

Severe Chronic Neutropenia International Registry Leukemia/MDS Transformation

Patient Name _____ Patient Initials / SCNIR # _____ Person Completing Form _____ Date ____ / ____ / ____	Patient Status <input type="checkbox"/> Alive <input type="checkbox"/> Dead Date ____ / ____ / ____ Cause _____
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SECTION 1 - Diagnosis

Leukemia Date of Diagnosis ____ / ____ / ____

- AML
- FAB Type M0 M1 M2 M3
- M4 M4OE
- M5 M5A M5B
- M6 M7

- ALL
- Other (specify) _____

MDS Date of Diagnosis ____ / ____ / ____

- Refractory Anemia (RA)
- RA in Leukemic Transformation
- RA w/ ringed sideroblasts (RARS)
- RA w/excess Myeloblasts (RAEB)
- Chronic Myelomonocytic Leukemia (CMML)
- Juvenile Myelomonocytic Leukemia (JMML)
- Other (specify) _____

SECTION 2 – Treatment Planned and/or Received

Chemotherapy No Yes Start Date ____ / ____ / ____

Type (protocol/medication) _____

Cytokine Therapy No Yes (type) _____

Red Cell Transfusions No Yes

Steroids No Yes

Platelets No Yes

Other Treatment Planned _____

SECTION 3

Date Diagnostic Bone Marrow (attach report) ____ / ____ / ____

List any Symptoms in Months Preceding Leukemia or MDS

Diagnosis – e.g. Splenomegaly _____

Cytogenetics at Time of Transformation (attach report)

- Normal Abnormal

Date of Cytogenic Evaluation ____ / ____ / ____

Bone Marrow Transplant No Yes (complete BMT form)

Date of BM Transplant ____ / ____ / ____

Source of Stem Cells

- Bone Marrow PBSC Cordblood

Type of Transplant Allogenic Autologous

Donor HLA-Identical Sibling MUD

CBC/FBC and Differential at time of Transformation

Red Blood Cells _____ Neutrophils _____

Hemoglobin _____ Lymphocytes _____

MCV _____ Eosinophils _____

Platelets _____ Basophils _____

White Blood Cells _____ Other (type) _____

Current Cytokine Therapy - G-CSF/Other

Type _____

Continued Dose _____ Same Reduced

Interrupted, Resumed Dose _____ Same Reduced

Discontinued Date ____ / ____ / ____

Current Bone Marrow Status of Patient

Remission Stable/No Response

Progression Relapse

COMMENTS