



CIC:..... UPN

Study number: IDWP 8414113

TO BE COMPLETED AT DAY +100

<p>MED C</p> <p>STUDY FORM</p> <p>To be completed at Day+100</p>	<p>Impact of pre-existing invasive aspergillosis on allo-HSCT for treatment of acute leukaemia and myelodysplastic syndrome</p> <p>EBMT/IDWP/ALWP 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

Patient 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 day+100 assessment
 yyyy mm dd

INVASIVE ASPERGILLUS DAY+0-100

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

- no
- yes

Did this patient have a history of pre-hsct proven-probable IA? yes no

If yes, do you consider this episode as new episode or progression of pre-HSCT episode of IA

please complete the IA form



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Did the patient develop CMV reactivation after HSCT between day 0 and day + 100 (> 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 100 days after HSCT?

- yes no unknown

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 0 and day + 100

- 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