**CHRONIC GVHD ASSESSMENT AND SCORING FORM**

**TEAM NAME**

**PT NO**

**DOB**

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**PERFORMANCE SCORE:**

<table>
<thead>
<tr>
<th>SCORE 0</th>
<th>SCORE 1</th>
<th>SCORE 2</th>
<th>SCORE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Asymptomatic and fully active (ECOG 0; KPS or LPS 100%)</td>
<td>□ Symptomatic, fully ambulatory, restricted only in physically strenuous activity (ECOG 1, KPS or LPS 80-90%)</td>
<td>□ Symptomatic, ambulatory, capable of self-care, &gt;50% of waking hours out of bed (ECOG 2, KPS or LPS 60-70%)</td>
<td>□ Symptomatic, limited self-care, &gt;50% of waking hours in bed (ECOG 3-4, KPS or LPS &lt;60%)</td>
</tr>
</tbody>
</table>

**SKIN†**

<table>
<thead>
<tr>
<th>SCORE % BSA</th>
<th>No BSA involved</th>
<th>1-18% BSA</th>
<th>19-50% BSA</th>
<th>&gt;50% BSA</th>
</tr>
</thead>
</table>

*GVHD features to be scored by BSA:*

- [ ] Maculopapular rash/erythema
- [ ] Lichen planus-like features
- [ ] Sclerotic features
- [ ] Papulosquamous lesions or ichthyosis
- [ ] Keratosis pilaris-like GVHD

**SKIN FEATURES SCORE:**

- [ ] No sclerotic features
- [ ] Superficial sclerotic features “not hidebound” (able to pinch)

*Check all that apply:*

- [ ] Deep sclerotic features
- [ ] “Hidebound” (unable to pinch)
- [ ] Impaired mobility
- [ ] Ulceration

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**Other skin GVHD features (NOT scored by BSA):**

*Check all that apply:*

- [ ] Hyperpigmentation
- [ ] Hypopigmentation
- [ ] Poikiloderma
- [ ] Severe or generalized pruritus
- [ ] Hair involvement
- [ ] Nail involvement

- [ ] Abnormality present but explained entirely by non-GVHD documented cause (specify): ________________________________

- [ ] Abnormality thought to represent GVHD PLUS other causes (specify): ________________________________

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**MOUTH**

- [ ] No symptoms
- [ ] Mild symptoms with disease signs but not limiting oral intake significantly
- [ ] Moderate symptoms with disease signs with partial limitation of oral intake
- [ ] Severe symptoms with disease signs on examination with major limitation of oral intake

*Check all that apply:*

- [ ] Abnormality present but explained entirely by non-GVHD documented cause (specify): ________________________________

- [ ] Abnormality thought to represent GVHD PLUS other causes (specify): ________________________________

† 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.
## CHRONIC GVHD ASSESSMENT AND SCORING FORM

**Patient:**

<table>
<thead>
<tr>
<th></th>
<th>SCORE 0</th>
<th>SCORE 1</th>
<th>SCORE 2</th>
<th>SCORE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EYES</strong></td>
<td>□ No symptoms</td>
<td>□ Mild dry eye symptoms not affecting ADL (requirement of lubricant eye drops ≤ 3 x per day)</td>
<td>□ Moderate dry eye symptoms partially affecting ADL (requiring lubricant eye drops &gt; 3 x per day or punctal plugs), WITHOUT new vision impairment due to KCS</td>
<td>□ 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</td>
</tr>
</tbody>
</table>

*Keratoconjunctivitis sicca (KCS) confirmed by ophthalmologist:*
- □ Yes
- □ No
- □ Not examined

☐ Abnormality present but explained entirely by non-GVHD documented cause (specify):  
☐ Abnormality thought to represent GVHD PLUS other causes (specify): 

| **GI Tract** | Check all that apply: | □ No symptoms | □ Symptoms without significant weight loss* (<5%) | □ Symptoms associated with mild to moderate weight loss* (5-15%) OR moderate diarrhea without significant interference with daily living | □ Symptoms associated with significant weight loss* >15%, requires nutritional supplement for most calorie needs OR esophageal dilation OR severe diarrhea with significant interference with daily living |

☐ Abnormality present but explained entirely by non-GVHD documented cause (specify):  
☐ Abnormality thought to represent GVHD PLUS other causes (specify): 

| **LIVER** | □ Normal total bilirubin and ALT or AP < 3 x ULN | □ Normal total bilirubin with ALT ≥3 to 5 x ULN or AP ≥ 3 x ULN | □ Elevated total bilirubin but ≤3 mg/dL or ALT > 5 ULN | □ Elevated total bilirubin > 3 mg/dL |

☐ Abnormality present but explained entirely by non-GVHD documented cause (specify):  
☐ Abnormality thought to represent GVHD PLUS other causes (specify): 

| **LUNGS** | **Symptom score:** | □ No symptoms | □ Mild symptoms (shortness of breath after climbing one flight of steps) | □ Moderate symptoms (shortness of breath after walking on flat ground) | □ Severe symptoms (shortness of breath at rest; requiring O2) |

*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.

| Lung score: | □ FEV1 ≥80% | □ FEV1 60-79% | □ FEV1 40-59% | □ FEV1 ≤39% |

- % FEV1

*Pulmonary function tests*
- □ Not performed

☐ Abnormality present but explained entirely by non-GVHD documented cause (specify):  
☐ Abnormality thought to represent GVHD PLUS other causes (specify): 

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* TEAM NAME
  - PLACE EPIC LABEL HERE
  - [ M ]
  - [ F ]

---

*Seattle Cancer Care Alliance*  
LTF003 (10/15)
### JOINTS AND FASCIA

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No symptoms</td>
</tr>
<tr>
<td>1</td>
<td>Mild tightness of arms or legs, normal or mild decreased range of motion (ROM) AND not affecting ADL</td>
</tr>
<tr>
<td>2</td>
<td>Tightness of arms or legs OR joint contractures, erythema thought due to fasciitis, moderate decrease ROM AND mild to moderate limitation of ADL</td>
</tr>
<tr>
<td>3</td>
<td>Contractures WITH significant decrease of ROM AND significant limitation of ADL (unable to tie shoes, button shirts, dress self etc.)</td>
</tr>
</tbody>
</table>

- Abnormality present but explained entirely by non-GVHD documented cause (specify): ____________________________________________________________________________
- Abnormality thought to represent GVHD PLUS other causes (specify): ____________________________________________________________________________

### GENITAL TRACT

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No signs</td>
</tr>
<tr>
<td>1</td>
<td>Mild signs† and females with or without discomfort on exam</td>
</tr>
<tr>
<td>2</td>
<td>Moderate signs† and may have symptoms with discomfort on exam</td>
</tr>
<tr>
<td>3</td>
<td>Severe signs† with or without symptoms</td>
</tr>
</tbody>
</table>

- Abnormality present but explained entirely by non-GVHD documented cause (specify): ____________________________________________________________________________
- Abnormality thought to represent GVHD PLUS other causes (specify): ____________________________________________________________________________

### Other indicators, clinical features or complications related to chronic GVHD (check all that apply and assign a score to severity (0-3) based on functional impact where applicable none – 0, mild -1, moderate -2, severe – 3)

- Ascites (serositis) ______
- Pericardial Effusion ______
- Pleural Effusion(s) ______
- Nephrotic syndrome ______
- Myasthenia Gravis ______
- Peripheral Neuropathy ______
- Polymyositis ______
- Weight loss >5%* without GI symptoms ______
- Eosinophilia > 500/μl ______
- Platelets < 100,000/μl ______
- Others (specify): ____________________________________________________________________________

### Biopsy obtained:
- Yes
- No

### Organ biopsied:

- GVHD confirmed by histology:
  - Yes
  - No

### Overall GVHD Severity (Opinion of the evaluator)

<table>
<thead>
<tr>
<th>Severity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No GVHD</td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td></td>
</tr>
</tbody>
</table>

### Change from prior evaluations:
- No prior or current GVHD
- Improved
- Stable
- Worse
- N/A (baseline)

### Photographic Range of Motion (P-ROM):

- Shoulder
- Elbow
- Wrist/finger
- Ankle

### Completed by: ___________________________ Date form completed: ___________________________