

# 慢性 GVHD 評估表 (Chronic GVHD evaluation form)

## 急性與慢性植體對宿主疾病之間不同

### (DIFFERENTIAL DIAGNOSIS BETWEEN ACUTE AND CHRONIC GVHD)

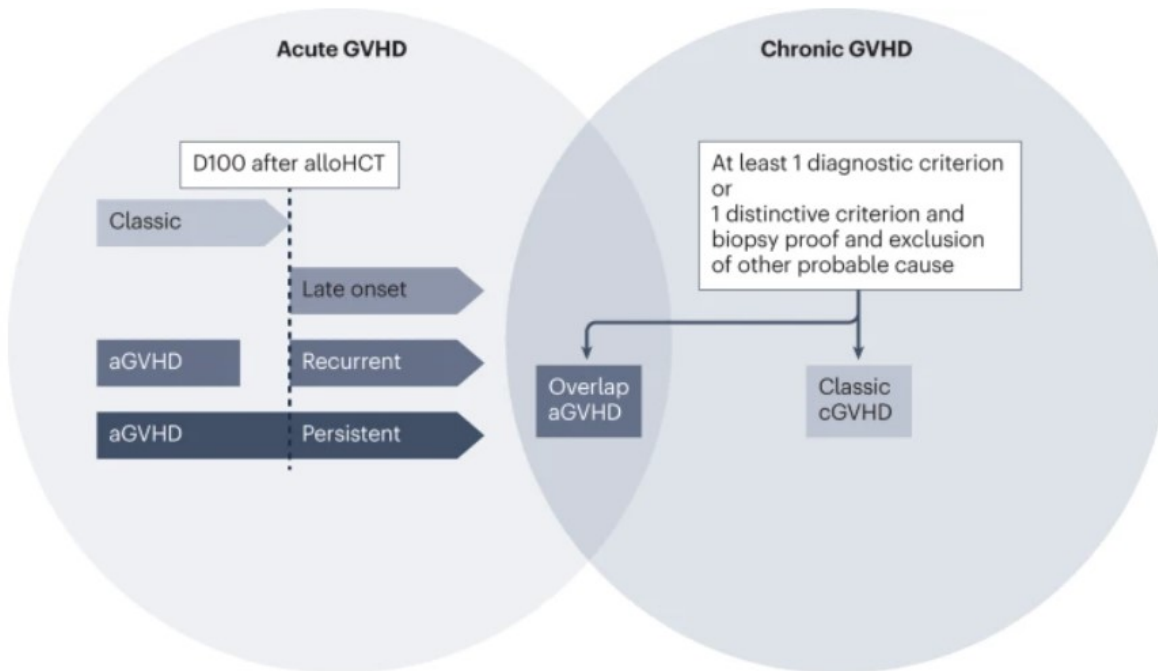
#### 急性 GVHD

- (1) 典型急性 GVHD (紅斑、斑丘疹、噁心、嘔吐、厭食、大量腹瀉、腸梗塞或膽汁鬱積肝病) 不符合慢性 GVHD 診斷標準的病人在移植或 DLI 後 100 天內發生的排斥。
- (2) 持續性、復發性或遲發性急性 GVHD：典型急性 GVHD 的特徵發生在移植 100 天後或 DLI 病人不符合慢性 GVHD 的診斷標準 (常見於減量期間或停掉免疫藥後)

#### 慢性 GVHD

- (1) 典型的慢性 GVHD 沒有急性 GVHD 的特徵
- (2) 重疊症狀，慢性和急性 GVHD 的特徵同時出現。

重疊亞類的發現可能是短暫的，通常取決於免疫抑制的程度，並且在病程中發生變化。許多出現“重疊”慢性 GVHD 在病人急性排斥特徵消失，而慢性 GVHD 特徵持續存在。同樣，當免疫抑制逐漸減少時，典型的慢性 GVHD 病人可能會出現急性 GVHD 特徵。



慢性 GVHD 評估表 (Chronic GVHD evaluation form)

	SCORE 0	SCORE 1	SCORE 2	SCORE 3
<b>PERFORMANCE SCORE:</b> <input type="text"/> <b>KPS ECOG LPS</b>	<input type="checkbox"/> Asymptomatic and fully active (ECOG 0; KPS or LPS 100%)	<input type="checkbox"/> Symptomatic, fully ambulatory, restricted only in 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%)
<b>SKIN†</b> <input type="text"/> <b>SCORE % BSA</b> <u>GVHD features to be scored by BSA:</u>	<input type="checkbox"/> No BSA involved	<input type="checkbox"/> 1-18% BSA	<input type="checkbox"/> 19-50% BSA	<input type="checkbox"/> >50% BSA
<b>Check all that apply:</b> <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				
<b>SKIN FEATURES SCORE:</b>	<input type="checkbox"/> No sclerotic features	<input type="checkbox"/> Superficial sclerotic features "not hidebound" (able to pinch)		<b>Check all that apply:</b> <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> <b>Check all that apply:</b> <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): _____				
<b>MOUTH</b> <u>Lichen planus-like features present:</u>	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild symptoms <b>with</b> disease signs but not limiting oral intake significantly	<input type="checkbox"/> Moderate symptoms with disease signs <b>with</b> partial limitation of oral intake	<input type="checkbox"/> Severe symptoms with disease signs on examination <b>with</b> major limitation of oral intake
<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify): _____				

	SCORE 0	SCORE 1	SCORE 2	SCORE 3
<b>EYES</b>	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild dry eye symptoms not affecting ADL (requirement of lubricant eye drops $\leq 3$ x per day)	<input type="checkbox"/> Moderate dry eye symptoms partially affecting ADL (requiring lubricant eye drops $> 3$ x per day or punctal plugs), <b>WITHOUT</b> new vision impairment due to KCS	<input type="checkbox"/> Severe dry eye symptoms significantly affecting ADL (special eyewear to relieve pain) <b>OR</b> unable to work because of ocular symptoms <b>OR</b> loss of vision due to KCS
<i>Keratoconjunctivitis sicca (KCS) confirmed by ophthalmologist:</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Not examined</b>			
	<input type="checkbox"/> <i>Abnormality present but explained entirely by non-GVHD documented cause (specify):</i>			
<b>GI Tract</b>	<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%) <b>OR</b> moderate diarrhea without significant interference with daily living	<input type="checkbox"/> Symptoms associated with significant weight loss* $>15\%$ , requires nutritional supplement for most calorie needs <b>OR</b> esophageal dilation <b>OR</b> severe diarrhea with significant interference with daily living
<b>Check all that apply:</b>				
<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 $\geq 5\%*$				
<input type="checkbox"/> Failure to thrive				
	<input type="checkbox"/> <i>Abnormality present but explained entirely by non-GVHD documented cause (specify):</i>			
<b>LIVER</b>	<input type="checkbox"/> Normal total bilirubin and ALT or AP $< 3$ x ULN	<input type="checkbox"/> Normal total bilirubin with ALT $\geq 3$ to 5 x ULN or AP $\geq 3$ x ULN	<input type="checkbox"/> Elevated total bilirubin but $\leq 3$ 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>			
<b>LUNGS**</b>				
<b>Symptom score:</b>	<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 $O_2$ )
<b>Lung score:</b>	<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>			

	SCORE 0	SCORE 1	SCORE 2	SCORE 3
<b>JOINTS AND FASCIA</b>	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild tightness of arms or legs, normal or mild decreased range of motion (ROM) <b>AND</b> not affecting ADL	<input type="checkbox"/> Tightness of arms or legs <b>OR</b> joint contractures, erythema thought due to fasciitis, moderate decrease ROM <b>AND</b> mild to moderate limitation of ADL	<input type="checkbox"/> Contractures <b>WITH</b> significant decrease of ROM <b>AND</b> significant limitation of ADL (unable to tie shoes, button shirts, dress self etc.)
<b>P-ROM score</b> (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): _____			

<b>GENITAL TRACT</b> (See Supplemental figure <sup>†</sup> ) <input type="checkbox"/> Not examined Currently sexually active <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No signs	<input type="checkbox"/> Mild signs <sup>†</sup> and females with or without discomfort on exam	<input type="checkbox"/> Moderate signs <sup>†</sup> and may have symptoms with discomfort on exam	<input type="checkbox"/> Severe signs <sup>†</sup> with or without symptoms
	<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify): _____			

<b>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)</b>				
<input type="checkbox"/> Ascites (serositis) ___	<input type="checkbox"/> Myasthenia Gravis ___			
<input type="checkbox"/> Pericardial Effusion ___	<input type="checkbox"/> Peripheral Neuropathy ___		<input type="checkbox"/> Eosinophilia > 500/ $\mu$ l ___	
<input type="checkbox"/> Pleural Effusion(s) ___	<input type="checkbox"/> Polymyositis ___		<input type="checkbox"/> Platelets <100,000/ $\mu$ l ___	
<input type="checkbox"/> Nephrotic syndrome ___	<input type="checkbox"/> Weight loss >5%* without GI symptoms ___		<input type="checkbox"/> Others (specify): _____	

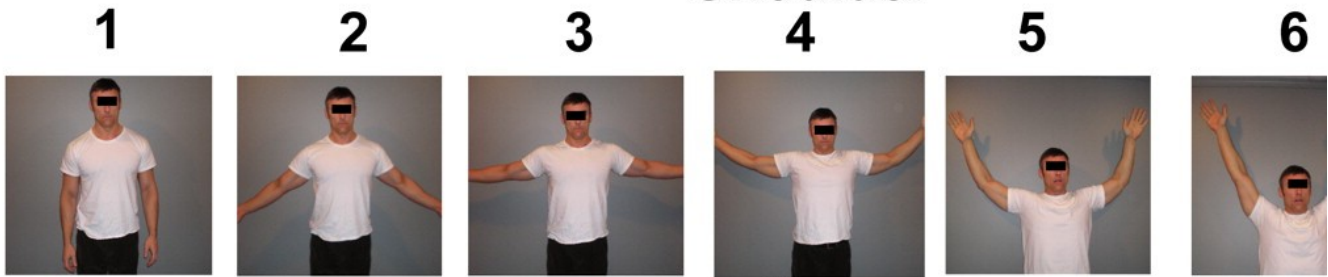
<b>Overall GVHD Severity</b> (Opinion of the evaluator)	<input type="checkbox"/> No GVHD	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
--	----------------------------------	-------------------------------	-----------------------------------	---------------------------------

**Photographic Range of Motion (P-ROM)**

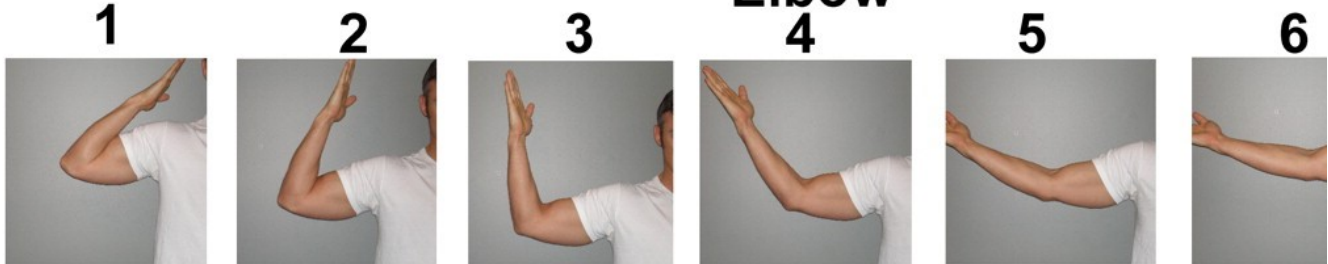
The P-ROM grid displays four rows of joint photographs, each with seven columns representing a severity scale from 1 (Worst) to 7 (Normal).  
 - **Shoulder:** 7 columns (1 Worst to 7 Normal).  
 - **Elbow:** 7 columns (1 Worst to 7 Normal).  
 - **Wrist/finger:** 7 columns (1 Worst to 7 Normal).  
 - **Ankle:** 4 columns (1 Worst to 4 Normal).



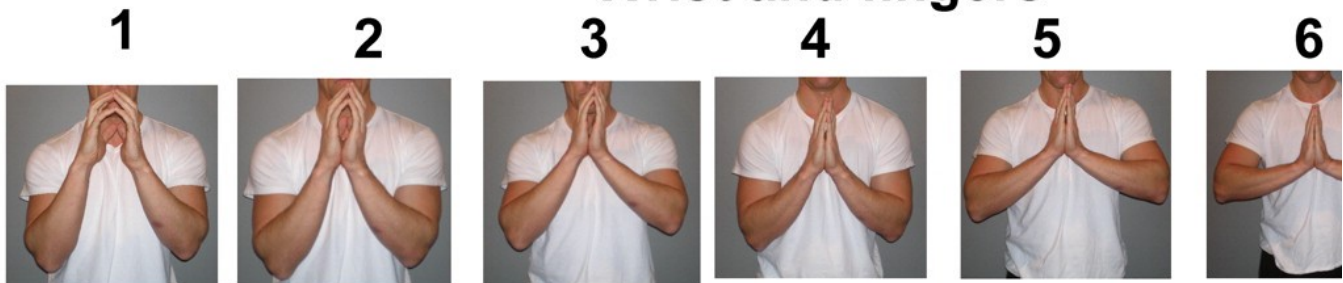
## Shoulder



## Elbow



## Wrist and fingers



## Foot Dorsiflexion

### NIH Global Severity of chronic GVHD

GVHD severity	Number of Organs	Organ Score	Lung Score
Mild	1 or 2	1	0
Moderate	1	2	0
Moderate	3	1 each	0
Moderate	1 or more	0 - 2	1
Severe	1 or more	3 in at least one organ	0
Severe	Any	Any	2 or 3

Reference : Jagasia MH, Greinix HT, Arora M, Williams KM, Wolff D, Cowen EW, et al. National Institutes of Health consensus development project on criteria for clinical trials in chronic graft-versus-host disease: I. The 2014 Diagnosis and Staging Working Group Report. Biol Blood Marrow Transplant. 2015;21:389–401

<http://www.bloodjournal.org/content/bloodjournal/early/2016/01/04/blood-2015-10-612747.full.pdf?sso-checked=true>