## Common Terminology Criteria for Adverse Events (CTCAE)

Version 4.0

Published: May 28, 2009 (v4.03: June 14, 2010)

U.S.DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health **National Cancer Institute** 

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### Common Terminology Criteria for Adverse Events v4.0 (CTCAE)

Publish Date: May 28, 2009

### <u>erence</u>

Common Terminology Criteria for vents is a descriptive terminology which ilized for Adverse Event (AE) reporting. (severity) scale is provided for each AE

### nts and Organization

rgan Class, the highest level of the nierarchy, is identified by anatomical or cal system, etiology, or purpose (e.g., stigations for laboratory test results). rms are grouped by MedDRA Primary thin each SOC, AEs are listed and ied by descriptions of severity (Grade).

### ms

se Event (AE) is any unfavorable and d sign (including an abnormal r finding), symptom, or disease y associated with the use of a medical or procedure that may or may <u>not</u> be d related to the medical treatment or ... An AE is a term that is a unique ation of a specific event used for locumentation and scientific analyses. AE v4.0 term is a MedDRA LLT (Lowest 1).

### **Definitions**

A brief definition is provided to clarify the meaning of each AE term.

### Grades

Grade refers to the severity of the AE. The CTCAE displays Grades 1 through 5 with unique clinical descriptions of severity for each AE based on this general guideline:

- Grade 1 Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.
- Grade 2 Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL\*.
- Grade 3 Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care ADL\*\*.
- Grade 4 Life-threatening consequences; urgent intervention indicated.
- Grade 5 Death related to AE.

A Semi-colon indicates 'or' within the description of the grade.

A single dash (-) indicates a grade is not available.

Not all Grades are appropriate for all AEs. Therefore, some AEs are listed with fewer than five options for Grade selection.

### Grade 5

Grade 5 (Death) is not appropriate for some AEs and therefore is not an option.

### Activities of Daily Living (ADL)

\*Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.

\*\*Self care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.

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0 incorporates certain elements of the MedDRA terminology. For further details on MedDRA refer to the MedDRA MSSO Web site (http://www.meddramsso.com)

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s F) for more than one hour.

Grade								
e Event	1	2	3	4	5			
	Hemoglobin (Hgb) <lln -<br="">10.0 g/dL; <lln -="" 6.2="" l;<br="" mmol=""><lln -="" 100="" g="" l<="" td=""><td>Hgb &lt;10.0 - 8.0 g/dL; &lt;6.2 - 4.9 mmol/L; &lt;100 - 80g/L</td><td>Hgb &lt;8.0 g/dL; &lt;4.9 mmol/L; &lt;80 g/L; transfusion indicated</td><td>Life-threatening consequences; urgent intervention indicated</td><td>Death</td></lln></lln></lln>	Hgb <10.0 - 8.0 g/dL; <6.2 - 4.9 mmol/L; <100 - 80g/L	Hgb <8.0 g/dL; <4.9 mmol/L; <80 g/L; transfusion indicated	Life-threatening consequences; urgent intervention indicated	Death			
	rized by an reduction in the amous s of breath, palpitations of the he	•	0 , 1	emia may include pallor of the sl	kin and			
nypocellular	Mildly hypocellular or <=25% reduction from normal cellularity for age	Moderately hypocellular or >25 - <50% reduction from normal cellularity for age	Severely hypocellular or >50 - <=75% reduction cellularity from normal for age	Aplastic persistent for longer than 2 weeks	Death			
sorder characte	rized by the inability of the bone r	marrow to produce hematopoieti	c elements.					
intravascular	-	Laboratory findings with no bleeding	Laboratory findings and bleeding	Life-threatening consequences; urgent intervention indicated	Death			
	rized by systemic pathological ac age as the body is depleted of pla	-	nisms which results in clot format	ion throughout the body. There	is an			
penia	-	-	ANC <1000/mm3 with a single temperature of >38.3 degrees C (101 degrees F) or a sustained temperature of >=38 degrees C (100.4 degrees F) for more than one hour.	Life-threatening consequences; urgent intervention indicated	Death			

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Blood and lymphatic system disorders									
	Grade								
se Event	1	2	3	4	5				
	Laboratory evidence of hemolysis only (e.g., direct antiglobulin test; DAT; Coombs'; schistocytes; decreased haptoglobin)	Evidence of hemolysis and >=2 gm decrease in hemoglobin.	Transfusion or medical intervention indicated (e.g., steroids)	Life-threatening consequences; urgent intervention indicated	Death				
sorder character	rized by laboratory test results the	at indicate widespread erythrocy	rte cell membrane destruction.	T	1				
nic syndrome	Evidence of RBC destruction (schistocytosis) without clinical consequences	-	Laboratory findings with clinical consequences (e.g., renal insufficiency, petechiae)	Life-threatening consequences, (e.g., CNS hemorrhage or thrombosis/embolism or renal failure)	Death				
sorder character	rized by a form of thrombotic mic	roanglopatny with renal fallure, r	1	1	I				
	-	-	>100,000/mm3	Clinical manifestations of leucostasis; urgent intervention indicated	Death				
sorder character	rized by laboratory test results the	at indicate an increased number	of white blood cells in the blood	•					
ain	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	-	-				
sorder character	rized by a sensation of marked di	scomfort in a lymph node.							
jr	Incidental findings (e.g., Howell-Jolly bodies); mild degree of thrombocytosis and leukocytosis	Prophylactic antibiotics indicated	-	Life-threatening consequences; urgent intervention indicated	Death				

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