

**ANNUAL FOLLOW UP FORM**

ANZTCT Registry | 1/332 Victoria St, Darlinghurst, NSW 2010, AUSTRALIA | Email: abmtrr@svha.org.au

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

Patient UPN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient ID: \_\_\_\_\_

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

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

Follow Up period: Year \_\_\_\_ post transplant

**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)

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 (1<sup>st</sup> 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 \_\_\_\_\_