



SUMMARY OF CANCER TREATMENT

This "Survivorship Passport" is a short summary extracted from the information reported in the medical record. It describes the disease and its clinical course as well the treatments you received. This document does not replace the medical record that is always available at our center. This document does not replace the medical record which is always available at the treatment center in case of need

Passport Number: 22025092913

PERSONAL DATA

Name	TEST	Lastname	TEST
Date of birth	01/01/1998	Sex	Female
Place of birth	PLACE OF BIRTH		
Email	test.test@outlook.it		
Mobile phone	1123456789		

DIAGNOSIS

Date of diagnosis	10/08/1998
Institution	Center 002
Classification	3 - Malignant, primary site
Diagnosis	Juvenile myelomonocytic leukemia
Diagnosis (morphology)	Juvenile myelomonocytic leukemia
Site	Bone marrow
Laterality	Not applicable (Tumor in a not paired site)
Metastatic	No
Genetic markers	Genetic markers
Stage/Risk	Stage/Risk

OTHER DISEASES

Hereditary Cancer Predisposition Syndrome or medical condition cancer associated	No
Other medical conditions, not cancer associated	No

FIRST-LINE TREATMENTS

The treatment has been executed following	Personalized
If personalized, specify	PERSONALIZED PROTOCOL WITH THIIOGUANINE AND LOW DOSES OF CYTARABINE, FLAG PROTOCOL
Summary of major treatments	Chemotherapy Yes HSCT Yes Radiotherapy Yes Major Surgery Yes
Progression/Relapse during first-line treatment	Yes
Date of first elective end of treatment	25/06/2001
Complete remission	NK

CHEMOTHERAPY

FIRST LINE

Start date	18/08/1998	End date	24/06/2001
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ANTINEOPLASTIC AGENTS

Drug name	Total cumulative dose	Measure unit
Cyclophosphamide	6500 (Dose estimated)	mg/m2
Melphalan	138.38 (Dose given)	mg/m2
Busulfan	270.98 (Dose given)	mg/m2
Thiotepa	440.44 (Dose given)	mg/m2
Methotrexate	19.19 (Dose given)	gr/m2
Thioguanine	NC	-
Fludarabine	140 (Dose estimated)	mg/m2
Cytarabine	20666 (Dose estimated)	mg/m2
Etoposide	1868 (Dose given)	mg/m2
Filgrastim	NC	-
Alemtuzumab	NC	-
Infliximab	NC	-

Ciclosporin	NC	-
Tacrolimus	NC	-
Intrathecal injections (0)	No	

OTHER TREATMENTS

Other treatments	No
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HSCT

CLINICAL COURSE

Date of transplant	25/06/2001
Type of transplant	Allogenic
Type of donor for allogenic transplant	matched related
Type of donor for matched related donor	matched related – sibling
Source of cells	bone marrow
Conditioning regimen: drugs used	busulfan, endoxan, melphalan
GVHD prophylaxis	Yes
GVHD Acute	Yes, Grade: 2
GVHD Chronic	No
Organs affected	cute
Blood type before transplant	O (Rh +)
Blood type after transplant	O (Rh +)
Date of end of immunosuppressive treatment after HSCT	10/02/2002

RADIATION THERAPY EPISODE

FIRST LINE

Type of radiotherapy	External beam: Linac (Linear Accelerator) megavoltage MV X Rays/photons		
Start date	17/06/2001	End date	19/06/2001
Site (1)	Total body irradiation (TBI) entire body	Dose	9.9 Gy
Position	NK		
Shieldin	No		

MAJOR SURGERY

FIRST LINE

Date of surgery	30/03/2001
Surgery description	Splenectomy
Sacrificed Organs	Spleen

OTHER RELEVANT CLINICAL INFORMATION AND EVENTS

CLINICAL COURSE

Important toxicity during treatment	Yes
Toxicity number	1
	First toxicity
Date of event	03/06/1999
Description	Acinetobacter CVC-related sepsis
Resolved	Yes
CVC positioning	Yes (Removed)
If yes, specify the site	jugular vein
Catheter-related thrombosis	No
Transfusion	Yes
Last transfusion date	20/08/2001
Fertility preservation	No

CURRENT CHRONIC CONDITIONS: Gynecological: hypergonadotropic hypogonadism since 2007 currently undergoing therapy Thyroid: hyperthyrotropinemia with normal FT4 Metabolic: familial hypercholesterolemia, under treatment and cardiologic control Bone: Osteoporosi under D Vit

RECOMMENDATIONS FOR FOLLOW-UP

FOLLOW-UP RECOMMENDATIONS:

Here below are listed personalized follow-up recommendations, based on the treatments you received.

These advices are based on international experience with people who received similar treatments as you. They are meant to prevent and/or diagnose at an early stage possible future complications.

General recommendations:

A healthy lifestyle helps to maintain physical and mental wellbeing, as well as preventing possible diseases such as cardiovascular complications, tumors, and psychological problems. We therefore recommend you to:

- Maintain a normal body weight and engage in regular physical activity
- Eat plenty of fruits and vegetables, and reduce fat, sugar, and salt intake
- Maintain proper dental hygiene
- Avoid excessive sun exposure and remember to use high-protection sunscreen
- Don't smoke and avoid excessive alcohol intake
- Check your blood pressure periodically
- Report to your health care provider any experience of chronic pain, excessive fatigue and/or deterioration of performance in your daily activities (study, work and/or exercise)
- Adhere to all cancer screening programs that will be offered by the health system

The treatment plan created by the "SurPass" Class 1 Medical Device developed from Cineca.

You could be at risk of	Since you was treated with	Therefore it is recommended that
Overweight and obesity	- Including TBI	Check your weight and height and then calculate your BMI (body mass index) every 2 years (normal adult values 18.5-24.9).
Hypothalamic-pituitary (HP) axis problems (Standard risk) Growth hormone deficiency (GHD) TSH deficiency (TSHD) LH/FSH deficiency (LH/FSHD) ACTH deficiency (ACTHD)	- Radiotherapy to a volume exposing the HP region < 30 Gy	In prepubertal period: Perform clinical check-up every 6 months to assess growth velocity and pubertal development. Measure fT4, TSH, and cortisol levels early in the morning every year; in case of lack of progression of pubertal development also check FSH and LH levels. In the post-pubertal period: - Perform a clinical check-up every year and in women also check the regularity of the menstrual cycle. - Check blood values of fT4, TSH, LH, FSH, IGF1 and cortisol early in the morning every year. - In men, also check total and free testosterone. - In women also check 17-beta estradiol Continue these check-ups for at least 15 years after diagnosis.
Impaired glucose metabolism and diabetes mellitus	- Including TBI	Check blood glucose levels and glycosylated haemoglobin levels at least every 5 years. Comments: February 2024: HbAC normal value
Hypertension	- Including TBI - Immunosuppressives treatment and prolonged steroids as anticancer treatment (at least 4 weeks, continuously)	Check blood pressure at least every 2 years and at every medical examination.
Osteonecrosis	- HSCT, especially with an history of GVHD - High dose RT	Report any persistent bone pain (particularly joint pain) to your doctor.
Subsequent breast cancer		Perform Mammography and Breast magnetic resonance imaging (MRI) should be performed annually from the eighth year after the end of radiotherapy, but not before the age of 25. These examinations should be continued until at least age 60. Comments: Added because of radiotherapy dose = 9.9 Gy
Subsequent colorectal cancer	- Including TBI	Check for occult blood in stool every three years from the age of 30. If the test is positive, a colonoscopy should be performed.
Subsequent CNS neoplasms	- Including TBI	Pay attention to the appearance of any neurological symptoms (e.g. persistent headache, visual disturbances, strength deficits) and report them to your doctor to discuss whether a neuro-radiological examination is necessary.

You could be at risk of	Since you was treated with	Therefore it is recommended that
Renal problems (Glomerular dysfunction)	- Including TBI - HSCT	Perform every 5 years: Urinalysis for creatinuria, proteinuria. Blood test for creatininemia and calculation of glomerular filtration rate (GFR). In case of nephrectomy, non-steroidal anti-inflammatory drugs should be used with caution.
Pulmonary problems	- Including TBI - Busulfan - Allogenic HSCT	Avoid active and passive smoking; Get annual flu and pneumococcal vaccines as indicated by your pediatrician/general practitioner; Perform a spirometry and carbon monoxide diffusion assessment (DLCO) at least once after the end of treatment and to be repeated in case of abnormalities; A clinical chest check-up must be performed by your pediatrician/ general practitioner at least every 5 years.
Liver problems	- Including TBI - HSCT (irrespective of GVHD) - Methotrexate - Mercaptopurine or Thioguanine - Busulfan	Regular clinical evaluation for signs and symptoms of liver dysfunction (e.g. hepatomegaly, spider nevi or pruritus). Transaminases, gammaGT and alkaline phosphatase should be measured at least once after treatment ends. In case of an increase in liver enzyme values: if between 1-2 times the normal value: repeat the test within 1 year. If more than 2 times the normal value: repeat the test within 2 months. In case of persistent liver abnormalities: Ask a hepatologist or gastroenterologist for further indications. If there is no obvious explanation (alcohol, medication, obesity) Avoid or use with caution potentially hepatotoxic drugs and supplements Consider immunisation against hepatitis A and B, if not already immune in case of chronic HBV / HCV infections discuss precautions to reduce viral transmission to family and sexual partners Comments: February 2024: normal values
Iron overload	- HSCT (irrespective of GVHD) - Multiple red blood cell transfusions	Perform the serum ferritin assay at least once after the end of treatment. Repeat test within 6 months if serum ferritin is above 500 ng/ml. In case of persistent hyperferritinemia, perform an MRI scan to quantify the iron content in the liver. If the latter is confirmed, ask a haematologist about the appropriate treatment (such as phlebotomy or chelation therapy).
Spleen problems	- Splenectomy - Allogenic HSCT (with or without TBI)	Complete the mandatory vaccination calendar and have pneumococcal, meningococcal and Haemophilus Influenzae vaccinations. Start broad-spectrum antibiotic therapy as soon as possible in case of: fever >38.3°C, animal bite with skin lesions, or other symptoms of severe infection (sepsis) such as cold/chills, low blood pressure, mental confusion and signs of rigidity. In such cases, blood count and blood culture should be performed immediately if possible. If travelling abroad, contact your local health authorities for information on the need for any prophylactic vaccinations.
Lower urinary tract problems	- Cyclophosphamide - Including TBI	Watch out for urinary symptoms (e.g. frequent urination, painful urination, urinary retention or blood in urine). If any of these symptoms occur, perform a urine test and urine culture and, if necessary, a urine cytology test. If the tests are pathological, a urological evaluation should be performed.
Gastro-intestinal problems	- Including TBI - Abdominal surgery	A gastroenterological evaluation should be performed in case of persistent abdominal symptoms such as abdominal pain, nausea, vomiting or bowel evacuation disorders.
Subsequent melanoma and non-melanoma skin cancer	- Any RT including TBI (predominantly in the RT field) - HSCT Especially with a history of skin GvHD	Protect yourself from the sun rays with highly protective sunscreen, especially on areas of the body that have been exposed to radiotherapy. Constantly check your skin paying attention to the appearance of new moles and/or changes in colour and size of those already present. Perform a dermatological check-up for mole mapping at least every 2 years.

	Planned for
Hypothalamic-pituitary (HP) axis problems (Standard risk)	
Growth hormone deficiency (GHD)	
TSH deficiency (TSHD)	October 2024: Endocrinological visit scheduled in our center
LH/FSH deficiency (LH/FSHD)	
ACTH deficiency (ACTHD)	
Impaired glucose metabolism and diabetes melitus	2026: Home check-up with medical request
Subsequent breast cancer	2026: Control scheduled in our center
Subsequent colorectal cancer	2029: Home check-up with medical request
Renal problems (Glomerular dysfunction)	2026: Home check-up with medical request

Data are updated to the date of issue of the passport or the date of the last clinical examination certified by the physician.

Passport issued by DE
Institution Center 002
Date of issue 09/10/2025

Signature of the doctor in charge:

