Pediatric adaption of NIH 2014 cGVHD diagnosis/staging for clinical practice German-Austrian-Swiss GVHD Consortium

onset type at diagnosis: de novo
sympt.,amb., sympt., limited self-care >50% of waking hours in bed (KPS/LPS < 60%) hours out of bed (KPS/LPS 60-70%)
capable of self-care, >50% of waking hours in bed (KPS/LPS < 60%) hours out of bed (KPS/LPS 60-70%)
%BSA: child: head front/back 9 / 9 back 18, chest 18, arm left 9, arm right 9 leg left 13,5, leg right 13,5 head front/back 4,5 / 4,5 back 18, chest 18 arm left 9, arm right 9 leg left 18, leg right 18 palm: 1,5
□ superficial □ deep sclerotic features sclerotic features □ "hidebound" (unable to pinch) "not hidebound" □ impaired mobility (able to pinch) □ ulceration
□ moderate sympt. □ severe sympt. with with disease signs disease signs on examination with partial limitation with major limitation of oral intake of oral intake

				Score 2	Score 3
EYES					
□ keratokonjunktiviti:	s sicca (KCS)	□ no symptoms	□ mild dry eye sympt.	□ moderate dry eye sympt.	□ severe dry eye sympt.
confirmed by optha			not affecting ADL	partially affecting ADL	significantly affecting ADL
□ dryness	□ pain		(requirement of	(lubricant eye drops	(special eyeware to relieve pain)
□ photophobia	□ blepharitis		lubricant eye drops	>3 x/d or punctual plugs)	unable to work because of ocul
	□ ulcers		≤3 x per day)	without new vision	sympt or loss of vision due to KC
pseudomembranes	_ d.00.0		_ o n por ady)	impairement due to KCS	oymproniose or violen addito re
	•	irely by non-GVHD cause ID PLUS other causes (s _l			
GI TRACT		1			
□ esophageal web/		□ no symptoms	□ symptoms without	□ sympt. associated with	□ symptoms associated with
prox stricture or	r ring		significant weight	mild to moderate	significant weight loss (> 15%)
□ dysphagia	$\hfill\Box$ abdominal pain		loss (5%)	weight loss (5-15%)	requires nutritional supplement f
□ anorexia	□ failure to thrive			or moderate diarrhea	most calorie needs or
□ nausea	□ vomiting			without significant	esophageal dilatation or
□ diarrhea	□ weight loss ≥ 5%			interference with	severe diarrhea with
				daily living	signif. Interference with daily living
LIVER		·			-1
LIVEIX					- + - + - - 0 -
		□ normal total bili	normal total bili	elevated total bili	□ elevated total bili > 3 mg/dl
hepatitic pattern	•	□ normal total bili and ALT or AP < 3 ULN irely by non-GVHD cause ID PLUS other causes (s)	□ with ALT ≥ 3-5x ULN □ or AP ≥ 3 x ULN e(specify):	elevated total bill □ but ≤ 3 mg/dl or □ ALT > 5 ULN	elevated total bill > 3 mg/di
hepatitic pattern	•	and ALT or AP < 3 ULN irely by non-GVHD cause	□ with ALT ≥ 3-5x ULN □ or AP ≥ 3 x ULN e(specify):	□ but ≤ 3 mg/dl or	elevated total bill > 3 mg/di
abnormality preser abnormality though	•	and ALT or AP < 3 ULN irely by non-GVHD cause ID PLUS other causes (sp	□ with ALT ≥ 3-5x ULN □ or AP ≥ 3 x ULN e(specify):	□ but ≤ 3 mg/dl or □ ALT > 5 ULN	
abnormality preser abnormality though	ht to represent GVH	and ALT or AP < 3 ULN irely by non-GVHD cause	□ with ALT ≥ 3-5x ULN □ or AP ≥ 3 x ULN e (specify): pecify):	□ but ≤ 3 mg/dl or	□ severe symptoms (shortness of breath at rest;
abnormality preser abnormality though LUNGS FEV1:% FVC:%	MEF25:% MEF50:%	and ALT or AP < 3 ULN irely by non-GVHD cause ID PLUS other causes (sp	□ with ALT ≥ 3-5x ULN □ or AP ≥ 3 x ULN e(specify): pecify): □ mild symptoms (shortness of breath	□ but ≤ 3 mg/dl or □ ALT > 5 ULN □ moderate symptoms (shortness of breath	□ severe symptoms (shortness of breath at rest;
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abnormality preser abnormality though LUNGS FEV1:% FVC:%	MEF25:% MEF50:%	and ALT or AP < 3 ULN irely by non-GVHD cause ID PLUS other causes (sponsormal or symptoms □ FEV1 ≥ 80%	□ with ALT ≥ 3-5x ULN □ or AP ≥ 3 x ULN e(specify): pecify): □ mild symptoms (shortness of breath	□ but ≤ 3 mg/dl or □ ALT > 5 ULN □ moderate symptoms (shortness of breath	□ severe symptoms (shortness of breath at rest;
abnormality preser abnormality though LUNGS FEV1:% FVC:% DLCO:% RV: CT: a pulmonary function abnormality preser	MEF25:% MEF50:% MEF75:% RV/TLC > 120% n test not performed the but explained entitle.	and ALT or AP < 3 ULN irely by non-GVHD cause ID PLUS other causes (sponsormal or symptoms □ FEV1 ≥ 80%	with ALT ≥ 3-5x ULN or AP ≥ 3 x ULN e(specify): mild symptoms (shortness of breath after climbing one flight of steps) □FEV1 60-79%	□ but ≤ 3 mg/dl or □ ALT > 5 ULN □ moderate symptoms (shortness of breath after walking on flat ground)	severe symptoms (shortness of breath at rest; requiring O2)
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Overall GVHD severity maximum individual score □ no cGVHD max. score of 1 in any affected organ, max. 2 organs affected, no lung involvement total score (sum) □ mild: ≥3 organ with max score 1 or max. score of 2 in any affected organ, lung score max 1 average score (total score/24) □ moderate: score 3 in any affected organ, lung score 2-3 number of affected organs □ severe: Other indicators, clinical features or complications related to cGVHD biopsy: Yes □ No □ check all that apply and assign a severity score (0-3) based on functional impact date: □ ascites (serositis) □ myasthenia gravis □ eosinophilia >500 /ul organ: □ pericardial effusion □ peripheral neuropathy □ platelets <100 000/ul □ pleural effusion □ polymyositis □ hypo/hyperglobulinemia GVHD confirmed? Yes □ No □ □ nephrotic syndrome □ weight loss >5% without GI sympt □ auto-antibodies suspicion □ others (specify) □ diabetes Intensity of current immunosuppression □ None □ Mild (single agent prednisone<0.5 mg/kg/day) □ Moderate (prednisone≥0.5 mg/kg/day and/or any single agent/modality) □ High (2 or more agents/modalities ± prednisone≥0.5 mg/kg/day) Therapeutic intent at the time of clinic visit □ Decision to decrease systemic therapy because cGVHD is better Decision is to not change current systemic therapy because cGVHD is stable □ Decision is to increase systemic therapy because cGVHD □ Alter systemic therapy due to its toxicity □ Substitute systemic therapy due to lack of response □ Withdraw systemic therapy due to lack of response

□ Not applicable

immunosuppression

immunosuppression

Clinician's impression of activity

□ Inactive, off systemic therapy or topical

□ Inactive, on systemic therapy or topical

□ Active, irrespective of the level of current therapy □ Highly active, irrespective of the level of current therapy

Pediatric Photographic Range of Motion (adapted ped P-ROM)

please markappropriate number

shoulder:	1 (worst)	2	3	4	5 (normal)
ellbow:	1 (worst)	2	3	4 (normal)	
wrist / finger:	1 (worst)	2	3	4 (normal)	
global flexion:	1 (worst)	2	3	4 (normal)	
	1	1			
ankle:	1 (worst)	2	3 (normal)		