# COPE-COMPARE: Follow-up Data

Trial ID: WP4 \_\_\_\_\_\_\_\_\_\_\_\_\_

## Follow-up Day 1-7

Follow-up Date Day 1: \_\_\_/\_\_\_/\_\_\_\_\_\_

Graft failure within first 7 days: Yes No

Defined as need for dialysis in first 7 days

Note: If only 1 dialysis session because of hyperkalemia or fluid overload, then NO DGF

If Yes, please complete following questions:

Date of graft failure: \_\_\_/\_\_\_/\_\_\_\_\_\_

Primary cause:

* Immunologic
* Preservation
* Technical – artery
* Technical – Venous
* Infection – bacterial
* Infection – Viral
* Other

If Other, please specify:

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Graft removal: Yes No

If Yes, please complete:

Data Graft removal: \_\_\_/\_\_\_/\_\_\_\_\_\_

Serum creatinine:

Unit: mg/dl mmol/L µmol/L

Day 1: \_\_\_\_\_\_\_\_\_\_\_\_ Day 5: \_\_\_\_\_\_\_\_\_\_\_\_

Day 2: \_\_\_\_\_\_\_\_\_\_\_\_ Day 6: \_\_\_\_\_\_\_\_\_\_\_\_

Day 3: \_\_\_\_\_\_\_\_\_\_\_\_ Day 7: \_\_\_\_\_\_\_\_\_\_\_\_

Day 4: \_\_\_\_\_\_\_\_\_\_\_\_

Dialysis requirement:  Day 1  Day 2  Day 3  Day 4

 Day 5  Day 6  Day 7

Dialysis type:

* CAPD
* Hemodialysis
* Unknown

Primary cause of postoperative dialysis:

* No dialysis required
* Delayed graft function
* Hyperkalemia
* Fluid overload
* Other

If other, please specify:

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HLA Mismatches: A: \_\_\_\_ B: \_\_\_\_ DR: \_\_\_

Induction therapy:

* IL 2 receptor antagonist
* ATG

Post Tx immunosuppression:

* Azathioprine
* Cyclosporin
* MMF
* Prednisolone
* Sirolomus
* Tacrolimus
* Other

If other, please specify:

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Rejection: Yes No

If yes, please complete following questions:

Post Tx Rejection treated with Prednisolon: Yes No

Post Tx Rejection treated with other drug: Yes No

If Yes, please specify:

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Rejection Biopsy proven: Yes No

Calcineurin inhibitor toxicity on pathology: Yes No

Date of primary Post Tx Discharge: \_\_\_/\_\_\_/\_\_\_\_\_\_

General comments:

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## Follow-up 3 months

Follow-up Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

Graft failure: Yes No

If Yes, please complete following questions:

Date of graft failure: \_\_\_/\_\_\_/\_\_\_\_\_\_

Primary cause:

* Immunologic
* Preservation
* Technical – artery
* Technical – Venous
* Infection – bacterial
* Infection – Viral
* Other

If Other, please specify:

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Graft removal: Yes No

If Yes, please complete:

Data Graft removal: \_\_\_/\_\_\_/\_\_\_\_\_\_

Serum Creatinine: \_\_\_\_\_\_\_\_\_\_\_\_

Unit:  mg/dl  mmol/L  µmol/L

Urine Creatinine: \_\_\_\_\_\_\_\_\_\_\_\_

Unit:  g/dl  mmol/L

Creatinine Clearance: \_\_\_\_\_\_\_\_\_\_\_\_ ml/min

Currently on dialysis: Yes No Unknown

If Yes: Dialysis type:

* CAPD
* Hemodialysis
* Unknown

Date last dialysis requirement: \_\_\_/\_\_\_/\_\_\_\_\_\_

Number of Dialysis sessions since last follow-up: \_\_\_\_\_\_\_

Post Tx immunosuppression:

* Azathioprine
* Cyclosporin
* MMF
* Prednisolone
* Sirolomus
* Tacrolimus
* Other

If other, please specify:

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Rejection: Yes No

If yes, please complete following questions:

Number of rejection period: \_\_\_\_\_\_

Post Tx Rejection treated with Prednisolon: Yes No

Post Tx Rejection treated with other drug: Yes No

If Yes, please specify:

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Rejection Biopsy proven: Yes No

Calcineurin inhibitor toxicity on pathology: Yes No

Complications interfering with graft function not mentioned above:

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Quality of life (EQ-5D-5L) questionnaire score:

* Mobility: \_\_\_\_\_ (score 1-5)
* Self care: \_\_\_\_\_ (score 1-5)
* Usual activities: \_\_\_\_\_ (score 1-5)
* Pain/discomfort: \_\_\_\_\_ (score 1-5)
* Anxiety/depression: \_\_\_\_\_ (score 1-5)

*(9 for missing value)*

VAS score: \_\_\_\_\_ (0-100)

*(999 for missing values)*

General comments:

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## Follow-up 6 months

Follow-up Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

Graft failure: Yes No

If Yes, please complete following questions:

Date of graft failure: \_\_\_/\_\_\_/\_\_\_\_\_\_

Primary cause:

* Immunologic
* Preservation
* Technical – artery
* Technical – Venous
* Infection – bacterial
* Infection – Viral
* Other

If Other, please specify:

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Graft removal: Yes No

If Yes, please complete:

Data Graft removal: \_\_\_/\_\_\_/\_\_\_\_\_\_

Serum Creatinine: \_\_\_\_\_\_\_\_\_\_\_\_

Unit:  mg/dl  mmol/L  µmol/L

Urine Creatinine: \_\_\_\_\_\_\_\_\_\_\_\_

Unit:  g/dl  mmol/L

Creatinine Clearance: \_\_\_\_\_\_\_\_\_\_\_\_ ml/min

Currently on dialysis: Yes No Unknown

If Yes: Dialysis type:

* CAPD
* Hemodialysis
* Unknown

Date last dialysis requirement: \_\_\_/\_\_\_/\_\_\_\_\_\_

Number of Dialysis sessions since last follow-up: \_\_\_\_\_\_\_

Post Tx immunosuppression:

* Azathioprine
* Cyclosporin
* MMF
* Prednisolone
* Sirolomus
* Tacrolimus
* Other

If other, please specify:

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Rejection: Yes No

If yes, please complete following questions:

Number of rejection period: \_\_\_\_\_\_

Post Tx Rejection treated with Prednisolon: Yes No

Post Tx Rejection treated with other drug: Yes No

If Yes, please specify:

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Rejection Biopsy proven: Yes No

Calcineurin inhibitor toxicity on pathology: Yes No

Complications interfering with graft function not mentioned above:

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General comments:

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## Follow-up 12 months

Follow-up Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

Graft failure: Yes No

If Yes, please complete following questions:

Date of graft failure: \_\_\_/\_\_\_/\_\_\_\_\_\_

Primary cause:

* Immunologic
* Preservation
* Technical – artery
* Technical – Venous
* Infection – bacterial
* Infection – Viral
* Other

If Other, please specify:

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Graft removal: Yes No

If Yes, please complete:

Data Graft removal: \_\_\_/\_\_\_/\_\_\_\_\_\_

Serum Creatinine: \_\_\_\_\_\_\_\_\_\_\_\_

Unit:  mg/dl  mmol/L  µmol/L

Urine Creatinine: \_\_\_\_\_\_\_\_\_\_\_\_

Unit:  g/dl  mmol/L

Creatinine Clearance: \_\_\_\_\_\_\_\_\_\_\_\_ ml/min

Currently on dialysis: Yes No Unknown

If Yes: Dialysis type:

* CAPD
* Hemodialysis
* Unknown

Date last dialysis requirement: \_\_\_/\_\_\_/\_\_\_\_\_\_

Number of Dialysis sessions since last follow-up: \_\_\_\_\_\_\_

Post Tx immunosuppression:

* Azathioprine
* Cyclosporin
* MMF
* Prednisolone
* Sirolomus
* Tacrolimus
* Other

If other, please specify:

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Rejection: Yes No

If yes, please complete following questions:

Number of rejection period: \_\_\_\_\_\_

Post Tx Rejection treated with Prednisolon: Yes No

Post Tx Rejection treated with other drug: Yes No

If Yes, please specify:

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Rejection Biopsy proven: Yes No

Calcineurin inhibitor toxicity on pathology: Yes No

Complications interfering with graft function not mentioned above:

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Quality of life (EQ-5D-5L) questionnaire score:

* Mobility: \_\_\_\_\_ (score 1-5)
* Self care: \_\_\_\_\_ (score 1-5)
* Usual activities: \_\_\_\_\_ (score 1-5)
* Pain/discomfort: \_\_\_\_\_ (score 1-5)
* Anxiety/depression: \_\_\_\_\_ (score 1-5)

*(9 for missing value)*

VAS score: \_\_\_\_\_ (0-100)

*(999 for missing values)*

General comments:

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