



# ANZDATA Registry Rejection Form

# Form RE

This Form is additional to the main data form

|                    |                         |                |                    |
|--------------------|-------------------------|----------------|--------------------|
| <u>REGISTRY NO</u> | <u>CURRENT HOSPITAL</u> | <u>SURNAME</u> | <u>GIVEN NAMES</u> |
|--------------------|-------------------------|----------------|--------------------|

In this survey period, indicate the number of rejection episodes

|                               |   |  |
|-------------------------------|---|--|
| <b>DATE OF THIS REJECTION</b> | <b>WAS A BIOPSY PERFORMED</b>   | <b>IF NO BIOPSY</b>  |
| <input type="text"/>          | <input type="checkbox"/> <ul style="list-style-type: none"> <li>C = Yes (Clinical Suspicion)</li> <li>P = Yes (Protocol)</li> <li>D = Yes (Delayed Graft Function)</li> <li>N = No (Go to Question 2b)</li> </ul> | <p>On clinical grounds (including response to treatment) was this rejection considered</p> <input type="checkbox"/> <ul style="list-style-type: none"> <li>1 = Possible</li> <li>2 = Probable</li> <li>3 = Definite</li> </ul> |

**IF BIOPSY PERFORMED**

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

|   |                      |  |   |    |    |        |     |     |    |    |    |                      |                      |                      |                      |                      |                      |
|---|----------------------|--|---|----|----|--------|-----|-----|----|----|----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Antibody Mediated                         | <input type="text"/> | Y = Yes<br>N = No  | BANFF CLASSIFICATIONS (Enter either Grade 0,1,2,3 for each box) |    |    |        |     |     |    |    |    |                      |                      |                      |                      |                      |                      |
| T-cell Mediated                           | <input type="text"/> |  | g   | i  | t  | v      | ptc | c4d | cg | ci | ct | cv                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Presence of Donor Specific Antibody (DSA) | <input type="text"/> | 1 = Pre-transplant<br>2 = De Novo<br>3 = Pre-transplant & De Novo<br>4 = No DSA detected | mm  | ah | ti | i-IFTA |     |     |    |    |    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |

**PRIMARY TREATMENT OF THIS REJECTION**

Sequential codes may be used eg:

|                      |  |                      |
|----------------------|--|----------------------|
| <input type="text"/> | A = Nil  | <input type="text"/> |
| <input type="text"/> | B = Introduction Or Increased Dose Of Steroids                                       | <input type="text"/> |
| <input type="text"/> | C = Introduction Or Increased Dose Of Steroids And Polyclonal / Monoclonal Therapy * | <input type="text"/> |
| <input type="text"/> | D = Polyclonal / Monoclonal Therapy Alone *  | <input type="text"/> |
| <input type="text"/> | E = Introduction Or Increased Dose Of Cyclosporin A                                  | <input type="text"/> |
| <input type="text"/> | F = Introduction Or Increased Dose Of Tacrolimus                                     | <input type="text"/> |
| <input type="text"/> | G = Introduction Or Increased Dose Of Mycophenolate Mofetil                          | <input type="text"/> |
| <input type="text"/> | H = Introduction Or Increased Dose Of Sirolimus                                      | <input type="text"/> |
| <input type="text"/> | I = Plasmapheresis   | <input type="text"/> |
| <input type="text"/> | J = Intravenous Immunoglobulin *   | <input type="text"/> |
| <input type="text"/> | Z = Other (Specify)  | <input type="text"/> |

**Monoclonal/Polyclonal Therapy**

\* For all Monoclonal / Polyclonal therapies, enter agent & number of doses given.

| Agent Code           | Doses Given          | Type of Agent                  |
|----------------------|----------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | 5 = Intravenous Immunoglobulin |
| <input type="text"/> | <input type="text"/> | 6 = Basiliximab                |
| <input type="text"/> | <input type="text"/> | 7 = Rituximab                  |
| <input type="text"/> | <input type="text"/> | 8 = Polyclonal Anti T Cell     |
| <input type="text"/> | <input type="text"/> | 9 = Other Monoclonal (Specify) |

**RESPONSE OF THIS REJECTION TO TREATMENT**

|                      |  |
|----------------------|--|
| <input type="text"/> | <ul style="list-style-type: none"> <li>A = Resolution of rejection with return of graft function to pre-rejection levels or better</li> <li>B = Resolution of rejection with improvement of graft function but not to pre-rejection levels</li> <li>C = Resolution of rejection but with no improvement of graft function with serum creatinine less than 250 umol/L</li> <li>D = Resolution of rejection but with no improvement of graft function with serum creatinine greater than 250 umol/L</li> <li>E = Inadequate control of rejection with failure of graft within one month</li> <li>F = Rejection not resolved but no graft failure within one month</li> </ul> |
|----------------------|--|

**COMMENTS**