

Diagnosis date:

Basic data

Diagnosis	
Phase of CML*	
Performance status**	
Study participation	<input type="checkbox"/> yes
General comment:	

- * 1. Early chronic phase (> 1 year)
2. Late chronic phase (< 1 year)
3. Secondary chronic phase
(return to CP after AP or BC)
4. Accelerated phase
5. Myeloid blastic crisis (mBC)
6. Lymphoid blastic crisis (lBC)
7. Other

- ** a) 0 - Normal activity
b) 1 - Symptoms, but fully ambulatory
c) 2 - Symptomatic, but in bed & lt; 50% of the day
d) 3 - Needs to be in bed & gt; 50 % of the day,
but not bedridden
e) 4 - Unable to get out of bed
f) unknown

Add. Diagnosis

	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown	malignant	concurrent
Gastronintestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Diagnostic parameter & response

1. Blood

Date of analysis:

LDH

Date	(Y/M/D)
LDH	U/L

Peripheral blood counts

Leucocytes	G/L
Erythrocytes	T/L
Hemoglobin	g/L
Hkt	L/L
Thrombocytes	G/L

Comments:

Differential blood counts

Neutrophils	%
Eosiniphils	%
Basophils	%
Monocytes	%
Promyelocytes	%
Lymphocytes	%
Blasts	%

Comments:

2. Bone marrow

General

Date of analysis:

Evaluable yes no

Overview

Evaluation/Interpretation

Detailed findings			
Granulopoiesis		%	
Promyelocytes		%	
Basophils		%	
Eosinophils		%	
Comments:			
Plasmacells		%	
Comments:			
Fibrosis		<input type="checkbox"/> yes <input type="checkbox"/> no	
Comments:			
Erythroipoiesis		%	
Comments:			
Yamphatic cells		%	
Comments:			
Blast count		%	
Comments:			
Others		%	
Comments:			

3. Cytogenetics

Date of analysis:

Evaluable yes no

Standard method

Metaphases	%
Analysed metaph.	#
Ph+ metaphases	#
Clonal evaluation	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

iFISH from PB

BCR/ABL+ interphases	#
Analysed interphases	#
Quotient	

Comments:

4. Molecular biology

Date of analysis:

BM or PB	BM/PB
BCR-ABL negative <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not available	

6. Spleen size

Spleen size enlarged	<input type="checkbox"/> yes <input type="checkbox"/> no
Spleen size	cm

5. Mutational analysis

Mutational an.	<input type="checkbox"/> yes <input type="checkbox"/> no
T315I	<input type="checkbox"/> yes <input type="checkbox"/> no
other mutations	<input type="checkbox"/> yes <input type="checkbox"/> no

7. Extramedullary involvement

Extramedullary involvement yes no

8. Comments

Comments:

Treatment	
1. SCT	
SCT	<input type="checkbox"/> yes <input type="checkbox"/> no
Year	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
4. Targeted therapy	
Imatinib	Dosis
Nilotinib	Dosis
Dasatinib	Dosis
Comments:	
2. Chemotherapy	
Ara-C	<input type="checkbox"/> yes <input type="checkbox"/> no
Busulfan	<input type="checkbox"/> yes <input type="checkbox"/> no
Hydroxyurea	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
5. Concomitant treatment	
Concomitant	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
3. Immunotherapy	
IFN- alpha	<input type="checkbox"/> yes <input type="checkbox"/> no
Vaccination	<input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	

Significant Comorbidities

Infection	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Bleeding	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Thromboembolic disease	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Other	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown

Comments:

SAE - serious adverse events

Type	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	Grade 3/ Grade 4	Drug relation suspected/not suspected
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Hematological

Neutropenie	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Tromocytopenia	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Anemia	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Other	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Comments (Other)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		

Non-hematological

Renal	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Pulmonary	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Hepatic	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Neurologic	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Gastrointestinal	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Skin	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Musculoskeletal	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Infectious complications	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Other	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
Comments (Other)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		

General SAE related comments:

Kontakt

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