SCT Part I (day 100)

Patient Identification Number / Name
|_____|

Date of Birth
|__|__||__|__||__|__|
(dd/mm/yy)

Center
|_____|

Date of SCT
|__|__||__|__||__|__|
(dd/mm/yy)

Number of SCT |_____|

Patient

Infection Markers (before SCT)

HIV IgG/PCR	☐ positive	☐ negative	☐ unknown
CMV IgG	☐ positive	☐ negative	☐ unknown
EBV IgG	☐ positive	☐ negative	☐ unknown
Anti-HBs	☐ positive	☐ negative	☐ unknown
Anti-HBc	☐ positive	☐ negative	☐ unknown
HBsAg	☐ positive	☐ negative	☐ unknown
HCV IgG/PCR	☐ positive	☐ negative	☐ unknown
HTLV I IgG/PCR	☐ positive	☐ negative	☐ unknown
Toxoplasmosis IgG	☐ positive	☐ negative	☐ unknown
Other	☐ positive	☐ negative	if positive, specify I_____I

ABO Group ☐ A ☐ B ☐ AB ☐ 0
☐ Rh pos ☐ Rh neg

HLA Typing

|__|__|__|__| A |__|__|__|__| B |__|__|__|__| C |__|__|__|__| DRB1 |__|__|__|__| DQB1 |__|__|__|__| DPB1
|__|__|__|__| A |__|__|__|__| B |__|__|__|__| C |__|__|__|__| DRB1 |__|__|__|__| DQB1 |__|__|__|__| DPB1

Performance status Karnofsky/ Lansky : _____ Weight (kg) : _____ Height (cm) : _____
Pregnancy excluded ☐ no ☐ yes

Donor

Relation with the Patient ☐ unrelated: donor ID (eg DKMS): _____
☐ related: ☐ syngeneic ☐ other sibling ☐ other family member

Age (YY) |__|__| **Sex** ☐ male ☐ female

ABO Group ☐ A ☐ B ☐ AB ☐ 0
☐ Rh pos ☐ Rh neg

HLA Typing

|__|__|__|__| A |__|__|__|__| B |__|__|__|__| C |__|__|__|__| DRB1 |__|__|__|__| DQB1 |__|__|__|__| DPB1
|__|__|__|__| A |__|__|__|__| B |__|__|__|__| C |__|__|__|__| DRB1 |__|__|__|__| DQB1 |__|__|__|__| DPB1

Serologic Status of the Donor

HIV IgG/PCR	☐ positive	☐ negative	☐ unknown
CMV IgG	☐ positive	☐ negative	☐ unknown
EBV IgG	☐ positive	☐ negative	☐ unknown
Anti-HBs	☐ positive	☐ negative	☐ unknown
Anti-HBc	☐ positive	☐ negative	☐ unknown
HbsAg	☐ positive	☐ negative	☐ unknown
HCV IgG/PCR	☐ positive	☐ negative	☐ unknown
HTLV I IgG/PCR	☐ positive	☐ negative	☐ unknown
Toxoplasmosis IgG	☐ positive	☐ negative	☐ unknown
Other	☐ positive	☐ negative	if positive, specify I________________________________I

Conditioning regimen

Type of Treatment

Drugs, ATG, mono AB

I____________________I days of administration I__I I__I I__I I__I I__I I__I I__I I__I I__I (-7, -6, -5, ...)

dose each day I__I I__I I__I I__I I__I I__I I__I I__I I__I ☐ mg/m²/d ☐ mg/kg/d

I____________________I days of administration I__I I__I I__I I__I I__I I__I I__I I__I I__I (-7, -6, -5, ...)

dose each day I__I I__I I__I I__I I__I I__I I__I I__I I__I ☐ mg/m²/d ☐ mg/kg/d

I____________________I days of administration I__I I__I I__I I__I I__I I__I I__I I__I I__I (-7, -6, -5, ...)

dose each day I__I I__I I__I I__I I__I I__I I__I I__I I__I ☐ mg/m²/d ☐ mg/kg/d

I____________________I days of administration I__I I__I I__I I__I I__I I__I I__I I__I I__I (-7, -6, -5, ...)

dose each day I__I I__I I__I I__I I__I I__I I__I I__I I__I ☐ mg/m²/d ☐ mg/kg/d

Modification of dosage ☐ no ☐ yes, reason I____I

BSA used for drug calculation (m²): _______

TBI: ☐ no ☐ yes days of application I__I I__I I__I I__I I__I I__I I__I I__I I__I (-7, -6, -5, ...)

number of fractions per day I__I I__I I__I I__I I__I I__I I__I I__I I__I

Gy per fraction I__I I__I I__I I__I I__I I__I I__I I__I I__I

Transplantation

Source of Stem Cells ☐ bone marrow ☐ peripheral blood ☐ cord blood

Manipulation of Graft ☐ no ☐ yes

T-cell-depletion ☐ no ☐ yes

CD 34 positive selection ☐ no ☐ yes

other ☐ no ☐ yes, specify I__________________I

Cells Infused

number of nucleated cells infused (cells/kg of recipient body weight) ___________ $x10^8$

number of CD34+ (cells/ kg of recipient body weight) ___________ $x10^6$

number of CD3+ (cells/ kg of recipient body weight) ___________ $x10^4$

Cytokines in the immediate Post-transplant Period (Excluding cytokines administered for engraftment failure)

☐ none ☐ G-CSF ☐ GM-CSF ☐ other, please specify ______________________

date of started |__|__||__|__||__|__| (dd/mm/yy)

date of last application |__|__||__|__||__|__| (dd/mm/yy)

Engraftment

Engraftment ☐ no

☐ yes, hematopoietic reconstitution

leukocytes > $1x10^9$/l (dd/mm/yy) I__I__II__I__II__I__I
if leukocytes never went below this level tick here □

neutrophiles > $0.5x10^9$/l (dd/mm/yy) I__I__II__I__II__I__I
if neutrophils never went below this level tick here □

platelets > $20x10^9$/l (dd/mm/yy) I__I__II__I__II__I__I ☐ not reached
if platelets never went below this level tick here □

platelets > $50x10^9$/l (dd/mm/yy) I__I__II__I__II__I__I ☐ not reached
if platelets never went below this level tick here □

transfusion dependent for red blood cells at day 100 ☐ no ☐ yes

Loss of Graft ☐ no ☐ yes ☐ neutrophiles < 0.5 x 10^9/l date (dd/mm/yy) I__I__II__I__II__I__I

☐ autologous reconstitution

GvHD

Prophylaxis

Cyclosporin A ☐ no ☐ yes starting dose (first 2 weeks i.v.) |_____| mg/kg/d

date of first tapering (dd/mm/yy) I__I__II__I__II__I__I

date of last dose (dd/mm/yy) I__I__II__I__II__I__I

MTX ☐ no ☐ yes days I___I I___I I___I I___I after graft infusion

dose / day I___I I___I I___I I___I mg/m²

Leucovorin ☐ no ☐ yes

other ☐ no ☐ yes please specify |_____|

Manifestation of aGvHD ☐ no ☐ yes date of onset (dd/mm/yy) I__I__II__I__II__I__I

based on ☐ clinical evidence ☐ histology

maximum (overall) grade ☐ grade 1 ☐ grade 2 ☐ grade 3 ☐ grade 4

stage skin I___I stage liver I___I stage gut I___I

Treatment of aGvHD

☐ no ☐ yes ☐ Methylprednisolone maximum dose (mg/kg/d) : I_____I

ongoing ☐ no ☐ yes

stopped ☐ no ☐ yes, date I__I__II__I__II__I__I (dd/mm/yy)

☐ Monoclonal AB dose (mg/kg/d) I_____I date of last dose I__I__II__I__II__I__I (dd/mm/yy)

specify I_____I

☐ MMF dose (mg/kg/d) I_____I date of last dose I__I__II__I__II__I__I (dd/mm/yy)

☐ FK 506 dose (mg/kg/d) I_____I date of last dose I__I__II__I__II__I__I (dd/mm/yy)

☐ Other specify I_____I

Resolution ☐ no ☐ yes, date (dd/mm/yy) I__I__II__I__II__I__I

Manifestation of cGvHD ☐ no ☐ yes, date of onset (dd/mm/yy) I__I__II__I__II__I__I

Score (Definitions see manual for EWOG MDS 2006, SCT)

☐ skin	☐ 1 ☐ 2 ☐ 3
☐ mouth	☐ 1 ☐ 2 ☐ 3
☐ eyes	☐ 1 ☐ 2 ☐ 3
☐ GI tract	☐ 1 ☐ 2 ☐ 3
☐ liver	☐ 1 ☐ 2 ☐ 3
☐ lungs	☐ 1 ☐ 2 ☐ 3
☐ joints and fascia	☐ 1 ☐ 2 ☐ 3
☐ genital tract	☐ 1 ☐ 2 ☐ 3
☐ performance score	☐ 1 ☐ 2 ☐ 3
☐ other, specify I_____I	

maximum (overall) grade ☐ mild ☐ moderate ☐ severe
(Definitions see manual for EWOG MDS 2006, SCT)

Treatment of cGvHD ☐ no ☐ yes

☐ CSA	Dose (mg/kg/day) I____I for I____I days
☐ Corticosteroide	Dose (mg/kg/day) I____I for I____I days
☐ ECP	Starting date (dd/mm/yy) I__I__II__I__II__I__I
	Last date (dd/mm/yy) I__I__II__I__II__I__I
☐ Other	Specify I_____I

Complications within the first 100 days

Infections	**pathogen, please specify**	**systemic**	**localized, please specify**
bacterial	I_____I	☐	☐ I_____I
fungal	I_____I	☐	☐ I_____I
parasitic	I_____I	☐	☐ I_____I

viral ☐ CMV infection ☐ CMV disease
☐ EBV infection ☐ EBV LPD
☐ other, please specify I_____I

Pulmonary toxicity	hypoxia	☐ 1	☐ 2	☐ 3	☐ 4 grade WHO
	IPS	☐ no	☐ yes		
	ARDS	☐ no	☐ yes		
	artificial ventilation	☐ no	☐ yes		
Hepatotoxicity	S-GOT / S-GPT	☐ 1	☐ 2	☐ 3	☐ 4 grade WHO
	bilirubin	☐ 1	☐ 2	☐ 3	☐ 4 grade WHO
	VOD	☐ no	☐ yes		
Renal toxicity	creatinine	☐ 1	☐ 2	☐ 3	☐ 4 grade WHO
	hemodialysis/hemofiltration	☐ no	☐ yes		
Hemorrhagic cystitis		☐ no	☐ yes		

Other ☐ no ☐ yes, please specify I_____I

Chimerism

PB/BM	Date	% of autologous cells	Method	Immunosuppressive Therapy none	unchanged	reduced	stopped
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I______I	I__________I	☐	☐	☐	☐

Relapse after SCT

☐ no ☐ yes

☐ marrow/blood
- ☐ mematological date of relapse (dd/mm/yy) I__I__II__I__II__I__I
- ☐ cytogenetic date of relapse (dd/mm/yy) I__I__II__I__II__I__I (please enclose copy of cytogenetic report)
- ☐ molecular date of relapse (dd/mm/yy) I__I__II__I__II__I__I

☐ CNS

☐ other extramedullary, specify I____I

Additional treatment post transplant

Any other treatment

☐ none

☐ Chemotherapy, please specify I________________________________I date first dose I__I__II__I__II__I__I

date last dose I__I__II__I__II__I__I

☐ DLI date (dd/mm/yy) I__I__II__I__II__I__I please complete Cell Therapy Form

☐ Subsequent SCT date (dd/mm/yy) I__I__II__I__II__I__I please complete another SCT Form

☐ other, please specify I____I

Status at day 100

Disease status:

☐ CR ☐ Relapse ☐ Autologous reconstitution

Survival status:

☐ Alive date last examination (dd/mm/yy) I__I__II__I__II__I__I Karnofsky/ Lansky score I_____I %

☐ Dead date of death (dd/mm/yy) I__I__II__I__II__I__I Autopsie ☐ no ☐ yes

Main cause of death: ☐ Relapse or progression

☐ Relapse or progression of primary malignancy (for secondary MDS)

☐ Transplant related cause (check as many as appropriate)

	no	yes
☐ Rejection / poor graft function	☐	☐
☐ GvHD	☐	☐
☐ Veno-Occlusive disease (VOD)	☐	☐
☐ Infection	☐	☐
☐ Hemorrhage	☐	☐
☐ EBV lymphoprolif. Disease (LPD)	☐	☐
☐ Pulmonary toxicity	☐	☐
☐ Liver failure	☐	☐

☐ Other, specify _____

Further comments: _____

Date: I__I__II__I__II__I__I Stamp Signature _____