

Patient Name / ID Nr. \_\_\_\_\_

Date of Birth ( dd/mm/yy ) \_\_\_\_\_

Examination  day 240 (mm/yyyy) \_\_\_\_\_  
 day 270 (mm/yyyy) \_\_\_\_\_  
 day 360 (mm/yyyy) \_\_\_\_\_  
 \_\_\_\_\_ Months after start of therapy ( mm/yyyy ) \_\_\_\_\_

### Immunosuppressive Therapy

**Cyclosporin A**  ongoing (application continuously)  
 tapering Date of start (dd/mm/yy) \_\_\_\_\_  
 stopped Date of last dose (dd/mm/yy) \_\_\_\_\_  
 restarted Date of start (dd/mm/yy) \_\_\_\_\_  
 reason | \_\_\_\_\_

### Complications since Last Report

**Infection**  no  yes CTCAE grade  
 bacterial  3  4 organism if known | \_\_\_\_\_  
 fungal  3  4 organism if known | \_\_\_\_\_  
 parasitic  3  4 organism if known | \_\_\_\_\_  
 viral  3  4 organism if known | \_\_\_\_\_  
 unknown  3  4 organism if known | \_\_\_\_\_

**EBV LPD**  no  yes, Date (dd/mm/yy) \_\_\_\_\_

**Hemorrhage**  no  yes  3  4

**Renal/Metabolic Laboratory**

**Creatinine**  no  yes  3  4

**Other**  no  yes | \_\_\_\_\_ CTCAE grade  
 | \_\_\_\_\_ Grade  3  4  
 | \_\_\_\_\_ Grade  3  4

## Response

### Transfusions

Still transfusion dependent on red cells  no  yes date of last transfusion |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

Still transfusion dependent on platelets  no  yes date of last transfusion |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

Granulocyte transfusion  no  yes

**Complete blood count:** |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_| ( dd/mm/yy )

RBC(Ery) \_\_\_\_\_ unit \_\_\_\_\_ WBC \_\_\_\_\_ unit \_\_\_\_\_

MCV \_\_\_\_\_ unit \_\_\_\_\_ ANC \_\_\_\_\_ unit \_\_\_\_\_

Hb \_\_\_\_\_ unit \_\_\_\_\_ Platelets \_\_\_\_\_ unit \_\_\_\_\_

Reti \_\_\_\_\_ unit \_\_\_\_\_

**Karyotype performed**  no  yes, please enclose copy of report

**Response:**  Complete response according to Def. A date(dd/mm/yy) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|  
(ANC  $\geq 1.5 \times 10^9/l$ , Hb  $\geq$  age adjusted cut-off value, Plt  $\geq 150 \times 10^9/l$ )

according to Def. B date(dd/mm/yy) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|  
(ANC  $\geq 1.5 \times 10^9/l$ , Hb  $\geq$  age adjusted cut-off value, Plt  $\geq 100 \times 10^9/l$ )

Partial response date(dd/mm/yy) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|  
(no Plt or RBC transfusion, ANC  $\geq 0.5 \times 10^9/l$ , self sustained Hb  $\geq 6.0$  g/dl, Plt  $\geq 20 \times 10^9/l$ )

Non response (neither PR or CR)

Progress to MDS/AML/aberrant karyotype date(dd/mm/yy) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

Relapse date(dd/mm/yy) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

PNH disease date(dd/mm/yy) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

**Following Therapy** SCT  no  yes (please complete the EWOG MDS transplant form)

Other  no  yes please specify |\_\_\_\_\_|

## Status

Alive Performance status Karnofsky/Lansky \_\_\_\_\_

Dead if yes: date of death (dd/mm/yy) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

Autopsy  no  yes

Main cause of death  bleeding

infection

other |\_\_\_\_\_|

Comment:  
|\_\_\_\_\_|

Date |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

Signature \_\_\_\_\_