CHRONIC GRAFT-VERSUS-HOST DISEASE (GVHD) ASSESSMENT AND SCORING FORM

Name: ____________________________ Date of birth: ______________ Assessment date: ____________

<table>
<thead>
<tr>
<th>SCORE 0</th>
<th>SCORE 1</th>
<th>SCORE 2</th>
<th>SCORE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERFORMANCE SCORE:</strong></td>
<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>
</tr>
</tbody>
</table>

**KPS ECOG LPS**

<table>
<thead>
<tr>
<th>SKIN</th>
<th>Clinical features:</th>
<th>□ No Symptoms/Manifestation</th>
<th>□ &lt;18% BSA with disease signs but NO sclerotic features</th>
<th>□ 19-50% BSA OR involvement with superficial sclerotic features “not hidebound” (able to pinch)</th>
<th>□ &gt;50% BSA OR deep sclerotic features “hidebound” (unable to pinch) OR impaired mobility, ulceration or severe pruritus</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Maculopapular rash</td>
<td>□ Lichen planus-like features</td>
<td>□ Papulosquamous lesions or ichthyosis</td>
<td>□ Hyperpigmentation</td>
<td>□ Hypopigmentation</td>
<td>□ Keratosis pilaris</td>
</tr>
</tbody>
</table>

**Rodnan score:**

□ Abnormality present but NOT thought to represent GVHD

<table>
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<tr>
<th>MOUTH</th>
<th>Diagnostic/Distinctive features</th>
<th>□ No symptoms</th>
<th>□ Mild symptoms with disease signs but not limiting oral intake significantly</th>
<th>□ Moderate symptoms with disease signs with partial limitation of oral intake</th>
<th>□ Severe symptoms with disease signs on examination with major limitation of oral intake</th>
</tr>
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<tr>
<td>□ Present</td>
<td>□ Absent</td>
<td>□ Abnormality present but NOT thought to represent GVHD</td>
<td></td>
<td></td>
<td></td>
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**EYES**

Mean tear test (mm):
- □ >10
- □ 6-10
- □ <5
- □ Not done

□ No symptoms | □ Mild dry eye symptoms not affecting ADL (requiring eyedrops ≤ 3 x per day) OR asymptomatic signs of keratoconjunctivitis sicca | □ Moderate dry eye symptoms partially affecting ADL (requiring drops > 3 x per day or punctal plugs), WITHOUT vision impairment | □ Severe dry eye symptoms significantly affecting ADL (special eyeware to relieve pain) OR able to work because of ocular symptoms OR loss of vision caused by keratoconjunctivitis sicca |

□ Abnormality present but NOT thought to represent GVHD

**GI TRACT**

□ No symptoms | □ Symptoms such as nausea, vomiting, anorexia, dysphagia, abdominal pain or diarrhea without significant weight loss (<5%) | □ Symptoms associated with mild to moderate weight loss (5-15%) | □ Symptoms associated with significant weight loss >15%, requires nutritional supplement for most calorie needs OR esophageal dilation |

□ Abnormality present but NOT thought to represent GVHD
### CHRONIC GRAFT-VERSUS-HOST DISEASE (GVHD) ASSESSMENT AND SCORING FORM

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<td>LIVER</td>
<td>□ Normal LFT</td>
<td>□ Elevated Bilirubin, AP*, AST or ALT &lt;2 x ULN</td>
<td>□ Bilirubin &gt;3 mg/dl or Bilirubin, enzymes 2-5 x ULN</td>
</tr>
</tbody>
</table>

□ Abnormality present but NOT thought to represent GVHD

LUNG‡

□ PFTs not done

FEV1

□ FEV1 > 80% OR LFS=2

DLCO

□ FEV1 60-79% OR LFS 3-5

□ FEV1 40-59% OR LFS 6-9

□ FEV1 ≤39% OR LFS 10-12

□ Abnormality present but NOT thought to represent GVHD

JOINTS AND FASCIA

□ No symptoms

□ Mild tightness of arms or legs, normal or mild decreased range of motion (ROM) AND not affecting ADL

□ Tightness of arms or legs OR joint contractures, erythema thought due to fasciitis, moderate decrease ROM AND mild to moderate limitation of ADL

□ Contractures WITH significant decrease of ROM AND significant limitation of ADL (unable to tie shoes, button shirts, dress self etc.)

□ Abnormality present but NOT thought to represent GVHD

GENITAL TRACT

Diagnostic/ Distinctive features

□ No symptoms

□ Symptomatic with mild signs on exam AND no effect on coitus and minimal discomfort with gynecologic exam

□ Symptomatic with moderate signs on exam AND with mild dyspareunia or discomfort with gynecologic exam

□ Symptomatic WITH advanced signs (stricture, labial agglutination or severe ulceration) AND severe pain with coitus or inability to insert vaginal speculum

□ Abnormality present but NOT thought to represent GVHD

Other indicators, clinical manifestations or complications related to chronic GVHD (check all that apply):

□ Weight loss

□ Bronchiolitis obliterans

□ Bronchiolitis obliterans with organizing pneumonia

□ Esophageal stricture or web

□ Pericardial Effusion

□ Pleural Effusion(s)

□ Ascites (serositis)

□ Nephrotic syndrome

□ Peripheral Neuropathy

□ Myasthenia Gravis

□ Polymyositis

□ Malabsorption

□ Cardiac conduction defects

□ Coronary artery involvement

□ Cardiomyopathy

□ Eosinophilia >500/microliter

□ Other: ____________________________

□ None

Biopsy obtained: □ Yes □ No

Organ system(s) biopsied:___________ GVHD confirmed by histology: □ Yes □ No

OVERALL severity of GVHD:

□ No GVHD

□ Mild

□ Moderate

□ Severe

Change from previous evaluation:

□ No prior or current GVHD

□ Improved

□ Stable

□ Worse

□ N/A (baseline)

Completed by: ____________________________ Date form completed: _______________

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1. Pulmonary scoring should be performed using both the symptom and pulmonary function testing (PFT) scale whenever possible. When discrepancy exists between pulmonary symptom or PFT scores the higher value should be used for final scoring. Scoring using the Lung Function Score (LFS) is preferred, but if DLCO (carbon monoxide diffusion capacity corrected for hemoglobin) is not available, grading using FEV1 (forced expiratory volume) should be used. The LFS is a global assessment of lung function after the diagnosis of bronchiolitis obliterans has already been established. The percent predicted FEV1 and DLCO (adjusted for hematocrit but not alveolar volume) should be converted to a numeric score as follows: > 80% = 1; 70-79% = 2; 60-69% = 3; 50-59% = 4; 40-49% = 5; < 40% = 6. The LFS = FEV1 score + DLCO score, with a possible range of 2-12.

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); AST (aspartate aminotransferase); ULN (upper limit of normal); LFS (Lung Function Score); N/A (not applicable).