

AUSTRALIA AND NEW ZEALAND
TRANSPLANT & CELL THERAPIES REGISTRY
100 DAY FOLLOW-UP FORM



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

Hospital: _____ Patient UPN: _____ Transplant date: ____/____/____

Surname: _____ First name: _____ DOB: ____/____/____
First four letters First two letters

Person completing this form: _____ 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
a. Neutrophil engraftment
 Achieved, first day of 3 consecutive days ____/____/____
 Not achieved, date of last assessment ____/____/____
 Never below $0.5 \times 10^9/L$
 Unknown
b. Did graft failure occur? Yes No
c. 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
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
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 _____