

# AUSTRALASIAN BONE MARROW TRANSPLANT RECIPIENT REGISTRY

## 100 Day Form

ABMTRR, Level 6, The Kinghorn Cancer Centre  
370 Victoria Street, Darlinghurst NSW 2010 AUSTRALIA

Email: abmtrr@svha.org.au  
Phone: 02 9355 5691

Hospital : \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient UPN: \_\_\_\_\_

Transplant date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First four letters of surname: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

First two letters of first name: \_\_\_\_

Date reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. Survival status**     alive     dead

Last known date of contact/death: \_\_\_\_/\_\_\_\_/\_\_\_\_

If dead, **main** cause of death: (select only one main cause)

Relapse/Progression/Persistent disease

New malignancy

Transplant related (select as many as appropriate)

GvHD                                     Cardiac toxicity

Infection                                 Pulmonary toxicity

Rejection/poor graft function     VOD

Other, specify \_\_\_\_\_

Unknown

Other, specify \_\_\_\_\_

Comments \_\_\_\_\_

**2. Engraftment**

**2a. Neutrophil engraftment**

Achieved, first day of 3 consecutive days \_\_\_\_/\_\_\_\_/\_\_\_\_

Not achieved, date of last assessment \_\_\_\_/\_\_\_\_/\_\_\_\_

Never below  $0.5 \times 10^9/L$

Unknown

**2b. Did graft failure occur?**     Yes     No

**2c. Platelet engraftment**

Date achieved \_\_\_\_/\_\_\_\_/\_\_\_\_

Not achieved, date of last assessment \_\_\_\_/\_\_\_\_/\_\_\_\_

Never below  $20 \times 10^9/L$

Unknown

**3. Best disease status achieved post transplant, prior to treatment modification** (malignant diseases only)

Continued complete remission

CR achieved, date achieved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Never in CR, date of last assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. Relapse or Progression Post Transplant?**

No, date last assessed \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes, date first detected by haematological or clinical method \_\_\_\_/\_\_\_\_/\_\_\_\_

Leukaemia only, if detected by following methods:

cytogenetic    date detected \_\_\_\_/\_\_\_\_/\_\_\_\_

molecular        date detected \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. Did any of the following events occur in the first 100 days post transplant?**

Interstitial pneumonitis     Yes     No  
If yes, date started \_\_\_\_/\_\_\_\_/\_\_\_\_

Veno-occlusive disease     Yes     No  
If yes, date started \_\_\_\_/\_\_\_\_/\_\_\_\_

Haemorrhagic cystitis     Yes     No  
If yes, date started \_\_\_\_/\_\_\_\_/\_\_\_\_

CMV reactivation     Yes     No  
If yes, date started \_\_\_\_/\_\_\_\_/\_\_\_\_

CMV disease     Yes     No  
If yes, date started \_\_\_\_/\_\_\_\_/\_\_\_\_

Was anti-CMV therapy given (exclude prophylaxis)?

Yes     No     Unknown

**Allografts only**

**6. Acute Graft versus Host Disease**

Did patient develop acute GvHD?     Yes     No

If Yes, complete the following:

Date of first incidence of acute GvHD: \_\_\_\_/\_\_\_\_/\_\_\_\_

Maximum grade     I     II     III     IV

present, grade unknown

Highest stage in organs affected: (enter 0,1,2,3 or 4)

skin

liver

gut

other organ(s), specify \_\_\_\_\_

**7. Donor Cellular Infusion**

Additional cell therapy given?     Yes     No

If yes, complete the following:

First infusion date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell type:     Lymphocytes     Mesenchymal

Other, specify \_\_\_\_\_

Indication:

Planned                                     Treat GVHD

Treat disease                             Mixed chimerism

Treat PTLD,EBV-Lym     Loss/decrease chimerism

Treat viral

Other, specify \_\_\_\_\_