

# Stem Cell Transplantation

Person Completing Form

Date Form Completed

(dd/mm/yy)

Address/Stamp:

Observation Time:

BMT Date + 1 Year

## Patient

### Identification

SCNIR ID Number

IBMTR/EBMTR ID No.

Date of Birth (dd/mm/yy)

### Reason for BMT

Neutropenia

no cytokine therapy available

non-responder to G-CSF or other cytokine

(brand name & dose)

Monosomy 7

MDS

Leukemia

Other,

### Viral Status

(before BMT)

CMV

positive

negative

unknown

HBV

positive

negative

unknown

HCV

positive

negative

unknown

HIV

positive

negative

unknown

HTLV I

positive

negative

unknown

### Ethnic Group

Black

Oriental

Caucasian

Hispanic

Asian

Unknown

Other

### ABO, Rh Groups:

A

B

AB

O

unknown

Rh  pos.

neg.

unknown

## MDS/Leukemia-specific data at SCT

Bone Marrow:

BM aspirate performed  Y  N

BM biopsy  Y  N

cellularity:  decreased

normal

increased

% of blasts

Auer rods  Y  N

FAB type at SCT

fibrosis:

no

moderate

severe

unknown

Cytogenetic abnormalities:

Monosomy 7

Trisomy 8

no data

normal karyotype

Other abnormalities

WBC before cond regimen

x 10<sup>3</sup>/μl

% peripheral blasts

Spleen size at BMT (cm)

Splenectomy before BMT  Y  N

Splenic irradiation

N

Y

If yes: total dose

Gy

## Donor

### Relation to patient:

- Brother     Sister     Father     Mother  
 Uncle     Aunt     Cousin, male     Cousin, female  
 Other

### HLA Match:

- Unrelated  
 monozygotic twin  
 genotypic identical sibling  
 phenotypic identical related  
 nonidentical related    no of mismatched antigens   
 identical unrelated    HLA locus   
 nonidentical unrelated

### Age and Sex:

Birth date  Sex     M     F

### Viral Status

(before BMT)

- CMV     positive     negative     unknown  
 HBV     positive     negative     unknown  
 HCV     positive     negative     unknown  
 HIV     positive     negative     unknown  
 HTLV I     positive     negative     unknown

### Ethnic Group

- Black     Oriental     Caucasian     Hispanic  
 Asian     Unknown     Other

### ABO, Rh Groups:

- A     B     AB     O     unknown    Rh     pos.     neg.     unknown

## Histocompatibility

### Donors HLA Type

A	<input type="text"/>	<input type="text"/>	B	<input type="text"/>	<input type="text"/>	C	<input type="text"/>	<input type="text"/>
DRB1	<input type="text"/>	<input type="text"/>	DQB1	<input type="text"/>	<input type="text"/>	DPB1	<input type="text"/>	<input type="text"/>

### Patients HLA Type

A	<input type="text"/>	<input type="text"/>	B	<input type="text"/>	<input type="text"/>	C	<input type="text"/>	<input type="text"/>
DRB1	<input type="text"/>	<input type="text"/>	DQB1	<input type="text"/>	<input type="text"/>	DPB1	<input type="text"/>	<input type="text"/>

HLA- class II molecular typing     Y     N

## Conditioning regimen

Therapy:  
(Drugs+ ATG+  
monoclonal AB)

Daily dose  
(mg/kg/day or  
mg/m<sup>2</sup>/day)

Total dose

Days of administration  
(days -- ..... 0)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TBI:     N     Y

Total dose  Gy    Dose rate  Gy/min

TLI:     N     Y

Number of fractions

other:     N     Y

specify

## Transplantation

Date of Transplantation

Source of stem cells  Bone marrow  Peripheral blood  Cord blood

Manipulation of graft  N  Y

T-cell depletion  N  Y Method

CD 34 positive selection  N  Y Method

other  N  Y Specify

Cells infused	Number of nucleated cells infused ( $\times 10^8/\text{kg}$ )	Number of CD34+ cells infused ( $\times 10^6/\text{kg}$ )	Number of CD3+ cells infused ( $\times 10^4/\text{kg}$ )
BM	<input type="text"/>	<input type="text"/>	<input type="text"/>
PBSC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cord blood	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Cytokines in the immediate post transplant period

N  Y date, when started

EPO  G-CSF  GM-CSF  IL-3

IL 2  SCF  MGDF/TPO  others specify..

Engraftment  N  Y if yes, date

Leukocytes  $> 1 \times 10^9/\text{l}$   Neutrophils  $> 0.5 \times 10^9/\text{l}$

Platelets  $> 20 \times 10^9/\text{l}$   Platelets  $> 50 \times 10^9/\text{l}$

Last platelet transfusion

Graft failure  N  Y if yes date of diagnosis

primary  N  Y

secondary (rejection)  N  Y

Acute GvHD  N  Y

### Prophylaxis

Cyclosporine - A Initial dose (first 2-3 weeks i.v.)  mg/kg/day

Date of last dose

MTX Dose  mg/m<sup>2</sup>/day Days: +  +  +  +

others, specify

Manifestation  N  Y

Date of onset

Overall Grade  Skin (stage)  Liver (stage)  Gut (stage)

Treatment  N  Y

Methylprednisolone Initial Dose (mg/kg/day)  Overall duration  days

ALG/ ATG Dose (mg/kg/day)  for  days

Monoclonal AB Dose (mg/kg/day)  for  days

Specify

others Dose (mg/kg/day)  for  days

Specify

## Chronic GvHD

N  Y

Date of onset (dd/mm/yy)

Limited  Extensive

Progressive from aGvHD

After lack period from aGvHD

De novo cGvHD

**Treatment**  N  Y

CSA

Dose (mg/kg/day)  for  days

Corticosteroide

Dose (mg/kg/day)  for  days

Thalidomide

Dose (mg/kg/day)  for  days

Others

Dose (mg/kg/day)  for  days

Specify

## Complications

	<100 days		≥100 days	
	no	yes	no	yes
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacterial sepsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CMV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CMV disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other severe viral infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systemic fungal infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documented fungal pneumonitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parasitic infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Idiopathic pneumonitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artificial ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhagic cystitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemofiltration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Follow- up

Disease status  CR  relapse  unknown  
 autologous reconstitution

Survival status  alive  dead  lost to follow up

Date of last known alive  Karnofsky score  %

Date of death (dd/mm/yy)  Autopsy:  N  Y

Main cause of death  relapse  transplant related  
 if transplant related:  rejection/poor graft function  VOD  hemorrhage  
 interstitial pneumonitis  ARDS  GvHD  cardiac toxicity  
 infection

viral organism   
 bacterial organism   
 fungal organism   
 parasitic organism

other   
 unknown

Contributing cause of death

**Further comments**

Date

Stamp

\_\_\_\_\_  
Signature

## Definitions for the Registration Form

### Engraftment

- Leukocytes >  $1 \times 10^9/l$  the first of three consecutive days in which the absolute neutrophil count exceeded  $1 \times 10^9/l$
- Neutrophiles >  $0.5 \times 10^9/l$  the first of three consecutive days in which the absolute neutrophil count exceeded  $0.5 \times 10^9/l$
- Platelets >  $20 \times 10^9/l$  the first of seven consecutive days in which the platelet count exceeded  $20 \times 10^9/l$  without platelet transfusion
- Platelets >  $50 \times 10^9/l$  the first of seven consecutive days in which the platelet count exceeded  $50 \times 10^9/l$  without platelet transfusion
- Graft failure the failure to achieve an absolute neutrophil count of more than  $0.5 \times 10^9/l$  for at least three consecutive days, a decrease in the absolute neutrophil count to below  $0.2 \times 10^9/l$  for at least three consecutive days after initial engraftment, or documentation of the loss of donor cells by testing with use of informative markers

### Complications

- CMV infection Antigenemia, Viremia  
 PCR x 2 positive  
 no clinical disease
- CMV disease clinical CMV infection

## Acute Graft versus Host Disease: clinical stage and grading

Organ	Stage	Description
Skin	1	maculopapular rash < 25% body surface
	2	maculopapular rash 25 - 50%
	3	generalized erythroderma
	4	desquamation and bullous formation
Liver	1	Bilirubin 2.0 - 3.0 mg/dl
	2	Bilirubin 3.1 - 6.0 mg/dl
	3	Bilirubin 6.1 - 15 mg/dl
	4	Bilirubin > 15 mg/dl
Gut	1	Diarrhea > 30 ml/kg
	2	> 60ml/kg
	3	> 90 ml/kg
	4	additional severe abdominal pain or ileus

Grade				ECOG
	Skin	Liver	Gut	Performance
I	1 to 2	0	0	0
II	1 to 3	1	and/or 1	0 - 1
III	2 to 3	2 to 3	and/or 2 to 3	2 - 3
IV	2 to 4	2 to 4	and/or 2 to 4	3 - 4

## Grading of chronic GVHD

Grade	Organ involvement
Limited	Localized skin involvement and/or hepatic dysfunction
Extended	Generalized skin involvement or limited skin involvement or hepatic involvement and any of the following: <ul style="list-style-type: none"> <li>a. liver histology showing chronic progressive hepatitis bridging necrosis or cirrhosis</li> <li>b. eye involvement (Schirmer's test with &lt; 5mm wetting)</li> <li>c. involvement of minor salivary glands or oral mucosa</li> <li>d. involvement of any other organ</li> </ul>