2540: Tepadina® Supplemental Data

Tepadina® Supplemental post-HCT Data Collection Form, Form 2540, must be completed for recipients who are enrolled onto CIBMTR study SC17-03. This is a multi-center, prospective, observational post-authorization long-term study of the use of thiotepa as part of a high-dose chemotherapy regimen followed by hematopoietic stem cell transplantation (HCT) in Canadian and American recipients. U.S. recipients are eligible if they have received an autologous HCT for primary CNS lymphoma or any lymphoma with CNS involvement. Canadian recipients are eligible after allogeneic or autologous HCT and have received Tepadina.

This supplemental data form, Form 2540, will come due for participating centers when thiotepa is reported as part of the conditioning regimen, and the Recipient Eligibility Form, Form 2500, indicates that “Adienne Tepadina®” was the brand of thiotepa given to the recipient. Supplemental data collection form will be completed at the 100 day through 5-year time points post-HCT.

Links to Sections of the Form:

Q1-2: Tepadina® Stop Date
Q3-35: Hematologic Findings
Q36-65: Organ Function
Q66-67: Data from Post-HSCT Follow-Up Form

Manual Updates:

Sections of the Forms Instruction Manual are frequently updated. The most recent updates to the manual can be found below. For additional information, select the manual section and review the updated text.

If you need to reference the historical Manual Change History for this form, please click here or reference the retired manual section on the Retired Forms Manuals webpage.

Date	Manual Section	Add/ Remove/ Modify	Description
7/ 25/ 18	2540: Tepadina Supplemental Data Collection	Add	Version 1 of the 2540: Tepadina Supplemental Data Collection section of the Forms Instruction Manual released. Version 1 corresponds to revision 1 of the Form 2540.

Q1-2: Tepadina® Stop Date

Questions 1 & 2: Tepadina® stop date

Indicate if Tepadina® stop date is “Known” or “Unknown” in question 1. Start date is reported on F2400 in the conditioning regimen section. Report the final administration date of Tepadina® in question 2. If the stop date is partially known, use the process for reporting partial or unknown dates as described in the General Instructions, General Guidelines for Completing Forms.

If the date therapy stopped is “Unknown,” go to question 3.

Q3-35: Hematologic Findings

Questions 3-35: Hematologic Findings

These questions are intended to determine the hematological status of the recipient after the HCT. There are three sections to collect hematologic results at day +7, +14, and +21 post-HCT. Testing may be performed multiple times within the reporting period; however, report the laboratory values within +/-3 days of day +7, +14 and +21 post-HCT.

Report the laboratory value and unit (if applicable) for each hematologic finding. If a value is not known, select “unknown” and continue with the next laboratory value.

For platelets, check the box if platelets were transfused within seven days prior to the testing.

Q36-65: Organ Function

Questions 36 – 65: Organ Function

Report any disorder / impairment that can be directly attributed to Tepadina®

Hypersensitivity
Clinically significant hypersensitivity reactions, including anaphylaxis, have occurred following administration of TEPADINA. Hypersensitivity may include shortness of breath, hypotension, dizziness, and possibly syncope.

- Grade 1: systemic intervention not indicated
- Grade 2: oral intervention indicated
- Grade 3: Bronchospasm; hospitalization indicated for clinical sequelae; intravenous intervention indicated
- Grade 4: life-threatening consequences; urgent intervention indicated

Erythematous rash / toxic skin reaction
Symptoms-
Erythematous rash: abnormal redness and inflation of the skin

Flushing: sudden redness of the skin

Photosensitivity: A disorder characterized by an increase in sensitivity of the skin to light

Stevens-Johnson syndrome / Toxic epidermal necrolysis: a severe allergic drug reaction

- Painful Blistering of the skin and mucous membrane involvement. Typical symptoms for both diseases include peeling skin, fever, body aches, a flat red rash, and blisters and sores on the mucous membranes.
- Ocular involvement includes severe conjunctivitis, iritis, palpebral edema, conjunctival and corneal blisters and erosions, and corneal perforation.
- Stevens-Johnson syndrome causes only small areas of peeling skin (affecting less than 10% of the body).
- Toxic epidermal necrolysis causes large areas of peeling skin (affecting over 30% of the body).

Grade 3-4 elevation of AST, ALT, and/or bilirubin

AST (Aspartate aminotransferase increased): A finding based on laboratory test results that indicate an increase in the level of aspartate aminotransferase (AST or SGOT) in a blood specimen.

- Grade 3: >5.0 – 20.0 x ULN if baseline was normal; >5.0 – 20.0 x baseline if baseline was abnormal
- Grade 4: >20.0 x ULN if baseline was normal; >20.0 x baseline if baseline was abnormal

ALT (Alanine aminotransferase increased): A finding based on laboratory test results that indicate an increase in the level of alanine aminotransferase (ALT or SGPT) in the blood specimen.

- Grade 3: >5.0 – 20.0 x ULN if baseline was normal; >5.0 – 20.0 x baseline if baseline was abnormal
- Grade 4: >20.0 x ULN if baseline was normal; >20.0 x baseline if baseline was abnormal

Bilirubin (Blood bilirubin increased): A finding based on laboratory test results that indicate an abnormally high level of bilirubin in the blood. Excess bilirubin is associated with jaundice.

- Grade 3: >3.0 – 10.0 x ULN if baseline was normal; >3.0 – 10.0 x baseline if baseline was abnormal
- Grade 4: >10.0 x ULN if baseline was normal; >10.0 x baseline if baseline was abnormal

Leukoencephalopathy: A disorder characterized by diffuse reactive astrocytosis with multiple areas of necrotic foci without inflammation.

Other neurological toxicity: F2100 captures CNS hemorrhage, encephalopathy (non-infectious), neuropathy, seizures, and stroke. The intent of this question to capture other neurological impairments outside of those options.

Confusion / delirium:

- Confusion: A disorder characterized by a lack of clear and orderly thought and behavior.
- Delirium: A disorder characterized by the acute and sudden development of confusion, illusions, movement changes, inattentiveness, agitation, and hallucinations. Usually, it is a reversible condition.

Hallucination: A disorder characterized by a false sensory perception in the absence of an external stimulus.
Hemorrhage: severe bleeding, other than cerebral, diffuse alveolar or CNS hemorrhage (captured on 2100).

Cerebral hemorrhage:
A disorder characterized by bleeding of the brain.

Date of onset: for each impairment / disorder, report the date the disorder / impairment was first documented by a physician or other health care provider in the progress note or chart.

For each impairment / disorder, indicate if the medical director believes the disorder / impairment to be directly related to the infusion of the drug.

Q66-67: Data from Post-HSCT Follow-Up Form (2100)

Questions 66-67 refer to data reported on form 2100, Q441-615, please ensure data reported here matches with form 2100

Question 66 & 67: In the transplant physician's judgment, were any of the disorders / impairments reported on the form 2100 a direct result of the Tepadina® reported administration?

2100 Q441-615: Organ Function form instruction manual:
https://www.cibmtr.org/manuals/fim/1/en/topic/f2100-q441-615

Indicate if the medical director believes the adverse event to be directly related to the infusion of Tepadina®, check all that apply.

Acute renal failure requiring dialysis
Bronchial obliterans
Congestive heart failure
Cryptogenic organizing pneumonia (COP / BOOP)
Deep vein thrombosis (DVT) / Pulmonary embolism (PE)
Diffuse alveolar hemorrhage
GVHD (acute or chronic)
Hypertension (HTN) requiring therapy
Infection
Mucositis requiring therapy
New malignancy
Non-infectious interstitial pneumonitis (IPn or ARDS) / idiopathic pneumonia syndrome (IPS)
VOD