

## Blood and Marrow Transplant Clinical Trials Network

### Chronic GVHD Provider Survey (PCG)

Web Version: 1.0; 1.04; 06-16-16

Segment (PROTSEG): A

Visit Number (VISNO):

**Instructions:**

Please score a symptom only if you know or suspect it to be *related to chronic GVHD*. Subjective symptoms are acceptable. For example, joint tightness can be scored based on subjective findings despite the absence of objective limitations.

Please score symptoms present in the *last week*. Even if they may have resolved with treatment in the past week, if they were present recently and may possibly return, please score them.

1. Date of visit (PCGDATE)  (mm/dd/yyyy)

	0	1	2	3
<b>Skin Score</b>	(PCGSKIN) <input type="checkbox"/> No Symptoms	<input type="checkbox"/> <18% BSA with disease signs but NO sclerotic features	<input type="checkbox"/> 19-50% BSA OR involvement with superficial sclerotic features not hidebound (able to pinch)	<input type="checkbox"/> >50% BSA OR deep sclerotic feats. hidebound OR impaired mobility, ulceration or severe pruritis
<b>Mouth Score</b>	(PCGMOUTH) <input type="checkbox"/> <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 signs with <b>partial</b> limitation of oral intake	<input type="checkbox"/> Severe symptoms with disease signs on examination with <b>major</b> limitation of oral intake
<b>GI Tract Score</b>	(PCGGITRC) <input type="checkbox"/> No symptoms	<input type="checkbox"/> Symptoms: dysphagia, anorexia, nausea, vomiting, abdominal pain or diarrhea with weight loss (<5%)	<input type="checkbox"/> Symptoms associated with mild to moderate weight loss (5-15%)	<input type="checkbox"/> Symptoms with significant weight loss >15%, requires nutritional supplements OR esophageal dilation
<b>Eye Score</b>	(PCGEYE) <input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild dry eye not affecting ADL OR asymptomatic signs of kerato-conjunctivitis sicca	<input type="checkbox"/> Moderate dry eye partially affecting ADL WITHOUT vision impairment	<input type="checkbox"/> Severe dry eye symptoms significantly affecting ADL OR unable to work OR loss of vision
<b>Joint and Fascia Score</b>	(PCGJOINT) <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 due to fasciitis, moderate decrease in ROM	<input type="checkbox"/> Contracture WITH significant decrease of ROM AND significant limitation of ADL
<b>Genital Tract Score</b> (score even if no GYN exam; score required for men, too)(PCGNOEXM) <input type="checkbox"/> <b>No GYN Exam</b>	(PCGGNITL) <input type="checkbox"/> No symptoms	<input type="checkbox"/> Symptomatic, mild distinct signs on exam and no effect on coitus, minimal discomfort w/ GYN exam	<input type="checkbox"/> Symptomatic, distinct signs on exam and mild dyspareunia or discomfort w/ GYN exam	<input type="checkbox"/> Symptomatic, advanced signs, severe pain with coitus or inability to insert vaginal spectrum
<b>Lung Score</b>	(PCGLUNG) <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 oxygen)

**Please rate the severity of this person's chronic GVHD**

<b>on this scale</b>	(PCGSEV1) <input type="checkbox"/> 1 - None	<input type="checkbox"/> 2 - Mild	<input type="checkbox"/> 3 - Moderate	<input type="checkbox"/> 4 - Severe							
<b>and on this scale</b>	(PCGSEV2) <input type="checkbox"/> 0 - cGVHD symptoms are not at all severe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 - cGVHD symptoms are most severe possible

Is an erythematous or maculopapular rash present? (PCGRASH)  1 - Yes  2 - No

Does the patient have nausea, vomiting or diarrhea? (PCGVOMIT)  1 - Yes  2 - No

*Liver score to be completed using most recent LFTs from within +/- 2 weeks of the assessment*

	0	1	2	3
<b>Liver Score</b>	(PCGLIVER) <input type="checkbox"/> Normal LFTs	<input type="checkbox"/> Elevated bilirubin, alkaline phosphatase, AST or ALT < 2xULN	<input type="checkbox"/> Bilirubin > 3 mg/dl or bilirubin, AST or ALT 2-5x ULN	<input type="checkbox"/> Bilirubin, AST or ALT > 5x ULN

Date LFT sample obtained:(PCGLFTDT)  (mm/dd/yyyy)

PFT values from within one month of the assessment

% FEV1(PCGFEV1) <input type="text"/> (xxx) %	Date of FEV1(PCGFEVDT) <input type="text"/> (mm/dd/yyyy)	(PCGFEVND) <input type="checkbox"/> Not Done
% DLCOc(PCGDLCO) <input type="text"/> (xxx) %	Date of DLCOc(PCGDLCDT) <input type="text"/> (mm/dd/yyyy)	(PCGDLCND) <input type="checkbox"/> Not Done

Comments:(PCGCOMM)