

## **Registry eForm Data Entry Guidelines**

Version 1.0 – 02 Apr 2014

Updated for eForm on 20 June 2016

### **Part 2**

General recommendation for data entry in ProMISe and instructions of completion  
for the Follow up Form Day 100 post HSCT

### **PASS Protocol DF VOD-2013-03-REG**

**A multi-centre, multinational, prospective observational registry to collect safety and outcome data in patients diagnosed with severe hepatic VOD following hematopoietic stem cell transplantation (HSCT) and treated with Defitelio<sup>®</sup> or supportive care (control group)**



Guideline for e-form completion of the VOD Registry is divided in 3 parts:

- Part 1: general recommendation for data entry in ProMISe and instructions of completion for the Registration Form and the Med-AB
- **Part 2: instructions of completion for the Follow-up Form 100 days post HSCT**
- Part 3: instructions of completion for the Follow-up Forms 6 & 12 months post HSCT

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## I/ MEANS TO ENTER PATIENTS INTO THE REGISTRY

### ▪ Patients to be included

1. Any patient in which you have made a diagnosis of severe VOD post-HSCT
  - *Note: It is important that you include also patients not treated with Defitelio<sup>®</sup> (for example patients in which Defitelio<sup>®</sup> is not used due to the presence of contraindications or patients considered unsuitable as a result of the special warnings and precautions listed in the Defitelio<sup>®</sup> SmPC)*
  - *Note: All consecutive and consenting patients with a diagnosis of severe VOD should be entered into the Registry*
2. Any patient receiving treatment with Defitelio<sup>®</sup> for any other condition
  - *Note: If in your clinical practice you treat conditions other than severe VOD with Defitelio<sup>®</sup> you should also enter these patients in the Registry (VOD-Project + EBMT Med-AB)*

### ▪ Contacts

If you have any questions on this Registry, regarding the means to enter patients into it or questions around Defitelio<sup>®</sup>, please contact:

- **INFO ON REGISTRY:**

[jessica.lemaitre@upmc.fr](mailto:jessica.lemaitre@upmc.fr) & [emmanuelle.polge@upmc.fr](mailto:emmanuelle.polge@upmc.fr)

- **INFO ON DEFITELIO<sup>®</sup>:**

[medical-enquiries@gentium.it](mailto:medical-enquiries@gentium.it)

### ▪ Forms to be reported

The registration form to enter patients into the Registry can be accessed via the EBMT website at:

<http://www.ebmt.org/Contents/Research/EBMTStudies/CurrentResearch/Pages/Study%20Pages/VOD-Project.aspx>

EBMT CICs will be asked to report information for patients included in the VOD project via Internet and e-forms, at Registration, Day 100, 6 and 12 months after transplant as described below:

Once patient has given his/her consent,

- At sVOD diagnosis or start of Defitelio<sup>®</sup> (if Defitelio<sup>®</sup> is administered for other reason than treatment of the sVOD)
  - Fill in VOD-Project Registration Form :
- At 100 days post HSCT
  - Fill in Med-B and comorbidities Form (Med-AB project specific link)
  - Fill in VOD-Project 100 days Follow-up Form
- At 6 months post HSCT
  - Fill in VOD-Project 6 months Follow-up Form
- At 12months post HSCT
  - Fill in VOD-Project 12 months Follow-up Form

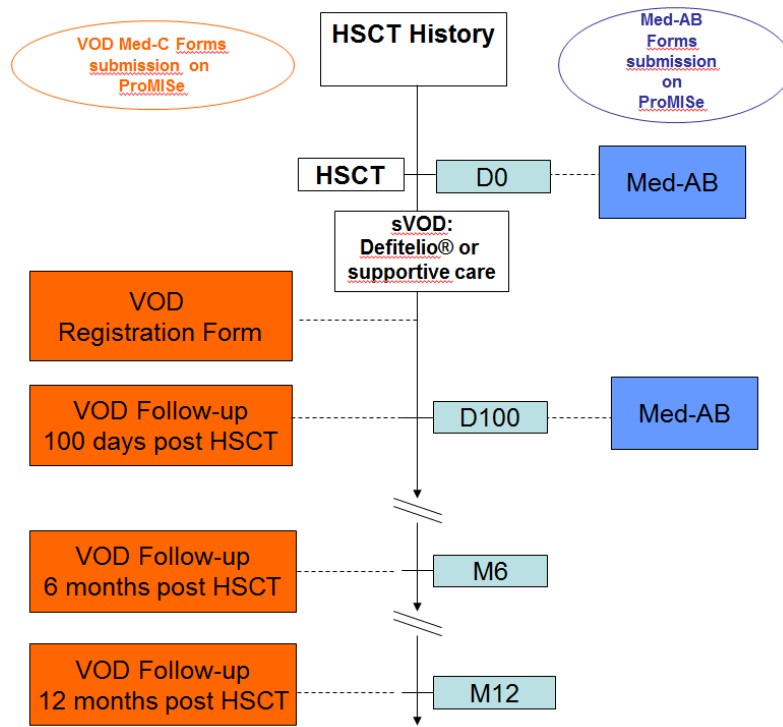


Figure 1 - Data Flow Chart

## II/ e-Form Completion Instructions in ProMISe

### II-1/ Connection to VOD Project (Med C)

VOD-Project e-forms are available on Internet:

[https://www.clinicalresearch.nl/PROMISE/S/HEIT/S\\_O\\_EBMT\\_C\\_NIS\\_VODPROJECT\\_/LOGON/INDEX.HEI](https://www.clinicalresearch.nl/PROMISE/S/HEIT/S_O_EBMT_C_NIS_VODPROJECT_/LOGON/INDEX.HEI)

To connect for data entry:

- 1<sup>st</sup> select either session "All programs" or session "Data entry only (simplified)"

- Then fill in the **username** and **password** fields then click on the “Start Session” button to enter the VOD Project.

Your password is personal. Please, keep it confidential. This personal password will be attributed and sent by email to the people in charge of the data entry after the training session. In case of loss or expiration or blocked account, please contact [jessica.lemaitre@umpc.fr](mailto:jessica.lemaitre@umpc.fr) or [emmanuelle.polge@upmc.fr](mailto:emmanuelle.polge@upmc.fr)

VOD Project opens on the Data Entry tab, and Editor sub-tab (screen copy below).

Field	Value	Label
<b>Banner</b>		
• Patient Study Identification number (Subject ID)	38	38
Form about to be entered?	1	Registration form
<b>Registration form, centre data</b>		
• Specify your Center Identification (CIC)	1	TEST
• Hospital name	department demo1	department demo1
• Unit name	unit demo1	unit demo1
• Contact person	peson demo1	peson demo1
Telephone	+33 .....	+33 .....
Fax	+33 .....	+33 .....
Contact e-mail address	demo@gmail.fr	demo@gmail.fr
<b>Registration form, patient data</b>		
• Hospital Unique Patient Number or Code (UPN)	12342	12342
• Date of this report	2014/11/25	2014/11/25
• Informed consent	2	Yes
Initials of first name		
Initials of family name		
• Birth year of patient	1977	1977
• Birth month of patient	10	October
• Birth day of patient		
• Gender	2	Female
Weight (kg)	68	68

## II-2/ List of patients already reported

The list of patients already reported in the VOD project is available on:

Tab: **Data Entry**  
Sub-tab: **Index**

CIC	Patient ...	Patient ...	Specify ...	Hospital name	Birth ye...	Birth mo...
8000	41	41				
8000	42	42				
8000	43	43	TEST	qsgnoer		
8000	44	44	TEST	regser	1950	June
8000	45	45	TEST	1	1960	August
8000	46	46				
8000	47	47		wsdgs<		
8000	100	100	Knappschafts Kr	Central Hospital	1946	May
8000	101	101	KI Minden	ABC	1930	October
8000	102	102	Franziskus H	Franz	1910	November
8000	103	103	Lukas Kh	lukas	1910	October
8000	104	104	KI Chemnitz	Regina	1936	December
8000	105	105		123		
8000	106	106				

### II-3/ Patient Record & Selection of the Form to be entered

1/ To load a patient already recorded, click on “Data Entry” Tab (1), then “Index” sub tab (2), followed by “All cases” list (3) and RIGHT click on the patient you want to report a follow up Form Day 100 (4).

The screenshot shows the 'Data Entry' tab selected. The 'Index' sub-tab is active, displaying a table of patient records. The 'Create Patient-record' button is highlighted with a red box and labeled '1'. The 'Index' sub-tab is highlighted with a red box and labeled '2'. The 'ALL cases (n=127)' list is highlighted with a red box and labeled '3'. A right-click action is indicated on a patient record in the list, labeled '4'.

CIC	Patient ...	Patient ...	Specify ...	Hospital name	Birth ye...	Birth mo...
8000	111	111	DEMO	vthsr	1953	
8000	112	112	DEMO	vt bz	1981	October
8000	113	113	DEMO	jiklm,il	1985	October
8000	114	114	DEMO	ui serj lhtr,ké	1992	October
8000	115	115	DEMO	sbthiqj	1968	October
8000	130	130				January
8000	131	131	TEST	Hospital d' Jazz		
8000	133	133	TEST	dedr	1973	November
8000	134	134	TEST		1973	November
8000	135	135	19	dfff	1910	February
8000	136					
8000	137	137	TEST	re	1983	February
8000	138					

Or

In “Data entry” tab and “Index” sub-tab, click on “Create/Load Patient-record” button

The screenshot shows the 'Data Entry' tab selected. The 'Index' sub-tab is active, displaying a table of patient records. The 'Create/Load Patient-record' button is highlighted with a red box and labeled '1'. The 'Index' sub-tab is highlighted with a red box and labeled '2'. The 'ALL cases (n=151)' list is highlighted with a red box and labeled '3'. A right-click action is indicated on a patient record in the list, labeled '4'.

CIC	Patient	Patient	Specify	Hospital name	Birth ye...	Birth mo...
8000	1	1	15	hp st ant	1949	June
8000	2	2				
8000	3	3		Regina Elena	1970	February
8000	4					
8000	5					
8000	6	6	TEST		1950	February
8000	7	7	TEST			
8000	8	8	TEST			
8000	9	9	TEST	St Antoine		
8000	10	10	TEST	test	2005	February
8000	11	11	TEST	St Antoine	1986	March
8000	12	12	TEST			
8000	13					
8000	14	14	DEMO	demo14	1982	January
8000	15	15	TEST	st ant	1969	June
8000	16	16	TEST	jghlmik	1950	June
8000	17	17	TEST	11111	1950	June
8000	18	18	TEST		1950	July
8000	19	19	TEST	iwhrtzj	1950	June
8000	20					
8000	21	21	TEST		1950	June
8000	22					
8000	23	23				
8000	24	24				
8000	25	25				

Enter the Study Number of the patient you want to complete the follow-up, and then click on “load existing patient”.

1

The screenshot displays the VODPRO application interface. The top navigation bar includes 'Data Entry', 'Help', and 'Filter'. The sidebar on the left contains 'Record Locator' and 'Chapters & Sections'. The main area displays a form for 'PATIENT RECORDS' with sections for 'REGISTRATION FORM' and 'Registration form, patient data'. Red arrows and boxes labeled '1' and '2' highlight specific form fields. A table on the right shows patient details.

CIC	DEMO
Patient Study Id...	58
Specify your Cen...	DEMO
Hospital Unique ...	123
Date of this rep...	2015/01/28
Initials of firs...	?
Initials of fami...	?
Birth year of pa...	1950
Birth month of p...	June

You can see the follow up Form at Day 100 post HSCT is created below:

As the form is created, you can now start the data entry for this patient.

## II-4/ Data entry navigation

Data entry in ProMISE is interactive: it means that the programmed navigation will follow your form order, while skipping any irrelevant questions for that particular patient according to data already reported.

**IMPORTANT:** To navigate within the eform from one item to the other, please use the Tabulation key.  
Avoid using the mouse to go from one section to another, follow the cursor jump navigation.



## II-5/ How to modify data in a form

Please note that when you want to change the data already recorded, this is possible, but the system will ask you the reason why you have decided to make any change. Please be careful and record, for any changed data, the reason as:

- Data Entry Error
- New data available
- Any other reason can be also specified here, as this is a free text field

And finalize the "Save action" by clicking on the pending modification button.



## II-6/ How to save or remove pending modifications

It is very important to note that the data entered in the browser are not automatically stored in the database on the server. In order to save the data on the server, you have to explicitly give the command to save the data, which is done by clicking the Save button above the record locator (Fig. 1) or by using the shortcut ctrl + s. If you wish to cancel all pending modifications, you can click on the cross button in the save dialog.

The save dialog also shows a counter with the number of pending modifications. The pending modifications count the number of items that have been modified, filled or erased since the last save. You can review the pending modifications by using the function buttons shown in Fig. 2. This allows you to either view the pending modifications or view the original, unmodified data of the current case as stored on the server. The current case as on the server can also be viewed by selecting the Overview sub tab in Data Entry main tab and clicking Horizontal or Vertical.



Figure 1: Clicking the save button will save all pending modifications to the server. To cancel pending modifications, click the cross button on the right of the dialog.

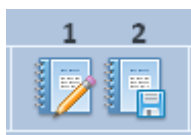


Figure 2: Buttons for browser to server comparison. Clicking (1) will show a list of all pending (unsaved) modifications. Clicking (2) will show an overview of the current, unmodified data of the current case as on the server (without pending modifications).

## II-7/ How to close ProMiSe session

Finally, after a data entry session, you may wish to close the ProMiSe application. To close the session, click the exit button in the upper right bar of the screen (Fig. 1). ProMiSe will warn you if there are unsaved changes and give an option to save these changes before closing. You can also use the “x”-button on the browser window to close ProMiSe, but then ProMiSe will not be able to give warning messages with regard to unsaved data.

There may arise situations in which you wish to restart the session. To restart the session, click the refresh session button next to the exit button (Fig. 1). This will close the current session and build a new session. This option is not available if there are unsaved changes; you must first save or discard all pending modifications.



Figure 1: The Exit and Refresh session buttons

## II-8/ READ ONLY status

In some rare case, you can see READ ONLY in watermark. This means that 2 persons are connected at the same time on the patient record. It can be 2 persons from the center if several persons have access (have personal password) to the VOD project data-base in your center, or it can be the data manager in charge of VOD Project at the EBMT Data Office in Paris.

In such cases, try to load the patient later or contact your colleague or the EBMT Data Office in Paris to disconnect the patient.

### III/ FOLLOW UP FORM Day 100 post HSCT

#### III-1/ Please complete the section INFORMATION ON CRF:

The screenshot shows a web-based clinical research form interface. The main content area displays a table with the following data:

CIC	label
8000	
Patient	155
Information on CRF	
Information on FollowUp moment	
For which follow-up moment are you entering data?	Follow up at 100 days
Date of follow-up (last contact or date of death)	

The 'Information on CRF' row is circled in red. On the left, the 'Record Locator' shows 'Patient [8000] 155' and 'followup 2'. Below it, the 'Chapters & Sections' list includes 'Key Administration', 'Information on CRF', 'PATIENT STATUS AT LAST CONTACT', 'DEFITELIO ADMINISTRATION', 'CLINICAL RESPONSE', 'SAE', and 'OTHER EVENTS'. On the right, a 'Patient Information' table shows details like 'Patient Study Id...', 'Specify your Cen...', 'Hospital Unique...', 'Date of this rep...', 'Initials of firs...', 'Initials of fami...', 'Birth year of pa...', and 'Birth month of p...'.

#### - Subsection Information on follow up moment:

- Date of the follow up (Last contact or date of death): If the patient at last contact by Day 100 is alive, please record the date closest to 100 days follow-up after transplant when the patient contact happened; If the patient died before Day100, please record the date of death.

**The data entry is dynamic; sections will appear if necessary**

and according to information previously reported (in registration or in follow-up forms)

### III-2/ Please complete the Section PATIENT STATUS AT LAST CONTACT:

https://www.clinicalresearch.nl/ - VODPROJECT[NIS][EBMT][S][defi8000jdemo][CIC8000/9] DataE - Windows Internet Explorer

Data Entry Help Filter 12:08

Resume with the first item in the current section by pressing Tab (or click on any other item)

Index Editor Overview Dyn#4:44: Follow up at 100 days post-HSCT males

039 pending modifications

Record Locator Patient [8000/153] followup 2

Chapters & Sections

- Key Administration
- Information on CRF
- PATIENT STATUS AT LAST CONTACT
  - Patient status at last contact
  - Main cause of death
  - Acute Graft versus Host Disease
  - Chronic Graft versus Host Disease
- DEFERLIO ADMINISTRATION
- CLINICAL RESPONSE
- SAE
- OTHER EVENTS

FOLLOWUP RECORDS

Index Administration

CIC 8000

Patient 153

PATIENT STATUS AT LAST CONTACT

Patient status at last contact

Relapse? 1 No 2 Yes 9 Unknown

DLI (Donor Lymphocyte Infusion)?

Has VOD been diagnosed since registration?

Survival Status?

Acute Graft versus Host Disease

Acute Graft versus Host Disease?

CIC DEMO

Patient Study Id. 153

Specify your Cen. TEST

Hospital Unique 123

Date of this rep. 2015/07/23

Initials of firs. a

Initials of fam. null

Birth year of pa. 1985

Birth month of p. August

#### - Subsection Patient status at last contact:

https://www.clinicalresearch.nl/ - VODPROJECT[NIS][EBMT][S][defi8000jdemo][CIC8000/9] DataE - Windows Internet Explorer

Data Entry Help Filter 12:09

Resume with the first item in the current section by pressing Tab (or click on any other item)

Index Editor Overview Dyn#4:44: Follow up at 100 days post-HSCT males

042 pending modifications

Record Locator Patient [8000/153] followup 2

Chapters & Sections

- Key Administration
- Information on CRF
- PATIENT STATUS AT LAST CONTACT
  - Patient status at last contact
  - Main cause of death
  - Acute Graft versus Host Disease
  - Chronic Graft versus Host Disease
- DEFERLIO ADMINISTRATION
- CLINICAL RESPONSE
- SAE
- OTHER EVENTS

FOLLOWUP RECORDS

Index Administration

CIC 8000

Patient 153

PATIENT STATUS AT LAST CONTACT

Patient status at last contact

Relapse? No

DLI (Donor Lymphocyte Infusion)? No

Has VOD been diagnosed since registration? Yes

Survival Status? 1 Dead 2 Alive 3 Died before HSCT but after start conditioning

Acute Graft versus Host Disease

Acute Graft versus Host Disease?

CIC DEMO

Patient Study Id. 153

Specify your Cen. TEST

Hospital Unique 123

Date of this rep. 2015/07/23

Initials of firs. a

Initials of fam. null

Birth year of pa. 1985

Birth month of p. August

- Relapse: Please record if the patient had a relapse of the underlying disease, by clicking the appropriate answer "No" or "Yes" or "Unknown". If "Yes" is selected, please also record the first relapse date.

- DLI (Donor lymphocyte infusion): Please record the date when the first DLI was performed, when known.
- Has VOD been diagnosed since registration: If defibrotide was administered initially for another reason than treatment sVOD then sVOD appeared, please tick Yes otherwise tick No.
- Survival Status: Please provide the most recent information you have. The status must be the status at the date of last contact and the latter must be either the very last date the patient was known to be alive or the date of death if the patient is known to have died; so please choose the applicable answer "Alive", "Dead" or "Died before HSCT and after start of conditioning".

- **Subsection Main Cause of death:**

The screenshot shows a web-based data entry form for a clinical trial. The 'Main cause of death' section is highlighted with a red circle. The dropdown menu is open, showing a list of causes. The 'Main cause of death' dropdown is currently set to 'Main cause of death'. Below it, a list of causes is displayed: 1 Relapse or progression of original disease, 2 Secondary malignancy, 3 HSCT related cause (check as many as appropriate), 4 Cell therapy (non HSCT) related, 7 Other, 9 Unknown.

- Main cause of death (check only one main cause): If the patient status at Day 100 was "Dead", please click only one major cause of death in the list to indicate the primary cause of death:
  - Relapse or progression of original disease
  - Secondary Malignancy
  - HSCT related cause: in this case, please also check all the applicable choices:
  - Cell therapy (non-HSCT related): please specify.
  - Other: please specify.
  - Unknown

**Please note: if the patient died, a SAE form needs to be filled and sent to the contact details specified on the SAE form, 24 hours from the event awareness.**

- If the death is HSCT related, check as many causes as are considered to have been contributing to the outcome:
  - GvHD
  - Infection
  - VOD
  - Cardiac Toxicity
  - Pulmonary Toxicity
  - Renal Toxicity
  - Rejection/poor graft function
  - Other transplant related cause of death: please also specify.
- Please check with your physician since this information is sometimes difficult to find in the patient's file. In the absence of clinical disease, a death caused by complications or infections after transplant is considered HSCT-related. In the presence of clinical disease, if the disease is progressing, the death will be considered as relapse or progression, even if there are complications or infections during the post-transplant period. However, if the disease was stable, or there had been an improvement after transplantation and the patient were to die of complications or infections, the death should be considered HSCT-related.

Paper CRF screen shot template is reported below for your reference only:

<b>PATIENT STATUS AT LAST CONTACT</b>			
Relapse <input type="checkbox"/> YES <input type="checkbox"/> NO Date of relapse _____			
DLI <input type="checkbox"/> YES <input type="checkbox"/> NO, If yes, date of 1 <sup>st</sup> DLI (Donor Lymphocyte Infusion) _____			
Has VOD been diagnosed since last visit? <input type="checkbox"/> YES <input type="checkbox"/> NO (for off label use or if absent at registration)			
Survival Status: Alive <input type="checkbox"/> Dead <input type="checkbox"/> Died before HSCT but after start conditioning <input type="checkbox"/>			
Date of follow-up (last contact or Date of death): ____/____/____			
Main cause of Death ( <i>check only one main cause</i> ):			
Relapse or progression/persistent disease		<input type="checkbox"/>	
Secondary malignancy		<input type="checkbox"/>	
HSCT related cause ( <i>check as many as appropriate</i> )		<input type="checkbox"/>	
GvHD <input type="checkbox"/> YES <input type="checkbox"/> NO	Cardiac toxicity <input type="checkbox"/> YES <input type="checkbox"/> NO	Rejection/poor graft function <input type="checkbox"/> YES <input type="checkbox"/> NO	
Infection <input type="checkbox"/> YES <input type="checkbox"/> NO	Pulmonary Toxicity <input type="checkbox"/> YES <input type="checkbox"/> NO	Renal Toxicity <input type="checkbox"/> YES <input type="checkbox"/> NO	
VOD <input type="checkbox"/> YES <input type="checkbox"/> NO	Other: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Specify _____			
Cell therapy (non HSCT) related		<input type="checkbox"/>	
Unknown		<input type="checkbox"/>	
Other		<input type="checkbox"/> Specify _____	



- **Subsection Acute graft versus host disease:**

The screenshot shows the EBMT data entry interface. The 'Acute Graft versus Host Disease' subsection is active. The 'Acute Graft versus Host Disease?' field is highlighted with a red circle, and a dropdown menu is open showing '1'. The 'Patient status at last contact' is 'Alive'. The 'Survival Status?' is 'Alive'. The 'Acute Graft versus Host Disease?' field is currently set to '1'.

This section will appear ONLY IF the patient underwent an allogeneic HSCT (please double check eForm Registration Form – Section HSCT):

- Please tick if the patient suffered from acute GvHD or not, by selecting the corresponding answer “Yes” or “No”.
- Acute GvHD date of diagnosis: If “Yes” is selected, please add the diagnosis date. In a conventional transplant the onset of acute GvHD in T-cell depleted transplants or in non myeloablative transplants, the onset of GvHD may be later than D100.

The screenshot shows the EBMT data entry interface. The 'Acute Graft versus Host Disease' subsection is active. The 'Acute Graft versus Host Disease?' field is set to 'Yes'. The 'If yes, date of aGvHD?' field is highlighted with a red circle, and a dropdown menu is open showing '2015/07/23'. The 'Maximum grade of acute GvHD?' field is currently empty.

- Maximum grade of acute GvHD: Please record the maximum GvHD grade, by selecting only one of the following:
  - I
  - II
  - III
  - IV

The overall grade (or the grade of skin, liver and or gut) should be mentioned in the patients' file. The maximum grade for acute graft *versus* host disease (aGvHD) is defined according to the stage presented by the skin, liver and gut.

ORGAN	STAGE
Skin	1 Skin rash < 25% body surface
	2 Skin rash 25-50% body surface
	3 Skin rash >50% body surface
	4 erythroderma
Liver	1 Bilirubin 34-50 micromol/L
	2 Bilirubin 51-102 micromol/L
	3 Bilirubin 103-255 micromol/L
	4 Bilirubin > 255 micromol/L
Gut	1 Diarrhoea volume 501 - 1000 ml/day
	2 Diarrhoea volume 1001 - 1500 ml/day
	3 Diarrhoea volume 1501 - 2000 ml/day
	4 Severe pain with or w/o ileus

grade 1: Skin stage 1 or 2	AND	Liver stage 0	AND	Gut stage 0
grade 2: Skin stage 3	OR	Liver stage 1	OR	Gut stage 1
grade 3:		Liver stage 2 or 3	OR	Gut stage 2, 3 or 4
grade 4: Skin stage 4	OR	Liver stage 4		

(Przepiorka et al, Bone Marrow Transplantation 1995;15: 825-828)

Paper CRF screen shot template is reported below for your reference only:

<u>ACUTE GRAFT-<i>versus</i>-HOST-DISEASE</u>
<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, Date of diagnosis: ____/____/____
Maximum grade of acute GvHD:
<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV

**III-3/ Please complete the section DEFITELIO ADMINISTRATION: this section is completed ONLY IF the patient was treated with Defitelio®**

Resume with the **first** item in the **current** section by pressing **Tab** (or click on any other item)

**Index** **Editor** **Overview**

**Record Locator**

[-] Patient [8000] 155  
[-] followup 2

**Chapters & Sections**

- + Key Administration
- + Information on CRF
- + PATIENT STATUS AT LAST CONTACT
- + DEFITELIO ADMINISTRATION
  - Defitelio administration
  - Reason for withdrawing or stoppi...
- + CLINICAL RESPONSE
- + SAE
- + OTHER EVENTS

**FOLLOWUP RECORDS**

label
CIC
Patient
DEFITELIO ADMINISTRATION
Defitelio administration
Defitelio administration status?
Temporary withdrawal since registration form?
Reason for withdrawing or stopping treatment

**CIC** DEMO  
Patient Study Id... 155  
Specify your Cen... Osp Bambini  
Hospital Unique ... ?  
Date of this rep... 2014/11/14  
Initials of firs... y  
Initials of fami... fz  
Birth year of pa... 1985  
Birth month of p... April

- Defitelio® administration status: Check if Defitelio® treatment is ongoing or if it is completed. If it is completed, please also give the date when the last infusion was administered to the patient.
- Temporary withdrawal since last visit: Please indicate if Defitelio® treatment has been withdrawn or not and, if applicable, the number of days for which the treatment was withdrawn.

Resume with the **first** item in the **current** section by pressing **Tab** (or click on any other item)

**Index** **Editor** **Overview**

**Record Locator**

[-] Patient [8000] 153  
[-] followup 2

**Chapters & Sections**

- + Key Administration
- + Information on CRF
- + PATIENT STATUS AT LAST CONTACT
- + DEFITELIO ADMINISTRATION
  - Defitelio administration
  - Reason for withdrawing or stoppi...
- + CLINICAL RESPONSE
- + SAE
- + OTHER EVENTS

**FOLLOWUP RECORDS**

label
Index Administration
CIC
Patient
DEFITELIO ADMINISTRATION
Defitelio administration
Defitelio administration status?
If completed: Date of last infusion?
Temporary withdrawal since registration form?
If temporary withdrawal, total No. days of withdrawal
Reason for withdrawing or stopping treatment
VOD resolution?
No improvement?
Death?
Hospital discharge?
Untoward reaction to Defitelio?
Other?

**CIC** DEMO  
Patient Study Id... 153  
Specify your Cen... TEST  
Hospital Unique ... 123  
Date of this rep... ?  
Initials of firs... a  
Initials of fami... a  
Birth year of pa... 1985  
Birth month of p... February

If the drug has been withdrawn or stopped, please check "Yes" for only one reason (if more than one reason is existing, please check only the main one):



- VOD resolution
- No improvement
- Death
- Hospital Discharge
- Untoward reaction to Defitelio® (in this case, please specify which reaction took place. If the event is serious, please also complete and submit the SAE form: for the details, please refer to the last version of the "Registry SAE Completion Guidelines")
- Other: please specify.

**IMPORTANT: If a patient has been enrolled and treated with Defitelio® for another reason than sVOD and, in a second moment, developed sVOD after registration, for which a new Defitelio® treatment is planned.**

**In this case, you should consider the patient and his/her follow-up in the way outlined below:**

- **Defitelio Administration: please select Defitelio® Administration: Completed Treatment.**
- **Complete the date of last infusion when Defitelio® was administered for another reason than sVOD**
- **For Reason for withdrawing or stopping treatment: Select Other and specify sVOD diagnosed after registration. Please record the patient in a new Registration Form (please refer to the most recent Registry eForm Data Entry Guidelines Part 1) with a new patient ID and report the patient as enrolled in the sVOD arm. Please in comment section, indicate the previous Patient Id used in the first Registration form.**
- **If the patient is re-enrolled after a new HSCT, he/she needs to re-sign the Registry ICF, otherwise this is not necessary.**

Paper CRF screen shot template is reported below for your reference only:

<b><u>DEFITELIO® ADMINISTRATION</u></b>													
Defitelio® administration status?													
<input type="checkbox"/> Ongoing treatment <input type="checkbox"/> Completed (permanent withdrawal)													
If completed: Date of last infusion?													
<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>													
Temporary withdrawal since registration form?													
<input type="checkbox"/> YES <input type="checkbox"/> NO													
If temporary withdrawal, Total <u>No. days</u> of withdrawal? _ _ _ _													
Reason for stopping treatment: <i>*temporary or permanent</i>													
VOD resolution <input type="checkbox"/> YES <input type="checkbox"/> NO No improvement <input type="checkbox"/> YES <input type="checkbox"/> NO Death <input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Hospital discharge</td> <td style="padding: 2px;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Untoward reaction to Defitelio®</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> <td style="padding: 2px;">Specify:</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </td> </tr> <tr> <td style="padding: 2px;">Other</td> <td style="padding: 2px;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Specify: <div style="border-bottom: 1px solid black; width: 100%;"></div></td> </tr> </table>	Hospital discharge	<input type="checkbox"/> YES <input type="checkbox"/> NO	Untoward reaction to Defitelio®		<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify:	<div style="border-bottom: 1px solid black; width: 100%;"></div>		Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify: <div style="border-bottom: 1px solid black; width: 100%;"></div>	
Hospital discharge	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Untoward reaction to Defitelio®													
<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify:												
<div style="border-bottom: 1px solid black; width: 100%;"></div>													
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Specify: <div style="border-bottom: 1px solid black; width: 100%;"></div>													

### III-4/ Please complete the section **CLINICAL RESPONSE**:

The screenshot shows a web-based data entry application. The main window is titled 'Data Entry' and contains a 'Record Locator' on the left, a 'Chapters & Sections' tree in the middle-left, and a 'FOLLOWUP\_RECORDS' table on the right. The 'CLINICAL RESPONSE' section is highlighted with a red circle. The table contains the following data:

Field	Value
CIC	8000
Patient	155
CLINICAL RESPONSE	
VOD response	
VOD RESOLUTION?	
MOF response	
Multiple Organ Failure RESOLUTION?	

On the right side of the interface, there is a 'Patient Information' table:

Field	Value
CIC	DEMO
Patient Study Id...	155
Specify your Cen...	Osp Bambini
Hospital Unique ...	?
Date of this rep...	2014/11/14
Initials of firs...	y
Initials of fami...	fz
Birth year of pa...	1985
Birth month of p...	April

- VOD Resolution: If the patient suffered from VOD (please double check the Registration Form), please check the appropriate answer "Yes" or "No", to record if the patient's VOD resolved.

- "Yes" should be checked if the patient suffered from VOD at the registration and resolved within Day 100 follow-up; If the patient had a VOD response within Day 100, please also record the date when VOD resolved.

- "No" should be checked if the patient suffered from VOD at the registration, but his/her VOD didn't resolve within Day 100 follow-up.

The screenshot shows the same data entry interface as before, but with a dropdown menu open for the 'VOD RESOLUTION?' field. The dropdown menu shows the following options:

Option	Description
(empty)	
1808/08/08	(not applicable)
1809/09/09	(unknown)
2015/06/01	(today)
	(current value)

The 'VOD response' field is also visible and contains the value '2 Yes'.

- Did the MOF developed after patient's registration? Please check the appropriate answer "Yes" or "No".

- "Yes" should be ONLY clicked if the patient didn't suffer from MOF at the registration, but he/she developed MOF between the registration and Day 100 follow-up;

- "No" should be checked in all the other cases.

Index Editor Overview  
Create Delete Move  
SAVE 023 pending modifications  
Record Locator  
Patient [8000] 140  
followup 2  
Chapters & Sections  
+ Key Administration  
+ Information on CRF  
+ PATIENT STATUS AT LAST CONTACT  
+ DEFITELIO ADMINISTRATION  
- CLINICAL RESPONSE  
+ VOD response  
+ MOF response  
+ SAE  
+ OTHER EVENTS

FOLLOWUP RECORDS	value	label
<b>CLINICAL RESPONSE</b>		
VOD response		
VOD RESOLUTION?	1	No
MOF response		
Did Multiple Organ Failure develop after patient registration?		

Did Multiple Organ Failure develop after patient registration?  
1 No  
2 Yes

- MOF resolution: If the patient suffered from MOF at the study entry or at any time between the study entry and Day 100, please check the appropriate answer “Yes” or “No”, to record if the patient’s MOF resolved.

–“Yes” should be checked if the patient suffered from MOF at the registration, or at any time between the registration and Day 100 follow-up, and resolved within Day 100;

In this case, please specify the affected system(s) and the date when the MOF dysfunctions resolved:

- Renal: If selected, please add also the renal dysfunction resolution date
- Respiratory: If selected, please add also the respiratory dysfunction resolution date
- Cerebral: If selected, please add also the cerebral dysfunction resolution date
- Other: If selected, please add the date of resolution

–“No” should be checked if the patient suffered from MOF at the registration, or at any time between the registration and Day 100 follow-up, but his/her MOF didn’t resolve within Day 100.

Index Editor Overview  
Create Delete Move  
SAVE 021 pending modifications  
Record Locator  
Patient [8000] 140  
followup 2  
Chapters & Sections  
+ Key Administration  
+ Information on CRF  
+ PATIENT STATUS AT LAST CONTACT  
+ DEFITELIO ADMINISTRATION  
- CLINICAL RESPONSE  
+ VOD response  
+ MOF response  
+ SAE  
+ OTHER EVENTS

FOLLOWUP RECORDS	value	label
<b>CLINICAL RESPONSE</b>		
VOD response		
VOD RESOLUTION?	1	No
MOF response		
Multiple Organ Failure RESOLUTION?	2	Yes
Renal resolution?	2	Yes
Date of renal resolution		
Respiratory resolution?		
Cerebral resolution?		
Other MOF resolution?		

Date of renal resolution  
= (empty)  
2015/06/01 ! (today)  
(current value)

Paper CRF screen shot template is reported below for your reference only:

<u>CLINICAL RESPONSE</u>
VOD RESOLUTION <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Date: ____/____/____ Did MOF developed after patient registration? <input type="checkbox"/> YES <input type="checkbox"/> NO
MOF RESOLUTION <input type="checkbox"/> YES <input type="checkbox"/> NO
Renal : <input type="checkbox"/> YES <input type="checkbox"/> NO Date ____/____/____
Respiratory: <input type="checkbox"/> YES <input type="checkbox"/> NO Date ____/____/____
Cerebral: <input type="checkbox"/> YES <input type="checkbox"/> NO Date ____/____/____
Other: <input type="checkbox"/> YES <input type="checkbox"/> NO Date ____/____/____

### III-5/ Please complete the section SAE:

#### - Subsection Serious Adverse Event:

Please indicate if one or more SERIOUS adverse events occurred within 100 days follow-up. Please note that all the serious events need to be reported, irrespective of the relationship with Defitelio® and also for patients treated with supportive or alternative care and not only for patients treated with Defitelio®.

If any, "Yes" is selected, please be sure that a SAE form has been submitted to the contact details specified on the SAE form, within 24 hours from the event's awareness.

For serious adverse event seriousness criteria and for SAE form completion guideline, please refer to the most current version of DFVOD-2013-03-REG SAE completion guideline.

Paper CRF screen shot template is reported below for your reference only:

<p><b><u>ANY SERIOUS ADVERSE EVENTS (SAEs) since last visit?</u></b></p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p><b>if YES complete in detail the SAE FORM and SEND A FAX OR A SCANNED COPY TO THE CONTACT INFORMATION LISTED ON THE SAE FORM</b></p>
---

- **Subsection Serious Adverse Event of Interest:**

If “Yes” is selected, please indicate in “sequence number of the SAE of interest” a chronological number. So, please start numbering with “1” and if you need to declare another SAE of interest later on, please increment the number to “2” and “3”, etc

The screenshot shows a web-based data entry application. On the left, there's a 'Record Locator' showing Patient [8000] 155 and a 'Chapters & Sections' tree with 'SAE' selected. The main area displays 'FOLLOWUP RECORDS' and 'Serious Adverse Events'. A table shows 'ANY SERIOUS ADVERSE EVENTS (SAEs)?' as 'Yes'. Below it, 'Serious Adverse Events of Interest' is also 'Yes'. A red circle highlights the 'Sequence number of the SAE of interest' field, which contains the value '1'. On the right, a patient information table is visible.

This screenshot shows the 'SAEs of Interest' section. A table lists fields for recording an SAE of interest. The 'Sequence number of the SAE of interest' field is highlighted with a red circle and contains the value '1'. Other fields include 'Date SAE of interest started', 'Which type of SAE of interest occurred?', and 'Would you like to report another SAE of interest?'.

Also record the onset date and the type of SAE of interest declared:

- Bleeding: If “Yes” is selected, please also specify the localization
- Hypotension
- Coagulopathy
- Allergic/Hypersensitivity reactions
- Injection site reaction
- Infection: If “Yes” is selected, please also specify the localization and the type of infection
- Thromboembolic events

Index Editor Overview

Create Delete Move

SAVE 0/30 pending modifications

SAEs of interest

SAEs of INTEREST

Index Administration	value	label
CIC	8000	DEMO
Patient	140	140

SERIOUS ADVERSE EVENTS OF INTEREST

SERIOUS ADVERSE EVENTS OF INTEREST

Sequence number of the SAE of interest

Date SAE of interest started

Which type of SAE of interest occurred?

Bleeding site

Would you like to report another SAE of interest?

Bleeding site

10005103	Bleeding (other)
10017936	Bleeding gastrointestinal
10022049	Injection site bleeding
10037313	Pulmonary alveolar haemorrhage
10046564	Urinary tract bleeding
10051109	Catheter site bleeding
10071793	Cerebral bleeding
10071838	Lower gastrointestinal bleeding
10071870	Pulmonary bleeding
10071910	Upper gastrointestinal bleeding

If you have another SAE to declare, please do the same way again.

Paper CRF screen shot template is reported below for your reference only:

**SERIOUS ADVERSE EVENTS OF INTEREST**

Did a SAE of interest occur since last visit? ☐ YES ☐ NO

Sequence number of the SAE of interest : \_\_\_\_

Date SAE of interest started? \_\_\_\_/\_\_\_\_/\_\_\_\_

Bleeding ☐ Site: \_\_\_\_\_

Hypotension ☐

Coagulopathy ☐

Allergic/Hypersensitivity reactions ☐

Injection site reaction ☐

Infection ☐ Site: \_\_\_\_\_

Thromboembolic events ☐

If any Yes, please complete in detail the SAE FORM and submit to the Drug Safety Department

*\*if several episodes please indicate each date*



### III-6/ Please complete the section OTHER EVENTS:

#### - Subsection Pregnancy and Lactation: (If the patient is a female)

- Please check if the patient was pregnant or not at Day 100 and please complete and submit the pregnancy form within 24 hours since the awareness in case of positive answer.
- Please check if the patient was lactating or not at Day 100 and please complete and submit the pregnancy form within 24 hours since the awareness in case of positive answer.

Paper CRF screen shot template is reported below for your reference only:

PREGNANCY*	LACTATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
*If Yes is selected, please also complete and submit the pregnancy form	

#### - Subsection Concomitant medication:

Please record here all the relevant Concomitant Medications that the patient is taking while VOD is under treatment (including supportive care) - or in general while the patient is enrolled in the study - until D100 time point.



If "Yes" is selected, please indicate in "sequence number of concomitant medication" a chronological number. So, start numbering with "1" and if you need to declare another concomitant later on, please increment the number to "2" and "3", etc

Among relevant Concomitant Medications, **please make sure to record thrombolytic therapy, anticoagulant therapy (including direct thrombin and Xa inhibitors) and corticosteroids.** Please record the following details:

- Drug Name
- Daily Dose
- Dose Unit
- Treatment Duration (in days)
- Indication

Paper CRF screen shot template is reported below for your reference only:

<p><b>CONCOMITANT MEDICATIONS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Sequence number of the concomitant medication : ____</p> <p>Medicinal product _____</p> <p>Medicinal product daily dose? _____</p> <p>Medicinal product unit? _____</p> <p>Medicinal product duration (in days)? ____</p> <p>Medicinal product indication _____</p> <p><i>*if several please indicate each</i></p>
--

- **Subsection Comments:**

https://www.clinicalresearch.nl/ - VODPROJECT[NIS][EBMT][S][defi8000]demo[CIC:8000/9] DataE - Windows Internet Explorer

[8000][DEMO][DEMO city]

Resume with the **first** item in the **current** section by pressing **Tab** (or click on any other item)

Index Editor Overview

Create Delete Move SAVE 019 pending modifications

Record Locator

Patient [8000] 155

Followup 2

SAEs of interest 1

Chapters & Sections

- Key Administration
- Information on CRF
- PATIENT STATUS AT LAST CONTACT
- DEFITELIO ADMINISTRATION
- CLINICAL RESPONSE
- SAE
  - Serious Adverse Events
  - Serious Adverse Events of Interest
- OTHER EVENTS

DynFil:44:Follow up at 100 days post-HSCT males

Label	Value
CIC	8000
Patient	155
OTHER EVENTS	
Pregnancy and Lactation	
Concomitant Medication	
CONCOMITANT MEDICATION?	
Comments	
CIC number of the 1st HSCT when known	
Patient number in MEDAB	
Comments to the Follow Up Form at 100 days	
Next follow-up is due at 6 MONTHS POST HSCT	

CIC DEMO

Patient Study Id... 155

Specify your Cen... Osp Bambini

Hospital Unique ... ?

Date of this rep... 2014/11/14

Initials of firs... y

Initials of fami... fz

Birth year of pa... 1985

Birth month of p... April

- **CIC number of the 1<sup>st</sup> HSCT when known:** If the patient is already recorded on the EBMT Med-AB project please enter here the code of this center. If the patient had a previous transplant in another center, the CIC number will be the one of the 1st Center.
- **Patient number in MEDAB:** If the patient is already recorded on the EBMT Med-AB project, please enter here the Patient Code used in the Med-AB project.
- **Comments to the follow up Day 100:** Free text field
- **Next follow-up is due at 6 Months post HSCT:** Automatic variable calculating and giving the date for the next form to be filled in: "VOD project 6 months post HSCT Follow-up"

### III-7/ Please save the Follow up Form:

The screenshot shows a web-based data entry application. At the top, there are tabs for 'Data Entry', 'Help', and 'Filter'. Below the tabs, a message reads: 'Resume with the first item in the current section by pressing Tab (or click on any other item)'. On the left, there is a 'Record Locator' section showing 'Patient [8000] 155' and 'followup 2'. Below this is a 'Chapters & Sections' list with expandable items like 'Key Administration', 'Information on CRF', 'PATIENT STATUS AT LAST CONTACT', 'DEFITELIO ADMINISTRATION', 'CLINICAL RESPONSE', 'SAE', and 'OTHER EVENTS'. The 'OTHER EVENTS' section is currently expanded, showing 'Pregnancy and Lactation', 'Concomitant Medication', and 'Comments'. In the center, there is a 'FOLLOWUP\_RECORDS' table with columns 'CIC' and 'label'. The table contains one row with 'CIC' value 8000 and 'label' value 155. To the right of the table, there is a 'Comments' section with text: 'CIC number of the 1st HSCT when known', 'Patient number in MEDAB', 'Comments to the Follow Up Form at 100 days', and 'Next follow-up is due at 6 MONTHS POST HSCT'. At the bottom of the interface, there is a 'pending modifications' counter showing '019'. A red circle highlights the 'SAVE' button (floppy disk icon) and an arrow points to the 'pending modifications' counter.

The total number of data entered since last saved, is written on the **pending modification counter**. To save them, please click on the **Save Button** (floppy disk icon).

An overview of missing mandatory variables and rejected controls will appear:

The screenshot shows a web-based data entry application. At the top, there are tabs for 'Data Entry', 'Help', and 'Filter'. Below the tabs, a message reads: 'PLEASE REVIEW THE REPORT(S) DISPLAYED FIRST. CLICK ON THE SAVE BUTTON AGAIN TO ACTUALLY SAVE THE MODIFICATIONS ON THE SERVER'. On the left, there is a 'Record Locator' section showing 'Patient [8000] 155' and 'followup 2'. Below this is a 'Chapters & Sections' list with expandable items like 'Key Administration', 'Information on CRF', 'PATIENT STATUS AT LAST CONTACT', 'DEFITELIO ADMINISTRATION', 'CLINICAL RESPONSE', 'SAE', and 'OTHER EVENTS'. The 'OTHER EVENTS' section is currently expanded, showing 'Pregnancy and Lactation', 'Concomitant Medication', and 'Comments'. In the center, there is a table titled 'Overview of all values that would trigger an ERROR or WARNING if entered under the current system of quality checks'. The table has columns for 'TABLE', 'CHAPTER', 'SECTION', 'ID', 'IDAA', 'UPN', 'VPREVDGVD', 'VPASTGRFVD', 'MYELOABRVOD', 'TABLE', 'CHAPTER', 'SECTION', 'ID', 'IDAA', and 'IDAABA'. The table contains several rows of data, including 'PATIENT\_RECORDS', 'FOLLOWUP\_RECORDS', and 'FOLLOWUP\_RECORDS'. Some rows have red error messages next to them, such as 'This is not an e-mail address, please use this field for e-mail address only' and 'Item may not be left empty'. A red arrow points to the 'SAVE' button (floppy disk icon) and another red arrow points to the error messages. At the bottom of the interface, there is a 'pending modifications' counter showing '019'.

Please complete missing or incorrect information by clicking on the corresponding red box cursor. This will jump directly to the variable to be corrected.

And finalize the "Save action" by clicking on the pending modification button.