Records

Adult Kidney-Pancreas Transplant Recipient Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 12/31/2011
Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Name:

DOB:

SSN:

Gender:

HIC:

Tx Date:

Previous Follow-Up:

Previous Px Stat Date:

Transplant Discharge Date:

State of Permanent Residence: *

Zip Code: * -

Recipient Center:

Followup Center:

Physician Name: *

NPI#: *

Follow-up Care Provided By: *

- Transplant Center
- Non Transplant Center Specialty Physician
- Primary Care Physician
- Other Specify

Specify:

UNOS Donor ID #:

Donor Type:

Date: Last Seen, Retransplanted or Death *

Patient Status: *

- LIVING
- DEAD
- RETRANSPLANTED

If Retransplanted, choose organ(s):

- Kidney
- Pancreas
- Kidney/Pancreas

Primary Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Hospitalizations:

Has the patient been hospitalized since the last patient status date: *

- YES
- NO
- UNK

Number of Hospitalizations:

ST=

Noncompliance:

Was there evidence of noncompliance with immunosuppression medication during this follow-up period that compromised the patient's recovery:

- YES
- NO
- UNK

Functional Status: *

Physical Capacity:

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

Working for income: *

YES NO UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Academic Progress:

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Academic Activity Level:

- Full academic load
- Reduced academic load

Unable to participate in academics due to disease or condition

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

Primary Insurance at Follow-up: *

Specify:

Height: ft. in. cm ST=

Weight: * lbs. kg ST=

BMI: kg/m^2

Urine Protein Found By Any Method: YES NO UNK

Kidney Graft Status: * Functioning Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

Kidney Date of Failure:

Kidney Primary Cause of Graft Failure:

Specify

Contributory causes of graft failure:

Kidney Acute Rejection YES NO UNK

Kidney Chronic Rejection YES NO UNK

Kidney Graft Thrombosis YES NO UNK

Kidney Infection ○ YES ○ NO ○ UNK

Urological Complications ○ YES ○ NO ○ UNK

Patient Noncompliance ○ YES ○ NO ○ UNK

Recurrent Disease: ○ YES ○ NO ○ UNK

BK (Polyoma) Virus ○ YES ○ NO ○ UNK

Kidney Other Contributory Cause of Graft Failure

If Functioning, Most Recent Serum Creatinine: mg/dl ST=

Dialysis Since Last Follow-Up:

- ○ NO
- ○ YES, RESUMED MAINTENANCE DIALYSIS
- ○ YES, NO MAINTENANCE RESUMPTION
- ○ YES, MAINTENANCE RESUMPTION UNKNOWN
- ○ UNKNOWN

Date Maintenance Dialysis Resumed:

Select a Dialysis Provider:

Provider #:

Provider Name:

Pancreas Graft Status: * ○ Functioning ○ Partial Function ○ Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

Method of blood sugar control:

- [ ] Insulin
- [ ] Oral medication
- [ ] Diet
- [ ] No Treatment

Date insulin/medication resumed:

Pancreas Date of Failure

Pancreas Graft Removed: YES NO UNK

Date Pancreas Removed:

Pancreas Primary Causes of Graft Failure

Specify:

Contributory causes of graft failure:

Pancreas Graft/Vascular Thrombosis YES NO UNK

Pancreas Infection YES NO UNK

Pancreas Bleeding YES NO UNK

Anastomotic Leak YES NO UNK

Pancreas Rejection: Acute YES NO UNK

Pancreas Chronic Rejection YES NO UNK

Biopsy Proven Isletitis YES NO

UNK

Pancreatitis: YES NO UNK

Patient Noncompliance: YES NO UNK

Other, Specify:

Conv. From Bladder to Enteric Drain Performed: YES NO UNK

Enteric Drain Date:

Serum Amylase: u/L ST=

Pancreas Transplant Complications (Not leading to graft failure):

Pancreatitis: YES NO UNK

Anastomotic Leak: YES NO UNK

Abcess or Local Infection: YES NO UNK

Other, Specify:

Did patient have any kidney acute rejection episodes during the follow-up period:

- Yes, at least one episode treated with anti-rejection agent
- Yes, none treated with additional anti-rejection agent
- No
- Unknown

Was biopsy done to confirm acute rejection:

- Biopsy not done
- Yes, rejection confirmed
- Yes, rejection not confirmed

Unknown

Did patient have any pancreas acute rejection episodes during the follow-up period:

- Yes, at least one episode treated with anti-rejection agent
- Yes, none treated with additional anti-rejection agent
- No
- Unknown

Was biopsy done to confirm acute rejection:

- Biopsy not done
- Yes, rejection confirmed
- Yes, rejection not confirmed
- Unknown

Viral Detection:

CMV IgG:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

CMV IgM:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Post Transplant Malignancy: *

YES NO UNK

Donor Related:

YES NO UNK

Recurrence of Pre-Tx Tumor:

YES NO UNK

De Novo Solid Tumor: ○ YES ○ NO ○ UNK

De Novo Lymphoproliferative disease and Lymphoma: ○ YES ○ NO ○ UNK

Biological or Anti-viral therapy: ○ YES ○ NO ○ Unknown/Cannot disclose

If Yes, check all that apply:

- ☐ Acyclovir (Zovirax)
- ☐ Cytogam (CMV)
- ☐ Gamimune
- ☐ Gammagard
- ☐ Ganciclovir (Cytovene)
- ☐ Valgancyclovir (Valcyte)
- ☐ HBIG (Hepatitis B Immune Globulin)
- ☐ Flu Vaccine (Influenza Virus)
- ☐ Lamivudine (Epivir) (for treatment of Hepatitis B)
- ☐ Valacyclovir (Valtrex)
- ☐ Other, Specify

Specify: *

Specify:

Treatment for BK (polyoma) virus: ○ YES ○ NO

If Yes, check all that apply:

- ☐ Yes, Immunosuppression reduction
- ☐ Yes, Cidofovir
- ☐ Yes, IVIG
- ☐ Yes, Type Unknown

☐ Yes, Other, Specify

Specify: *

Other therapies: ○ YES ○ NO

If Yes, check all that apply:

☐ Photopheresis

☐ Plasmapheresis

☐ Total Lymphoid Irradiation (TLI)

Previous Validated Maintenance Follow-Up Medications:

Previous Validated Maintenance Follow-Up Medications:

Were any medications given during the follow-up period for maintenance:

○ Yes, same as validated TRR form

○ Yes, same as previous validated report

○ Yes, but different than previous validated report

○ None given

Did the physician discontinue all maintenance immunosuppressive medications: ○ YES ○ NO

Did the patient participate in any clinical research protocol for immunosuppressive medications: ○ YES ○ NO

Specify: *

View Immunosuppressive Medications

Definitions Of Immunosuppressive Follow-Up Medications

For each of the immunosuppressant medications listed, check **Previous Maintenance (Prev Maint)**, **Current Maintenance (Curr Maint)** or **Anti-rejection (AR)** to indicate all medications that were prescribed for the recipient during this follow-up period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Previous Maintenance (Prev Maint) includes all immunosuppressive medications given during the report period, which covers the period from the last clinic visit to the current clinic visit, *for varying periods of time which may be either long-term or intermediate term with a tapering of the dosage until the*

drug is either eliminated or replaced by another long-term maintenance drug (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes.

Current Maintenance (Curr Maint) includes all immunosuppressive medications given at the current clinic visit to begin in the next report *for varying periods of time which may be either long-term or intermediate term with a tapering of the dosage until the drug is either eliminated or replaced by another long-term maintenance drug* (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode since the last clinic visit (example: Methylprednisolone, Atgam, OKT3, or Thymoglobulin). When switching maintenance drugs (example: from Tacrolimus to Cyclosporine; or from Mycophenolate Mofetil to Azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.
Note: The Anti-rejection field refers to any anti-rejection medications since the last clinic visit, not just at the time of the current clinic visit.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Previous Maint, or Current Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Induction (Ind) immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: Methylprednisolone, Atgam, Thymoglobulin, OKT3, Simulect, or Zenapax). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect or Zenapax was given in 2 doses a week apart, then the total number of days would be 2, even if the second dose was given after the patient was discharged.

Maintenance (Maint) includes all immunosuppressive medications given before, during or after transplant *for varying periods of time which may be either long-term or intermediate term with a tapering of the dosage until the drug is either eliminated or replaced by another long-term maintenance drug* (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: Methylprednisolone, Atgam, OKT3, or Thymoglobulin). When switching maintenance drugs (example: from Tacrolimus to Cyclosporine; or from Mycophenolate Mofetil to Azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

		Prev Maint	Curr Maint	AR
Steroids (Prednisone,Methylprednisolone,Solumedrol,Medrol,Decadron)		☐	☐	☐
Atgam (ATG)		☐ ☐	☐ ☐	☐
OKT3 (Orthoclone, Muromonab)		☐ ☐	☐ ☐	☐
Thymoglobulin		☐ ☐	☐ ☐	☐
Simulect - Basiliximab		☐ ☐	☐ ☐	☐
Zenapax - Daclizumab		☐ ☐	☐ ☐	☐
Azathioprine (AZA, Imuran)		☐	☐	☐ ☐
EON (Generic Cyclosporine)		☐	☐	☐ ☐
Gengraf (Abbott Cyclosporine)		☐	☐	☐ ☐
Other generic Cyclosporine, specify brand:		☐	☐	☐ ☐
Neoral (CyA-NOF)		☐	☐	☐ ☐

Sandimmune (Cyclosporine A)	☐	☐	☐	☐
CellCept (Mycophenolate Mofetil; MMF)	☐	☐	☐	☐
Generic MMF (Generic CellCept)	☐	☐	☐	☐
Prograf (Tacrolimus, FK506)	☐	☐	☐	☐
Generic Tacrolimus (Generic Prograf)	☐	☐	☐	☐
Advagraf (Tacrolimus Extended or Modified Release)	☐	☐	☐	☐
Nulojix (Belatacept)	☐	☐	☐	☐
Sirolimus (RAPA, Rapamycin, Rapamune)	☐	☐	☐	☐
Myfortic (Mycophenolate Sodium)	☐	☐	☐	☐

		Prev Maint		Curr Maint		AR	
Campath - Alemtuzumab (anti-CD52)		☐	☐	☐	☐	☐	
Cyclophosphamide (Cytoxan)		☐	☐	☐	☐	☐	
Leflunomide (LFL, Arava)		☐		☐		☐	☐
Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)		☐	☐	☐	☐	☐	
Other Immunosuppressive Medication, Specify		☐		☐		☐	
Rituximab		☐	☐	☐	☐	☐	

		Prev Maint	Curr Maint	AR	
Zortress (Everolimus)		☐	☐	☐	☐
Other Immunosuppressive Medication, Specify		☐	☐	☐	