



CIBMTR Center Number:

CIBMTR Recipient ID:

- 4  refractory anemia with excess blasts in transformation (RAEB-2)
- 5  refractory cytopenia with multilineage dysplasia (RCMD)
- 6  refractory anemia with ringed sideroblasts with dysplasia (RCMD-RS)
- 7  5q- syndrome
- 8  MDS unclassifiable, not otherwise specified
- 9  chronic myelomonocytic leukemia (CMML)
- 10  chronic MPS disorder, not otherwise specified
- 11  chronic neutrophilic leukemia
- 12  chronic eosinophilic leukemia and hypereosinophilic syndrome
- 13  polycythemia vera (PCV)
- 14  chronic idiopathic myelofibrosis (with extramedullary hematopoiesis), myelofibrosis with myeloid metaplasia, acute myelofibrosis or myelosclerosis
- 15  essential or primary thrombocythemia

**Also complete CIBMTR Form 2014 — MDS**

- 16  juvenile myelomonocytic leukemia (JMML, JCML, JCMML) (no evidence of Ph<sup>1</sup> or BCR/ABL)

**Also complete CIBMTR Form 2015 — JMML**

13. Did the recipient have a predisposing condition prior to the diagnosis of leukemia?

- 1  yes →
- 2  no

14. Specify condition:

- 1  aplastic anemia → **Also complete CIBMTR Form 2028 — APL**
- 2  Bloom syndrome
- 3  Down syndrome
- 4  Fanconi anemia → **Also complete CIBMTR Form 2029 — FAN**

- 5  other condition → 15. Specify condition:

### Laboratory Studies at Diagnosis

Report findings prior to any first treatment of the primary disease for which the HSCT is being performed.

16. WBC:

- 1  known →       .
- 2  not known

Specify units:

- 1  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)
- 2  x 10<sup>6</sup>/L

17. Blasts in blood:

- 1  known →    %
- 2  not known

18. Blasts in bone marrow:

- 1  known →    %
- 2  not known

19. Was extramedullary disease present at diagnosis?

- 1  yes →
- 2  no

Specify site(s) of disease:

- 20. 1  yes 2  no Central nervous system (CNS)
- 21. 1  yes 2  no Soft tissue deposition / granulocytic sarcoma
- 22. 1  yes 2  no Testes
- 23. 1  yes 2  no Other site → 24. Specify site:

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25. Were cytogenetics tested (conventional or FISH)?

- 1  yes
- 2  no
- 3  unknown

26. Results of test at diagnosis:

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

Complete questions 28–58 in the table below

27. Results of tests after diagnosis and prior to the preparative regimen:

- 1  yes abnormalities identified
- 2  no evaluable metaphases on any tests
- 3  no abnormalities on any tests after diagnosis and before the preparative regimen

Complete questions 59–89 in the table below

Specify abnormalities identified:

Cytogenetic abnormality	At diagnosis	Any test result between diagnosis and preparative regimen
<b>Monosomy</b>		
-5	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
-7	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
-17	30. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
-18	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
-X	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
-Y	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
<b>Trisomy</b>		
+4	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
+8	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
+11	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
+13	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
+14	38. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
+21	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
+22	40. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
<b>Translocation</b>		
t(3;3)	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	72. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(6;9)	42. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(8;21)	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(15;17) and variants	44. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	75. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(16;16)	45. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
<b>Deletion</b>		
del(5q) / 5q-	46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
del(7q) / 7q-	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
del(9q) / 9q-	48. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
del(11q) / 11q-	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
del(17q) / 17q-	50. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	81. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
del(20q) / 20q-	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
<b>Inversion</b>		
inv(3)	52. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	83. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
inv(16)	53. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	84. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
<b>Other</b>		
(11q23) balanced abnormality	54. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
12p any abnormality	55. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	86. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
complex (≥ 3 distinct abnormalities)	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other abnormality	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	88. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other abnormality:	58. _____	89. _____

90. Is a copy of the cytogenetic or FISH report attached?

- 1  yes
- 2  no


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91. Was a flt-3 ligand mutation present at diagnosis?

- 1  yes
- 2  no
- 3  unknown

**Pre-HSCT Treatment for Acute Myelogenous Leukemia**

92. Was therapy given between diagnosis and the start of the preparative regimen? 

- 1  yes →
- 2  no

	1st Line of Therapy	2nd Line of Therapy
<b>Line of Therapy:</b>		
Purpose of therapy:	93. 1 <input type="checkbox"/> induction 2 <input type="checkbox"/> consolidation 3 <input type="checkbox"/> maintenance 4 <input type="checkbox"/> treatment for disease relapse	122. 1 <input type="checkbox"/> induction 2 <input type="checkbox"/> consolidation 3 <input type="checkbox"/> maintenance 4 <input type="checkbox"/> treatment for disease relapse
<b>Systemic / Intrathecal Therapy:</b>	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 112	123. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 141
Date therapy started:	95. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	124. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>
Date therapy stopped:	96. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	125. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>
Number of cycles:	97. <input type="text"/> <input type="checkbox"/> unknown/not applicable	126. <input type="text"/> <input type="checkbox"/> unknown/not applicable
all-trans retinoic acid	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	127. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cytarabine ≤ 2 g/m <sup>2</sup> /day	99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	128. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cytarabine > 2 g/m <sup>2</sup> /day	100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	129. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
daunorubicin (Cerubidine)	101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	130. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
doxorubicin (Adriamycin)	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	131. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
etoposide (VP-16, VePesid)	103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	132. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
gemtuzumab (Mylotarg)	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	133. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
idarubicin (Idamycin)	105. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	134. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
intrathecal therapy	106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	135. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
mitoxantrone (Novantrone)	107. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	136. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
thioguanine (6-TG)	108. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	137. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
topotecan (Hycamtin)	109. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	138. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other chemotherapy	110. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	139. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other chemotherapy	111. _____	140. _____
<b>Radiation Therapy:</b>	112. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 118	141. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 147
Date therapy started:	113. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	142. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>
Date therapy stopped:	114. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	143. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>
central nervous system	115. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	144. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other site	116. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	145. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other site	117. _____	146. _____
<b>Best Response to Line of Therapy:</b>	118. 1 <input type="checkbox"/> complete response 2 <input type="checkbox"/> no complete response	147. 1 <input type="checkbox"/> continuous complete response 2 <input type="checkbox"/> complete response 3 <input type="checkbox"/> no complete response
Date response established:	119. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	148. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>
Did the recipient relapse following this line of therapy?	120. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	149. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Date of relapse:	121. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	150. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>
<b>Copy this page to report more than 2 lines of therapy; check here <input type="checkbox"/> if additional pages are attached.</b>		

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151. Did the recipient have central nervous system leukemia at any time between diagnosis and the start of the preparative regimen?
- 1  yes  
 2  no  
 3  unknown

### Laboratory Studies Prior to the Start of the Preparative Regimen

152. WBC:  known  not known

Specify units:  
 1  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  
 2  x 10<sup>6</sup>/L

.

153. Blasts in blood:  known  not known

%

154. Blasts in bone marrow:  known  not known

%

155. Date of marrow examination:

Month Day Year

### Disease Status at the Last Assessment Prior to the Preparative Regimen

156. What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?

- 1  1st complete remission (no previous marrow or extramedullary relapse)
- 2  2nd complete remission
- 3  ≥ 3rd complete remission

157. Was the recipient in cytogenetic remission?

- 1  yes  
 2  no  
 3  unknown

158. Was the recipient in molecular remission?

- 1  yes  
 2  no  
 3  unknown

- 4  primary induction failure
- 5  1st relapse
- 6  2nd relapse
- 7  ≥ 3rd relapse
- 8  no treatment

Specify site(s) of active leukemia immediately prior to the preparative regimen:

159. 1  yes 2  no Bone marrow
160. 1  yes 2  no Central nervous system
161. 1  yes 2  no Cytogenetic / FISH test results
162. 1  yes 2  no Molecular test results
163. 1  yes 2  no Testes
164. 1  yes 2  no Other site

165. Specify site:

166. Date of most recent assessment for disease status prior to the preparative regimen:

Month Day Year

167. Signed: \_\_\_\_\_

*Person completing form*

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

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

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

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