

**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.

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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?

Rejection Number:	Date Rejection Was Diagnosed (mm/yy):	Biopsy Proven? (yes/no)	Treatment Used:
1			
2			
3			

Treatment of BKV Nephropathy

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) _____

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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

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