



University of California San Francisco  
The ITS Academic Research Systems

## AASLD Autoimmune Pilot

Codebook ▾

### Data Dictionary Codebook

10/15/2018 9:39am

| #  | Variable / Field Name  | Field Label<br><i>Field Note</i>  | Field Attributes (Field Type, Validation, Choices, Calculations, etc.)  |   |            |   |                   |   |           |
|--|--|---|---|---|------------|---|-------------------|---|-----------|
| Instrument: <b>Demographics</b> (demographics) |  |   |   |   |            |   |                   |   |           |
| 1  | aasld_id   | AASLD ID  | text  |   |            |   |                   |   |           |
| 2  | ind_id   | Indiana sample ID   | text  |   |            |   |                   |   |           |
| 3  | case_hl_du   | Is this a Case (AIH) , a Control (Healthy) or a Duplicate?  | radio <table><tr><td>1</td><td>Case (AIH)</td></tr><tr><td>2</td><td>Control (Healthy)</td></tr><tr><td>3</td><td>Duplicate</td></tr></table> | 1 | Case (AIH) | 2 | Control (Healthy) | 3 | Duplicate |
| 1  | Case (AIH)   |   |   |   |            |   |                   |   |           |
| 2  | Control (Healthy)  |   |   |   |            |   |                   |   |           |
| 3  | Duplicate  |   |   |   |            |   |                   |   |           |
| 4  | du<br><br>Show the field ONLY if:<br>[case_hl_du] = '3'      | Enter here the duplicate associated with this ID<br><i>Enter Indiana ID. If other entry for this patient is complete, then OK to stop here.</i> | text  |   |            |   |                   |   |           |
| 5  | du_stop<br><br>Show the field ONLY if:<br>[case_hl_du] = '3' | IF THE DUPLICATE FORMS ARE ALREADY COMPLETED, YOU CAN STOP NOW!   | descriptive   |   |            |   |                   |   |           |
| 6  | sex  | Sex   | radio <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Other</td></tr></table>                      | 1 | Male       | 2 | Female            | 3 | Other     |
| 1  | Male   |   |   |   |            |   |                   |   |           |
| 2  | Female   |   |   |   |            |   |                   |   |           |
| 3  | Other  |   |   |   |            |   |                   |   |           |
| 7  | other_sex<br><br>Show the field ONLY if:<br>[sex] = '3'      | Specify<br><i>e.g. male to female transgender</i>   | text  |   |            |   |                   |   |           |

|   |   |  |   |   |                    |   |                        |   |          |   |              |   |                        |
|---|---|--|---|---|--------------------|---|------------------------|---|----------|---|--------------|---|------------------------|
| 8   | race  | Race   | dropdown <table border="1"> <tr><td>1</td><td>White</td></tr> <tr><td>2</td><td>Black</td></tr> <tr><td>3</td><td>Asian</td></tr> <tr><td>4</td><td>Other</td></tr> </table>  | 1 | White              | 2 | Black                  | 3 | Asian    | 4 | Other        |   |                        |
| 1   | White   |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 2   | Black   |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 3   | Asian   |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 4   | Other   |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 9   | other_race<br>Show the field ONLY if:<br>[race] = '4'     | Specify  | text  |   |                    |   |                        |   |          |   |              |   |                        |
| 10  | ethn  | Ethnicity  | dropdown <table border="1"> <tr><td>1</td><td>Hispanic or Latino</td></tr> <tr><td>2</td><td>Not Hispanic or Latino</td></tr> </table>  | 1 | Hispanic or Latino | 2 | Not Hispanic or Latino |   |          |   |              |   |                        |
| 1   | Hispanic or Latino  |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 2   | Not Hispanic or Latino                                    |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 11  | notes   | General Notes<br><i>General comments on case</i>                                     | notes   |   |                    |   |                        |   |          |   |              |   |                        |
| 12  | demographics_complete                                     | Section Header: <i>Form Status</i><br>Complete?                                      | dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>   | 0 | Incomplete         | 1 | Unverified             | 2 | Complete |   |              |   |                        |
| 0   | Incomplete  |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 1   | Unverified  |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 2   | Complete  |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| Instrument: <b>AIH Baseline (data around the time of diagnosis)</b><br>(aih_baseline_data_around_the_time_of_diagnosis) |   |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 13  | mo_yr_dx  | Month and Year of AIH diagnosis<br><i>month&amp;year only, enter 1 for day</i>       | text (date_dmy)   |   |                    |   |                        |   |          |   |              |   |                        |
| 14  | aih_type  | Type of AIH  | radio <table border="1"> <tr><td>0</td><td>Unknown</td></tr> <tr><td>1</td><td>Type I</td></tr> <tr><td>2</td><td>Type 2</td></tr> <tr><td>3</td><td>Drug-induced</td></tr> <tr><td>4</td><td>Other (please specify)</td></tr> </table> | 0 | Unknown            | 1 | Type I                 | 2 | Type 2   | 3 | Drug-induced | 4 | Other (please specify) |
| 0   | Unknown   |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 1   | Type I  |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 2   | Type 2  |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 3   | Drug-induced  |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 4   | Other (please specify)                                    |  |   |   |                    |   |                        |   |          |   |              |   |                        |
| 15  | susp_med<br>Show the field ONLY if:<br>[aih_type] = '3'   | Suspected Medication<br><i>which med possibly caused AIH</i>                         | text  |   |                    |   |                        |   |          |   |              |   |                        |
| 16  | other_spec<br>Show the field ONLY if:<br>[aih_type] = '4' | Other Type of AIH<br><i>Please comment on type of AIH if not Type I, II, or DILI</i> | notes   |   |                    |   |                        |   |          |   |              |   |                        |

|    |   |  |   |   |     |   |    |   |         |
|----|---|--|---|---|-----|---|----|---|---------|
| 17 | ai_dz   | Does the patient have a concomitant autoimmune disorder?   | <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Unknown</td></tr></table> | 1 | Yes | 2 | No | 3 | Unknown |
| 1  | Yes   |  |   |   |     |   |    |   |         |
| 2  | No  |  |   |   |     |   |    |   |         |
| 3  | Unknown   |  |   |   |     |   |    |   |         |
| 18 | ai_dz_lis<br><br>Show the field ONLY if:<br>[ai_dz] = '1' | If yes, then please list   | notes   |   |     |   |    |   |         |
| 19 | igg_bl  | Total IgG titer before treatment initiation (mg/dl)<br><i>700 to 1500 mg/dL</i>  | text  |   |     |   |    |   |         |
| 20 | ast_bl  | AST before treatment initiation (U/L)<br><i>13 to 39 U/L</i>   | text  |   |     |   |    |   |         |
| 21 | alt_bl  | ALT before treatment initiation (U/L)<br><i>7 to 52 U/L</i>  | text  |   |     |   |    |   |         |
| 22 | alp_bl  | AlkPhos before treatment initiation (U/L)<br><i>15 to 125 U/L</i>  | text  |   |     |   |    |   |         |
| 23 | tbili_bl  | Total Bilirubin before treatment initiation (mg/dL)<br><i>0.0 to 1.0 mg/dL</i>   | text  |   |     |   |    |   |         |
| 24 | inr_bl  | INR (ratio - no units)<br><i>&lt; 1 PT 9.3 - 13.5</i>  | text  |   |     |   |    |   |         |
| 25 | cr_bl   | Creatinine (mg/dL)<br><i>0.80 to 1.40 mg/dL</i>  | text  |   |     |   |    |   |         |
| 26 | alb_bl  | Albumin (g/dL)<br><i>3.5 to 5.0 g/dL</i>   | text  |   |     |   |    |   |         |
| 27 | plt_bl  | Platelets (k - or 1,000/uL)<br><i>150 to 450</i>   | text  |   |     |   |    |   |         |
| 28 | ana_bl  | ANA Titer (Ratio)<br><i>&lt; 1: 40</i>   | text  |   |     |   |    |   |         |
| 29 | actin_bl  | Actin (Smooth Muscle) IgG Antibody (Units)<br><i>&lt; 1: 20</i>  | text  |   |     |   |    |   |         |
| 30 | lkm_bl  | Anti Liver Kidney Microsome 1 (ALKM1)<br><br>< 20 U (performed at Mayo Clinic as a send out)<br>20.1 - 24.9 Equivocal<br>> 25 Units Positive | text  |   |     |   |    |   |         |
| 31 | sla   | Anti-SLA<br><i>anti-SLA titer, if available</i>  | text  |   |     |   |    |   |         |
| 32 | ama_bl  | AMA titer<br><i>&lt; 1: 20</i>   | text  |   |     |   |    |   |         |

|    |  |  |   |   |                            |   |                             |   |             |   |         |
|----|--|--|---|---|----------------------------|---|-----------------------------|---|-------------|---|---------|
| 33 | bx_bl  | Liver Biopsy Performed?  | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>   | 1 | Yes                        | 0 | No                          |   |             |   |         |
| 1  | Yes  |  |   |   |                            |   |                             |   |             |   |         |
| 0  | No   |  |   |   |                            |   |                             |   |             |   |         |
| 34 | bx_bl_rpt<br><br>Show the field ONLY if:<br>[bx_bl] = '1'  | Liver biopsy report (redacted, if available)<br><i>Redacted, if available</i>  | file  |   |                            |   |                             |   |             |   |         |
| 35 | bx_infl_bl<br><br>Show the field ONLY if:<br>[bx_bl] = '1' | Liver Biopsy Inflammation Grade  | text  |   |                            |   |                             |   |             |   |         |
| 36 | bx_fib_bl<br><br>Show the field ONLY if:<br>[bx_bl] = '1'  | Liver Biopsy Fibrosis Stage  | text (number)   |   |                            |   |                             |   |             |   |         |
| 37 | bx_sys_bl<br><br>Show the field ONLY if:<br>[bx_bl] = '1'  | Liver Biopsy Scoring System<br><i>e.g. Ishak, Bhatts Ludwig, etc.</i>  | text  |   |                            |   |                             |   |             |   |         |
| 38 | te_bl  | TE (Fibroscan) kPa<br><i>6 mos before or after diagnosis</i>   | text (number)   |   |                            |   |                             |   |             |   |         |
| 39 | imag_bl  | Imaging Report (redacted, if available)  | file  |   |                            |   |                             |   |             |   |         |
| 40 | ov_fib_bl  | Overall Fibrosis Staging at time of AIH diagnosis (scale 0-4, use 1.5 for stage 1-2)<br><i>+/- 6 months from diagnosis</i> | text  |   |                            |   |                             |   |             |   |         |
| 41 | comm_fib_bl  | Comments about Fibrosis Stage around Diagnosis<br><i>e.g., collapse, outside hospital</i>                                  | notes   |   |                            |   |                             |   |             |   |         |
| 42 | viral  | Viral Hepatitis<br><i>Does the patient have viral hepatitis?</i>   | radio<br><table><tr><td>0</td><td>Absence of Viral Hepatitis</td></tr><tr><td>1</td><td>Presence of Viral Hepatitis</td></tr></table>   | 0 | Absence of Viral Hepatitis | 1 | Presence of Viral Hepatitis |   |             |   |         |
| 0  | Absence of Viral Hepatitis                                 |  |   |   |                            |   |                             |   |             |   |         |
| 1  | Presence of Viral Hepatitis                                |  |   |   |                            |   |                             |   |             |   |         |
| 43 | etoh   | Alcohol Intake<br><i>14 g alcohol = 12 oz beer, 5 oz wine, 1.5 oz spirits</i>  | radio<br><table><tr><td>0</td><td>&lt; 25 g daily</td></tr><tr><td>1</td><td>25-60 g daily</td></tr><tr><td>2</td><td>&gt;60 g daily</td></tr><tr><td>3</td><td>Unknown</td></tr></table> | 0 | < 25 g daily               | 1 | 25-60 g daily               | 2 | >60 g daily | 3 | Unknown |
| 0  | < 25 g daily   |  |   |   |                            |   |                             |   |             |   |         |
| 1  | 25-60 g daily  |  |   |   |                            |   |                             |   |             |   |         |
| 2  | >60 g daily  |  |   |   |                            |   |                             |   |             |   |         |
| 3  | Unknown  |  |   |   |                            |   |                             |   |             |   |         |
| 44 | toxin  | Is there exposure to hepatotoxic drugs?<br><i>for IAIHG score</i>  | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>Unknown</td></tr></table>  | 0 | No                         | 1 | Yes                         | 2 | Unknown     |   |         |
| 0  | No   |  |   |   |                            |   |                             |   |             |   |         |
| 1  | Yes  |  |   |   |                            |   |                             |   |             |   |         |
| 2  | Unknown  |  |   |   |                            |   |                             |   |             |   |         |

|  |   |  |  |   |                                   |   |                             |   |          |
|--|---|--|--|---|-----------------------------------|---|-----------------------------|---|----------|
| 45   | diag_sys  | Diagnostic Score   | radio <table border="1"> <tr> <td>0</td> <td>Revised Original IAIHG Score 1999</td> </tr> <tr> <td>1</td> <td>Simplified IAIHG Score 2008</td> </tr> <tr> <td>2</td> <td>Other</td> </tr> </table> | 0 | Revised Original IAIHG Score 1999 | 1 | Simplified IAIHG Score 2008 | 2 | Other    |
| 0  | Revised Original IAIHG Score 1999                           |  |  |   |                                   |   |                             |   |          |
| 1  | Simplified IAIHG Score 2008                                 |  |  |   |                                   |   |                             |   |          |
| 2  | Other   |  |  |   |                                   |   |                             |   |          |
| 46   | revorig<br>Show the field ONLY if:<br>[diag_sys] = '0'      | Revised Original IAIHG Score 1999<br><i>J Hep Nov 1999</i>   | text (number)  |   |                                   |   |                             |   |          |
| 47   | simpl<br>Show the field ONLY if:<br>[diag_sys] = '1'        | Simplified IAIHG Score 2008<br><i>Hepatology July 2008, PMID 18537184</i>  | text (integer)   |   |                                   |   |                             |   |          |
| 48   | oth_diag_sys<br>Show the field ONLY if:<br>[diag_sys] = '2' | Specify the Scoring System and Diagnostic Score  | notes  |   |                                   |   |                             |   |          |
| 49   | aih_baseline_data_around_the_time_of_diagnosis_complete     | Section Header: <i>Form Status</i><br>Complete?  | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>                                   | 0 | Incomplete                        | 1 | Unverified                  | 2 | Complete |
| 0  | Incomplete  |  |  |   |                                   |   |                             |   |          |
| 1  | Unverified  |  |  |   |                                   |   |                             |   |          |
| 2  | Complete  |  |  |   |                                   |   |                             |   |          |
| Instrument: <b>AIH at Sample Collection</b> (aih_at_sample_collection) |   |  |  |   |                                   |   |                             |   |          |
| 50   | age_coll  | Age at sample collection<br><i>Age in years</i>  | text   |   |                                   |   |                             |   |          |
| 51   | date_coll   | Date of sample collection  | text (date_dmy)  |   |                                   |   |                             |   |          |
| 52   | on_tx   | Was the patient on an AIH medication regimen at the time of sample collection?   | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>   | 1 | Yes                               | 0 | No                          |   |          |
| 1  | Yes   |  |  |   |                                   |   |                             |   |          |
| 0  | No  |  |  |   |                                   |   |                             |   |          |
| 53   | igg_coll  | Section Header: <i>Labs at time of sample collection. If different from date of research specimen collection, please note date in comments for each lab result.</i><br><br>Total IgG Titer (mg/dL)<br><i>700 to 1500 mg/dL</i> | text   |   |                                   |   |                             |   |          |
| 54   | ast_coll  | AST (U/L)<br><i>13 to 39 U/L</i>   | text   |   |                                   |   |                             |   |          |
| 55   | alt_coll  | ALT (U/L)<br><i>7 to 52 U/L</i>  | text   |   |                                   |   |                             |   |          |
| 56   | alp_coll  | AlkPhos (U/L)<br><i>15 to 125 U/L</i>  | text   |   |                                   |   |                             |   |          |
| 57   | tbili_coll  | Total Bilirubin (mg/dL)<br><i>0.0 to 1.0 mg/dL</i>   | text   |   |                                   |   |                             |   |          |

|    |   |   |   |   |     |   |    |
|----|---|---|---|---|-----|---|----|
| 58 | inr_coll  | INR (ratio - no units)<br>< 1 PT 9.3 - 13.5   | text  |   |     |   |    |
| 59 | cr_coll   | Creatinine (mg/dL)<br>0.80 to 1.40 mg/dL  | text  |   |     |   |    |
| 60 | alb_coll  | Albumin (g/dL)<br>3.5 to 5.0 g/dL   | text  |   |     |   |    |
| 61 | wbc_coll  | WBC   | text  |   |     |   |    |
| 62 | neut_coll   | Absolute Neutrophils (k/uL)<br>normal range 1.7-7.5   | text  |   |     |   |    |
| 63 | lymph_coll  | Absolute Lymphocytes (k/uL)<br>normal range 1.0-3.2   | text  |   |     |   |    |
| 64 | mono_coll   | Absolute Monocytes (k/uL)<br>normal range 0.1-1.3   | text  |   |     |   |    |
| 65 | eos_coll  | Absolute Eosinophils (k/uL)<br>normal range 0-0.3   | text  |   |     |   |    |
| 66 | baso_coll   | Absolute Basophils (k/uL)<br>normal range 0-0.2   | text  |   |     |   |    |
| 67 | hb_coll   | Hemoglobin  | text  |   |     |   |    |
| 68 | plt_coll  | Platelets (k - or 1,000/uL)<br>150 to 450   | text  |   |     |   |    |
| 69 | imag_coll   | Section Header: <i>Fibrosis Assessment Around Time of Specimen Collection</i><br><br>Imaging Report<br>(redacted, if available) | file  |   |     |   |    |
| 70 | te_coll   | Transient Elastography (Fibroscan) Score<br>sample date +/- 6 months  | text (number)   |   |     |   |    |
| 71 | bx_bl_coll  | Liver Biopsy Performed at time of Biospecimen Collection?<br>+/- 6 months   | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No |
| 1  | Yes   |   |   |   |     |   |    |
| 0  | No  |   |   |   |     |   |    |
| 72 | bx_coll<br><br>Show the field ONLY if:<br>[bx_bl_coll] = '1'      | Liver biopsy report (redacted, if available)  | file  |   |     |   |    |
| 73 | bx_infl_coll<br><br>Show the field ONLY if:<br>[bx_bl_coll] = '1' | Biopsy Inflammation Grade   | text  |   |     |   |    |
| 74 | bx_fib_coll<br><br>Show the field ONLY if:<br>[bx_bl_coll] = '1'  | Biopsy Fibrosis Stage   | text  |   |     |   |    |

|  |  |  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
|--|--|--|--|---|-------------|------------|-----------------------------|-------------|-----------------------------|---|-------------|------------------|---|-------------|------------|---|-------------|---------------------|---|-------------|------------|---|-------------|--------------|---|-------------|-------|
| 75   | bx_sys_coll<br>Show the field ONLY if:<br>[bx_bl_coll] = '1' | Liver Biopsy Scoring System<br><i>e.g. Ishak, Bhatts Ludwig, etc.</i>  | text   |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 76   | ov_fib_coll  | Overall Fibrosis Stage at Sample Collection (0-4, use 2.5 for stage 2-3)<br><i>+/- 6 months from specimen collection date</i>            | text   |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 77   | comm_fib_coll  | Comments about Fibrosis Assessment Around Time of Sample Collection<br><i>e.g. not done, unreliable in setting of inflammation, etc.</i> | notes  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 78   | aih_at_sample_collection_complete                            | Section Header: <i>Form Status</i><br>Complete?  | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>   | 0 | Incomplete  | 1          | Unverified                  | 2           | Complete                    |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 0  | Incomplete   |  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 1  | Unverified   |  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 2  | Complete   |  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| Instrument: <b>AIH Treatment Regimens</b> (aih_treatment_regimens) |  |  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 79   | reg_coll   | AIH medications at the time of sample collection (check ALL that apply)<br><i>regimen@collection</i>                                     | checkbox <table border="1"> <tr> <td>1</td> <td>reg_coll__1</td> <td>Prednisone</td> </tr> <tr> <td>2</td> <td>reg_coll__2</td> <td>Azathioprine</td> </tr> <tr> <td>3</td> <td>reg_coll__3</td> <td>6-Mercaptopurine</td> </tr> <tr> <td>4</td> <td>reg_coll__4</td> <td>Budesonide</td> </tr> <tr> <td>5</td> <td>reg_coll__5</td> <td>Mycophenolate (MMF)</td> </tr> <tr> <td>6</td> <td>reg_coll__6</td> <td>Tacrolimus</td> </tr> <tr> <td>7</td> <td>reg_coll__7</td> <td>Prednisolone</td> </tr> <tr> <td>8</td> <td>reg_coll__8</td> <td>Other</td> </tr> </table> | 1 | reg_coll__1 | Prednisone | 2                           | reg_coll__2 | Azathioprine                | 3 | reg_coll__3 | 6-Mercaptopurine | 4 | reg_coll__4 | Budesonide | 5 | reg_coll__5 | Mycophenolate (MMF) | 6 | reg_coll__6 | Tacrolimus | 7 | reg_coll__7 | Prednisolone | 8 | reg_coll__8 | Other |
| 1  | reg_coll__1  | Prednisone   |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 2  | reg_coll__2  | Azathioprine   |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 3  | reg_coll__3  | 6-Mercaptopurine   |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 4  | reg_coll__4  | Budesonide   |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 5  | reg_coll__5  | Mycophenolate (MMF)  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 6  | reg_coll__6  | Tacrolimus   |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 7  | reg_coll__7  | Prednisolone   |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 8  | reg_coll__8  | Other  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 80   | aza_dose<br>Show the field ONLY if:<br>[reg_coll(2)] = '1'   | If on Azathioprine, please enter the dose in mg<br><i>mg</i>   | text   |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 81   | other_meds<br>Show the field ONLY if:<br>[reg_coll(8)] = '1' | Other medications at time of sample collection:<br><i>Please indicate names</i>  | notes  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 82   | pred_dose  | If on prednisone or prednisolone, what dose?<br><i>dose of systemic corticosteroids</i>  | radio <table border="1"> <tr> <td>0</td> <td>unknown</td> </tr> <tr> <td>1</td> <td>&lt; 30mg predniso(lo)ne daily</td> </tr> <tr> <td>2</td> <td>&gt;=30mg predniso(lo)ne daily</td> </tr> </table>   | 0 | unknown     | 1          | < 30mg predniso(lo)ne daily | 2           | >=30mg predniso(lo)ne daily |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 0  | unknown  |  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 1  | < 30mg predniso(lo)ne daily                                  |  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 2  | >=30mg predniso(lo)ne daily                                  |  |  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |
| 83   | durn_reg   | How long (in months) has the patient been on regimen as of time of sample collection?<br><i>in months</i>                                | notes  |   |             |            |                             |             |                             |   |             |                  |   |             |            |   |             |                     |   |             |            |   |             |              |   |             |       |

|    |   |  |   |   |   |   |  |   |                             |
|----|---|--|---|---|---|---|--|---|-----------------------------|
| 84 | date_resp   | Section Header: <i>Response to Regimen@Collection</i><br>(usually 6-12 months after initiation)<br><br>Date treatment response was assessed<br><i>date of labs, usually 6-12 months after treatment initiation</i> | text (date_dmy)   |   |   |   |  |   |                             |
| 85 | ast_resp  | AST (U/L)<br><i>13-39 U/L</i>  | text  |   |   |   |  |   |                             |
| 86 | alt_resp  | ALT (U/L)<br><i>7- 52 U/L</i>  | text  |   |   |   |  |   |                             |
| 87 | tbili_resp  | Total Bilirubin (mg/dL)<br><i>0.0-1.0 mg/dL</i>  | text  |   |   |   |  |   |                             |
| 88 | alp_resp  | AlkPhos (U/L)<br><i>15-125 U/L</i>   | text  |   |   |   |  |   |                             |
| 89 | igg_resp  | IgG Titer (mg/dL)<br><i>700- 1500 mg/dL</i>  | text  |   |   |   |  |   |                             |
| 90 | other_resp  | Other Ways Treatment Response was Assessed<br><i>Please specify test and results</i>   | notes   |   |   |   |  |   |                             |
| 91 | response  | Response to regimen@collection<br><i>p 6-12mo tx</i>   | radio <table border="1"> <tr> <td>1</td> <td>Complete (ALT &lt; 20 for women, &lt; 31 men)</td> </tr> <tr> <td>2</td> <td>Partial (20 for women or 31 for men up to 2xULN)</td> </tr> <tr> <td>3</td> <td>Non-Responder (above 2xULN)</td> </tr> </table> | 1 | Complete (ALT < 20 for women, < 31 men) | 2 | Partial (20 for women or 31 for men up to 2xULN) | 3 | Non-Responder (above 2xULN) |
| 1  | Complete (ALT < 20 for women, < 31 men)                           |  |   |   |   |   |  |   |                             |
| 2  | Partial (20 for women or 31 for men up to 2xULN)                  |  |   |   |   |   |  |   |                             |
| 3  | Non-Responder (above 2xULN)                                       |  |   |   |   |   |  |   |                             |
| 92 | relapse   | Did this patient experience a relapse while on the AIHregimen@collection (e.g. AST > 3x upper limit of normal)?<br><i>e.g. requiring dose adjustment or steroid burst</i>  | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes                                     | 0 | No   |   |                             |
| 1  | Yes   |  |   |   |   |   |  |   |                             |
| 0  | No  |  |   |   |   |   |  |   |                             |
| 93 | prior_reg   | Section Header: <i>Prior AIH Regimens</i><br><br>Was pt on a different regimen(s) prior to the regimen@collection?   | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes                                     | 0 | No   |   |                             |
| 1  | Yes   |  |   |   |   |   |  |   |                             |
| 0  | No  |  |   |   |   |   |  |   |                             |
| 94 | prior_aihmeds<br><br>Show the field ONLY if:<br>[prior_reg] = '1' | Please specify prior regimen(s)<br><i>Please indicate med name(s)</i>  | notes   |   |   |   |  |   |                             |
| 95 | diff_treat  | Did this patient ever require a change in AIH meds due to inadequate treatment response?<br><i>i.e. require 2nd or 3rd line therapy</i>  | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes                                     | 0 | No   |   |                             |
| 1  | Yes   |  |   |   |   |   |  |   |                             |
| 0  | No  |  |   |   |   |   |  |   |                             |
| 96 | aih_treatment_regimens_complete                                   | Section Header: <i>Form Status</i><br><br>Complete?  | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>  | 0 | Incomplete                              | 1 | Unverified                                       | 2 | Complete                    |
| 0  | Incomplete  |  |   |   |   |   |  |   |                             |
| 1  | Unverified  |  |   |   |   |   |  |   |                             |
| 2  | Complete  |  |   |   |   |   |  |   |                             |



| Instrument: <b>AIH Outcomes</b> (aih_outcomes) |   |   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
|--|---|---|---|---|----------------|-------------------|------|----------------|---------|---|----------------|----------------|---|----------------|-----|---|----------------|-------|
| 97   | decomp  | Experienced decompensation?                                 | yesno<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>   | 1 | Yes            | 0                 | No   |                |         |   |                |                |   |                |     |   |                |       |
| 1  | Yes   |   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 0  | No  |   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 98   | date_decomp<br>Show the field ONLY if:<br>[decomp] = '1'          | Approximate date of decompensation                          | text (date_dmy)   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 99   | type_decomp<br>Show the field ONLY if:<br>[decomp] = '1'          | Type of decompensation developed                            | checkbox<br><table border="1"> <tr> <td>1</td> <td>type_decomp__1</td> <td>Variceal Bleeding</td> </tr> <tr> <td>2</td> <td>type_decomp__2</td> <td>Ascites</td> </tr> <tr> <td>3</td> <td>type_decomp__3</td> <td>Encephalopathy</td> </tr> <tr> <td>4</td> <td>type_decomp__4</td> <td>HCC</td> </tr> <tr> <td>5</td> <td>type_decomp__5</td> <td>Other</td> </tr> </table> | 1 | type_decomp__1 | Variceal Bleeding | 2    | type_decomp__2 | Ascites | 3 | type_decomp__3 | Encephalopathy | 4 | type_decomp__4 | HCC | 5 | type_decomp__5 | Other |
| 1  | type_decomp__1  | Variceal Bleeding   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 2  | type_decomp__2  | Ascites   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 3  | type_decomp__3  | Encephalopathy  |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 4  | type_decomp__4  | HCC   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 5  | type_decomp__5  | Other   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 100  | other_decomp<br>Show the field ONLY if:<br>[type_decomp(5)] = '1' | Specify other decompensation?                               | text  |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 101  | lt  | Did the patient undergo liver transplant?                   | yesno<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>   | 1 | Yes            | 0                 | No   |                |         |   |                |                |   |                |     |   |                |       |
| 1  | Yes   |   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 0  | No  |   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 102  | date_lt<br>Show the field ONLY if:<br>[lt] = '1'                  | Approximate date of liver transplant                        | text (date_dmy)   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 103  | last_contact  | Month & Year of Last Contact<br><i>enter 1 for day</i>      | text (date_dmy)   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 104  | alive_dead  | At the last time of contact, was the patient alive or dead? | radio<br><table border="1"> <tr> <td>0</td> <td>alive/censored</td> </tr> <tr> <td>1</td> <td>dead</td> </tr> </table>  | 0 | alive/censored | 1                 | dead |                |         |   |                |                |   |                |     |   |                |       |
| 0  | alive/censored  |   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 1  | dead  |   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 105  | liver_death<br>Show the field ONLY if:<br>[alive_dead] = '1'      | Liver-related death?  | yesno<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>   | 1 | Yes            | 0                 | No   |                |         |   |                |                |   |                |     |   |                |       |
| 1  | Yes   |   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |
| 0  | No  |   |   |   |                |                   |      |                |         |   |                |                |   |                |     |   |                |       |

|  |                                      |   |  |   |            |   |            |   |          |
|--|--------------------------------------|---|--|---|------------|---|------------|---|----------|
| 106  | aih_outcomes_complete                | Section Header: <i>Form Status</i><br>Complete?     | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0  | Incomplete                           |   |  |   |            |   |            |   |          |
| 1  | Unverified                           |   |  |   |            |   |            |   |          |
| 2  | Complete                             |   |  |   |            |   |            |   |          |
| Instrument: <b>Healthy Control Information</b> (healthy_control_information) |                                      |   |  |   |            |   |            |   |          |
| 107  | date_hc                              | Date of blood collection                            | text (date_dmy)  |   |            |   |            |   |          |
| 108  | age_hc                               | Age of Healthy Control at Time of Sample Collection | text   |   |            |   |            |   |          |
| 109  | ast_hc                               | AST (U/L)<br><i>13 to 39</i>                        | text   |   |            |   |            |   |          |
| 110  | alt_hc                               | ALT (U/L)<br><i>7 to 52</i>                         | text   |   |            |   |            |   |          |
| 111  | alkphos_hc                           | AlkPhos (U/L)<br><i>15 to 125</i>                   | text   |   |            |   |            |   |          |
| 112  | tbili_hc                             | Total Bilirubin (mg/dL)<br><i>0.0 to 1.0</i>        | text   |   |            |   |            |   |          |
| 113  | alb_hc                               | Albumin (g/dL)<br><i>3.5 to 5.0</i>                 | text   |   |            |   |            |   |          |
| 114  | bmi_hc                               | BMI (if available)                                  | text   |   |            |   |            |   |          |
| 115  | healthy_control_information_complete | Section Header: <i>Form Status</i><br>Complete?     | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0  | Incomplete                           |   |  |   |            |   |            |   |          |
| 1  | Unverified                           |   |  |   |            |   |            |   |          |
| 2  | Complete                             |   |  |   |            |   |            |   |          |
| Instrument: <b>Sample Information</b> (sample_information)                   |                                      |   |  |   |            |   |            |   |          |
| 116  | bl_coll_dt                           | Blood Collection Date:                              | text (date_dmy)  |   |            |   |            |   |          |
| 117  | spl_plate                            | Sample Assigned Plate:                              | radio <table border="1"> <tr> <td>1</td> <td>AASLD- P01</td> </tr> <tr> <td>2</td> <td>AASLD- P02</td> </tr> </table>  | 1 | AASLD- P01 | 2 | AASLD- P02 |   |          |
| 1  | AASLD- P01                           |   |  |   |            |   |            |   |          |
| 2  | AASLD- P02                           |   |  |   |            |   |            |   |          |
| 118  | spl_posit                            | Sample Assigned Position:                           | text   |   |            |   |            |   |          |
| 119  | splt_type                            | Sample Type:  | text   |   |            |   |            |   |          |
| 120  | dt_isl                               | Date RNA Isolated<br><i>date of rna isolation</i>   | text (date_dmy)  |   |            |   |            |   |          |
| 121  | spl_vl                               | Sample Volume:<br><i>μL</i>                         | text   |   |            |   |            |   |          |
| 122  | sample_information_complete          | Section Header: <i>Form Status</i><br>Complete?     | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0  | Incomplete                           |   |  |   |            |   |            |   |          |
| 1  | Unverified                           |   |  |   |            |   |            |   |          |
| 2  | Complete                             |   |  |   |            |   |            |   |          |

|                                      |                  |   |  |
|--------------------------------------|------------------|---|--|
| Instrument: <b>Results</b> (results) |                  |   |  |
| 123                                  | aws              | Link to AWS Raw data<br><i>RNA Seq Results</i>  | notes  |
| 124                                  | results_complete | Section Header: <i>Form Status</i><br>Complete? | <div>dropdown<div><div>0</div>Incomplete</div><div><div>1</div>Unverified</div><div><div>2</div>Complete</div></div> |