

Organ Scoring of Chronic GVHD

	SCORE 0	SCORE 1	SCORE 2	SCORE 3
PERFORMANCE SCORE: <input type="text"/> KPS ECOG LPS	<input type="checkbox"/> Asymptomatic and fully active (ECOG 0; KPS or LPS 100%)	<input type="checkbox"/> Symptomatic, fully ambulatory, restricted only in physically strenuous activity (ECOG 1, KPS or LPS 80-90%)	<input type="checkbox"/> Symptomatic, ambulatory, capable of self-care, >50% of waking hours out of bed (ECOG 2, KPS or LPS 60-70%)	<input type="checkbox"/> Symptomatic, limited self-care, >50% of waking hours in bed (ECOG 3-4, KPS or LPS <60%)
SKIN† <input type="text"/>				
SCORE % BSA <u>GVHD features to be scored by BSA:</u> Check all that applies:	<input type="checkbox"/> No BSA involved	<input type="checkbox"/> 1-18% BSA	<input type="checkbox"/> 19-50% BSA	<input type="checkbox"/> >50% BSA
<input type="checkbox"/> Maculopapular rash/erythema <input type="checkbox"/> Lichen planus-like features <input type="checkbox"/> Sclerotic features <input type="checkbox"/> Papulosquamous lesions or ichthyosis <input type="checkbox"/> Keratosis pilaris-like GVHD SKIN FEATURES SCORE:	<input type="checkbox"/> No sclerotic features			Check all that applies: <input type="checkbox"/> Superficial sclerotic features "not hidebound" (able to pinch) <input type="checkbox"/> Deep sclerotic features <input type="checkbox"/> "Hidebound" (unable to pinch) <input type="checkbox"/> Impaired mobility <input type="checkbox"/> Ulceration
<u>Other skin GVHD features (NOT scored by BSA)</u> Check all that applies:				
<input type="checkbox"/> Hyperpigmentation <input type="checkbox"/> Hypopigmentation <input type="checkbox"/> Poikiloderma <input type="checkbox"/> Severe or generalized pruritus <input type="checkbox"/> Hair involvement <input type="checkbox"/> Nail involvement <input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify):				
MOUTH <i>Lichen planus-like features present:</i>	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild symptoms with disease signs but not limiting oral intake significantly	<input type="checkbox"/> Moderate symptoms with disease signs with partial limitation of oral intake	<input type="checkbox"/> Severe symptoms with disease signs on examination with major limitation of oral intake
<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify):				

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EYES	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild dry eye symptoms not affecting ADL (requirement of lubricant eye drops ≤ 3 x per day)	<input type="checkbox"/> Moderate dry eye symptoms partially affecting ADL (requiring lubricant eye drops > 3 x per day or punctal plugs), WITHOUT new vision impairment due to KCS	<input type="checkbox"/> Severe dry eye symptoms significantly affecting ADL (special eyewear to relieve pain) OR unable to work because of ocular symptoms OR loss of vision due to KCS
<i>Keratoconjunctivitis sicca (KCS) confirmed by Ophthalmologist:</i>				
	<input type="checkbox"/> Yes			
	<input type="checkbox"/> No			
	<input type="checkbox"/> Not examined			
	<input type="checkbox"/> <i>Abnormality present but explained entirely by non-GVHD documented cause (specify):</i>			
GI TRACT	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Symptoms without significant weight loss* (<5%)	<input type="checkbox"/> Symptoms associated with mild to moderate weight loss* (5-15%) OR moderate diarrhea without significant interference of daily living	<input type="checkbox"/> Symptoms associated with significant weight loss* >15%, requires nutritional supplement for most calorie needs OR esophageal dilation OR severe diarrhea with significant interference of daily living
<i>Check all that applies:</i>				
<input type="checkbox"/> Esophageal web/proximal stricture or ring				
<input type="checkbox"/> Dysphagia				
<input type="checkbox"/> Anorexia				
<input type="checkbox"/> Nausea				
<input type="checkbox"/> Vomiting				
<input type="checkbox"/> Diarrhea				
<input type="checkbox"/> Weight loss*				
<input type="checkbox"/> Failure to thrive				
	<input type="checkbox"/> <i>Abnormality present but explained entirely by non-GVHD documented cause (specify):</i>			
LIVER	<input type="checkbox"/> Normal total bilirubin and ALT or AP < 3 x ULN	<input type="checkbox"/> Normal total bilirubin with ALT ≥ 3 to 5 x ULN or AP ≥ 3 x	<input type="checkbox"/> Elevated total bilirubin but ≤ 3 mg/dL or ALT > 5 ULN	<input type="checkbox"/> Elevated total bilirubin > 3 mg/dL
	<input type="checkbox"/> <i>Abnormality present but explained entirely by non-GVHD documented cause (specify):</i>			
LUNGS**				
<u>Symptoms score:</u>	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild symptoms (shortness of breath after climbing one flight of steps)	<input type="checkbox"/> Moderate symptoms (shortness of breath after walking on flat ground)	<input type="checkbox"/> Severe symptoms (shortness of breath at rest; requiring O ₂)
<u>Lung score:</u>	<input type="checkbox"/> FEV1 $\geq 80\%$	<input type="checkbox"/> FEV1 60-79	<input type="checkbox"/> FEV1 40-59%	<input type="checkbox"/> FEV1 $\leq 39\%$
FEV1 <input type="text"/>				
<i>Pulmonary function tests</i>				
<input type="checkbox"/> Not performed				
	<input type="checkbox"/> <i>Abnormality present but explained entirely by non-GVHD documented cause (specify):</i>			

Figure 1. Organ scoring of chronic GVHD (continued)

	SCORE 0	SCORE 1	SCORE 2	SCORE 3			
JOINTS AND FASCIA	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild tightness of arms or legs, normal or mild decreased range of motion (ROM) AND not affecting ADL	<input type="checkbox"/> Tightness of arms or legs OR joint contractures, erythema thought due to fasciitis, moderate decrease ROM AND mild to moderate limitation of ADL	<input type="checkbox"/> Contractures WITH significant decrease of ROM AND significant limitation of ADL (unable to tie shoes, button shirts, dress self etc.)			
<u>P-ROM score</u> (see below)							
Shoulder (1-7): ____							
Elbow (1-7): ____							
Wrist/finger (1-7): ____							
Ankle (1-4): ____							
<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify):							
GENITAL TRACT (See Supplemental figure [†])	<input type="checkbox"/> No signs	<input type="checkbox"/> Mild signs [‡] and females with or without discomfort on exam	<input type="checkbox"/> Moderate signs [‡] and may have symptoms* with discomfort on exam	<input type="checkbox"/> Severe signs [‡] with or without symptoms			
Check all that applies							
<input type="checkbox"/> Not examined							
Currently sexually active							
<input type="checkbox"/> Yes							
<input type="checkbox"/> No							
<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify):							
<u>Other indicators, clinical features or complications related to chronic GVHD (check all that apply and assign a score to its severity (0-3) based on its functional impact where applicable none – 0, mild -1, moderate -2, severe – 3)</u>							
<input type="checkbox"/> Ascites (serositis)____	<input type="checkbox"/> Myasthenia Gravis____		<input type="checkbox"/> Eosinophilia > 500µl____				
<input type="checkbox"/> Pericardial Effusion____	<input type="checkbox"/> Peripheral Neuropathy____		<input type="checkbox"/> Platelets <100,000/µl____				
<input type="checkbox"/> Pleural Effusion(s)____	<input type="checkbox"/> Polymyositis____		<input type="checkbox"/> Others (specify):_____				
<input type="checkbox"/> Nephrotic syndrome____	<input type="checkbox"/> Weight loss* without GI symptoms ____						
Overall GVHD Severity (Opinion of the evaluator)	<input type="checkbox"/> No GVHD	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe			
Photographic Range of Motion (P-ROM)							
	1 (Worst)	2	3	4	5	6	7 (Normal)
Shoulder							
Elbow							
Wrist/finger							
Ankle							

† Skin scoring should use both percentage of BSA involved by disease signs and the cutaneous features scales. When a discrepancy exists between the percentage of total body surface (BSA) score and the skin feature score, OR if superficial sclerotic features are present (Score 2), but there is impaired mobility or ulceration (Score 3), the higher level should be used for the final skin scoring.

* Weight loss within 3 months.

**Lung scoring should be performed using both the symptoms and FEV1 scores whenever possible. FEV1 should be used in the final lung scoring where there is discrepancy between symptoms and FEV1 scores.

Abbreviations: ECOG (Eastern Cooperative Oncology Group), KPS (Karnofsky Performance Status), LPS (Lansky Performance Status); BSA (body surface area); ADL (activities of daily living); LFTs (liver function tests); AP (alkaline phosphatase); ALT (alanine aminotransferase); NUL (normal upper limit).

‡ To be completed by specialist or trained medical providers (see Supplemental Figure).

Supplement Figure 1 – Genital Tract Chronic Graft-versus-Host Assessment and Scoring Form

Name: _____ Date of birth: _____
 Assessment date: _____

	SCORE 0	SCORE 1	SCORE 2	SCORE 3
GENITAL TRACT (male or female)	<input type="checkbox"/> No signs	<input type="checkbox"/> Mild signs and females may have symptoms* WITH discomfort on exam	<input type="checkbox"/> Moderate signs and may have symptoms* with discomfort on exam	<input type="checkbox"/> Severe signs with or without symptoms *
Currently sexually active:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Check all signs that applies:</u>				
<input type="checkbox"/> Lichen planus-like features				
<input type="checkbox"/> Lichen sclerosis-like features				
<input type="checkbox"/> Vaginal scarring (female)				
<input type="checkbox"/> Clitoral/labial agglutination (female)				
<input type="checkbox"/> Labial resorption (female)				
<input type="checkbox"/> Erosions				
<input type="checkbox"/> Fissures				
<input type="checkbox"/> Ulcers				
<input type="checkbox"/> Phimosis (male)				
<input type="checkbox"/> Urethral meatus scarring/ stenosis (male)				
<input type="checkbox"/> <i>Abnormality present but <u>NOT</u> thought to represent GVHD (specify cause):</i>				
<input type="checkbox"/> <i>Abnormality thought to represent GVHD <u>PLUS</u> other causes(specify cause):</i>				

*Genital symptoms are not specific to cGVHD and can represent premature gonadal failure or genital tract infection.

If a gynecologist is unavailable, external examination may be performed to determine “discomfort on exam” as follows:

- a) Spread the labia majora to inspect the vulva for the above signs. Touch the vestibular gland openings (Skene’s and Bartholin’s), labia minora and majora gently with a qtip. Vulvar pain elicited by the gentle touch of a qtip is classified as discomfort on examination. Palpate the vaginal walls with a single digit to detect bands, shortening, narrowing or other signs of vaginal scarring.
- b) If the woman is sexually active, determine whether qtip palpation or gentle palpation of scarred ridges elicits pain similar to that which the woman experiences during intercourse.

Female genitalia: Severity of signs:

- 1) Mild (any of the following); erythema on vulvar mucosal surfaces, vulvar lichen-planus or vulvar lichen-sclerosi.
- 2) Moderate (any of the following); erosive inflammatory changes of the vulvar mucosa, fissures in vulvar folds.
- 3) Severe (any of the following); labial fusion, clitoral hood agglutination, fibrinous vaginal adhesions, circumferential fibrous vaginal banding, vaginal shortening, synechia, dense sclerotic changes, and complete vaginal stenosis.

Male genitalia: Diagnostic features include lichen planus-like or lichen sclerosis-like features and phimosis or urethral scarring or stenosis. Severity of signs:

- 1) Mild: lichen planus-like feature;
- 2) Moderate: lichen sclerosis-like feature or moderate erythema;
- 3) Severe: phimosis or urethral/meatal scarring.

Biopsy obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No Site biopsied: _____ GVHD confirmed by histology: <input type="checkbox"/> Yes <input type="checkbox"/> No
Change from previous evaluation: <input type="checkbox"/> No prior or current GVHD <input type="checkbox"/> Improved <input type="checkbox"/> Stable <input type="checkbox"/> Worse <input type="checkbox"/> N/A (baseline)

Completed by (spell out name): _____

Date form completed: _____