**Hematologic Disease Database Case Report Form**

**(APLASTIC ANEMIA, PAROXYSMAL NOCTURNAL HEMOGLUBINURIA, MYELODYSPLASTIC SYNDROME only)**

**BASELINE DATA**

**GENERAL DATA**

Patient ID Number (text-###) Dropdown choices: PBC-###; IDC-###; JCJ-###; PRM-###; FZM-###; CD-###

Last Name (text)

First name (text)

Middle Initial (text)

Gender (text)

Date of Birth (number pre-specified format)

Address (text)

Civil Status (text)

Occupation (text)

Date of Entry (number pre-specified format)

Tissue Specimen Collected (Yes/No)

Dynamic Option to add Specimen type e.g. Bone marrow aspirate(BMA); Blood (BB); Lymph node (LN)

\*\*\*Specimen # is the same as patient number but it will prefix will depend on specimen

e.g. BMA-###; BB-###; LN-###

**CLINICAL DATA**

Date of Visit (number pre-specified format)

Diagnosis (dropdown based on ICD-10 blood cancer diseases)

##### D61.0 Constitutional aplastic anaemia

##### D61.1 Drug-induced aplastic anaemia

##### D61.2 Aplastic anaemia due to other external agents

##### D61.3 Idiopathic aplastic anaemia

##### D61.8 Other specified aplastic anaemias

##### D61.9 Aplastic anaemia, unspecified

##### D46.0 Refractory anaemia without ring sideroblasts, so stated

##### D46.1 Refractory anaemia with ring sideroblasts

##### D46.2 Refractory anaemia with excess of blasts [RAEB]

##### D46.4 Refractory anaemia, unspecified

##### D46.5 Refractory anaemia with multi-lineage dysplasia

##### D46.6 Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality

5 q-minus syndrome

##### D46.7 Other myelodysplastic syndromes

##### D59.5 Paroxysmal Nocturnal Hemoglobinuria

##### D59.6Haemoglobinuria due to haemolysis from other external causes

Classification/Risk Stratification (dropdown choices)

AA Moderately Severe

AA Severe

AA Very Severe

MDS Very Low

MDS Low

MDS Intermediate

MDS High

MDS Very High

Chief complaint (text)

Other symptoms (text)

Family History of Cancer (Y/N)

Relationship to patient & Specify cancer (text)

\*\*\*\*Dynamic option to add some more, if there are more than 1 relative with cancer

Other Disease in the Family (text)

Comorbidities (text)

Current/Past Medications (Y/N)

Generic Name

Dose

Frequency

\*Dynamic option to add medications

Smoking history (Y/N)

Specify (text)

Alcohol intake history (Y/N)

Specify (text)

Chemical exposure (Y/N)

Specify (text)

Previous Infection (Y/N)

Specify (text)

Previous Hematologic Disorder (Y/N)

Specify (text)

Physical Exam (text)

Height (###) cm

Weight (###) kg

ECOG (##)

Pertinent Other findings (text)

**LABORATORY PROFILE**

Date of blood collection

Hematology

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not Done |
| Hemoglobin (g/L) (###) |  |  |
| Hematocrit (%) (###) |  |  |
| White blood cells (x10 ^9/L) (###) |  |  |
| Neutrophils (%) (###) |  |  |
| Lymphocytes (%) (###) |  |  |
| Monocytes (%) (###) |  |  |
| Eosinophils (%) (###) |  |  |
| Basophils (%) (###) |  |  |
| Myelocytes (%) (###) |  |  |
| Metamyelocytes (%) (###) |  |  |
| Blasts (%) (###) |  |  |
| Platelet count (x 10^9/L) (###) |  |  |

\*\*\*Pls put option to view in summarized tabular format.

Other laboratories:

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not done |
| Creatinine (mg/dl) (###) |  |  |
| Uric acid mg/dl (###) |  |  |
| Reticulocyte Count (###) |  |  |
| Serum iron (###) |  |  |
| Iron-binding capacity(###) |  |  |
| Serum Ferritin (###) |  |  |
| Direct antiglobulin (Coombs) test (+/++/+++/-) |  |  |
| Indirect antiglobulin (Coombs) test ((+/++/+++/-) |  |  |
| SGOT (U/L) (###) |  |  |
| SGPT (U/L) (###) |  |  |
| LDH (U/L) (###) |  |  |
| Screening tests for hepatitis viruses A, B, and C (+/-) |  |  |
| Screening tests for EBV, cytomegalovirus (CMV), and HIV (+/-) |  |  |
| Erythropoeitin level (###) |  |  |
| Serum folic acid (###) |  |  |
| Serum B12 (###) |  |  |
| TSH (###) |  |  |

Bone Marrow Aspirate and Biopsy result: dropdown choices (Y/N)

Date performed (number pre-specified format)

Description: (text)

Attach Scanned document:

Flow Cytometry: dropdown choices (Y/Not done/not applicable)

Result: (text)

Attach Scanned document:

Cytogenetic and Molecular Analysis if for Aplastic Anemia and PNH: dropdown choices (Y/Not done)

Result: (text)

Attach Scanned document:

Cytogenetic and Molecular Analysis if for MDS: (dropdown choices (Y/Not done)

Result: (text)

Attach Scanned document:

**TREATMENT**

Transplant candidate (Y/N)

Mode of treatment (dropdown choices)

Hematopoietic Stem Cell Transplantation

Pharmacologic Treatment

Supportive

Both Pharmacologic and Supportive

Watch and Wait

Medications (text)

\*\*\*Dynamic option to add other chemo medications

Date Started (number pre-specified format)

DISEASE STATUS (dropdown)

Hematologic response

Stable Disease

Relapsed

Others (pls Specify)

**FOLLOW-UP DATA**

Date of Entry (pre-specified format of date)

Date of visit (pre-specified format of date)

Medical Events

Did the patient stop or start a new medication for the hematologic malignancy? Y/N

Specify: (text)

Did the patient stop or start a new concomitant medications for other disease? Y/N

Specify: (text)

Did the patient undergo any procedure or intervention? Y/N

Specify: (text)

Where there complications from chemotherapy? Y/N

Specify: (text) \*\*\*Dynamic option to add if there are more than 1 chemo complications

**Clinical Data**

Current Symptoms (text)

Current Physical Exam

Weight (kg): number

ECOG:

Pertinent Findings (Y/None)

\*\*\*Dynamic option to add if there are more than 1 physical exam findings

**Laboratory profile**

Date of blood collection (number pre-specified format)

Hematology

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not Done |
| Hemoglobin (g/L) (###) |  |  |
| Hematocrit (%) (###) |  |
| White blood cells (x10 ^9/L) (###) |  |
| Neutrophils (%) (###) |  |
| Lymphocytes (%) (###) |  |
| Monocytes (%) (###) |  |
| Eosinophils (%) (###) |  |
| Basophils (%) (###) |  |
| Myelocytes (%) (###) |  |
| Metamyelocytes (%) (###) |  |
| Blasts (%) (###) |  |
| Platelet count (x 10^9/L) (###) |  |

|  |  |  |
| --- | --- | --- |
| Other Laboratories | Result | Not Done |
| Reticulocyte count (###) |  |  |
| LDH (###) |  |  |
| Serum Ferritin (###) |  |  |
| Creatinine (###) |  |  |

Bone Marrow Aspirate and Biopsy result (Y/N)

Date performed (number pre-specified format)

Description: (text)

Attach Scanned Document:

Flowcytometry (Y/Not done/not applicable)

Result: (text)

Attach Scanned Document:

Cytogenetic and Molecular Analysis: (Y/Not done/not applicable)

Result: (text)

Attach Scanned document:

Disease Status (dropdown choices)

Hematologic Response

Stable Disease

Relapsed

Dead

Others (pls specify)

Special Notes (text)