EWOG MDS - 2006

SCT Part III (FUP)

Center |_____|

Patient Identification Number / Name |_____|

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

Date of last documentation (dd/mm/yy) |__|__||__|__||__|__| (report from here on)

Chronic GVHD

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

	Score (Definitions see manual)
☐ 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)

Treatment of cGvHD

☐ no ☐ yes

☐ CSA
- ☐ ongoing
- ☐ de novo starting date I__I__II__I__II__I__I (dd/mm/yy)
  - last date I__I__II__I__II__I__I (dd/mm/yy)
- ☐ stopped last date I__I__II__I__II__I__I (dd/mm/yy)

☐ Corticosteroide
- ☐ ongoing
- ☐ de novo starting date I__I__II__I__II__I__I (dd/mm/yy)
  - last date I__I__II__I__II__I__I (dd/mm/yy)
- ☐ stopped last date I__I__II__I__II__I__I (dd/mm/yy)

☐ ECP
- starting date I__I__II__I__II__I__I (dd/mm/yy)
- last date I__I__II__I__II__I__I (dd/mm/yy)

☐ Other, specify I_____I

Resolution of cGvHD
- ☐ previously reported
- ☐ yes, date of resolution (dd/mm/yy) |__|__||__|__||__|__|
- ☐ no (at date of this FUP)

Chimerism

PB/BM	Date (dd/mm/yy)	% of autologous cells	Method	Immunosuppessive 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	☐	☐	☐	☐

Relapse

☐ no ☐ Previously reported

☐ yes ☐ Marrow/blood ☐ hematological 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

Treatment after SCT:

☐ 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, specify I_____I

Late Effects

	No	Yes	
Cardiac dysfunction	☐	☐	ESF I_____I %
Lung function abnormalities	☐	☐	☐ obstructive ☐ restrictive ☐ both
Renal dysfunction	☐	☐	GFR I_____I Creatinine I_____I
Aseptic necrosis of bones	☐	☐	
Cataract	☐	☐	☐ one eye
			☐ both eyes
Growth impairment	☐	☐	☐ prepubertal: growth velocity of ≤ 4 cm/year
			☐ loss of more than 15 percentiles
			☐ body height below the 3rd percentile
Growth hormone therapy	☐	☐	
Thyroid abnormalities	☐	☐	
Thyroid hormone therapy	☐	☐	
Gonadal dysfunction	☐	☐	
Sexual hormone therapy	☐	☐	

(Late effects continued, see next page)

Learning disabilities	☐	☐	specify I_____I
Psychosocial sequelae	☐	☐	specify I_____I
Secondary malignancy	☐	☐	specify I_____I
			date of diagnosis I__I__II__I__II__I__I (dd/mm/yy)
Other relevant side effects	☐	☐	specify I_____I

Follow UP

Conception: Has patient or partner become pregnant after this transplant? ☐ no ☐ yes ☐ unknown

Disease status:

☐ CR ☐ Relapse

☐ secondary malignancy: I_____I date of diagnosis I__I__II__I__II__I__I (dd/mm/yy)

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)

☐ secondary malignancy after MDS

☐ transplant related cause (check as many as appropriate)

	no	yes
☐ GvHD	☐	☐
☐ infection	☐	☐
☐ viral organism I_____I		
☐ bacterial organism I_____I		
☐ fungal organism I_____I		
☐ parasitic organism I_____I		
☐ EBV lymphoprolif. Disease	☐	☐
☐ heart failure	☐	☐
☐ pulmonary failure	☐	☐
☐ central nervous system toxicity	☐	☐
☐ gastro intestinal toxicity	☐	☐
☐ renal failure	☐	☐
☐ multiple organ failure	☐	☐

☐ other, specify I_____I

☐ Lost to follow up date last seen (dd/mm/yy) I__I__II__I__II__I__I

reason I_____I

Further comments: _____

Date: I__I__II__I__II__I__I Stamp _____

Signature