



APBMT Registry "LMD"

Day 100 report sheet

CENTRE IDENTIFICATION

APBMT Center # _____
Hospital: _____ **Unit:** _____
Contact person : _____
Country: Australia China Hong Kong India
 Indonesia Iran Japan Korea Malaysia
 New Zealand Pakistan Philippines Singapore
 Taiwan Thailand Vietnam Other()

PATIENT IDENTIFICATION

Unique Patient Number or Code: _____
Date of Birth: _____ - _____ - _____ (yyyy - mm - dd)
Sex: Male Female
Disease
 AML ALL OAL CML MDS CLL/PLL/Other
 MPS/MPD ATL NHL Hodgkin PCD(MM) SAA
 BM aplasia-other Hemoglobinopathy Solid tumor Other_____

H S C T

Type:
 Autologous Allogeneic
Source of Stem Cells (Check all that apply):
 Bone Marrow Peripheral Blood
 Cord Blood Other: _____
Date: _____ - _____ - _____ (yyyy - mm - dd)
Chronological number: _____ (ex. Write "1" if first transplant)
 Was this intended to be **myeloablative?** (**Allo only**):
 Yes No O (other)
Multiple donors(including multiple CB units):
 No *Yes :Number _____
 *If Multiple donor is "Yes", **copy and cut-paste** the **DONOR** box below as many times as necessary

DONOR(No.)

HLA match type:
 Syngeneic (*monozygotic twin*)
 HLA-identical sibling (*may include non-monozygotic twin*)
 HLA-matched other relative
 HLA-mismatched relative: 1 HLA antigen mismatch
 ≥ 2 HLA antigen mismatch
 Unrelated donor
Write 0 or 1 or 2 or ND (complete number of mismatches) **inside each box** (0=match; 1=one mismatch; 2=2 mismatches; ND=not done)

A	B	C	DR	DQ	DP	Antigenic (2 digits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A	B	C	DRB1	DQB1	DPB1	Allelic (4 digits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Donor Sex: Male Female

Preparative regimen

(Check all that apply) cGy Gy
 TBI
 TLI, TNI, TAI.....
 ALG, ALS, ATG, ATS (before d0) Horse Rabbit
 anthracycline
 daunorubicin doxorubicin idarubicin
 bleomycin
 busulfan Oral IV Both
 carboplatin
 carmustine (BCNU)
 cisplatin
 corticosteroids
 cyclophosphamide
 cytarabine (Ara-C)
 etoposide (VP16)
 fludarabine
 ifosfamide
 imatinib mesylate (Gleevec, Glivec)
 lomustine(CCNU)

melphalan(L-PAM)
 mitoxantrone
 monoclonal antibody(MAb)
 Campath
 Rituximab (Rituxan, anti-CD20)
 Gemtuzumab (Mylotarg, anti-CD33)
 paclitaxel (Taxol , Xyotax)
 tenoposide (VM26)
 thiotepa
 other, specify : _____
 radiolabeled MAb
 Tositumomab(Bexxar) Ibritumomab(Zevalin)

GvHD prophylaxis given (Check all that apply, Allografts only):

No Yes
 ALG, ALS, ATG, ATS (after d0)
 Corticosteroids
 Cyclosporine (CSA)
 ECP (extra-corporeal photopheresis)
 FK 506 (Tacrolimus, Prograf)
 Methotrexate (MTX)
 in vivo monoclonal antibody (MAb)
 Anti CD25 (Zenapax, Daclizumab, AntiTAC)
 Campath
 Etanercept (Enbrel)
 Infliximab (Remicade)
 Other
 Mycophenolate (MMF, Cellcept)
 Sirolimus (Rapamycin, Rapamune)
 Other drug, specify: _____

Immunosuppressive chemotherapy : No Yes

Absolute neutrophil count (ANC) recovery (Engraftment):

(Neutrophils $\geq 0.5 \times 10^9 /L$)
 No: Date of last assessment: _____ - _____ - _____ (yyyy - mm - dd)
 Yes: Date of ANC recovery: _____ - _____ - _____ (yyyy - mm - dd)
 Lost graft
 Never below
 Unknown

Acute Graft Versus Host Disease (Allografts only):

Maximum Grade:
 0 (none) I II III IV
 Present but grade unknown Not applicable

Best disease status (response) after HSCT(Malignancy only):

(prior to treatment modification in response to a post HSCT disease assessment)
 Continued complete remission (CR)
 CR achieved: Date achieved : _____ - _____ - _____ (yyyy - mm - dd)
 Never in CR: Date assessed : _____ - _____ - _____ (yyyy - mm - dd)
 Not evaluated

First relapse or progression after HSCT(Malignancy only):

(Not persistent disease)
 Relapse/progression detected by clinical/hematological method:
 Yes: Date first seen: _____ - _____ - _____ (yyyy - mm - dd)
 No: Date assessed: _____ - _____ - _____ (yyyy - mm - dd)
 Not evaluated

Survival Status:

Alive Dead Died before HSCT
Date of last contact:
 Date of last follow up or death: _____ - _____ - _____ (yyyy - mm - dd)

Main Cause of Death (Check only one main cause):

Relapse or Progression/Persistent disease
 HSCT Related Cause
 (check as many as appropriate):
 GVHD Cardiac Toxicity
 Rejection/Poor graft function Infection
 Pulmonary toxicity Veno occlusive disorder
 Other: _____
 Unknown
 Other: _____