

Form 2044 R2.0: Systemic Sclerosis Pre-HSCT Data

Center:

CRID:

Key Fields	
Sequence Number: _____	
Date Received: ____-____-____	
CIBMTR Center Number: _____	
CIBMTR Recipient ID: _____	
Today's Date: ____-____-____	
Date of HSCT for which this form is being completed: ____-____-____	
HSCT type (check all that apply):	
<input type="checkbox"/>	Autologous
<input type="checkbox"/>	Allogeneic, unrelated
<input type="checkbox"/>	Allogeneic, related
<input type="checkbox"/>	Syngeneic (identical twin)
Product type (check all that apply):	
<input type="checkbox"/>	Marrow
<input type="checkbox"/>	PBSC
<input type="checkbox"/>	Cord blood
<input type="checkbox"/>	Other product
Specify: _____	
<input type="checkbox"/> If this is a report of a second or subsequent transplant, check here and continue with question 180.	
Disease Assessment at Diagnosis	
Questions: 1 - 2	
1 What was the date of diagnosis of Systemic Sclerosis (SSc)? ____-____-____	
2 What was the extent of cutaneous systemic sclerosis at diagnosis?	
<input type="checkbox"/>	limited (cutaneous thickening distal (but not proximal) to elbows or knees)
<input type="checkbox"/>	diffuse
<input type="checkbox"/>	Unknown
Laboratory Studies at Diagnosis	
Questions: 3 - 29	
Report findings prior to any first treatment for systemic sclerosis.	
3 Date CBC tested: ____-____-____	
4 WBC:	
<input type="checkbox"/>	Known
<input type="checkbox"/>	Not known
5	_____ <input type="checkbox"/> x 10 <sup>9</sup> /L (x 10 <sup>3</sup> /mm <sup>3</sup> )
	<input type="checkbox"/> x 10 <sup>6</sup> /L
6 Hemoglobin:	
<input type="checkbox"/>	Known
<input type="checkbox"/>	Not known
7	_____ <input type="checkbox"/> g/dL <input type="checkbox"/> g/L <input type="checkbox"/> mmol/L
8 Hematocrit:	
<input type="checkbox"/>	Known
<input type="checkbox"/>	Not known
9	_____ %

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Center: CRID:

10 Platelets:

☐ Known ☐ Not known

11 \_\_\_\_\_ ☐ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  
☐ x 10<sup>6</sup>/L

12 Serum creatinine:

☐ Known ☐ Not known

13 \_\_\_\_\_ ☐ mg/dL ☐ mmol/L ☐ μmol/L

14 Creatinine clearance:

☐ Known ☐ Not known

15 \_\_\_\_\_ ☐ mL/min ☐ mL/sec

16 Creatinine phosphokinase:

☐ Known ☐ Not known

17 \_\_\_\_\_ ☐ U/L ☐ μkat/L

18 Blood urea nitrogen:

☐ Known ☐ Not known

19 \_\_\_\_\_ ☐ mg/dL ☐ mmol/L

20 Was there evidence of hematuria at diagnosis?

☐ yes, present ☐ no, absent ☐ Unknown

21 Was there evidence of proteinuria at diagnosis?

☐ yes, present ☐ no, absent ☐ Unknown

22 Thyroid stimulating hormone (TSH):

☐ Known ☐ Not known

23 \_\_\_\_\_ ☐ mU/L ☐ μU/ml

24 Was any testing for autoantibodies performed at diagnosis?

☐ yes ☐ no ☐ Unknown

Specify the test results for the following autoantibodies:

25 Anti-centromere:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

26 Anti-DNA topoi-  
somerase I (Scl-70):

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

27 Anti-nuclear:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

28 Anti-SS-A:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

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29 Anti-SS-B:

Positive  Negative  Inconclusive  not tested / unknown

Pre-HSCT Treatment for Systemic Lupus Erythematosus

Questions: 30 - 81

30 Did the recipient receive any disease-modifying treatments between the time of diagnosis and prior to mobilization for stem cell collection (or high dose therapy if mobilization was not done)?

yes  no

31 Antithymocyte globulin (ATG) / antilymphocyte globulin (ALG)

yes  no  Unknown

32 Treatment Stopped

yes  no

33 Stopped Code: \_\_\_\_\_

34 Specify: \_\_\_\_\_

35 Cyclophosphamide (CTX, Cytoxan, Neosar)

yes  no  Unknown

36 Treatment Stopped

yes  no

37 Stopped Code: \_\_\_\_\_

38 Specify: \_\_\_\_\_

39 Cyclosporine (CsA, Neoral, Sandimmune)

yes  no  Unknown

40 Treatment Stopped

yes  no

41 Stopped Code: \_\_\_\_\_

42 Specify: \_\_\_\_\_

43 D-penicillamine (penicillamine, Cuprimine, Depen)

yes  no  Unknown

44 Treatment Stopped

yes  no

45 Stopped Code: \_\_\_\_\_

46 Specify: \_\_\_\_\_

47 Methotrexate (MTX, Folex)

yes  no  Unknown

48 Treatment Stopped

yes  no

49 Stopped Code: \_\_\_\_\_

50 Specify: \_\_\_\_\_

51  Maximum weekly dose unknown:

Specify the maximum weekly dose: \_\_\_\_\_ mg

52  Duration of therapy unknown:

Specify the duration of therapy: \_\_\_\_\_  weeks  months

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53 Mycophenolate Mofetil (MMF, CellCept)

☐ yes ☐ no ☐ Unknown

54 Treatment Stopped

☐ yes ☐ no

55 Stopped Code: \_\_\_\_\_

56 Specify: \_\_\_\_\_

57 Non-steroidal anti-inflammatory drugs (NSAIDS)

☐ yes ☐ no ☐ Unknown

58 Treatment Stopped

☐ yes ☐ no

59 Stopped Code: \_\_\_\_\_

60 Specify: \_\_\_\_\_

61 Phototherapy

☐ yes ☐ no ☐ Unknown

62 Treatment Stopped

☐ yes ☐ no

63 Stopped Code: \_\_\_\_\_

64 Specify: \_\_\_\_\_

65 Prednisone (Intensol, Sterapred) or equivalent

☐ yes ☐ no ☐ Unknown

66 Treatment Stopped

☐ yes ☐ no

67 Stopped Code: \_\_\_\_\_

68 Specify: \_\_\_\_\_

69 Prostanoids / prostaglandin analogs

☐ yes ☐ no ☐ Unknown

70 Treatment Stopped

☐ yes ☐ no

71 Stopped Code: \_\_\_\_\_

72 Specify: \_\_\_\_\_

73 Tacrolimus (FK 506, Prograf)

☐ yes ☐ no ☐ Unknown

74 Treatment Stopped

☐ yes ☐ no

75 Stopped Code: \_\_\_\_\_

76 Specify: \_\_\_\_\_

77 Other treatment

☐ yes ☐ no ☐ Unknown

78 Treatment Stopped

☐ yes ☐ no

79 Stopped Code: \_\_\_\_\_

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Center:

CRID:

80 Specify: \_\_\_\_\_

81 Specify other treatment: \_\_\_\_\_

Disease Assessment Prior to Mobilization Therapy for Stem Cell Collection

Questions: 82 - 114

Information for this section should come from the most recent evaluation prior to the initiation of mobilization therapy (<= 4 weeks prior to mobilization for stem cell collection). If the recipient did not receive mobilization therapy, check here and continue with question 180.

82 Date of evaluation prior to mobilization for stem cell collection: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

83 What was the extent of cutaneous systemic sclerosis prior to mobilization for stem cell collection?

limited (cutaneous thickening distal (but not proximal) to elbows or knees)

diffuse

Unknown

Specify skin thickness for the following sites as determined by clinical palpation performed prior to mobilization for stem cell collection: *Clements P, Lachenbruch P, Seibold J, White B, Weiner S, Martin R, et al. Inter and intraobserver variability of total skin thickness score (modified Rodnan TSS) in systemic sclerosis. J Rheumatol 1995; 22:1281-1285.*

84 Face

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

85 Anterior chest

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

86 Abdomen

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

87 Upper arm - left

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

88 Upper arm - right

score 0 - Normal

score 1 - Mild


score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)


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89 Forearm-left




score 0 - Normal



score 1 - Mild




score 2 - Moderate



score 3 - Severe (inability to pinch skin into a fold)

90 Forearm-right




score 0 - Normal



score 1 - Mild




score 2 - Moderate




score 3 - Severe (inability to pinch skin into a fold)


91 Dorsum of hand - left




score 0 - Normal



score 1 - Mild




score 2 - Moderate




score 3 - Severe (inability to pinch skin into a fold)


92 Dorsum of hand - right




score 0 - Normal



score 1 - Mild




score 2 - Moderate




score 3 - Severe (inability to pinch skin into a fold)


93 Fingers - left




score 0 - Normal



score 1 - Mild




score 2 - Moderate




score 3 - Severe (inability to pinch skin into a fold)


94 Fingers - right




score 0 - Normal



score 1 - Mild




score 2 - Moderate




score 3 - Severe (inability to pinch skin into a fold)


95 Thigh - left




score 0 - Normal



score 1 - Mild



score 2 - Moderate



score 3 - Severe (inability to pinch skin into a fold)

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96 Thigh - right

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

97 Lower leg - left

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

98 Lower leg - right

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

99 Dorsum of foot - left

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

100 Dorsum of foot - right

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

101 Total modified Rodnan Skin Score: (add scores from questions 84-100) \_\_\_\_\_

Specify the following clinical findings prior to mobilization for stem cell collection:

102 Changes in skin pigmentation:

Present

Absent

Unknown

103 Raynaud's phenomenon:

Present

Absent

Unknown

104 Painful digital ulcers:

Present

Absent

Unknown

105 Specify number of digital ulcers: \_\_\_\_\_

106 Gut dysmotility

Present

Absent

Unknown

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Center:

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107 Malabsorption:

☐ Present ☐ Absent ☐ Unknown

108 Weight loss > 10% of body weight:

☐ Present ☐ Absent ☐ Unknown

109 Muscle weakness:

☐ Present ☐ Absent ☐ Unknown

110 Joint tenderness:

☐ Present ☐ Absent ☐ Unknown

111 Specify number of joints affected: \_\_\_\_\_

112 Tendon friction rubs:

☐ Present ☐ Absent ☐ Unknown

113 Specify number of sites affected: \_\_\_\_\_

114 Contractures:

☐ Present ☐ Absent ☐ Unknown

Laboratory Studies Prior to Mobilization for Stem Cell Collection

Questions: 115 - 179

115 Date CBC tested: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

116 WBC:

☐ Known ☐ Not known

117 \_\_\_\_\_ ☐ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  
☐ x 10<sup>6</sup>/L

118 Hemoglobin:

☐ Known ☐ Not known

119 \_\_\_\_\_ ☐ g/dL ☐ g/L ☐ mmol/L

120 Hematocrit:

☐ Known ☐ Not known

121 \_\_\_\_\_ %

122 Platelets:

☐ Known ☐ Not known

123 \_\_\_\_\_ ☐ x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  
☐ x 10<sup>6</sup>/L

124 Serum creatinine:

☐ Known ☐ Not known

125 \_\_\_\_\_ ☐ mg/dL ☐ mmol/L ☐ μmol/L

126 Creatinine clearance:

☐ Known ☐ Not known

127 \_\_\_\_\_ ☐ mL/min ☐ mL/sec



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128 Creatinine phosphokinase:

☐ Known ☐ Not known

129 \_\_\_\_\_ ☐ U/L ☐  $\mu$ kat/L

130 Blood urea nitrogen:

☐ Known ☐ Not known

131 \_\_\_\_\_ ☐ mg/dL ☐ mmol/L

132 Was there evidence of hematuria prior to mobilization therapy for stem cell collection?

☐ yes, present ☐ no, absent ☐ Unknown

133 Was there evidence of proteinuria prior to mobilization therapy for stem cell collection?

☐ yes, present ☐ no, absent ☐ Unknown

134 Thyroid stimulating hormone (TSH):

☐ Known ☐ Not known

135 \_\_\_\_\_ ☐ mU/L ☐  $\mu$ U/ml

136 Was any testing for autoantibodies performed prior to mobilization for stem cell collection?

☐ yes ☐ no ☐ Unknown

Specify the test results for the following autoantibodies:

137 Anti-centromere:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

138 Anti-DNA topoi-  
somerase I (Scl-70):

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

139 Anti-nuclear:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

140 Anti-SS-A:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

141 Anti-SS-B:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

Specify the results of the following pulmonary function tests performed prior to mobilization therapy for stem cell collection:

142 Was dyspnea present on exertion?

☐ yes ☐ no ☐ Unknown

143 Vital capacity (VC):

☐ Known ☐ Not known

144 \_\_\_\_\_ % (predicted value)

145 Was the actual VC value in the normal range  
( $\geq$  80 % of predicted value)?

☐ yes ☐ no

146 D<sup>14</sup>CO:

☐ Known ☐ Not known

147 \_\_\_\_\_ % (predicted value)

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148 Was the actual D<sup>L</sup>CO value in the normal range (>=80% or predicted value)?

☐ yes ☐ no

149 D<sup>L</sup>CO corrected for hemoglobin

☐ Known ☐ Not known

150 \_\_\_\_\_ % (predicted value)

151 Was the D<sup>L</sup>CO value (corrected for hemoglobin) in the normal range (>=80% of predicted value)?

☐ yes ☐ no

152 Was oxygen desaturation present on exercize testing?

☐ yes ☐ no ☐ Unknown

153 Was ground glass appearance present on chest x-ray?

☐ yes ☐ no ☐ Unknown

154 Was a high resolution chest CT scan performed?

☐ yes ☐ no ☐ Unknown

155 Was ground glass appearance present on CT scan?

☐ yes ☐ no ☐ Unknown

156 Was bronchoalveolar lavage (BAL) performed?

☐ yes ☐ no ☐ Unknown

157 Was alveolitis present?

☐ yes ☐ no

158 Specify the highest percentage of neutrophils present in the \_\_\_\_\_ % segments tested:

159 Was pulmonary artery hypertension present?

☐ yes ☐ no ☐ Unknown

160 Specify the mean pulmonary artery pressure (PAP) level:

☐ Known ☐ Unknown

161 \_\_\_\_\_ mm / Hg

162 Specify the method used to examine the PAP level:

☐ echocardiogram ☐ catheterization

163 Was systemic hypertension present that required treatment?

☐ yes ☐ no ☐ Unknown

Specify treatment(s) given for hypertension:

164 ACE inhibitor

☐ yes ☐ no

165 Other antihypertensive therapy

☐ yes ☐ no

166 Specify antihypertensive therapy: \_\_\_\_\_

167 Specify the duration of antihypertensive therapy: \_\_\_\_\_ months

168 Was arrhythmia present that required treatment?

☐ yes ☐ no ☐ Unknown

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CRID:

169 Was an echocardiogram performed prior to mobilization therapy for stem cell collection?

yes no Unknown

170 Was pericardial effusion present?

yes no Unknown

171 Specify the size of the area of accumulated excess fluid:

small moderate large

172 Specify the left ventricular ejection fraction:

Known Not known

173 %

174 Was a multiple gate acquisition scan (MUGA test / nuclear ventriculography) performed prior to mobilization therapy for stem cell collection?

yes no Unknown

175 Specify the left ventricular ejection fraction: %

176 Did the recipient complete a modified Health Assessment Questionnaire (HAQ) for Scleroderma prior to mobilazation therapy for stem cell collection? Steen VD, Medsger Jr. TA. The value of the Health Assessment Questionnaire and special patient-generated scales to demonstrate change in systemic sclerosis patients over time. Arthritis Rheum 1997; 40 (11): 1984-1991.

yes no Unknown

177 Recipient's score:

178 Worst possible score:

179 Best possible score:

Most Recent Disease Assessment Prior to the Start of the Preparative Regimen

Questions: 180 - 212

Information for this section should come from the most recent evaluation performed < 2 weeks prior to the preparative regimen. If the recipient was not evaluated prior to the preparative regimen, check here and continue with question 268.

180 Date of evaluation prior to the preparative regimen: - - - - - - - -

181 What was the extent of cutaneous systemic sclerosis prior to the start of the preparative regimen?

limited (cutaneous thickening distal (but not proximal) to elbows or knees)  
diffuse  
Unknown

Specify skin thickness for the following sites as determined by clinical palpation performed prior to the start of the preparative regimen: Clements P, Lachenbruch P, Seibold J, White B, Weiner S, Martin R, et al. Inter and intraobserver variability of total skin thickness score (modified Rodnan TSS) in systemic sclerosis. J Rheumatol 1995; 22:1281-1285.

182 Face

score 0 - Normal  
score 1 - Mild  
score 2 - Moderate  
score 3 - Severe (inability to pinch skin into a fold)





183 Anterior chest

score 0 - Normal  
score 1 - Mild  
score 2 - Moderate  
score 3 - Severe (inability to pinch skin into a fold)





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184 Abdomen

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





185 Upper arm - left

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





186 Upper arm - right

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





187 Forearms - left

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





188 Forearms - right

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)

189 Dorsum of hand - left

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





190 Dorsum of hand - right

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





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191 Fingers - left

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





192 Fingers - right

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





193 Thigh - left

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





194 Thigh - right

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)





195 Lower leg - left

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)

196 Lower leg - right

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)

197 Dorsum of foot - left

-  score 0 - Normal
-  score 1 - Mild
-  score 2 - Moderate
-  score 3 - Severe (inability to pinch skin into a fold)

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Center:

CRID:

198 Dorsum of foot - right

score 0 - Normal

score 1 - Mild

score 2 - Moderate

score 3 - Severe (inability to pinch skin into a fold)

199 Total modified Rodnan Skin Score: (add scores from questions 182-198) \_\_\_\_\_

Specify the following clinical findings prior to the start of the preparative regimen:

200 Changes in skin pigmentation:

Present Absent Unknown

201 Raynaud's phenomenon:

Present Absent Unknown

202 Painful digital ulcers:

Present Absent Unknown

203 Specify number of digital ulcers: \_\_\_\_\_

204 Gut dysmotility:

Present Absent Unknown

205 Malabsorption:

Present Absent Unknown

206 Weight loss > 10% of body weight:

Present Absent Unknown

207 Muscle weakness:

Present Absent Unknown

208 Joint tenderness:

Present Absent Unknown

209 Specify number of joints affected: \_\_\_\_\_

210 Tendon friction rubs:

Present Absent Unknown

211 Specify the number of sites affected: \_\_\_\_\_

212 Contractures:

Present Absent Unknown

Laboratory Studies Prior to the Start of the Preparative Regimen

Questions: 213 - 263

213 Date lab studies were performed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

214 Creatinine clearance:

Known Not known

215 \_\_\_\_\_ mL/min mL/sec

216 Creatinine phosphokinase:

Known Not known

217 \_\_\_\_\_ U/L µkat/L

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218 Blood urea nitrogen:

☐ Known ☐ Not known

219 \_\_\_\_\_ ☐ mg/dL ☐ mmol/L

220 Was there evidence of hematuria prior to the start of the preparative regimen?

☐ yes, present ☐ no, absent ☐ Unknown

221 Was there evidence of proteinuria prior to the start of the preparative regimen?

☐ yes, present ☐ no, absent ☐ Unknown

222 Thyroid stimulating hormone (TSH):

☐ Known ☐ Not known

223 \_\_\_\_\_ ☐ mU/L ☐ µU/ml

224 Was any testing for autoantibodies performed prior to the start of the preparative regimen?

☐ yes ☐ no ☐ Unknown

Specify the test results for the following autoantibodies:

225 Anti-centromere:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

226 Anti-DNA topoisomerase I (Scl-70):

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

227 Anti-nuclear:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

228 Anti-SS-A:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

229 Anti-SS-B:

☐ Positive ☐ Negative ☐ Inconclusive ☐ not tested / unknown

Specify the results of the following pulmonary function tests performed prior to the start of the preparative regimen:

230 Was dyspnea present on exertion?

☐ yes ☐ no ☐ Unknown

231 Vital capacity (VC):

☐ Known ☐ Not known

232 \_\_\_\_\_ % (predicted value)

233 Was the actual VC value in the normal range  
(>= 80% of predicted value)?

☐ yes ☐ no

234 D<sup>l</sup>CO:

☐ Known ☐ Not known

235 \_\_\_\_\_ % (predicted value)

236 Was the actual D<sup>l</sup>CO: value in the normal range  
(>= 80% of the predicted value)?

☐ yes ☐ no

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237 D<sup>L</sup>CO corrected for hemoglobin:

☐ Known ☐ Not known

238 \_\_\_\_\_ % (predicted value)

239 Was the D<sup>L</sup>CO value (corrected for hemoglobin) in the normal range (>= 80% of predicted value)?

☐ yes ☐ no

240 Was oxygen desaturation present on exercise testing?

☐ yes ☐ no ☐ Unknown

241 Was ground glass appearance present on chest x-ray?

☐ yes ☐ no ☐ Unknown

242 Was a high resolution chest CT performed?

☐ yes ☐ no ☐ Unknown

243 Was ground glass appearance present on CT scan?

☐ yes ☐ no ☐ Unknown

244 Was bronchoalveolar lavage (BAL) performed?

☐ yes ☐ no ☐ Unknown

245 Was alveolitis present?

☐ yes ☐ no

246 Specify the highest percentage of neutrophils present in the segments tested: \_\_\_\_\_ %

247 Was pulmonary artery hypertension present?

☐ yes ☐ no ☐ Unknown

248 Specify the mean pulmonary artery pressure (PAP) level:

☐ Known ☐ Not known

249 \_\_\_\_\_ mm / Hg

250 Specify the method used to examine the PAP level:

☐ echocardiogram ☐ catheterization

251 Was systemic hypertension present that required treatment?

☐ yes ☐ no ☐ Unknown

Specify treatment(s) given for hypertension:

252 ACE inhibitor

☐ yes ☐ no

253 Other antihypertensive therapy

☐ yes ☐ no

254 Specify antihypertensive therapy: \_\_\_\_\_

255 Specify the duration of antihypertensive therapy: \_\_\_\_\_ months

256 Was arrhythmia present that required treatment?

☐ yes ☐ no ☐ Unknown

257 Was an echocardiogram performed prior to the start of the preparative regimen?

☐ yes ☐ no ☐ Unknown



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Center: CRID:

258 Was pericardial effusion present?

yes no Unknown

259 Specify the size of the area of accumulated excess fluid:

small moderate large

260 Specify the left ventricular ejection fraction:

Known Not known

261 %

262 Was a multiple gate acquisition scan (MUGA test / nuclear ventriculography) performed prior to the start of the preparative regimen?

yes no Unknown

263 Sepcify the left ventricular ejection fraction: %

Functional Assessment Prior to the Start of the Preparative Regimen

Questions: 264 - 274

264 Did the recipient complete a modified Health Assessment Questionnaire (HAQ) for Scleroderma prior to the start of the preparative regimen? Steen VD, Medsger Jr. TA. The value of the Health Assessment Questionnaire and special patient-generated scales to demonstrate change in systemic sclerosis patients over time. Arthritis Rheum 1997; 40 (11): 1984-1991.

yes no Unknown

265 Recipient's score:

266 Worst possible score:

267 Best possible score:

Specify the site(s) of disease involvement which were included in the primary indication(s) to proceed with HSCT:

268 Gastrointestinal (GI) tract

yes no Unknown

269 Heart

yes no Unknown

270 Lungs

yes no Unknown

271 Severe functional impairment

yes no Unknown

272 Skin

yes no Unknown

273 Other site of disease

yes no Unknown

274 Specify site of disease:

First Name: Last Name:

Phone number: Fax number:

E-mail address: