



## Supplemental Form — Study R02-09 AML / ALL

### CIBMTR Use Only

Sequence  
Number:

Date  
Received:

Form ID  
Number:

 - 

CIBMTR Center Number:

CIBMTR Recipient ID:

Recipient NMDP ID:  -  -  NMDP TC Code:

Recipient Local ID (NMDP only):

CIBMTR Team:  CIBMTR IUBMID:   
Institutional unique blood or marrow transplant ID number

Today's Date:          
Month Day Year

Date of HSCT for which this form is being completed:        
Month Day Year

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

Product type:  marrow  PBSC  cord blood  other product, specify: \_\_\_\_\_

This is a supplement to the report Forms previously submitted to CIBMTR (formerly IBMTR/ABMTR) and NMDP. Before starting the supplement we suggest pulling the copy of the legacy Disease Insert(s) submitted for the recipient's first HSCT through the time of first relapse post-HSCT and using it for reference. Potential Forms include: 095-AML, 095-AMLFU, 095-ALL, 095-ALLFU, NMDP 120 insert I, 120 insert II, 520 insert I, 520 insert II, 620 insert I, 620 insert II, 130, 530, 630, 140, 540 or 640.

This will help identify why questions in the supplemental Form are set up the way they are. Reference to data reported should come from the recipient's medical record to help confirm the data originally reported is accurate.

All questions in this study refer to the period after the recipient's first HSCT. The subjects (recipients) were reported as having a Post-HSCT relapse treated by DCI (e.g., donor lymphocyte infusion). If a DCI was not given to treat relapse Post-HSCT #1, CIBMTR Check here  and submit form. NMDP use Error Correction Form and do not complete this Form.

*New Supplemental data questions are designated by this font. These questions should be answered for AML / ALL HSCT recipients included in this study.*

I have reviewed the recipient's medical record and the data previously reported is confirmed accurate. If yes, check here . If no:

- This form also includes questions that appeared on the CIBMTR or NMDP Disease Insert previously submitted by your center. Corrections to CIBMTR data should be made on this Form.
- Corrections to NMDP data should be made on NMDP Error Correction forms and submitted with this Supplemental Form.

See Supplement Form - Sup-R02-09 Manual for additional information to complete this form.

### FORM ABBREVIATION KEY

CIBMTR Forms 095-AML and 095-ALL

NMDP Forms 120 insert I, 120 insert II, 520 insert I, 520 insert II, 620 insert I, 620 insert II, 130, 530, 630, 140, 540, 640

CIBMTR Team:

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## Pre-HSCT Details

1. Were cytogenetics tested at diagnosis, before start of treatment? {AML Q28} {ALL Q10} {120-I Q18} {120-II Q9}

**Note: In order to compare cytogenetic, FISH and/or molecular test results at relapse, confirm data reported on the legacy Report Form "at diagnosis" as well. If corrections to the legacy "at diagnosis" data is needed make 095 Report Form corrections on this Form, send an Error Correction Form for any NMDP Form corrections.**

- 1  yes →  
2  no

2. AML results of test at diagnosis, before start of treatment:

- 1  yes abnormalities identified  
2  no evaluable metaphases → **go to question 20**  
3  no abnormalities →

Specify abnormalities:

3. -5/5q- {AML Q31} {120-I Q21c} 1  yes 2  no  
4. -7/7q- {AML Q32} 1  yes 2  no  
5. -20/20q- {AML Q33} 1  yes 2  no  
6. +8 {AML Q34} 1  yes 2  no  
7. +21 {AML Q35} 1  yes 2  no  
8. Abnormal 3q {AML Q36} 1  yes 2  no  
9. Abnormal 11q {AML Q37} 1  yes 2  no  
10. Abnormal 16q {AML Q38} {120 Q21d} 1  yes 2  no  
11. t(1;7) {AML Q39} 1  yes 2  no  
12. t(5;7) {AML Q40} 1  yes 2  no  
13. t(6;9) {AML Q41} 1  yes 2  no  
14. t(8;16) {AML Q42} 1  yes 2  no  
15. t(8;21) {AML Q43} {120-I Q21a} 1  yes 2  no  
16. t(9;22) {AML Q44} 1  yes 2  no  
17. t(15;17) {AML Q45} {120-I Q21b} 1  yes 2  no  
18. Other {AML Q46} {120-I Q21e} 1  yes 2  no

19. Specify: {AML Q46} {120-I Q21e} \_\_\_\_\_

20. ALL results of test at diagnosis, before start of treatment:

- 1  yes abnormalities identified  
2  no evaluable metaphases → **go to question 37**  
3  no abnormalities →

Specify abnormalities:

21. Hyperdiploid (> 50 chromosomes) {ALL Q13} {120-II Q12a} 1  yes 2  no 3  unknown  
22. Hypodiploid {ALL Q14} {120-II Q12b} 1  yes 2  no 3  unknown  
23. +10 {ALL Q15} 1  yes 2  no 3  unknown  
24. +14 {ALL Q16} 1  yes 2  no 3  unknown  
25. +21 {ALL Q17} 1  yes 2  no 3  unknown  
26. 6q- {ALL Q18} 1  yes 2  no 3  unknown  
27. 14q+ {ALL Q19} 1  yes 2  no 3  unknown  
28. t(1;19) {ALL Q20} 1  yes 2  no 3  unknown  
29. t(4;11) {ALL Q21} {120-II Q12f} 1  yes 2  no 3  unknown

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30. t(8;14) {ALL Q22} {120-II Q12d} 1  yes 2  no 3  unknown  
31. t(9;22) {ALL Q23} {120-II Q12c} 1  yes 2  no 3  unknown  
32. t(10;14) {ALL Q24} 1  yes 2  no 3  unknown  
33. t(11;14) {ALL Q25} 1  yes 2  no 3  unknown  
34. t(14;18) {ALL Q26} {120-II Q12e} 1  yes 2  no 3  unknown  
35. Other {ALL Q27} {120-II Q12g} 1  yes 2  no 3  unknown  
36. Specify karyotype: {ALL Q27} {120-II Q12g} \_\_\_\_\_

37. Was genetic testing using FISH performed at diagnosis?

- 1  yes  
2  no

38. Results of FISH testing at diagnosis:

- 1  yes abnormalities identified  
2  not evaluable  
3  no abnormalities

**go to question 70**

Specify abnormalities:

39. -5/5q- 1  yes 2  no 3  unknown  
40. -7/7q- 1  yes 2  no 3  unknown  
41. -20/20q- 1  yes 2  no 3  unknown  
42. +8 1  yes 2  no 3  unknown  
43. +21 1  yes 2  no 3  unknown  
44. Abnormal 3q 1  yes 2  no 3  unknown  
45. Abnormal 11q 1  yes 2  no 3  unknown  
46. Abnormal 16q 1  yes 2  no 3  unknown  
47. t(1;7) 1  yes 2  no 3  unknown  
48. t(5;7) 1  yes 2  no 3  unknown  
49. t(6;9) 1  yes 2  no 3  unknown  
50. t(8;16) 1  yes 2  no 3  unknown  
51. t(8;21) 1  yes 2  no 3  unknown  
52. t(9;22) 1  yes 2  no 3  unknown  
53. t(15;17) 1  yes 2  no 3  unknown  
54. Hyperdiploid (> 50 chromosomes) 1  yes 2  no 3  unknown  
55. Hypodiploid 1  yes 2  no 3  unknown  
56. +10 1  yes 2  no 3  unknown  
57. +14 1  yes 2  no 3  unknown  
58. +21 1  yes 2  no 3  unknown  
59. 6q- 1  yes 2  no 3  unknown  
60. 14q+ 1  yes 2  no 3  unknown  
61. t(1;19) 1  yes 2  no 3  unknown  
62. t(4;11) 1  yes 2  no 3  unknown  
63. t(8;14) 1  yes 2  no 3  unknown  
64. t(9;22) 1  yes 2  no 3  unknown  
65. t(10;14) 1  yes 2  no 3  unknown  
66. t(11;14) 1  yes 2  no 3  unknown  
67. t(14;18) 1  yes 2  no 3  unknown

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68. Other abnormality 1  yes 2  no 3  unknown  
69. Specify other abnormality: \_\_\_\_\_

70. Were tests (e.g., PCR) for BCR/ABL or other molecular markers done at any time prior to conditioning? {ALL Q60}. Also answer this question for AML.

**Note: In order to compare cytogenetic, FISH and/or molecular test results at relapse, confirm data reported on the legacy Report Form "at diagnosis" as well. If corrections to the legacy "at any time prior to conditioning" data is needed make 095 Report Form corrections on this Form, send an Error Correction Form for any NMDP Form corrections.**

1  yes  
2  no

Specify markers tested:

71. BCR / ABL {ALL Q61}  
1  yes →  
2  no

72. If yes: {ALL Q62}  
1  positive  
2  negative  
3  unknown

73. Other {ALL Q63}  
1  yes →  
2  no

74. Specify: {ALL Q63}  
\_\_\_\_\_  
75. If yes: {ALL Q64}  
1  positive  
2  negative  
3  unknown

Specify marker tested:      Specify molecular marker result:

76. FLT3 - ITD  
1  yes → 77. 1  positive 2  negative 3  unknown  
2  no

78. FLT3 - TKD / other (non-ITD)  
1  yes → 79. 1  positive 2  negative 3  unknown  
2  no

80. t(1;19) E2A / PBX1  
1  yes → 81. 1  positive 2  negative 3  unknown  
2  no

82. t(12;21) TEL / AML1  
1  yes → 83. 1  positive 2  negative 3  unknown  
2  no

84. t(4;11) MLL / AF4  
1  yes → 85. 1  positive 2  negative 3  unknown  
2  no

86. t(15;17) PML / RARa  
1  yes → 87. 1  positive 2  negative 3  unknown  
2  no

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88. *t(8;21) AML1 / ETO*

1  yes  $\longrightarrow$  89. 1  positive 2  negative 3  unknown  
2  no

90. *inv(16) CBFβ / MYH11*

1  yes  $\longrightarrow$  91. 1  positive 2  negative 3  unknown  
2  no

## Post-HSCT Details

92. Did the disease (AML or ALL) relapse post-HSCT #1?

1  in continuous complete remission posttransplant {AML Q129} {ALL Q109}  $\longrightarrow$  **Stop and submit this form**

2  yes, therapy-induced complete remission after persistent or recurrent leukemia posttransplant {AML Q129} {ALL Q109}  $\longrightarrow$

3  yes, relapse or persistent disease {AML Q129} {ALL Q109}  $\longrightarrow$

4  no

**Stop and submit this form**

93. Date of relapse {AML Q130} {ALL Q110} {130 Q99}:

Month Day Year

Site of recurrent AML or ALL:

94. Bone marrow {AML Q131} {ALL Q111} {130 Q100a}

1  yes  
2  no

95. CNS {AML Q132} {ALL Q112} {130 Q100b}

1  yes  
2  no

96. Testes {AML Q133} {ALL Q113} {130 Q100c}

1  yes  
2  no

97. Other site {AML Q134} {ALL Q114} {130 Q100d}

1  yes  $\longrightarrow$   
2  no

98. Skin

1  yes  
2  no

99. Other, specify {AML Q134} {ALL Q114} {130 Q100d}:  
\_\_\_\_\_

Studies done on peripheral blood or marrow at time of relapse post-HSCT #1:

100. Was flow cytometry tested for blasts?

1  yes  $\longrightarrow$   
2  no

101. Results?

1  positive  $\longrightarrow$   
2  negative

102. Blasts in bone marrow by flow:    %  not tested

103. Blasts in peripheral blood by flow:    %  not tested

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104. Were cytogenetics tested at relapse post-HSCT #1?

- 1  yes →  
2  no

105. Results of cytogenetic testing at diagnosis:

- 1  yes abnormalities identified, same as at diagnosis  
2  yes abnormalities identified, different from those at diagnosis  
3  no evaluable metaphases  
4  no abnormalities

106. Was genetic testing using FISH performed at the time of relapse post-HSCT#1?

- 1  yes →  
2  no

107. Results of FISH testing at the time of relapse post-HSCT#1:

- 1  yes abnormalities identified, same as at diagnosis  
2  yes abnormalities identified, different from those at diagnosis  
3  not evaluable  
4  no abnormalities

108. Were tests for BCR/ABL or other molecular markers done at the time of relapse post-HSCT#1?

- 1  yes →  
2  no

109. Results of BCR/ABL testing at the time of relapse post-HSCT#1:

- 1  yes abnormalities identified, same as at diagnosis  
2  yes abnormalities identified, different from those at diagnosis  
3  not evaluable  
4  no abnormalities

110. Was recipient treated for post-transplant relapse or persistent disease? {AML Q135} {ALL Q115} {130 Q101}

- 1  yes →  
2  no

Specify treatment(s):

111. Chemotherapy {AML Q138} {ALL Q118} {130 Q102b}

- 1  yes →  
2  no

112. Chemotherapy (e.g., 3+7 anthracycline-cytarabine (araC); high dose araC; mitoxantrone / etoposide; mitoxantrone / etoposide / araC (MEC); fludarabine / araC / GCSF (FLAG); hyperCVAD)

- 1  yes  
2  no

113. Hypomethylating agents, e.g., azacitidine, decitabine; others including clinical trial / study drug

- 1  yes  
2  no

114. Tyrosine kinase inhibitors, e.g., imatinib, dasatinib, nilotinib, others including clinical trial / study drug

- 1  yes  
2  no

115. Other regimen

- 1  yes →  
2  no

116. Specify:  
\_\_\_\_\_

117. Donor leukocytes {AML Q141} {ALL Q121} {130 Q102e}

- 1  yes  
2  no

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118. Growth factors {AML Q143} {ALL Q123} {130 Q102g}

- 1  yes  
2  no

119. Specify: {AML Q143} {ALL Q123} {130 Q102g}

120. Immunotoxins {AML Q140} {ALL Q120} {130 Q102d}

- 1  yes  
2  no

121. Gemtuzumab

- 1  yes  
2  no

122. Interferon alpha {AML Q137} {ALL Q117} {130 Q102a}

- 1  yes  
2  no

123. Interferon gamma {AML Q136} {ALL Q116}

- 1  yes  
2  no

124. Second HSCT {AML Q142} {ALL Q122} {130 Q102f}

- 1  yes  
2  no

125. Specify second HSCT type:

- 1  allogeneic  
2  autologous

126. Withdrawal of immune suppression {AML Q139} {ALL Q119} {130 Q102c}

- 1  yes  
2  no

127. Other {AML Q144} {ALL Q124} {130 Q102h}

- 1  yes  
2  no

128. Specify: {AML Q144} {ALL Q124} {130 Q102h}

**Note: Legacy Report Forms included DLI {AML Q141} {ALL Q121} {130 Q102e} and second HSCT {AML Q142} {ALL Q122} {130 Q102f} as post-HSCT therapy; however, for this study cut off the response to treatment prior to either of those therapies. Only answer 'complete remission achieved – yes' if it was attained without DLI or second HSCT prior to the DLI.**

129. Was complete remission achieved *before the DCI/DLI* {AML Q145} {ALL Q125}?

- 1  yes  
2  no  
3  unknown

## Pre-DCI Information

### Hematologic Findings Just Prior to DCI Infusion:

{AML Qs. 85-88} & {ALL Qs. 65-68} are from the disease insert associated with the DLI infusion.

130. WBC {AML Q85} {ALL Q65}:    .  x 10<sup>9</sup>/L (or 10<sup>3</sup>/mm<sup>3</sup>)

131. Blasts in blood {AML Q86} {ALL Q66}: (by morphology NOT flow)    %

CIBMTR Team:

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132. Blasts in bone marrow {AML Q87} {ALL Q67}: (*by morphology NOT flow*)  %

133. Date of bone marrow examination {AML Q88} {ALL Q68}:  
    
Month Day Year

**{AML Qs. 89-91} & {ALL Qs. 69-71} are from the disease insert associated with the DLI infusion.**

134. Was extramedullary leukemia present *just prior to DCI Infusion* {AML Q89} {ALL Q69}?

- 1  yes  
2  no  
3  unknown

Specify site:

135. Central nervous system {AML Q90} {ALL Q70}

- 1  yes  
2  no

136. Other site {AML Q91} {ALL Q71}

- 1  yes  
2  no

137. Skin

- 1  yes  
2  no

138. Other, specify {AML Q91} {ALL Q71}: \_\_\_\_\_

**{AML Qs. 117-118} & {ALL Qs. 96-98} are from the disease insert associated with the DLI infusion. This represents the last disease status after the first relapse and just before the DCI / DLI.**

139. Disease state of AML or ALL *immediately prior to DLI* {AML Q117} {ALL Q96}:

- 1  first complete remission  
2  second complete remission  
3  third complete remission  
4  ≥ fourth complete remission  
5  first relapse  
6  ≥ second relapse  
7  unknown

*If recipient not in CR at the time of DLI:*

140. 1  yes 2  no 3  unknown *Disease present by blood and/or bone marrow (morphology)*  
141. 1  yes 2  no 3  unknown *Disease present by flow cytometry*  
142. 1  yes 2  no 3  unknown *Disease present by cytogenetics/FISH*  
143. 1  yes 2  no 3  unknown *Disease present by molecular/PCR*

144. Date this disease state was first achieved {AML Q118} {ALL Q98}:

Month

Day

Year

## DCI Information

**These data are from the Graft Insert for the DCI-RF (DCIG). If a DCIG was completed, make corrections if needed, and answer the supplemental Qs 165 (if applicable) and 262–271. If no DCIG, answer all questions. NMDP answer all questions.**

Source of DCI:

145. Collected at time of PBSC mobilization and collection {002-DCIG Q15}

- 1  yes  
2  no



CIBMTR Team:

CIBMTR IUBMID:

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146. Negative fraction of CD34 selected PBSC {002-DCIG Q16}

- 1  yes  
2  no

147. Negative fraction of CD34 selected BM {002-DCIG Q17}

- 1  yes  
2  no

148. Apheresis at a different time than collection of PBSC used for allogeneic transplant {002-DCIG Q18}

- 1  yes  
2  no

149. Isolated from a unit(s) of whole blood {002-DCIG Q19}

- 1  yes  
2  no

150. Specify number of units {002-DCIG Q20}:

151. Did donor receive treatment prior to donation to enhance cell collection {002-DCIG Q35}?

- 1  yes  
2  no  
3  unknown

152. Growth factors {002-DCIG Q36}

- 1  yes  
2  no  
3  unknown

153. G-CSF {002-DCIG Q37}

- 1  yes  
2  no  
3  unknown

154. GM-CSF {002-DCIG Q38}

- 1  yes  
2  no  
3  unknown

155. Other growth factors {002-DCIG Q39}

- 1  yes  
2  no  
3  unknown

156. Specify {002-DCIG Q40}:  
\_\_\_\_\_

157. Other treatment {002-DCIG Q41}

- 1  yes  
2  no  
3  unknown

158. Specify {002-DCIG Q41}:  
\_\_\_\_\_

159. Were the cells cryopreserved {002-DCIG Q43}?

- 1  yes  
2  no

160. Specify portion cryopreserved

- 1  all {002-DCIG Q44}  
2  some {002-DCIG Q44}

161. Were any DCIs reported on this Graft Insert manipulated {002-DCIG Q48}?

**Note: only report on the product infused, not on product saved.**

- 1  yes  
2  no  
3  unknown

162. Specify portion manipulated

- 1  all {002-DCIG Q49}  
2  some {002-DCIG Q49}

CIBMTR  
Team:

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Institutional unique blood or marrow transplant ID number

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NMDP ID:

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Specify all methods used to manipulate DCIs reported on this Graft Insert:

163. Dextran-albumin wash {002-DCIG Q50}

- 1  yes
- 2  no
- 3  unknown

164. Genetic manipulation (gene transfer / transduction) {002-DCIG Q51}

- 1  yes
- 2  no
- 3  unknown

165. Method: \_\_\_\_\_

166. CD34+ selection {002-DCIG Q52}

- 1  yes
- 2  no
- 3  unknown

167. Method {002-DCIG Q53}:  
\_\_\_\_\_

168. Manufacturer {002-DCIG Q54}:  
\_\_\_\_\_

169. T-cell depletion {002-DCIG Q55}

- 1  yes
- 2  no
- 3  unknown

Method(s) of T-depletion

170. Antibody + complement {002-DCIG Q56}

- 1  yes → **Also complete questions 184–202**
- 2  no
- 3  unknown

171. Antibody + toxin {002-DCIG Q57}

- 1  yes → **Also complete questions 184–202**
- 2  no
- 3  unknown

172. Antibody affinity column {002-DCIG Q58}

- 1  yes → **Also complete questions 184–202**
- 2  no
- 3  unknown

173. Soybean lectin only {002-DCIG Q59}

- 1  yes
- 2  no
- 3  unknown

174. Sheep red blood cell rosetting only {002-DCIG Q60}

- 1  yes
- 2  no
- 3  unknown

175. Soybean lectin and sheep red blood cell rosetting {002-DCIG Q61}

- 1  yes
- 2  no
- 3  unknown

176. Elutriation {002-DCIG Q62}

- 1  yes
- 2  no
- 3  unknown

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177. Immunomagnetic beads {002-DCIG Q63}

- 1  yes → **Also complete questions 184–202**  
2  no  
3  unknown

178. Antibody coated plates {002-DCIG Q64}

- 1  yes → **Also complete questions 184–202**  
2  no  
3  unknown

179. Soybean lectin and antibody coated plates {002-DCIG Q65}

- 1  yes → **Also complete questions 184–202**  
2  no  
3  unknown

180. Other {002-DCIG Q66}

- 1  yes →  
2  no  
3  unknown

181. Specify other method(s) of T-depletion  
{002-DCIG Q67}:  
\_\_\_\_\_

182. Other manipulation {002-DCIG Q68}

- 1  yes →  
2  no  
3  unknown

183. Specify {002-DCIG Q69}:  
\_\_\_\_\_

184. Were antibodies used during graft manipulation {002-DCIG Q70}?

- 1  yes →  
2  no  
3  unknown

Method(s) of T-depletion

185. Anti CD2 {002-DCIG Q71}

- 1  yes  
2  no  
3  unknown

186. Anti CD4 depleted {002-DCIG Q73}

- 1  yes  
2  no  
3  unknown

187. Anti CD5 {002-DCIG Q74}

- 1  yes  
2  no  
3  unknown

188. Anti CD6 {002-DCIG Q75}

- 1  yes  
2  no  
3  unknown

189. Anti CD7 {002-DCIG Q76}

- 1  yes  
2  no  
3  unknown

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190. Anti CD8 depleted {002-DCIG Q77}

- 1  yes
- 2  no
- 3  unknown

191. Anti CD34 {002-DCIG Q78}

- 1  yes
- 2  no
- 3  unknown

192. Anti TCR alpha/beta (T10-B9) {002-DCIG Q78.2}

- 1  yes
- 2  no
- 3  unknown

193. OKT-3 {002-DCIG Q78.3}

- 1  yes
- 2  no
- 3  unknown

194. Other CD3 {002-DCIG Q78.4}

- 1  yes →
- 2  no
- 3  unknown

195. Specify {002-DCIG Q78.5}:  
\_\_\_\_\_

196. Anti CD52 {002-DCIG Q78.6}

- 1  yes →
- 2  no
- 3  unknown

197. Campath-NOS {002-DCIG Q78.7}

- 1  yes
- 2  no
- 3  unknown

198. Campath-1M {002-DCIG Q78.8}

- 1  yes
- 2  no
- 3  unknown

199. Campath-1G {002-DCIG Q78.9}

- 1  yes
- 2  no
- 3  unknown

200. Campath-1H {002-DCIG Q78.10}

- 1  yes
- 2  no
- 3  unknown

201. Other {002-DCIG Q79}

- 1  yes →
- 2  no
- 3  unknown

202. Specify {002-DCIG Q80}:  
\_\_\_\_\_

CIBMTR Team:

CIBMTR IUBMID:   
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Recipient NMDP ID:  -  -

Specify units:

203. Recipient actual weight {002-DCI Q31}:

1  kg  
2  lbs

204. Consecutive number of infusions within 28 days of first {002-DCIG Q151}:

205. Date of first infusion {002-DCIG Q152}:  /  /   
Month Day Year

**Provide total numbers of cells after processing. Do not report numbers of cells per kg. If cells were cryopreserved, give totals after processing, but before cryopreservation.**

		Number		Exponent		Percentage		
Nucleated cells {002-DCIG Q153}:	206.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{154}: 207.	<input type="text"/> % <input type="checkbox"/> not tested
CD34+ cells {002-DCIG Q155}:	208.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{156}: 209.	<input type="text"/> % <input type="checkbox"/> not tested
Megakaryocytic cells {002-DCIG Q157}:	210.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{158}: 211.	<input type="text"/> % <input type="checkbox"/> not tested
CD3+ cells {002-DCIG Q159}:	212.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{160}: 213.	<input type="text"/> % <input type="checkbox"/> not tested
CD4+ cells {002-DCIG Q161}:	214.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{162}: 215.	<input type="text"/> % <input type="checkbox"/> not tested
CD8+ cells {002-DCIG Q163}:	216.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{164}: 217.	<input type="text"/> % <input type="checkbox"/> not tested
NK cells {002-DCIG Q165}:	218.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{166}: 219.	<input type="text"/> % <input type="checkbox"/> not tested
Promyelocytes {002-DCIG Q167}:	220.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{168}: 221.	<input type="text"/> % <input type="checkbox"/> not tested
Metamyelocytes {002-DCIG Q169}:	222.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{170}: 223.	<input type="text"/> % <input type="checkbox"/> not tested
Myelocytes {002-DCIG Q171}:	224.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{172}: 225.	<input type="text"/> % <input type="checkbox"/> not tested
Granulocytes {002-DCIG Q173}:	226.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{174}: 227.	<input type="text"/> % <input type="checkbox"/> not tested
Monocytes {002-DCIG Q175}:	228.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{176}: 229.	<input type="text"/> % <input type="checkbox"/> not tested
Other cells {002-DCIG Q177}:	230.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{178}: 231.	<input type="text"/> % <input type="checkbox"/> not tested

232. Specify other cells {002-DCIG Q179}: \_\_\_\_\_

233. Date of second infusion {002-DCIG Q181}:  /  /   
Month Day Year

		Number		Exponent		Percentage		
Nucleated cells {002-DCIG Q182}:	234.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{183}: 235.	<input type="text"/> % <input type="checkbox"/> not tested
CD34+ cells {002-DCIG Q184}:	236.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{185}: 237.	<input type="text"/> % <input type="checkbox"/> not tested

CIBMTR Team:

CIBMTR IUBMID:   
Institutional unique blood or marrow transplant ID number

Recipient NMDP ID:  -  -

	Number	Exponent	Percentage	
Megakaryocytic cells {002-DCIG Q186}:	238. <input type="text"/>	x 10 <input type="text"/>	{187}: 239. <input type="text"/>	<input type="checkbox"/> not tested
CD3+ cells {002-DCIG Q188}:	240. <input type="text"/>	x 10 <input type="text"/>	{189}: 241. <input type="text"/>	<input type="checkbox"/> not tested
CD4+ cells {002-DCIG Q190}:	242. <input type="text"/>	x 10 <input type="text"/>	{191}: 243. <input type="text"/>	<input type="checkbox"/> not tested
CD8+ cells {002-DCIG Q192}:	244. <input type="text"/>	x 10 <input type="text"/>	{193}: 245. <input type="text"/>	<input type="checkbox"/> not tested
NK cells {002-DCIG Q194}:	246. <input type="text"/>	x 10 <input type="text"/>	{195}: 247. <input type="text"/>	<input type="checkbox"/> not tested
Promyelocytes {002-DCIG Q196}:	248. <input type="text"/>	x 10 <input type="text"/>	{197}: 249. <input type="text"/>	<input type="checkbox"/> not tested
Metamyelocytes {002-DCIG Q198}:	250. <input type="text"/>	x 10 <input type="text"/>	{199}: 251. <input type="text"/>	<input type="checkbox"/> not tested
Myelocytes {002-DCIG Q200}:	252. <input type="text"/>	x 10 <input type="text"/>	{201}: 253. <input type="text"/>	<input type="checkbox"/> not tested
Granulocytes {002-DCIG Q202}:	254. <input type="text"/>	x 10 <input type="text"/>	{203}: 255. <input type="text"/>	<input type="checkbox"/> not tested
Monocytes {002-DCIG Q204}:	256. <input type="text"/>	x 10 <input type="text"/>	{205}: 257. <input type="text"/>	<input type="checkbox"/> not tested
Other cells {002-DCIG Q206}:	258. <input type="text"/>	x 10 <input type="text"/>	{207}: 259. <input type="text"/>	<input type="checkbox"/> not tested

260. Specify other cells {002-DCIG Q208}: \_\_\_\_\_

261. Were more than 2 DCIs given within a 4-week period {002-DCI Q180}?

- 1  yes  
2  no

**If more than 2 DCIs were given, copy questions 205–232 and provide additional infusion data**

262. Was > 1 DCI infusion given?

- 1  yes  
2  no

Specify reason(s) for additional DCI infusion:

263. Planned protocol for multiple doses

- 1  yes  
2  no

264. No response to 1st infusion and no GVHD

- 1  yes  
2  no

265. Other reason

- 1  yes  
2  no

266. Specify other reason:  
\_\_\_\_\_

267. Reason unknown

- 1  yes  
2  no

268. Was a subsequent DCI given > 28 days from the date of the first DCI (see question 205)?

- 1  yes  
2  no

269. Specify date of subsequent DCI:

/  /   
Month Day Year

CIBMTR Team:

CIBMTR IUBMID:   
Institutional unique blood or marrow transplant ID number

Recipient NMDP ID:  -  -

270. Was a subsequent HSCT given after the date of the first DCI (see question 205)?

- 1  yes  
2  no

271. Specify date of subsequent HSCT:

Month Day Year

## "Post-DCI" Information

{AML Qs. 129-134} & {ALL Qs. 109-114} are from the disease insert associated with the DLI infusion. After the DCI/DLI(s) if the recipient achieved remission but relapsed again, tick option #3 and report the date of subsequent relapse in Q273. If remission was never achieved from the DCI/DLI(s), also tick option #3 and do not report a date of relapse, rather tick the box 'never in remission', as it refers to the period after the DCI/DLI(s).

272. Status of disease at time of this report or at time of death {AML Q129} {ALL Q109} {130 Q98}:

- 1  in continuous complete remission (CR) (posttransplant) post DCI/DLI  
2  therapy-induced (e.g., by DCI/DLI) CR after persistent or recurrent leukemia (posttransplant) post DCI/DLI  
3  relapse or persistent disease

273. Date of relapse {AML Q130} {ALL Q110} {130 Q99}:

Month Day Year

never in remission

Site of recurrent AML or ALL:

274. Bone marrow {AML Q131} {ALL Q111} {130 Q100a}

- 1  yes  
2  no

275. CNS {AML Q132} {ALL Q112} {130 Q100b}

- 1  yes  
2  no

276. Testes {AML Q133} {ALL Q113} {130 Q100c}

- 1  yes  
2  no

277. Other site {AML Q134} {ALL Q114} {130 Q100d}

- 1  yes  
2  no

278. Skin

- 1  yes  
2  no

279. Other, specify {AML Q134} {ALL Q114} {130 Q100d}:  
\_\_\_\_\_

280. Date of latest assessment for the disease status (see question 272):

Month Day Year

281. Signed: \_\_\_\_\_

Person completing form

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_