



## MACRO User Guide – Data Entry Module

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## Introduction

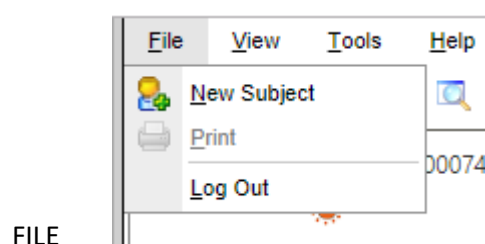
Welcome to the MACRO User Guide. MACRO is the database that the EBMT Registry is using to record clinical data, including aspects of the diagnosis and disease, first-line treatments, HSCT or cell-therapy-associated procedures, transplant type, donor type, stem cell source, complications and outcome. For instructions on how to get a MACRO User Account, please refer to our website, under The Registry / Data Submission: <https://www.ebmt.org/registry/data-submission>

**Logon page's** link: <https://eu1.macroedc.com/ebmt>

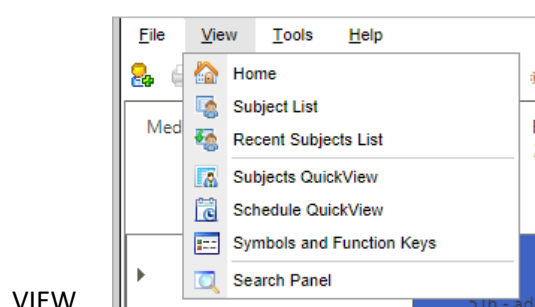
## Introduction to MACRO environment

### Menu Bar (drop down menus)

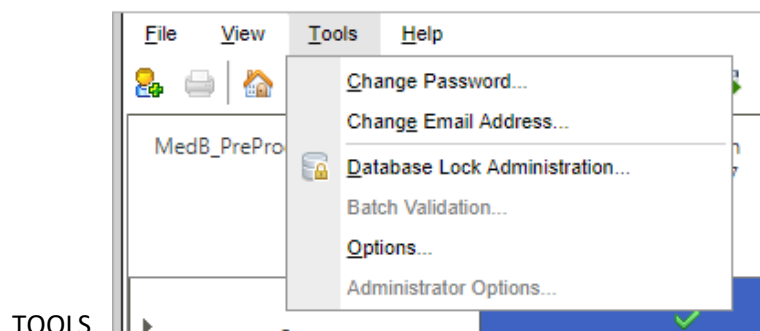
The Menu Bar is consisted of 4 options:



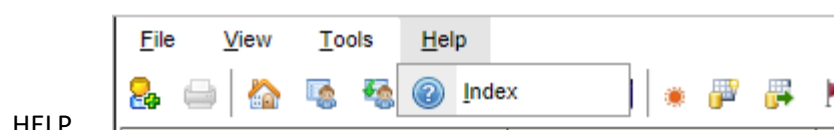
The New Subject and the Print buttons can also be found in the Toolbar. PLEASE NOTE: there will be more options here, once inside a Subject (in relation to Save and Move between forms).



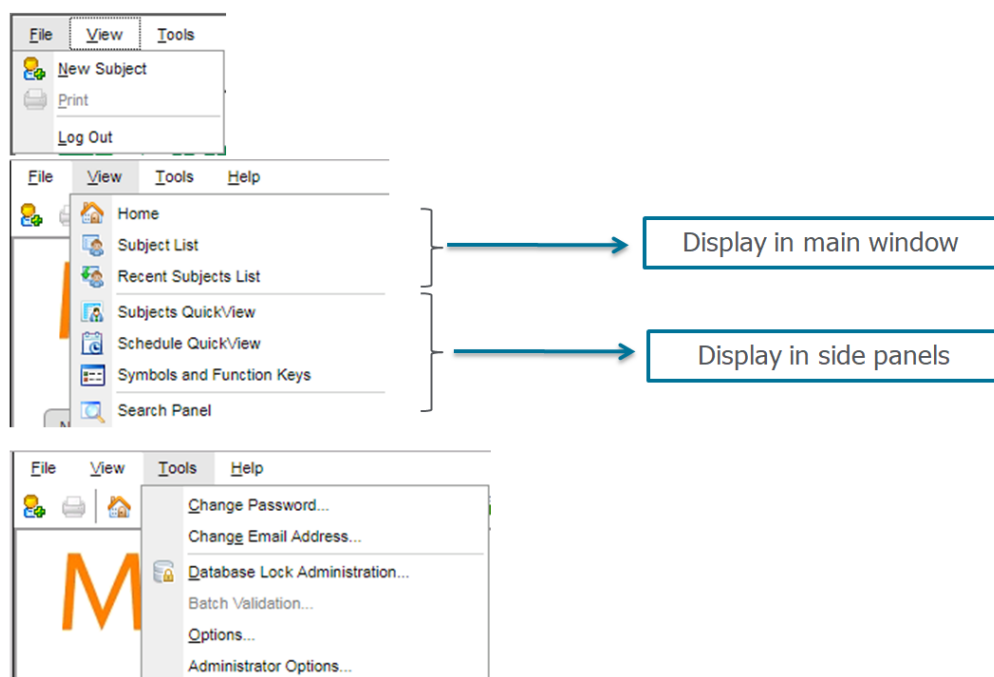
All of the available options above can also be found in the Toolbar (see Toolbar chapter below).



PLEASE NOTE: none of the Tools options can be found in the Toolbar.



The Help-Index can only be found in the above location. (PLEASE NOTE: MACRO help refers to radio buttons as “*option* buttons”)



## Toolbar (where the Function Buttons are found)



You can hover over icons to see their descriptions. From left to right, the **Function Buttons** are:

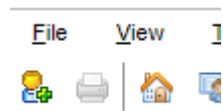
- Create a new study subject
- Print the current screen
- Open your Home Page
- Open the Subject List page
- Open the Recent Subjects List page
- Open the Search Panel
- Open the Data Reporter
- Open the Subjects QuickView panel
- Schedule QuickView
- Symbols and Function Keys
- View Missing Data (n) {n= number of missing items}
- View planned SDVs (n) {n= number of planned SDVs}
- View queried SDVs (n) {n= number of queried SDVs}
- View raised DCRs (n) {n= number of raised SDVs}
- View responded DCRs (n) {n= number of responded SDVs}
- Recipients (Entire caseload that can be filtered by field(s))

PLEASE NOTE: once you load a subject in MACRO, there will be more options available to you in the **Toolbar**, which are related to Data Entry:



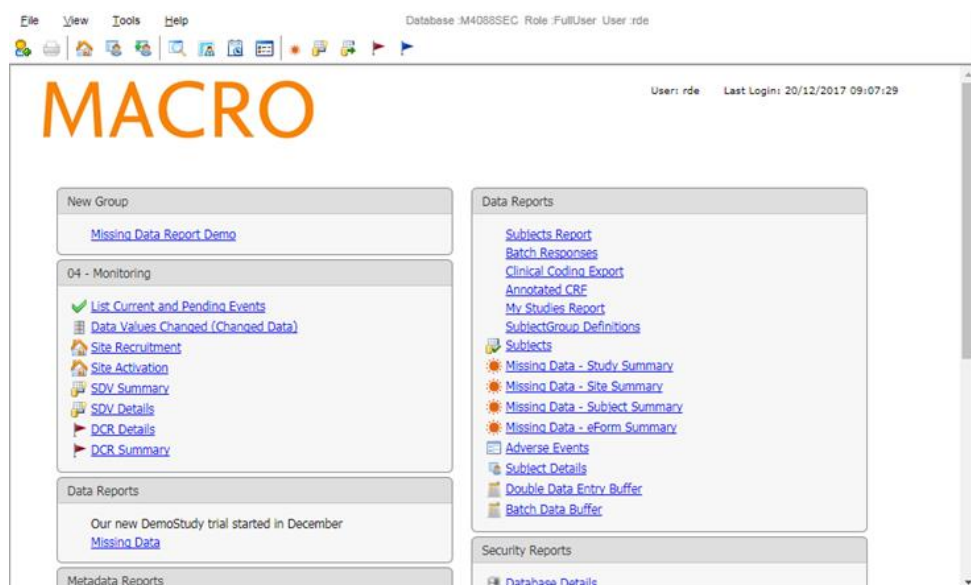
which can also be found in the Menu Bar under FILE.

## Home page and available Reports (simple listings, quality reports, etc.)



You can access the Home Page by clicking on the Home Button in the Menu Bar:

or under **VIEW** in the Menu Bar. On the Home Page you can find a variety of useful reports in the form of hyperlinks.



## Forms' colour coding scheme

The Forms in MACRO are coloured coded, which means that you can tell what type of form you are filling in by its colour (for example, a certain Form is always one particular colour, regardless of which Visit it appears). The same stands for the Questions' font colour inside the forms (for example, mandatory questions appear in Dark Red, section headers are in Blue, etc.)

**Hospital identification of patient**

Hospital Unique Patient Number (UPN) or code

**Do NOT leave this item empty**

Additional patient identification for this team

(optional)

Please see all fonts appearing in MACRO below:

	Description	Font (Type Face)	Style	Appearance
1	Form header 01/ Section headers Lvl 1	Arial	Bold	<b>Header 01</b>
2	Form header 01/ Section headers Lvl 2	Arial	Bold	<b>Header 01</b>
3	Form header 02/ Section sub-headers	Arial	Bold	<b>Header 02</b>
4	Form question entries (responses)	Arial	Regular	Lymphoma
5	Optional Question (Q)caption (default)	Arial	Regular	Source
6	Derived Q style	Arial Black	Bold	<b>Active</b>
7	RQG captions	Arial	Bold	<b>RQG caption</b>
8	RQG Preset Core Questions font	Arial Black	Bold	Epirubicine
9	Hidden Q caption	Arial	Regular	Hidden
10	Mandatory Q caption	Arial	Regular	Mandatory
11	Derived Q caption	Arial	Regular	Derived
12	Form/ question comments	Arial	Italic	Comments
13	General/ Status Instructions	Arial	Bold	<b>Active</b>
14	Dynamic navigation information	Arial	Bold	<b>Instruction</b>
15	Dynamic navigation instructions	Arial	Bold	<b>Instruction</b>
16	Dynamic navigation caption	Arial	Bold	<b>Instruction</b>
17	Category list value	Arial	Regular	Value
18	Category list caption	Arial	Regular	Caption
19	Hyperlinks	Arial	Italic	Study links

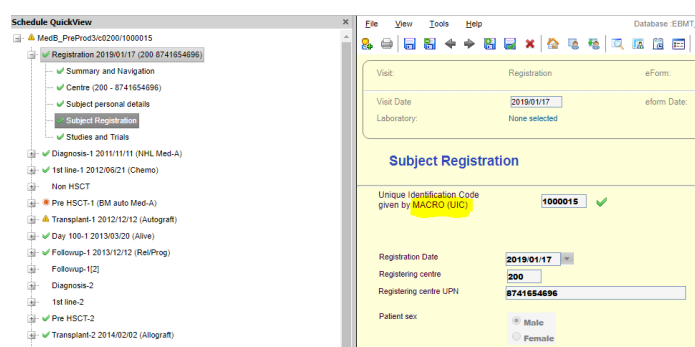
## How to search for an existing Subject (patient)

### Uniqueness Check

It is crucial to search for existing patients before starting your data entry. This is in order to avoid duplicating registrations. There is an inbuilt **Uniqueness Check** in Macro, which is a mechanism that reduces the risk of users creating duplicate subjects. However, we do recommend that you do a *Search* before you create a new subject. The questions that are related to the Uniqueness Check will have a font colour of their own (as per the Colour Coding Scheme above). The items that are being examined are: Date of Birth, Initials, UPN, Gender, HSCT Date, Country and CIC.

### Basic Terminology

The way to refer to patient records in MACRO is by using their “**Subject Label**”, which is a unique number allocated to a patient record by the database the moment you first create a new subject (“Subject” = Patient Record). The Subject Label carries no information on the site or the subject, and can therefore be used as a pseudonymised key.



The **Subject ID** is *another unique* number that is incrementally increased, again allocated by the database, **but for each Site**. For example, the record 1234 could exist both for Site 222 and for Site 333. The Subject ID can be used to identify patient records, but *only* at a Site level.

PLEASE NOTE: the way that a patient record appears in data entry is by including the Study, the Site and the Subject Label.

The **UPN** stands for Unique Patient Number (or Hospital Number), which is the number allocated to patients by the centres (sites) where they were treated, and it is used as one of the basic identifiers of a patient (mandatory field in MACRO).

The **Study** is the way MACRO refers to what the EBMT is calling a Registry, meaning the database's project that has all the information on patient disease and treatment. The EBMT has 2 studies in MACRO: the patients' “study” and the donors' “study”. (NOT to be confused with a Clinical Study (=trial) a patient may be participating in)

The **Subject Group** (Virtual Registry) is the way MACRO is *logically grouping* records, either of patients or of donors (depending on the Study), with a certain characteristic in common (e.g.: the same country for National Registries, the same disease for Working Parties, the same age for Paediatrics or for Adults, etc.). These are assigned via User Roles (Data Entry, Administrator, etc.).

The **Site** is the way MACRO refers to hospitals/centres performing treatments.

The **CIC** stands for Centre Identification Code and is a unique number allocated to sites/hospitals by the EBMT as an identifier of the centre.

The **ProMiSe UIC** is the old patient number allocated to a patient record by the EBMT's previous database Promise, and it stands for Unique Identification Code (UIC). The UIC is relevant only to patient records that existed in the old database Promise and got migrated over to MACRO. For records that have been migrated from the previous database Promise, the number will be read-only at the bottom of the "Subject Registration" form:

[Regarding any of the concepts described above, please refer to MACRO help.](#)

How to **Search** for a subject / How to **Filter** your caseload / Quick access to subject records, including **recent subjects list** page

There are several ways/icons in MACRO by which you can **view** your caseload and **search** for subjects with certain characteristic(s). You can try them all and see what serves your purpose best.

One way to **view** your caseload is to click on the button **Subject List** page:



which will open a list that shows the following pieces of information (subject per row):

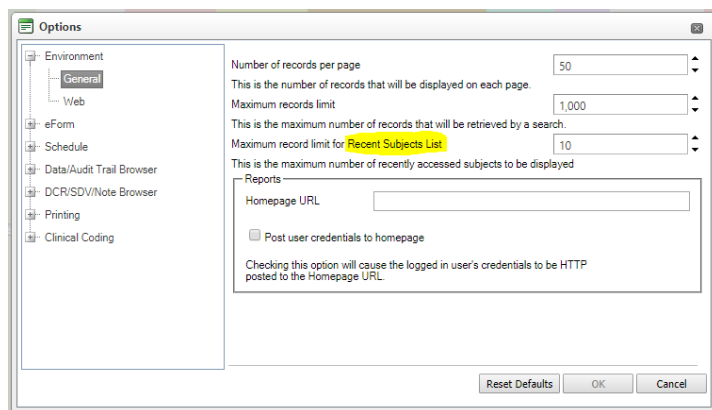
Status	Study	Site	Subject ID	Subject Label	Last Modified
	MedB_PreProd3	All Sites			
	MedB_PreProd3	c0200	1	1000001	2019/01/28 13:41:15
	MedB_PreProd3	c0201	1	1000003	2018/12/02 19:02:30
	MedB_PreProd3	c0210	1	1000008	2018/12/02 19:03:15
	MedB_PreProd3	c0299	1	1000009	2019/01/16 14:39:00
	MedB_PreProd3	c0516	1	1000010	2019/01/02 16:05:07
	MedB_PreProd3	c0715	1		2019/02/02 14:26:19
	MedB_PreProd3	c0744	1	1000094	2018/12/02 19:46:57
	MedB_PreProd3	c0876	1	1000033	2019/01/09 15:05:56
	MedB_PreProd3	deleted	1		2018/12/02 12:30:00
	MedB_PreProd3	c0206	2	1000002	2018/12/02 19:02:12
	MedB_PreProd3	c0201	2	1000004	2019/01/31 16:07:43



On the right side of the button above, you can find the same button, but with a green arrow pointing downwards, which is called **Recent Subject List** page (another way to view subjects):



This will load the 10 most recent subjects you have accessed. This number can be changed in your settings under Tools-Settings, according to your preferences:



If you click on the icon below, which is called **Subject QuickView** panel:



a side panel appears on the left hand side (another way to view your subjects), that lists all your subjects for quick access, as shown below:

Subjects QuickView		Database:EBMT_Test Role DataEntry User Asterix Kasim			
Status	Study	Site	Subject ID	Subject Label	Last Modified
	MedB_PrefProd3	All Sites			
	MedB_PrefProd3	c0200	1	1000001	2019/01/28 13:41:15
	MedB_PrefProd3	c0201	1	1000003	2018/12/02 19:03:30
	MedB_PrefProd3	c0210	1	1000008	2018/12/02 19:03:15
	MedB_PrefProd3	c0299	1	1000009	2019/01/16 14:39:00
	MedB_PrefProd3	c0516	1	1000010	2019/01/02 16:05:07
	MedB_PrefProd3	c0715	1	1000006	2019/02/02 14:26:19
	MedB_PrefProd3	c0744	1	1000004	2018/12/02 19:46:57
	MedB_PrefProd3	c0876	1	1000023	2019/03/09 15:05:56
	MedB_PrefProd3	deleted	1	1000003	2018/12/02 12:20:00
	MedB_PrefProd3	c0200	2	1000002	2018/12/02 19:02:12
	MedB_PrefProd3	c0201	2	1000004	2019/01/31 16:07:43
	MedB_PrefProd3	c0210	2	1000011	2019/01/14 16:01:15
	MedB_PrefProd3	c0299	2	1000006	2019/01/10 12:54:15
	MedB_PrefProd3	c0516	2	1000011	2018/12/02 17:36:50
	MedB_PrefProd3	c0715	2	1000027	2019/03/07 16:16:06
	MedB_PrefProd3	c0744	2	1000025	2018/12/02 20:38:32
	MedB_PrefProd3	c0876	2	Not registered	2019/01/09 15:10:45
	MedB_PrefProd3	d0999	2	1000052	2018/12/02 19:22:45
	MedB_PrefProd3	c0200	3	1000001	2019/01/24 13:01:39
	MedB_PrefProd3	c0201	3	1000005	2018/12/02 19:02:48
	MedB_PrefProd3	c0210	3	Not registered	2019/01/14 15:51:52
	MedB_PrefProd3	c0299	3	1000012	2019/01/10 12:48:57
	MedB_PrefProd3	c0516	3	1000012	2018/12/02 19:04:31
	MedB_PrefProd3	c0744	3	1000055	2018/12/02 17:39:39
	MedB_PrefProd3	c0876	3	1000034	2019/01/09 15:10:47
	MedB_PrefProd3	d0999	3	1000053	2018/12/02 19:23:29
	MedB_PrefProd3	c0200	4	1000003	2018/12/14 14:23:08

There is a variety of ways to search for subjects with certain characteristic(s). The one called **Recipients**, is found on the right hand side of the toolbar and is a magnifying glass with the letter R inside:



This is an Index of your entire caseload with the facility of performing a search by using subjects' main identifiers, such as subject label, date of birth, gender, diagnosis, HSCT date, etc.

Label	Last modification	Centre	UPN	Date of birth	Age group	Sex	Diagnosis	Main treatment	HSCT date	Cell therapy date	Last seen
1000001	2019/02/14 16:09:34	200	CMML_88	1965/04/05	Adult	Male	CMML		2003/07/07		2003/10/15
1000003	2019/02/11 13:00:18	201	111	1998/07/03	Adult	Male	Primary immune deficiency				
1000012	2019/02/12 14:29:03	202	yo_at	1978/02/02	Adult	Male	CML		2005/01/01		2005/01/01
1000016	2019/02/14 15:52:48	203	992762	1948/08/10	Adult	Female	Precursor lymphoid Neoplasms		2015/06/28		2016/05/14
10000173	2019/02/12 13:47:34	205	mds_al	1980/01/01	Adult	Male	Bone marrow failure: Congenital		2016/01/01		2016/05/01
Not registered											
1000019	2019/02/12 14:44:34	214	5587	1949/07/06	Adult	Female	Mixed phenotype Tmyeloid		2016/10/11		
1000047	2019/02/14 09:17:09	234	LC11234	1985/06/01	Adult	Female	Multiple myeloma		2017/08/05	2017/10/22	2018/08/15
1000022	2019/02/11 13:00:16	230	115	1955/12/16	Adult	Male	Multiple myeloma				
1000028	2019/02/12 16:34:23	232	A5289875		Adult		Precursor lymphoid Neoplasms		2017/01/01		2018/02/05
1000032	2019/02/11 13:02:55	234	967854	1974/05/01	Adult	Male	Myeloproliferative neoplasia		2017/05/18		2017/08/25
1000035	2019/02/11 13:03:19	247	750121	1958/06/28	Adult	Female	Systemic sclerosis		2015/01/01		
1000037	2019/02/14 15:26:52	271	964631634	1985/04/02	Adult	Female	Precursor lymphoid Neoplasms		2012/12/12		
1000040	2019/02/15 10:41:39	299	8000001	1970/10/10	Adult	Female	Solid tumour (not Breast)		2018/10/04		
1000044	2019/02/11 13:04:53	306	79845612213211321KV	1956/07/18	Adult	Male	PLL T-cell		2017/01/01		
1000048	2019/02/11 13:05:21	308	8415635768	1992/05/02	Adult	Male	Multiple myeloma		2013/05/05		2014/05/05

You can use it by typing on any of the items listed on the top row, and then pressing Enter. You can type only *part* of the label you are looking for, like for example in the Diagnosis, you can type “ML” and you will get in your results AMLs, CMLs, CMMLs, JMMLs, etc. as shown below:

Date of birth	Age group	Sex	Diagnosis
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="ML"/>
1965/04/05	Adult	Male	CMML
1978/02/02	Adult	Male	CML
1980/01/01	Adult	Male	AML & Related Precursor Neoplasms
1950/01/01		Male	AML & Related Precursor Neoplasms
1965/08/15	Adult	Female	CMML
1965/04/05	Adult	Male	JMML
1965/05/02	Adult	Male	JMML
1965/04/05	Adult	Male	AML & Related Precursor Neoplasms

What is more, you can use more than just one item to filter your results even more. For example, in the search above, you can add the Sex filter as well (typed simply “fe” for females):

Date of birth	Age group	Sex	Diagnosis
<input type="text"/>	<input type="text"/>	<input type="text" value="fe"/>	<input type="text" value="ML"/>
1965/08/15	Adult	Female	CMML
1989/06/05	Adult	Female	AML & Related Precursor Neoplasms
1981/12/17	Adult	Female	CML
1956/07/08	Adult	Female	CML
1956/01/05		Female	AML & Related Precursor Neoplasms
1989/06/05	Adult	Female	AML & Related Precursor Neoplasms
1965/10/20	Adult	Female	CML
1965/10/20	Adult	Female	CML
1981/12/17	Adult	Female	CML
1958/04/02	Adult	Female	AML & Related Precursor Neoplasms
1965/10/20	Adult	Female	CML
1989/06/05	Adult	Female	AML & Related Precursor Neoplasms
1964/11/05		Female	AML & Related Precursor Neoplasms
1988/09/05	Adult	Female	JMML

PLEASE NOTE: if your search's results are many, they will appear in many pages. You can see the number of pages produced at the bottom-right corner:

2016/02/02	2017/01/11
2012/03/03	
2017/09/14	2017/11/20
2019/01/22	2019/02/10
2015/08/08	2015/11/21
2001/01/01	2001/04/01
2014/03/17	2015/03/17

Page 1 of 3, items 1 to 50 of 142.

and you can navigate through the pages by clicking on the arrows on the bottom-left corner:

1000249	2019/02/11 15:03:10
1000179	2019/02/11 13:03:24
1000038	2019/02/11 13:03:44
1000041	2019/02/11 13:04:13

Change page: [Previous] [First] [Next] [Last]

Another useful feature this search offers is the available options you get when you click on the funnel (Filter icon) found on the right side of each of the items:

UPN	Date of birth	Age group
992762		Adult
5587		Adult
UCL1234		Adult
750121		Adult
984631634		Adult
8000001		Adult
750121	1959/06/26	Adult

For example, if you know the subject you are looking for was born 2010, but you do not know the month and day, you can type “2010” in the Date of Birth and select StartsWith. (Note that the dates’ format is always yyyy/mm/dd)

Another way to **search** for subjects with specific characteristics is by clicking on the icon called **Search Panel**, as shown below:



which opens a side panel on the left hand side of the screen:

The screenshot shows a software interface with a 'Search' panel on the left and a data table on the right. The 'Search' panel includes sections for 'Search Detail Level', 'General' (Study, Site, Subject Group), 'Statuses' (with icons for various status types), 'Frozen/Locked', 'DCRs/SDV Status', 'Study Level', 'User', 'Date Range', and 'Clinical Coding'. The data table on the right has columns: Label, Last modification, Centre, UPI, Date of birth, Age group, and Sex. It contains a list of subjects with their respective details.

Label	Last modification	Centre	UPI	Date of birth	Age group	Sex
1000054	2019/02/12 16:05:00	513	mds_el	1980/01/01	Adult	Male
1000020	2019/02/11 13:01:51	214	7777	1950/01/01		Male
1000163	2019/02/11 14:59:18	203	46	1965/04/05	Adult	Male
Not registered	2019/02/09 15:27:58	513	68464141	1989/06/05	Adult	Female
1000207	2019/02/11 13:29:49	594	10110001	1953/09/02	Adult	Male
1000047	2019/02/11 16:10:14	306	123456	1950/01/02	Adult	Male
1000221	2019/02/11 13:32:04	718	7777	1950/01/01		Male
1000274	2019/02/12 15:22:26	744	ghyefg345	1961/11/27	Adult	Male
Not registered	2019/02/05 20:33:26	513	s16s1d8f	1962/05/04		Male
1000136	2019/02/11 13:18:54	516	A-195	2017/01/21	Paediatric	Male
Not registered	2019/02/05 20:34:33	513	nip1	1950/02/28	Adult	Male
Not registered	2019/02/05 20:34:54	513	1sadt3s132zf	1963/05/04	Adult	Male
1000159	2019/02/11 13:22:31	876	758430KV	1956/01/05		Female
1000142	2019/02/11 13:19:50	516	4556546KV	1956/04/14	Adult	Male
1000235	2019/02/11 13:33:52	876	68464141	1989/06/05	Adult	Female
1000065	2019/02/11 13:08:28	513	7777	1960/04/07	Adult	Male

This MACRO inbuilt search function is to be used in particular when you are looking for subjects with a certain **Status**. As you can see below, there is section where you select the type of Status you are interested in (e.g.: Missing, Warning, OK Warning, etc.):

The 'Statuses' panel shows a 'Select/Clear All' checkbox, a row of status icons (Invalid, Not Applicable, OK, OK Warning, Missing, Not Available, Warning, Inform, Note, Comment), and input fields for 'Comments' and 'Note'.

You can also search for subjects that have **Comments** or **Notes**. (For more on these please see chapter “Types of Questions” in this guide)

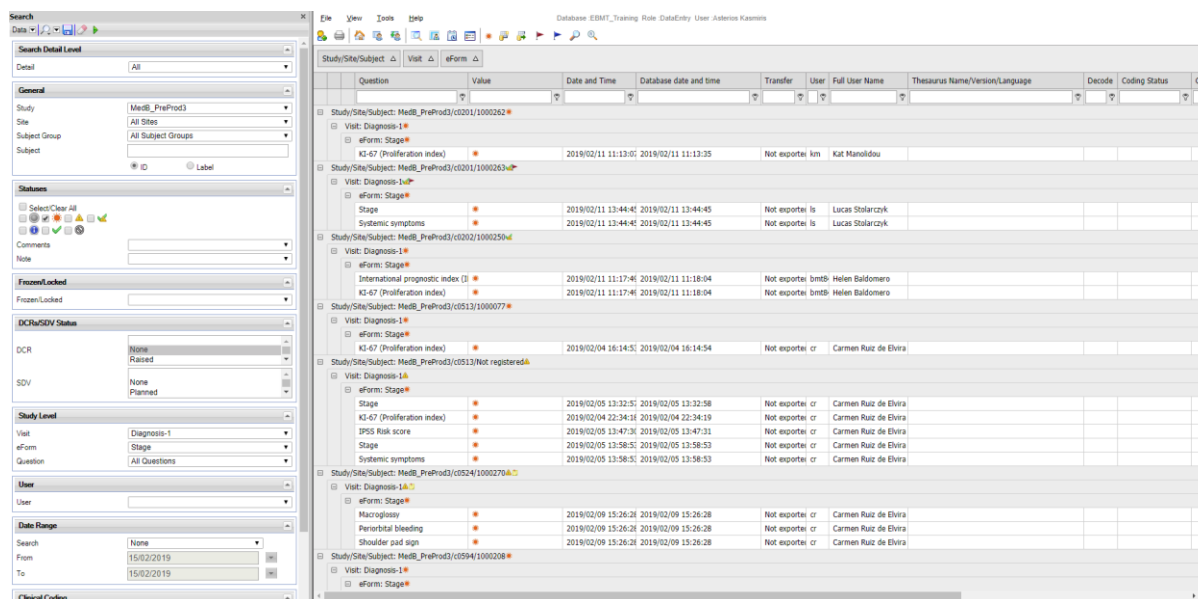
Possible indications for a Question’s **Status**:

**Symbols and Function Keys**

- Status
- Invalid
- Not Applicable
- OK
- OK Warning
- Missing
- Not Available
- Warning
- Inform
- Note
- Comment

Further down on the same panel, you can search for subjects that are Frozen or Locked, or that have DCRs or SDVs in them:





You can also Save a search of yours to use again in the future by clicking on the disk icon, or search for an already existing search of yours by clicking on the magnifying glass:



[Regarding any of the concepts described above, please refer to MACRO help.](#)

Another way to **search** for subjects with specific characteristics is by using the icon below:



called **Data Reporter**, which opens a list of reports on the main screen:

Data Search							
New Search		Load Search	Select Study				
							Clear Save search
Search Queue and Results							
Search Name	Repeat Frequency	Status	Date Of Last Activity	View	Download		
ChemoHCT Dg	Once	Complete	14/02/2019 11:44:36	Columnar   Freequery	CSV   Excel   STATA   SPSS   SAS	Delete	
DgnTypesLast	Once	Complete	10/02/2019 18:10:10	Columnar   Freequery	CSV   Excel   STATA   SPSS   SAS	Delete	
Centres	Once	Complete	10/02/2019 17:40:01	Columnar   Freequery	CSV   Excel   STATA   SPSS   SAS	Delete	
Centre	Once	Complete	08/02/2019 17:39:56	Columnar   Freequery	CSV   Excel   STATA   SPSS   SAS	Delete	

This function is for more specialised searches/reports for subjects with even more specific characteristics, for example, with a certain diagnosis, a certain type of HSCT, a certain patient status, etc. The results of such reports will be produced in the format that the **Recipients** search mentioned above appears, if you click on the Columnar option found under View:

Clear Save search			
Refresh			
View	Download		Action
Columnar   Frequency	CSV   Excel	STATA   SPSS   SAS	Delete
Columnar   Frequency	CSV   Excel	STATA   SPSS   SAS	Delete
Columnar   Frequency	CSV   Excel	STATA   SPSS   SAS	Delete
Columnar   Frequency	CSV   Excel	STATA   SPSS   SAS	Delete

which you can then filter more:

Database EBMT_Training Role DataEntry User Asterios Karamitsos											
Data Search											
New Search Load Search Select Study Clear Save search											
Search Queue and Results											
Title Subject Label Subject ID V_DIAG1_F_DISEASE_1_DS_CLASS_D V_DIAG1_F_DISEASE_1_DSICLFD V_COLL1_F_HSCT_COLL_1_VTRANTYP V_TRANS1_F_PATSTAT_1_VPATSTAT V_FUP100_1_F_SURVIVAL_1_DATE_LASTSEEN V_FUP100_1_F_PATSTAT_1_VPATSTAT V_COLL2_F_HSCT_COLL_1_VTRANTYP											
c0200	1000001	1	CMML	MDS & MPN	Allogeneic	Alive	2002/08/01	Alive	Autologous		
c0200	1000002	2	PLL T-cell	Chronic leukaemia	Autologous	Alive		Alive			
c0200	1000168	3	Multiple myeloma	Plasma cell disorders	Autologous	Alive	2017/03/03	Alive			
c0200	1000169	4	Hodgkins	Lymphoma	Autologous	Alive					
c0200	1000245	5	NHL	Lymphoma	Allogeneic	Alive					
c0200	1000162	6	Precursor lymphoid Neoplasms	Acute leukaemia	Allogeneic	Alive					
c0200	1000246	7	NHL	Lymphoma	Autologous	Alive	2013/03/20	Alive	Allogeneic		
c0201	1000003	1	Auto-immune	Auto-immune diseases	Allogeneic	Alive					
c0201	1000004	2	Haemoglobinopathy	Haemoglobinopathies	Allogeneic	Alive					
c0201	1000005	3	Mantle or BL or DLBCL/BL	Lymphoma	Autologous	Alive	2014/07/12	Alive			
Change page 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313											
Page 1 of 32, items 1 to 10 of 313											

## How to deal with a case of a “Previous HSCT performed in another centre” (use Access Request Form)

All data for a single patient should be entered under one Subject Label, including subsequent treatments (HSCTs, Cell Therapies, Additional treatment, etc.). This is to avoid creating duplications (2 patient records for the same patient). Patients transferred to other centres for further treatments (HSCTs or Cell Therapies) must always keep their original Subject Label. If your patient had a prior transplant or cell therapy elsewhere, please use the form titled “*Data Access Request Form for a Patient Given Previous Treatment in Other Centre*” to request access to their existing record, found in this webpage: <https://www.ebmt.org/registry/data-submission>

After the access to that specific patient record is granted to your Site, the new record will appear in your caseload (it might be that you need to refresh to make it appear).

PLEASE NOTE: this scenario is explained in more detail at the Chapter “Complex Cases (examples)”.

## Registration: How to create a new Subject (patient) → 1<sup>st</sup> HSCT

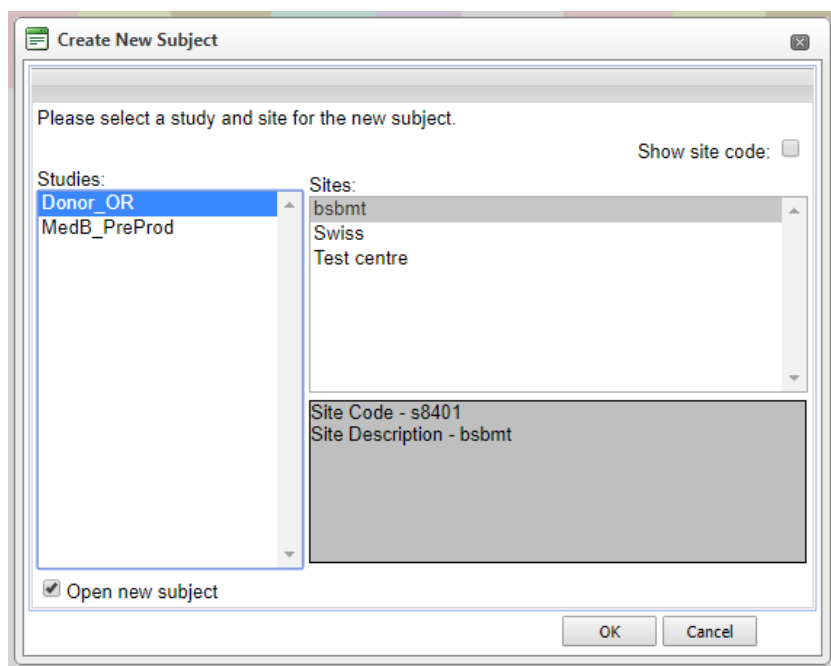
PLEASE NOTE: there is a separate chapter with cases of Subsequent HSCT. This chapter is for the case of a 1<sup>st</sup> HSCT, where you are the centre that is creating a patient who does not exist in the database. It is assumed that you first Searched whether the patient record exists already, before you proceeded with the creation of a new Subject.

## Creating a New Subject using the icon or the toolbar menu

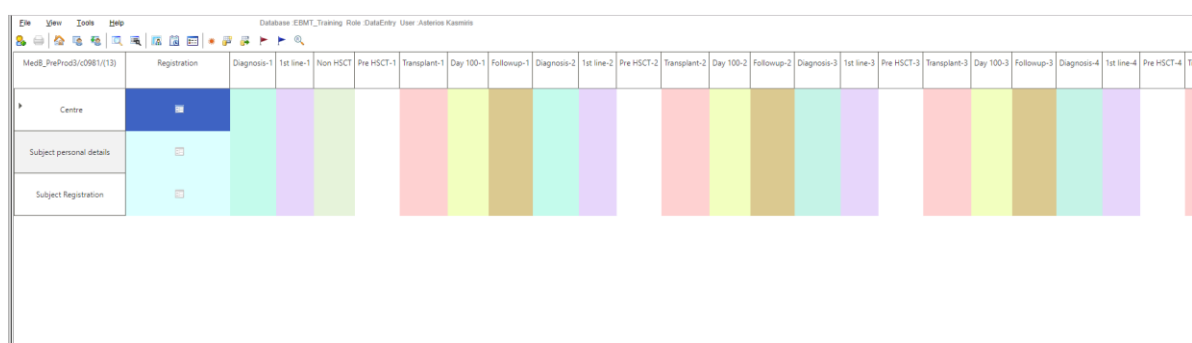
You can directly create a new subject by clicking on the first icon from your Toolbar:



Alternatively, you can use the Menu Bar, under File-New Subject. Following either method, a window appears where you select your Study (=not the normal behaviour for 90% of users) and your Site (most users will have access to 1 study and 1 site):



Once you click OK to confirm Study and Site selection, you are taken to the newly created patient's **Subject Visit Schedule**:



where the only active form you can use is the **Centre** Form from the **Registration** Block. Note that when a form is Active, it is coloured, but Not Active forms are greyed out:



MedB_PreProd3/c0981/(13)	Registration	Diagnosis-1	1st line-1	Non HSCT	Pre HSCT-1	Transpl
Centre						
Subject personal details						
Subject Registration						

Note that the hierarchical structure in MACRO is like this: Block → Visit → Form.

MedB_PreProd3/c0981/(13)	Registration	Diagnosis-1	1st line-1	Non HSCT	Pre HSCT-1	Transplant-1	Day 100-1	Followup-1	Diagnosis-2	1st line-2	Pre HSCT-2	Transplant-2	Day 100-2	Followup-2	Diagnosis-3	1st line-3	Pre HSCT-3	Transplant-3	Day 100-3
Centre																			
Subject personal details																			
Subject Registration																			
<b>1st Block</b>		<b>2nd Block</b> (including Non-HSCT Visit, used ONLY if a Cellular Therapy is the 1st Treatment ever)							<b>3rd Block</b>					<b>4th Block</b>					

So, a Block is consisted of Visits and a Visit is consisted of Forms. The Visits are indicated by differently coloured columns and the Forms appear in rows, with their names showing in the left hand side column. Not all forms appear in all visits, as they may not be applicable, and some may appear in multiple visits.

PLEASE NOTE: the 2<sup>nd</sup> Block is different to any subsequent ones, in that it has an extra visit: the **Cell Therapy** visit, called **Non-HSCT**. The 1<sup>st</sup> Block is the Registration Block that appears only once at the very beginning of a newly created subject. The reason for this is only for the case where a patient is receiving their first treatment ever and it is a Cell Therapy; any other cell therapies that do not fit the above criteria will be reported using the Annual Follow Up.

For a detailed description of the content and distribution of Blocks, [please refer to the MACRO Help](#).

After you double-click on the Centre form of the Registration Visit in the Subject Visit Schedule above, the Form Centre opens, along with the Schedule QuickView in the left side panel.

The **Schedule QuickView** is a summary of the patient’s medical history in a tree form. Please read the next chapter below, which briefly explains its use.

After you fill in the Centre form above, and the following one, named Subject Personal Details, the patient is given a Subject Label by the system:

and then you can continue with the registration of the current form, named Subject Information.

PLEASE NOTE: if you fail to fill in the Subject Personal Details Form in full, your subject will not be registered in the database and you will get the following message:

THE **EBMT WORKING PARTIES** WILL HAVE **NO ACCESS** TO THE FORM “**SUBJECT PERSONAL DETAILS**”, WHICH WILL BE VISIBLE *ONLY* BY THE CENTRES/SITES THAT ARE *INVOLVED* WITH THIS PATIENT (either treating or following up, as they will already have this information in their records).

When you are done registering the 3<sup>rd</sup> and last Form of the Registration Block, you are asked if you want to continue to the Next Visit:

**PATIENT**

Registration Date: 2018/10/12

Registering centre: 201

Registering centre UPN: 87646463 *If you need to make a correction to the UPN, return to the Centre eForm to do the correction*

Patient sex: ☐ Male

This is the end of the visit. Would you like to move to the next Visit?

Yes No


This Question is asked every time a Visit ends (at the end of the last question of its last Form) and a new one begins. In this case, after you finish with the last Visit of the 1<sup>st</sup> Block, you are taken to the 1<sup>st</sup> Visit of the 2<sup>nd</sup> Block.

PLEASE NOTE: the 1<sup>st</sup> Block has only one Visit: the Registration visit, consisted of 3 forms (= Centre, Subject Personal Details & Subject Information), unless you answer Yes to the Study question, which will then create a Study form as well. You can find more details in the “Entering Data” Chapter.

If you click Yes, you are taken to the 1<sup>st</sup> Form of the Diagnosis-1 Visit, but you can click No and work on a different patient. If you go back to that patient’s **Subject Visit Schedule**, you can now see the completed forms marked with a Green Tick, and the following Active form is now coloured in the Diagnosis Visit:

MedB_PreProd/c0201/1000155	Registration 201 87646463 2018/10/12	Diagnosis-1	1st line-1	Cell Therapy	Pre HSCT-1	Transplant-1	Day
Centre	201 - 87646463						
Subject personal details							
Subject Information							
Centre-MedAB Selection							
Primary Diagnosis (1 to 6)							

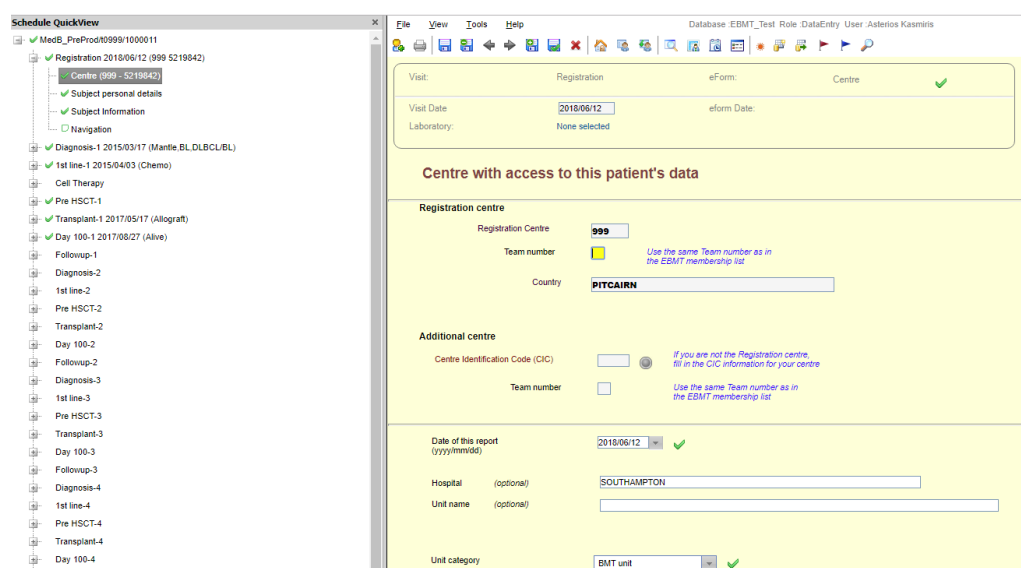
You can also right-click on an Active Form to see the available options.

When inside a Form, if you click on the Close Current Form button  , MACRO will take you back to the patient's **Subject Visit Schedule**.

READ MORE about this in the Chapter “Entering Data” below.

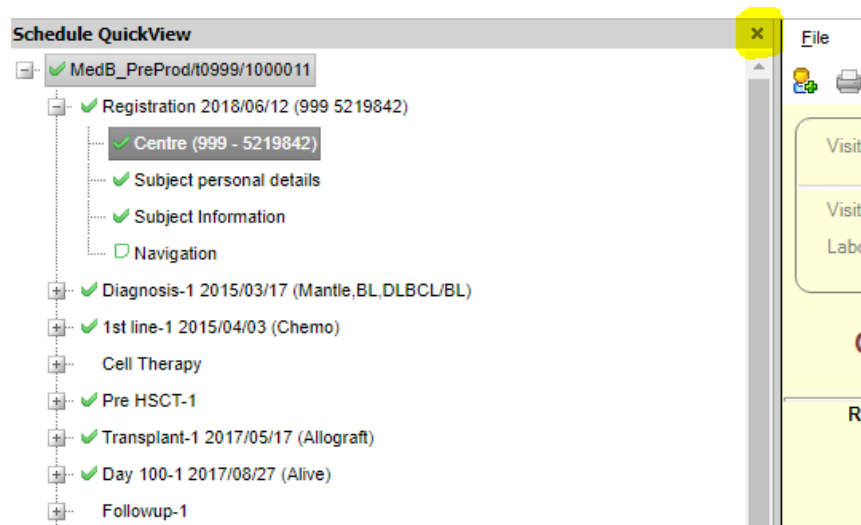
## How to use the Schedule QuickView

Once you access any subject and double-click on any of its forms in the Visit Schedule to view/edit/record data, the Form opens along with the Schedule QuickView in the panel on the left side:



The screenshot shows the 'Schedule QuickView' panel on the left and a form on the right. The panel lists various visits and forms for a patient, including 'Registration 2018/06/12 (999 5219842)', 'Centre (999 - 5219842)', 'Subject personal details', 'Subject Information', 'Navigation', 'Diagnosis-1 2015/03/17 (Mantle,BL,DLBCL/BL)', '1st line-1 2015/04/03 (Chemo)', 'Cell Therapy', 'Pre HSCT-1', 'Transplant-1 2017/05/17 (Allograft)', 'Day 100-1 2017/08/27 (Alive)', 'Followup-1', 'Diagnosis-2', '1st line-2', 'Pre HSCT-2', 'Transplant-2', 'Day 100-2', 'Followup-2', 'Diagnosis-3', '1st line-3', 'Pre HSCT-3', 'Transplant-3', 'Day 100-3', 'Followup-3', 'Diagnosis-4', '1st line-4', 'Pre HSCT-4', 'Transplant-4', and 'Day 100-4'. The form on the right is titled 'Centre with access to this patient's data' and contains fields for 'Registration centre' (Registration Centre: 999, Team number: [dropdown], Country: PITCAIRN), 'Additional centre' (Centre Identification Code (CIC): [dropdown], Team number: [dropdown]), 'Date of this report' (2018/06/12), 'Hospital' (SOUTHAMPTON), 'Unit name' (optional), and 'Unit category' (BMT unit).

You can close the Schedule QuickView by clicking on the X on the top right corner of the panel:

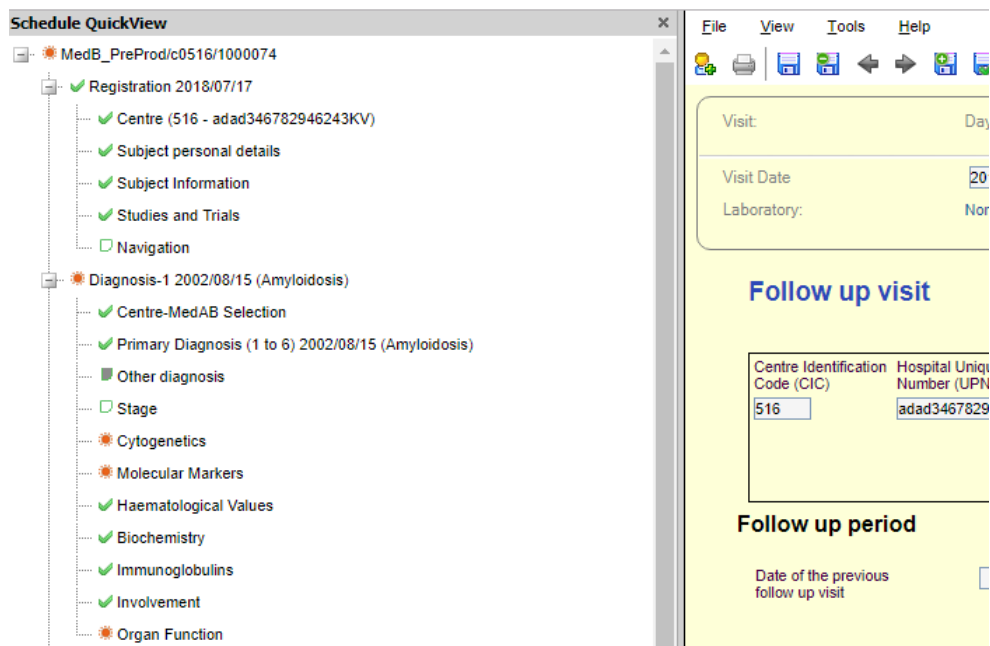


The screenshot shows the 'Schedule QuickView' panel on the left, which is the same list of visits and forms as in the previous image. The panel is highlighted with a yellow box, and a red 'X' icon is shown in the top right corner of the panel's header, indicating the close button.

To re-open the panel click the Schedule QuickView icon:

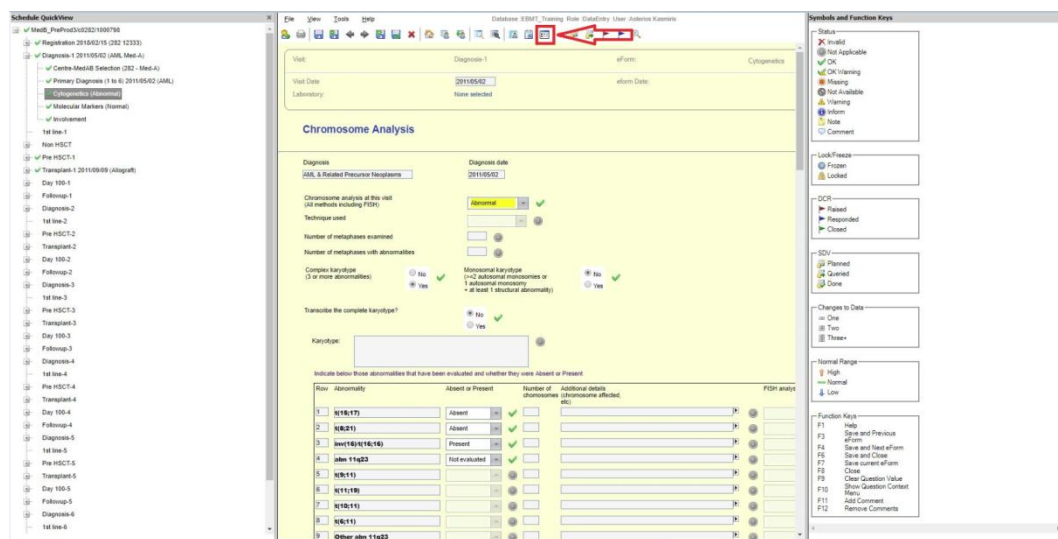


You can click on the + on the left of any Visit to unfold its available Forms, and by *single* clicking on any Form, you can load it. Below you can see that if a Form is marked as Missing, then the Visit it is a part of, is also marked with the same Status Icon. This indicates that there is *at least one* form in this visit with this property:



Equally, a whole Subject is marked accordingly, if at least one visit is marked with any Status.

You can check the meaning of all Status Icons at any time by clicking on the icon **Symbols and Function Keys** to get the Icon Legend (which shows the Symbols' description):



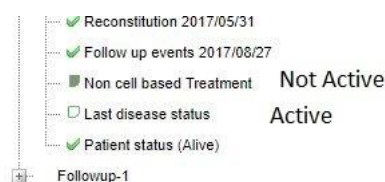
They will appear in the right side panel, along with a list of available **Shortcuts**. You can close this panel by clicking on the X button on the top right of the panel.

PLEASE NOTE (Question status priority): When a subject/visit/Form contains questions with differing statuses, the following hierarchy applies:

1. Warning
2. OK Warning
3. Missing
4. OK
5. Not Available

For example, if a Form contains questions with the statuses 'Warning' and 'Missing', it will always be represented by the 'Warning' icon as this has the highest priority.

PLEASE NOTE: some Forms in a Visit may not be Active, as they are not relevant to the Disease, the HSCT Type, etc. so you can see them being greyed out:



## Entering Data

### Types of Questions (Comments and Notes)

There are several different types of question in MACRO. A question type determines how it is displayed on a Form and how it is to be answered.

Type	Identified by
Text	A text box requiring a textual answer, occasionally with an expand arrow to the right. Thesaurus questions are clinically significant text questions that can be coded against a medical dictionary. They are displayed as a text box with an orange border
Category	A set of option buttons (radio buttons), check boxes or a drop down list.
Number	A small text box requiring a numerical answer.
Date/time	A small text box requiring a date as an answer, occasionally with a drop down arrow to the right.
Multimedia	A paperclip icon or a magnifying glass icon if the question has already been answered.

EXAMPLES:

Text:

Drop-down Category question:

**SHORTCUT:** once you tab to a drop-down list category question, the options unfold automatically. You can use “ALT+Down Arrow” or “ALT+Up Arrow” to unfold it and fold it respectively.

Radio Button Category question:

When you tab to a radio button category question, you can move down and up using the arrow keys on your keyboard to go through the options (you can also use the left and right arrow keys) and press SPACEBAR to select your choice. When you tab to any question, it is activated by turning Yellow (= how the cursor moves throughout the Data Entry). To remove an entry from a Radio Button category question, right-click on it and select the option **Clear**:

**SHORTCUT:** alternatively, you can press F9 when the cursor is on the question (Yellow).

Number:

Date/Time:

**SHORTCUT:** instead of typing the date, you can click on the drop-down option next to the date field, which unfolds a **Calendar**, where you can select the date from.

**SHORTCUT 2:** when inside a date question, the shortcut for **today's date** is letter “t”.

Picture of subject  
(if available)



Multimedia:

If the Multimedia Question is answered, the Paperclip is then changed to a Magnifying Glass, which indicates that you are able to view its content:

PLEASE NOTE: there are some Questions with a *combination* of the above options of category questions, such as some Haematological Values, where you have the option to select either a radio button for Not Evaluated or a Numerical value field to enter the value. Also, you can have a radio button for Not Evaluated or a drop-down list category question with options to choose from or, such as the HLA.

Haemoglobin (g/dL) ☐ Not evaluated 9.4 ✓

Erythrocyte sedimentation ☐ Not evaluated

Locus A ☐ Not evaluated

DNA

A\*01:01:10 ✓

A\*01:01:15 ✓

In terms of Data Entry, in cases such as the 2 examples above, you first tab to the NE Radio button and if you select it, it skips the following item (free text box or drop down list category question), but if you skip it, then it jumps to the following item (free text box or drop down list category question) for you to answer. Just a gentle reminder: if you want to **Clear** a selected Radio button category question, you press F9 or you right-click and you select the option Clear from the drop-down menu.

PLEASE NOTE: depending on the language you have set in your internet browser, the **Decimal and Thousands Separator** might be presented differently – it can be either Decimal Comma (,) or Decimal Point (.) and the opposite for the Thousands Separator. For example, in countries like the Czech Republic, Italy or Spain *ten thousands* would be written like this: 10.000,00 and in countries like the UK and the US like this: 10,000.00

In order to avoid possible mistakes, you must remember that it is your Internet Browser's language that defines what format you will be viewing your data in MACRO, and you should therefore choose the corresponding symbol (comma or point) when entering numerical values.

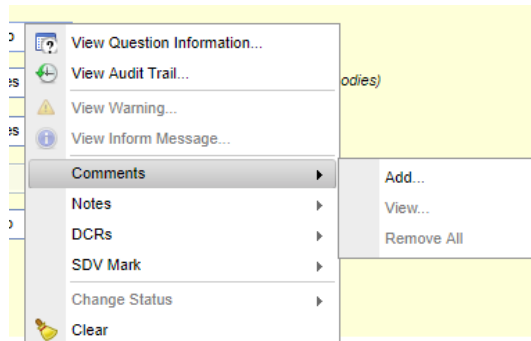
PLEASE NOTE: you can add **Comments** and/or **Notes** on any question. The Comments are clinically significant comments on a question. The Notes are more like a personal reminder, but they are visible both by data entry users and by data reviewers, so it is a way of communication between the two. The notes can also be downloaded. If any question has either a comment or a note, they are marked respectively as such:



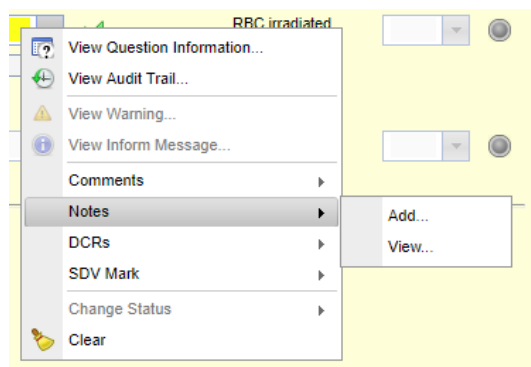
**Splenectomy**  
 Patient had splenectomy    
 Date of splenectomy

Number of RBC transfusions    
 Age at 1st transfusion ☒ Not evaluated  months

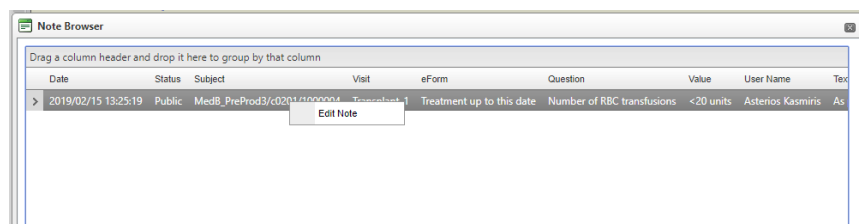
You can add either of the two by right-clicking on any question to get the drop-down options:



If at least 1 Comment exists already, the option view will be active (not greyed out as above). The same happens with Notes as shown below:



If you click on View a pop-up window appears to show the existing information. The **Notes** appear in rows on which you can right-click and select Edit Note:



which will open the Note like this:

The 'Note Browser' window displays a table with the following columns: Date, Status, Subject, Visit, eForm, Question, Value, User Name, and Text. A single record is shown with the following data:

Date	Status	Subject	Visit	eForm	Question	Value	User Name	Text
2019/02/15 13:25:19	Public	MedB_PreProd3/c0201/1000004	Transplant-1	Treatment up to this date	Number of RBC transfusions	<20 units	Asterios Kazmiris	As per the notes from the referring centre.

Below the table, an 'Edit Note' dialog box is open, showing the 'Name' field with the value 'Number of RBC transfusions' and the 'Text' field with the value 'As per the notes from the referring centre.' The dialog box has 'OK' and 'Cancel' buttons.

The **Comments** appear in the following window, but it is just 1 of the 3 available tabs:

The 'Question Information' window displays the 'Comments' tab. The 'Name' field is 'Patient had splenectomy?' and the 'Value' field is 'No'. The 'Comments' tab is selected, showing the following comments:

The following comments are currently attached to this question:

It was initially planned, but the patient left the country.

Buttons for 'Properties', 'Comments', and 'Audit Trail' are visible. A 'Remove All Comments' button is at the bottom right, and a 'Close' button is at the bottom right of the window.

The other 2 tabs – Properties and Audit Trail – can also appear by selecting their corresponding options on the drop down list of any question:

A dropdown menu is shown for a question. The menu items are: View Question Information..., View Audit Trail..., View Warning..., View Inform Message..., Comments, Notes, DCRs, SDV Mark, Change Status, and Clear. The 'Notes' item is selected, and a sub-menu is open with 'Add...' and 'View...' options.

named: **View Question Information** and **View Audit Trail**.

[Regarding any of the concepts described above, please refer to MACRO help.](#)

## Help provided (Contextual texts, Help Files, Multimedia, Hyperlinks)

For the easiness of the Data Entry process, MACRO offers the capacity of some explanatory notes (Contextual Text) appearing on the Forms in blue colour, found next to the Questions they refer to:

**Centre with access to this patient's data**


**Registration centre**

Registration Centre

Team number  *Use the same Team number as in the EBMT membership list*

Country

**Additional centre**

Centre Identification Code (CIC)   *If you are not the Registration centre, fill in the CIC information for your centre*

Team number  *Use the same Team number as in the EBMT membership list*

Please make sure to read these, as they are designed to facilitate your work.

What is more, MACRO offers the possibility of attaching documents, known as Multimedia files, which are indicated with a paperclip icon (or a magnifying glass if the question is answered):

Picture of subject  
(if available)



Moreover, you can find Hyperlinks, for moving to another form *within* MACRO, such as the one below:

**4. Save the centre eform as usual and open a new cycle of the**

**[Follow link to go to centre information eform](#)**

Selected centre

Selected CIC

Finally, additional help can always be found on the EBMT Website under the Registry tab:

<https://www.ebmt.org/registry/how-use-registry>

<https://www.ebmt.org/registry/data-collection>

<https://www.ebmt.org/ebmt/documents/med-ab-forms-manual>

<https://www.ebmt.org/registry/data-submission>

You can also contact the **Registry Helpdesk** at all times → [registryhelpdesk@ebmt.org](mailto:registryhelpdesk@ebmt.org) We aim to get back to you within 24 hours upon receipt of your query.

## Data Entry

**Cursor:** the cursor indicates which question you are answering at any given moment during data entry. It is highlighted in Yellow, if it is a free text box:

Centre with access to this patient's data

Registration centre

Registration Centre: 201

Team number: 1

Country: UNITED KINGDOM

Additional centre

Centre Identification Code (CIC):

Team number:

Date of this report (yyyy/mm/dd): 2018/10/24

Hospital (optional):

Unit name (optional):

if it is a Radio button category question, the whole area of options is highlighted instead:

Chromosome analysis done?

No

Yes

and if it is a Drop-down list category question, the options expand automatically and all of them are highlighted:

Unit category

Contact person

Hospital identification of patient

Hospital Unique Patient Number (UPN) or code

Additional patient identification for this team

Unit category options:

- 1 Haematology
- 2 Oncology
- 3 Adults
- 4 Paediatrics
- 5 Allograft
- 6 Autograft
- 7 BMT unit
- 8 Paediatric haematology
- 9 Paediatric oncology
- 10 Dept. Medicine
- 11 Haematology (optional)

PLEASE NOTE: the Blue highlighting happens when you go back to a question that has already been answered.

You can do the entire Data Entry using solely the **keyboard**, which is *recommended*, as it ensures you answer all the questions in the order specified by the study designer. The TAB key is the key that moves the cursor from one question to the following one.

- If the question is a free-text box, you can click TAB after you are done typing your entry.

- If it is a drop-down list category question, you can use the Down and Up arrows to move to the preferred of the available options and then TAB to accept it. The option you are about to choose is highlighted in Blue:

Disease diagnosis

Date of diagnosis

Non malignancies

The rest of the form

Additional information requested in the next

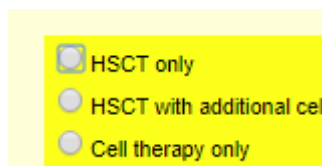
Disease diagnosis options:

- 1 Acute leukaemia
- 2 Chronic leukaemia
- 3 Lymphoma
- 4 Plasma cell disorders
- 5 Solid tumours
- 6 Solid tumours

You can fold and unfold the options of a drop-down list category question by using the ALT+Up and ALT+Down shortcut respectively.

PLEASE NOTE: in Drop-down lists category questions, such as the one above, you can alternatively type the **Code** that appears next to the label and press TAB or ENTER.

- If it is a Radio button category question, again you use the Down and Up arrows (or the Left and Right arrow keys) to move to the preferred of the available options and then click SPACEBAR to accept it. A grey square is indicating which option you are about to select:



A screenshot of a radio button category question. It features three options, each with a radio button and a label: "HSCT only", "HSCT with additional cel", and "Cell therapy only". The first option, "HSCT only", is selected, indicated by a grey square next to its radio button.

In all of the 3 options above, if you click TAB, the cursor will jump to the next question without any answer selected ("tabbing out" of a question). But if a selection is made, the cursor automatically jumps to the following question.

PLEASE NOTE: MACRO does not accept the following characters when entering data " ` ~ |

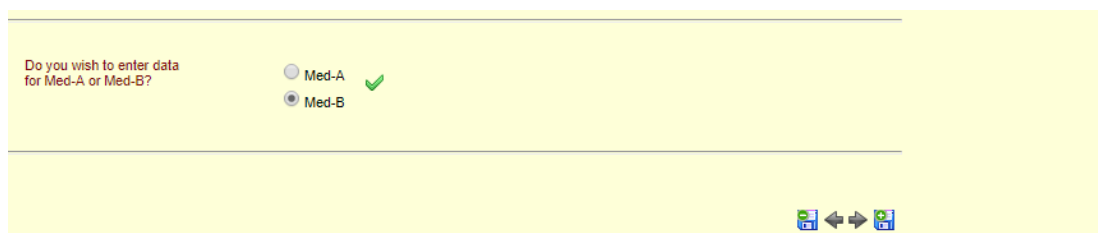
For more information on this, [please refer to MACRO Help](#), under "[Navigating through an eForm](#)".

*Mouse:* Using the mouse is **not** recommended during normal registration as it may lead to essential data items being skipped or validations being triggered in the wrong order. However, the mouse may be useful when filling missing items *ad hoc* or making point corrections. You can choose one of the options by left clicking on the preferred answer (either in a Radio button or an option in a Drop-down list of a category question) and once the selection is made, the cursor moves automatically to the following question. If you are typing in a free text box, you can click anywhere outside of the box and your value/text will be accepted.

## Saving data and moving between Forms

Data is not saved until you click a Save button or move to another Form. You will always be warned if you attempt to save a Form containing unanswered mandatory questions or if you attempt to leave a Form containing unsaved data. You can also choose to see a warning message if you attempt to save a Form without having made any changes to it. Set this via Tools > Options > eForm.








At the end of each Form and after you have answered its last question, the cursor will jump to the option Save and Move to the Next Form, which you can select by clicking SPACEBAR:



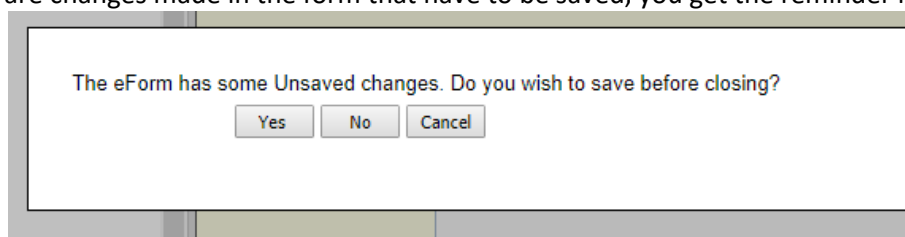
A screenshot of a form at the end of a section. It displays a question: "Do you wish to enter data for Med-A or Med-B?". There are two radio button options: "Med-A" and "Med-B". The "Med-B" option is selected, indicated by a grey square next to its radio button and a green checkmark. At the bottom of the form, there are navigation buttons: a green square with a white 'U', a left arrow, a right arrow, and a green square with a white 'U'.

Alternatively, you can use the arrow keys to select another of the 3 options there (Move to next Form in schedule without saving, Move to previous Form in schedule without saving & Save and move to previous Form in schedule).

**SHORTCUT:** click the F4 key for the option “Save and move to next Form in schedule”.

Icon	Keyboard shortcut	Action	Description
	F7	Save current screen	Use this to save data at any time whilst keeping the Form open. Any question derivations and validations will be updated. This icon appears in the tool bar at the top of the screen.
	F3	Save and move to previous Form in schedule	Use this to save and close the current Form and open the previous Form in the schedule. The icon appears at the bottom right of the Form and in the tool bar at the top of the screen.
		Move to previous Form in schedule without saving	Use this to close the current Form without saving it and to open the previous Form in the schedule. The icon appears at the bottom right of the Form and in the tool bar at the top of the screen.
		Move to next Form in schedule without saving	Use this to save and close the current Form and to open the next available Form in the schedule. The icon appears at the bottom right of the Form and in the tool bar at the top of the screen.
	F4	Save and move to next Form in schedule	Use this to close the current Form without saving it and open the next available Form in the schedule. The icon appears at the bottom right of the Form and in the tool bar at the top of the screen.
	F6	Save and close current Form	Use this to save and close the current subject. Note that this will close all Forms and the schedule for this subject. This icon appears in the tool bar at the top of the screen.
	F8	Close current Form	Use this to close the current subject tab without saving. Note that this will close all Forms and the schedule for this subject. If you have any unsaved data on the Form, you will be asked if you wish to save it before closing.

PLEASE NOTE: if you click on the button “Move to next Form in schedule without saving”, but there are changes made in the form that have to be saved, you get the reminder message below:



The above options will also appear in the Toolbar, once you have loaded any Form:



PLEASE NOTE: every time you **SAVE** a Form in MACRO the patient record reloads itself and certain Forms that are applicable (depending on the Disease or some answers that you have provided) will then appear after the patient is reloaded.

## Shortcuts

You can get the list of available Shortcuts in MACRO by clicking on the icon **Symbols and Function**

Keys:  and the Icon Legend appears in the right side panel:

Function Keys	
F1	Help
F3	Save and Previous eForm
F4	Save and Next eForm
F6	Save and Close
F7	Save current eForm
F8	Close
F9	Clear Question Value
F10	Show Question Context Menu
F11	Add Comment
F12	Remove Comments

In addition, you can use the usual shortcuts CTRL+C, CTRL+V, CTRL+A and CTRL+Z that are used in Windows for Copy, Paste, Select All and Undo respectively, but NOT the CTRL+S for Save. The shortcut for Save is the F7 key.

PLEASE NOTE: CTRL+Z is only applicable inside a free-text box to Undo what you typed, but it will not work if you try to deselect a Radio button or a Drop-down list selection you have just made in a category question.

## Navigation (answering Questions inside the Forms)

As mentioned before, there could be some Forms that are Active and some that are not. This depends on some questions, typically asked at the beginning of a Registration, and they depend both on the type of Diagnosis you choose and some of the answers you have already provided. For example, at some point you are asked if you are recording a MedA or a MedB form:

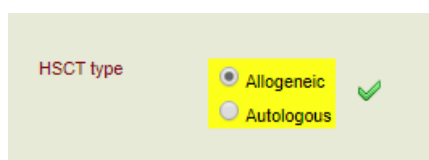


Do you wish to enter data for Med-A or Med-B?

☐ Med-A

☒ Med-B

and depending on your answer, some Questions or Forms will become active or not. Equally, when selecting the HSCT Type:

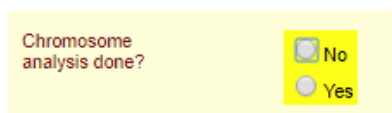


HSCT type

☒ Allogeneic

☐ Autologous

if you select an Allogeneic, the Donor's relevant Forms and HLA Forms will get activated, which will not be the case if you select Autologous. Another example would be Cytogenetics or Molecular Markers. So, if you select to register an AML, you will be asked the corresponding *screening* questions:

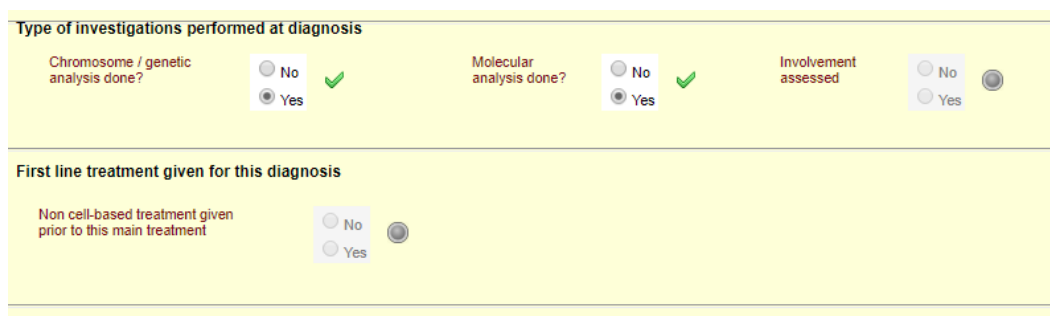


Chromosome analysis done?

☒ No

☐ Yes

to which if you answer Yes the Cytogenetics Form will be activated; if you answer No, it will not. Another example is a *screening* question about Involvement Assessed or about Pre-HSCT Treatment, which are also disease dependent:



Type of investigations performed at diagnosis

Chromosome / genetic analysis done? ☒ No ☐ Yes

Molecular analysis done? ☒ No ☐ Yes

Involvement assessed ☒ No ☐ Yes

First line treatment given for this diagnosis

Non cell-based treatment given prior to this main treatment ☒ No ☐ Yes

PLEASE NOTE: in the above screenshot the Questions “Involvement Assessed” and “Non cell-based treatment given prior to this transplant” are Not Active (marked with a greyed circle and with the answers greyed out as well), as they are not a requirement of the pre-selected disease (depending on the corresponding Working Party's decision). They will be active in certain diseases where they are considered a requirement.



Another *screening* question that you will have to answer has to do with whether the patient has participated in a Clinical Study or not:

Has the patient been enrolled in a prospective trial or study at your centre?

☒ No  
☐ Yes

Or with the type of treatment you are reporting:

Indicate the type of main treatment to be entered

☒ HSCT only  
☐ HSCT with additional cell therapy  
☐ Cell therapy only  
☐ Immuno Suppression (IS) only

PLEASE NOTE: the “Immuno Suppression (IS) Only” option above is applicable only for Bone Marrow Failures.

The Forms will not appear at first, but they will appear once you **SAVE** the Form. Every time you SAVE a Form in MACRO the patient record reloads itself, which makes any new Forms appear, depending on your answer to this type of Questions.

There is another section in this Chapter called **Navigation (how to continue or finish a registration)**, but it has to do with how you continue to or how you finish a Day 0, a Day 100 or a Follow Up registration.

## Repeating Question Groups (RQGs)

In certain occasions in MACRO there are some types of Questions that are *repeating* and appear in the form of tables. Such examples are the cytogenetics, the molecular markers or the drugs:

Drug (prescribed to be given before Day 0)	Dose of drug	Units of measurement	Radioactivity dose
BCNU / Carmustine	300.0	mg/msq	<input checked="" type="checkbox"/> milli Curie (mCi) <input type="checkbox"/> Mega Becquerel (MBq)
ARA-C / Cytarabine	1600.0	mg/msq	<input checked="" type="checkbox"/> milli Curie (mCi) <input type="checkbox"/> Mega Becquerel (MBq)
Etoposide / VP16	800.0	mg/msq	<input checked="" type="checkbox"/> milli Curie (mCi) <input type="checkbox"/> Mega Becquerel (MBq)
Melphalan	140.0	mg/msq	<input checked="" type="checkbox"/> milli Curie (mCi) <input type="checkbox"/> Mega Becquerel (MBq)
			<input type="checkbox"/> milli Curie (mCi) <input type="checkbox"/> Mega Becquerel (MBq)

Once you answer the corresponding Question that activates the above Repeating Question Group, you are first taken to select the Drug name from the drugs' list. There will only be one row showing inside the table:

**Drugs**  
(Include any active agent be it chemo, monoclonal antibody, polyclonal antibody, serotherapy etc.)

Drugs ☐ No ☒ Yes

**ONLY AGENTS TO BE GIVEN BEFORE THE DATE OF THE 1ST CELL INFUSION (DAY 0) SHOULD BE LISTED HERE**

Multiply daily dose in mg/kg or mg/m<sup>2</sup> by the number of days:  
e.g. Busulfan given 4mg/kg daily for 4 days, total dose to report is 16mg/kg.

**Preparative Regimen**

1.	Drug (prescribed to be given before Day 0) Other, specify	Dose of drug	Units of measurement

PLEASE NOTE: at this point, and at the moment you select your first drug and accept the value, MACRO will automatically SAVE, Reload the form, and generate the second row, where the following drug can be added. This behaviour is the same throughout all RQGs.

Once you select the first drug, you are taken to the next question (dose), and once you answer that, to the Unit of Measurement. After that you are automatically taken to select the next drug.

PLEASE NOTE: at this point MACRO will SAVE and Reload the form, so that the following row is created.

If you do not have more drugs to report, you simply leave this question blank by tabbing out of it, which should take you to the following question, outside the table. Otherwise you continue entering drugs until you report them all.

Therefore, note that there will always be a row left blank at each and every one of tables of any RQG found in MACRO.

PLEASE NOTE: in some case you may find some pre-defined options selected for you (either because it is the corresponding Working Party's requirement or because they are commonly used). You cannot add more data underneath the pre-defined ones:

Indicate below those abnormalities that have been evaluated and whether they were Absent or Present

Row	Abnormality	Absent or Present	Number of chromosomes	Additional details (chromosome affected, etc)	FISH analysis
1	del(13)(q14)	Present	✓		
2	t(11;14)	Absent	✓		
3	abn 17q	Absent	✓		
4	del(17p) / 17p-	Present	✓		
5	t(4;14)	Absent	✓		
6	t(14;16)	Absent	✓		
7	1q amplification	Present	✓		
8	myc rearrangement	Not evaluated	✓		
9					
10					
11					
12					
13					
14					

Instead, there will be another table (RQG) that follows, where you can add any other choices that are not included in the pre-defined ones:

Have cytogenetic abnormalities been analysed that are not listed above

☒ No ☐ Yes

Indicate below those cytogenetic abnormalities that have been evaluated and whether they were Absent or Present.  
If you have already filled the table above, indicate those cytogenetic abnormalities analysed that were not listed above

Abnormality	Absent or Present	Abnormality description
1. <input type="text"/>	<input type="text"/>	<input type="text"/>

## Validation (Warning and Rejection messages)

Validation rules can be attached to individual questions by the study designer in the form of conditions. If you enter a value that satisfies the condition, a validation message may be displayed. You might see two types of validation; Rejection and Warning.

### 1. Rejection

An explanation of the rejection is present within the popup and should help you to re-enter the correct data. Your only option is to click OK and enter a different value. Your original entry will automatically be removed.

### 2. Warnings

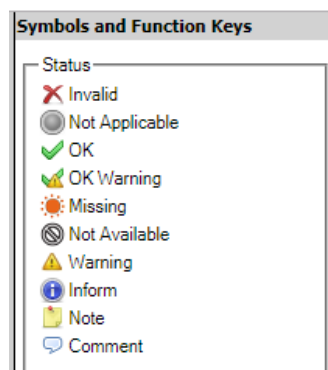
An explanation of the warning is present within the popup and should help you to either re-enter the correct data or overrule this warning.

You have 3 options:

- I. If you have entered an incorrect value, click **CLOSE** and enter a different value.
- II. If you wish to ignore the warning, click **CLOSE** and leave your original entry in place. The Warning status will be assigned to the question. (see Examples below)
- III. If there is a valid reason for entering the value, enter your reason in the **Override** text box (using up to 255 characters) or select a predefined reason from the drop down list and click OK. This will leave your original entry in place and assign the OK Warning status to the question.

PLEASE NOTE: if multiple validations have fired for a question, you will see them all listed but you will only be able to respond to the one at the top of the list.

To override a warning, you need both the 'Change data' and 'Override warnings' **permissions**



Possible indications for a Question's **Status**:

In addition to the above, you may see the symbol below, which indicates the number of changes that each Question had:

(e.g.: 2 for ABO Group and 3 for Rh factor)

#### Viewing the validation rules for a question

You can view any validation rules that have been attached to a question:

- a) On an eForm, right click the question field or status icon (or press **F10**) and select **View Question Information**. The Question Information window is displayed.
- b) Within the Properties tab, click in the Validations row then click the **Collection** button.

c) The validation rules associated with the question are listed.

Properties	
Collect-if Condition	
Derivation	
Length	3
Name	heart rate
Type	Integer
Unit	bpm
Validations	(Collection)
Response	
Change Count	0

For each rule, you will see the type of validation, the condition itself and the message that will be displayed if the condition is not met.

If the question has the status of Warning, OK Warning or Inform, you will be able to right click it and select **View Warning** or **View Inform Message** from the popup menu to view the validation message attached to the condition that has been met. Before the eForm is saved, it is possible to view all the fired validations but after the eForm has been saved, only the first validation will be shown.

Validation takes place automatically every time an eForm is opened by a user with the Change Data permission and every time that it is saved.

## EXAMPLES:

### 1.Rejection messages

Registering centre UPN: 235

First name initials (maximum of two): V ✓

Surname initials (maximum of two): A ✓

Date of birth: 2019/04/10

Sex (at birth): ☒ Male ☐ Female

Exclude from Registry: ☐ Use only the condition if applicable to registry

**Reject Data**

Name: Date of birth

Value: 2019/04/10

The entered data has been rejected for the following reason:

Date of birth cannot be in the future

OK

Type of multiple graft program

Graft number in protocol

Number of grafts in the protocol

1 Double allo

2 Auto-Miniallo

3 Auto-Allo

4 Double auto

77 Other

In the question of Multiple Graft Protocol where the options are 4:

**Reject Data**

Name: Type of multiple graft protocol  
Value: 5

The entered data has been rejected for the following reason:  
Please enter a valid category code or value.

OK

if you type 5 you get a **Rejection** message:

Another example would be if the HSCT Date is before the Diagnosis Date, your value will be rejected:

**Schedule QuickView**

MedB\_PreProdic0201/Not registered

Registration 2012/10/24 (201.78946132)

Diagnosis-1 2012/12/12 (Hemoglobinopathy)

1st line-1

Cell Therapy

Pre HSCT-1

Transplant-1 2013/08/08 (Allograft)

HSCT basics 2013/08/08 (Allograft)

Performance status

Disease Status Non malignancies

Treatment history

Clinical features

Molecular Markers

Haematological Values

Organ Function

Comorbidity and serology

HSCT Prep Infusion

Patient status

Day 100-1

Followup-1

Diagnosis-2

1st line-2

Pre HSCT-2

Transplant-2

Day 100-2

Followup-2

Diagnosis-3

1st line-3

**Haematopoietic Stem Cell Transplant (HSCT)**

Visit: Transplant-1 eForm: HSCT basics

Visit Date: 2013/08/08 Date HSCT (label): 2013/08/08

Laboratory: None selected

Centre Identification Code (CIC): 201 Hospital Unique Patient Number (UPN): 78946132 Unique Identification Code (UIC):

Med-A Med-B

Diagnosis for which transplant is performed

Row	Diagnosis for this HSCT
1	Hemoglobinopathy
2	
3	
4	
5	

HSCT date and sequence

Date of HSCT: 2012/11/11

Chronological number of HSCT for this patient

**Reject Data**

Name: Date of treatment  
Value: 2012/11/11

The entered data has been rejected for the following reason:  
This is before the patient was diagnosed

OK

## 2. Warning messages

**Question Information**

Name: Patient weight  
Value: 200.0

Warnings

The following warnings have been generated:

Message	Overrule
⚠ This value is very high (175). Please, check	

Close

A value can exceed the maximum, like the patient's Weight above, or it can be less than the minimum requirement, like the Haemoglobin below:

The image shows a 'Question Information' dialog box. It has a 'Name' field with the value 'Haemoglobin' and a 'Value' field with the value '1'. Below these fields, there is a 'Warnings' section that says 'The following warnings have been generated:'. A table with two columns, 'Message' and 'Override', contains one row with the message 'This value is too low' and an empty override field. A 'Close' button is at the bottom right.

In a scenario where you have not filled in the Subject Personal Details Form in full, the registration will not be completed and you will get the following Warning message:

The image shows a warning message dialog box with the text 'This subject cannot be registered because the registration conditions have not been met.' and an 'OK' button at the bottom center.

If a Form contains some **Mandatory** questions, which you left unanswered, you get this message:

The image shows a warning message dialog box with the text 'Some mandatory questions are blank. Are you sure you want to leave this eForm?' and two buttons, 'Yes' and 'No', at the bottom center.

PLEASE NOTE: the above message appears before the Form is saved, therefore you click No and the Missing items will then be marked with the Missing Status symbol, so that you know which ones they are and you can then go and fill them in, before you leave the Form.

If you choose to ignore the warning and answer Yes to the question, the following Form or Visit will **fail to activate**. Therefore, MACRO will not be able to continue and you will be presented with the following message:

The image shows a warning message dialog box with the text 'This is the last available eForm in the study.' and an 'OK' button at the bottom center. The background shows a form with a header 'HSCT type' and a section 'Source of stem cells (check all that apply)'.

## Navigation (how to continue or finish a registration)

The requirements for a registration may change depending on the type of treatment you are reporting. For an **HSCT** you are required to report a Day 0, a Day 100 and an Annual Follow Up report, but for a **Cell Therapy**, besides the 3 above, you are additionally required to report a 6 Month report as well. Each time you are finishing a registration for any of the above, you will be asked by MACRO how you want to proceed. This happens at the last Form of the last Visit of each registration:

In the absence of another diagnosis or transplant, the next follow up visit would be

**Annual assessment**

What do you want to do next?

- ☒ Finish data entry for this patient
- ☐ Enter an annual follow up
- ☐ Enter a subsequent transplant
- ☐ Enter a new diagnosis indication for a subsequent transplant
- ☐ Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres

Instructions will appear here after you have made a selection above

**Use F6 or click on icon 'Save and close current eForm'**

You can see in the above Form that you are presented with certain options:

- Finish data entry for this patient
- Enter an annual follow up
- Enter a subsequent transplant
- Enter a new diagnosis indication for a subsequent transplant
- Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres

PLEASE NOTE: the options that will be offered will depend on the type of the Visit you are at. For example, at the end of a Day 0 registration you are presented with the following options:



In the absence of another diagnosis or transplant, the next follow up visit would be

**100 day Assessment**

What do you want to do next?

- ☐ Finish data entry for this patient
- ☒ Enter the day 100 assessment
- ☐ Enter a day 100 follow up with a shorter interval due to death of the patient or lost to follow up

Instructions will appear here after you have made a selection above

**Use F4 or click on icon 'Save and move to next eForm on schedule' to go to the next follow up Visit**

Accordingly, at the end of a Day 100 registration these 2 options will not appear, as they are not applicable:

- Enter the 100 day assessment
- Enter a 100 day follow up with a shorter interval due to death of the patient or lost to follow up

PLEASE NOTE: in the box above these options, you are advised as to what is likely to follow. And underneath these options you are advised as to what Save option you need to select. These instructions underneath change depending on the choice you made from one of these options. Please make sure you read and follow them.

In the absence of another diagnosis or transplant, the next follow up visit would be

**Annual assessment**

What do you want to do next?

- ☐ Finish data entry for this patient
- ☐ Enter an annual follow up
- ☒ Enter a subsequent transplant
- ☐ Enter a new diagnosis indication for a subsequent transplant
- ☐ Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres

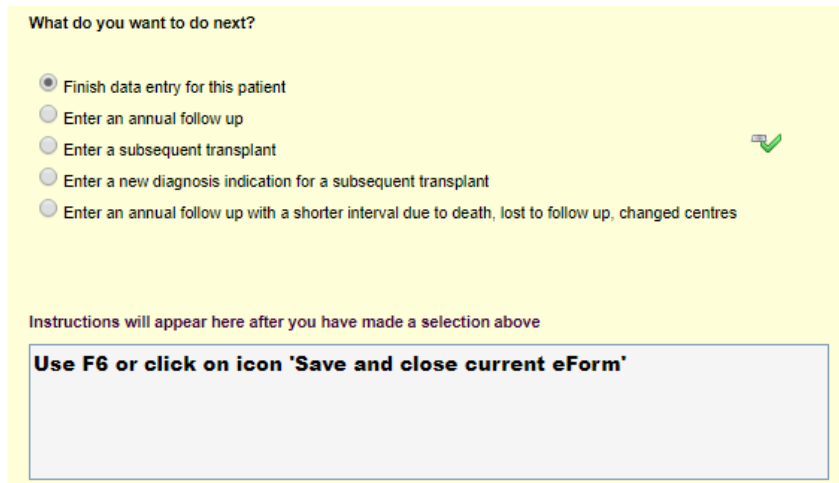
Instructions will appear here after you have made a selection above

**Before entering the new transplant, make sure that the date of this follow up, 2013/12/12, is not more than 3 months before the date of the subsequent transplant. If it is not so, enter a new follow up by choosing 'Enter an annual follow-up' above**

Explanations:

- Finish data entry for this patient

This should be the most common choice to make at the end of any registration. The reason for this is that if you are reporting on time, you will not be able to choose any of the rest of the options, as they would all refer to the future (either 100 days later or a year later, depending on whether you wanted to report Day 0 or Day 100 respectively). However, if you are reporting retrospectively, you might want to continue with any registration that follows, which is why all these options are there.



What do you want to do next?

- ☒ Finish data entry for this patient
- ☐ Enter an annual follow up
- ☐ Enter a subsequent transplant
- ☐ Enter a new diagnosis indication for a subsequent transplant
- ☐ Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres

Instructions will appear here after you have made a selection above

**Use F6 or click on icon 'Save and close current eForm'**

- Enter an annual follow up

This option should appear only after the latest registration is a Day 100 or a previously reported Annual Follow Up. Logically, it should not appear when you have finished a Day 0, but instead you should have 2 Day 100 available options. The **time restriction** in reporting an annual follow up is from 2 months before to 2 months after the 1 year post transplant. You will not be allowed to record a Follow Up outside this 4-month timeframe.

This is also the way to report a patient who is **Lost to Follow Up**, if you have a new date to report this. Alternatively, you can amend an already existing follow up's Patient Status from Alive to Lost to Follow Up, found in the Form called Patient Status:

**Schedule QuickView**

MedB\_PreProd3/c0876/1000303

- Registration 2019/02/19 (876 819470938598345)
- Diagnosis-1 2011/11/11 (NHL Med-A)
- 1st line-1 2011/12/12 (Chemo)
- Non HSCT
- Pre HSCT-1 (Gene therapy)
- Transplant-1 2012/12/12 (Autograft)
- Day 100-1 2013/03/20 (Alive)
- Followup-1 2013/12/12 (Rel/Prog)
- Centre-MedAB Selection (876 - Med-A)
- Follow up events 2013/12/12
- Performance status
- Treatment up to this date
- Non cell based Treatment 2013/11/11
- Comorbidity and serology
- Progression
- Last disease status
- Patient status (Alive)**
- Diagnosis-2
- 1st line-2
- Pre HSCT-2
- Transplant-2
- Day 100-2
- Followup-2

Database: EBM\_T\_Training

Visit Date: 2013/12/12  
Laboratory: None selected

**Patient status**

Centre Identification Code (CIC)	Hospital Unique Patient Number (UPN)	Unique Identification Code (UIC)
876	819470938598345	1000303

**Patient status at the end of this visit**

☐ Dead  
☒ Alive  
☐ Lost to follow up

In the absence of another diagnosis or transplant, the next follow up visit would be

**Annual assessment**

PLEASE NOTE: this not the option to select if you are reporting a Death, which is *outside* the 4 months timeframe mentioned above. For this case read below the **Shorter Interval** option.

**What do you want to do next?**

☐ Finish data entry for this patient  
☒ Enter an annual follow up  
☐ Enter a subsequent transplant  
☐ Enter a new diagnosis indication for a subsequent transplant  
☐ Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres


Instructions will appear here after you have made a selection above

**Use F4 or click on icon 'Save and move to next eForm on schedule' to go to the next follow up Visit**

- Enter a subsequent transplant

This option is offered for the case where a subsequent transplant is taking place before the passing of a 3 months' period. If the new transplant is over 3 months since the most recent Visit, then you are requested to add a Follow Up first, and then select this option to record the new treatment. As it is explained in the message below, when you select this option:

What do you want to do next?

- ☐ Finish data entry for this patient
- ☐ Enter an annual follow up
- ☒ Enter a subsequent transplant 
- ☐ Enter a new diagnosis indication for a subsequent transplant
- ☐ Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres


Instructions will appear here after you have made a selection above

**Before entering the new transplant, make sure that the date of this follow up, 2013/12/12, is not more than 3 months before the date of the subsequent transplant. If it is not so, enter a new follow up by choosing 'Enter an annual follow-up' above**

- Enter a new diagnosis indication for a subsequent transplant

Same as the option “Enter a subsequent transplant”, you will be requested to enter a follow up first, if there has been over 3 months, since the most recent Visit. Again, it is explained in the message below:

What do you want to do next?

- ☐ Finish data entry for this patient
- ☐ Enter an annual follow up
- ☐ Enter a subsequent transplant
- ☒ Enter a new diagnosis indication for a subsequent transplant 
- ☐ Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres

Instructions will appear here after you have made a selection above

**Before entering the new diagnosis, make sure that the date of this follow up, 2013/12/12, is not more than 3 months before the date of the new diagnosis you are about to enter. If it is not so, enter a new follow up by choosing 'Enter an annual follow-up' above**

- Enter an annual follow up with a **shorter interval** due to death, lost to follow up, changed centres

This option is offered so that you are allowed to “skip” the time-restrictions mentioned in the 4 options above. If you choose to select it, you will be asked for the reason why the **Shorter Interval**, before you are able to continue. The key element in this option and the reason of its existence is only the time that has passed since the most recent Visit. Of course, a valid reason to select this option would be the **Death** of the patient. If you choose to select it, a new Follow Up Visit will be created, and the moment you give the new date (which would be less than 3 months), you will first get a Warning message with options for why you are Overruling this rule:

Question Information

Name: Date last seen alive  
Value: 2017/8/3

Warnings

The following warnings have been generated:

Message	Override
This date is too early for the yearly follow up after the transplant. Only use it if it is the date of death of the patient.	Value is definitely correct New data definition requirement I am just testing Navigation field only

Close

And then you will have to provide a “Reason why the date of the follow up is too early for this period”:

Follow up period

Date of the previous follow up visit: 2017/07/01 Interval from date last seen: 33 days

Date of the Yearly Follow up: 2017/08/03

Age at this follow up: 59.1 Interval from last HSCT: 2.1 years

Reason why the date of the follow up is too early for this period:

- 1 Last time patient seen in this hospital
- 2 Patient died
- 3 Graft failure requires an immediate transplant

- Enter the 100 day assessment

This option is offered only at the end of a Day 0 registration, as it is not applicable elsewhere. The **time restrictions** applied here are from 80 days post-HSCT to 150 days post-HSCT.

PLEASE NOTE: this is not the option to select if you are reporting a Death, which is *outside* the 70 days timeframe mentioned above. For this case read below the **Shorter Interval** option.

In the absence of another diagnosis or transplant, the next follow up visit would be

100 day Assessment

What do you want to do next?

- ☐ Finish data entry for this patient
- ☒ Enter the day 100 assessment
- ☐ Enter a day 100 follow up with a shorter interval due to death of the patient or lost to follow up

- Enter a 100 day follow up with a **shorter interval** due to death of the patient or lost to follow up

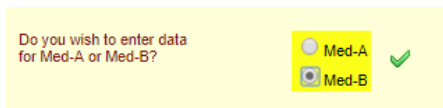
Same as for the annual follow up, this option is offered so that you are allowed to “skip” the time-restriction mentioned in the option above. If you choose to select it, equally you will be asked for the reason why the **Shorter Interval**, before you are able to continue. The reason of its existence is again

only the time that has passed, since the most recent Visit. A valid reason to select this option would be the **Death** of the patient. If you choose to select it, a new Follow Up Visit will be created, and the moment you give the new date (which would be less than 80 days), you will first get a Warning message with options for why you are Overruling this rule, and then the “Reason why the date of the follow up is too early for this period”.

## Diagnosis Visit

### Diagnosis Visit

The first Question from the first Form (**Centre**) you have to answer in the Diagnosis Visit is the type of form you are about to use: either MedA or MedB:

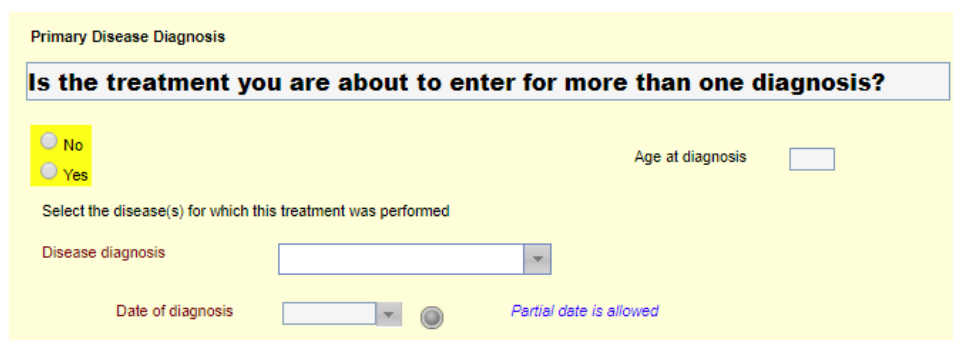


Do you wish to enter data for Med-A or Med-B?

☐ Med-A

☒ Med-B

After you answer the above, you are taken to the Question below, which is the first one in the **Primary Diagnosis** Form:



Primary Disease Diagnosis

**Is the treatment you are about to enter for more than one diagnosis?**

☐ No

☒ Yes

Age at diagnosis

Select the disease(s) for which this treatment was performed

Disease diagnosis

Date of diagnosis  *Partial date is allowed*

Usually the answer to this would be No, but there are rare cases of what is called **Simultaneous Diagnosis** and there is a special section about this in the Chapter called “Complex Cases (examples)”.

The following Question is naturally the **Main Disease Classification**, where you select one of the available options below:

Select the disease(s) for which this treatment was performed

Disease diagnosis

Date of diagnosis

Non malignancies  
The rest of the eform  
Additional information  
requested in the next

Other diagnosis - please specify

To be answered only for the first

1 Acute leukaemia  
2 Chronic leukaemia  
3 Lymphoma  
4 Plasma cell disorders  
5 Solid tumours  
6 MDS & MPN  
7 Bone marrow failure  
8 Inherited disorders  
9 Histiocytic disorders  
10 Auto-immune diseases  
11 Hemoglobinopathies  
12 Neurologic disorder  
13 Heart (cardiovascular) disease  
14 Infection  
15 Musculoskeletal disorder  
16 Ocular disease  
17 Pulmonary disease  
88 Uncoded (other)

date is allowed

atment

PLEASE NOTE: the first 11 of the above options are applicable *only* to **HSCTs**, whereas if you are reporting a **Cell Therapy**, you can choose any of the 17.

The code 88 for “Uncoded (other)” is *extremely rare* that will be needed, as we make sure that we update our lists with all possible diagnoses, in accordance with the WHO Classifications. What is more, we have a help file on our website called “List of Disease Classifications”:

<https://www.ebmt.org/ebmt/documents/dismclfd-list-disease-classifications>

found under The Registry/ Data Collection: <https://www.ebmt.org/registry/data-collection>

where you can see how diagnoses and their sub-classifications can be coded in MACRO. If you are uncertain about how to record a diagnosis, and before you select the option Uncoded, please contact our Registry Helpdesk at: [registryhelpdesk@ebmt.org](mailto:registryhelpdesk@ebmt.org)

PLEASE NOTE: for the Diagnosis’ dates a “Partial date is allowed”, as occasionally the exact date of when a disease was diagnosed is not easy to pinpoint:

Select the disease(s) for which this treatment was performed

Disease diagnosis

Acute leukaemia

Date of diagnosis

2015/06

Partial date is allowed

For example, you can enter just the Year and the Month, or just the Year.

Depending on your choice of a Main Disease Classification, and after you also provide the Date of Diagnosis, MACRO will take you to the corresponding **Sub-Classification** Question. For example, if you select Acute Leukaemia, you will be asked to choose from the following options:

Acute Leukaemia

AML classification

Was there a previous of MDS or MDS/MPN?

Predisposing condition leukaemia diagnosis?

1 AML & Related Precursor Neoplasms  
2 Precursor Lymphoid Neoplasms (old ALL)  
3 Acute undifferentiated leukaemia  
4 Mixed phenotype NOS  
5 Mixed phenotype: B/myeloid  
6 Mixed phenotype: T/myeloid  
7 Natural killer (NK) cell lymphoblastic leukaemia  
77 Other, specify  
99 unknown

Yes

condition

Yes to this question, you will be asked another diagnosis visit for the &MPN.

and then its corresponding sub-classification (or not), depending on your choice.

If you select Lymphoma, it will ask you for the Lymphoma Sub-Classification:

A screenshot of a software interface showing a dropdown menu for 'Lymphoma'. The menu is open, displaying a list of 20 lymphoma sub-classifications, each preceded by a three-digit code. The list includes: 210 Splenic marginal zone lymphoma, 220 Extranodal marginal zone lymphoma of mucosa associated lymphoid tissue (MALT), 230 Nodal marginal zone lymphoma, 240 Lymphoplasmacytic lymphoma (LPL), 245 Waldenstrom macroglobulinaemia (LPL with monoclonal IgM), 250 Follicular lymphoma, 255 Primary cutaneous follicle centre lymphoma, 260 Mantle cell lymphoma, 270 Diffuse large B-cell lymphoma (DLBCL), NOS, 272 T-cell/histiocyte rich large B cell lymphoma, 274 Primary DLBCL of the CNS, 276 Primary cutaneous DLBCL, leg type, 278 EBV positive DLBCL of the elderly, 280 DLBCL associated with chronic inflammation, 290 Lymphomatoid granulomatosis, 300 Primary mediastinal (thymic) large B-cell lymphoma, 310 Intravascular large B-cell lymphoma, and 320 ALK positive large B-cell lymphoma.

PLEASE NOTE: in some Main Disease Classifications there will be another Primary Diagnosis Form created (for codes 7 to 11), where you will record the corresponding Sub-Classification.

Some of the diseases will be recorded in the form called “Primary Diagnosis (1 to 6)” and some will be recorded in the one called “Primary Diagnosis (codes > 6)”, as shown in the screenshot below. This is reflecting your choice of the Main Indication Diagnosis (“Disease Diagnosis” question) that you choose first.

A screenshot of a software interface showing the 'Primary Diagnosis (codes > 6)' form. The form is titled 'Indication for the transplant or cell therapy Non-malignancies sub-classification'. It contains fields for 'Centre Identification Code (CIC)', 'Hospital Unique Patient Number (UPN)', and 'Unique Identification Code (UIC)'. Below these fields, there is a 'Diagnosis' dropdown menu with 'Bone marrow failure' selected. Further down, there is a section for 'Bone Marrow Failure' with radio buttons for 'Acquired' (selected) and 'Congenital'. Below this, there is a 'Severity of Aplastic anaemia' dropdown menu. At the bottom, there are four groups of radio buttons for 'PIH presentation', 'Haemolytic', 'Aplastic', and 'Thrombotic', each with 'No' and 'Yes' options.

ALSO NOTE that if you create the Form “Primary Diagnosis (codes >6)” in error and you do not want to use it, you cannot delete it and it will then appear as Missing. The way to amend this is found in the Chapter of this manual called: “Modifying Existing Data”.

## Chromosome Analysis – Molecular Markers – Involvement – Non cell-based treatment (note that the Non-Cell Based Treatment is recorded in the following Visit (1<sup>st</sup> line))

These Forms that are found in the Diagnosis Visit are activated by answering their corresponding Questions found at the end of the Form “Primary Diagnosis (1 to 6)”:



**Type of investigations performed at diagnosis**

Chromosome analysis done? ☐ No ☒ Yes

Molecular analysis done? ☐ No ☒ Yes

Involvement assessed ☐ No ☒ Yes

---

**First line treatment given for this diagnosis**

Non cell-based treatment given prior to this transplant ☐ No ☒ Yes

These Questions are activated or not depending on the diagnosis you have just selected, and will activate or not their corresponding forms in the Diagnosis Visit. This happens after the Form is saved and the patient record reloads itself.

### Chromosome Analysis (Cytogenetics)

The first Question you have to answer if you have activated this Form is whether your result was Normal or Abnormal. You can also see in the screenshot below that some options in the RQG are pre-selected for you, but note that which options will be active depends the on disease you have selected, as each one has its own likelihoods.

Diagnosis: AML, & Related Precursor Neoplasms

Diagnosis date: 2010/10/10

Chromosome analysis at this visit (All methods including FISH): ☒ Normal ☐ Abnormal

Technique used: ☒ Normal ☐ Abnormal

Number of metaphases examined:

Number of metaphases with abnormalities:

Complex karyotype (3 or more abnormalities): ☐ No ☐ Yes

Monosomal karyotype (1-2 autosomal monosomies or 1 autosomal monosomy + at least 1 structural abnormality): ☐ No ☐ Yes

Transcribe the complete karyotype? ☐ No ☐ Yes

Karyotype:

Indicate below those abnormalities that have been evaluated and whether they were Absent or Present

Row	Abnormality	Absent or Present	Number of chromosomes	Additional details (chromosome affected, etc.)	FISH analysis
1	t(15;17)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
2	t(8;21)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
3	inv(16)(t16;16)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
4	abn 11q23	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
5	t(9;11)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
6	t(11;19)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
7	t(10;11)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
8	t(6;11)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
9	Other abn 11q23	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
10	abn 3q25 / EVI1 rearrangement	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
11	inv(3)(p21;q23)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
12	t(2;3)(p21;q26)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
13	Other abn 3q6	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
14	t(6;9)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
15	abn 8	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

If however in your results you have found any that do not appear on this list, there will be another RQG underneath, where you can enter them:

23	add 7q				
24	Other abn 7				
25	-17 / monosomy 17				
26	abn 17p				
27	t(1;22)				
28	trisomy 8				

Have cytogenetic abnormalities been analysed that are not listed above

☐ No ☒ Yes

Indicate below those cytogenetic abnormalities that have been evaluated and whether they were Absent or Present.  
If you have already filled the table above, indicate those cytogenetic abnormalities analysed that were not listed above

Abnormality	Absent or Present	Abnormality description
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>

which you can access by answering Yes to the Question “Have cytogenetic abnormalities been analysed that are not listed above”.

## Molecular Markers

Same as the Cytogenetics’ Form, but instead you first have to answer Present or Absent:

- Diagnosis-1 2010/10/10 (AML)
- Centre-MedAB Selection (876 - Med-B)
- Primary Diagnosis (1 to 6) 2010/10/10 (AML)
- Cytogenetics (Abnormal)
- Molecular Markers**
- Haematological Values
- Involvement

1st line-1

Cell Therapy

Pre HSCT-1

Transplant-1

Day 100-1

Followup-1

Diagnosis-2

1st line-2

Pre HSCT-2

Transplant-2

Day 100-2

Followup-2

Diagnosis-3

1st line-3

Pre HSCT-3

Transplant-3

Day 100-3

Followup-3

Diagnosis-4

1st line-4

Pre HSCT-4

Transplant-4

Day 100-4

Followup-4

Diagnosis-5

1st line-5

Visit: Diagnosis-1 eForm:

Visit Date: 2010/10/10 eForm Date:

Laboratory: None selected

### Molecular Markers

Centre Identification Code (CIC): 876 Hospital Unique Patient Number (UPN): 47954g9g Unique Identification Code (UIC): 1000165

Med-A ☐ Med-B ☒

Diagnosis: AML & Related Precursor Neoplasms

Molecular markers, overall result:

Indicate below those markers that have been evaluated and whether they were Absent or Present

Row	Molecular Marker	Absent or Present	Molecular marker description	Allele burden (%)
1	AML1-ETO	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	CBFB-MYH11	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	PML-RAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	MLL-rearrangement	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	MLLT3(AP8)-MLL	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	MLL-PTD	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	MLLT4(AP6)-MLL	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	ELL-MLL	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	MLLT1(ENL)-MLL	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	MLLT10(AP10)-MLL	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	MLL, other	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	DEK-NUP214(CAN)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Again, like above, if your results are not included in the listed ones, you are given the option to add them underneath.

## Involvement

In the Involvement Form, instead of a screening question you are first selecting the organ assessed and then whether it was involved or not:

The other difference is that instead of having a separate RQG for those that are not listed, you are offered a few options of “Other Involvement” to select from( codes 775 and 776), and you can then type them in the field provided underneath, called “Specify other organs involved”:

### Non cell-based treatment

If you answer Yes to this screening question, this Form will be active in the “1<sup>st</sup> line” Visit. This is where any Pre-HSCT Treatment(s) is/are recorded and it is again disease dependent (for certain diseases it is not required). First you provide the date it started and then its sequential number:

Please read the following Chapter for more details.

PLEASE NOTE: this question is Disease dependent (certain Working Parties do not consider it a requirement).

## 1st line (Pre-HSCT) Visit – Non-cell based Treatment Form

As continued from above, after you answer the Date Started and the Sequential Number, you are taken to the Drugs RQG. On a clinical note, this is where you indicate whether the patient has been treated before the treatment procedure (transplant or cell therapy). This will be the case for practically all patients (unless, for example, the diagnosis is AML, where this is not a requirement). However if it is precursor lymphoid neoplasm you should complete it. For more information on this, please refer to our Manual:

<https://www.ebmt.org/ebmt/documents/med-ab-forms-manual>

on sections like “Pre-HSCT Treatment” or “First Line Therapy”.

PLEASE NOTE: for certain diseases, this Question is not a requirement and will therefore be skipped. Moreover, for certain cases there could be NO 1<sup>st</sup> line treatment given, in which case you simply answer No to the screening question mentioned in the previous chapter.

If you answer Yes to the question “Drugs or Chemotherapy”, you will then be asked for the drugs administered, but if you answer No, the section Treatment Modality of this Form will be skipped and you will be taken to the Other Modality section underneath.

PLEASE NOTE: on top of the Drugs RQG there is a hyperlink that should take you to our document “Med-AB List of Drug Names and Synonyms”:

where you can find alternative names for drugs depending on the country they are used, along with their codes for MACRO. The list also includes **Protocols** (and their codes) and the drugs they are consisted of.

You can also find the same document on the EBMT website, under the Registry- Data Collection:

<https://www.ebmt.org/ebmt/documents/med-ab-list-drug-names-and-synonyms>

PLEASE NOTE: although the **Protocols** can be used in the Non Cell-based Treatment, they should not be used when reporting the **Conditioning** (preparative regimen), as in the conditioning the doses and their units of measurements are also required, which cannot be indicated just by selecting the protocol name. For more details on the Conditioning, please read the corresponding section in the Transplant Visit Chapter further down.

The Drugs RQG offers you a range of options for reporting:

1. Chemo/Drug Start date End date Ongoing

Drug resistance Number of cycles Dose of drug Units of measurement Type of delivery

But note that not all drugs will be available, as it will depend on the type of form you are reporting (MedA or MedB), the type of treatment (for example, in conditioning the dose and unit of measurement are activated), the Disease, etc.

This form's following section, Other Modalities, offers a selection of other types of treatments like Total Body Irradiation (TBI), Total Lymph node Irradiation (TLI), Surgery, Phototherapy, etc.

**Other modalities**

Immunosuppression

Radiotherapy (not TBI)

Enzyme replacement therapy

Total lymph node irradiation (TLI)

Surgery

Phototherapy

Lymphocytapheresis

Plasmapheresis

Other treatment

Other - please specify

At the end of a treatment you also need to provide its **Best Response**, but it's again disease dependent:

Other treatment

Other - please specify

Best response

Date 1st CR after first line treatment was achieved

Date assessed

Criteria used for the evaluation

WHO criteria

RECIST criteria

## Pre-HSCT Visit (Mobilisation / Collection Form)

The main Question that is mandatory in this Visit is the **HSCT Type** (allogeneic / autologous):

**HSCT type**

☐ Allogeneic ☒ Autologous ✓

---

**Cell collection in the patient for autologous transplants**

Source of stem cells (check all that apply)

Bone marrow (BM) ☐ No ☒ Yes ✓

Number of BM collections

Peripheral blood (PB) ☒ No ☐ Yes ✓

Cells mobilised ☐ No ☒ Yes

Number of mobilisation courses

Cord blood (CB) ☒ No ☐ Yes ✓

Note that the section underneath has to do with autologous transplants, so by selecting Allogeneic this whole section will be skipped. What is more, depending on the Source of Stem Cells chosen, corresponding forms will become active. For example, the form Collection:

Centre-MedAB Selection

✓ Main treatment (Autograft)

Disease Status Malignancies

Cytogenetics

Haematological Values

**Collection**

Transplant-1

where you may record any cells' or genes' **Manipulation**, **Mobilisation** details, etc.

## Transplant Visit

The first 2 questions of the first Form (HSCT basics) are mandatory (marked in Red font):

**HSCT date and sequence**

Year  ✓

**Date of HSCT**  ✓

Age at HSCT  ✓

Chronological number of HSCT for this patient

*This section to be filled in only if this is the second or subsequent HSCT for this patient*

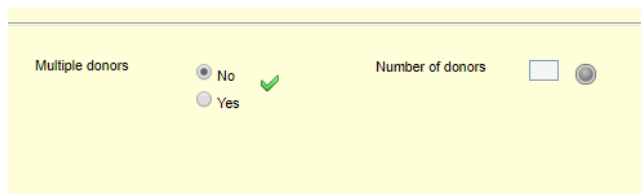
Date of last HSCT before this one

Type of last HSCT before this one

Was last HSCT at different institution? ☐ No ☒ Yes

CIC of different institution if known

Then follows the section on Multiple Treatment Programs, and then, if you are reporting an Allogeneic treatment, follows the question about Multiple Donors:



where if you answer Yes, you are asked for the number of donors.

PLEASE NOTE: for a single treatment you can have multiple donors providing 1 or more products each, or you can have 1 donor providing 1 or more products, and there can be any possible combinations. For example, you can have 2 donors: the 1<sup>st</sup> providing BM and PB and the 2<sup>nd</sup> one providing cord blood. This is the reason why there is a separate question, found in the form Donor Registration, where you are asked for the number of products:



The *Transplant Visit* can have a range of forms that may or may not get Activated depending on the case you are reporting.

The form **Disease Status Malignancies** is used to record the status of the disease at HSCT. You will be taken to the corresponding section of this form depending on the disease you have selected.

The **HSCT Prep Infusion** Form is where the Conditioning (Preparative Regimen) is recorded.

PLEASE NOTE: it is Mandatory to report the drug names individually, along with their Dose and Unit of Measurement (as opposed to Pre-HSCT Treatment, where you only provide either individual drug names or Protocols).

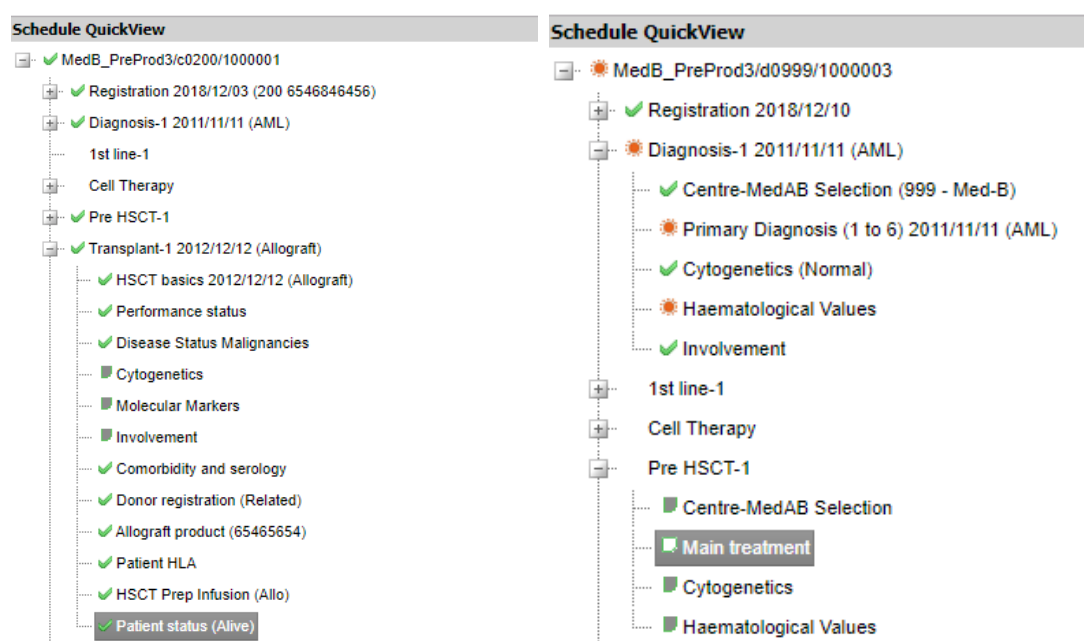
The **Patient Status** form appears at the end of *every* visit (except the Registration one), as you need to answer whether the patient is alive, dead or lost to follow up. For more information on this form, please refer to the chapter of this manual called: “Navigation (how to continue or finish a registration)”.

PLEASE NOTE: the Patient Status form of the Transplant Visit (i.e.: Day 0), besides the options Dead or Alive, there is also a 3<sup>rd</sup> option for patients who die after conditioning has started, but before the treatment was performed, should also be reported. (MACRO users should register those patients



entering the date of death as the date of HSCT. It is understood that this is not the date of HSCT since the transplant was never done. When you finish entering the planned transplant you will be asked for the Patient Status: please select the option “**Died before cell infusion started but after preparative regimen was initiated**”).

If all of the forms of a Visit have no Missing items (or otherwise marked; e.g.: Warning, OK Warning, etc.) a green tick appears on the left of the visit (please see the screenshot on the left side below). If there is at least one form that has at least one missing item then the whole visit is marked as Missing too (screenshot on the right below).



For more information on options of labelling of a question/form/visit and the hierarchy in which they appear, please refer to the chapter “How to use the Schedule QuickView” of this manual.

## Day 100 Visit

For the implemented **time restrictions** on when to report the Day 100, please refer to the chapter “Navigation (how to continue or finish a registration)” of this User Guide.

In the Subject Visit Schedule you scroll down until you see the last Form called Patient Status in the most recent **Transplant Visit**:

MedB PreProcID/00000001	Registration 2016/12/03	Diagnosis-1 AML 2016/12/03	1st line-1	Cell Therapy	Pre HSC-1	Transplant-1 allograft 2012/12/12	Follow-up-1	Diagnosis-2	1st line-2	Pre HSC-2	Transplant-2	Day 100-2	Follow-up-2	Diagnosis-3
HSCT basics						✓								
Performance status						✓								
Disease Status Malignancies						✓								
Cytogenetics		Abnormal												
Molecular Markers		✓												
Involvement		✓												
Comorbidity and serology						✓								
Donor registration						Related								
Allograft product						6545554								
Patient HLA						✓								
HSCT Prep Infusion						Allo								
Patient status						Alive								

You then double-click on this Form to open it (the above screenshot has the form marked with a Green Tick (OK), but it can be other symbols appearing instead), which should look like this:

**Schedule QuickView**

Visit: Transplant-1 eForm: Patient status ✓

Visit Date: 2012/12/12 eForm Date:

Laboratory: None selected

**Patient status**

Centre Identification: Hospital Unique Patient Code (CIC) 200  
 Unique Identification: MedB or MedB Code (LIC) 65455456  
 Unique Identification: MedB or MedB Code (LIC) 1000001  
 Med A  
 Med B

**Patient status at the end of this visit**

Dead ☐  
 Alive ☒  
 Died before cell infusion started but after preparative regimen was initiated ☐

Date of death if death happened around transplant: [ ]

**In the absence of another diagnosis or transplant, the next follow up visit would be:**  
**The 100 day assessment visit**

**What do you want to do next?**

Finish data entry for this patient ☐  
 Enter the day 100 assessment ☒  
 Enter a day 100 follow up with a shorter interval due to death of the patient or loss to follow up ☐

Instructions will appear here after you have made a selection above

**Use F6 or click on icon -Save and close current eForm-**

The option already chosen will be the one you had selected the last time you had entered data on this form (normally the option shown above). You can now see that since you are at the Transplant Visit, you are presented with the option to record the Day 100 report (for example, the Annual Follow Up is not available, since you need to record a Day 100 before you report an Annual Follow Up). You then select the option “Enter the Day 100 Assessment” and you can see that the text below, that advises you what you need to do next, has changed:

In the absence of another diagnosis or transplant, the next follow up visit would be


**The 100 day assessment visit**

What do you want to do next?

- ☐ Finish data entry for this patient
- ☒ Enter the day 100 assessment
- ☐ Enter a day 100 follow up with a shorter interval due to death of the patient or loss to follow up

Instructions will appear here after you have made a selection above

**Use F4 or click on icon -Save and move to next eForm on schedule- to go to the next follow up Visit**



Once you Save and move to the next form, the Day 100 Visit will have been activated. You will be asked whether you want to move to the next visit or not like normally.

The first form that gets activated is the **Response to Main Treatment**, as it is an important part of the follow up procedure, followed by the form **Reconstitution**, which is a Day 100 requirement. Then you report any Complications (GvHD and/or Relapse) and/or Additional Treatment (chemotherapy, radiotherapy, cell therapy) in the form **Follow up events**. Note that certain forms either will or will not be activated, depending on your answers in the forms above. The form **Patient Status** will appear at the end of each type of a visit created in MACRO.

## Annual Follow Up Visit

For the implemented **time restrictions** on when to report the Annual Follow Up, please refer to the chapter “Navigation (how to continue or finish a registration)” of this User Guide.

In the Subject Visit Schedule you scroll down until you see the last Form called Patient Status in the **Day 100 Visit**:

MedB_PrefH0302001000001	Registration 201/05484456 2010/03/03	Diagnosis-1 AML 2011/11/11	1st line-1	Cell Therapy	Pre HSCT-1	Transplant-1 Allograft 2012/12/12	Day 100-1 Alive 2013/03/02	Followup-1	Diagnosis-2	1st line-2	Pre HSCT-2	Transplant-2	Day 100-2	...
Cytogenetics		Abnormal												
Molecular Markers														
Immunekment														
Non cell based Treatment							2013/02/02							
Comorbidity and serology														
Donor registration						Related								
Allograft product						65483634								
Patient HLA														
HSCT Prep Infusion						Alive								
Chimaerism														
Last disease status														
Patient status						Alive	Alive							

You then double-click on this Form to open it (the above screenshot has the form marked with a Green Tick (OK), but it can be other symbols appearing instead), which should look like this:

Visit Date: 2013/03/02 eForm Date:

Laboratory: None selected

**Patient status**

Centre Identification: Hospital Unique Patient Code (CIC) 200  
 Unique Identification: MedA or MedB Code (UIC) 85484456 1000001  
☒ Med-A  
☐ Med-B

Patient status at the end of this visit  
☐ Dead  
☒ Alive

Date of death if death happened around transplant

In the absence of another diagnosis or transplant, the next follow up visit would be:  
**The annual follow up visit**

What do you want to do next?  
☒ Finish data entry for this patient  
☐ Enter an annual follow up  
☐ Enter the next sequential transplant  
☐ Enter a new diagnosis indication for the next sequential transplant  
☐ Enter an annual follow up with a shorter interval due to death of the patient or loss to follow up

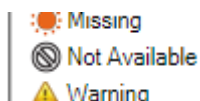
Instructions will appear here after you have made a selection above  
**Use F6 or click on icon -Save and close current eForm-**

You can now see that, since you are at the Day 100 Visit, you are presented with the option to record an Annual Follow Up report (for example, the Day 100 one is not available, since it can only be recorded right after the Transplant Visit).

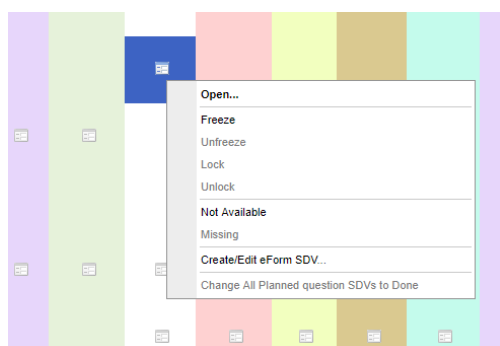
In the form **Follow Up Events** you are, like in the Day 100 form, asked to provide any Complications (GvHD and/or Relapse) and/or Additional Treatment (chemotherapy, radiotherapy, cell therapy). However, you are also asked some questions that did not appear in the Day 100 form (e.g.: Secondary Malignancy or Conception questions are also asked). The form **Performance Status** appears here too, as it did in the Transplant visit. The form **Patient Status** will appear at the end of each of the following visits created in MACRO: Day 0, Day 100 and Annual Follow Up, but please note that the end of a Day 0 would be the Transplant Visit.

## Modifying existing data

The diagnosis forms in the Diagnosis Visit are 2: the 1<sup>st</sup> one includes codes from 1 to 6, which is also the default (it appears always automatically), but if you select diagnosis code 6 or higher, then a 2<sup>nd</sup> form is created, where you would record its sub-classification with its specifics. If you create by mistake a Primary Diagnosis Form for codes >6 (e.g. BMF), but you actually wanted to report a Multiple Myeloma (which is code 4.Plasma Cell Disorders), you can **MARK** the already created “Primary Diagnosis >6” as Not Available:

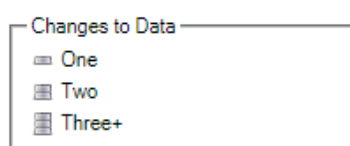


You can mark it as such from the SCHEDULE (not the Schedule QuickView) by right-clicking on it:

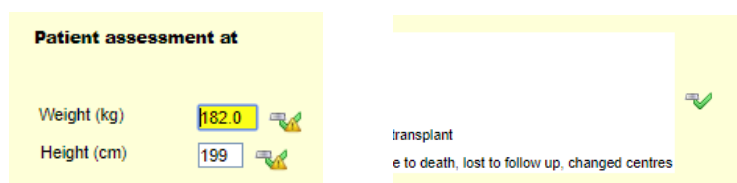


PLEASE NOTE: when you do that, the option SAVE will be activated, and then after you save the Form, it will be marked as OK (Green Tick) and relabelled to the correct Diagnosis (e.g. MM).

In terms of changes you make to a specific question, there is a symbol to indicate the number of changes found next to each question that has been modified:



The above symbols will appear along with the Status symbol of the question (e.g.: OK, Warning, Missing, etc.):



In addition, you can right-click on the actual question and you select the option View Audit Trail:

**Performance status**

Patient assessment at **Transplant**

Weight (kg)

Height (cm)

BMI

Age

Performance system

- ☒ Kamofsky
- ☐ Lansky
- ☐ ECOG
- ☐ Not evaluate

Score

View Question Information...  
 View Audit Trail...  
 View Warning...  
 View Inform Message...  
 Comments  
 Notes  
 DCRs  
 SDV Mark  
 Change Status  
 Clear

Completely disabled, cannot carry on any self-care

which will then open a window, where you can see who made what change, when, etc.:

**Performance status**

Patient assessment at **Transplant**

Weight (kg)

Height (cm)

Performance system

- ☒ Kamofsky
- ☐ Lansky
- ☐ ECOG
- ☐ Not evaluated

Patient ABO blood group after a previous allo

**Question Information**

Name Patient height (cm)  
 Value

Properties Warnings Comments **Audit Trail**

Value	Status	UserName	Time Stamp	Database Time Stamp	Validation Message	Comments	Reason for Change	Reason for Overrule
225	OKWarning	AK	2019/02/28 13:05:36	2019/02/28 13:05:41	This is greater than the expected maximum [220]			I am just testing
220	OK	AK	2019/02/28 13:04:55	2019/02/28 13:05:05				
222	Warning	cr	2019/02/23 22:15:54	2019/02/23 22:15:54	This is greater than the expected maximum [220]			

Close

To remove all existing responses on a Form, click on the Form status icon at the top right (this icon is only visible after saving the Form) and select **“Clear all data on a Form”**.

File View Tools Help Database: EBMT\_Training Role: DataEntry User: Asterios Kasimis

Visit: Transplant-2 eForm: Donor registration

Visit Date: 2014/02/02 eForm Date:

Laboratory: None selected

Create/Edit eForm SDV Mark ...  
 Clear all data on eForm

**Donor Registration**

Identification of donor or CBU  Donor Registry WMDA / BMDW code

Same donor

Same donor as for a previous transplant ☐ No ☒ Yes

Number of the first transplant where the same donor was used

Type of search that was done for this donor

- ☐ Family
- ☒ Unrelated donor registry
- ☐ Unrelated cord blood bank

Identification of this previous donor

If this option appears greyed out, either the Form is locked or frozen, or you do not have the required permission. You cannot clear questions that are locked, frozen, or derived from values on another Form.

## Complex Cases (examples)

### Centre/Site with **Access** to a Subject that was created in another centre

In the case where a Site/Centre is granted with access to a Subject record that had a treatment in a different Site, after you are given access, you have to provide the information of your own Site in the first Form called **Centre**.

In the Subject Visit Schedule you scroll down until you see the last Form called Patient Status in the most recent Follow-Up Visit:

	Registration 2018/07/17	Diagnosis-1 Amyloidosis 2002/06/13	1st line-1 Chemotherapy 2008/06/08	Cell Therapy	Pre HSCT-1	Transplant-1 Allograft 2015/06/08	Day 100-1 Alive 2015/11/11	Followup-1 Rel/Prog 2016/06/08	Diagnosis-2	1st line-2	Pre HSCT-2	Transplant-2	Day 100-2	Followup-2	Diagnosis-3	1st line-3	Pre HSCT-3	Transplant-3	Day
Involvement		✓				✓			✗			✗			✗			✗	
Organ Function		✗				✗	✓	✗	✗			✗			✗			✗	
Non cell based Treatment			2008/06/08					2016/07/13											
Comorbidity and serology						✓													
Donor registration						✗													
HSCT Prep Infusion						✗													
Chimerism																			
Collection					✗														
Complications						✗		✗											
Progression								✓											
Last disease status							✗	✓											
Patient status						✓	✓	✓											

and you double-click on it to open the actual Form:

In the absence of another diagnosis or transplant, the next follow up visit would be

**Annual assessment**

What do you want to do next?

- ☒ Finish data entry for this patient
- ☐ Enter an annual follow up
- ☐ Enter a subsequent transplant
- ☐ Enter a new diagnosis indication for a subsequent transplant
- ☐ Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres

Instructions will appear here after you have made a selection above

**Use F6 or click on icon 'Save and close current eForm'**

You can see in the above Form that you are presented with certain options:

- Finish data entry for this patient
- Enter an annual follow up
- Enter a subsequent transplant
- Enter a new diagnosis indication for the next transplant
- Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres

PLEASE NOTE: the options above may vary depending on the type of the Visit you are. For example, at the end of a Day 0 registration you are presented with the following options:

The screenshot shows a yellow-themed eForm interface. At the top, a text box states: "In the absence of another diagnosis or transplant, the next follow up visit would be". Below this is a button labeled "100 day Assessment". Further down, a question asks "What do you want to do next?". There are three radio button options: "Finish data entry for this patient", "Enter the day 100 assessment" (which is selected and has a green checkmark to its right), and "Enter a day 100 follow up with a shorter interval due to death of the patient or lost to follow up". At the bottom, a text box contains instructions: "Instructions will appear here after you have made a selection above" and "Use F4 or click on icon 'Save and move to next eForm on schedule' to go to the next follow up Visit".

Accordingly, in a Day 100 Visit the 2<sup>nd</sup> from the above options will not appear as it is not applicable.

#### EXAMPLES:

If you were given access to this Subject because you are the new Follow-Up Site for this patient, then you select the option "Enter an annual follow up".

If you were given access to this Subject because you are the new Site for a subsequent treatment (transplant or cell therapy), then you select the option "Enter a subsequent transplant" for an HSCT or "Enter Annual Follow Up" for a Cell Therapy. This means that the subsequent treatment is performed for the same indication diagnosis.

If you were given access to this Subject because you are the new Site for a subsequent treatment, but there has been a new diagnosis in the meantime, then you select the option "Enter a new diagnosis indication for the next transplant".



For how to use the option “Enter an annual follow up with a shorter interval due to death, lost to follow up, changed centres”, please refer to the section “Navigation (how to continue or finish a registration)”.

Finally, the option “Finish data entry for this patient” is used for when you are ending the registration of a Visit and you want to Save and Close the record, as you have no more reporting to do (for example, the previous treatment (transplant or cell therapy) took place 4 days ago, and you will re-visit the patient record in 100 days to report the Day 100). This option is not applicable for the scenario we are describing in this section, as it will already be chosen when you access the Patient Status form. You will need to select it *after* you finish your current reporting.

## How to record a Simultaneous Diagnosis

What defines whether a Diagnosis is considered a Main Indication or an Other, Non-Indication Diagnosis is whether a treatment was given to treat it or not. In some cases, an HSCT is performed to treat more than just one diagnosis, where both of the recorded Diagnosis would be considered as Main Indication, even if they were diagnosed with a few years of difference. This is known as **Simultaneous Diagnosis**. In MACRO, after you finish the patient’s information in the Registration Block and you move to the Diagnosis Visit, the first Form you fill in is the Centre and then you move to the “**Primary Diagnosis**” Form. On the very top of this form, you are first asked this:

Primary Disease Diagnosis

**Is the treatment you are about to enter for more than one diagnosis?**

☒ No ☐ Yes

Age at diagnosis

Select the disease(s) for which this treatment was performed

Disease diagnosis

Date of diagnosis  [Partial date is allowed](#)

If you answer No, you will be allowed to record only 1 diagnosis. If you answer Yes, then you will first have to provide all the information related to the 1<sup>st</sup> Diagnosis (that is, all the Forms that will be Active, depending on the Main Indication you chose), and at the end of the last Form of the 1<sup>st</sup> Diagnosis Visit, after you Save and Move to the next Form, the 2<sup>nd</sup> Diagnosis will appear:

PLEASE NOTE: the 1<sup>st</sup> Diagnosis is labelled “Diagnosis 1”, but the 2<sup>nd</sup> Diagnosis will be labelled “Diagnosis 1[2]”. This is because they are both part of the First Diagnosis Block. Equally, you can have a Simultaneous Diagnosis at the 3<sup>rd</sup> block, which would be labelled “Diagnosis 3” & “Diagnosis 3[2]”.

## Special case for users with Access to more than one Site or Study

PLEASE NOTE: depending on your Role, you might have access to more than just one Subject Group (e.g.: Study Coordinator in a Working Party or Data Manager in a National Registry) or Site.