



Fungal Infection Supplemental Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date: / / (2 0)

Date of HSCT for which this form is being completed: / /

HSCT type: autologous allogeneic, unrelated allogeneic, related syngeneic (identical twin)

Product type: marrow PBSC cord blood other product, specify: _____

Visit: Baseline 100 days 6 months 1 year 2 years > 2 years, specify:

Information for this report should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient's medical records. Information reported here should reflect the date of last contact as reported in the data collection form, or immediately prior to death.

Specify the recipient's history of clinically significant fungal infections either within 6 months prior to the start of the preparative regimen or post-HSCT. Report only Aspergillus, Fusarium, Mucormycosis, Rhizopus, or Zygomycetes fungal species. If an infection recurs within 90 days, it is considered a single incidence. **See codes on page 6.**

1. Aspergillus

- 1 yes
- 2 no

Specify the following for the first incidence of Aspergillus infection:

2. Specify the Aspergillus species: 3. If code 219, specify: _____

4. Specify the site of infection:

5. Specify the date of onset: / /

Specify the diagnostic test(s) used to confirm the first incidence of infection:

6. First diagnostic test: 7. Second diagnostic test: 8. Third diagnostic test:

Specify the following for the second incidence of Aspergillus infection:

9. Specify the Aspergillus species: 10. If code 219, specify: _____

11. Specify the site of infection:

12. Specify the date of onset: / /

Specify the diagnostic test(s) used to confirm the second incidence of infection:

13. First diagnostic test: 14. Second diagnostic test: 15. Third diagnostic test:

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

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16. Fusarium

- 1 yes
- 2 no

Specify the following for the first incidence of Fusarium infection:

17. Specify the site of infection:

18. Specify the date of onset:
Month Day Year

Specify the diagnostic test(s) used to confirm the first incidence of infection:

19. First diagnostic test: 20. Second diagnostic test: 21. Third diagnostic test:

Specify the following for the second incidence of Fusarium infection:

22. Specify the site of infection:

23. Specify the date of onset:
Month Day Year

Specify the diagnostic test(s) used to confirm the second incidence of infection:

24. First diagnostic test: 25. Second diagnostic test: 26. Third diagnostic test:

27. Mucormycosis

- 1 yes
- 2 no

Specify the following for the first incidence of Mucormycosis infection:

28. Specify the site of infection:

29. Specify the date of onset:
Month Day Year

Specify the diagnostic test(s) used to confirm the first incidence of infection:

30. First diagnostic test: 31. Second diagnostic test: 32. Third diagnostic test:

Specify the following for the second incidence of Mucormycosis infection:

33. Specify the site of infection:

34. Specify the date of onset:
Month Day Year

Specify the diagnostic test(s) used to confirm the second incidence of infection:

35. First diagnostic test: 36. Second diagnostic test: 37. Third diagnostic test:

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38. Rhizopus

- 1 yes
- 2 no

Specify the following for the first incidence of Rhizopus infection:

39. Specify the site of infection:

40. Specify the date of onset:
Month Day Year

Specify the diagnostic test(s) used to confirm the first incidence of infection:

41. First diagnostic test: 42. Second diagnostic test: 43. Third diagnostic test:

Specify the following for the second incidence of Rhizopus infection:

44. Specify the site of infection:

45. Specify the date of onset:
Month Day Year

Specify the diagnostic test(s) used to confirm the second incidence of infection:

46. First diagnostic test: 47. Second diagnostic test: 48. Third diagnostic test:

49. Zygomycetes

- 1 yes
- 2 no

Specify the following for the first incidence of Zygomycetes infection:

50. Specify the site of infection:

51. Specify the date of onset:
Month Day Year

Specify the diagnostic test(s) used to confirm the first incidence of infection:

52. First diagnostic test: 53. Second diagnostic test: 54. Third diagnostic test:

Specify the following for the second incidence of Zygomycetes infection:

55. Specify the site of infection:

56. Specify the date of onset:
Month Day Year

Specify the diagnostic test(s) used to confirm the second incidence of infection:

57. First diagnostic test: 58. Second diagnostic test: 59. Third diagnostic test:

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History of Antifungal Therapy

For each infection listed at questions 1–59, complete the antifungal therapy section below. For post-preparative regimen infections, include therapy (treatment) given up to 6 months after the diagnosis of the infection.

For the therapy table below, see codes on page 6. Therapy paused for < 1 week should *not* be considered as “Therapy Stopped.” If > 3 courses of therapy were given, copy this section and complete for each additional course.

Therapy Given?	Date Started			Daily Dose	Reason Started	Therapy Stopped?	Date Stopped			Reason Stopped
	Month	Day	Year	mg	Code		Month	Day	Year	Code
IV amphotericin (Fungizone)										
60. First course										
1 <input type="checkbox"/> yes →	61.	<input type="text"/>	<input type="text"/>	62.	<input type="text"/>	63.	<input type="text"/>	64. 1 <input type="checkbox"/> yes →	65.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
66. <input type="text"/>										
67. Second course										
1 <input type="checkbox"/> yes →	68.	<input type="text"/>	<input type="text"/>	69.	<input type="text"/>	70.	<input type="text"/>	71. 1 <input type="checkbox"/> yes →	72.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
73. <input type="text"/>										
74. Third course										
1 <input type="checkbox"/> yes →	75.	<input type="text"/>	<input type="text"/>	76.	<input type="text"/>	77.	<input type="text"/>	78. 1 <input type="checkbox"/> yes →	79.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
80. <input type="text"/>										
IV amphotericin lipid formulation (e.g., Abelcet, AmBisome, Amphotec)										
81. Specify therapy given: _____										
82. First course										
1 <input type="checkbox"/> yes →	83.	<input type="text"/>	<input type="text"/>	84.	<input type="text"/>	85.	<input type="text"/>	86. 1 <input type="checkbox"/> yes →	87.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
88. <input type="text"/>										
89. Second course										
1 <input type="checkbox"/> yes →	90.	<input type="text"/>	<input type="text"/>	91.	<input type="text"/>	92.	<input type="text"/>	93. 1 <input type="checkbox"/> yes →	94.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
95. <input type="text"/>										
96. Third course										
1 <input type="checkbox"/> yes →	97.	<input type="text"/>	<input type="text"/>	98.	<input type="text"/>	99.	<input type="text"/>	100. 1 <input type="checkbox"/> yes →	101.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
102. <input type="text"/>										
Caspofungin (Cancidas)										
103. First course										
1 <input type="checkbox"/> yes →	104.	<input type="text"/>	<input type="text"/>	105.	<input type="text"/>	106.	<input type="text"/>	107. 1 <input type="checkbox"/> yes →	108.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
109. <input type="text"/>										
110. Second course										
1 <input type="checkbox"/> yes →	111.	<input type="text"/>	<input type="text"/>	112.	<input type="text"/>	113.	<input type="text"/>	114. 1 <input type="checkbox"/> yes →	115.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
116. <input type="text"/>										
117. Third course										
1 <input type="checkbox"/> yes →	118.	<input type="text"/>	<input type="text"/>	119.	<input type="text"/>	120.	<input type="text"/>	121. 1 <input type="checkbox"/> yes →	122.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
123. <input type="text"/>										
Fluconazole (Diflucan)										
124. First course										
1 <input type="checkbox"/> yes →	125.	<input type="text"/>	<input type="text"/>	126.	<input type="text"/>	127.	<input type="text"/>	128. 1 <input type="checkbox"/> yes →	129.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
130. <input type="text"/>										
131. Second course										
1 <input type="checkbox"/> yes →	132.	<input type="text"/>	<input type="text"/>	133.	<input type="text"/>	134.	<input type="text"/>	135. 1 <input type="checkbox"/> yes →	136.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
137. <input type="text"/>										
138. Third course										
1 <input type="checkbox"/> yes →	139.	<input type="text"/>	<input type="text"/>	140.	<input type="text"/>	141.	<input type="text"/>	142. 1 <input type="checkbox"/> yes →	143.	<input type="text"/>
2 <input type="checkbox"/> no								2 <input type="checkbox"/> no		
144. <input type="text"/>										

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Itraconazole (Sporanox)

Therapy Given?	Date Started	Daily Dose	Reason Started	Therapy Stopped?	Date Stopped	Reason Stopped
	Month Day Year	mg	Code		Month Day Year	Code

145. First course
1 yes ➔ 146. 147. 148. 149. 1 yes ➔ 150. 151.
2 no 2 no

152. Second course
1 yes ➔ 153. 154. 155. 156. 1 yes ➔ 157. 158.
2 no 2 no

159. Third course
1 yes ➔ 160. 161. 162. 163. 1 yes ➔ 164. 165.
2 no 2 no

Micafungin (Mycamine)

166. First course
1 yes ➔ 167. 168. 169. 170. 1 yes ➔ 171. 172.
2 no 2 no

173. Second course
1 yes ➔ 174. 175. 176. 177. 1 yes ➔ 178. 179.
2 no 2 no

180. Third course
1 yes ➔ 181. 182. 183. 184. 1 yes ➔ 185. 186.
2 no 2 no

Posaconazole (Noxafil)

187. First course
1 yes ➔ 188. 189. 190. 191. 1 yes ➔ 192. 193.
2 no 2 no

194. Second course
1 yes ➔ 195. 196. 197. 198. 1 yes ➔ 199. 200.
2 no 2 no

201. Third course
1 yes ➔ 202. 203. 204. 205. 1 yes ➔ 206. 207.
2 no 2 no

Voriconazole (Vfend)

208. First course
1 yes ➔ 209. 210. 211. 212. 1 yes ➔ 213. 214.
2 no 2 no

215. Specify drug level: $\mu\text{g/mL}$ 216. Date: not tested / unknown

217. Specify drug level: $\mu\text{g/mL}$ 218. Date: not tested / unknown

219. Specify drug level: $\mu\text{g/mL}$ 220. Date: not tested / unknown

221. Second course
1 yes ➔ 222. 223. 224. 225. 1 yes ➔ 226. 227.
2 no 2 no

228. Specify drug level: $\mu\text{g/mL}$ 229. Date: not tested / unknown

230. Specify drug level: $\mu\text{g/mL}$ 231. Date: not tested / unknown

232. Specify drug level: $\mu\text{g/mL}$ 233. Date: not tested / unknown

Codes for Commonly Reported Fungal Organisms

211 Aspergillus flavus	219 Other aspergillus, specify above	230 Fusarium species	242 Rhizopus
212 Aspergillus fumigatus	210 Aspergillus, not otherwise specified	240 Zygomycetes, not otherwise specified	503 Suspected fungal infection
213 Aspergillus niger		241 Mucormycosis	

Codes for Common Sites of Infection

1 Blood / buffy coat	17 Large intestine	Genito-Urinary Tract	Other
2 Disseminated – generalized, isolated at 3 or more distinct sites	18 Feces / stool	41 Kidneys, renal pelvis, ureters and bladder	60 Central venous catheter, not specified
Central Nervous System	19 Peritoneum	42 Prostate	61 Catheter insertion or exit site
4 Brain	20 Liver	43 Testes	62 Catheter tip
5 Spinal cord	10 Gastrointestinal tract, not specified	44 Fallopian tubes, uterus, cervix	70 Eyes
6 Meninges and CSF	Respiratory Tract	45 Vagina	75 Ears
3 Central nervous system, not specified	31 Upper airway and nasopharynx	40 Genito-urinary tract, not specified	81 Joints
Gastrointestinal Tract	32 Laryngitis / larynx	Skin	82 Bone marrow
11 Lips	33 Lower respiratory tract (lung)	51 Genital area	83 Bone cortex (osteomyelitis)
12 Tongue, oral cavity and oro-pharynx	34 Pleural cavity, pleural fluid	52 Cellulitis	84 Muscle (excluding cardiac)
13 Esophagus	35 Sinuses	53 Herpes zoster	85 Cardiac (endocardium, myocardium, pericardium)
14 Stomach	30 Respiratory tract, not otherwise specified	54 Rash, pustules or abscesses not typical of any of the above	86 Lymph nodes
15 Gallbladder and biliary tree (not hepatitis), pancreas		50 Skin, not otherwise specified	87 Spleen
16 Small intestine			

Codes for Diagnostic Tests

1 Biopsy **2** Culture **3** Cytology **4** KOH / calcofluor stain **5** Aspergillus galactomannan assay **6** Unknown

Codes for Antifungal Therapy Started

1 Prophylaxis **2** Empiric therapy due to suspected infection **3** Documented infection **4** Planned post-HSCT therapy

Codes for Antifungal Therapy Stopped

1 Therapy complete **2** Toxicity **3** Infection worsened