

Patient Name / ID Nr. _____

Date of Birth (dd/mm/yy) _____

Examination day 120 (mm/yyyy) _____

day 180 (mm/yyyy) _____

Immunosuppressive Therapy

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

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 , date
 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:

..... 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 | _____ |

- 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)
- Complete response 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) |__|_|_|_|_|_|_|_|_|
- 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 hemorrhage
- infection
- other |_____|

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