ANZTCT Registry

AUSTRALIA AND NEW ZEALAND
TRANSPLANT & CELLULAR THERAPIES REGISTRY

ANNUAL FOLLOW UP FORM

Email: abmtrr@svha.org.au

Hospital: ________________________________ **Patient UPN:** ____________ **DOB:** ____/_____/_____ (DD MM YYYY)

Patient ID: ____ ____ ____ ____ (Optional) ____ ____ (Optional) **Transplant date:** ________/__________/__________ (DD MM YYYY)

Person completing this form: ______________________________ **Follow Up period:** Year ______ post transplant

1. Survival status ☐alive ☐dead

Last known date of contact/death: _____/_______/_______

☐Relapse/Progression/Persistent disease
☐New malignancy
☐Transplant related (select as many as appropriate)
- ☐Cardiac toxicity ☐Renal failure
- ☐Haemorrhage ☐Multi-organ failure
- ☐GvHD ☐Rejection/poor graft function
- ☐VOD ☐Pulmonary toxicity
- ☐Infection, specify organism _______________
- ☐Other tx related __________________________

☐Other, specify ______________________________
☐Unknown

Comments: ______________________________________

a. Last known disease status

☐CR ☐ not in CR ☐ N/A *(non-malignant disease)*

Date assessed: ______/_______/_______

2. Best disease status achieved post transplant, prior to treatment modification *(not applicable for non-malignant diseases)*

☐Continued CR
☐CR achieved, date achieved: _____/_______/_______
☐Never in CR, date of last assessment: ___/____/______
☐Previously reported

a. Did graft failure occur? ☐Yes ☐ No

3. First Relapse or Progression Post Transplant?

☐No, date last assessed ____/____/________
☐Yes, date first detected by haematological or clinical method: ___/______/_______

Leukaemia only, if detected by the following methods
- ☐cytogenetic date assessed ___/____/______
- ☐molecular date assessed ___/____/______

Or ☐ previously reported

4. Did a new malignancy, lymphoproliferative or myeloproliferative disorder occur? ☐Yes ☐ No

If yes, specify diagnosis ______________________________

date of diagnosis: _______/______/________

5. Performance Status at this year's follow-up ☐

(Karnofsky or Lansky Score) ☐Estimate ☐Documented

Date of assessment:_______/______/________

ALLOGRAFTS ONLY

6. Chronic Graft versus Host Disease

Is patient currently on immunosuppression?

☐Yes ☐No ☐Unknown

Immunosuppression date ceased ___/____/______ *(if previously given)*

Date of **first** incidence of chronic GvHD: ____/_____/________

or ☐previously reported

Was cGvHD present during this period? ☐Yes ☐No

Maximum grade during this period *(NIH criteria)*
☐Mild ☐Moderate ☐Severe ☐Unknown

Maximum Extent during this period
☐Limited ☐Extensive

Organs affected: *(Tick all that apply)*
- ☐skin ☐mouth ☐intestinal tract
- ☐eyes ☐liver ☐Other organ(s):

specify______________________________________

7. Donor Cellular Infusion (1st annual follow-up only)

Additional cell therapy given? ☐Yes ☐ No

First infusion date _______/_______/__________

Cell type: ☐Lymphocytes ☐ Mesenchymal
☐Other, specify____________________

Indication:
- ☐Planned ☐Treat GVHD
- ☐Treat disease ☐Loss/decrease chimerism
- ☐Treat PTLD, EBV-Lym ☐Mixed chimerism
- ☐Treat viral ☐Other, specify______________