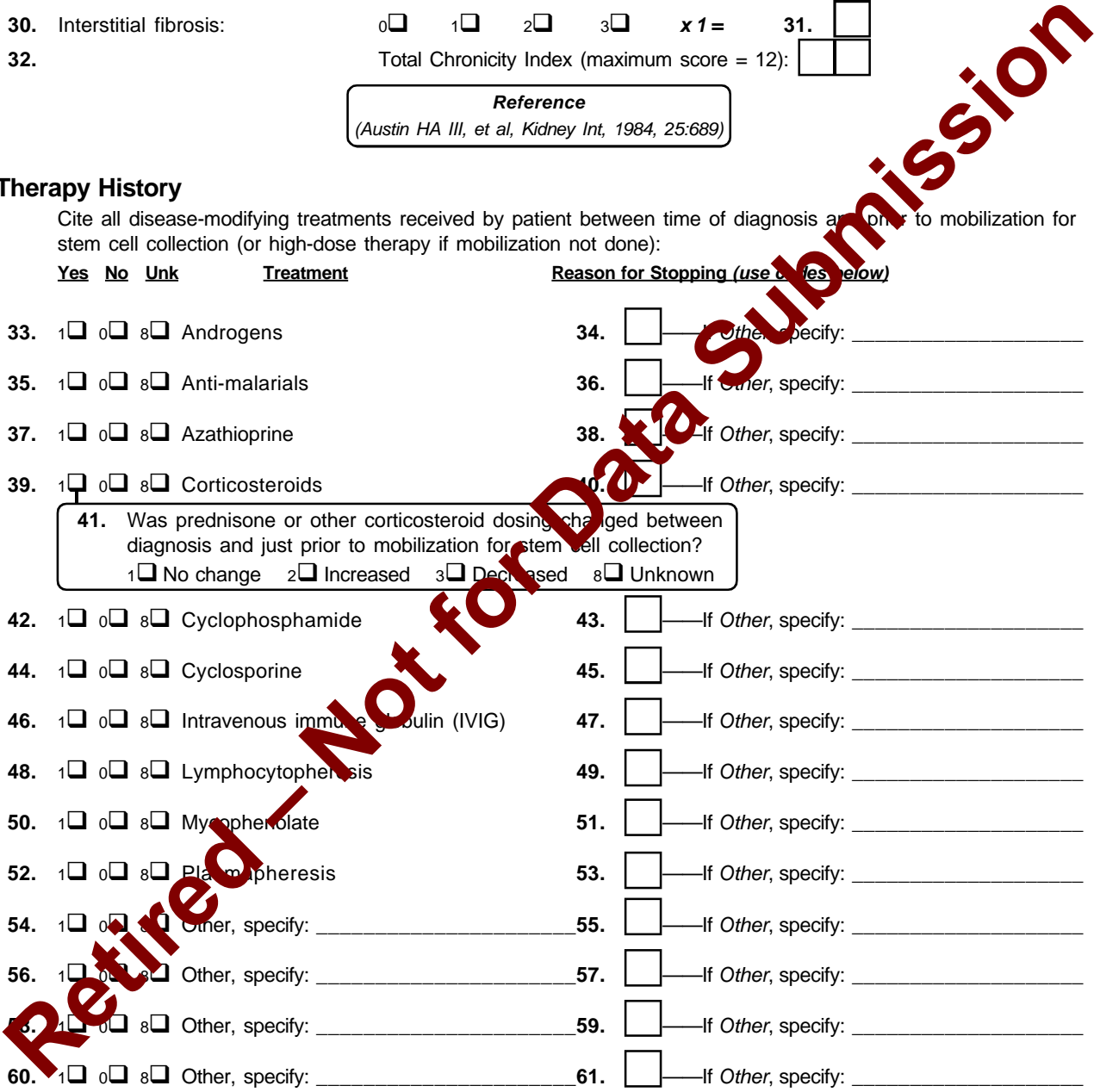
Reference
(Austin HA III, et al, Kidney Int, 1984, 25:689)

Therapy History

Cite all disease-modifying treatments received by patient between time of diagnosis and prior to mobilization for stem cell collection (or high-dose therapy if mobilization not done):

<u>Yes</u>	<u>No</u>	<u>Unk</u>	<u>Treatment</u>	<u>Reason for Stopping (use codes below)</u>	
33.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Androgens	34. <input type="checkbox"/> — If Other, specify: _____
35.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Anti-malarials	36. <input type="checkbox"/> — If Other, specify: _____
37.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Azathioprine	38. <input type="checkbox"/> — If Other, specify: _____
39.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Corticosteroids	40. <input type="checkbox"/> — If Other, specify: _____
41. Was prednisone or other corticosteroid dosing changed between diagnosis and just prior to mobilization for stem cell collection? 1 <input type="checkbox"/> No change 2 <input type="checkbox"/> Increased 3 <input type="checkbox"/> Decreased 8 <input type="checkbox"/> Unknown					
42.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Cyclophosphamide	43. <input type="checkbox"/> — If Other, specify: _____
44.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Cyclosporine	45. <input type="checkbox"/> — If Other, specify: _____
46.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Intravenous immune globulin (IVIG)	47. <input type="checkbox"/> — If Other, specify: _____
48.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Lymphocytopenesis	49. <input type="checkbox"/> — If Other, specify: _____
50.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Mycophenolate	51. <input type="checkbox"/> — If Other, specify: _____
52.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Plasmapheresis	53. <input type="checkbox"/> — If Other, specify: _____
54.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other, specify: _____	55. <input type="checkbox"/> — If Other, specify: _____
56.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other, specify: _____	57. <input type="checkbox"/> — If Other, specify: _____
58.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other, specify: _____	59. <input type="checkbox"/> — If Other, specify: _____
60.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other, specify: _____	61. <input type="checkbox"/> — If Other, specify: _____

Reason for Stopping Codes
 1 = Failure
 2 = Toxicity
 3 = Still receiving at mobilization
 7 = Other, specify
 8 = Unknown



TEAM:

IUBMID:

Diagnostic Criteria

Indicate which of the following ACR Criteria for Systemic Lupus Erythematosus patient had at diagnosis:

	<u>Yes</u>	<u>No</u>	<u>Unk</u>	<u>Criterion</u>	<u>Definition</u>
62.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Malar rash	Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds
63.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discoid rash	Erythematous raised patches with adherent keratotic scaling and follicular plugging; atrophic scarring may occur in older lesions
64.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photosensitivity	Skin rash as a result of unusual reaction to sunlight, by patient history or physician observation
65.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral ulcers	Oral or nasopharyngeal ulceration, usually painless, observed by a physician
66.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	Non-erosive arthritis involving two or more peripheral joints, characterized by tenderness, swelling or effusion
67.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serositis	a) Pleuritis – convincing history of pleuritic pain or rub heard by a physician or evidence of pleural effusion ~OR~ b) Pericarditis – documented by ECG or rub or evidence of pericardial effusion
68.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal disorder	a) Persistent proteinuria >0.5 grams per day or >3+ on urine dipstick if quantitation not performed ~OR~ b) Cellular casts – may be red cell, hemoglobin, granular, tubular or mixed
69.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic disorder	a) Seizures – in the absence of offending drugs or known metabolic derangements; e.g., uremia, ketoacidosis or electrolyte imbalance ~OR~ b) Psychosis – in the absence of offending drugs or known metabolic derangements, e.g., uremia, ketoacidosis or electrolyte imbalance
70.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hematologic disorder	a) Hemolytic anemia – with reticulocytosis ~OR~ b) Thrombocytopenia – <100,000/mm ³ platelets in the absence of offending drugs
71.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunologic disorder	a) Anti-DNA: antibody to native DNA in abnormal titer ~OR~ b) Anti-Smn: presence of antibody to Sm nuclear antigen ~OR~ c) Positive finding of antiphospholipid antibodies based on (1) an abnormal serum level of IgG or IgM anticardiolipin antibodies, (2) a positive test result for lupus anticoagulant using a standard method, or (3) a false positive serologic test for Syphilis known to be positive for at least 6 months and confirmed by <i>Treponema pallidum</i> immobilization or fluorescent treponemal antibody absorption test ~OR~ d) False positive serologic test for syphilis known to be positive for at least 6 months and confirmed by <i>Treponema pallidum</i> immobilization or fluorescent treponemal antibody absorption test
72.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antinuclear antibody	An abnormal titer of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and in the absence of drugs known to be associated with “drug-induced lupus” syndrome

Retired – Not for Data Submission

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Pre-Mobilization Evaluation*

*** Evaluation should be performed ≤ 4 weeks prior to mobilization for stem cell collection; if patient did not receive mobilization therapy, check here and go to Q.149**

73. Date of evaluation prior to mobilization for stem cell collection:
Month Day Year

SLEDAI (Systemic Lupus Erythematosus Disease Activity Index) score prior to mobilization for stem cell collection

	Yes	No	Unk	Score	Criterion	Definition
74.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="8"/>	Seizures	Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage.
75.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="8"/>	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.
76.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="8"/>	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, increased or decreased psychomotor activity. Exclude metabolic, infectious or drug causes.
77.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="8"/>	Visual disturbance	Retinal and eye changes of SLE. Include cytooid bodies, retinal hemorrhage, retinal exudate or hemorrhages in the choroid, optic neuritis, scleritis or episcleritis. Exclude hypertension, infection or drug causes.
78.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="8"/>	Cranial nerve disorder	New onset of sensory or motor neuropathy involving cranial nerves. Include vertigo due to lupus.
79.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="8"/>	Lupus headache	Severe, persistent headache: may be migrainous, but must be nonresponsive to narcotic analgesia.
80.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="8"/>	CVA	New onset of cerebrovascular accident(s). Exclude arteriosclerosis or hypertensive causes.
81.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="8"/>	Vasculitis	Ulceration, gangrene, tender finger nodules, periungual infarction, splinter hemorrhages or biopsy or angiogram proof of vasculitis.
82.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="4"/>	Arthritis	More than 2 joints with pain and signs of inflammation (i.e., tenderness, swelling or effusion).
83.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="4"/>	Myositis	Proximal muscle aching/weakness, associated with elevated creatine phosphokinase/aldolase or electromyogram changes or a biopsy showing myositis.
84.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="4"/>	Urinary casts	Heme-granular or red blood cell casts.
85.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="4"/>	Hematuria	>5 red blood cells/high power field. Exclude stone, infection or other cause.
86.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="4"/>	Proteinuria	>0.5 gm/24 hours. New onset or recent increase of >0.5 gm/24 hours.
87.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="4"/>	Pyuria	>5 white blood cells/high power field. Exclude infection.
88.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="2"/>	New rash	Ongoing inflammatory lupus rash.
89.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="2"/>	Alopecia	Ongoing abnormal, patchy or diffuse loss of hair due to active lupus.
90.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="2"/>	Mucosal ulcers	Ongoing oral or nasal ulcerations due to active lupus.
91.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="2"/>	Pleurisy	Classic and severe pleuritic chest pain or pleural rub or effusion or new pleural thickening due to lupus.

Retired - Not for Data Submission

TEAM:

IUBMID:

SLEDAI score (continued)

	<u>Yes</u>	<u>No</u>	<u>Unk</u>	<u>Score</u>	<u>Criterion</u>	<u>Definition</u>
92.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2	Pericarditis	Classic and severe pericardial pain or rub or effusion or electrocardiogram confirmation.
93.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2	Low complement	Decrease in CH50, C3 or C4 below the lower limit of normal for testing laboratory.
94.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2	Increased DNA binding	>25% binding by Farr assay or above normal range for testing laboratory.
95.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	Fever	>38°C. Exclude infectious cause.
96.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	Thrombocytopenia	<100,000 platelets/mm ³ (x 10 ⁹ /L).
97.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	Leukopenia	<3,000 white blood cells/mm ³ (x 10 ⁹ /L). Exclude drug cause.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= Total SLEDAI Score	

98. Date of most recent MRI scan of brain prior to mobilization: Date unknown
Month Day Year MRI not done

99. MRI scan was: Normal Abnormal Unknown

Go to **Q.100**

Retired – Not for Data Submission

TEAM: [][][][]

IUBMID: [][][][][][][][]

Laboratory Values Prior to Mobilization for Stem Cell Collection

- | | | <u>Specify Units</u> | <u>Unknown</u> |
|------|-------------------------------------|--|--------------------------|
| 100. | Cerebral spinal fluid (CSF) protein | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/L | <input type="checkbox"/> |
| 101. | CSF IgG | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/L | <input type="checkbox"/> |
| 102. | CSF cell count | | <input type="checkbox"/> |
| 103. | Hemoglobin: | 1 <input type="checkbox"/> g/dL 2 <input type="checkbox"/> g/L 3 <input type="checkbox"/> mmol/L | <input type="checkbox"/> |
| 104. | WBC: | 1 <input type="checkbox"/> x10 ⁹ /L (x10 ³ /mm ³) 2 <input type="checkbox"/> x10 ⁶ /L | <input type="checkbox"/> |
| 105. | Platelets: | 1 <input type="checkbox"/> x10 ⁹ /L (x10 ³ /mm ³) 2 <input type="checkbox"/> x10 ⁶ /L | <input type="checkbox"/> |
| 106. | Serum creatinine: | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> mmol/L 3 <input type="checkbox"/> μmol/L | <input type="checkbox"/> |
| 107. | Creatinine clearance: | 1 <input type="checkbox"/> mL/min 2 <input type="checkbox"/> mL/s | <input type="checkbox"/> |
| 108. | 24-hour urine protein: | 1 <input type="checkbox"/> mg/24hr 2 <input type="checkbox"/> g/d | <input type="checkbox"/> |
| 109. | Urine RBC/RBC casts? | 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No | <input type="checkbox"/> |
| 110. | Erythrocyte sedimentation rate: | [][][] mm/hr | <input type="checkbox"/> |
| 111. | CH50 Reduced? | 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No | <input type="checkbox"/> |
| 112. | C3 Reduced? | 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No | <input type="checkbox"/> |
| 113. | C4 Reduced? | 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No | <input type="checkbox"/> |
| 114. | anti-dsDNA? | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 115. | anti-Sm? | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 116. | anti-SSA (anti-Ro)? | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 117. | anti-SSB (anti-La)? | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 118. | anti-cardiolipin IgG elevated? | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 119. | anti-cardiolipin IgM elevated? | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 120. | lupus-anticoagulant? | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 121. | antinuclear antibody (ANA) test: | 1 <input type="checkbox"/> Positive 0 <input type="checkbox"/> Negative | <input type="checkbox"/> |

Date of Assessment: (Month Day Year)

122. [][][][][][][][][][]

- Pulmonary Function Tests:**
123. Vital capacity (VC): [][][] % predicted 1 Yes 0 No
124. D_LCO: [][][] % predicted 1 Yes 0 No
125. D_LCO: [][][] % corrected for hemoglobin 1 Yes 0 No
126. Oxygen desaturation present on exercise testing: 1 Yes 0 No

127. Was an echocardiogram done prior to mobilization?

1 Yes
0 No

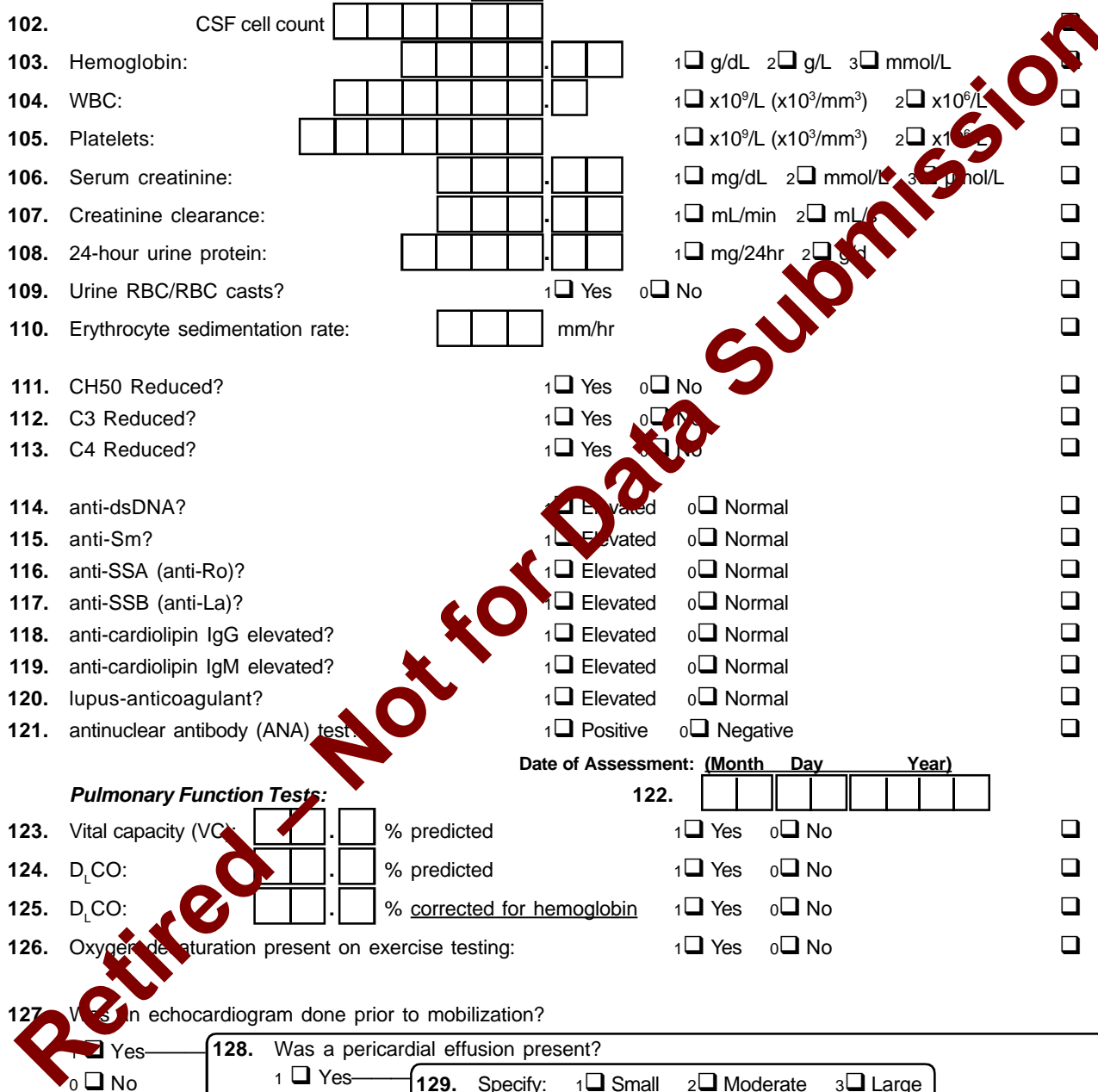
128. Was a pericardial effusion present?

1 Yes 299. Specify: 1 Small 2 Moderate 3 Large
0 No

130. Specify left ventricular ejection fraction: [][][] % Unknown

131. Was Pulmonary Artery Hypertension present?

1 Yes
0 No
8 Unknown
132. Specify estimated Systolic Pulmonary Artery Pressure: [][][]



TEAM:

IUBMID:

133. Was a MUGA done prior to mobilization?

- 1 Yes
- 0 No

134. Specify left ventricular ejection fraction: % Unknown

135. Did the patient complete an SF-36™ Health Survey prior to mobilization?

- 1 Yes
- 0 No
- 8 Unknown

136. Score reported as:
1 Transformed Score (range 0-100)
2 Raw Score
8 Unknown

137. Physical Functioning:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
138. Role Functioning-Physical:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
139. Role Functioning-Emotional:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
140. Social Functioning:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
141. Bodily Pain:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
142. Mental Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
143. Vitality:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
144. General Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown

145. Did the patient complete a Health Assessment Questionnaire (HAQ) prior to mobilization?

- 1 Yes
- 0 No
- 8 Unknown

146. Patient's score:

147. Worst possible score:

148. Best possible score:

Retired – Not for Data Submission

TEAM:

IUBMID:

Evaluation Prior to Conditioning (High-dose Therapy)*

* Evaluation should be performed ≤ 2 weeks prior to conditioning

149. Was an assessment performed after mobilization and prior to starting conditioning (high-dose therapy)?

1 Yes

0 No ——— Go to Q.221

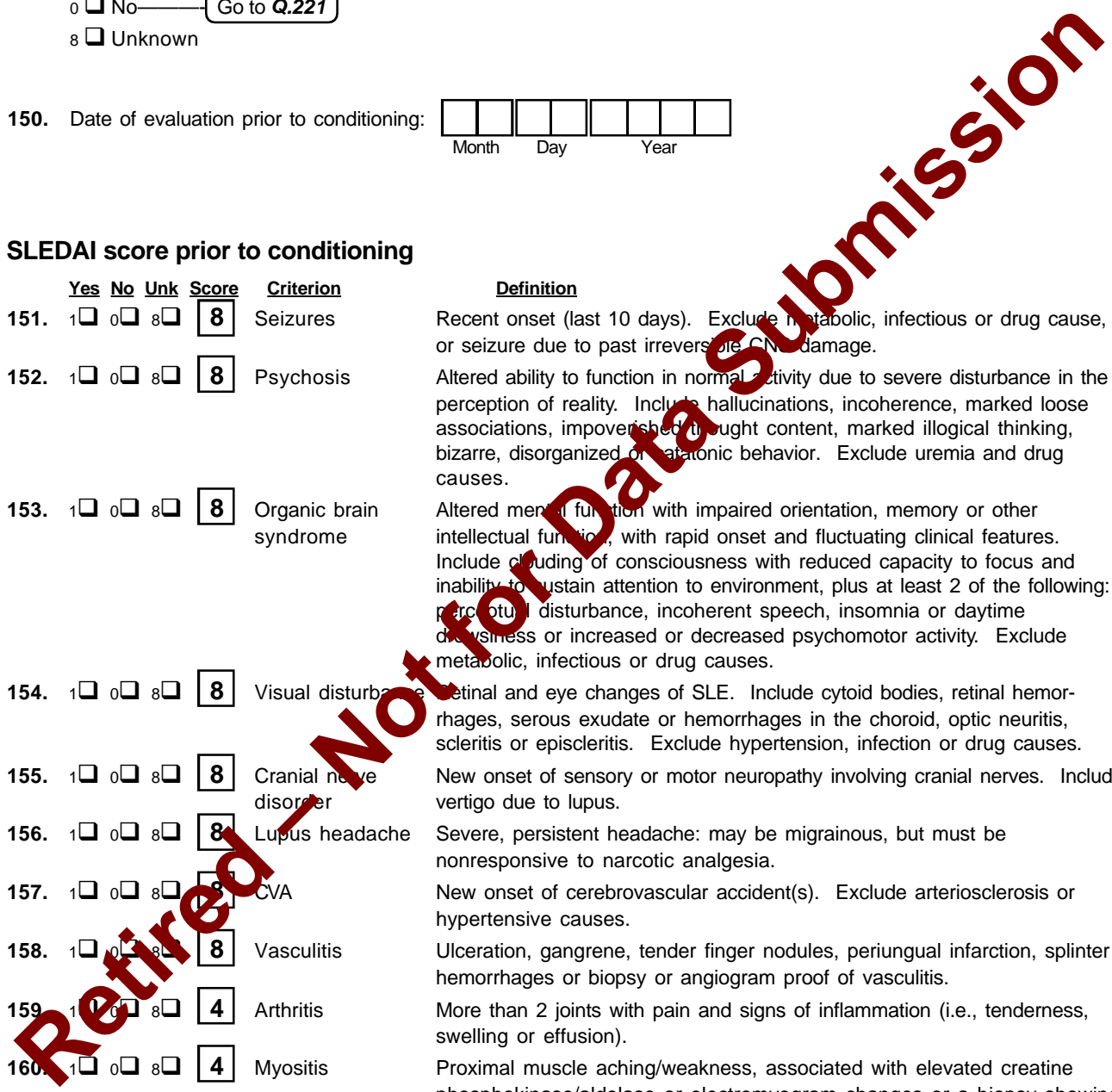
8 Unknown

150. Date of evaluation prior to conditioning:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

SLEDAI score prior to conditioning

	Yes	No	Unk	Score	Criterion	Definition
151.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Seizures	Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage.
152.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	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.
153.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	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.
154.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	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.
155.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Cranial nerve disorder	New onset of sensory or motor neuropathy involving cranial nerves. Include vertigo due to lupus.
156.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Lupus headache	Severe, persistent headache: may be migrainous, but must be nonresponsive to narcotic analgesia.
157.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	CVA	New onset of cerebrovascular accident(s). Exclude arteriosclerosis or hypertensive causes.
158.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Vasculitis	Ulceration, gangrene, tender finger nodules, periungual infarction, splinter hemorrhages or biopsy or angiogram proof of vasculitis.
159.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Arthritis	More than 2 joints with pain and signs of inflammation (i.e., tenderness, swelling or effusion).
160.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Myositis	Proximal muscle aching/weakness, associated with elevated creatine phosphokinase/aldolase or electromyogram changes or a biopsy showing myositis.
161.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Urinary casts	Heme-granular or red blood cell casts.
162.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Hematuria	>5 red blood cells/high power field. Exclude stone, infection or other cause.
163.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Proteinuria	>0.5 gm/24 hours. New onset or recent increase of >0.5 gm/24 hours.
164.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Pyuria	>5 white blood cells/high power field. Exclude infection.



TEAM:

IUBMID:

SLEDAI score (continued)

	<u>Yes</u>	<u>No</u>	<u>Unk</u>	<u>Score</u>	<u>Criterion</u>	<u>Definition</u>
165.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2	New rash	Ongoing inflammatory lupus rash.
166.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2	Alopecia	Ongoing abnormal, patchy or diffuse loss of hair due to active lupus.
167.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2	Mucosal ulcers	Ongoing oral or nasal ulcerations due to active lupus.
168.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2	Pleurisy	Classic and severe pleuritic chest pain or pleural rub or effusion or new pleural thickening due to lupus.
169.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2	Pericarditis	Classic and severe pericardial pain or rub or effusion or electrocardiogram confirmation.
170.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2	Low complement	Decrease in CH50, C3 or C4 below the lower limit of normal for testing laboratory.
171.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2	Increased DNA binding	>25% binding by Farr assay or above normal range for testing laboratory.
172.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1	Fever	>38°C. Exclude infectious cause.
173.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1	Thrombocytopenia	<100,000 platelets/mm ³ (x 10 ⁹ /L).
174.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1	Leukopenia	<3,000 white blood cells/mm ³ (x 10 ⁹ /L). Exclude drug causes.
				<input type="text"/> <input type="text"/>	= Total SLEDAI Score	

175. Date of most recent MRI scan of brain prior to conditioning

Date unknown

Month Day Year

MRI not done between mobilization and conditioning

[Go to Q.177](#)

176. MRI scan was: Normal Abnormal Unknown

Retired – Not for Data Submission

TEAM: [][][][]

IUBMID: [][][][][][][][]

Laboratory Values Prior to Conditioning

- | | | <u>Specify Units</u> | <u>Unknown</u> | |
|------|-------------------------------------|-----------------------|---|--------------------------|
| 177. | Cerebral spinal fluid (CSF) protein | [][] . [][] | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/L | <input type="checkbox"/> |
| 178. | CSF IgG | [][] | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/L | <input type="checkbox"/> |
| 179. | CSF cell count | [][][][][][][] | | <input type="checkbox"/> |
| 180. | Creatinine clearance: | [][] . [][] | 1 <input type="checkbox"/> mL/min 2 <input type="checkbox"/> mL/s | <input type="checkbox"/> |
| 181. | 24-hour urine protein: | [][] . [][] | 1 <input type="checkbox"/> mg/24hr 2 <input type="checkbox"/> g/d | <input type="checkbox"/> |
| 182. | Urine RBC/RBC casts? | | 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No | <input type="checkbox"/> |
| 183. | Erythrocyte sedimentation rate: | [][][] mm/hr | | <input type="checkbox"/> |
| 184. | CH50 Reduced? | | 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No | <input type="checkbox"/> |
| 185. | C3 Reduced? | | 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No | <input type="checkbox"/> |
| 186. | C4 Reduced? | | 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No | <input type="checkbox"/> |
| 187. | anti-dsDNA? | | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 188. | anti-Sm? | | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 189. | anti-SSA (anti-Ro)? | | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 190. | anti-SSB (anti-La)? | | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 191. | anti-cardiolipin IgG elevated? | | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 192. | anti-cardiolipin IgM elevated? | | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 193. | lupus-anticoagulant? | | 1 <input type="checkbox"/> Elevated 0 <input type="checkbox"/> Normal | <input type="checkbox"/> |
| 194. | antinuclear antibody (ANA) test? | | 1 <input type="checkbox"/> Positive 0 <input type="checkbox"/> Negative | <input type="checkbox"/> |

Date of Assessment: (Month Day Year)

Pulmonary Function Tests:

195. [][][][][][][]
196. Vital capacity (VC): [][] . [][] % predicted 1 Yes 0 No
197. D_LCO: [][] . [][] % predicted 1 Yes 0 No
198. D_LCO: [][] . [][] % corrected for hemoglobin 1 Yes 0 No
199. Oxygen desaturation present on exercise testing: 1 Yes 0 No

200. Was an echocardiogram done prior to conditioning?

- 1 Yes
0 No

201. Was a pericardial effusion present?

- 1 Yes 202. Specify: 1 Small 2 Moderate 3 Large
0 No

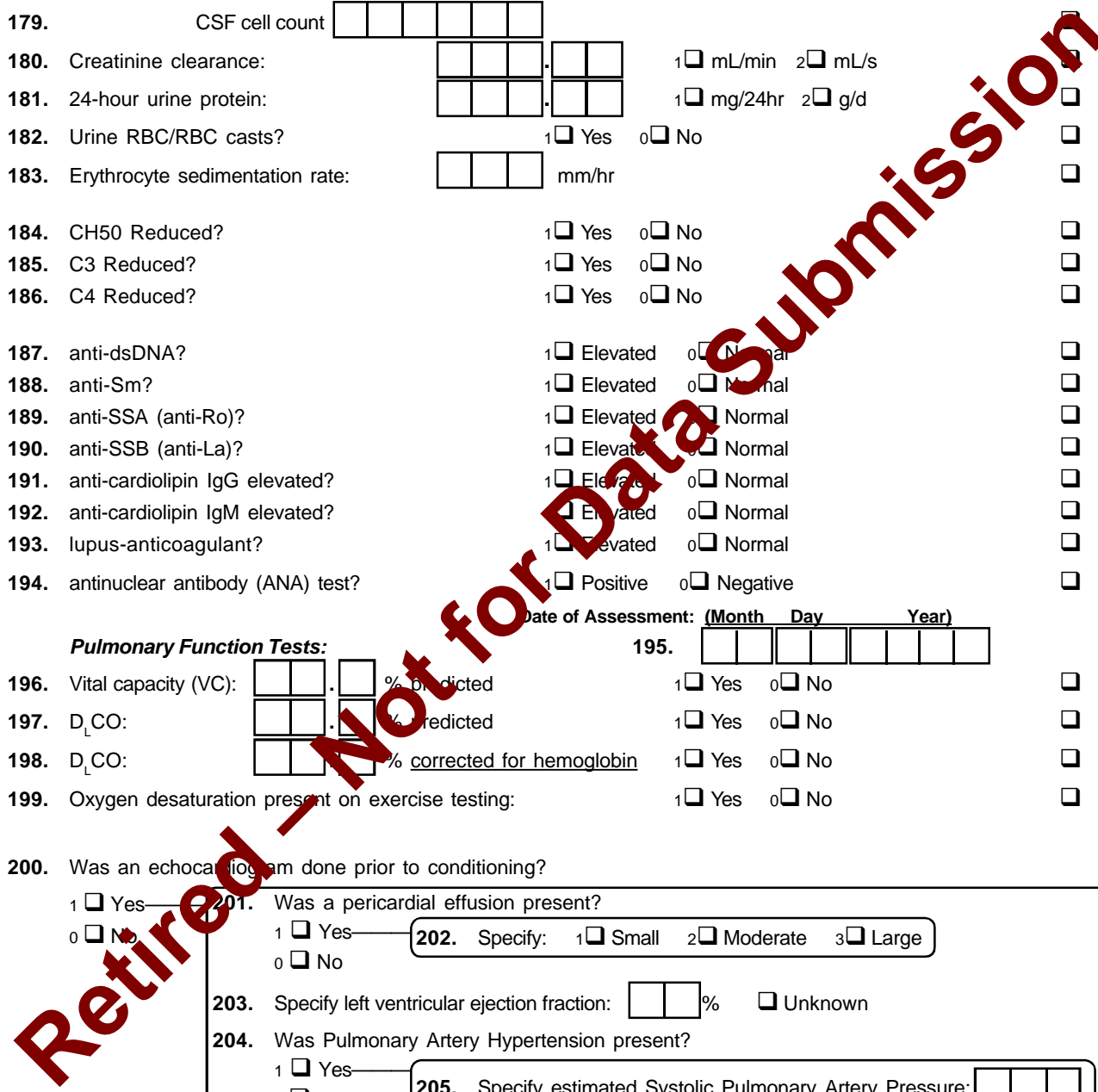
203. Specify left ventricular ejection fraction: [][]% Unknown

204. Was Pulmonary Artery Hypertension present?

- 1 Yes 205. Specify estimated Systolic Pulmonary Artery Pressure: [][][]
0 No
8 Unknown

206. Was a MUGA done prior to conditioning?

- 1 Yes 207. Specify left ventricular ejection fraction: [][]% Unknown
0 No



TEAM:

IUBMID:

208. Did the patient complete an SF-36™ Health Survey just prior to conditioning?

- 1 Yes
- 0 No
- 8 Unknown

208. Score reported as:							
1 <input type="checkbox"/> Transformed Score (range 0-100)							
2 <input type="checkbox"/> Raw Score							
8 <input type="checkbox"/> Unknown							
209. Physical Functioning:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/>	Unknown
210. Role Functioning-Physical:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/>	Unknown
211. Role Functioning-Emotional:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/>	Unknown
212. Social Functioning:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/>	Unknown
213. Bodily Pain:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/>	Unknown
214. Mental Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/>	Unknown
215. Vitality:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/>	Unknown
216. General Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/>	Unknown

217. Did the patient complete a Health Assessment Questionnaire (HAQ) just prior to conditioning?

- 1 Yes
- 0 No
- 8 Unknown

218. Patient's score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>		
219. Worst possible score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>		
220. Best possible score:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>		

Retired – Not for Data Submission

TEAM:

IUBMID:

Posttransplant Evaluation*

**To be completed 100 days posttransplant, or at time of death if death occurred <100 days posttransplant, or immediately prior to start of high-dose therapy (conditioning) for second transplant if second transplant done <100 days after first transplant.*

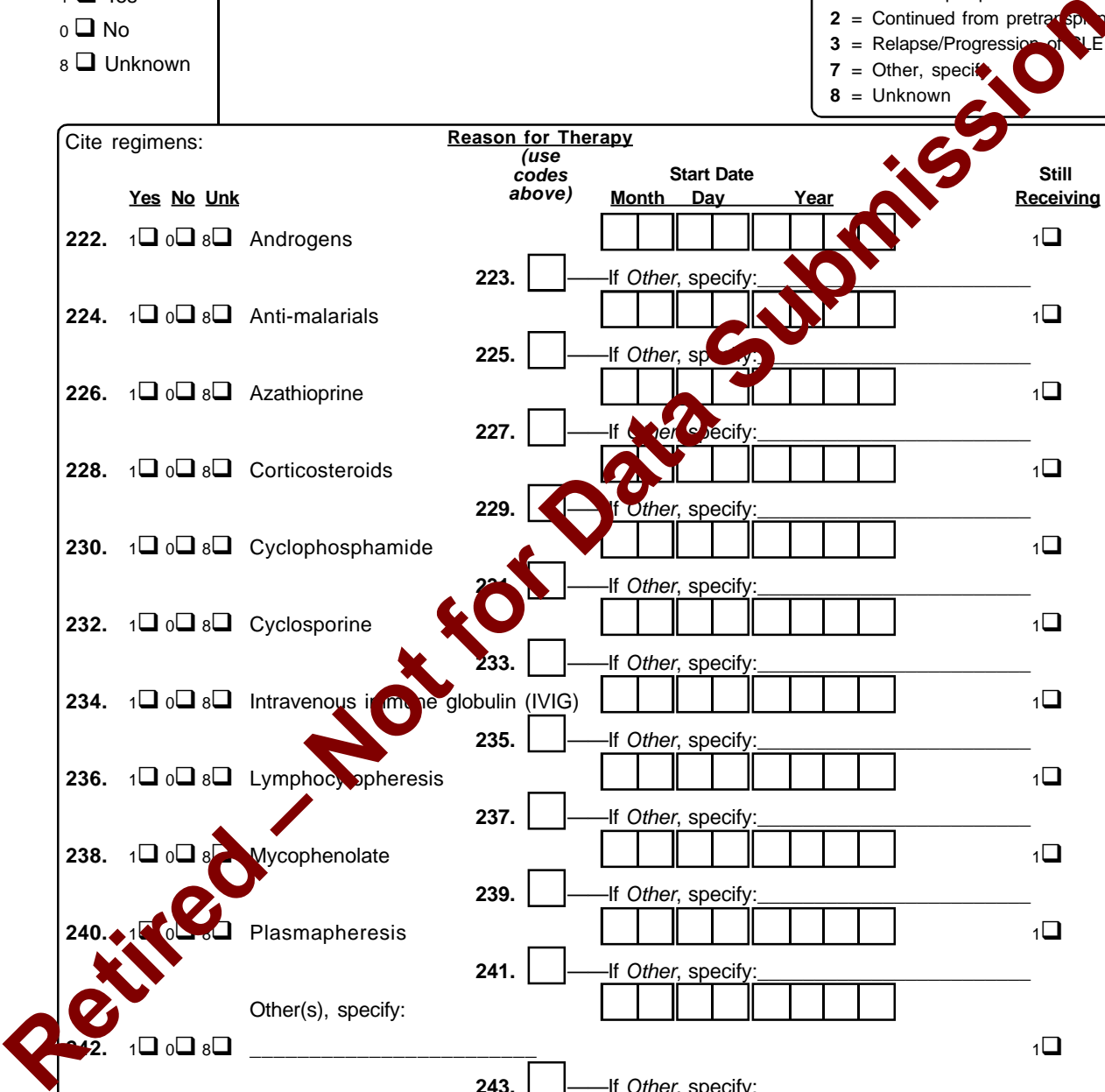
221. Did patient receive treatment for SLE posttransplant?

- 1 Yes
- 0 No
- 8 Unknown

Reason for Therapy Codes

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

Cite regimens:	Reason for Therapy (use codes above)			Start Date			Still Receiving
	Yes	No	Unk	Month	Day	Year	
222. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Androgens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
223. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
224. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Anti-malarials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
225. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
226. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Azathioprine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
227. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
228. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
229. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
230. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Cyclophosphamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
231. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
232. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Cyclosporine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
233. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
234. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Intravenous immune globulin (IVIG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
235. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
236. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Lymphocytapheresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
237. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
238. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Mycophenolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
239. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
240. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Plasmapheresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
241. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other(s), specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
242. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
243. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
244. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
245. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
245. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
247. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
248. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
249. <input type="checkbox"/> If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>



TEAM:

IUBMID:

SLEDAI score at current follow-up

	<u>Yes</u>	<u>No</u>	<u>Unk</u>	<u>Score</u>	<u>Criterion</u>	<u>Definition</u>
250.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Seizures	Recent onset (last 10 days). Exclude metabolic, infectious or drug cause, or seizure due to past irreversible CNS damage.
251.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	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.
252.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	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.
253.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Visual disturbance	Retinal and eye changes of SLE. Include: cyloid bodies, retinal hemorrhages, serous exudate or hemorrhages in the choroid, optic neuritis, scleritis or episcleritis. Exclude myopia, infection or drug causes.
254.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Cranial nerve disorder	New onset of sensory or motor neuropathy involving cranial nerves. Include vertigo due to lupus.
255.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Lupus headache	Severe, persistent headache may be migrainous, but must be nonresponsive to narcotic analgesia.
256.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	CVA	New onset of cerebrovascular accident(s). Exclude arteriosclerosis or hypertensive causes.
257.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Vasculitis	Ulceration, gangrene, tender finger nodules, periungual infarction, splinter hemorrhages or biopsy or angiogram proof of vasculitis.
258.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Arthritis	More than 2 joints with pain and signs of inflammation (i.e., tenderness, swelling or effusion).
259.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Myositis	Proximal muscle aching/weakness, associated with elevated creatine phosphokinase/aldolase or electromyogram changes or a biopsy showing myositis.
260.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Urinary casts	Heme-granular or red blood cell casts.
261.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Hematuria	>5 red blood cells/high power field. Exclude stone, infection or other cause.
262.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Proteinuria	>0.5 gm/24 hours. New onset or recent increase of >0.5 gm/24 hours.
263.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Pyuria	>5 white blood cells/high power field. Exclude infection.
264.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	New rash	Ongoing inflammatory lupus rash.
265.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Alopecia	Ongoing abnormal, patchy or diffuse loss of hair due to active lupus.
266.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Mucosal ulcers	Ongoing oral or nasal ulcerations due to active lupus.
267.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Pleurisy	Classic and severe pleuritic chest pain or pleural rub or effusion or new pleural thickening due to lupus.
268.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Pericarditis	Classic and severe pericardial pain or rub or effusion or electrocardiogram confirmation.
269.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Low complement	Decrease in CH50, C3 or C4 below the lower limit of normal for testing laboratory.
270.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Increased DNA binding	>25% binding by Farr assay or above normal range for testing laboratory.
271.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Fever	>38°C. Exclude infectious cause.
272.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Thrombocytopenia	<100,000 platelets/mm ³ (x 10 ⁹ /L).
273.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Leukopenia	<3,000 white blood cells/mm ³ (x 10 ⁹ /L). Exclude drug causes.

= Total SLEDAI Score

TEAM: [][][][]

IUBMID: [][][][][][][][]

274. Date of most recent MRI scan of brain: [][][][][][][][] 8 Date unknown
Month Day Year 7 MRI not done posttransplant

Go to Q.276

275. MRI scan was: 1 Normal 0 Abnormal 8 Unknown

Disease Status at Current Evaluation (see 095-CORE pg 1 for date of last contact)

- Specify Units** **Unknown**
276. Cerebral spinal fluid (CSF) protein [][][] . [][] 1 mg/dL 2 g/L
277. CSF IgG [][][] 1 mg/dL 2 g/L
278. CSF cell count [][][][][][]
279. Creatinine clearance: [][][][] . [][] 1 mL/min 2 mL/min
280. 24-hour urine protein: [][][][] . [][] 1 mg/24hr 2 mg/d
281. Urine RBC/RBC casts? 1 Yes 0 No
282. Erythrocyte sedimentation rate: [][][] mm/hr
283. CH50 Reduced? 1 Yes 0 No
284. C3 Reduced? 1 Yes 0 No
285. C4 Reduced? 1 Yes 0 No
286. anti-dsDNA? 1 Elevated 0 Normal
287. anti-Sm? 1 Elevated 0 Normal
288. anti-SSA (anti-Ro)? 1 Elevated 0 Normal
289. anti-SSB (anti-La)? 1 Elevated 0 Normal
290. anti-cardiolipin IgG elevated? 1 Elevated 0 Normal
291. anti-cardiolipin IgM elevated? 1 Elevated 0 Normal
292. lupus-anticoagulant? 1 Elevated 0 Normal
293. antinuclear antibody (ANA) test: 1 Positive 0 Negative

Date of Assessment: (Month Day Year)

Pulmonary Function Tests:

294. [][][][][][][][] 294. [][][][][][][][]
295. Vital capacity (VC) [][][] . [][] % predicted 1 Yes 0 No
296. D_LCO: [][][] . [][] % predicted 1 Yes 0 No
297. D_LCO: [][][] . [][] % corrected for hemoglobin 1 Yes 0 No
298. Oxygen saturation present on exercise testing: 1 Yes 0 No

299. Was an echocardiogram done at time of this report?

1 Yes
0 No

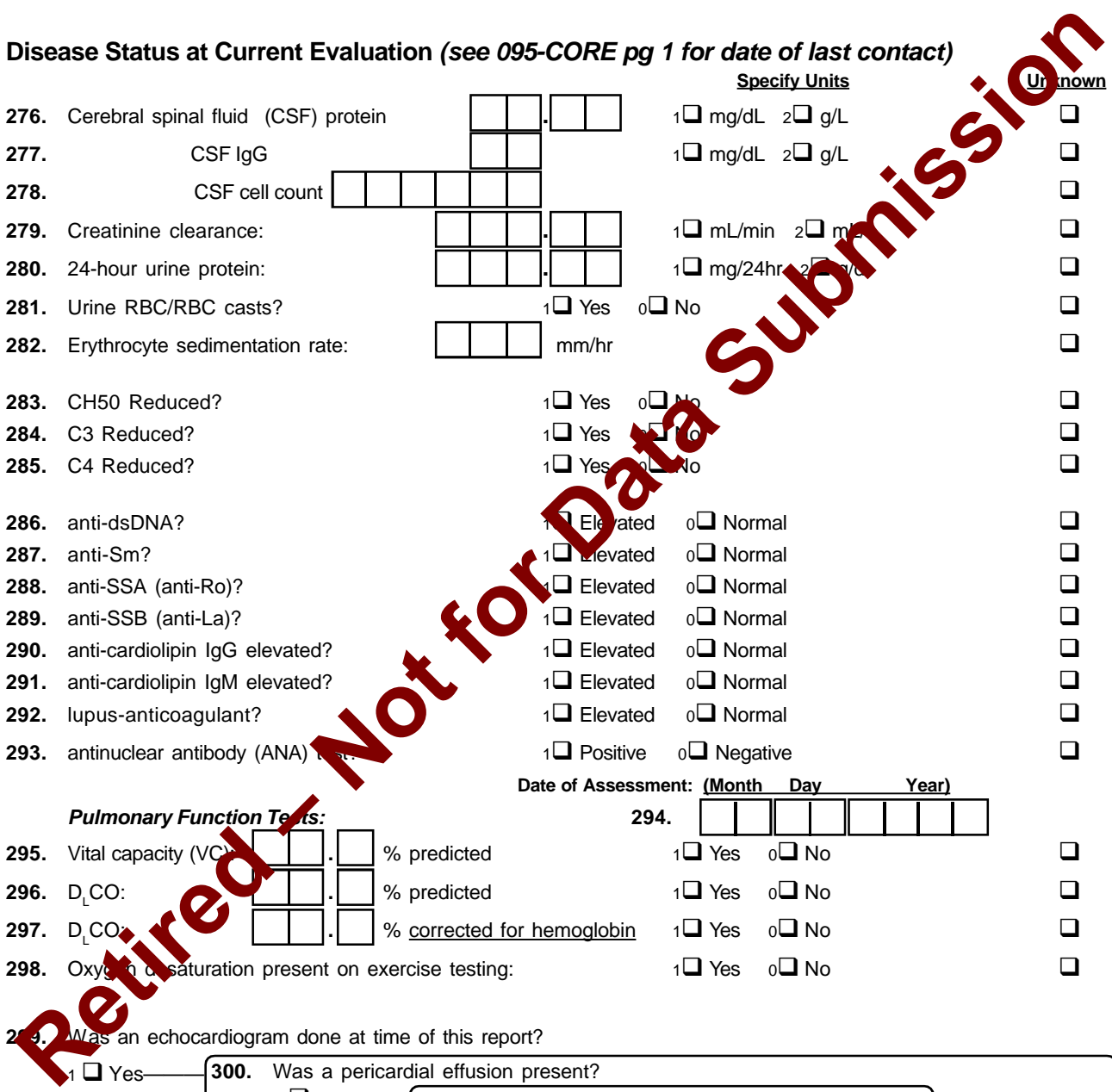
300. Was a pericardial effusion present?
1 Yes
0 No

301. Specify: 1 Small 2 Moderate 3 Large

302. Specify left ventricular ejection fraction: [][] % Unknown

303. Was Pulmonary Artery Hypertension present?
1 Yes
0 No
8 Unknown

304. Specify estimated Systolic Pulmonary Artery Pressure: [][][]



TEAM:

IUBMID:

305. Was a MUGA done at the time of this report?

- 1 Yes
- 0 No

306. Specify left ventricular ejection fraction: % Unknown

307. Did the patient complete an SF-36™ Health Survey at the time of this report?

- 1 Yes
- 0 No
- 8 Unknown

308. Score reported as:

- 1 Transformed Score (range 0-100)
- 2 Raw Score
- 8 Unknown

309. Physical Functioning:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown
310. Role Functioning-Physical:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown
311. Role Functioning-Emotional:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown
312. Social Functioning:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown
313. Bodily Pain:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown
314. Mental Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown
315. Vitality:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown
316. General Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown

317. Did the patient complete a Health Assessment Questionnaire (HAQ) at the time of this report?

- 1 Yes
- 0 No
- 8 Unknown

318. Patient's score: .

319. Worst possible score: .

320. Best possible score: .

Retired - Not for Data Submission