

Stem Cell Transplantation – Annual Follow-up

Follow-up Period

from

to

Person Completing Form

Date Form Completed

(dd/mm/yy)

Address/Stamp:

Patient

Identification

SCNIR ID Number

IBMTR/EBMTR ID No.

Date of Birth (dd/mm/yy)

Chimerism

tested

N

Y

if yes,

% Date

Supportive Therapy

Transfusion dependent

N

Y

if yes:

Platelets

times per week

Erythrocytes

times per week

Cytokines still required

N

Y

if yes, please specify type, dose, and frequency:

Chronic GvHD

Occurrence

N

Y

if yes, Date of onset (dd/mm/yy)

Limited

Extensive

Progressive from aGvHD

After lack period from aGvHD

De novo cGvHD

Treatment

N

Y

if yes, please specify

CSA

Dose (mg/kg/day)

for

days

Corticosteroide

Dose (mg/kg/day)

for

days

Thalidomide

Dose (mg/kg/day)

for

days

Others

Dose (mg/kg/day)

for

days

Specify

Complications

N Y if yes, please specify below

	Occurred	Patient Hospitalized
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Bacterial sepsis	<input type="checkbox"/>	<input type="checkbox"/>
CMV infection	<input type="checkbox"/>	<input type="checkbox"/>
CMV disease	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
Other severe viral infection	<input type="checkbox"/>	<input type="checkbox"/>
Systemic fungal infection	<input type="checkbox"/>	<input type="checkbox"/>
Documented fungal pneumonitis	<input type="checkbox"/>	<input type="checkbox"/>
Parasitic infection	<input type="checkbox"/>	<input type="checkbox"/>
Idiopathic pneumonitis	<input type="checkbox"/>	<input type="checkbox"/>
ARDS	<input type="checkbox"/>	<input type="checkbox"/>
Artificial ventilation	<input type="checkbox"/>	<input type="checkbox"/>
VOD	<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhagic cystitis	<input type="checkbox"/>	<input type="checkbox"/>
Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>
Hemofiltration	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Follow-up

Disease status CR relapse unknown
 autologous reconstitution

Survival status alive dead lost to follow up

Date of last known alive Karnofsky score %

Date of death (dd/mm/yy) Autopsy: N Y

Main cause of death relapse transplant related

if transplant related: rejection/poor graft function VOD hemorrhage
 interstitial pneumonitis ARDS GvHD cardiac toxicity
 infection

viral organism
 bacterial organism
 fungal organism
 parasitic organism

other
 unknown

Contributing cause of death

Further comments

Date

Stamp

Signature**Complications**

CMV infection	Antigenemia, Viremia PCR x 2 positive No clinical disease
CMV disease	Clinical CMV infection

Grading of chronic GVHD

Grade	Organ involvement
Limited	Localized skin involvement and/or hepatic dysfunction
Extended	Generalized skin involvement or limited skin involvement or hepatic involvement and any of the following: a. Liver histology showing chronic progressive hepatitis bridging necrosis or cirrhosis b. Eye involvement (Schirmer's test with < 5mm wetting) c. Involvement of minor salivary glands or oral mucosa d. Involvement of any other organ