

Records ?

Pancreas Transplant Recipient Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Recipient Information	
Name:	DOB:
SSN:	Gender:
HIC:	Tx Date:
Previous Follow-Up:	Previous Px Stat Date:
Transplant Discharge Date:	<input style="width: 100%;" type="text"/>
State of Permanent Residence:	<input style="width: 100%;" type="text"/>
Zip Code:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>

Provider Information	
Recipient Center:	
Followup Center:	
Physician Name:	<input style="width: 100%;" type="text"/>
UPIN#:	<input style="width: 100%;" type="text"/>
Follow-up Care Provided By:	<input type="radio"/> Transplant Center <input type="radio"/> Non Transplant Center Specialty Physician <input type="radio"/> Primary Care Physician <input type="radio"/> Other Specify
Specify:	<input style="width: 100%;" type="text"/>

Donor Information	
UNOS Donor ID #:	
Donor Type:	

Patient Status	
Date: Last Seen, Retransplanted or Death *	<input style="width: 100%;" type="text"/>
Patient Status: *	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
Primary Cause of Death:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Contributory Cause of Death:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Contributory Cause of Death:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Hospitalizations:	
Has the patient been hospitalized since the last patient status date:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Number of Hospitalizations:	<input style="width: 20%;" type="text"/> St= <input style="width: 20%;" type="text"/>
Noncompliance:	
Was there evidence of noncompliance with immunosuppression medication during this follow-up period that compromised the patient's recovery:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

Functional Status:

- Performs activities of daily living with NO assistance.
- Performs activities of daily living with SOME assistance.
- Performs activities of daily living with TOTAL assistance.
- Not Applicable (example: Patient hospitalized, < 1 year old)
- Unknown

Physical Capacity:

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

Working for income:

YES NO UNK

If No, Not Working Due To:

- Disability
- Demands of Treatment
- Insurance Conflict
- Inability to Find Work
- Patient Choice - Homemaker
- Patient Choice - Student Full Time/Part Time
- Patient Choice - Retired
- Patient Choice - Other
- Unknown

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
- 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
- Status Unknown

Primary Insurance at Follow-up:

Specify:

Clinical Information

Height: ft. in. cm **%ile St=**

Weight: lbs. kg **%ile St=**

BMI: **%ile**

Graft Status:

- Functioning
- Partial Function
- Failed

Method of blood sugar control:	<input type="checkbox"/> Insulin <input type="checkbox"/> Oral medication	
Date insulin/medication resumed:	<input type="text"/>	
Date of Failure:	<input type="text"/>	
Pancreas Graft Removed:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Date Pancreas Removed:	<input type="text"/>	
Primary Cause of Graft Failure:	<input type="text"/>	
Other, Specify:	<input type="text"/>	
Contributory causes of graft failure:		
Graft/Vascular Thrombosis:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Infection:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Bleeding:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Anastomotic Leak:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Acute Rejection:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Chronic Rejection:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Biopsy Proven Isletitis:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Pancreatitis:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Patient Noncompliance	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Other, Specify:	<input type="text"/>	
<hr/>		
Conv. From Bladder to Enteric Drain Performed:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
If Yes, Enteric Drainage Date:	<input type="text"/>	
<hr/>		
Serum Amylase:	<input type="text"/> u/L	St= <input type="text"/>
<hr/>		
Pancreas Transplant Complications (Not leading to graft failure):		
Pancreatitis:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Anastomotic Leak:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Abcess or Local Infection:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Other Complications:	<input type="text"/>	
<hr/>		
Did patient have any acute rejection episodes during the follow-up period:	<input type="radio"/> Yes, at least one episode treated with anti-rejection agent <input type="radio"/> Yes, none treated with additional anti-rejection agent <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Biopsy not done	
Was biopsy done to confirm acute rejection:	<input type="radio"/> Yes, rejection confirmed <input type="radio"/> Yes, rejection not confirmed <input type="radio"/> Unknown	
<hr/>		
Viral Detection		
Were any of the following viruses diagnosed for onset or recurrence during this follow-up period: (HIV, CMV, HBV, HCV, EBV)	<input type="radio"/> YES <input type="radio"/> NO	
HIV	<input type="radio"/> YES <input type="radio"/> NO	
Test	Result	
Was there clinical disease (ARC,AIDS):	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK <input type="radio"/> Positive	

Antibody:	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
RNA:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose

CMV YES NO

Test	Result
Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
IgG:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
IgM:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Nucleic Acid Testing:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Culture:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose

HBV YES NO

Test	Result
Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Liver Histology:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Core Antibody:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Surface Antigen:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
HBV DNA:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done

<input type="radio"/> UNK/Cannot Disclose	
HCV	
<input type="radio"/> YES <input type="radio"/> NO	
Test	Result
Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Liver Histology:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Antibody:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
RIBA:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
HCV RNA:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
EBV	
<input type="radio"/> YES <input type="radio"/> NO	
Test	Result
Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
IgG:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
IgM:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
EBV DNA:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Postransplant Malignancy:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Donor Related:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Recurrence of Pre-Tx Tumor:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
De Novo Solid Tumor:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
De Novo Lymphoproliferative disease and Lymphoma:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Treatment	
Biological or Anti-viral therapy:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> 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)
- Other, Specify

Specify:

Specify:

Other therapies: YES NO

If Yes, check all that apply:

- Photopheresis
- Plasmapheresis
- Total Lymphoid Irradiation (TLI)

Immunosuppressive Information

Previous Validated Maintenance Follow-Up Medications:

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

Immunosuppressive Medications

View Immunosuppressive Medications

Definitions Of Immunosuppressive Follow-Up 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 with the intention to maintain them long-term (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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atgam (ATG, Anti-thymocyte Globulin)/NRATG/NRATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OKT3 (Orthoclone, Muromonab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simulect - Basiliximab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zenapax - Daclizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Azathioprine (AZA, Imuran)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EON (Generic Cyclosporine)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gengraf (Abbott Cyclosporine)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other generic Cyclosporine, specify brand:	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Neoral (CyA-NOF)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sandimmune (Cyclosporine A)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mycophenolate Mofetil (MMF, Cellcept, RS61443)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tacrolimus (Prograf, FK506)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sirolimus (RAPA, Rapamycin, Rapamune)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Immunosuppressive Medications			
	Prev Maint	Curr Maint	AR
Campath - Alemtuzumab (anti-CD52)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cyclophosphamide (Cytoxin)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Leflunomide (LFL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investigational Immunosuppressive Medications			
	Prev Maint	Curr Maint	AR
Everolimus (RAD, Certican)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ERL (Myfortic) - Mycophenolate Sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FTY 720	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

UNOS View Only	
Comments:	<input type="text"/>