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DISEASE STATUS AT HCT/CT/IST

Day 0

PATIENT STATUS

(All Diagnoses)

Date of HCT/CT/IST: ____/____/____ (YYYY/MM/DD)
 (or planned date of HCT/CT/IST if patient died before)

Survival status at HCT/CT/IST:

- Alive
- Died after conditioning but before HCT/CT/IST
- Died after apheresis but before cell infusion

Date of death: ____/____/____ (YYYY/MM/DD)

Main cause of death:
 (check only one main cause)

<input type="checkbox"/> Relapse or progression/persistent disease	
<input type="checkbox"/> Secondary malignancy	
<input type="checkbox"/> Cellular therapy-related	Select treatment related cause: <input type="checkbox"/> Graft versus host disease <input type="checkbox"/> Non-infectious complication <input type="checkbox"/> Infectious complication: (select all that apply) <input type="checkbox"/> Bacterial infection <input type="checkbox"/> Viral infection <input type="checkbox"/> Fungal infection <input type="checkbox"/> Parasitic infection <input type="checkbox"/> Infection with unknown pathogen
<input type="checkbox"/> HCT-related	
<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other; specify: _____	

Performance status at initiation of HCT/CT/IST (choose only one):

Type of scale used:

Score:

<input type="checkbox"/> Karnofsky	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 60	<input type="checkbox"/> 70	<input type="checkbox"/> 80	<input type="checkbox"/> 90	<input type="checkbox"/> 100
<input type="checkbox"/> Lansky										
<input type="checkbox"/> ECOG	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4					

Patient weight at initiation of HCT/CT/IST: _____ kg

Patient height at initiation of HCT/CT/IST: _____ cm

COMORBIDITY INDEX

Sorrer et al., Blood, 2005 Oct 15; 106(8): 2912-2919: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1895304>

Was there any **clinically significant** co-existing disease or organ impairment **as listed below** at time of patient assessment prior to the preparative regimen?

- No
 Yes (indicate each comorbidity below)
 Unknown

COMORBIDITY:

Definition:

Solid tumour, previously present	Treated at any time point in the patient's past history, excluding non-melanoma skin cancer. Indicate type: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Inflammatory bowel disease	Crohn's disease or ulcerative colitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Rheumatologic	SLE, RA, polymyositis, mixed CTD or polymyalgia rheumatica	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Infection	Requiring continuation of antimicrobial treatment after day 0	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Diabetes	Requiring treatment with insulin or oral hypoglycaemics but not diet alone	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Renal: moderate/severe	Serum creatinine > 2 mg/dL or >177 µmol/L, on dialysis, or prior renal transplantation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Hepatic: mild	Chronic hepatitis, bilirubin between Upper Limit Normal (ULN) and 1.5 x ULN, or AST/ALT between ULN and 2.5 x ULN	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Hepatic: moderate/severe	Liver cirrhosis, bilirubin greater than 1.5 x ULN, or AST/ALT greater than 2.5 x ULN	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Arrhythmia	Atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Cardiac	Coronary artery disease, congestive heart failure, myocardial infarction, EF ≤ 50%, or shortening fraction in children (<28%)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Cerebrovascular disease	Transient ischaemic attack or cerebrovascular accident	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Heart valve disease	Except mitral valve prolapse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Pulmonary: moderate	DLco and/or FEV1 66-80%, or dyspnoea on slight activity	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Pulmonary: severe	DLco and/or FEV1 ≤ 65%, or dyspnoea at rest or requiring oxygen	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Obesity	Patients with body mass index > 35 kg/m ²	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Peptic ulcer	Requiring treatment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Psychiatric disturbance	Depression or anxiety requiring psychiatric consultation or treatment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated

COMORBIDITY INDEX continued

Sorrer et al., Blood, 2005 Oct 15; 106(8): 2912-2919: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1895304>

Was there any additional major clinical abnormality not listed above and present prior to the preparative regimen?

- No
 Yes; specify: _____

Were there any autoimmune diseases? No

Yes; specify: _____

Date: ____/____/____ (YYYY/MM/DD)

COMORBIDITY INDEX

Inborn Errors of Immunity only

COMORBIDITY:

Definition:

Chronic lung disease	Bronchiectasis, interstitial pneumonitis, GLILD, oxygen dependency, structural lung disease (e.g. pneumatoceles)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Previous haematological malignancy	Leukaemia, lymphoma, myelodysplastic syndrome (MDS)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Failure to thrive	Weight <3 rd percentile or requirement for (par)enteral feeding	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Active infection at HCT	Any infection requiring therapy in the immediate pre HCT period	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Lymphoproliferation	I.e. splenomegaly, organ specific lymphoproliferation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Pre-HCT organ impairment	Infectious or non-infectious (including neurologic)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Autoimmunity/autoinflammation	Active at HCT (includes patients in remission but on immunomodulatory treatment within 3 months before HCT)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated

SARS-CoV-2 RELATED QUESTIONS

Did the patient have a **symptomatic SARS-CoV-2 infection** (positive PCR or antigen test) in the 3 months prior to the day of treatment? *Note: do not report here if the infection was asymptomatic.*

- No
 Yes; Date: ____/____/____ (YYYY/MM/DD)

Did the patient have an ongoing SARS-CoV-2 infection (positive PCR or antigen test) at the moment of the start of the conditioning regimen?

- No
 Yes

END OF GENERAL SECTION

TO COMPLETE DISEASE STATUS AT HCT/CT/IST REPORT, PLEASE FILL IN THE
APPLICABLE DIAGNOSE-SPECIFIC QUESTIONS ATTACHED

Status at treatment

Complete only for one main indication diagnosis for which this HCT/CT/IST is given.

ACUTE LEUKAEMIAS	Go to page 6
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CHRONIC LEUKAEMIAS - Chronic Lymphocytic Leukaemias (CLL)	Go to page 8
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ACUTE LEUKAEMIAS

Status at treatment

Status:

- Primary induction failure
- 1st complete haematological remission (CR)
- 1st relapse
- 2nd complete haematological remission (CR)
- 2nd relapse
- 3rd or higher complete haematological remission (CR)
- 3rd or higher relapse
- Unknown

Number of induction courses: ____ Unknown

Date of the last relapse before this treatment: ____/____/____ (YYYY/MM/DD) Not applicable
 (if applicable)

CD19 expression at the last relapse: Positive Negative Not evaluated

Bone marrow burden (% blasts): ____ % Not evaluated Unknown

Involvement at time of treatment:

- Medullary only
- Extra-medullary only
- Both, medullary and extra-medullary
- Unknown

Organs involved at time of treatment:

- | | | | |
|-----------------------|-----------------------------|------------------------------|--|
| Skin: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not evaluated |
| CNS: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not evaluated |
| Testes/Ovary: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not evaluated |
| Other; specify: _____ | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

Complete this section only if the disease status is CR

Minimal residual disease (MRD) at initiation of treatment:

- Positive
- Negative
- Not evaluated

Date MRD status evaluated: ____/____/____ (YYYY/MM/DD)

Sensitivity of MRD assay:

- <10⁻⁵
- <10⁻⁴
- <10⁻³
- Other; specify: _____

Method used:

- PCR
- Flow cytometry
- Other; specify: _____

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CHRONIC LEUKAEMIAS

Chronic Myelogenous Leukaemias (CML) - Status at treatment

Status:

<input type="checkbox"/> Chronic phase (CP)	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown	<u>Haematological remission:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown	<u>Cytogenetic remission:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown	<u>Molecular remission:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
<input type="checkbox"/> Accelerated phase	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown			
<input type="checkbox"/> Blast crisis	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown			

CHRONIC LEUKAEMIAS

Chronic Lymphocytic Leukaemias (CLL) - Status at treatment

Status:

- Complete remission (CR)
- Partial remission (PR)
- Stable disease (SD)
- Relapse (untreated)
- Progressive disease (PD)
- Never treated
- Unknown

Complete this section only if the disease status is CR

Minimal residual disease (MRD) at initiation of treatment:
(by FACS or PCR)

- Negative
- Positive
- Not evaluated



EBMT Centre Identification Code (CIC): _____
Hospital Unique Patient Number (UPN): _____
Patient Number in EBMT database: _____

Treatment Type HCT CT IST Other
Treatment Date ____/____/____ (YYYY/MM/DD)

CHRONIC LEUKAEMIAS

Prolymphocytic (PLL) and Other Chronic Leukaemias

Status at treatment

Status:

- Complete remission (CR)
- Partial remission (PR)
- Stable disease (SD)
- Relapse (untreated)
- Progressive disease (PD)
- Never treated
- Unknown

LYMPHOMAS

Status at treatment

Status:

<input type="checkbox"/> Complete remission (CR) <input type="checkbox"/> Unconfirmed (CRU*) <input type="checkbox"/> Confirmed <i>* CRU: Complete response with persistent scan abnormalities of unknown significance</i>
<input type="checkbox"/> Partial response (PR) with or without prior CR
<input type="checkbox"/> Stable disease
<input type="checkbox"/> Untreated relapse from previous CR / untreated progression from previous PR Histopathological verification of relapse: <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Chemorefractory relapse or progression, including primary refractory disease Histopathological verification of relapse: <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Disease status unknown

Technique used for disease assessment:

- CT scan
 PET
 MRI

Parameters for international prognostic indices:

Age at diagnosis: _____ years <i>(this is automatically calculated in the database)</i>	
LDH levels elevated:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated
Ann Arbor staging:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Not evaluated
ECOG performance status:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Not evaluated
> 1 extranodal site involved:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated
> 4 nodal sites involved:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated
Hemoglobin < 120g/L:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated
White Blood Cell count: _____ x 10 ⁹ cells/L	<input type="checkbox"/> Not evaluated

MYELODYSPLASTIC SYNDROMES (MDS)

Status at treatment

Classification at treatment (WHO 2016):

<input type="checkbox"/> MDS with single lineage dysplasia (MDS-SLD)
<input type="checkbox"/> MDS with ring sideroblasts (MDS-RS)
<input type="checkbox"/> Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
<input type="checkbox"/> MDS with multilineage dysplasia (MDS-MLD)
<input type="checkbox"/> MDS-RS with single lineage dysplasia (MDS-RS-SLD)
<input type="checkbox"/> MDS-RS with multilineage dysplasia (MDS-RS-MLD)
<input type="checkbox"/> MDS with excess blasts (EB)-1
<input type="checkbox"/> MDS with excess blasts (EB)-2
<input type="checkbox"/> Refractory cytopenia of childhood
<input type="checkbox"/> MDS unclassifiable (MDS-U)

Status:

<input type="checkbox"/> Complete remission (CR)	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Improvement but no CR	
<input type="checkbox"/> Primary refractory phase (no change)	
<input type="checkbox"/> Relapse	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Progression/Worsening	
<input type="checkbox"/> Never treated (supportive care or treatment without chemotherapy)	
<input type="checkbox"/> Unknown	

COMBINED MYELOYDYSPLASTIC SYNDROMES/MYELOPROLIFERATIVE NEOPLASMS (MDS/MPN) - Status at treatment

Classification:

<input type="checkbox"/> Chronic myelomonocytic leukaemia (CMML): CMML type:	<input type="checkbox"/> Myelodysplastic <input type="checkbox"/> Myeloproliferative
WHO subclassification (2016):	<input type="checkbox"/> CMML-0 <input type="checkbox"/> CMML-1 <input type="checkbox"/> CMML-2 <input type="checkbox"/> Unknown
<input type="checkbox"/> Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMML)	
<input type="checkbox"/> Atypical CML (t(9;22) negative and BCR-ABL1 negative)	
<input type="checkbox"/> MDS/MPN with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T)	
<input type="checkbox"/> MDS/MPN unclassifiable	

Status:

<input type="checkbox"/> Complete remission (CR)	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Improvement but no CR	
<input type="checkbox"/> Primary refractory phase (no change)	
<input type="checkbox"/> Relapse	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Progression/Worsening	
<input type="checkbox"/> Never treated (supportive care or treatment without chemotherapy)	
<input type="checkbox"/> Unknown	

MYELOPROLIFERATIVE NEOPLASMS (MPN)

Status at treatment

Classification at treatment (WHO 2016):

<input type="checkbox"/> Primary myelofibrosis (Chronic idiopathic myelofibrosis; fibrosis with myeloid metaplasia)
<input type="checkbox"/> Secondary myelofibrosis (Transformed to myelofibrosis from PV/ET)
<input type="checkbox"/> Polycythaemia vera (PV)
<input type="checkbox"/> Essential or primary thrombocythaemia (ET)
<input type="checkbox"/> Hyper eosinophilic syndrome (HES)
<input type="checkbox"/> Chronic eosinophilic leukaemia (CEL)
<input type="checkbox"/> Chronic neutrophilic leukaemia
<input type="checkbox"/> Systemic mastocytosis
<input type="checkbox"/> Mast cell leukaemia
<input type="checkbox"/> Mast cell sarcoma
<input type="checkbox"/> MPN not otherwise specified
<input type="checkbox"/> Myeloid and lymphoid neoplasms with FGFR1 abnormalities (Stem cell leukaemia-lymphoma syndrome, 8p11 syndrome)
<input type="checkbox"/> Myeloid and lymphoid neoplasms with PDGFRA rearrangement
<input type="checkbox"/> Myeloid and lymphoid neoplasms with PDGFRB rearrangement
<input type="checkbox"/> Myeloid and lymphoid neoplasms with PCM1-JAK2 rearrangement
<input type="checkbox"/> Transformed to AML
<input type="checkbox"/> Other; specify: _____

Status:

<input type="checkbox"/> Complete remission (CR)	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Improvement but no CR	
<input type="checkbox"/> Primary refractory phase (no change)	
<input type="checkbox"/> Relapse	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Progression/Worsening	
<input type="checkbox"/> Never treated (supportive care or treatment without chemotherapy)	
<input type="checkbox"/> Unknown	

MYELOPROLIFERATIVE NEOPLASMS (MPN) Status at treatment

Blast count (peripheral blood): _____ % Not evaluated Unknown

Spleen size: _____ cm (below costal margin) Not evaluated Unknown

Spleen span in ultrasound or CT scan: _____ cm (maximum diameter) Not evaluated Unknown

JAK inhibitor exposure between diagnosis and treatment:

- No
 Yes
 Unknown

Was a JAK inhibitor continued during conditioning?

- No
 Yes: Dose: _____ mg/day
Start date: _____/____/____ (YYYY/MM/DD)
End date: _____/____/____ (YYYY/MM/DD)

Response status:

- Spleen response
 No response/loss of response
 Primary resistance
 Unknown

Myelofibrosis only:

DIPSS Risk score at treatment:

- Low risk
 Intermediate - 1
 Intermediate - 2
 High risk
 Not evaluated
 Unknown

MIPSS70 score at treatment:

- Low risk
 Intermediate
 High risk
 Not evaluated
 Unknown

Secondary myelofibrosis only (post-ET MF, post-PV MF):

MYSEC-PM score at time of secondary MF diagnosis:

- Low risk
 Intermediate - 1
 Intermediate - 2
 High risk
 Not evaluated
 Unknown

PLASMA CELL DISORDERS (PCD) incl. MULTIPLE MYELOMA (MM) Status at treatment

Status:

<input type="checkbox"/> MRD negative CR	<u>Number:</u> <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Stringent complete remission (sCR)	
<input type="checkbox"/> Complete remission (CR)	
<input type="checkbox"/> Very good partial remission (VGPR)	
<input type="checkbox"/> Partial remission (PR)	
<input type="checkbox"/> Stable disease / No change	
<input type="checkbox"/> Progression	
<input type="checkbox"/> Never treated	
<input type="checkbox"/> Unknown	



EBMT Centre Identification Code (CIC): _____
 Hospital Unique Patient Number (UPN): _____
 Patient Number in EBMT database: _____

Treatment Type HCT CT IST Other
 Treatment Date ____/____/____ (YYYY/MM/DD)

SOLID TUMOURS Status at treatment

Status:

<input type="checkbox"/> Adjuvant	
<input type="checkbox"/> Never treated (<i>upfront</i>)	
<input type="checkbox"/> Stable disease/no response	
<input type="checkbox"/> Complete remission (CR)	
<input type="checkbox"/> Unconfirmed (UCR*)	<u>Number:</u>
<input type="checkbox"/> Confirmed	<input type="checkbox"/> 1 st
* UCR: complete response with persistent scan abnormalities of unknown significance	<input type="checkbox"/> 2 nd
	<input type="checkbox"/> 3 rd or higher
	<input type="checkbox"/> Unknown
<input type="checkbox"/> 1 st partial response (PR1)	
<input type="checkbox"/> Relapse	
<u>Number:</u>	<u>Sensitivity to chemotherapy:</u>
<input type="checkbox"/> 1 st	<input type="checkbox"/> Sensitive
<input type="checkbox"/> 2 nd	<input type="checkbox"/> Resistant
<input type="checkbox"/> 3 rd or higher	<input type="checkbox"/> Untreated
<input type="checkbox"/> Unknown	
<input type="checkbox"/> Progressive disease (PD)	
<input type="checkbox"/> Unknown	

Complete this section only if the disease status is not CR

Organ involvement at time of this treatment:

- Nodes below diaphragm
- Nodes above diaphragm
- CNS
- Liver
- Bone
- Lung
- Soft tissue
- Other; specify: _____

Germ cell tumours only:

Risk category at disease recurrence (or platinum refractoriness) following first line chemotherapy:

Note: according to International Prognostic Factors Study Group classification published in 2010.

- Very low
- Low
- Intermediate
- High
- Very high
- Not evaluated

AUTOIMMUNE DISEASES

Status at Mobilisation

Status:

Systemic sclerosis only:

SSc subset:

- Diffuse cutaneous
- Limited cutaneous
- Sine scleroderma
- Other; specify: _____

Assessments at time of mobilisation (within 3 months before mobilisation):

- Creatinine Clearance (Cockroft formula): _____ ml/min Unknown
- Proteinuria: _____ g/24hrs Unknown
- Modified Rodnan Skin Score (0-51): _____ Unknown
- DLCO (corrected for Hb): _____ % Unknown
- Mean Pulmonary Arterial Systolic Pressure [PASP] (from right heart catheterisation): _____ mm Hg
- GI Involvement: No Yes Not evaluated Unknown

Systemic lupus erythematosus only:

Assessments at time of mobilisation (within 3 months before mobilisation):

- SLEDAI-2K Score: _____ Not evaluated Unknown

Multiple sclerosis only:

Status at time of mobilisation (within 3 months before mobilisation):

- Primary progressive
- Secondary progressive
- Relapsing/remitting
- Other; specify: _____

Assessments at time of mobilisation (within 3 months before mobilisation):

- EDSS (1-10): _____ Not evaluated
- Number of gadolinium enhancing lesions present on MRI brain scan: _____ Unknown

Crohn's disease only:

Assessments at time of mobilisation (within 3 months before mobilisation):

- CDAI (0-700): _____ Not evaluated Unknown
- Serum albumin: _____ g/L Unknown

HAEMOGLOBINOPATHIES

Status at treatment

Ferritin level : _____ ng/mL Not evaluated Unknown

Number of red blood cell transfusions: <20 units
 20 to 50 units
 >50 units
 None
 Unknown

Liver iron concentration: _____ mg/g dry weight

Pre-existing liver disease?

No
 Yes: **Hepatitis:** Absent
 Chronic persistent hepatitis
 Chronic active hepatitis

Liver biopsy performed? No

Yes: **Liver fibrosis (Ishak staging):** F0 (no fibrosis)
 F1 (partial fibrosis)
 F2 (general fibrosis)
 F3 (partial bridging in fibrosis)
 F4 (general bridging in fibrosis)
 F5 (near cirrhosis)
 F6 (cirrhosis)

Pre-existing cardiac disease?

No
 Yes: **Cardiac echography ejection fraction:** No Yes

Cardiovascular magnetic resonance (CMR) T2: _____ mg/g dry weight

Sickle cell disease only

Chronic transfusion program: No
 Yes

HAEMOGLOBINOPATHIES

Status at treatment

Pre-treatment complications (Sickle cell disease only):

(check all that apply)

<input type="checkbox"/> Cerebrovascular disease			
Abnormal Doppler	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Stroke	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Haemorrhage	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Arteriopathy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Moyamoya disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Silent infarcts	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Renal involvement			
Microalbumin level	_____ mg/g	<input type="checkbox"/> Not evaluated	
Glomerular filtration rate	_____ mL/min/1.73m ²	<input type="checkbox"/> Not evaluated	
Avascular necrosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Hyperhaemolysis or autoimmune haemolytic anaemia:	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Hyperhaemolysis <input type="checkbox"/> Autoimmune haemolytic anaemia <input type="checkbox"/> Not evaluated		
<input type="checkbox"/> Other SCD related complications			
Acute chest syndrome	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Vaso-occlusive crisis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Priapism	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Pulmonary artery pressure	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Chronic lung disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated

Endocrinopathies pre-existing to HCT (Thalassemia only):

Hypothyroidism	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Hypoparathyroidism	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Diabetes mellitus	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Osteoporosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Gonadal dysfunction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated
Growth impairment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated