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

If liver tx, serum **bilirubin:** _____ mg/dL or _____ µmol/L

Current **weight** of the patient: _____ kg

Height of the patient: _____ cm

Current **blood pressure:** systolic _____ mm Hg

diastolic _____ mm Hg

Is patient on **antihypertensive** drugs (excl diuretics)? ☐ no ☐ yes

Does patient receive **ACE** inhibitor or **ARBs**? ☐ no ☐ yes

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Was patient **treated for rejection** during the last year? ☐ no ☐ yes

If yes: **How many** rejections were treated? ☐ 1 ☐ 2 ☐ 3 ☐ >3

Date first rejection diagnosed or date rejection treatment started: ____ Day ____ Month ____ Year

Treatment:

	no	yes	
ATG/ALG	☐	☐	_____ manufacturer
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 _____

Class II ☐ neg ☐ pos pos beads _____% **DSA** ☐ no ☐ yes highest MFI _____

Serum date of highest MFI ____ Day ____ Month ____ Year

Current immunosuppressive therapy

	no	yes	Dosage	Trough level	Specify drug
Cyclosporine	☐	☐	_____ mg/day	_____ ng/mL	_____
Tacrolimus	☐	☐	_____ mg/day	_____ ng/mL	_____
Mycophenolate (MPA)	☐	☐	_____ g/day	_____ µg/mL	_____
Sirolimus/Rapamycin	☐	☐	_____ mg/day	_____ ng/mL	
Everolimus/Certican	☐	☐	_____ mg/day	_____ ng/mL	
Azathioprine	☐	☐	_____ mg/day		
Belatacept/Nulojix	☐	☐	_____ mg/4weeks		
Steroids	☐	☐	_____ mg/day		

If switched from one CNI to another CNI during last year: _____ reason

If taken off MPA during last year: _____ reason

If switched from one MPA to another MPA during last year: _____ reason

If taken off Nulojix during last year: _____ reason

Steroids: Prednisone ☐ Prednisolone ☐ Methylprednisolone ☐ Other ☐ _____ 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 **proteinuria?** ☐ no ☐ yes

Is this patient currently a **smoker?** ☐ no ☐ yes

Is this patient currently treated for **diabetes?** ☐ no ☐ yes

Is patient on **statin** treatment? ☐ no ☐ yes

Current serum **cholesterol** **Total:** _____ mg/dL or _____ mmol/L

HDL: _____ mg/dL or _____ mmol/L

LDL: _____ mg/dL or _____ mmol/L

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 _____ Completed by _____

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