

CTS COLLABORATIVE TRANSPLANT STUDY

Immunosuppressive Follow-Up Year After Transplantation

Transplant Center _____ Recipient Name (Last, First) or ID _____ Transplant Date (Day/Month/Year) _____

Current serum **creatinine**: _____ mg/dL or _____ μmol/L Current **blood pressure**: systolic _____ mm Hg
 If liver tx, serum **bilirubin**: _____ mg/dL or _____ μmol/L diastolic _____ mm Hg
 Current **weight** of the patient: _____ kg Is patient on **antihypertensive** drugs (excl diuretics)? no yes
Height of the patient: _____ cm Does patient receive **ACE** inhibitor or **ARBs**? no yes

Was patient **treated for rejection** during the last year? no yes
 If yes: **How many** rejections were treated? 1 2 3 >3 Primary **treatment**: ATG/ALG _____ manufacturer
Date first rejection diagnosed or date rejection treatment started: _____ Day _____ Month _____ Year Monoclonal AB _____ type/manufacturer
 Other _____ specify
Biopsy proven: no yes C4d staining: neg pos not done
 If kidney tx, **Banff** category: normal/nonspecific active ABMR acute TCMR _____
 borderline chronic act. ABMR chronic act. TCMR _____ TCMR grading
 If liver tx, **Banff** TCMR grading: indeterminate mild moderate severe Rejection activity index (RAI): _____
 If heart or lung tx, **ISHLT** acute cellular rejection grading: 0R 1R 2R 3R AMR: 0 1

Was patient tested with **Luminex SA** during the last year? no yes
 If yes: **Class I** neg pos pos beads _____% **DSA** no yes highest MFI _____ Serum date of highest MFI _____ Day _____ Month _____ Year
Class II neg pos pos beads _____% **DSA** no yes highest MFI _____

Current immunosuppressive therapy

	no	yes	Dosage	Trough level	Specify drug	
Cyclosporine	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/day	_____ ng/mL	_____	If switched from one CNI to another CNI during last year: _____
Tacrolimus	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/day	_____ ng/mL	_____	_____ reason
Mycophenolate (MPA)	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/day	_____ μg/mL	_____	
Sirolimus/Rapamycin	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/day	_____ ng/mL	_____	If taken off MPA during last year: _____ If switched from one MPA to another MPA during last year: _____
Everolimus/Certican	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/day	_____ ng/mL	_____	_____ reason _____ reason
Azathioprine	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/day			
Belatacept/Nulojix	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/4weeks			If taken off Nulojix during last year: _____ reason
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/day			Prednisone <input type="checkbox"/> Prednisolone <input type="checkbox"/> Methylprednisolone <input type="checkbox"/> Other <input type="checkbox"/> _____ specify

Other immunosuppressive drugs currently administered: _____

Patient is on **diltiazem**? no yes

If lung tx, bronchiolitis obliterans: no yes
 If heart tx, allograft vasculopathy: no yes
 If liver tx, bile duct complication: no yes

Has this patient currently a **proteinuria**? no yes Current serum **cholesterol Total**: _____ mg/dL or _____ mmol/L
 Is this patient currently a **smoker**? no yes **HDL**: _____ mg/dL or _____ mmol/L
 Is this patient currently treated for **diabetes**? no yes **LDL**: _____ mg/dL or _____ mmol/L
 Is patient on **statin** treatment? no yes

Hospitalization because of **infection** during the last year? no yes

If yes: bacterial _____ specify bacterium
 fungal
 viral CMV Herpes Other _____ specify virus

Date of first hospitalization: _____ Day _____ Month _____ Year

Does this patient currently show evidence of

Osteonecrosis no yes
Osteoporosis no yes
 If yes: mild moderate severe
 Hip fracture (ever) no yes
 If yes: Year _____
Cataract no yes

Aside from graft function **general condition** of the patient:

good moderate poor
 If moderate or poor, indicate reason(s):
 Infections
 Cardiovascular
 Non-adherence
 Obesity
 Other _____ specify

_____ Date

_____ Signature

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