

Patient Name / ID Nr. _____

Date of Birth (dd/mm/yy) _____

 Examination day 60 (mm/yyyy) _____

 day 90 (mm/yyyy) _____

Immunosuppressive Therapy

Steroids between day 30 and 60 no yes, rational _____

Date of last dose (dd/mm/yy) _____

Cyclosporin A ongoing no yes
 if no, protocol violation, rational _____

G-CSF no yes

 Tapering no yes, Date of first tapering (dd/mm/yy) _____

Date of last dose _____

Total dose (µg/kg) day 31 – 60 or 61 – 90 _____

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 PCR performed no yes, _____ copies / ml PB
 copies / 10⁵ PB-MNC
 Date (dd/mm/yy) _____

EBV LPD no
 yes, Date (dd/mm/yy) _____

Symptoms: fever no yes
 malaise no yes
 weight loss no yes

Site:

mediastinal lymph nodes no yes

abdominal lymph nodes no yes

inguinal lymph nodes no yes

axillary lymph nodes no yes

cervical lymph nodes no yes

gut no yes

lung no yes

tonsils no yes

other no yes, specify | _____ |

Treatment:

anti CD20 antibodies no yes steroids no yes

virustatic therapy no yes reduction of IST no yes

chemotherapy no yes stop of IST no yes

other: | _____ |

CTCAE grade

Hemorrhage no yes 3 4

Renal/Metabolic Lab., Creatinine no yes 3 4 CTCAE

Other no yes | _____ | 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 (mandatory): |__|_|_|_|_|_|_|_|_| (dd/mm/yy)

RBC (Ery) _____ unit _____

MCV _____ unit _____

Hb _____ unit _____

Reti _____ unit _____

WBC _____ unit _____

ANC _____ unit _____

Platelets _____ unit _____

Differential count (%) (optional)	
Blast	
Promyelocyte	
Myelocyte	
Metamyelocyte	
Band	
Segmented neutrophil	
Eosinophil	
Basophil	
Lymphocyte	
Monocyte	
Erythroblast / Normoblast	
	100

- Response:** Complete response according to Def. A date(dd/mm/yy) |_|_|||_|_|||_|_||
(ANC ≥ 1.5 x 10⁹/l, Hb ≥ age adjusted cut-off value, Plt ≥150 x 10⁹/l)
- according to Def. B date(dd/mm/yy) |_|_|||_|_|||_|_||
(ANC ≥ 1.5 x 10⁹/l, Hb ≥ age adjusted cut-off value, Plt ≥100 x 10⁹/l)
- Partial response date(dd/mm/yy) |_|_|||_|_|||_|_||
(no Plt or RBC transfusion, ANC ≥ 0.5 x 10⁹/l, self sustained Hb ≥ 6.0 g/dl, Plt ≥ 20 x 10⁹/l)
- Non response (neither PR or CR)
- Progress to MDS/AML/aberrant karyotype date(dd/mm/yy) |_|_|||_|_|||_|_||
(please enclose report)
- 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 hemorrhage
- infection
- other |_____|

Date |_|_|||_|_|||_|_|| Signature _____