#### **COMMON TOXICITY CRITERIA (CTC) Version 2.0**

### NOTICE OF MODIFICATIONS Modifications made between January 30, 1998 and April 30, 1999

This document provides a description of the modifications made to the *Common Toxicity Criteria Version 2.0* document between January 30, 1998 and April 30, 1999. The majority of the modifications are editorial adjustments that add clarity, consistency or correct typographical errors.

This document describes each modification within a rectangle which points to the location of the modification. Bold text within the rectangle indicates the new value or text. Modifications that are repeated throughout the document are presented with a numeric annotation (see below) to prevent redundancy. Item-specific modifications are described at the point of the modification.

Please note that all grading criteria, *Notes* and *Also consider* details are deleted from this publication to simplify the viewing of this document. The Adverse Event names and the document formatting remain intact to allow for comparisons between this document and CTC document published April 30, 1999.

#### NUMERIC ANNOTATIONS (Global Modifications)

Used for identifying modifications made for consistency purposes throughout the CTC V2.0 document.

Annotation Number	Modification Description
G1	The word toxicity was replaced with the term adverse event.
G2	Information now provided within the Adverse Event column was originally presented as a Note relating to the adverse event. Both the adverse event name and the Note were consolidated to condense the information. The phrase <i>if specified in the protocol</i> was also added.
G3	The phrase <i>if specified in the protocol</i> was added to the adverse event name.
G4	A comma was added to values exceeding four digits.
G5	The unit of measure $cc$ was changed to $mL$ .
G6	Note: changed to Notes: where two or more notes appear consecutively.
G7	Minor editorial changes (i.e., punctuation, capitalization and lowercase corrections, replacement of hyphens with colons, etc).

Version 2.0

Publish Date: April 30, 1999

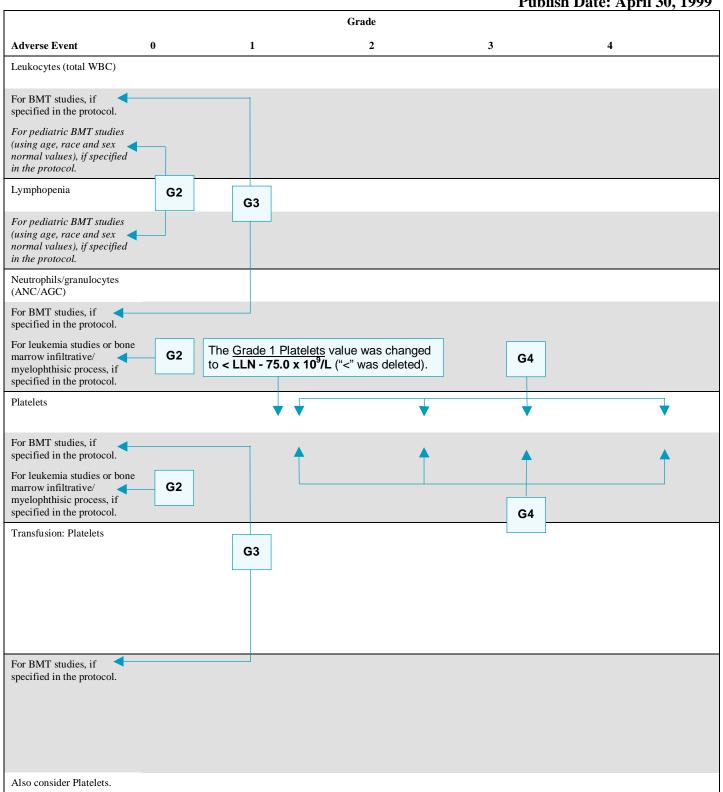
# **COMMON TOXICITY CRITERIA (CTC)**

				Grade		
Adverse Event		0	1	2	3	4
1	G1		ALLE	RGY/IMMUNOL	OGY	
Allergic reaction/ hypersensitivity (including drug fever)						
Note: Isolated urticaria						
Allergic rhinitis (including sneezing, na stuffiness, postnasal dr	ısal ip)					
Autoimmune reaction						<b>G1</b>
Also consider Hypothy	roidism.					
Serum sickness						
Urticaria is graded						
Vasculitis						
Allergy/Immunology - (Specify,)						
			AU	DITORY/HEARIN	NG	
Conductive hearing los	ss is grad	ded				
Earache is graded						
External auditory canal	1					
Note: Changes associat	ted					

The organization, document title and date were added to the footer.

Cancer Therapy Evaluation Program Common Toxicity Criteria, Version 2.0 DCTD, NCI, NIH, DHHS March 1998

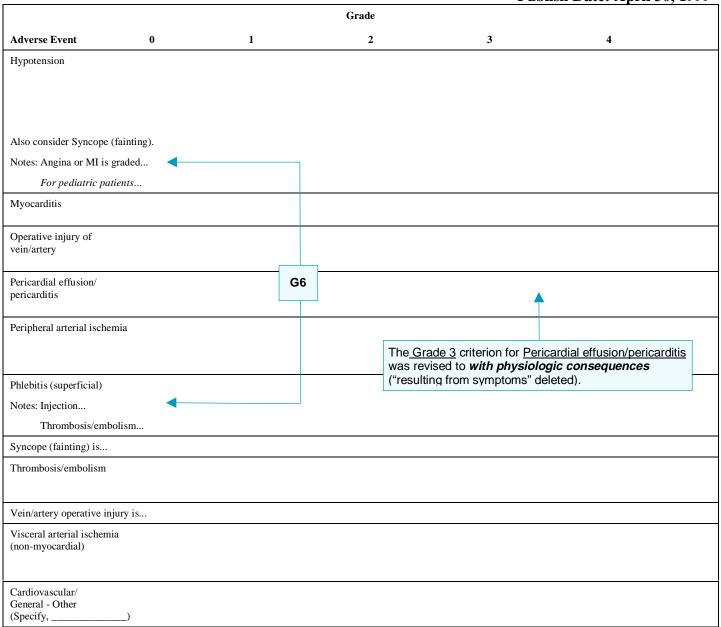
				1 ubli	sii Date. April 30, 1999
			Grade		
Adverse Event	0	1	2	3	4
	•	-			·
Inner ear/hearing					
Middle ear/hearing					
Auditory/Hearing - Other					
(Specify,)					
		DI OO	D/DONE MAI	DDOW	
		BLOO	D/BONE MAI	RROW	
Bone marrow cellularity					
		<b></b>			
	The Grade 1	value for Bone marro	<u>w cellularity</u> was c	hanged to	
	milaly nypo	cellular or ≤ 25% red	iuction ("≤ was a	adea).	
Normal ranges:					
children (≤18 years)	The r	ow listing normal rang	es for children wa	S	
chitaren (= 10 years)		ed and the text chang tric information.	ed to italic to indica	ate	
younger adults (19-59)	pedia	unc imormation.			
older adults (≥ 60 years)					
Note: Grade Bone					
CD4 count				The value for Grade 3 He	
Haptoglobin				changed to <b>65 - &lt; 80 g/L</b>	("<" was added).
Hemoglobin (Hgb)				•	
For leukemia studies or bo	one				
marrow infiltrative/ myelophthisic processes, i	<sub>f</sub> ◀ G	2			
specified in the protocol.	· `				
Hemolysis (e.g., immune					
hemolytic anemia, drug-					
related hemolysis, other)					
., ., .,	The	abbreviation <i>Hgb</i> wa	s written in		
Also consider Haptoglobir		as <b>Hemoglobin</b> .			



					Publish Date: April 30, 1999
			Grade		
Adverse Event	0	1	2	3	4
Transfusion: pRBCs					
For BMT studies, if specified in the protocol.	G3		G	5	
studies we	re separat	fusion: pRBCs for Pered from Transfusion: ng a new Adverse Ev	pRBCs BMT	•	The <u>Grade 2</u> value for <u>Transfusion: pRBCs for Pediatric BMT studies</u> was modified by adding a hyphen to designate a range of values.
Also consider Hemoglobin.					
Blood/Bone Marrow - Other (Specify,)					
		CARDIOVA	SCULAR (ARRI	HYTHMIA)	
Conduction abnormality/ Atrioventricular heart block					
Nodal/junctional arrhythmia/dysrhythmia					
Palpitations					
Note: Grade palpitations					
Prolonged QTc interval (QTc > 0.48 seconds)					
Sinus bradycardia					
Sinus tachycardia					
Supraventricular arrhythmias (SVT/atrial fibrillation/flutter)					
Syncope (fainting) is					
Vasovagal episode					

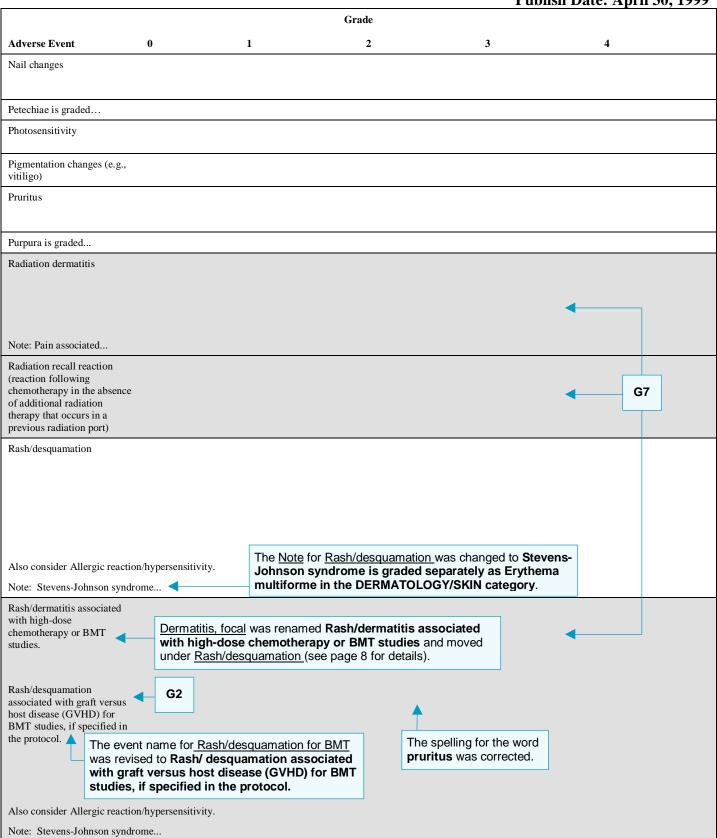
### CTC NOTICE OF MODIFICATIONS

			Grade		•					
Adverse Event	0	1	2	3	4					
Ventricular arrhythmia (PVCs/bigeminy/trigeminy/ ventricular tachycardia)										
Cardiovascular/ Arrhythmia - Other (Specify,)										
	CARDIOVASCULAR (GENERAL)									
Acute vascular leak syndrome										
Cardiac-ischemia/infarction										
Cardiac left ventricular function										
CNS cerebrovascular ischemi	a is									
Cardiac troponin I (cTnI)										
Cardiac troponin T (cTnT)										
Edema										
Hypertension										
*Note: For pediatric patient										

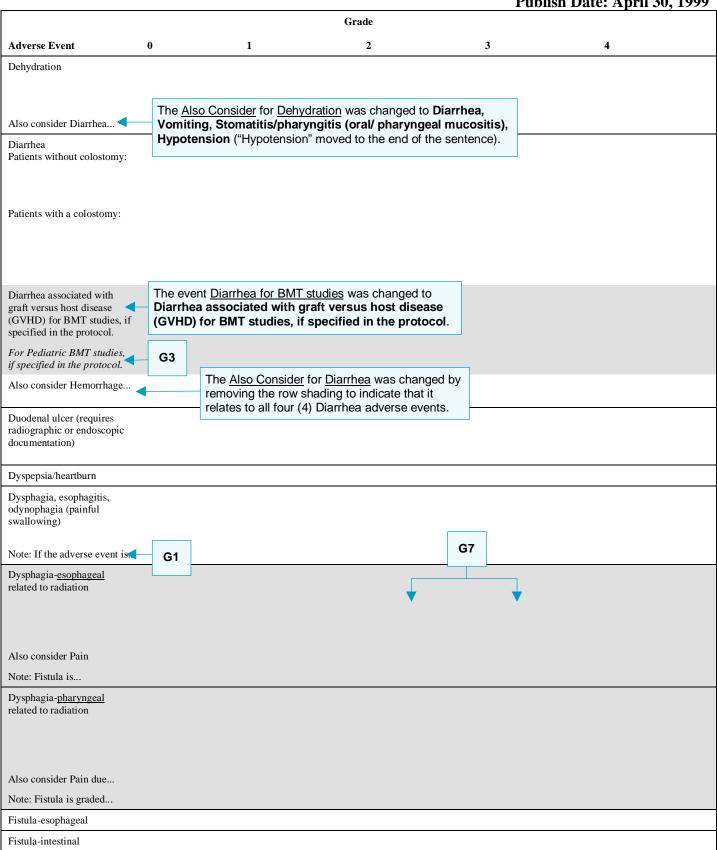


		Grade	1 00	usn Date: April 30, 1999					
Adverse Event	0 1	2	3	4					
Adverse Event			3	<u> </u>					
	COAGULATION								
Note: See the HEMORRHAGE	•••								
DIC (disseminated intravascular coagulation)			The Grad	le 4 value for Fibrinogen for					
Also consider Platelets.	The word <i>grade</i> was repla with the word <b>consider</b> .	ced	leukemia	studies or bone marrow					
Note: Must have	with the word <b>consider</b> .			e/ myelophthisic process was to <b>&lt;50mg</b> ("%" was deleted).					
Fibrinogen			3.1	<b>3</b> (11 11111)					
For leukemia studies or bone marrow infiltrative/ myelophthisic process, if specified in the protocol.	G2			<b>\</b>					
Partial thromboplastin time (PTT)									
Phlebitis is graded	The spelling for the word <b>Phlebitis</b> was corrected.								
Prothrombin time (PT)	Fillebitis was corrected.								
Thrombosis/embolism is graded	1								
Thrombotic microangiopathy (e.g., thrombotic thrombocytopenic purpura/TTP or hemolytic uremic syndrome/HUS)									
For BMT studies, if specified in the protocol.	G3								
Also consider Hemoglobin									
Note: Must have									
Coagulation - Other (Specify,)									
CONSTITUTIONAL SYMPTOMS									
Fatigue (lethargy, malaise, asthenia)									
Note: See Appendix III									

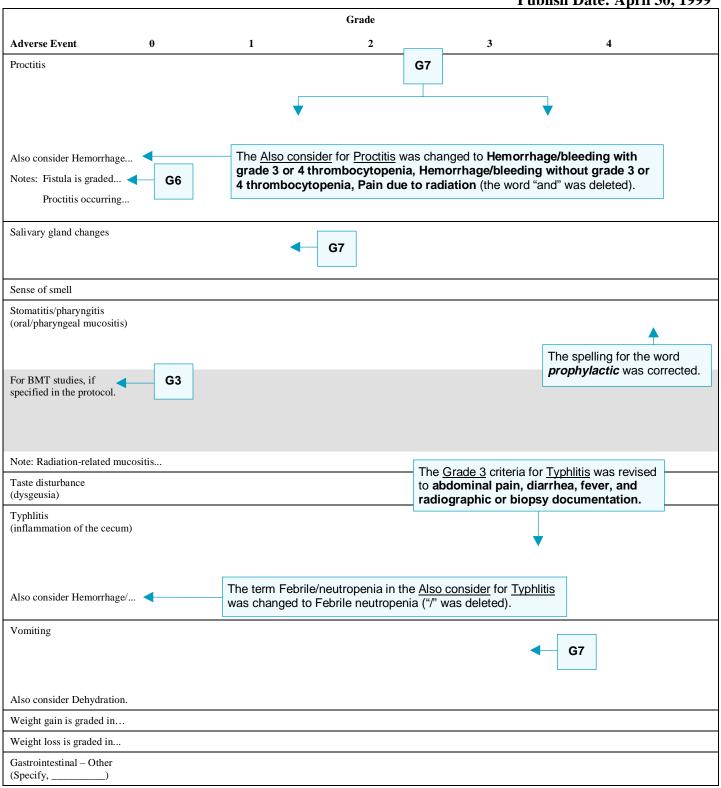
					i ublish Date.	April 30, 1999
			Grade			
Adverse Event	0	1	2		3	ļ
Fever (in the absence of neutropenia, where neutropenia is defined as AGC < 1.0 x 10 <sup>9</sup> /L)						
Also consider Allergic						
Note: The temperature						
Hot flashes/flushes						
Rigors, chills						
Sweating (diaphoresis)	The Also cons	ider for Weight gair m Pleural effusion (	n was changed to (non-malignant).			
Weight gain						
Also consider Ascites						
Weight gain associated with Veno-Occlusive Disease (VOD) for BMT studies, if specified in the protocol. Also consider Ascites	G2 _	<b>G</b> 7			ne spelling for the word cites was corrected.	
<u> </u>	The Also consi	der <b>Ascites Edem</b>	a, Pleural effusion	as	cites was corrected.	
Weight loss  Also consider Vomiting	(non-malignar		eight gain associated			
Constitutional Symptoms - Other (Specify,)	WITH VEHO-OCC	lasive Disease for L	JWH Studies.			
(A.F. 17)		DER	MATOLOGY/SK	IN		
Alopecia						
Bruising (in absence of grade 3 or 4 thrombocytopenia)						
Note: Bruising resulting		The adverse even	nt Dermatitis, focal (ass	sociated wi	th	
•		high-dose chemot	therapy and bone marr	row transpl	ant)	
Dry skin			etween <u>Bruising</u> and <u>Dr</u> ermatitis and moved to		•	
Erythema multiforme (e.g., Stevens-Johnson syndrome, toxic epidermal necrolysis)		Teriamed <b>Rasil/de</b>	ermauus and moved to	o page 9.		
Flushing						
Hand-foot skin reaction						
Injection site reaction						

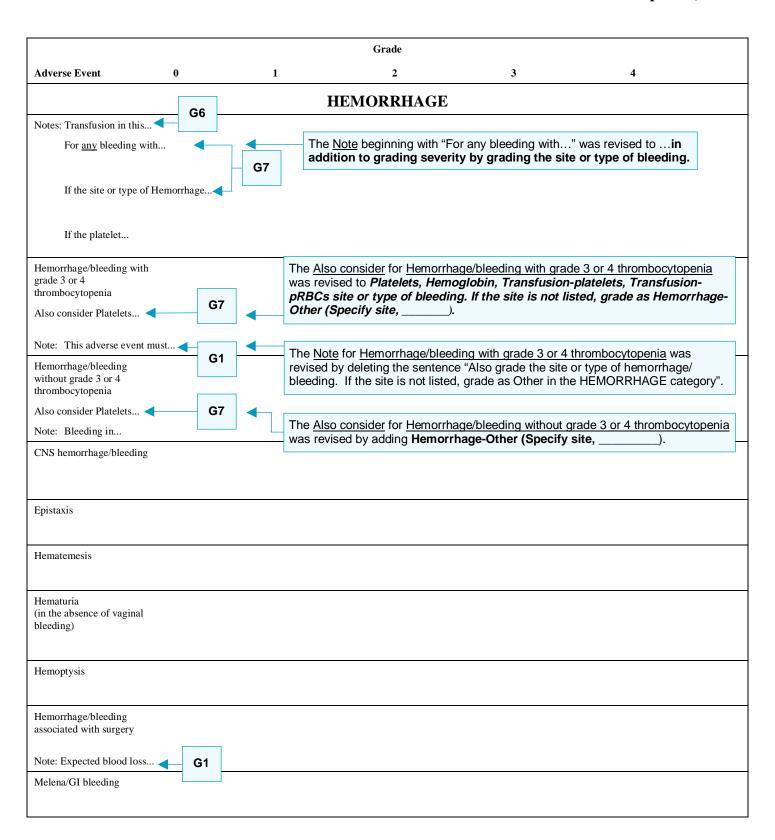


		Gr	ade		•
Adverse Event	0	1	2	3	4
Urticaria (hives, welts, wheals)					
Wound-infectious					<b>†</b>
Wound-non-infectious					The spelling for the word fasciitis was corrected.
Dermatology/Skin - Other (Specify,)					
		ENDO	CRINE		
Cushingoid appearance (e.g., moon face, buffalo hump centripetal obesity, cutaneous striae)	The exempli grat buffalo hump, c	tia (e.g.) for <u>Cushingoi</u> centripetal obesity, cu	d appearance was char ataneous striae ("with	nged to <b>e.g., n</b> or without" wa	noon face, s deleted).
Also consider Hyperglycemia					
Feminization of male					
Gynecomastia					
Hot flashes/flushes					
Hypothyroidism					
Masculinization of female					
SIADH (syndrome of inappropriate antidiuretic hormone)					
Endocrine - Other (Specify,)					
		GASTROIN	TESTINAL		
Amylase is graded in the META	ABOLIC/LABORATO	RY category.			
Anorexia					
Ascites (non-malignant)					
Colitis					
Also consider Hemorrhage					
Constipation					



		Grade	1 4011	sir Date: April 30, 1777
Adverse Event	0 1	2	3	4
Fistula-pharyngeal	1			<u> </u>
Fistula-rectal/anal				
Flatulence				
Gastric ulcer				
(requires radiographic or				
endoscopic documentation)				
Also consider Hemorrhage/				
Gastritis				
Gusurus				
Also consider Hemorrhage				
Hematemesis is graded				
Hematochezia is graded				
Ileus (or neuroconstipation)				
Mouth dryness				
Mucositis				
Notes: Mucositis not due to radia	ation G6	The spelling for the word		
		Vaginitis was corrected.		
Radiation-related mucosi	tis			
Mucositis due to radiation				
Also consider Pain due to radiati	ion.			
Notes: Grade radiation mucositis	CG			
Dysphagia related to	`			
Nausea				
Pancreatitis				
Also consider Hypotension.	The Note for Pancrea	titis was revised to Amylase is		
Note: Amylase	graded in the META	BOLIC/LABORATORY categor	ry	
Pharyngitis is graded	("Asymptomatic Amyl	ase and" was deleted).		





				I ubiisi	n Date. April 30, 1999
			Grade		
Adverse Event	0	1	2	3	4
Petechiae/purpura (hemorrhage/bleeding into skin or mucosa)					
Rectal bleeding/ hematochezia					
Vaginal bleeding					
Hemorrhage - Other (Specify site,)					
			HEPATIC		
Alkaline phosphatase					
Bilirubin					
Bilirubin associated with graft versus host disease (GVHD) for BMT studies, if specified in the protocol.	G2				
GGT					
(γ - Glutamyl transpeptidase)  Hepatic enlargement			rgement and its Note voluments between VOD and Bl		
Note: Grade Hepatic					
Hypoalbuminemia	G1		epatic enlargement wa Jement only for treatr		
Liver dysfunction/ failure (clinical)			g Veno-Occlusive Di		
Portal vein flow	The Note for	Liver dysfunction	n/failure (clinical) was c	deleted.	
SGOT (AST) (serum glutamic oxaloacetic transaminase)					
SGPT (ALT) (serum glutamic pyruvic transaminase)					
Hepatic - Other (Specify,)					
	I	NFECTION/	FEBRILE NEUT	ROPENIA	
Catheter-related infection					

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Grade
Adverse Event 0 1 2 3 4
Febrile neutropenia (fever of unknown origin without clinically or microbiologically documented infection)
(ANC < 1.0 x 10°/L, fever ≥38.5°C)  The Also consider for Febrile neutropenia was added.
Also consider Neutrophils.
Note: Hypothermia instead
Infection (documented clinically or microbiologically) with grade 3 or 4 neutropenia
(ANC < 1.0 x 10 <sup>9</sup> /L) The <u>Also consider</u> for <u>Infection</u> was added.
Also consider Neutrophils.
Notes: Hypothermia instead   The Note for Infection (documented clinically or microbiologically) beginning with "In
In the absence of the absence of" was revised to <i>In the absence of documented infection grade 3</i>
Infection with unknown ANC  or 4 neutropenia with fever is graded as Febrile neutropenia.
Note: This adverse event criterion   G1
Infection without neutropenia
Also consider Neutrophils.   The Also consider for Infection without neutropenia was added.
Wound-infectious is
Infection/Febrile Neutropenia - Other (Specify,) event was moved to appear as the last listing in the INFECTION/FEBRILE NEUTROPENIA Category.
LYMPHATICS
Lymphatics
Lymphatics - Other (Specify,)
METABOLIC/LABORATORY
Acidosis (metabolic or respiratory)
Alkalosis (metabolic or respiratory)
Amylase
Bicarbonate

				ru	biish Date: April	30, 1999	
		G	rade				
Adverse Event 0	1		2	3	4		
CPK (creatine phosphokinase)							
Hypercalcemia				The Grad	e 4 criteria for Hyperg	glycemia	
Hypercholesterolemia				was revise or <b>acidos</b>	ed to >500 mg/dL >2 is ("ketoacidosis" wa	7.8 mmol/L s deleted).	
Hyperglycemia					•		
Hyperkalemia							
Hypermagnesemia							
Hypernatremia							
Hypertriglyceridemia							
Hyperuricemia							
Also consider Tumor lysis	The Also consid	er for <u>Hyperuricemia</u> ord <i>Potassium</i> with <i>I</i>	a was revised by				
Hypocalcemia	replacing the wo	ord <i>Potassium</i> with <b>I</b>	нурегкаїетіа.				
Hypoglycemia							
Hypokalemia							
Hypomagnesemia							
Hyponatremia							
Hypophosphatemia							
Hypothyroidism is graded in							
Lipase							
Metabolic/Laboratory - Other (Specify,)							
MUSCULOSKELETAL							
Arthralgia is							
Arthritis							

			Grade	1 400	ish Date. April 50, 1999
Adverse Event	0	1	2	3	4
Muscle weakness (not due to neuropathy)					
M 1 1 5 1		The grading instructions for	Myalgia was revise	d to <b>Myalqia</b>	]
Myalgia [tenderness or pain  Myositis		[tenderness or pain in mu	scles] is graded in	the PAIN category.	
(inflammation/damage of muscle)					
Also consider CPK.					
Note: Myositis implies					
Osteonecrosis (avascular necrosis)					
Musculoskeletal – Other (Specify,)					
		N	EUROLOGY		
Aphasia, receptive and/or					
Arachnoiditis/meningismus/radiculitis					
Also consider Headache					
Ataxia (incoordination)					
CNS cerebrovascular ischemia					
CNS hemorrhage/bleeding is	graded				
Cognitive disturbance/ learning problems					

			Grade			
Adverse Event 0		1	2	3	4	
Confusion						
Cranial neuropathy is graded in						
Delusions						
Depressed level of consciousness						
Consciousness						
Notes Company (fainting)						
Note: Syncope (fainting)  Dizziness/lightheadedness						
Dizziness/fightheadedness						
Dysphasia, receptive and/or						
Extrapyramidal/ involuntary movement/						
restlessness						
Hallucinations						
Headache is graded in the PAIN						
Insomnia						
	0.1					
Note: This adverse event is	G1					
Irritability (children <3 years of age)						
Leukoencephalopathy	The italic	s and row shadir	ng were removed from the	е		
associated radiological findings	Leukoen	cephalopathy ass	ng were removed from the sociated radiological findi	nas event.		
Memory loss						

Г				r ubush Date. April 30, 1999
		Grade		
Adverse Event 0	1	2	3	4
Mood alteration-anxiety, agitation	<b>97</b>			
Mood alteration-depression				
Mood alteration-euphoria				
14100d anciation cupiloria				
Neuropathic pain is graded				
Neuropathy-cranial				
Neuropathy-motor				
rearopatily motor				
Neuropathy-sensory				
Nystagmus				
Also consider Vision-double				
Personality/behavioral				
Pyramidal tract dysfunction				
(e.g., ↑ tone, hyperreflexia,				
positive Babinski, ↓ fine motor coordination)				
,				
Seizure(s)				
Speech impairment				
(e.g., dysphasia or aphasia)				
Syncope (fainting)				
Also consider CARDIOVASCULA	AR			

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			Grade		•
Adverse Event	0	1	2	3	4
Tremor					
		_			
Vertigo					
Neurology - Other (Specify,)					
		OC	ULAR/VISUAL		
Cataract					
Conjunctivitis					
Dry eye					
Glaucoma					
Keratitis (corneal inflammation/					
corneal ulceration)					
Tearing (watery eyes)					
Vision-blurred vision					
Vision-double vision (diplopia)					
Vision-flashing lights/floaters					
ngnts/110aters					

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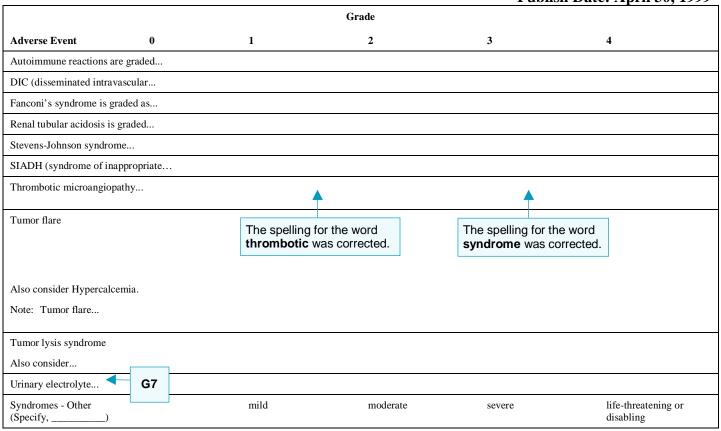
			Grade		•
Adverse Event	0	1	2	3	4
Vision-night blindness (nyctalopia)					
Vision-photophobia					
Ocular/Visual - Other (Specify,)					
			PAIN		
Abdominal pain or cramping					
Arthralgia (joint pain)					
Arthritis (joint pain					
Bone pain					
Chest pain (non-cardiac and non- pleuritic)					
Dysmenorrhea					
Dyspareunia					
Dysuria is graded in the					
Earache (otalgia)					
Headache					

		Grad	e	1 donon 2 de	c. Apin 30, 1777
Adverse Event	0 1		2	3	4
Hepatic pain	0 1		-	3	7
riepatie pain					
Myalgia (muscle pain)					
(muscre pam)					
Neuropathic pain					
(e.g., jaw pain, neurologic					
pain, phantom limb pain, post-infectious neuralgia, or					
painful neuropathies)					
Pain due to radiation					
Pelvic pain					
reivie pain					
Pleuritic pain					
Rectal or perirectal pain					
(proctalgia)					
Tumor pain					
(onset or exacerbation of					
tumor pain due to treatment)					
	The spelling for the wo	ord			
Tumor Flare is	flare was corrected.				
Pain - Other (Specify,)		_			
		PULMO	NARY		
Adult Respiratory Distress Syndrome (ARDS)					
Apnea					

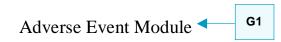
				i ublish Da	te. April 30, 1999
			Grade		
Adverse Event	0	1	2	3	4
Carbon monoxide diffusion capacity (DL <sub>CO</sub> )					
Cough					
Dyspnea (shortness of breath)					
FEV <sub>1</sub>					
Hiccoughs (hiccups, singultus)					
Hypoxia					
Pleural effusion (non-malignant)					
Pleuritic pain is graded in the					
Pneumonitis/pulmonary infiltrates					
Pneumothorax					
Pulmonary embolism is					
Pulmonary fibrosis					
Note: Radiation-related pulmo	narv				
Voice changes/stridor/larynx (e.g., hoarseness, loss of voice, laryngitis)					
Notes: Cough from	G6				
Radiation-related hemo	ptysis				
Pulmonary – Other (Specify,)					

				i ubiisii Dai	ie. April 30, 1999			
		Grade						
Adverse Event 0	1	2	3		4			
RENAL/GENITOURINARY								
Bladder spasms								
		<u> </u>						
Creatinine		- · · · ·						
Note: Adjust to age-appropriate		The spelling fo antispasmodi	r the word c was corrected.					
Dysuria (painful urination)		•						
Fistula or GU fistula (e.g., vaginal, vesicovaginal)								
Hemoglobinuria								
Hematuria (in the absence of vaginal								
Incontinence								
Operative injury to bladder and/or ureter								
Proteinuria								
Note: If there is an inconsistency between absolute	The Note	e for <u>Proteinuria</u> v cing <i>Uristix</i> with <b>d</b>	vas revised					
Renal failure	by replac	cing <i>Unsux</i> with <b>a</b>	ip stick.					
Ureteral obstruction								
Urinary electrolyte wasting (e.g., Fanconi's syndrome, renal tubular acidosis)								
Also consider Acidosis,								
Urinary frequency/urgency								
Urinary retention								

				I ub	usii Date. Aprii 30, 1999
			Grade		
Adverse Event	0	1	2	3	4
Urine color change (not related to other dietary or physiologic cause e.g., bilirubin, concentrated urine, hematuria)					
Vaginal bleeding is graded					
Vaginitis (not due to infection)					
Renal/Genitourinary - Other (Specify,)					
		SECONDA	RY MALIGN	ANCY	
Secondary Malignancy - Other (Specify type,) excludes metastasis from initial primary	type,	ondary Malignancy - Oth _) was revised to inclu s metastasis from initi	ıde		
		SEXUAL/REPR	ODUCTIVE I	FUNCTION	
Dyspareunia is					
Dysmenorrhea is					
Erectile impotence					
Female sterility					
Feminization of		lling for the word			
Irregular menses (change from baseline)	TOTTIMIZE	was corrected.		<b>G7</b>	
Libido			ı		
Male infertility				<b>V</b>	
Masculinization of female is					
Vaginal dryness					
Sexual/Reproductive Function - Other (Specify,)					
	SY	NDROMES (not in	ncluded in pre	vious categories)	
Acute vascular leak syndrome.					
ARDS (Adult Respiratory Dist	ress				



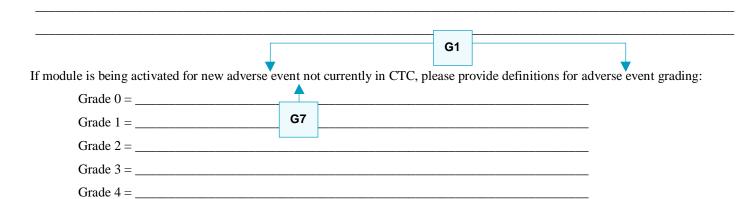
## Appendix I



To be implemented at the request of the study sponsor or principal investigator in the protocol or by protocol amendment when more detailed information is considered pertinent.

Adverse Event:	Date of Treatment:	Course Number:
Date of onset:		Grade at onset:
Date of first change in grade:		Grade:
Date of next change in grade:		Grade:
Date of next change in grade:	G1	Grade:
Date of next change in grade:		Grade:
Date of next change in grade:		Grade:
Date of next change in grade:		Grade:
Did adverse event resolve?   If so, date of resolution of adverse even	Yes	No
Date of last observation (if prior to recovery):		
Reason(s) observations stopped (if prio to recovery):	r	
Was patient retreated?	Yes	No
If yes, was treatment delayed for recovery?	Yes	No
Date of next treatment?		
Dose reduced for next treatment?	Yes	No

Additional Comments:



# Appendix II

### Infection Module

To be implemented at the request of the study sponsor or principal investigator in the protocol or by protocol amendment when more detailed information is considered pertinent.

1. Use the Common Toxicity Criteria definitions to grade the severity of the infection.

2.	. Specify type of infection from the following (CHOOSE ONE):				
	BACTERIAL FUNGAL PROTOZOAL VIRAL UNKNOWN				
3.	Specify site of infection from the following (CHOOSE ALL THAT APPLY):				
	BLOOD CULTURE POSITIVE BONE INFECTION CATHETER (intravenous) CATHETER (intravenous), tunnel infection CENTRAL NERVOUS SYSTEM INFECTION EAR INFECTION EYE INFECTION GASTROINTESTINAL INFECTION ORAL INFECTION PNEUMONIA SKIN INFECTION UPPER RESPIRATORY INFECTION URINARY TRACT INFECTION VAGINAL INFECTION INFECTION, not otherwise specified (Specify site,)				
4.	Specify organism, if known:				
5.	Prophylactic antibiotic, antifungal, or antiviral therapy administration				
	Yes No				
	If prophylaxis was given prior to infection, please specify below:				
Antibiotic prophylaxis					
	Antifungal prophylaxis				
	Antiviral prophylaxis				
	Other prophylaxis				

# Appendix III

### Performance Status Scales/Scores

The Performance Status Scale/Scores was revised.

### **PERFORMANCE STATUS CRITERIA**

Karnofsky and Lansky performance scores are intended to be multiples of 10.								
	ECOG (Zubrod)		Karnofsky	Lansky*				
Score	Description	Score	Description	Score	Description			
0	Fully active, able to carry on all pre-disease performance	100	Normal, no complaints, no evidence of disease.	100	Fully active, normal.			
	without restriction.	90	Able to carry on normal activity; minor signs or symptoms of disease.	90	Minor restrictions in physically strenuous activity.			
1	Restricted in physically strenuous activity but	80	Normal activity with effort; some signs or symptoms of disease.	80	Active, but tires more quickly			
am out sec	ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.	70	Cares for self, unable to carry on normal activity or do active work.	70	Both greater restriction of and less time spent in play activity.			
selfcare but	Ambulatory and capable of all selfcare but unable to carry	60	Requires occasional assistance, but is able to care for most of his/her needs.	60	Up and around, but minimal active play; keeps busy with quieter activities.			
	out any work activities. Up and about more than 50% of waking hours.		Requires considerable assistance and frequent medical care.	50	Gets dressed, but lies around much of the day; no active play; able to participate in all quiet play and activities.			
3	Capable of only limited selfcare, confined to bed or	40	Disabled, requires special care and assistance.	40	Mostly in bed; participates in quiet activities.			
	selfcare, confined to bed or chair more than 50% of waking hours.	30	Severely disabled, hospitalization indicated. Death not imminent.	30	In bed; needs assistance even for quiet play.			
4	Completely disabled. Cannot carry on any selfcare. Totally	20	Very sick, hospitalization indicated. Death not imminent.	20	Often sleeping; play entirely limited to very passive activities.			
	confined to bed or chair.	10	Moribund, fatal processes progressing rapidly.	10	No play; does not get out of bed.			

<sup>\*</sup>The conversion of the Lansky to ECOG scales is intended for NCI reporting purposes only.

# Appendix IV

## RTOG/EORTC Late Radiation Morbidity Scoring Scheme

Use for adverse event occurring greater than 90 days after radiation therapy.

		<u> </u>			
		The spelling f	or the word rrected.		
Adverse Event0	G1	1	2	3	4
Bladder- Late RT Morbidity Scoring		J			
				<b>^</b>	<b>^</b>
					G5
Bone- Late RT Morbidity Scoring					
Brain- Late RT Morbidity Scoring					
Esophagus- Late RT Morbidity Scoring					
Eye-	The Eye	e Late RT Morbidi	ty Scoring was moved order of this appendix.		
Late RT Morbidity Scoring	to retain	i ille alpriabelical	order or tries appendix.		
Heart-					
Late RT Morbidity Scoring					
Joint- Late RT Morbidity Scoring					
Kidney- Late RT Morbidity Scoring					
Lowny					
Larynx- Late RT Morbidity Scoring					

# Appendix IV (continued)

#### RTOG/EORTC Late Radiation Morbidity Scoring Scheme

Use for adverse event occurring greater than 90 days after radiation therapy.

		G1	G1 The spelling for the word occurring was corrected.			
Adverse Event	0		1	2	3	4
Liver- Late RT Morbidity Scoring						
Lung- Late RT Morbidity Scoring						
Mucous membrane- Late RT Morbidity Scoring						
Salivary glands- Late RT Morbidity Scoring						
Skin- Late RT Morbidity Scoring						
Small/Large intestine- Late RT Morbidity Scoring						
Spinal cord- Late RT Morbidity Scoring						
Subcutaneous tissue- Late RT Morbidity Scoring						
Radiation - Other (Specify,)						

### Appendix V

BMT-Specific Adverse Events

The <u>BMT-Specific Adverse Events</u> was added to summarize all BMT events included in the CTC v2.0.

Summary of BMT-Specific Adverse Events that may be used if specified by the protocol. These differ from the standard CTC and may be more relevant to the transplant setting. They are listed here for the convenience of investigators writing transplant protocols. They are also included in the CTC document.

	Grade						
0	1	2	3	4			

## Appendix V (Continued)

#### **BMT-Specific Adverse Events**

Summary of BMT-Specific Adverse Events that may be used if specified by the protocol. These differ from the standard CTC and may be more relevant to the transplant setting. They are listed here for the convenience of investigators writing transplant protocols. They are also included in the CTC document.

Grade						
Adverse Event	0	1	2	3	4	
Stomatitis/pharyngitis (oral/pharyngeal mucositis) for BMT studies.						
Transfusion: Platelets for BMT studies.						
Transfusion: pRBCs for BMT studies.						
Transfusion: pRBCs for Pediatric BMT studies.						
Thrombotic microangiopathy (e.g., thrombotic thrombocytopenic purpura/TTP or hemolytic uremic syndrome/HUS) for BMT studies.						
Weight gain associated with Veno-Occlusive Disease (VOD) for BMT studies.						

# Appendix VI

#### BMT Complex/Multicomponent Events

