

Patient Name / ID Nr. _____

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

Examination day 240 (mm/yyyy) |__|_|_| |__|_|_|_|_|

day 270 (mm/yyyy) |__|_|_| |__|_|_|_|_|

day 360 (mm/yyyy) |__|_|_| |__|_|_|_|_|

|__|_|_| Months after start of therapy (mm/yyyy) |__|_|_| |__|_|_|_|_|

Immunosuppressive Therapy

Cyclosporin A

ongoing (application continuously)

tapering Date of start (dd/mm/yy) |__|_|_| |__|_|_|_|_|

stopped Date of last dose (dd/mm/yy) |__|_|_| |__|_|_|_|_|

restarted Date of start (dd/mm/yy) |__|_|_| |__|_|_|_|_|

reason |_____ |

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 LPD

no yes, Date (dd/mm/yy) |__|_|_| |__|_|_|_|_|

Hemorrhage

no yes 3 4

Renal/Metabolic Laboratory

Creatinine

no yes 3 4

CTCAE grade

Other

no yes |_____ | Grade 3 4

|_____ | 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: |__|__||__|__||__|__| (dd/mm/yy)

RBC(Ery) _____ unit _____ WBC _____ unit _____

MCV _____ unit _____ ANC _____ unit _____

Hb _____ unit _____ Platelets _____ unit _____

Reti _____ unit _____

Karyotype performed no yes, please enclose copy of report

Response: Complete response according to Def. A date(dd/mm/yy) |__|__||__|__||__|__|
(ANC $\geq 1.5 \times 10^9/l$, Hb \geq age adjusted cut-off value, Plt $\geq 150 \times 10^9/l$)

according to Def. B date(dd/mm/yy) |__|__||__|__||__|__|
(ANC $\geq 1.5 \times 10^9/l$, Hb \geq age adjusted cut-off value, Plt $\geq 100 \times 10^9/l$)

Partial response date(dd/mm/yy) |__|__||__|__||__|__|
(no Plt or RBC transfusion, ANC $\geq 0.5 \times 10^9/l$, self sustained Hb ≥ 6.0 g/dl, Plt $\geq 20 \times 10^9/l$)

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 bleeding

infection

other |_____|

Comment:
|_____|

Date |__|__||__|__||__|__|

Signature _____