EBMT - Follow Up CALM Study – MM (VS 11/07/2011)
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**NON INFECTION RELATED COMPLICATIONS**

- No complications
- Yes:

<table>
<thead>
<tr>
<th>Type</th>
<th>Yes</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idiopathic pneumonia syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EBV lymphoproliferative disease</td>
<td></td>
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<tr>
<td>Cataract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemorrhagic cystitis, non infectious</td>
<td></td>
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<tr>
<td>ARDS, non infectious</td>
<td></td>
<td></td>
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<tr>
<td>Multiorgan failure, non infectious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSCT-associated microangiopathy</td>
<td></td>
<td></td>
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<tr>
<td>Renal failure requiring dialysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemolytic anaemia due to blood group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aseptic bone necrosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ........................................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GRAFT ASSESSMENT**

**GRAFT LOSS (EQUIVALENT TO APLASIA IF AUTO)**

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

**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)

**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
## LAST DISEASE AND PATIENT STATUS

### LAST DISEASE STATUS
- **Stringent complete remission (sCR)**
- **Complete remission (CR)**
  - If sCR or CR: **NUMBER OF THIS COMPLETE REMISSION**
    - 1st
    - 2nd
    - 3rd or higher
- **Very good PR (VGPR)**
- **PR**
  - If VGPR or PR: **NUMBER OF THIS PARTIAL REMISSION**
    - 1st
    - 2nd
    - 3rd or higher
- **Stable disease (no change, includes old MR)**
- **Progression**
- **Unknown**

If complete response: **Date of CR: .......... - .......... - ..........**
Otherwise: **Date of evaluation: .......... - .......... - ..........**

### Plateau (COMPLETE only if STATUS is STABLE DISEASE or PR)
*not applicable for non-secretory myeloma*
- **No**
- **Yes**
- **Unknown**

### SURVIVAL STATUS
- **Alive**
- **Dead**

### PERFORMANCE SCORE (if alive)

<table>
<thead>
<tr>
<th>Type of score used</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karnofsky</td>
<td>100 (Normal, NED)</td>
</tr>
<tr>
<td>Lansky</td>
<td>90 (Normal activity)</td>
</tr>
<tr>
<td></td>
<td>80 (Normal with effort)</td>
</tr>
<tr>
<td></td>
<td>70 (Cares for self)</td>
</tr>
<tr>
<td></td>
<td>60 (Requires occasional assistance)</td>
</tr>
<tr>
<td></td>
<td>50 (Requires assistance)</td>
</tr>
<tr>
<td></td>
<td>40 (Disabled)</td>
</tr>
<tr>
<td></td>
<td>30 (Severely disabled)</td>
</tr>
<tr>
<td></td>
<td>20 (Very sick)</td>
</tr>
<tr>
<td></td>
<td>10 (Moribund)</td>
</tr>
</tbody>
</table>

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CAUSE OF DEATH (if dead)

☐ Relapse or progression
☐ Secondary malignancy
☐ HSCT related cause:

(check as many as appropriate) | Yes | No | Unknown
---|---|---|---
GvHD | ☐ | ☐ | ☐
Interstitial pneumonitis | ☐ | ☐ | ☐
Pulmonary toxicity | ☐ | ☐ | ☐
Infection: ☐ bacterial ☐ viral ☐ fungal ☐ parasitic ☐ unknown | ☐ | ☐ | ☐
Rejection / poor graft function | ☐ | ☐ | ☐
Veno-Occlusive disease (VOD) | ☐ | ☐ | ☐
Haemorrhage | ☐ | ☐ | ☐
Cardiac toxicity | ☐ | ☐ | ☐
Central nervous system toxicity | ☐ | ☐ | ☐
Gastro intestinal toxicity | ☐ | ☐ | ☐
Skin toxicity | ☐ | ☐ | ☐
Renal failure | ☐ | ☐ | ☐
Multiple organ failure | ☐ | ☐ | ☐
EBV lymphoproliferative disease | ☐ | ☐ | ☐
Other: | ☐ | ☐ | ☐

☐ Unknown
☐ Other: .................................................................

COMMENTS: ..........................................................................................................

IDENTIFICATION & SIGNATURE: .........................................................................