



APBMT Registry "LMD"

Follow up sheet 1st year post transplant and yearly follow-up

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

PATIENT IDENTIFICATION

Unique Patient Number or Code: _____

Date of transplant: _____ - _____ - _____
yyyy mm dd

DISEASE STATUS

Best disease status (response) after transplant
(Malignancy only):
(prior to treatment modification in response to a post transplant disease assessment)

Continued complete remission (CR)

CR achieved: Date achieved : _____ - _____ - _____
yyyy mm dd

Never in CR: Date assessed: _____ - _____ - _____
yyyy mm dd

Previously reported

COMPLICATIONS OF TRANSPLANT

Late graft failure (Allo only) : No Yes

Chronic Graft Versus Host Disease present during this period
(Allo only):

No (*never*) Limited Extensive Unknown

Date of diagnosis of cGvHD (Allo only): _____ - _____ - _____
yyyy mm dd

Did a secondary malignancy, lymphoproliferative or myeloproliferative disorder occur? :

No

Yes ————

Date of diagnosis: _____ - _____ - _____
yyyy mm dd

Diagnosis: _____

FIRST RELAPSE OR PROGRESSION

First Relapse or Progression after HSCT (Malignancy only):

Relapse/progression detected by clinical/hematological method:

No: Date assessed: _____ - _____ - _____
yyyy mm dd

Yes: Date first seen : _____ - _____ - _____
yyyy mm dd

Previously reported

Continuous progression since HSCT

Not evaluated

DATE OF LAST CONTACT

Date of last follow up or death: _____ - _____ - _____
yyyy mm dd

PATIENT STATUS

Survival Status:

Alive Dead

Check here if patient lost to follow up

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

Relapse or Progression/Persistent disease

Secondary malignancy

HSCT Related Cause

(*check as many as appropriate*):

GVHD Cardiac Toxicity

Rejection/Poor graft function Infection

Pulmonary toxicity Veno occlusive disorder

Post transplant lymphoproliferative disorder

Other: _____

Unknown

Other: _____