



Document Type		Form
Index Number		Registry 129
Version Number		1.0
Title		IST FU D100
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Authorised On		22-Aug-2023
Release Date:		22-Aug-2023

IMMUNOSUPPRESSIVE TREATMENT (IST) --- Day 100 Follow-Up ---

SURVIVAL STATUS

Date of follow-up: ____/____/____ (YYYY/MM/DD)
(if died: date of death, if lost to follow up: date last seen)

Survival status:

- Alive
 Dead
 Lost to follow-up

Date of the last IST for this patient: ____/____/____ (YYYY/MM/DD)

BEST RESPONSE

Best response after this IST:

- Stable disease / No change / No response
 Complete remission (CR)
 Partial remission (PR)
 Haematological improvement (HI); *NIH partial response*
 Relapse / Progression
 Not evaluated
 Unknown

Date best response first observed: ____/____/____ (YYYY/MM/DD) Unknown

Transfusions since last IST episode

- RBC: < 20 units
 20 - 50 units
 > 50 units
 None
 Unknown

- RBC irradiated: No
 Yes
 Unknown

- Platelets: < 20 units
 20 - 50 units
 > 50 units
 None
 Unknown

- Platelets irradiated: No
 Yes
 Unknown

SECONDARY MALIGNANCIES AND AUTOIMMUNE DISORDERS

Did a secondary malignancy or autoimmune disorder occur?

- No
- Yes: was this disease an indication for a subsequent HCT/CT/IST?
- No (*complete the non-indication diagnosis form*)
 - Yes (*complete the relevant indication diagnosis form*)

PNH TESTS AT THIS FOLLOW-UP

PNH test done:

- No
- Yes: **Date of PNH test:** ____/____/____ (YYYY/MM/DD) Unknown

PNH diagnostics by flow cytometry:

- Clone absent
- Clone present: Size of PNH clone in %: _____

Flow cytometry assessment done on:

- Granulocytes
- RBC
- Both
- Other; specify: _____

PNH TESTS AT THIS FOLLOW-UP continued

Clinical manifestation of PNH:

- No
 Yes: **Date of clinical manifestation:** ____/____/____ (YYYY/MM/DD) Unknown

Anti-complement treatment given?

- No
 Yes, complete the table:

Drug	Start date (YYYY/MM/DD)	Stop date (YYYY/MM/DD)
<input type="checkbox"/> Eculizumab	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Ongoing <input type="checkbox"/> Unknown
<input type="checkbox"/> Ravulizumab	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Ongoing <input type="checkbox"/> Unknown
<input type="checkbox"/> Pegcetacoplan	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Ongoing <input type="checkbox"/> Unknown
<input type="checkbox"/> Other; specify*: _____	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Ongoing <input type="checkbox"/> Unknown

*Please consult the **LIST OF CHEMOTHERAPY DRUGS/AGENTS AND REGIMENS** on the EBMT website for drugs/regimens names

If there were more drugs given during one line of treatment add more copies of this page.

CAUSE OF DEATH

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

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