

# CTS COLLABORATIVE TRANSPLANT STUDY

## PANCREAS TRANSPLANT

### Basic Follow up

Transplant Center \_\_\_\_\_

Recipient Name (Last, First) or ID \_\_\_\_\_

Transplant Date (Day/Month/Year) \_\_\_\_\_

#### Clinical Outcome Grades

| Post Tx  | Grade | Post Tx  | Grade |
|----------|-------|----------|-------|
| 3 Months |       | 10 Years |       |
| 6 Months |       | 11 Years |       |
| 1 Year   |       | 12 Years |       |
| 2 Years  |       | 13 Years |       |
| 3 Years  |       | 14 Years |       |
| 4 Years  |       | 15 Years |       |
| 5 Years  |       | 16 Years |       |
| 6 Years  |       | 17 Years |       |
| 7 Years  |       | 18 Years |       |
| 8 Years  |       | 19 Years |       |
| 9 Years  |       | 20 Years |       |

#### Graft Failure Date

\_\_\_\_\_  
(Day/Month/Year)

#### Patient Last Seen

\_\_\_\_\_  
(Day/Month/Year)

#### Death Date

\_\_\_\_\_  
(Day/Month/Year)

#### Cause of Death

- Infection
- Sepsis
- Cardiac / Cardiovascular
- Myocardial Infarction
- Cerebrovascular Accident
- Cancer
- Multi Organ Failure
- Graft Failure
- Other \_\_\_\_\_

Please specify

#### Legend of Grades:

A = excellent graft function, insulin independent, normoglycemic  
P = partial graft function, clinically relevant reduction of insulin requirement

F = graft failure for unclear reason, infection  
I = graft failure due to immunological rejection  
T = technical failure  
N = nonimmunological failure

#### Malignant Tumors

|                                  | 1. Diagnosis   | 2. Diagnosis   | 3. Diagnosis   |
|----------------------------------|--|--|--|
| <b>Diagnosis Date</b> (dd/mm/yy) | -----  | -----  | -----  |
| <b>Diagnosis Text</b>            | -----  | -----  | -----  |
| <b>ICD-10 Code</b>               | -----  | -----  | -----  |
| <b>If Skin (C44)</b> Type        | BCC <input type="checkbox"/> SQCC <input type="checkbox"/>           | BCC <input type="checkbox"/> SQCC <input type="checkbox"/>           | BCC <input type="checkbox"/> SQCC <input type="checkbox"/>           |
| Other (specify)                  | -----  | -----  | -----  |
| <b>If Kaposi</b> Type            | Skin only <input type="checkbox"/> Visceral <input type="checkbox"/> | Skin only <input type="checkbox"/> Visceral <input type="checkbox"/> | Skin only <input type="checkbox"/> Visceral <input type="checkbox"/> |
| <b>If Lymphoma</b> Localization  | -----  | -----  | -----  |
| Type                             | B-Cell <input type="checkbox"/> T-Cell <input type="checkbox"/>      | B-Cell <input type="checkbox"/> T-Cell <input type="checkbox"/>      | B-Cell <input type="checkbox"/> T-Cell <input type="checkbox"/>      |
| <b>If Leukemia</b> Lymphoid      | Acute <input type="checkbox"/> Chronic <input type="checkbox"/>      | Acute <input type="checkbox"/> Chronic <input type="checkbox"/>      | Acute <input type="checkbox"/> Chronic <input type="checkbox"/>      |
| Myeloid                          | Acute <input type="checkbox"/> Chronic <input type="checkbox"/>      | Acute <input type="checkbox"/> Chronic <input type="checkbox"/>      | Acute <input type="checkbox"/> Chronic <input type="checkbox"/>      |
| Other (specify)                  | -----  | -----  | -----  |

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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