

A comprehensive clinical assessment is crucial to determine your PNH patient's risk for morbidities and premature mortality^{1,2,3,4,5}

Has your patient presented with any of the following lab values or symptoms?*

Evidence of elevated hemolysis <ul style="list-style-type: none"> • LDH $\geq 1.5 \times$ ULN (range of normal=105-333 IU/L) • Elevated reticulocyte count (>1.5%) • Low hemoglobin levels (female: <12.1 g/dL; male: <13.8 g/dL) • Low haptoglobin levels[†] (<41 mg/dL) • Elevated bilirubin (direct: >0.3 mg/dL; total: >1.9 mg/dL) • Hemoglobinuria 	_____ IU/L _____ % _____ g/dL _____ mg/dL _____ mg/dL Yes <input type="checkbox"/> No <input type="checkbox"/>
Signs of impaired renal function <ul style="list-style-type: none"> • Low eGFR (<90 mL/min/1.73 m²) • Elevated serum creatinine (female: >1.1 mg/dL; male: >1.3 mg/dL) 	_____ mL/min/1.73 m ² _____ mg/dL
Signs and symptoms of thrombosis <ul style="list-style-type: none"> • Elevated D-dimers (>250 ng/mL) • Low platelet count (<150 x 10⁹/L) • Abdominal pain • Chest pain • Dyspnea • Dysphagia • Neurological symptoms 	_____ ng/mL _____ x 10 ⁹ /L Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
QoL Factors <ul style="list-style-type: none"> • Fatigue • Pain 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Other evidence of disease progression <ul style="list-style-type: none"> • Increasing clone size • Elevated NT-proBNP (normal ranges vary with both gender and age) • History of thromboembolism 	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ pg/mL Yes <input type="checkbox"/> No <input type="checkbox"/>

*Normal lab values may vary slightly among different laboratories and also between individuals. Elevated values for this chart were defined by the upper limit, and low levels by the lower limit, of normal ranges defined by either MedlinePlus, Medscape, or the Mayo Foundation.

[†]Low haptoglobin is indicative of excess plasma-free hemoglobin released from hemolyzed RBCs.⁶

- Monitoring of patients with small PNH clones is essential since clone size increased in 40% (10/25) of patients with PNH clone size between 0.11% and 10%⁷

1. Hill A, Richards SJ, Hillmen P. Recent developments in the understanding and management of paroxysmal nocturnal haemoglobinuria. *Br J Haematol.* 2007;137:181-192. 2. Nishimura J-I, Kanakura Y, Ware RE, et al. Clinical course and flow cytometric analysis of paroxysmal nocturnal hemoglobinuria in the United States and Japan. *Medicine.* 2004;83:193-207. 3. Parker C, Omine M, Richards S, et al; for International PNH Interest Group. Diagnosis and management of paroxysmal nocturnal hemoglobinuria. *Blood.* 2005;106:3699-3709. 4. Hill A, Rother RP, Wang X, et al. *Br J Haematol.* 2010;149:414-425. 5. Weitz I, Meyers G, Lamy T, et al. Cross-sectional validation study of patient-reported outcomes in patients with paroxysmal nocturnal hemoglobinuria. *Intern Med J.* 2013;43:298-307. 6. Rother RP, Bell L, Hillmen P, et al. The clinical sequelae of intravascular hemolysis and extracellular plasma hemoglobin: a novel mechanism of human disease. *JAMA.* 2005;293:1653-1662. 7. Movvalia M, Illingworth A, Weitz I, et al. Poster presented at the 53rd Annual Meeting of the American Society of Hematology; December 10-13, 2011; San Diego, CA. Abstract 1033.