**Hematologic Disease Database Case Report Form**

**(For Leukemia 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 prefix will depend on specimen

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

**CLINICAL DATA**

Date of Initial Diagnosis (number pre-specified format)

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

|  |
| --- |
| C91 Lymphoid leukemia |
| C91.0 Acute lymphoblastic leukemia [ALL] |
| C91.1 Chronic lymphocytic leukemia of B-cell type |
| C91.3 Prolymphocytic leukemia of B-cell type |
| C91.4 Hairy cell leukemia |
| C91.5 Adult T-cell lymphoma/leukemia (HTLV-1-associated) |
| C91.6 Prolymphocytic leukemia of T-cell type |
| C91.A Mature B-cell leukemia Burkitt-type |
| C91.Z Other lymphoid leukemia |
| C91.9 Lymphoid leukemia, unspecified |
| C92 Myeloid leukemia |
| C92.0 Acute myeloblastic leukemia |
| C92.1 Chronic myeloid leukemia, BCR/ABL-positive |
| C92.2 Atypical chronic myeloid leukemia, BCR/ABL-negative |
| C92.3 Myeloid sarcoma |
| C92.4 Acute promyelocytic leukemia |
| C92.5 Acute myelomonocytic leukemia |
| C92.Z Other myeloid leukemia |
| C92.9 Myeloid leukemia, unspecified |
| C93 Monocytic leukemia |
| C93.0 Acute monoblastic/monocytic leukemia |
| C93.1 Chronic myelomonocytic leukemia |
| C93.3 Juvenile myelomonocytic leukemia |
| C93.Z Other monocytic leukemia |
| C93.9 Monocytic leukemia, unspecified |
| C93.92 Monocytic leukemia, unspecified in relapse |
| C94 Other leukemias of specified cell type |
| C94.0 Acute erythroid leukemia |
| C942 Acute megakaryoblastic leukemia |
| C94.3 Mast cell leukemia |

Risk Score (dropdown choices)

Low Risk

Intermediate Risk

High Risk

Not applicable

Chief complaint (text)

Constitutional symptoms (dropdown may have multiple choices)

Fever

Weight Loss

Night Sweats

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)

Concomitant medications (Y/N)

Generic Name

Dose

Frequency

\*\*\*Dynamic option to add more medications

Smoking history (Y/N)

Specify (text)

Alcohol intake (Y/N)

Specify (text)

Chemical exposure (Y/N)

Specify (text)

Physical Exam

Height (###) cm

Weight (###) kg

ECOG (##)

Presence of Splenomegaly (Y/N)

Specify Measurement (text)

Presence of Hepatomegaly (Y/N)

Specify measurement (text)

Presence of Lymphadenopathies (Y/N)

Specify measurement (text)

Other findings

**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.

Blood Chemistry

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not done |
| Creatinine (mg/dl) (###) |  |  |
| Uric acid (mg/dl) (###) |  |  |
| Na (meq/L) (###) |  |  |
| K (me/L) (###) |  |  |
| SGOT (U/L) (###) |  |  |
| SGPT (U/L) (###) |  |  |
| LDH (U/L) (###) |  |  |

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

Imaging Studies: dropdown choices (Y/Not done/not applicable)

Result: (text)

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

Date performed (number pre-specified format)

Description: (text)

Attach Scanned document:

Flowcytometry: dropdown choices (Y/Not done/not applicable)

Result: (text)

Attach Scanned document:

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

Result: (text)

Attach Scanned document:

**TREATMENT**

Mode of treatment (dropdown)

Pharmacologic 1st line

Pharmacologic 2nd line/Salvage

Supportive/Palliative Only

Watch and Wait

Others (Leukapheresis etc)

Regimen/Protocol (text)

Chemotherapy Medications (text)

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

Cycle Number (text specify Cycle number or continuous on-going)

Date Started (number pre-specified format)

**DISEASE STATUS (dropdown)**

Newly Diagnosed

CR (Complete Remission)

nCR (near CR)

PR (Partial Response)

PD (Progressive Disease)

SD Stable Disease)

Complete Hematologic response

Complete Cytogenetic Response

Major Molecular Response

Spleen response

Symptom response

Others Pls specify

**FOLLOW-UP DATA**

**Medical Events Interim**

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) (###) |  |  |

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:

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

Result: (text)

Attach Scanned document:

Disease Status (dropdown)

Relapsed

Refractory Disease

CR (Complete Remission)

nCR (near CR)

PR (Partial Response)

PD (Progressive Disease)

SD Stable Disease)

Complete Hematologic response

Complete Cytogenetic Response

Major Molecular Response

Spleen response

Symptom response

Dead

Others

Pls Specify

Special Notes (text)