

Patient identification number / Name \_\_\_\_\_ Date of Birth ( dd/mm/yy ) \_\_\_\_\_ Institution \_\_\_\_\_  
 |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

Date of last documentation ( dd/mm/yy ) \_\_\_\_\_ Please report from here on \_\_\_\_\_  
 |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

## Therapy

### I. Observation period (no therapy)

From ( dd/mm/yy ) \_\_\_\_\_ until ( dd/mm/yy ) \_\_\_\_\_  
 |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

### II. Treatment other than AML/IST – Therapy:

Weight (kg) \_\_\_\_\_ Length (cm) \_\_\_\_\_  
 |\_\_\_\_\_| |\_\_\_\_\_|

Begin	ongoing no yes	end	drug	dosage
_____   _____   _____	<input type="checkbox"/> <input type="checkbox"/>	_____   _____   _____	_____	_____
_____   _____   _____	<input type="checkbox"/> <input type="checkbox"/>	_____   _____   _____	_____	_____
_____   _____   _____	<input type="checkbox"/> <input type="checkbox"/>	_____   _____   _____	_____	_____
_____   _____   _____	<input type="checkbox"/> <input type="checkbox"/>	_____   _____   _____	_____	_____

**Splenectomy**   date ( dd/mm/yy ) \_\_\_\_\_  
 Splenic irradiation   date ( dd/mm/yy ) \_\_\_\_\_ total dose \_\_\_\_\_ Gy

### III. AML Therapy

Begin \_\_\_\_\_ ongoing \_\_\_\_\_ end \_\_\_\_\_ protocol \_\_\_\_\_  
 no yes |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

% blasts at start of AML-Therapy PB \_\_\_\_\_ BM \_\_\_\_\_

Please include flow sheet or therapy documentation according to protocol

Specify any major modification from protocol:

\_\_\_\_\_  
 \_\_\_\_\_

Remission achieved  no  yes date ( dd/mm/yy ) \_\_\_\_\_  
 |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

If no remission achieved, blast count at end of AML therapy PB \_\_\_\_\_ BM \_\_\_\_\_  
 |\_\_\_\_\_| |\_\_\_\_\_|

### IV. IST Therapy

no  yes, please fill in forms of EWOG RC IST 2006

### V. Stem cell transplantation

no  yes, please fill in SCT form

## Hematological data for I (Observation period) and II (treatment other than AML therapy)

Please record : a) every bone marrow examination along with peripheral blood counts  
 b) in the absence of a bone marrow examination the 1. peripheral blood count indicating progress  
 c) the last peripheral blood count

**If you need additional pages please copy**

Date ( dd/mm/yy ) |\_\_|\_|\_||||\_\_|\_|\_||||\_\_|\_|\_|

receives red cell transfusions regularly  no  yes

receives platelet transfusions regularly  no  yes

**Peripheral blood**

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

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

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

WBC \_\_\_\_\_ unit \_\_\_\_\_

Reti count \_\_\_\_\_

**Bone marrow aspirate**

cell content  decreased  normal  increased

megakaryocytes  decreased  normal  increased

none

auer rods  no  yes

HbF |\_\_\_\_\_| (%)

Differential count (%)	Peripheral blood	Bone marrow
Blast		
Promyelocyte		
Myelocyte		
Metamyelocyte		
Band		
Segmented		
Eosinophil		
Basophil		
Lymphocyte		
Monocyte		
Erythroblast		
	<b>100</b>	<b>100</b>
Name of reviewing center		

Date ( dd/mm/yy ) |\_\_|\_|\_||||\_\_|\_|\_||||\_\_|\_|\_|

receives red cell transfusions regularly  no  yes

receives platelet transfusions regularly  no  yes

**Peripheral blood**

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

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

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

WBC \_\_\_\_\_ unit \_\_\_\_\_

Reti count \_\_\_\_\_

**Bone marrow aspirate**

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Metamyelocyte		
Band		
Segmented		
Eosinophil		
Basophil		
Lymphocyte		
Monocyte		
Erythroblast		
	<b>100</b>	<b>100</b>
Name of reviewing center		

## Cytogenetic and culture studies

(if new results are available)

Date of conventional cytogenetic examination ( dd/mm/yy ) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_| Please enclose a copy of report

Analysis to exclude Fanconi anemia (for all primary MDS)  neg  pos  pending  not done

*PTPN11* / *RAS* mutation  not done  analysed, please enclose a copy of report

## Follow up for patients with therapy I, II, III

Date of last examination ( dd/mm/yy ) |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

General condition:  Good (Karn $\geq$ 80, ECOG 0-1, Lansky $\geq$ 80)

Poor (Karn $<$ 80, ECOG 2-3, Lansky $<$ 80)

Unknown

Patient:  alive if yes:  stable disease (observation /treatment other than AML)

in CR

relapse date of relapse |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

site of relapse:  marrow/blood  CNS

other extramedullary, specify |\_\_\_\_\_|

kind of relapse: haematological  N  Y

cytogenetic  N  Y

molecular  N  Y

death if yes: date of death |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

Autopsy  yes  no

Main cause of death  progression of disease

previous malignancy

hemorrhage

cardiac toxicity

interstitial pneumonitis

ARDS

infection  viral

organism |\_\_\_\_\_|

bacterial

organism |\_\_\_\_\_|

fungal

organism |\_\_\_\_\_|

parasitic

organism |\_\_\_\_\_|

other

|\_\_\_\_\_|

unknown

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

unknown

Contributing cause of death |\_\_\_\_\_|

second malignancy

date of diagnosis |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

alive

death

diagnosis |\_\_\_\_\_|

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

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

Signature \_\_\_\_\_