**Hematologic Disease Database Case Report Form**

**(Myeloproliferative Neoplasm 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 Initial Diagnosis: (number pre-specified format)

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

D75.81 Primary Myelofibrosis

D45.0 Polycythemia Vera

D47.3 Essential Thrombocythemia

D75.81 Secondary Myelofibrosis (Post-Polycythemia Vera)

D75.81 Secondary Myelofibrosis (Post-Essential Thrombocythemia)

Others

Prognostic Risk Scoring Used (dropdown choices)

IPSS risk

DIPSS risk

Others

Risk Score (dropdown choices)

Low Risk

Intermediate -1 risk

Intermediate -2 risk

High Risk

Others

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)

Thrombosis History (dropdown choices Y/N)

If yes Specify: (text)

Concomitant medications (Y/N)

Generic Name

Dose

Frequency

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

Smoking history (Y/N)

Specify (text)

Alcohol intake history (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) (###) |  |  |
| SGOT (U/L) (###) |  |  |
| SGPT (U/L) (###) |  |  |
| LDH (U/L) (###) |  |  |
| EPO level mIU/ml (###) |  |  |

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

Date performed (number pre-specified format)

Description: (text)

Attach Scanned document:

Molecular Analysis (Jak 2 assay): dropdown choices (Y/Not done/not applicable)

Result: (text)

**TREATMENT**

Mode of treatment (dropdown)

Pharmacologic

Supportive/Palliative

Watch and Wait

Others (phlebotomy etc)

Current Medications for MPN (text)

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

Date Started (number pre-specified format)

**DISEASE STATUS (dropdown)**

CR (Complete Remission)

PR (Partial Response)

PD (Progressive Disease)

SD (Stable Disease)

Hematologic 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:

Disease Status (dropdown)

CR (Complete Remission)

PR (Partial Response)

PD (Progressive Disease)

SD Stable Disease)

Hematologic response

Spleen response

Symptom response

Dead

Others

Pls Specify

Special Notes (text)