

What's New in ANZDATA Data Collection

REJECTION

Executive Summary

For reporting allograft rejection, more precise classification has been introduced with addition of further Banff classification variables and categorisation of the type of rejection. This is to capture more accurately the types of acute rejection, distinguishing from chronic features of rejection and better reflect current definitions used internationally.

The ANZDATA Advisory Committee and Transplant Working Group agreed to this new data collection element and are to implement this within the Online Electronic Data Collection tool (<u>https://services.anzdata.org.au</u>) and the A4 Rejection (RE) Paper Form from Survey 71 - 2020.

Background

To allow more accurate reporting of graft rejection types, ANZDATA transitioned to the collection of Banff classification (i.e. i, t, v, g and ptc) in 2018 for allograft rejection reporting. With current reporting varying and substantial disagreement between reported rejection types and Banff classification (when available). The response to treatment for allograft rejection was also limited in the reporting of ongoing chronic features.

At the request of the Transplant Working Group and in line with international definitions of allograft rejection, the Registry has expanded data collection to allow for more precise Banff classification and grading of rejection types.

These changes include:

- Remove "Acute" from the title, with the new title as "Rejection Form"
- Replace text to say "**Report new rejection episodes once only.** Continuous ongoing rejection episodes previously reported should not be reported again."
- Remove Box 2a current rejection subtypes (Cellular, Glomerular, Vascular and Humoral) and replace with "Antibody Mediated" and "T-Cell Mediated"
- Add Banff parameters (c4d, cg, ci, ct, cv, mm, ah, ti, i-IFTA) to the currently reported parameters (g, i, t, v, ptc).
- Remove "Humoral Rejection", replace with "Antibody Mediated Rejection as per current Banff Criteria".

Data Element

The data elements relating to '**REJECTION**' classification is being introduced for collection as at 31-December, at the end of a survey period, for 'Survey 71 - 2020'.

These variables will be added to the Rejection group of data elements within the AnzdataRejection database table and subsequently be variables for completion for those patients with an allograft rejection episode(s) during a survey period.

Ideally all variables would be collected, as many histology services already routinely report these. There is likely to be some missing data where services don't report all items routinely, however this should improve with time.



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Collection of Data Element

Figure 1 – Paper Form - IF BIOPSY PERFORMED

IF BIOPSY PERFORMED			
What type of rejection did	the biopsy show? Please com	nplete all boxes	
Antibody Mediated	1 = Nil	BANFF CLASSIFICATIONS (Enter either Grade 0,1,2,3 for each bo	ox)
T-cell Mediated	2 = Mild 3 = Moderate	g i t v ptc c4d cg ci ct	cv
Presence of Donor Specific Antibody (DSA)	4 = Severe 1 =Pre-transplant 2 = De Novo 3 = Pre-transplant & De Novo 4 = No DSA detected	mm ah ti i-IFTA	

Figure 2 – Screen View - REJECTION

Add Rejection	Episod	le								
Rejection	Date *				Was a Biopsy I	Performed? *	C - Yes (Clinica	Suspicion)		
What type of reje	ction did	the bionsy sho	2.00				C - Yes (Clinica			
		the blopsy she						ed Graft Function)		
Antibody Me	ediated	•					N - No P - Yes (Protoc	ol)		
T-Cell Me	ediated	•					1 100 (110100	017		
Banff Classificatio	ons (if kn	iown)								
	g	¥	i	¥	t	•	v	¥	ptc	•
	c4d	•	cg	•	ci		ct	¥	cv	•
	mm	•	ah	•	ti		i-IFTA	•		

Attachment - REJECTION FORM (RE)

See full Rejection Form (RE) attached for comprehensive data reporting.



ANZDATA Registry Rejection Form

Form RE

This Form is additional to the main data form

REGISTRY NO CURRENT HOSPITAL S	SURNAME	<u>GIVEN NAMES</u>		
In this survey period, indica	te the number of reje	ction episodes		
DATE OF THIS REJECTION WAS A BIOPSY PERI	FORMED	IF NO BIOPSY		
P = Yes (1 D = Yes (1	Clinical Suspicion) Protocol) Delayed Graft Function) o to Question 2b)	On clinical grounds (including response to treatment) was this rejection considered 1 = Possible 2 = Probable 3 = Definite		
IF BIOPSY PERFORMED				
What type of rejection did the biopsy show? Please com	<u>plete all boxes</u>			
Antibody Mediated T-cell Mediated Presence of Donor Specific Antibody (DSA) Antibody (DSA)	g i t v mm ah ti i-IFT	DNS (Enter either Grade 0,1,2,3 for each box) ptc c4d cg ci ct cv		
PRIMARY TREATMENT OF THIS REJECTION	Mon	ocional/Polycional Therany		
PRIMARY TREATMENT OF THIS REJECTION Sequential codes may be used eg:	C +	ocional/Polycional Therapy		
Sequential codes may be used eg:	C * F For all	Monoclonal / Polyclonal therapies,		
Sequential codes may be used eg: A = Nil B = Introduction Or Increased Dose Of Steroids	C * F For all			
Sequential codes may be used eg:	C F G Agent	Monoclonal / Polyclonal therapies,		
Sequential codes may be used eg: A = Nil B = Introduction Or Increased Dose Of Steroids C = Introduction Or Increased Dose Of Steroids And Polyclonal / Monoclonal Therapy (See	C F G Agent	Monoclonal / Polyclonal therapies, agent & number of doses given. Doses Given		
Sequential codes may be used eg: A = Nil B = Introduction Or Increased Dose Of Steroids C = Introduction Or Increased Dose Of Steroids And Polyclonal / Monoclonal Therapy (See Q.55 On The Main Form) * D = Polyclonal / Monoclonal Therapy Alone (See	C F G Agent	Monoclonal / Polyclonal therapies, agent & number of doses given. Doses Given 5 = Intravenous Immunoglobulin 6 = Basilixmab 7 = Rituximab		
Sequential codes may be used eg: A = Nil B = Introduction Or Increased Dose Of Steroids C = Introduction Or Increased Dose Of Steroids And Polyclonal / Monoclonal Therapy (See Q.55 On The Main Form) * D = Polyclonal / Monoclonal Therapy Alone (See Q.55 On The Main Form) * E = Introduction Or Increased Dose Of	C F G Agent	Monoclonal / Polyclonal therapies, agent & number of doses given. Doses Given 5 = Intravenous Immunoglobulin 6 = Basilixmab 7 = Rituximab 8 = Polyclonal Anti T Cell		
Sequential codes may be used eg: A = Nil B = Introduction Or Increased Dose Of Steroids C = Introduction Or Increased Dose Of Steroids And Polyclonal / Monoclonal Therapy (See Q.55 On The Main Form) * D = Polyclonal / Monoclonal Therapy Alone (See Q.55 On The Main Form) * E = Introduction Or Increased Dose Of Cyclosporin A	C F G Agent	Monoclonal / Polyclonal therapies, agent & number of doses given. Doses Given 5 = Intravenous Immunoglobulin 6 = Basilixmab 7 = Rituximab		
Sequential codes may be used eg: A = Nil B = Introduction Or Increased Dose Of Steroids C = Introduction Or Increased Dose Of Steroids And Polyclonal / Monoclonal Therapy (See Q.55 On The Main Form) * D = Polyclonal / Monoclonal Therapy Alone (See Q.55 On The Main Form) * E = Introduction Or Increased Dose Of Cyclosporin A F = Introduction Or Increased Dose Of Cyclosporin A G = Introduction Or Increased Dose Of	C F G Agent	Monoclonal / Polyclonal therapies, agent & number of doses given. Doses Given 5 = Intravenous Immunoglobulin 6 = Basilixmab 7 = Rituximab 8 = Polyclonal Anti T Cell		
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Sequential codes may be used eg: A = Nil B = Introduction Or Increased Dose Of Steroids C = Introduction Or Increased Dose Of Steroids And Polyclonal / Monoclonal Therapy (See Q.55 On The Main Form) * D = Polyclonal / Monoclonal Therapy Alone (See Q.55 On The Main Form) * E = Introduction Or Increased Dose Of Cyclosporin A F = Introduction Or Increased Dose Of Mycophenolate Mofetil H = Introduction Or Increased Dose Of Sirolimus I = Plasmapheresis	C F G Agent	Monoclonal / Polyclonal therapies, agent & number of doses given. Doses Given 5 = Intravenous Immunoglobulin 6 = Basilixmab 7 = Rituximab 8 = Polyclonal Anti T Cell		
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- C = Resolution of rejection with improvement of graft function with serum creatinine less than 250 umol/LD = Resolution of rejection but with no improvement of graft function with serum creatinine greater than 250 umol/LE = Inadequate control of rejection with failure of graft within one monthF = Rejection not resolved but no graft failure within one month

COMMENTS

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