



## Supplemental Form — Study R02-09 MDS

### 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-MDS, 095-MDSFU, NMDP 120 insert V, 520 insert V, 620 insert V, 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 MDS 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-MDS

NMDP Forms 120 insert V, 520 insert V, 620 insert V, 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 {MDS Q26} {120-V Q26}?

**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. Results of cytogenetic testing at diagnosis:

- 1  yes abnormalities identified  
2  no evaluable metaphases  
3  no abnormalities

go to question 20

Specify abnormalities:

- |                  |                        |                                |                               |
|------------------|------------------------|--------------------------------|-------------------------------|
| 3. -5/5q-        | {MDS Q29} {120-V Q29a} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 4. -7/7q-        | {MDS Q30} {120-V Q29b} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 5. -20/20q-      | {MDS Q31} {120-V Q29c} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 6. +8            | {MDS Q32} {120-V Q29d} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 7. +21           | {MDS Q33} {120-V Q29e} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 8. Abnormal 3q   | {MDS Q34} {120-V Q29f} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 9. Abnormal 11q  | {MDS Q35} {120-V Q29g} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 10. Abnormal 16q | {MDS Q36} {120-V Q29h} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 11. t(1;7)       | {MDS Q37} {120-V Q29i} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 12. t(5;7)       | {MDS Q38} {120-V Q29j} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 13. t(6;9)       | {MDS Q39} {120-V Q29k} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 14. t(8;16)      | {MDS Q40} {120-V Q29l} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 15. t(8;21)      | {MDS Q41} {120-V Q29m} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 16. t(9;22)      | {MDS Q42} {120-V Q29n} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 17. t(15;17)     | {MDS Q43} {120-V Q29o} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 18. Other        | {MDS Q44} {120-V Q29p} | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no |
| 19. Specify:     | {MDS Q44} {120-V Q29p} |                                |                               |

20. Was genetic testing using FISH performed at diagnosis, before start of treatment?

- 1  yes  
2  no

21. Results of FISH testing at diagnosis:

- 1  yes abnormalities identified  
2  not evaluable  
3  no abnormalities

go to question 39

Specify abnormalities:

- |                  |  |                                |                               |                                    |
|------------------|--|--------------------------------|-------------------------------|------------------------------------|
| 22. -5/5q-       |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| 23. -7/7q-       |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| 24. -20/20q-     |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| 25. +8           |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| 26. +21          |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| 27. Abnormal 3q  |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| 28. Abnormal 11q |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| 29. Abnormal 16q |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| 30. t(1;7)       |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| 31. t(5;7)       |  | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |

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32. <i>t(6;9)</i>	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
33. <i>t(8;16)</i>	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
34. <i>t(8;21)</i>	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
35. <i>t(9;22)</i>	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
36. <i>t(15;17)</i>	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
37. <i>Other abnormality</i>	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
38. <i>Specify other abnormality:</i> _____			

39. Were tests (e.g., PCR) for molecular markers done at any time prior to conditioning?

**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

<i>Specify marker tested:</i>	<i>Specify molecular marker result:</i>
40. <i>FLT3 - ITD</i>	
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	41. 1 <input type="checkbox"/> positive 2 <input type="checkbox"/> negative 3 <input type="checkbox"/> unknown
42. <i>FLT3 - TKD / other (non-ITD)</i>	
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	43. 1 <input type="checkbox"/> positive 2 <input type="checkbox"/> negative 3 <input type="checkbox"/> unknown
44. <i>t(1;19) E2A / PBX1</i>	
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	45. 1 <input type="checkbox"/> positive 2 <input type="checkbox"/> negative 3 <input type="checkbox"/> unknown
46. <i>t(12;21) TEL / AML1</i>	
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	47. 1 <input type="checkbox"/> positive 2 <input type="checkbox"/> negative 3 <input type="checkbox"/> unknown
48. <i>t(4;11) MLL / AF4</i>	
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	49. 1 <input type="checkbox"/> positive 2 <input type="checkbox"/> negative 3 <input type="checkbox"/> unknown
52. <i>t(15;17) PML / RARa</i>	
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	51. 1 <input type="checkbox"/> positive 2 <input type="checkbox"/> negative 3 <input type="checkbox"/> unknown
52. <i>t(8;21) AML1 / ETO</i>	
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	53. 1 <input type="checkbox"/> positive 2 <input type="checkbox"/> negative 3 <input type="checkbox"/> unknown
54. <i>inv(16) CBFβ / MYH11</i>	
1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	55. 1 <input type="checkbox"/> positive 2 <input type="checkbox"/> negative 3 <input type="checkbox"/> unknown

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## Post-HSCT Details

56. Did the disease (MDS) relapse post-HSCT #1?

- 1  yes  
2  no

Stop and submit this form

57. Most recent post-transplant disease status {MDS Q106} {130 Q98} {refers to relapse post-HSCT #1}:

- 1  relapse  
2  complete remission after post-transplant relapse

58. Date of relapse {MDS Q107} {130 Q99}:     
Month Day Year

59. Date of relapse {MDS Q108} {130 Q99}:     
Month Day Year

60. Treatment given {MDS Q109}: Complete questions 78-97

61. Date of remission {MDS Q110}:     
Month Day Year

Site of recurrent MDS:

62. Bone marrow {130 Q100a}

- 1  yes  
2  no

63. Blasts in marrow {MDS Q115}:  %

64. CNS {130 Q100b}

- 1  yes  
2  no

65. Other site {130 Q100d}

- 1  yes  
2  no

66. Skin

- 1  yes  
2  no

67. Other, specify {130 Q100d}: \_\_\_\_\_

Studies obtained from peripheral blood or marrow at time of MDS relapse post-HCT #1:

68. Was flow cytometry tested for blasts?

- 1  yes  
2  no

69. Results?

- 1  positive  
2  negative

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

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

72. Were cytogenetics tested at the time of relapse post-HSCT #1?

- 1  yes  
2  no

73. Results of cytogenetic testing at relapse post-HSCT#1:

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

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

- 1  yes  
2  no

75. Results of FISH testing at 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

76. Were tests for molecular markers done at the time of relapse post-HSCT#1?

- 1  yes  
2  no

77. Results of molecular testing at 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

78. Was therapy given after this post-transplant relapse (but before DCI/DLI) {MDS Q109} {130 Q101}?

- 1  yes  
2  no

Specify treatment(s) given:

79. Chemotherapy {MDS Q109} {130 Q102b}

- 1  yes  
2  no

80. 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

81. Hypomethylating agents (e.g., azacitidine, decitabine; includes clinical trials / study drugs)

- 1  yes  
2  no

82. Tyrosine kinase inhibitors (e.g., imatinib, dasatinib, nilotinib; includes clinical trials / study drugs)

- 1  yes  
2  no

83. Other regimen

- 1  yes  
2  no

84. Specify:

85. Donor leukocytes {MDS Q109} {130 Q102e}

- 1  yes  
2  no

86. Growth factors {MDS Q109} {130 Q102g}

- 1  yes  
2  no

87. Specify: {MDS Q109} {130 Q102g}

88. Immunotoxins {MDS Q109} {130 Q102d}

- 1  yes  
2  no

89. Gemtuzumab

- 1  yes  
2  no

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90. Interferon alpha {MDS Q109} {130 Q102a}

- 1  yes
- 2  no

91. Interferon gamma {MDS Q109}

- 1  yes
- 2  no

92. Second HSCT {MDS Q109} {130 Q102f}

- 1  yes
- 2  no

93. Specify second HSCT type:

- 1  allogeneic
- 2  autologous

94. Withdrawal of immune suppression {MDS Q109} {130 Q102c}

- 1  yes
- 2  no

95. Other {MDS Q109} {130 Q102h}

- 1  yes
- 2  no

96. Specify: {MDS Q109} {130 Q102h}

97. Was complete remission achieved *before the DCI / DLI*?

**Note: Legacy Report Forms included DLI {MDS Q109} {130 Q102e} and second HSCT {MDS Q109} {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.**

- 1  yes
- 2  no
- 3  unknown

## Pre-DCI Information

### Hematologic Findings Just Prior to DCI Infusion:

{MDS Qs. 96-104} are from the disease insert associated with the DLI infusion.

98. WBC {MDS Q96}:      x 10<sup>9</sup>/L (or 10<sup>3</sup>/mm<sup>3</sup>)

99. Blasts in blood {MDS Q99}: (by morphology NOT flow)    %

100. Cellularity {MDS Q101}:

- 1  decreased
- 2  normal
- 3  increased
- 4  unknown

101. Fibrosis {MDS Q102}:

- 1  decreased
- 2  normal
- 3  increased
- 4  unknown

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102. Blasts in bone marrow {MDS Q103}: (by morphology NOT flow)  %

103. Was extramedullary leukemia present just prior to DCI infusion?

- 1  yes
- 2  no
- 3  unknown

Specify site:

104. Central nervous system

- 1  yes
- 2  no

105. Skin

- 1  yes
- 2  no

106. Other site

- 1  yes
- 2  no

107. Specify:

108. Did the recipient have systemic symptoms (fever, sweats, weight loss > 10%) just prior to (conditioning) DCI {MDS Q91}?

- 1  yes
- 2  no
- 3  unknown

109. Indication for (bone marrow transplant) DCI {MDS Q104}:

- 1  bone marrow failure (anemia, thrombocytopenia, neutropenia)
- 2  early evidence of progression to leukemia (increasing percentage of blasts of RAEB-T)
- 3  to induce complete remission (prior to bone marrow failure or evolution)
- 4  other

110. Specify:

- 1  CR
- 2  RCUD / RA (refractory cytopenias with unilineage dysplasia / refractory anemia)
- 3  RARS (refractory anemia with ringed sideroblasts)
- 4  RCMD (refractory cytopenias with multilineage dysplasia)
- 5  RAEB (refractory anemia with excess blasts)
- 6  AML
- 7  other

111. Specify:

**This represents the last disease status after the first relapse and just before the DCI / DLI.**

112. Disease status of MDS immediately prior to DLI:

- 1  primary induction failure
- 2  complete remission
- 3  1<sup>st</sup> relapse
- 4  ≥ 2<sup>nd</sup> relapse
- 5  unknown

If recipient not in CR at the time of DLI:

113. 1  yes 2  no 3  unknown Disease present by blood and/or bone marrow (morphology)

114. 1  yes 2  no 3  unknown Disease present by flow cytometry

115. 1  yes 2  no 3  unknown Disease present by cytogenetics / FISH

116. 1  yes 2  no 3  unknown Disease present by molecular / PCR

117. Date this disease state was first achieved:  /  /   
Month Day Year

CIBMTR Team:

CIBMTR IUBMID:

Recipient NMDP ID:  -  -

## 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 138 (if applicable) and 235–244. If no DCIG, answer all questions. NMDP answer all questions.**

Source of DCI:

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

- 1  yes  
2  no

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

- 1  yes  
2  no

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

- 1  yes  
2  no

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

- 1  yes  
2  no

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

- 1  yes  
2  no

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

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

- 1  yes  
2  no  
3  unknown

125. Growth factors {002-DCIG Q36}

- 1  yes  
2  no  
3  unknown

126. G-CSF {002-DCIG Q37}

- 1  yes  
2  no  
3  unknown

127. GM-CSF {002-DCIG Q38}

- 1  yes  
2  no  
3  unknown

128. Other growth factors {002-DCIG Q39}

- 1  yes  
2  no  
3  unknown

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

130. Other treatment {002-DCIG Q41}

- 1  yes  
2  no  
3  unknown

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

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

- 1  yes  
2  no

133. Specify portion cryopreserved:

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



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134. 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

135. Specify portion manipulated:

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

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

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

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

138. Method:

139. CD34+ selection {002-DCIG Q52}

- 1  yes
- 2  no
- 3  unknown

140. Method {002-DCIG Q53}:

141. Manufacturer {002-DCIG Q54}:

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

- 1  yes
- 2  no
- 3  unknown

Specify method(s) of T-depletion:

143. Antibody + complement {002-DCIG Q56}

- 1  yes **Also complete questions 157-175**
- 2  no
- 3  unknown

144. Antibody + toxin {002-DCIG Q57}

- 1  yes **Also complete questions 157-175**
- 2  no
- 3  unknown

145. Antibody affinity column {002-DCIG Q58}

- 1  yes **Also complete questions 157-175**
- 2  no
- 3  unknown

146. Soybean lectin only {002-DCIG Q59}

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

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149. Elutriation {002-DCIG Q62}

- 1  yes
- 2  no
- 3  unknown

150. Immunomagnetic beads {002-DCIG Q63}

- 1  yes → **Also complete questions 157–175**
- 2  no
- 3  unknown

151. Antibody coated plates {002-DCIG Q64}

- 1  yes → **Also complete questions 157–175**
- 2  no
- 3  unknown

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

- 1  yes → **Also complete questions 157–175**
- 2  no
- 3  unknown

153. Other {002-DCIG Q66}

- 1  yes →
- 2  no
- 3  unknown

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

155. Other manipulation {002-DCIG Q68}

- 1  yes →
- 2  no
- 3  unknown

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

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

- 1  yes →
- 2  no
- 3  unknown

Method(s) of T-depletion:

158. Anti CD2 {002-DCIG Q71}

- 1  yes
- 2  no
- 3  unknown

159. Anti CD4 depleted {002-DCIG Q73}

- 1  yes
- 2  no
- 3  unknown

160. Anti CD5 {002-DCIG Q74}

- 1  yes
- 2  no
- 3  unknown

161. Anti CD6 {002-DCIG Q75}

- 1  yes
- 2  no
- 3  unknown

162. Anti CD7 {002-DCIG Q76}

- 1  yes
- 2  no
- 3  unknown

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163. Anti CD8 depleted {002-DCIG Q77}

- 1  yes
- 2  no
- 3  unknown

164. Anti CD34 {002-DCIG Q78}

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

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

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

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

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

- 1  yes
- 2  no
- 3  unknown

174. Other {002-DCIG Q79}

- 1  yes
- 2  no
- 3  unknown

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

CIBMTR Team:

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Recipient NMDP ID:  -  -

Specify units:

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

1  kg  
2  lbs

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

178. 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}:	179.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{154}: 180.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
CD34+ cells {002-DCIG Q155}:	181.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{156}: 182.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
Megakaryocytic cells {002-DCIG Q157}:	183.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{158}: 184.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
CD3+ cells {002-DCIG Q159}:	185.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{160}: 186.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
CD4+ cells {002-DCIG Q161}:	187.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{162}: 188.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
CD8+ cells {002-DCIG Q163}:	189.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{164}: 190.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
NK cells {002-DCIG Q165}:	191.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{166}: 192.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
Promyelocytes {002-DCIG Q167}:	193.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{168}: 194.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
Metamyelocytes {002-DCIG Q169}:	195.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{170}: 196.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
Myelocytes {002-DCIG Q171}:	197.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{172}: 198.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
Granulocytes {002-DCIG Q173}:	199.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{174}: 200.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
Monocytes {002-DCIG Q175}:	201.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{176}: 202.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
Other cells {002-DCIG Q177}:	203.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{178}: 204.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested

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

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

		Number		Exponent		Percentage						
Nucleated cells {002-DCIG Q182}:	207.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{183}: 208.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
CD34+ cells {002-DCIG Q184}:	209.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{185}: 210.	<input type="text"/>	.	<input type="text"/>	%	<input type="checkbox"/> not tested
Megakaryocytic cells {002-DCIG Q186}:	211.	<input type="text"/>	.	<input type="text"/>	x 10	<input type="text"/>	{187}: 212.	<input type="text"/>	.	<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	
CD3+ cells {002-DCIG Q188}:	213. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{189}: 214. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested
CD4+ cells {002-DCIG Q190}:	215. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{191}: 216. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested
CD8+ cells {002-DCIG Q192}:	217. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{193}: 218. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested
NK cells {002-DCIG Q194}:	219. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{195}: 220. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested
Promyelocytes {002-DCIG Q196}:	221. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{197}: 222. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested
Metamyelocytes {002-DCIG Q198}:	223. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{199}: 224. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested
Myelocytes {002-DCIG Q200}:	225. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{201}: 226. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested
Granulocytes {002-DCIG Q202}:	227. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{203}: 228. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested
Monocytes {002-DCIG Q204}:	229. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{205}: 230. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested
Other cells {002-DCIG Q206}:	231. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	x 10 <input type="text"/> <input type="text"/>	{207}: 232. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	% <input type="checkbox"/> not tested

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

234. 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 178–205 and provide additional infusion data**

235. Was > 1 DCI infusion given?

- 1  yes  
2  no

Specify reason(s) for additional DCI infusion:

236. Planned protocol for multiple doses

- 1  yes  
2  no

237. No response to 1st infusion and no GVHD

- 1  yes  
2  no

238. Other reason

- 1  yes  
2  no

239. Specify other reason: \_\_\_\_\_

240. Reason unknown

- 1  yes  
2  no

241. Was a subsequent DCI given > 28 days from the date of the first DCI (see question 178)?

- 1  yes  
2  no

242. Specify date of subsequent DCI:

Month Day Year

CIBMTR Team:

CIBMTR IUBMID:   
Institutional unique blood or marrow transplant ID number

Recipient NMDP ID:  -  -

243. Was a subsequent HSCT given after the date of the first DCI (see question 178)?

- 1  yes  
2  no

244. Specify date of subsequent HSCT:

Month Day Year

### "Post-DCI" Information

{MDS Qs. 106-115} 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 Q246. If remission was never achieved from the DCI/DLI(s), tick option #2. This includes transformation from MDS to AML post-DCI/DLI.

245. Most recent post-transplant disease status (MDS Q.106) {130 Q98}:

- 1  in continuous complete remission (CR) post DCI / DLI  
2  persistent disease  
3  relapse  
4  complete remission (CR) after (post-transplant) post DCI / DLI relapse

246. Date of relapse {MDS Q.107} {130 Q99}:

Month Day Year

never in remission

Site of recurrent MDS:

247. Bone marrow {130 Q100a}

- 1  yes  
2  no

248. CNS {130 Q100b}

- 1  yes  
2  no

249. Skin

- 1  yes  
2  no

250. Other site {130 Q100d}

- 1  yes  
2  no

251. Specify other site of recurrent MDS {130 Q100d}:  
\_\_\_\_\_

252. Most recent (post-transplant) DCI / DLI bone marrow examination {MDS Q112}:

**Include copy of bone marrow report**

Month Day Year

253. Cellularity {MDS Q113}

- 1  decreased  
2  normal  
3  increased  
4  unknown

254. Blasts in marrow {MDS Q115}: (by morphology NOT flow)  %

255. Date of latest assessment for the disease status (see question 245):

Month Day Year

256. Signed: \_\_\_\_\_

Person completing form

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

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

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