CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Chronic Myelogenous Leukemia (CML)
Pre-Infusion Data

Registry Use Only
Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___

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

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

HCT type: (check all that apply) ☐ Autologous ☐ Allogeneic, unrelated ☐ Allogeneic, related

Product type: (check all that apply)
☐ Bone marrow
☐ PBSC
☐ Single cord blood unit
☐ Multiple cord blood units
☐ Other product. Specify: _____

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CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient 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 or cellular therapy (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 186***

☐ No ***- Go to question 1***

Disease Assessment at Diagnosis

1. What was the date of diagnosis? __ __ __ __ / __ __ / __ __
   YYYY MM DD

2. What was the disease status? (at diagnosis)

   ☐ Chronic phase →

   ☐ Accelerated phase ***- Go to question 10***

   ☐ Blast phase ***- Go to question 9***

3. Specify the chronic phase risk score used: (at diagnosis)

   ☐ EUTOS ***- Go to question 4***

   ☐ Hasford ***- Go to question 5***

   ☐ Sokal ***- Go to question 6***

   ☐ Other ***- Go to question 7***

   ☐ Unknown ***- Go to question 12***

   In the treating provider's opinion, specify the risk score:

   4. Specify the EUTOS score: ___ ___ ***- Go to question 12***
   5. Specify the Hasford score: ___ ___ ___ ___
      - Go to question 12
   6. Specify the Sokal score: ___ . ___ ***- Go to question 12***
   7. Specify other chronic phase score: ____ ___ ___ ___
   8. Specify other chronic phase risk score used:
      _____ ***- Go to question 12***

9. Specify blast phase phenotype

   ☐ Lymphoid ☐ Myeloid ☐ Mixed phenotype ☐ Unknown

10. Specify the criteria used to establish accelerated phase or blast phase

    ☐ World Health Organization (WHO)

    ☐ International Bone Marrow Transplant Registry (IBMTR)

    ☐ Sokal

    ☐ MD Anderson

    ☐ European Leukemia Net

    ☐ Other → 11. Specify other criteria:_____ ____

    ☐ Unknown

12. Specify the spleen size: ___ ___ centimeters below left lower costal margin

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13. Was extramedullary disease present?
- ☐ Yes → **Specify site(s) of disease:**
  - 14. Central nervous system ☐ Yes ☐ No
  - 15. Granulocytic sarcoma ☐ Yes ☐ No
  - 16. Other site
    - ☐ Yes → 17. Specify other site: _____
    - ☐ No
- ☐ No
- ☐ Unknown

Laboratory Studies at Diagnosis

Report findings prior to any first treatment for CML:

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

21. Hemoglobin:
- ☐ Known →
  - 22. ___ ___ ___ ___ • ___ ___ ☐ g/dL ☐ g/L ☐ mmol/L
  - 23. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
  - 24. Was RBC transfused ≤ 30 days before date of test? ☐ Yes ☐ No
- ☐ Unknown

25. Platelets:
- ☐ Known →
  - 26. ___ ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L
  - 27. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
  - 28. Were platelets transfused ≤ 7 days before date of test? ☐ Yes ☐ No
- ☐ Unknown

29. Eosinophils:
- ☐ Known →
  - 30. ___ ___ %
  - 31. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ Unknown

32. Basophils:
- ☐ Known →
  - 33. ___ ___ %
  - 34. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ Unknown

35. Blasts in blood:
- ☐ Known →
  - 36. ___ ___ ___ %
  - 37. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ Unknown

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CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

38. Blasts in bone marrow:
- ☐ Known → 39. ___ ___ ___ %
  40. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ Unknown

41. Were cytogenetics tested (karyotyping or FISH)?
- ☐ Yes →
  42. Were cytogenetics tested via karyotyping?
  - ☐ Yes →
    43. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
    44. Results of test
    - ☐ Abnormalities identified →
      Specify cytogenetic abnormalities identified at diagnosis:
      45. ___ ___ % Ph+ metaphases (t(9;22)(q34;q11) and variants)
      46. Other abnormality
      - ☐ Yes → 47. Specify other abnormality: _____
      - ☐ No
      48. Was documentation submitted to the CIBMTR? ☐ Yes ☐ No
    - ☐ No evaluable metaphases
    - ☐ No abnormalities
  - ☐ No
  - ☐ Unknown
  49. Were cytogenetics tested via FISH?
  - ☐ Yes →
    50. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
    51. Results of test
    - ☐ Abnormalities identified →
      Specify cytogenetic abnormalities identified at diagnosis:
      52. ___ ___ % Ph+ metaphases (t(9;22)(q34;q11) and variants)
      53. Other abnormality
      - ☐ Yes → 54. Specify other abnormality: _____
      - ☐ No
      55. Was documentation submitted to the CIBMTR? ☐ Yes ☐ No
    - ☐ No evaluable metaphases
    - ☐ No abnormalities
  - ☐ No
  - ☐ Unknown
- ☐ No
- ☐ Unknown

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56. Were tests for molecular markers performed (e.g. PCR)?
- ☐ Yes →
- ☐ No
- ☐ Unknown

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

58. Was BCR / ABL detected?
- ☐ Yes →
- ☐ No

59. Specify BCR / ABL breakpoint
- ☐ p190
- ☐ p210
- ☐ p230
- ☐ Other breakpoint → 60. Specify other breakpoint: _____
- ☐ Unknown

61. Was BCR / ABL kinase domain mutation analysis performed?
- ☐ Yes →
- ☐ No
- ☐ Unknown

62. T315I
- ☐ Positive
- ☐ Negative
- ☐ Not done

63. WT
- ☐ Positive
- ☐ Negative
- ☐ Not done

64. L248V
- ☐ Positive
- ☐ Negative
- ☐ Not done

65. G250E
- ☐ Positive
- ☐ Negative
- ☐ Not done

66. Q252H
- ☐ Positive
- ☐ Negative
- ☐ Not done

67. Y253F
- ☐ Positive
- ☐ Negative
- ☐ Not done

68. E255K
- ☐ Positive
- ☐ Negative
- ☐ Not done

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69. E255V
- ☐ Positive
- ☐ Negative
- ☐ Not done

70. D276G
- ☐ Positive
- ☐ Negative
- ☐ Not done

71. E279K
- ☐ Positive
- ☐ Negative
- ☐ Not done

72. V299L
- ☐ Positive
- ☐ Negative
- ☐ Not done

73. F317L
- ☐ Positive
- ☐ Negative
- ☐ Not done

74. M351T
- ☐ Positive
- ☐ Negative
- ☐ Not done

75. F359V
- ☐ Positive
- ☐ Negative
- ☐ Not done

76. L384M
- ☐ Positive
- ☐ Negative
- ☐ Not done

77. H396P
- ☐ Positive
- ☐ Negative
- ☐ Not done

78. H396R
- ☐ Positive
- ☐ Negative
- ☐ Not done

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79. G398R
- ☐ Positive
- ☐ Negative
- ☐ Not done

80. F486S
- ☐ Positive
- ☐ Negative
- ☐ Not done

81. Other mutation
- ☐ Positive
- ☐ Negative
- ☐ Not done

82. Specify other mutation:

_____

83. Was documentation submitted to the CIBMTR? (e.g. pathology report) ☐ Yes ☐ No

Pre-HCT or Pre-Infusion Therapy

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

Line of Therapy

85. Systemic therapy
- ☐ Yes →
- ☐ No

86. Date therapy started
- ☐ Known →
- ☐ Unknown

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

88. Was therapy stopped?
- ☐ Yes →
- ☐ No

89. Date therapy stopped
- ☐ Known → 90. Date stopped: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
- ☐ Unknown

91. Specify reason therapy stopped:
- ☐ Toxicity
- ☐ Not tolerable
- ☐ Lack of response
- ☐ Disease progression
- ☐ Other → 92. Specify other reason: _____
- ☐ Unknown

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93. Bosutinib (Bosulif) ☐ Yes ☐ No
94. Busulfan (Busulfex, Myleran) ☐ Yes ☐ No
95. Corticosteroids ☐ Yes ☐ No
96. Cyclophosphamide (Cytoxan) ☐ Yes ☐ No
97. Cytarabine (Ara-C) ☐ Yes ☐ No
98. Dasatinib (Sprycel) ☐ Yes ☐ No
99. Daunorubicin (Cerubidine) ☐ Yes ☐ No
100. Doxorubicin (Adriamycin) ☐ Yes ☐ No
101. Homoharringtonine (HHT) ☐ Yes ☐ No
102. Hydroxyurea (Droxia, Hydrea) ☐ Yes ☐ No
103. Idarubicin (Idamycin) ☐ Yes ☐ No
104. Imatinib (Gleevec) ☐ Yes ☐ No
105. Interferon-α (Intron, Roferon) (includes PEG) ☐ Yes ☐ No
106. Methotrexate (MTX) (Amethopterin) ☐ Yes ☐ No
107. Nilotinib (AMN107, Tasigna) ☐ Yes ☐ No
108. Ponatinib (Iclusig) ☐ Yes ☐ No
109. Vincristine (VCR, Oncovin) ☐ Yes ☐ No
110. Other systemic therapy
☐ Yes → 111. Specify other systemic therapy: _____
☐ No

112. Radiation therapy
☐ Yes →
☐ No

113. Date therapy started
☐ Known → 114. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
☐ Unknown

115. Date therapy stopped
☐ Known → 116. Date stopped: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
☐ Unknown

Specify site(s) of radiation therapy:

117. Spleen ☐ Yes ☐ No
118. Other site(s)
☐ Yes → 119. Specify other site(s): _____
☐ No

120. Splenectomy ☐ Yes ☐ No

121. Other therapy
☐ Yes →
☐ No

122. Specify other therapy: _____

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Therapy response:

123. WBC
- ☐ Known → 124. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L
  125. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
  126. Were immature cells (i.e., myelocytes, promyelocytes or myeloblasts) noted on the WBC differential from the peripheral blood? ☐ Yes ☐ No ☐ Known
- ☐ Unknown

127. Basophils
- ☐ Known → 128. ___ ___ %
- ☐ Unknown

129. Platelets
- ☐ Known → 130. ___ ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L
  131. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
  132. Were platelets transfused ≤ 7 days before date of test? ☐ Yes ☐ No
- ☐ Unknown

133. Were cytogenetics tested (karyotyping or FISH)?
- ☐ Yes →
  134. Were cytogenetics tested via karyotyping?
  - ☐ Yes →
    135. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
    136. Results of test
    - ☐ Abnormalities identified →

      Specify cytogenetic abnormalities identified following this line of therapy:

      137. ___ ___ % Ph+ metaphases (t(9;22)(q34;q11) and variants)
    - ☐ No evaluable metaphases
    - ☐ No abnormalities
  - ☐ No
  - ☐ Unknown
- ☐ No
- ☐ Unknown

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138. Other abnormality
- ☐ Yes → 139. Specify other abnormality: _____
- ☐ No

140. Was documentation submitted to the CIBMTR?
☐ Yes ☐ No

141. Were cytogenetics tested via FISH?
- ☐ Yes →
  - 142. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
  - 143. Results of test
    - ☐ Abnormalities identified →
      Specify cytogenetic abnormalities identified following this line of therapy:
      - 144. ___ ___ % Ph+ metaphases (t(9;22)(q34;q11) and variants)
      - 145. Other abnormality
        - ☐ Yes → 146. Specify other abnormality: _____
        - ☐ No
      - 147. Was documentation submitted to the CIBMTR?
        ☐ Yes ☐ No
    - ☐ No evaluable metaphases
    - ☐ No abnormalities
- ☐ No
- ☐ Unknown

148. Were tests for molecular markers performed (e.g. PCR)?
- ☐ Yes →
  - 149. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)
  - 150. Was BCR / ABL detected?
    - ☐ Yes → 151. Specify level of detection
      - ☐ ≤ 0.1 %
      - ☐ > 0.1 %
      - ☐ ≥ 3-log reduction from standardized baseline
      - ☐ < 3-log reduction from standardized baseline
    - ☐ No
- ☐ No
- ☐ Unknown

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152. Was BCR/ABL level of detection reported on the standardized International Scale (IS)?

☐ Yes ☐ No

153. Were 2 consecutive tests performed? (quantitative and/or nested; of adequate quality [sensitivity $>10^4$])

☐ Yes ☐ No

154. Specify BCR / ABL breakpoint

☐ p190
☐ p210
☐ p230
☐ Other breakpoint → 155. Specify other breakpoint: _____
☐ Unknown

156. Was BCR / ABL kinase domain mutation analysis performed?

☐ Yes →
☐ No
☐ Unknown

157. T315I
☐ Positive
☐ Negative
☐ Not done

158. WT
☐ Positive
☐ Negative
☐ Not done

159. L248V
☐ Positive
☐ Negative
☐ Not done

160. G250E
☐ Positive
☐ Negative
☐ Not done

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161. Q252H
- ☐ Positive
- ☐ Negative
- ☐ Not done

162. Y253F
- ☐ Positive
- ☐ Negative
- ☐ Not done

163. E255K
- ☐ Positive
- ☐ Negative
- ☐ Not done

164. E255V
- ☐ Positive
- ☐ Negative
- ☐ Not done

165. D276G
- ☐ Positive
- ☐ Negative
- ☐ Not done

166. E279K
- ☐ Positive
- ☐ Negative
- ☐ Not done

167. V299L
- ☐ Positive
- ☐ Negative
- ☐ Not done

168. F317L
- ☐ Positive
- ☐ Negative
- ☐ Not done

169. M351T
- ☐ Positive
- ☐ Negative
- ☐ Not done

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170. F359V
- ☐ Positive
- ☐ Negative
- ☐ Not done

171. L384M
- ☐ Positive
- ☐ Negative
- ☐ Not done

172. H396P
- ☐ Positive
- ☐ Negative
- ☐ Not done

173. H396R
- ☐ Positive
- ☐ Negative
- ☐ Not done

174. G398R
- ☐ Positive
- ☐ Negative
- ☐ Not done

175. F486S
- ☐ Positive
- ☐ Negative
- ☐ Not done

176. Other mutation
- ☐ Positive
- ☐ Negative
- ☐ Not done

177. Specify other mutation:

_____

178. Was documentation submitted to the CIBMTR? (e.g. pathology report)

☐ Yes ☐ No

179. Specify the spleen size: ___ ___ centimeters below left lower costal margin

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180. Best response to line of therapy

- ☐ Complete hematologic response (CHR) ***- Go to question 181***
- ☐ Chronic phase ***- Go to question 181***
- ☐ Accelerated phase ***- Go to question 183***
- ☐ Blast phase ***- Go to question 182***

181. Specify level of best response:

- ☐ No cytogenetic response (No CyR) ***- Go to question 183***
- ☐ Minimal cytogenetic response ***- Go to question 183***
- ☐ Minor cytogenetic response ***- Go to question 183***
- ☐ Partial cytogenetic response (PCyR) ***- Go to question 183***
- ☐ Complete cytogenetic response (CCyR) ***- Go to question 183***
- ☐ Major molecular remission (MMR) ***- Go to question 183***
- ☐ Complete molecular remission (CMR) ***- Go to question 183***

182. Specify blast phase phenotype

☐ Lymphoid ☐ Myeloid ☐ Mixed phenotype ☐ Unknown

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

184. Did disease relapse/progress following this line of therapy?

- ☐ Yes →
- ☐ No

185. Date of relapse / progression: __ __ __ __ / __ __ / __ __
YYYY MM DD

Copy questions 85 - 185 if needed for multiple lines of therapy

Disease Assessment at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

186. Specify the spleen size: ___ ___ centimeters below left lower costal margin

187. Was extramedullary disease present?

- ☐ Yes →
- ☐ No
- ☐ Unknown

Specify site(s) of disease:

188. Central nervous system ☐ Yes ☐ No

189. Granulocytic sarcoma ☐ Yes ☐ No

190. Other site

- ☐ Yes →
- ☐ No

191. Specify other site: _____

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CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

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

192. Were immature cells (i.e., myelocytes, promyelocytes or myeloblasts) noted on the WBC differential from the peripheral blood?
☐ Yes ☐ No ☐ Unknown

193. Eosinophils:
☐ Known →
☐ Unknown

194. ___ ___ %

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

196. Basophils:
☐ Known →
☐ Unknown

197. ___ ___ %

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

199. Blasts in blood:
☐ Known →
☐ Unknown

200. ___ ___ ___ %

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

202. Blasts in bone marrow:
☐ Known →
☐ Unknown

203. ___ ___ ___ %

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

205. What was the status of bone marrow fibrosis prior to the preparative regimen / infusion?
☐ Absent →
☐ Mild →
☐ Moderate →
☐ Severe →
☐ Unknown

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

207. Were cytogenetics tested (karyotyping or FISH)?
☐ Yes →
☐ No
☐ Unknown

208. Were cytogenetics tested via karyotyping?
☐ Yes →
☐ No
☐ Unknown

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

210. Results of test
☐ Abnormalities identified → **Specify cytogenetic abnormalities identified at last evaluation prior to preparative regimen / infusion:**
☐ No evaluable metaphases
☐ No abnormalities

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211. ___ ___ % Ph+ metaphases (t(9;22) (q34;q11) and variants)

212. Other abnormality
- ☐ Yes → 213. Specify other abnormality: _____
- ☐ No

214. Was documentation submitted to the CIBMTR?
- ☐ Yes ☐ No

215. Were cytogenetics tested via FISH?
- ☐ Yes →
- ☐ No
- ☐ Unknown

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

217. Results of test
- ☐ Abnormalities identified → **Specify cytogenetic abnormalities identified at last evaluation prior to preparative regimen / infusion:**
- ☐ No evaluable metaphases
- ☐ No abnormalities

218. ___ ___ % Ph+ metaphases (t(9;22) (q34;q11) and variants)

219. Other abnormality
- ☐ Yes → 220. Specify other abnormality: _____
- ☐ No

221. Was documentation submitted to the CIBMTR?
- ☐ Yes ☐ No

222. Were tests for molecular markers performed (e.g. PCR)?
- ☐ Yes →
- ☐ No
- ☐ Unknown

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

224. Was BCR / ABL detected:
- ☐ Yes →
- ☐ No **- Go to question 227, then skip to question 252**

225. Specify level of detection:
- ☐ ≤ 0.1 %
- ☐ > 0.1 %
- ☐ ≥ 3-log reduction from standardized baseline
- ☐ < 3-log reduction from standardized baseline

226. Other abnormality ☐ Yes ☐ No

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227. Were 2 consecutive tests performed? (quantitative and / or nested; of adequate quality [sensitivity >104])

☐ Yes ☐ No

228. Specify BCR / ABL breakpoint

☐ p190
☐ p210
☐ p230
☐ Other breakpoint → 229. Specify other breakpoint: _____
☐ Unknown

230. Was BCR / ABL kinase domain mutation analysis performed?

☐ Yes →
☐ No
☐ Unknown

231. T315I
☐ Positive
☐ Negative
☐ Not done

232. WT
☐ Positive
☐ Negative
☐ Not done

233. L248V
☐ Positive
☐ Negative
☐ Not done

234. G250E
☐ Positive
☐ Negative
☐ Not done

235. Q252H
☐ Positive
☐ Negative
☐ Not done

236. Y253F
☐ Positive
☐ Negative
☐ Not done

237. E255K
☐ Positive
☐ Negative
☐ Not done

238. E255V

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☐ Positive
☐ Negative
☐ Not done

239. D276G
☐ Positive
☐ Negative
☐ Not done

240. E279K
☐ Positive
☐ Negative
☐ Not done

241. V299L
☐ Positive
☐ Negative
☐ Not done

242. F317L
☐ Positive
☐ Negative
☐ Not done

243. M351T
☐ Positive
☐ Negative
☐ Not done

244. F359V
☐ Positive
☐ Negative
☐ Not done

245. L384M
☐ Positive
☐ Negative
☐ Not done

246. H396P
☐ Positive
☐ Negative
☐ Not done

247. H396R
☐ Positive
☐ Negative
☐ Not done

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248. G398R
- ☐ Positive
- ☐ Negative
- ☐ Not done

249. F486S
- ☐ Positive
- ☐ Negative
- ☐ Not done

250. Other mutation
- ☐ Positive
- ☐ Negative
- ☐ Not done

251. Specify other mutation:

_____

252. Was documentation submitted to the CIBMTR? (e.g. pathology report) ☐ Yes ☐ No

Disease Status at the Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

253. What was the disease status?
- ☐ Complete hematologic response (CHR) ***- Go to question 254***
- ☐ Chronic phase ***- Go to question 254***
- ☐ Accelerated phase ***- Go to question 256***
- ☐ Blast phase ***- Go to question 255***

254. Specify level of response:
- ☐ No cytogenetic response (No CyR) ***- Go to question 256***
- ☐ Minimal cytogenetic response ***- Go to question 256***
- ☐ Minor cytogenetic response ***- Go to question 256***
- ☐ Partial cytogenetic response (PCyR) ***- Go to question 256***
- ☐ Complete cytogenetic response (CCyR) ***- Go to question 256***
- ☐ Major molecular remission (MMR) ***- Go to question 256***
- ☐ Complete molecular remission (CMR) ***- Go to question 256***

255. Specify blast phase phenotype
- ☐ Lymphoid
- ☐ Myeloid
- ☐ Mixed phenotype
- ☐ Unknown

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

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First Name:_____

Last Name:_____

E-mail address: _____

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

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