

## Appendix III - Composite Glucocorticoid Toxicity Index

### 1. Body Mass Index (BMI) (compared to baseline)

- a. Improvement in the direction of the normal range by more than 2 BMI units [normal range = 18.5-24.9 kg/m<sup>2</sup>]
- b. No significant change (BMI remains within +/- 2 BMI units compared with baseline)  
OR BMI remains within the normal range
- c. Moderate increase in BMI (increase by more than 2 but less than 5 BMI units, to above the upper limit of normal BMI [24.9 kg/m<sup>2</sup>])
- d. Major increase in BMI (increase by at least 5 but less than 8 BMI units above normal BMI [24.9 kg/m<sup>2</sup>])

### 2. Glucose Tolerance (compared to baseline)

- a. Improvement in glucose tolerance:
  - HbA1c declined >10% from baseline without medication increase  
OR
  - Decrease in diabetic medication without an increase in HbA1c of >10% or HbA1c < 5.7%
- b. No significant change in glucose tolerance:
  - HbA1c within 10% of baseline or HbA1c < 5.7% AND no change in medication  
OR
  - HbA1c increased to > 10% of baseline with a decrease in medication  
OR
  - HbA1c decreased by > 10% of baseline with an increase in medication
- c. Worsening of glucose tolerance or medication status:
  - HbA1c > 5.7% and increased to >10% of baseline without a change in medication  
OR
  - Increase in diabetic medication with < 10% increase in HbA1c
- d. Worsening of glucose tolerance despite increased treatment:
  - HbA1c > 5.7% AND increased to >10% of baseline AND an increase in diabetic medication

### 3. Blood Pressure (BP) (compared to baseline)

- a. Improvement in BP:
  - Decrease in BP of >10% of baseline without medication increase, unless baseline systolic BP ≤ 120 and diastolic BP ≤ 85  
OR
  - Decrease in medication without an increase in BP of >10%, unless baseline systolic BP ≤ 120 and diastolic BP ≤ 85
- b. No significant change in BP:
  - BP within 10% of baseline or systolic BP ≤ 120 and diastolic BP ≤ 85 AND no change in medication  
OR
  - Increase in either systolic or diastolic BP >10% with a decrease in medication  
OR
  - Improvement in systolic or diastolic BP of > 10% with an increase in medication
- c. Worsening of hypertension:

- Increase in BP of >10% such that the systolic BP exceeds 120 mmHg or the diastolic BP exceeds 85 mmHg without a change in medication  
OR
  - An increase in anti-hypertensive medication accompanied by stability or no significant change in both the systolic and diastolic BP
- d. Worsening of hypertension despite treatment:
- Increase in BP of >10% such that the systolic BP exceeds 120 mmHg or the diastolic BP exceeds 85 mmHg AND an increase in medication

#### **4. Lipid metabolism (low-density lipoprotein [LDL] compared to baseline)**

- a. Improvement in lipids:
- Decrease in LDL concentration >10% of baseline toward the target range without medication increase  
OR
  - Decrease in medication without an increase in LDL of >10% or LDL remains within target range
- b. No significant change in LDL:
- LDL within 10% of baseline or within the target range for patient AND no change in medication  
OR
  - Increase in LDL > 10% with a decrease in medication  
OR
  - Improvement in LDL of > 10% with an increase in medication
- c. Worsening of LDL or medication status:
- Increase in LDL of >10% to above target range without a change in medication  
OR
  - Increase in medication with <10% change in LDL
- d. Worsening of LDL despite treatment:
- Increase in LDL of >10% AND an increase in medication

#### **5. Bone Mineral Density (compared to baseline)**

- a. Improvement – increase in BMD by >3%
- b. No significant change (BMD between -3% and +3%)
- c. Deterioration - decrease in BMD (BMD decrease by >3%)

*% refers to total BMD in gms/cm<sup>2</sup>*

#### **6. Glucocorticoid-induced myopathy**

- a. No steroid myopathy
- b. Mild steroid myopathy (weakness WITHOUT functional limitation)
- c. Moderate steroid myopathy (weakness WITH functional limitation)

**See Steroid Myopathy definitions, below**

#### **7. Skin**

- a. No skin toxicity
- b. Mild skin toxicity
- c. Moderate skin toxicity

**See Skin definitions, below**

**8. Neuropsychiatric toxicity**

- a. No neuropsychiatric symptoms
- b. Mild neuropsychiatric symptoms
- c. Moderate neuropsychiatric symptoms

**See Neuropsychiatry definitions, below**

**9. Infection (since last assessment)**

- a. No significant infection
- b. Specific infections < Grade 3 (oral or vaginal candidiasis, uncomplicated zoster)
- c. Grade 3 or complicated herpes zoster

**See Infection definitions, below**

## **Glucocorticoid-induced Myopathy Definitions**

Glucocorticoid-induced myopathy is defined as mild symmetrical weakness of the proximal muscles and/or neck flexors associated with steroid therapy, and NOT due to any other apparent cause. Muscle enzymes are typically within normal limits.

Mild and moderate severity of myopathy are defined by a muscle strength of 4 on the standard Medical Research Council rating scale.

A 4 means weaker than normal but greater than antigravity strength against resistance.

“Mild” is mild weakness (Grade 4) that does NOT functionally limit the patient.

”Moderate” is mild weakness (Grade 4) that does impose functional limitations on the patient enough to interfere with normal daily activities.

Note that a person may have muscle weakness consistent with glucocorticoid-induced myopathy that detectable on physical examination but might not be aware of it or have any corresponding functional limitation - this would be classified as mild.

Severe glucocorticoid-induced myopathy (defined as weakness of Grade 3 or less, which means no more than antigravity strength and unable to overcome any resistance or any degree weaker) is included in the Specific List. People who are severely weak may have difficulty rising from a chair without assistance or other major functional limitations but the formal categorization for severe should be based the degree of weakness on strength testing.

## Severity of Glucocorticoid Toxicity in the Skin

### Manifestations to be considered:

- Acneiform rash
- Easy Bruising
- Hirsutism
- Atrophy/striae
- Erosions/tears/ulcerations

| <b>Skin 6b. Mild</b>                 | <b>Skin 6c. Moderate</b>             | <b>Severe (Specific Domain)</b>      |
|--------------------------------------|--------------------------------------|--------------------------------------|
| Acneiform rash (Grades 1-2)          | Acneiform rash (Grade 3)             | Acneiform rash (Grade 4)             |
| Easy bruising (Grade 1)              | Easy bruising (Grade 2)              |                                      |
| Hirsutism (Grade 1)                  | Hirsutism (Grade 2)                  |                                      |
| Atrophy/Striae (Grade 1)             | Atrophy/Striae (Grade 2)             | Atrophy/Striae (Grade 3)             |
| Erosions/Tears/Ulcerations (Grade 1) | Erosions/Tears/Ulcerations (Grade 2) | Erosions/Tears/Ulcerations (Grade 3) |

### Skin Definitions (from National Cancer Institute Common Terminology Criteria for Adverse Events):

#### Acneiform rash

- Grade 1 - Papules and/or pustules covering <10% BSA, which may or may not be associated with symptoms of pruritus or tenderness
- Grade 2 – Papules and/or pustules covering 10 - 30% BSA, which may or may not be associated with symptoms of pruritus or tenderness; OR associated with psychosocial impact; OR limiting instrumental ADL
- Grade 3 - Papules and/or pustules covering >30% BSA, which may or may not be associated with symptoms of pruritus or tenderness; OR limiting self care ADL; OR associated with local superinfection with oral antibiotics indicated
- Grade 4 - Papules and/or pustules covering any % BSA, which may or may not be associated with symptoms of pruritus or tenderness and are associated with extensive superinfection with IV antibiotics indicated; OR life- threatening consequences

#### Easy bruising

- Grade 1 – Localized or in a dependent area
- Grade 2 - Generalized

#### Hirsutism - In women, increase in length, thickness or density of hair in a male distribution

- Grade 1 - Hirsutism that the patient is able to camouflage by periodic shaving, bleaching, or removal of hair
- Grade 2 - Hirsutism that requires daily shaving or consistent destructive means of hair removal to camouflage; OR associated with psychosocial impact

#### Atrophy / Striae

- Grade 1 - Covering <10% BSA; OR associated with telangiectasias or changes in skin color
- Grade 2 – Covering 10 - 30% BSA; OR associated with striae or adnexal structure loss
- Grade 3 - Covering >30% BSA; OR associated with ulceration

#### Erosions / Tears / Ulcerations

- Grade 1 – Combined area of ulcers <1 cm; OR nonblanchable erythema of intact skin associated with warmth or erythema
- Grade 2 – Combined area of ulcers 1 - 2 cm; OR partial thickness skin loss involving skin or subcutaneous fat
- Grade 3 – Combined area of ulcers >2 cm; OR full-thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to fascia

## Severity of Neuropsychiatric Glucocorticoid Toxicity

### Manifestations to be considered:

- Insomnia
- Mania
- Cognitive Impairment
- Depression

| <b>7b. Mild</b>                | <b>7c. Moderate</b>            | <b>Severe (Specific Domain)</b> |
|--------------------------------|--------------------------------|---------------------------------|
| Insomnia – (Grade 1)           | Insomnia – (Grade 2)           |                                 |
| Mania (Grade 1)                | Mania (Grade 2)                | Mania (Grade 3)                 |
| Cognitive impairment (Grade 1) | Cognitive impairment (Grade 2) | Cognitive impairment (Grade 3)  |
| Depression (Grade 1)           | Depression (Grade 2)           | Depression (Grade 3)            |

### Definitions of severity within the Neuropsychiatric Domain

**Insomnia** - Dissatisfaction with sleep quality and difficulty initiating or maintaining sleep or early morning awakening

- Grade 1: not associated with functional impairment
- Grade 2: associated with functional impairment

#### **Mania**

- Grade 1: Slightly or occasionally elevated or irritable mood and 0-1 mild or occasional additional symptoms of inflated self-esteem, decreased need for sleep, increased talkativeness, feeling that thoughts are faster than usual, distractibility, increased activity or agitation, and impulsive actions.
- Grade 2: Frequent or moderately elevated or irritable mood and 2-3 mild additional symptoms of inflated self-esteem, decreased need for sleep, increased talkativeness, feeling that thoughts are faster than usual, distractibility, increased activity or agitation, and impulsive actions.
- Grade 3: Severe or constantly elevated or irritable mood and 4 or more additional symptoms of inflated self-esteem, decreased need for sleep, increased talkativeness, feeling that thoughts are faster than usual, distractibility, increased activity or agitation, and impulsive actions.

#### **Cognitive impairment**

- Grade 1: Minor cognitive complaints, no objective findings on mental status examination (i.e., not apparent to the examiner) that were not present before initiating steroids
- Grade 2: New moderate cognitive deficits that were not present before initiating steroids
- Grade 3: Frank delirium

#### **Depression**

- Grade 1: Feeling slightly down or depressed and 0-2 mild or occasional addition symptoms of loss of interest, low energy, guilt, poor concentration, insomnia, restlessness, or change in appetite.
- Grade 2: Frequent or moderate feelings of being down or depression and/or 3-4 symptoms of loss of interest, low energy, guilt, poor concentration, insomnia, restlessness, or change in appetite.
- Grade 3: Severe constant feeling of being down or depression and/or 5 or more symptoms of loss of interest, low energy, guilt, poor concentration, insomnia, restlessness, or change in appetite and/or suicidal thoughts.

## **Infection Definitions**

No significant infection = No specific infections or serious infections, grade 3 or greater

Specific Infections – Oral or vaginal candidiasis or zoster infections without post-herpetic neuralgia or eye involvement

Grade 3 – Intravenous antibiotic, antifungal, or antiviral intervention or hospitalization indicated OR radiologic or operative intervention indicated OR herpes zoster complicated by post-herpetic neuralgia or eye involvement

Grade 4 or 5 - Life-threatening consequences; urgent intervention indicated OR death from infection (included in the Specific List)

## **References**

Medical Research Council of the United Kingdom. Guide to Examination of the Peripheral Nervous System: Memorandum No 45. Palo Alto, Calif: Pedragon House; 1978.

National Cancer Institute Common Terminology Criteria for Adverse Events v4.0 NCI, NIH, DHHS. May 29, 2009 NIH publication # 09-7473.