

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Infusion Date:

CIBMTR Center Number:



Chronic Myelogenous Leukemia (CML) Pre-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date:

Date of HSCT for which this form is being completed: ☐☐

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

Product type: marrow PBSC cord blood other product, specify: _____

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient post-HSCT, or abstraction of the recipient's medical records.

If this is a report of a second or subsequent transplant, check here and continue with question 89.

Disease Assessment at Diagnosis

1. What was the date of diagnosis of Chronic Myelogenous Leukemia?

2. What was the spleen size at diagnosis?

- 1 normal
 2 enlarged
 3 not applicable / splenectomy

3. Did the recipient have extramedullary leukemia at diagnosis?

- 1 yes
 2 no
 3 unknown

Specify extramedullary leukemia:

4. 1 yes 2 no Chloroma (granulocytic sarcoma)

5. 1 yes 2 no CNS leukemia

6. 1 yes 2 no Other extramedullary leukemia

7. Specify leukemia: _____

Laboratory Studies at Diagnosis

Report findings prior to any first treatment for chronic myelogenous leukemia.

8. WBC:

- 1 known
 2 not known

Specify units:

- 1 $\times 10^9/L$ ($\times 10^3/mm^3$)
 2 $\times 10^6/L$

9. Hemoglobin:

- 1 known
 2 not known

- 1 g/dL
 2 g/L
 3 mmol/L

10. Was RBC transfused < 30 days before date of test?

- 1 yes
 2 no

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Today's Date:

Month	Day	Year
		20

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Pre-HSCT Treatment for Chronic Myelogenous Leukemia

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

- 1 yes →
 2 no
 3 unknown

	1st Line of Therapy	2nd Line of Therapy												
Systemic Therapy:	23. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 39	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 72												
Date therapy started:	24. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year				57. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
Date therapy stopped:	25. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year				58. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
Number of cycles:	26. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table> <input type="checkbox"/> unknown/not applicable	Month	Day	Year				59. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table> <input type="checkbox"/> unknown/not applicable	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
anagrelide (Agrylin)	27. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
busulfan	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
cytarabine (Ara-C)	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
dasatinib (Sprycel)	30. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
homoharringtonine (HHT)	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
hydroxyurea (Droxia, Hydrea)	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
idarubicin (Idamycin)	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
imatinib (Gleevec)	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
interferon α (Referon α)	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
nilotinib (AMN107, Tasigna)	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
other systemic agent	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
specify other systemic agent	38. _____	71. _____												
Radiation Therapy:	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 45	72. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 78												
Date therapy started:	40. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year				73. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year			
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Date therapy stopped:	41. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year				74. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
spleen	42. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	75. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
other site(s)	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
specify other site(s)	44. _____	77. _____												
Other treatment:	45. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 47	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 80												
specify other treatment	46. _____	79. _____												
Therapy response:														
Molecular remission?	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> not assessed	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> not assessed												
Date molecular status established:	48. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year				81. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
Cytogenetic remission?	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> not assessed	82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> not assessed												
Specify remission:	50. 1 <input type="checkbox"/> minor (36–95% Ph+ metaphases) 2 <input type="checkbox"/> major (< 35% Ph+ metaphases)	83. 1 <input type="checkbox"/> minor (36–95% Ph+ metaphases) 2 <input type="checkbox"/> major (< 35% Ph+ metaphases)												
Date cytogenetic status established:	51. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year				84. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
Hematologic remission?	52. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
Date hematologic status established:	53. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year				86. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year			
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Did disease relapse/progress following this line of therapy?	54. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no												
Date of relapse/progression:	55. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year				88. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>	Month	Day	Year			
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Copy this page to report more than 2 lines of therapy; check here if additional pages are attached.

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Most Recent Disease Assessment Prior to the Start of the Preparative Regimen

89. What was the spleen size immediately prior to the preparative regimen?

- 1 normal
- 2 enlarged
- 3 not applicable / splenectomy

90. Did the recipient have extramedullary leukemia immediately prior to the preparative regimen?

- 1 yes →
- 2 no
- 3 unknown

Specify extramedullary leukemia:

91. 1 yes 2 no Chloroma (granulocytic sarcoma)

92. 1 yes 2 no CNS leukemia

93. 1 yes 2 no Other extramedullary leukemia →

94. Specify other extramedullary leukemia:

Laboratory Studies Prior to the Start of the Preparative Regimen

95. Basophils:

- 1 known →

--	--

 %
- 2 not known

96. Blasts in blood:

- 1 known →

--	--	--	--

 %
- 2 not known

97. Blasts in marrow:

- 1 known →

--	--	--	--

 %
- 2 not known

98. What was the status of bone marrow fibrosis prior to the preparative regimen?

- 1 absent
- 2 mild
- 3 moderate
- 4 severe
- 5 unknown

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

				2	0				
Month	Day	Year							

117. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____