



TEAM

IUBMID

8. Was treatment for aplastic anemia given since date of last report?

- 1  Yes
- 0  No

Specify treatments given:

	<u>Yes</u>	<u>No</u>	
9.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Androgens
10.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Corticosteroids
11.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	ATG, ALG, ATS
12.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Cyclosporine (other than for GVHD prophylaxis or treatment)
13.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other immune suppression (other than for GVHD prophylaxis or treatment), specify: _____
14.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Cytokines

Specify cytokines given:

	<u>Yes</u>	<u>No</u>	
15.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	IL3
16.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	GM-CSF
17.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	G-CSF
18.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Stem cell factor
19.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Erythropoietin
20.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other, specify: _____

21. 1  0  Other treatment, specify: \_\_\_\_\_

Retired – Not for Data Submission