



CIC:..... UPN

Study number: IDWP 8414113

TO BE COMPLETED AT 1 YEAR AFTER HSCT

<p>MED C</p> <p>STUDY FORM</p> <p>To be completed at Year 1</p>	<p>Impact of</p> <p>pre-existing invasive aspergillosis</p> <p>on allo-HSCT</p> <p>for treatment of acute leukaemia and</p> <p>myelodysplastic syndrome</p> <p>EBMT/IDWP Non-Interventional Prospective Study</p> <p>TEAM</p>
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To be completed by EBMT:

Received:

Entered:

Checked:

EBMT Centre Identification Code (CIC)

Hospital

Contact person: e-mail

IDENTIFICATION

Unique Identification Code (UIC) (to be entered only if patient previously reported)

Hospital Unique Patient Number (UPN)

Date of birth
 yyyy mm dd

Date of 1-Year assessment
 yyyy mm dd

INVASIVE ASPERGILLUS DAY +101-365

Did the patient develop proven/probable IA between day 101 and day +365 after HSCT?

- no
- yes (please use the table at the end of the form)

How do you consider this episode: new episode of IA: yes no



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Did the same patient also develop proven/probable IA between day 0 and day + 100 after HSCT

- no
 yes Did this previous episode of IA progress after day + 100: yes no

Did the patient develop CMV reactivation IA between day 101 and day +365 after HSCT after HSCT (> 1 pp65 cell or 1000 GE/ml blood)?

- yes date - - (first day of treatment)
 yyyy mm dd
 no
 not applicable (R/D: neg/neg)

DEVELOPMENT OF PROBABLE OR PROVEN INVASIVE FUNGAL DISEASE OTHER THAN INVASIVE ASPERGILLOSIS?

Diagnosis of invasive fungal disease other than IA during the first year after HSCT? yes no
 If yes, which type:

- Invasive Candidiasis Date - -
 yyyy mm dd
 Zygomycosis Date - -
 yyyy mm dd
 Fusariosis Date - -
 yyyy mm dd
 Other : _____ Date - -
 yyyy mm dd

ASPERGILLUS ACTIVE ANTIFUNGAL PROPHYLAXIS, between day + 101 and + 365: yes no unknown

If yes, which:

	drug	Start date (yyyy/mm/dd)	Stop date (yyyy/mm/dd)
<input type="checkbox"/>	voriconazole		
<input type="checkbox"/>	posaconazole		
<input type="checkbox"/>	itraconazole		
<input type="checkbox"/>	IV ambisome		
<input type="checkbox"/>	echinocandin		
<input type="checkbox"/>	other		

HAS MED-A OR MED-B BEEN SUBMITTED FOR THE DAY+100 ASSESSMENT OF THIS PATIENT?

- No. Med-A or MED B will be submitted asap.
 Yes: Entered directly onto EBMT database
 Paper form sent to EBMT Registry, London
 Paper form sent to National Registry



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ADDITIONAL NOTES IF APPLICABLE

COMMENTS.....

IDENTIFICATION & SIGNATURE

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TABLE FOR VERIFICATION OF PRESENCE OF INVASIVE ASPERGILLOSIS
 (when not sure which type, please complete the Invasive Aspergillus form. It will help us assign –and to check the assigned- cases to the groups.)

	Type of mycosis
Clinical Evidence + Mycological evidence (Galactomannan or Beta D-Glucan or culture on Bronchial Alveolar Lavage (BAL) or nasal wash)	<u>Probable</u> Please complete the rest of this form and the Invasive Aspergillus Form
Culture or Microscopy histology in tissue	<u>Proven</u> Please complete the rest of this form and the Invasive Aspergillus Form
No evidence	<u>Possible / No IA</u> Please complete the rest of this form