

2. Chronic GVHD
 - 1) Reporting Grade

- a. Limited:

- b. Extensive:

****Takeaway Point: Note that patients with limited chronic GVHD can ONLY have skin and/or liver involvement since other manifestations make them “extensive.”**

- 2) Overall severity:
 - a. Mild

 - b. Moderate

 - c. Severe

****Helpful Hints: What tools do Data Managers use in order to make sure that a physician captures date of onset, grading, and staging? Do they create a separate worksheet, friendly reminder, etc.?**

- d. Use of Day 100 as a rule when the exact dates of diagnosis are not known.
 1. In what situations is it okay to use the “100 day rule”?

 2. “100 day rule” as a statistical analysis

 3. Importance of reporting DCI/DLI

****Takeaway Point: Don’t automatically use <100 days = acute or >100= chronic. This rule should only be applied when actual dates are not known.**

- e. Reporting GVHD on Follow Up Report Forms. Ensuring consistency of reporting of GVHD across time periods.
 1. Reporting Acute GVHD on Follow Up Report Forms

 2. Reporting Chronic GVHD on Follow Up Report Forms

f. Interpreting vague lab/medical records to classify GVHD. The importance of requesting clinician input in diagnosing GVHD.

1. Diagnosis should be based on clinician notes
2. Not using the "100 day rule" as a fallback plan

****Helpful Hints: How do data managers approach situations where a physician was vague in their notes and a biopsy report does not define if the GVHD is acute or chronic?**

III. Q & A: Other problems/issues data managers have had with reporting GVHD?