COBLT
CORD BLOOD TRANSPLANTATION STUDY

ACUTE GVHD WEEKLY ASSESSMENT FORM

COBLT Recipient ID: ☐☐☐ ☐☐☐☐

COBLT Name Code: ☐☐☐

Center Code: ☐☐☐

Assessment Number: ☐☐

MCC Use Only
Date Recd.:

1. Date of staging . . . . . ☐☐ ☐☐ ☐☐
   M D Y

2. Record immunosuppressant received: 1 ☐ Cyclosporine 2 ☐ Tacrolimus 8 ☐ Not given during assessment period

3. Record trough level and date. . . . . ☐☐☐☐.☐ ng/mL . . . . . ☐☐ ☐☐ ☐☐
   M D Y

4. Record the highest level of organ abnormalities during the assessment period:

Skin

1 ☐ No rash
2 ☐ Maculopapular rash < 25% of body surface
3 ☐ Maculopapular rash, 25-50% of body surface
4 ☐ Generalized erythroderma
5 ☐ Generalized erythroderma with bullous formation and desquamation

Intestinal tract (use mL/day for adult patients and mL/m^2 for pediatric patients)

0 ☐ No diarrhea
1 ☐ Diarrhea ≤ 500 mL/day or < 280 mL/m^2
2 ☐ Diarrhea > 500 but ≤ 1000 mL/day or 280-555 mL/m^2
3 ☐ Diarrhea > 1000 but ≤ 1500 mL/day or 556-833 mL/m^2
4 ☐ Diarrhea > 1500 mL/day or > 833 mL/m^2
5 ☐ Severe abdominal pain with or without ileus, or stool with frank blood or melena

Liver

1 ☐ Bilirubin < 2.0 mg/dl
2 ☐ Bilirubin 2.0-3.0 mg/dl
3 ☐ Bilirubin 3.1-6.0 mg/dl
4 ☐ Bilirubin 6.1-15.0 mg/dl
5 ☐ Bilirubin > 15.0 mg/dl

Upper GI

1 ☐ No protracted nausea and vomiting
2 ☐ Persistent nausea, vomiting or anorexia

5. Within this assessment period, or within the subsequent 7-day period, what etiologies contributed to above symptoms?

Skin

0 ☐ No symptoms
1 ☐ GVHD
2 ☐ Drug Reaction
3 ☐ Cond. Regimen Toxicity
4 ☐ TPN
5 ☐ Infection
9 ☐ Other, specify: _____

Intestinal Tract (upper or lower)

0 ☐ No symptoms
1 ☐ GVHD
2 ☐ Drug Reaction
3 ☐ Cond. Regimen Toxicity
4 ☐ TPN
5 ☐ Infection
9 ☐ Other, specify: _____

Liver

0 ☐ No symptoms
1 ☐ GVHD
2 ☐ Drug Reaction
3 ☐ Cond. Regimen Toxicity
4 ☐ TPN
5 ☐ Infection
6 ☐ VOD
9 ☐ Other, specify: _____

6. Record biopsy results **pertaining to GVHD** for this assessment period:

Skin

1 ☐ Positive
2 ☐ Negative
3 ☐ Equivocal
4 ☐ Not Done

Intestinal Tract (upper or lower)

1 ☐ Positive
2 ☐ Negative
3 ☐ Equivocal
4 ☐ Not Done

Liver

1 ☐ Positive
2 ☐ Negative
3 ☐ Equivocal
4 ☐ Not Done

7. Was primary or secondary treatment for GVHD initiated? . . . . . 1 ☐ Yes 2 ☐ No
   If 1-Yes, specify treatment: _____

Comments: _____

_____ _____ ☐☐☐☐☐

Signature Date Study ID