



# Anzdata Registry Acute Rejection Form

# Form 5

This form is additional to the main data form

REGISTRY NO	CURRENT HOSPITAL	SURNAME	GIVEN NAMES
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In this survey period, indicate the number of acute rejection episodes

### 1. DATE OF THIS ACUTE REJECTION

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### 2. WAS A BIOPSY PERFORMED

C = Yes (Clinical Suspicion)  
P = Yes (Protocol)  
D = Yes (Delayed Graft Function)  
N = No (Go to Question 2b)

### 2a IF BIOPSY PERFORMED

What type of rejection did the biopsy show?  
**Please complete all boxes**

CELLULAR	<input type="checkbox"/>	1 = Nil
GLOMERULAR	<input type="checkbox"/>	2 = Mild
VASCULAR	<input type="checkbox"/>	3 = Moderate
HUMORAL	<input type="checkbox"/>	4 = Severe

Y=Yes N=No \*

ACUTE BANFF INDICES

g	i	t	v	ptc
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter either Grade 0,1,2,3 for each box

### 2b IF NO BIOPSY

On clinical grounds (including response to treatment) was this rejection considered

1 = Possible  
2 = Probable  
3 = Definite

### \* Humoral Rejection

- Defined as the presence of two of
1. C4d present on immunofluorescence or IHC
  2. Donor Specific antibody
  3. Characteristic histological changes

### 3 PRIMARY TREATMENT OF THIS REJECTION

Sequential codes may be used eg:

C
F
G

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A = Nil  |
| <input type="checkbox"/> | B = Introduction Or Increased Dose Of Steroids   |
| <input type="checkbox"/> | C = Introduction Or Increased Dose Of Steroids And Polyclonal / Monoclonal Therapy (See Q.55 On The Main Form) # |
| <input type="checkbox"/> | D = Polyclonal / Monoclonal Therapy Alone (See Q.55 On The Main Form) #  |
| <input type="checkbox"/> | E = Introduction Or Increased Dose Of Cyclosporin A  |
| <input type="checkbox"/> | F = Introduction Or Increased Dose Of Tacrolimus   |
| <input type="checkbox"/> | G = Introduction Or Increased Dose Of Mycophenolate Mofetil  |
| <input type="checkbox"/> | H = Introduction Or Increased Dose Of Sirolimus  |
| <input type="checkbox"/> | I = Plasmapheresis   |
| <input type="checkbox"/> | J = Intravenous Immunoglobulin #   |
| <input type="checkbox"/> | Z = Other (Specify)  |

### Monoclonal/Polyclonal Therapy

# For all monoclonal / Polyclonal therapies, enter agent & number of doses given.

Agent Code	Doses Given	Type of Agent
<input type="checkbox"/>	<input type="checkbox"/>	2 = Daclizumab (Zenepax)
<input type="checkbox"/>	<input type="checkbox"/>	4 = OKT3
<input type="checkbox"/>	<input type="checkbox"/>	5 = Intravenous Immunoglobulin
<input type="checkbox"/>	<input type="checkbox"/>	6 = Basilixmab
<input type="checkbox"/>	<input type="checkbox"/>	7 = Rituximab
<input type="checkbox"/>	<input type="checkbox"/>	8 = Polyclonal Anti T Cell
<input type="checkbox"/>	<input type="checkbox"/>	9 = Other Monoclonal (Specify)

### 4 RESPONSE OF THIS REJECTION TO TREATMENT

- A = Resolution of rejection with return of graft function to pre-rejection levels or better
- B = Resolution of rejection with improvement of graft function but not to pre-rejection levels
- C = Resolution of rejection but with no improvement of graft function with serum creatinine less than 250 umol/L
- D = Resolution of rejection but with no improvement of graft function with serum creatinine greater than 250 umol/L
- E = Inadequate control of rejection with failure of graft within one month

### COMMENTS

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