

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

4th Form (Therapeutic responses before the 1st disc. of I.)

(to be filled out every 3 months after diagnosis,
but only as long as Imatinib was administered, otherwise refer to the 2nd Form)

Demographics/Patient Characteristics		
Center		_ _ _
Patient ID		_ _ _
Date of birth	ddmmyy	_ _ _ _ _ _
Gender	0=male 1=female	_
Hematologic response		
Date of hematologic response	ddmmyy	_ _ _ _ _ _
WBC	x 10 ⁹ /l	_ _ _ . _
Platelets	x 10 ⁹ /l	_ _ _ _ _
Immature cells in PB (blasts, promyelocytes, myelocytes, metamyelocytes)	0=no 1=yes	_
Clinical symptoms and signs of disease including palpable splenomegaly	0=no 1=yes	_
Hematologic response	1=complete 2=partial 5=no response 6=unknown	_
Cytogenetic response		
Date of cytogenetic response	ddmmyy	_ _ _ _ _ _
Number of evaluated metaphases		_ _ _
Number of Ph-positive metaphases		_ _ _
% of Ph-positive metaphases	%	_ _ _
Cytogenetic response	1=complete 2=partial 3=minor 4=minimal 5=no response 6=unknown	_
Molecular biology		
Date of molecular analysis	ddmmyy	_ _ _ _ _ _
Source of material	1=PB 2=BM	_
Volume	ml	_ _ _
Ratio BCR-ABL/ABL	%	_ _ _ . _ _ _ _
Other control gene	Please specify	_____
Ratio BCR-ABL/other gene	%	_ _ _ . _ _ _ _
Nested PCR	1=positive 2=negative 4=not done	_