EWOG MDS SCT- 06

SCT Part II (1 year)

Patient Identification Number / Name
|_____|

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

Center
|_____|

Date of last documentation (report from here on)
|__|__||__|__||__|__| (dd/mm/yy)

GvHD

Manifestation of aGvHD ☐ no ☐ yes ☐ start < day 100 (documented in SCT Part I)

☐ de novo date of onset (dd/mm/yy) I__I__II__I__II__I__I

based on ☐ clinical evidence ☐ histology

maximum (overall) grade ☐ grade 1 ☐ grade 2 ☐ grade 3 ☐ grade 4

stage skin I___I stage liver I___I stage gut I___I

Treatment of aGvHD

☐ no ☐ yes ☐ CSA ongoing ☐ no ☐ yes

stopped ☐ no ☐ yes, date I__I__II__I__II__I__I (dd/mm/yy)

☐ Methylprednisolone maximum dose (mg/kg/d) : I_____I

ongoing ☐ no ☐ yes

stopped ☐ no ☐ yes, date I__I__II__I__II__I__I (dd/mm/yy)

☐ Monoclonal AB dose (mg/kg/d) I_____I date of last dose I__I__II__I__II__I__I (dd/mm/yy)

specify I_____I

☐ MMF dose (mg/kg/d) I_____I date of last dose I__I__II__I__II__I__I (dd/mm/yy)

☐ FK 506 dose (mg/kg/d) I_____I date of last dose I__I__II__I__II__I__I (dd/mm/yy)

☐ Other specify I_____I

Resolution ☐ no ☐ yes, date (dd/mm/yy) I__I__II__I__II__I__I

Manifestation of cGvHD (Definitions see manual for EWOG MDS 2006 - SCT)

☐ no ☐ yes, date of onset (dd/mm/yy) I__I__II__I__II__I__I

maximum (overall) grade ☐ mild ☐ moderate ☐ severe

	Score		Score
☐ Skin	☐ 1 ☐ 2 ☐ 3	☐ Liver	☐ 1 ☐ 2 ☐ 3
☐ Mouth	☐ 1 ☐ 2 ☐ 3	☐ Lungs	☐ 1 ☐ 2 ☐ 3
☐ Eyes	☐ 1 ☐ 2 ☐ 3	☐ Joints and Fascia	☐ 1 ☐ 2 ☐ 3
☐ GI tract	☐ 1 ☐ 2 ☐ 3	☐ Genital tract	☐ 1 ☐ 2 ☐ 3
☐ Performance score	☐ 1 ☐ 2 ☐ 3		

☐ Other, specify I_____I

Treatment of cGvHD

☐ no ☐ yes ☐ CSA ☐ ongoing

☐ de novo starting date I__I__II__I__II__I__I (dd/mm/yy)

last date I__I__II__I__II__I__I (dd/mm/yy)

☐ stopped last date I__I__II__I__II__I__I (dd/mm/yy)

☐ Corticosteroide ☐ ongoing

☐ de novo starting date I__I__II__I__II__I__I (dd/mm/yy)

last date I__I__II__I__II__I__I (dd/mm/yy)

☐ stopped last date I__I__II__I__II__I__I (dd/mm/yy)

☐ ECP starting date I__I__II__I__II__I__I (dd/mm/yy)

last date I__I__II__I__II__I__I (dd/mm/yy)

☐ Other, specify I_____I

Complications after day 100

Infections	**pathogen, please specify**	**systemic**	**localized, please specify**
Bacterial	I_____I	☐	☐ I_____I
Fungal	I_____I	☐	☐ I_____I
Parasitic	I_____I	☐	☐ I_____I
Viral	☐ CMV infection ☐ CMV disease		
	☐ EBV infection ☐ EBV LPD		
	☐ Other, specify I_____I		

Pulmonary toxicity	Hypoxia	☐ 1	☐ 2	☐ 3	☐ 4 grade WHO
	IPS	☐ no	☐ yes		
	ARDS	☐ no	☐ yes		
	Artificial ventilation	☐ no	☐ yes		
Hepatotoxicity	S-GOT / S-GPT	☐ 1	☐ 2	☐ 3	☐ 4 grade WHO
	Bilirubin	☐ 1	☐ 2	☐ 3	☐ 4 grade WHO
	VOD	☐ no	☐ yes		
Renal toxicity	Creatinine	☐ 1	☐ 2	☐ 3	☐ 4 grade WHO
	Hemodialysis/ Hemofiltration	☐ no	☐ yes		
Hemorrhagic cystitis		☐ no	☐ yes		
Other		☐ no	☐ yes, specify I_____I		

Chimerism

PB/BM	Date	% of autologous cells	Method	Immunosuppressive Therapy none	unchanged	reduced	stopped
I_____I	I__I__II__I__II__I__I	I_____I	I_____I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I_____I	I_____I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I_____I	I_____I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I_____I	I_____I	☐	☐	☐	☐
I_____I	I__I__II__I__II__I__I	I_____I	I_____I	☐	☐	☐	☐

Relapse after SCT

☐ no ☐ yes ☐ Marrow/blood ☐ hematological date of relapse (dd/mm/yy) I__I__II__I__II__I__I

☐ cytogenetic date of relapse (dd/mm/yy) I__I__II__I__II__I__I
(please enclose copy of cytogenetic report)

☐ molecular date of relapse (dd/mm/yy) I__I__II__I__II__I__I

☐ CNS

☐ Other extramedullary, specify I_____I

Treatment after SCT

☐ None

☐ Chemotherapy, please specify I_____I date first dose I__I__II__I__II__I__I
date last dose I__I__II__I__II__I__I

☐ DLI date (dd/mm/yy) I__I__II__I__II__I__I please complete Cell Therapy Form

☐ Subsequent SCT date (dd/mm/yy) I__I__II__I__II__I__I please complete another SCT Form

☐ Other, specify I_____I

Follow Up

Disease status:

☐ CR ☐ Relapse ☐ Autologous reconstitution

☐ Secondary malignancy, please specify: I_____I date of diagnosis I__I__II__I__II__I__I(dd/mm/yy)

Survival status:

☐ Alive Date last examination (dd/mm/yy) I__I__II__I__II__I__I Karnofsky/Lansky score I_____I %

☐ Dead Date of death (dd/mm/yy) I__I__II__I__II__I__I Autopsie ☐ no ☐ yes

Main cause of death: ☐ Relapse or progression of MDS / JMML

☐ Relapse or progression of primary malignancy (for secondary MDS)

☐ Secondary malignancy after MDS

☐ Transplant related cause (check as many as appropriate)

	no	yes
☐ Rejection / poor graft function	☐	☐
☐ GvHD	☐	☐
☐ Veno-Occlusive disease (VOD)	☐	☐
☐ Infection	☐	☐
☐ Hemorrhage	☐	☐
☐ EBV lymphoprolif. Disease	☐	☐
☐ Pulmonary toxicity	☐	☐
☐ Liver failure	☐	☐

☐ Other, specify _____

Further comments: _____

Date: I__I__II__I__II__I__I Stamp Signature _____