PEDiatric BKV NEPHropathy
North American Pediatric Renal Transplant Cooperative Study
(NAPRTCS) 2004

Questionnaire: BK Virus (BKV) Nephropathy in Pediatric Renal Transplantation

1. NAPRTCS Center Number

2. NAPRTCS Patient ID Number

3. Date of transplant(s)
   a. / / 
   b. / / 
   c. / / 
   d. / / 

4. BKV nephropathy: Yes No (If No, you may stop here. Otherwise, proceed to question 5)

Diagnosis of BKV Nephropathy

5. Date the diagnosis of BKV nephropathy made?
   a. / / 

   b. How was BKV nephropathy diagnosed?
      H & E stain of kidney tissue
      Plasma
      Urine
      Other (specify)____________________

6. If kidney biopsy stained positive for BKV?
   a. Did the biopsy stain show focal or diffuse staining
   b. Regarding the biopsy results, please include Banff rating for the following:
      i. Tubulitis
      ii. Interstitial aggregates
      iii. Endothelialitis
      iv. Viral inclusions seen on light microscopy Yes No

7. Did the patient have BK measured in his/her urine at the time of diagnosis?
   a. by PCR
      Yes, _________________ (please specify with units)
      No
   b. Decoy cells
      Yes, _________________ (number)
      No

Please mail completed questionnaire and BK Status Sheet by November 22, 2004 to Angela Norman at The EMMES Corporation.
8. Did the patient have BK measured in his/her plasma by PCR at the time of diagnosis?
   - Yes, _________________ (please specify with units)
   - No

9. What was the serum creatinine at the time of diagnosis of BKV nephropathy? _______mg/dL or mmol/L.

10. What was the patient’s baseline creatinine level prior to the diagnosis of BKV nephropathy? (last stable creatinine value, as determined by center investigator) _______mg/dL or mmol/L.

11. What is the most recent serum creatinine measure? _______mg/dL or mmol/L.
   a. Date of this most recent measure: ____/____/____
   b. How many months post diagnosis of BK nephropathy was this measure taken? _______ months
   c. Patient’s height at the time of this measure ________ cm

12. Did the patient have an acute rejection within 6 months prior to the diagnosis of BKV nephropathy?

<table>
<thead>
<tr>
<th>Rejection Number</th>
<th>Date Rejection Was Diagnosed (mm/yy):</th>
<th>Biopsy Proven? (yes/no)</th>
<th>Treatment Used:</th>
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13. Which of the following describes the treatment the patient received for BKV nephropathy? (Check all that apply)
   - None
   - Reduction in immunosuppression
   - Cidofovir ________ dose/kg  number of doses: ________
   - IV-Ig ________ dose/kg  number of doses: ________
   - Other (specify) _______________
QUESTIONNAIRE: BK Virus (BKV) Nephropathy in Pediatric Renal Transplantation (continued)

14. If immunosuppression was reduced, which describes this intervention for your patient? (Check all that apply)

- [ ] MMF was stopped
- [ ] MMF dose was reduced
- [ ] Sirolimus was stopped
- [ ] Sirolimus dose was reduced
- [ ] Tacrolimus target trough level changed from ________ to ________
- [ ] Cyclosporine target trough level changed from ________ to ________

15. Was there simultaneous treatment for rejection? [ ] Yes [ ] No
   a. If Yes, then what medication was used? ________________________________

Outcome

16. Did the patient clear BKV from his/her urine after treatment?
   [ ] Yes, months after BK diagnosis ________
   [ ] No

17. Did the patient clear BKV from his/her plasma after treatment?
   [ ] Yes, months after BK diagnosis ________
   [ ] No

18. Has the patient resumed dialysis?
   [ ] Yes, months after BK diagnosis ________
   [ ] No

19. Has the patient required re-transplantation (i.e. a second kidney transplant after failure of the first transplant)?
   [ ] Yes  If Yes, date of re-transplantation [ ]/[/]/[ ]
   [ ] No
   a. If Yes, has the patient been diagnosed with BKV nephropathy in the re-transplanted kidney (i.e. the second kidney transplant)?
      [ ] Yes
      [ ] No
   b. Immunosuppressive agents used in re-transplant: ________________________________

20. Was the patient diagnosed with acute rejection AFTER undergoing treatment for BKV nephropathy?
   [ ] Yes  If Yes, date of this acute rejection [ ]/[/]/[ ]
   [ ] No