

Annual FOLLOW UP 2012-2014

CALM - LYMPHOMA

EBMT Unique Identification Code (UIC): (if known)

Hospital Unique Patient Number (UPN):

Initials: (first name(s)_surname(s))

Date of birth:
yyyy mm dd

Sex: Male Female

Date of last HSCT for this patient:
yyyy mm dd

PATIENT LAST SEEN

DATE OF LAST CONTACT OR DEATH:
yyyy mm dd

GRAFT ASSESSMENT

GRAFT LOSS (EQUIVALENT TO APLASIA IF AUTO)

- No
- Yes: Date graft loss:
yyyy mm dd
- Not evaluated

COMPLICATIONS SINCE LAST REPORT

INFECTION RELATED COMPLICATIONS

- No complications
- Yes:

Type	Yes	Site	Pathogen	Date
Bacteremia	<input type="checkbox"/>			
Fungemia	<input type="checkbox"/>			
Viremia	<input type="checkbox"/>			
Parasites	<input type="checkbox"/>			
Septic shock	<input type="checkbox"/>			
ARDS	<input type="checkbox"/>			
Multiorgan failure due to infection	<input type="checkbox"/>			
Pneumonia	<input type="checkbox"/>			
Hepatitis	<input type="checkbox"/>			
CNS Infection	<input type="checkbox"/>			
Other:	<input type="checkbox"/>			

yyyy/mm/dd

NON INFECTION RELATED COMPLICATIONS

- No complications
 Yes:

Type	Yes	Date
Idiopathic pneumonia syndrome	<input type="checkbox"/>	
VOD	<input type="checkbox"/>	
EBV lymphoproliferative disease	<input type="checkbox"/>	
Cataract	<input type="checkbox"/>	
Haemorrhagic cystitis, non infectious	<input type="checkbox"/>	
ARDS, non infectious	<input type="checkbox"/>	
Multiorgan failure, non infectious	<input type="checkbox"/>	
HSCT-associated microangiopathy	<input type="checkbox"/>	
Renal failure requiring dialysis	<input type="checkbox"/>	
Haemolytic anaemia due to blood group	<input type="checkbox"/>	
Aseptic bone necrosis	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

yyyy/mm/dd

**SECONDARY MALIGNANCY, LYMPHOPROLIFERATIVE OR MYELOPROLIFERATIVE DISORDER
DIAGNOSED**

- Previously reported
 Yes, date of diagnosis:
yyyy mm dd
Diagnosis: AML MDS EBV lymphoproliferative disorder Other:.....
 No, at date of this follow-up

ADDITIONAL THERAPIES SINCE LAST FOLLOW UP

DISEASE TREATMENT

- No
 Yes: Planned (*planned before HSCT took place*)
 Not planned (*for relapse/progression or persistent disease*)
Chemo/drug/agent: Unknown
(including MoAB, vaccination, etc.)
Radiotherapy No Yes Unknown
Other treatment No Yes, specify: Unknown
 Unknown

FIRST EVIDENCE OF RELAPSE OR PROGRESSION SINCE LAST HSCT

RELAPSE OR PROGRESSION

- Previously reported
 No
 Yes; date diagnosed:
yyyy mm dd
 Continuous progression since HSCT
 Unknown

DISEASE AND PATIENT STATUS ON DATE LAST SEEN

LAST DISEASE STATUS

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Complete remission (<i>maintained or achieved</i>)
<input type="checkbox"/> Unconfirmed
<input type="checkbox"/> Confirmed: <input type="checkbox"/> By CT scan
<input type="checkbox"/> By PET | <input type="checkbox"/> Partial remission (> 50%)
<input type="checkbox"/> Progression | <input type="checkbox"/> No response (< 50%)
<input type="checkbox"/> Early death/Not evaluable |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

If Complete remission: Date of CR:
yyyy mm dd

SURVIVAL STATUS

- Alive
 Dead

PERFORMANCE SCORE (if alive)

- | | | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Type of score used
<input type="checkbox"/> Karnofsky
<input type="checkbox"/> Lansky | SCORE
<input type="checkbox"/> 100 (Normal, NED)
<input type="checkbox"/> 90 (Normal activity)
<input type="checkbox"/> 80 (Normal with effort)
<input type="checkbox"/> 70 (Cares for self)
<input type="checkbox"/> 60 (Requires occasional assistance)
<input type="checkbox"/> 50 (Requires assistance)
<input type="checkbox"/> 40 (Disabled)
<input type="checkbox"/> 30 (Severely disabled)
<input type="checkbox"/> 20 (Very sick)
<input type="checkbox"/> 10 (Moribund) | <input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

CAUSE OF DEATH (if dead)

- Relapse or progression
 Secondary malignancy
 HSCT related cause:

(check as many as appropriate)

	Yes	No	Unknown
GvHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial pneumonitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection: <input type="checkbox"/> bacterial <input type="checkbox"/> viral <input type="checkbox"/> fungal <input type="checkbox"/> parasitic <input type="checkbox"/> unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rejection / poor graft function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veno-Occlusive disease (VOD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central nervous system toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastro intestinal toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple organ failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EBV lymphoproliferative disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>		

- Unknown
 Other:

COMMENTS:

IDENTIFICATION & SIGNATURE: