CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Acute Lymphoblastic Leukemia (ALL) Pre-Infusion Data

Registry Use Only
Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Event date: __ __ __ __ / __ __ / __ __
YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Subsequent Transplant or Cellular Therapy

If this is a report of a second or subsequent transplant or cellular therapy for the same disease subtype and this baseline disease insert has not been completed for the previous transplant (e.g. patient was on TED track for the prior HCT, prior HCT was autologous with no consent, prior cellular therapy was not reported to the CIBMTR), begin the form at question one.

If this is a report of a second or subsequent transplant or cellular therapy for a different disease, begin the form at question one.

Is this the report of a second or subsequent transplant or cellular therapy for the same disease?

☐ Yes - ***Go to question 20***

☐ No - ***Go to question 1***

Laboratory Studies at Diagnosis

Report findings prior to any first treatment of ALL.

1. WBC:
   - ☐ Known →
     2. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L
     3. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
   - ☐ Unknown

4. Blasts in blood:
   - ☐ Known →
     5. ___ ___ ___ %
     6. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
   - ☐ Unknown

7. Blasts in bone marrow:
   - ☐ Known →
     8. ___ ___ ___ %
     9. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
   - ☐ Unknown

10. Was extramedullary disease present?
    - ☐ Yes →

      Specify site(s) of disease:

      11. Central nervous system
          - ☐ Yes →
            12. Cerebrospinal fluid (CSF) ☐ Yes ☐ No
            13. Parenchyma (brain) ☐ Yes ☐ No
          - ☐ No

      14. Mediastinum ☐ Yes ☐ No
      15. Skin ☐ Yes ☐ No
      16. Soft tissue (soft tissue mass / granulocytic sarcoma) ☐ Yes ☐ No
      17. Testes / ovaries ☐ Yes ☐ No
      18. Other site
          - ☐ Yes →
            19. Specify other site: _____
          - ☐ No
    - ☐ No
    - ☐ Unknown

Pre-HCT or Pre-Infusion Therapy

20. Was central nervous system prophylaxis given?
- ☐ Yes →
- ☐ No
- ☐ Unknown

Specify prophylaxis:

21. Cranial irradiation ☐ Yes ☐ No
22. Craniospinal irradiation ☐ Yes ☐ No
23. High-dose methotrexate ☐ Yes ☐ No
24. Intrathecal therapy (chemotherapy) ☐ Yes ☐ No
25. Other prophylaxis
- ☐ Yes →
- ☐ No

26. Specify prophylaxis:_____

27. Was therapy given?
- ☐ Yes →
- ☐ No

Line of Therapy:

28. Purpose of therapy:
- ☐ Induction
- ☐ Consolidation
- ☐ Maintenance
- ☐ Treatment for disease relapse

29. Intrathecal therapy ☐ Yes ☐ No

30. Systemic therapy
- ☐ Yes →
- ☐ No

31. Date therapy started:
- ☐ Known →
- ☐ Unknown

32. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

33. Date therapy stopped:
- ☐ Known →
- ☐ Unknown

34. Date stopped: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

35. Number of cycles:
- ☐ Known →
- ☐ Unknown

36. Number of cycles: ___ ___

37. Specify systemic therapy: (check all that apply for this line of therapy)

- ☐ Blinatumomab (Blincyto)
- ☐ Chemotherapy
- ☐ Dasatinib (Sprycel)
- ☐ Imatinib (Gleevec)
- ☐ Inotuzumab
- ☐ Nilotinib (AMN107, Tasignal)
- ☐ Ponatinib (Iclusig)
- ☐ Rituximab (Rituxan, MabThera)
- ☐ Other systemic therapy →

38. Specify other systemic therapy: _____

39. Radiation therapy:

- ☐ Yes →
- ☐ No

40. Date therapy started:

- ☐ Known →
- ☐ Unknown

41. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

42. Date therapy stopped:

- ☐ Known →
- ☐ Unknown

43. Date stopped: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

Specify site(s) of radiation therapy:

44. Central nervous system:

- ☐ Yes →
- ☐ No

Specify CNS irradiation:

45. Cranial ☐ Yes ☐ No

46. Craniospinal ☐ Yes ☐ No

47. Other site:

- ☐ Yes →
- ☐ No

48. Specify other site: _____

49. Cellular therapy (e.g. CAR T-cell) ☐ Yes ☐ No

50. Best Response to Line of Therapy:

☐ Complete remission (CR) **– All of the following response criteria without progression for at least four weeks: < 5% blasts in the bone marrow, no blasts with Auer rods, no extramedullary disease (e.g., central nervous system or soft tissue involvement), ANC of ≥ 1,000/µL, Platelets ≥ 100,000/ µL**

☐ Complete remission with incomplete hematologic recovery (CRi) **– All CR criteria except for residual neutropenia (<1000/µl) and/or thrombocytopenia (<100,000/µl)**

☐ No complete remission

51. Date assessed: __ __ __ __ / __ __ / __ __
YYYY MM DD

52. Was the recipient MRD negative following this line of therapy? ☐ Yes ☐ No

53. Did the recipient relapse following this line of therapy?

☐ Yes →
☐ No

54. Date of relapse: __ __ __ __ / __ __ / __ __
YYYY MM DD

Specify sites of disease relapse:

55. Central nervous system

☐ Yes →
☐ No

56. Cerebrospinal fluid (CSF) ☐ Yes ☐ No

57. Parenchyma (brain) ☐ Yes ☐ No

58. Mediastinum ☐ Yes ☐ No

59. Skin ☐ Yes ☐ No

60. Soft tissue (soft tissue mass / granulocytic sarcoma) ☐ Yes ☐ No

61. Testes / ovaries ☐ Yes ☐ No

62. Other site

☐ Yes →
☐ No

63. Specify other site: _____

Copy questions 28-63 if needed for multiple lines of therapy.

Laboratory Studies at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

64. WBC:
- ☐ Known →
- ☐ Unknown

65. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

66. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

67. Blasts in blood
- ☐ Known →
- ☐ Unknown

68. ___ ___ ___ %

69. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

70. Blasts in bone marrow
- ☐ Known →
- ☐ Unknown

71. ___ ___ ___ %

72. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

73. Was flow cytometry performed?
- ☐ Yes →
- ☐ No
- ☐ Unknown

Specify tissue and results at last evaluation prior to the start of the preparative regimen:

74. Blood
- ☐ Yes →
- ☐ No

75. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

76. Was disease detected?
- ☐ Yes →
- ☐ No

77. Specify percent disease detected:
___ ___ • ___ ___ ___ %

78. Bone marrow
- ☐ Yes →
- ☐ No

79. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

80. Was disease detected?
- ☐ Yes →
- ☐ No

81. Specify percent disease detected:
___ ___ • ___ ___ ___ %

82. Was extramedullary disease present?

☐ Yes → **Specify site(s) of disease:**

☐ No

☐ Unknown

83. Central nervous system

☐ Yes →

☐ No

84. Cerebrospinal fluid (CSF) ☐ Yes ☐ No

85. Parenchyma (brain) ☐ Yes ☐ No

86. Mediastinum ☐ Yes ☐ No

87. Skin ☐ Yes ☐ No

88. Soft tissue (soft tissue mass / granulocytic sarcoma) ☐ Yes ☐ No

89. Testes / ovaries ☐ Yes ☐ No

90. Other site

☐ Yes →

☐ No

91. Specify other site: _____

First Name: _____

Last Name:_____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD