## Appendix, Table E-1: The ARCO International Classification of Osteonecrosis of the Femoral Head

STAGE	CLASSIFICATION				
0	Bone biopsy results consistent with osteonecrosis; normal findings on all other tests				
I	Positive scintiscan or magnetic resonance image, or both;  Location: lesions subdivided into medial, central, or lateral depending on location of involvement of femoral head  Quantification:  I-A < 15% involvement of femoral head*  I-B 15 - 30% involvement of femoral head*  I-C > 30% involvement of femoral head*				
II	Radiographic abnormalities (mottled appearance of femoral head, osteosclerosis, cyst formation, and osteopenia); no crescent sign or evidence of collapse of femoral head on radiographs;  Location: lesions subdivided into medial, central, or lateral depending on location of involvement of femoral head  Quantification:  II-A < 15% involvement of femoral head*  II-B 15 – 30% involvement of femoral head*  II-C > 30% involvement of femoral head*				
III	Crescent sign;  Location: lesions subdivided into medial, central, or lateral depending on location of involvement of femoral head  Quantification:  III-A < 15% involvement of femoral head or <2mm depression of femoral head†  III-B 15 – 30% involvement of femoral head or 2 – 4 mm depression of femoral head†  III-C > 30% involvement of femoral head or > 4 mm depression of femoral head†				
IV	Osteoarthritis: Articular surface flattened radiographically and joint space shows narrowing; changes in acetabulum with evidence of osteosclerosis, cyst formation, and marginal osteophytes				

<sup>\*</sup> As determined on magnetic resonance imaging

As determined on anteroposterior and lateral radiographs. The percentage given for the crescent sign refers to the percentage of the femoral head that the crescent sign subtends on the anteroposterior and lateral radiographs.

**Appendix, Table E-2: Steroid (prednisone) regimen:** 

	Kidney				
	(living	Kidney	Pancreas and		Heart, Lung, and
	donor)	(cadaver)	Kidney/Pancreas	Liver	Heart/Lung
POD #0	500 mg	250 mg	2 mg/kg	250 mg/kg	1 - 2 g
POD #1	1 mg/kg	1 mg/kg	1 mg/kg	200 mg	2 mg/kg
POD #2	0.5 mg/kg	1 mg/kg	1 mg/kg	160 mg	1 mg/kg
POD #3	0.5 mg/kg	1 mg/kg	1 mg/kg	120 mg	1 mg/kg
POD #4	0.25 mg/kg	1 mg/kg	0.75 mg/kg	100 mg	1 mg/kg
POD #5	0.25 mg/kg	1 mg/kg	0.75 mg/kg	80 mg	0.75 mg/kg
POD #6	15 mg	0.75 mg/kg	0.75 mg/kg	60 mg	0.75 mg/kg
POD #7	15 mg	0.75 mg/kg	0.6 mg/kg	40 mg	0.75 mg/kg
Week #2	15 mg	0.5 mg/kg	0.6 mg/kg	20 mg	0.5 mg/kg
Week #3	15 mg	0.5 mg/kg	0.5 mg/kg	17.5 mg	0.45 mg/kg
Week #4	15 mg	0.45 mg/kg	0.4 mg/kg	15 mg	0.4 mg/kg
Month #2	15 mg	0.4 mg/kg	0.3 mg/kg	↓by 2.5 mg/wk	↓by 0.5 mg/kg/wk
Month #3	12.5 mg	0.35 mg/kg	0.2 mg/kg	5 mg	0.2 mg/kg
Month #4	10 mg	0.3 mg/kg	0.15 mg/kg	5 mg	0.15 mg/kg
Month #5	10 mg	0.25 mg/kg	0.1 mg/kg	5 mg	0.1 mg/kg
Month #6	10 mg	0.2 mg/kg	0.075 mg/kg	5 mg	0.1 mg/kg
Year #1	10 mg	0.15 mg/kg	(+/-)	5 mg	0.1 mg/kg

Rejection protocol: 0.5 – 1.0 g Solu-Medrol IV x 3 days, followed by a rapid taper