

Registry for long-term follow-up of CML patients who discontinued Imatinib after Complete Cytogenetic Response

1st Form (Baseline) (time of diagnosis)

Demographics/Patient Characteristics		
Center		□□□□
Patient ID		□□□□
Date of birth	ddmmyy	□□□□□□
Gender	0=male 1=female	□
Currently smoker	0=no 1=yes	□
„Pack-years“	Number of daily smoked cigarettes x years / 20	□□
Living together with a partner	0=no 1=yes	□
Marital status	1=married 2=never been married 3=divorced 4=widowed	□
Highest graduation basic	1=secondary school 2=intermediate school 3=high school graduation, A-levels 4=university	□
Employment status	1=unemployed 2=full-time employed 3=part-time employed 4=not applicable	□
Weight	kg	□□□□
Height	cm	□□□□
Disease characteristics (to be recorded prior to any treatment)		
Date of diagnosis	ddmmyy	□□□□□□
WHO Performance Scale	%	□□□□
Karnofsky-Index	%	□□□□
Disease related symptoms	0=no 1=yes	□
Extramedullary manifestations (apart from liver and spleen)	0=no 1=yes	□
	If yes, please specify	_____
Spleen size	cm below costal margin, palpated	□□
	The longest diameter in ultrasound, cm	□□
Liver size	cm in MCL	□□
Hematology		
Hemoglobin	g/dl	□□□.□□
Hematokrit	%	□□
WBC	x 10 ⁹ /l	□□□□.□□
Platelets	x 10 ⁹ /l	□□□□□□
Differential (PB) (a minimum of 200 cells should be counted under the microscope)		
Blasts	%	□□
Promyelocytes	%	□□
Myelocytes	%	□□
Metamyelocytes	%	□□
Bands	%	□□

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Polymorphic nucleated cells	%	<input type="text"/> <input type="text"/>
Basophils	%	<input type="text"/> <input type="text"/>
Eosinophils	%	<input type="text"/> <input type="text"/>
Monocytes	%	<input type="text"/> <input type="text"/>
Lymphocytes	%	<input type="text"/> <input type="text"/>
Normoblasts	(pro 100 leukocytes)	<input type="text"/> <input type="text"/>
Differential (BM)		
BM cellularity (histopathology or smear)	1=low 2=normal 3=high	<input type="text"/>
Blasts in BM	% na=no aspiration nd=not done	<input type="text"/> <input type="text"/>
Promyelocytes in BM	% na=no aspiration nd=not done	<input type="text"/> <input type="text"/>
Basophils in BM	% na=no aspiration nd=not done	<input type="text"/> <input type="text"/>
Eosinophils in BM	% na=no aspiration nd=not done	<input type="text"/> <input type="text"/>
Cytogenetic features		
Ph-chromosome status	1=positive 2=negative 3=unknown	<input type="text"/>
Number of evaluated metaphases		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of Ph-positive metaphases		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Karyotype		_____
Other clonal chromosomal anomalies in Ph-positive cells, if yes, please specify % and type	0=no 1=yes	<input type="text"/>
	%	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	type	_____
Other clonal chromosomal anomalies in Ph-negative cells, if yes, please specify % and type	0=no 1=yes	<input type="text"/>
	%	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	type	_____
Molecular biology		
Date of molecular analysis	ddmmyy	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Source of material	1=PB 2=BM	<input type="text"/>
Volume	ml	<input type="text"/> <input type="text"/> <input type="text"/>
Ratio BCR-ABL/ABL	%	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other control gene	Please specify	_____
Ratio BCR-ABL/other gene	%	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nested PCR	1=positive 2=negative 4=not done	<input type="text"/>
Level of BCR-ABL transcript, i.e. quantitative		_____

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Transcript	1=b2a2 2=b3a2 3=b2a3 4=b3a3 5=e1a2 6=b2a2 and b3a2 7=e6a2 8=e19a2 9=others	<input type="text"/>
	If others, please specify	_____
ABL-BCR transcript	1=positive 2=negative 3=unknown	<input type="text"/>
Deletion of genetic material on chromosome 9q+ (FISH)	0=no 1=yes	<input type="text"/>
HLA-Status	1=A 2=B 3=C 4=DR 5=DQ	<input type="text"/>
Treatment		
Pre-treatment	Pre-treatment: 0=no 1=yes <input type="text"/>	
	If yes, please specify below:	
	Drug: _____ Dosis: _____ Period of administration (ddmmyy): from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Start of Imatinib treatment	ddmmyy	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dosage per day		_____
End of Imatinib treatment	ddmmyy	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	please specify the cause	_____

Center [][][][] Patient ID [][][][]
Date of birth (ddmmyy) [][][][][][][][]
Gender (0=male, 1=female) [][]

<p>New CML treatment (after discontinuation of Imatinib treatment)</p>	<p>New CML treatment: 0=no 1=yes []</p>
	<p>If yes, please specify below:</p>
	<p>Drug: _____</p>
	<p>Dosis: _____</p>
	<p>Period of administration</p>
	<p>(ddmmyy): from [][][][][][] to [][][][][][]</p>
<p>Drug: _____</p>	
<p>Dosis: _____</p>	
<p>Period of administration: from [][][][][][] to [][][][][][]</p>	
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