

AUSTRALASIAN BONE MARROW TRANSPLANT RECIPIENT REGISTRY

100 Day Form

ABMTRR
Level 6, The Kinghorn Cancer Centre
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Email: abmtrr@svha.org.au
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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 ____/____/____

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 PTL,EBV-Lym Loss/decrease chimerism
 Treat viral
 Other, specify _____