



PVDOMICS STUDY

Comparator Additional PH Comorbidities - Form #502C

Instructions: This form is completed and entered for **COMPARATORS** only as per a list distributed by the Data Coordinating Center. The database will skip over sections that do not apply. A physician familiar with PVDOMICS and participant should complete/review this form. The purpose of this form is to collect information on comorbidities not included in the main F502. This will not lead to WHO Group re-classification.

Use all medical and surgical history related to pulmonary vascular disease (PVD). Information should be obtained from medical records, local physician records, and participant interview. It should include any current diagnoses and past pertinent history. Medical records might include, but are not limited to: hospital discharge summaries, consultation letters, MD progress notes, problem lists, medication records and imaging reports [i.e, x-ray, ultrasound, CT].

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1. Identification Number

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2. Alphacode

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3. Date of review: mm/dd/yyyy

Any of the following PH-associated medical conditions for COMPARATORS:

COMPARATOR Group 1 Review – Comparator for Pulmonary Arterial Hypertension

4. Was this participant diagnosed with any of these comparator WHO Group 1 conditions?

For Q4: 0=No, *skip to Q5*; 1=Yes, *complete Q4a-k*. For Q4a-k: use 0=No, 1=Yes:

a. IPAH (Idiopathic pulmonary arterial hypertension)?

b. FPAH (Familial pulmonary arterial hypertension)?

b.1. Hereditary hemorrhagic telangiectasia (HHT).....

Note: for the purposes of this study, PVDOMICS is not differentiating between Familial PAH (FPAH) and Heritable PAH (HPAH)

c. Drug-induced pulmonary arterial hypertension?

d. Connective tissue disease (CTD)?

d.1. Systemic lupus erythematosus (Lupus) (SLE)?

d.2. Sjogrens?

d.3. Rheumatoid Arthritis (RA)?

d.4. Mixed connective tissue disease (MCTD)?

d.5. Systemic sclerosis (SSc)?

d.6. Antisynthetase syndrome

d.7. CTD, undifferentiated

e. Human immunodeficiency virus (HIV) infection induced PH?

f. Portal hypertension

g. Congenital heart disease (CHD)

g.1 Was the shunt repaired?

- h. Schistosomiasis?
- i. Pulmonary-capillary hemangiomatosis (PCH)?
- j. Pulmonary veno-occlusive disease (PVOD)?
- k. Other Group 1 condition not listed above? (*Specify Q4k with condition in Comments*)

COMPARATOR Group 2 Review – Comparator for Left Heart Diseases

5. Was this participant diagnosed with any of these comparator WHO Group 2 conditions?
For Q5: 0=No, *skip to Q6*; 1=Yes, *complete Q5a-e*. For Q5a-e: use 0=No, 1=Yes
- a. Valvular heart disease?
- a.1. Stenotic?
- a.2. Regurgitant?
- b. Systolic heart failure?
- c. Heart failure with preserved ejection fraction?
- d. Cardiomyopathy?
- d.1. Hypertrophic?
- d.2. Restrictive?
- e. Other Group 2 condition not listed above? (*Specify Q5e with condition in Comments*)

COMPARATOR Group 3 Review – Comparator for Lung Disease and/or Hypoxemia

6. Was this participant diagnosed with any of these comparator WHO Group 3 conditions?
For Q6: 0=No, *skip to Q7*; 1=Yes, *complete 6a-e*. For Q6a-c, e: use 0=No, 1=Yes
- a. Systemic sclerosis (SSc)?
- b. Thoracic cage abnormality?
- c. Cystic fibrosis?
- d. Sarcoidosis? (*use codes below*)
0=No, 1=Yes, unknown if diagnosis was by biopsy, 2=Yes, diagnosis made by biopsy as per protocol
- e. Other Group 3 condition not listed above? (*Specify Q6e with condition in Comments*)

COMPARATOR Group 4 Review

7. Did this participant undergo any of these comparator WHO Group 4 procedures?
For Q7: 0=No, *skip to Q8*; 1=Yes, *complete Q7a-c*. For Q7a-c: use 0=No, 1=Yes
Note: Only history of PTE and/or BPA prior to enrollment or during the 6 weeks of PVDOMICS testing should be reported.
- a. Pulmonary thromboendarterectomy (PTE)
- b. Balloon pulmonary angioplasty (BPA)
- c. Other Group 4 condition not listed above? (*Specify Q7c with condition in Comments*)

COMPARATOR Group 5 Review

8. Was this participant diagnosed with any of these comparator WHO Group 5 conditions?
For Q8: 0=No, skip to Q199; 1=Yes, complete Q8a-d.

a. Sarcoidosis? (use codes below)
0=No, 1=Yes, unknown if diagnosis was by biopsy, 2=Yes, diagnosis made by biopsy as per protocol

b. Hemoglobinopathy? (use codes below)
0=No, 1=Yes, Sickle Cell Disease, 2=Yes, Thalassemia

c. Myeloproliferative disease? (use codes below)
0=No, 1=Yes

d. Other Group 5 condition not listed above? (Specify Q8d with condition in Comments)

9. Comments (required). Continue on next page, if needed.

199. Username of **physician reviewing/completing** this form.....
(Username is the first 6 letters of physician's last name and first initial.)

*This should be the center PI or other study physician trained on the PVDOMICS protocol.

200. Date this form completed (mm/dd/yyyy)..... / /

201. Username of person reviewing completeness of this form.....

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____