

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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CIBMTR Recipient ID:

Laboratory Studies at Diagnosis

26. Lymphocytes in bone marrow:

- 1 known → %
 2 not known

Peripheral Blood Studies at Diagnosis

27. WBC:

- 1 known → .
 2 not known

Specify units:

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

28. Lymphocytes:

- 1 known → %
 2 not known

29. Prolymphocytes:

- 1 known → %
 2 not known

30. LDH:

- 1 known → .
 2 not known

- 1 U/L
 2 $\mu\text{kat/L}$

31. Upper limit of normal for LDH:

32. β_2 microglobulin:

- 1 known → .
 2 not known

- 1 $\mu\text{g/dL}$
 2 mg/L
 3 nmol/L

33. Upper limit of normal for β_2 :

34. IgG:

- 1 known → .
 2 not known

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

35. Lower limit of normal for IgG:

36. IgA:

- 1 known → .
 2 not known

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

37. Lower limit of normal for IgA:

38. IgM:

- 1 known → .
 2 not known

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

39. Lower limit of normal for IgM:

40. Leukemia cell type: (may be determined at any time after diagnosis)

- 1 B cell
 2 T cell
 3 unknown

Immunophenotype: (may be determined at any time after diagnosis)

41. 1 yes 2 no 3 unknown CD5+
 42. 1 yes 2 no 3 unknown CD19+
 43. 1 yes 2 no 3 unknown CD20+
 44. 1 yes 2 no 3 unknown CD23+
 45. 1 yes 2 no 3 unknown CD38+
 46. 1 yes 2 no 3 unknown slg weakly expressed

47. Did hypercalcemia occur at any time?

- 1 yes
 2 no

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Pre-HSCT Treatment for CLL

72. 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:	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 98	114. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 139																
Date therapy started:	74. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year		115. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year	
Month	Day	Year																
Month	Day	Year																
Date therapy stopped:	75. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year		116. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year	
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Number of cycles:	76. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table> <input type="checkbox"/> unknown/not applicable			117. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table> <input type="checkbox"/> unknown/not applicable														
Monoclonal antibodies:																		
alemtuzumab (Campath)	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	118. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
ibrutinib (Zevalin)	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	119. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
rituximab (anti-CD20, Rituxan)	79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	120. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
tositumomab (Bexxar)	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	121. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
other monoclonal antibody	81. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	122. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
specify other antibody	82. _____	123. _____																
chlorambucil (Leukeran)	83. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	124. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
cladribine (2-CdA, Leustatin)	84. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	125. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
corticosteroids	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	126. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
cyclophosphamide (Cytoxan)	86. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	127. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
cytarabine (Ara-C)	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	128. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
doxorubicin (Adriamycin)	88. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	129. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
etoposide (VP-16, VePesid)	89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	130. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
fludarabine (Fludara)	90. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	131. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
gemcitabine (Gemzar)	91. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	132. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
ifosfamide (Ifex)	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	133. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
nitrogen mustard (mustine)	93. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	134. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
pentostatin (Nipent)	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	135. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
vincristine (VCR, Oncovin)	95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	136. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
other treatment	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	137. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
specify other treatment	97. _____	138. _____																
Radiation Therapy:	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 104	139. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 145																
Date therapy started:	99. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year		140. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year	
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Month	Day	Year																
Date therapy stopped:	100. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year		141. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year	
Month	Day	Year																
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mediastinum	101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	142. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
other site(s)	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	143. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
specify other site(s)	103. _____	144. _____																
Surgery:	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 109	145. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 150																
Date of surgery:	105. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year		146. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year	
Month	Day	Year																
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splenectomy	106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	147. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
other site(s)	107. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	148. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
specify other site(s)	108. _____	149. _____																
Was this line of therapy given for stem cell priming?	109. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	150. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
Best Response to Line of Therapy: (see definitions at q. 187)	110. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> NPR 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> Prog 6 <input type="checkbox"/> NA 7 <input type="checkbox"/> unknown	151. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> NPR 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> Prog 6 <input type="checkbox"/> NA 7 <input type="checkbox"/> unknown																
Date response established:	111. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year		152. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year	
Month	Day	Year																
Month	Day	Year																
Did disease relapse/progress following this line of therapy?	112. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	153. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
Date of relapse/progression:	113. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td></tr></table>					Month	Day	Year		154. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</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

155. What was the Rai stage immediately prior to the preparative regimen?

- 1 complete remission
- 2 low risk — stage 0 — lymphocytosis ($> 15,000 \times 10^9/L$) in blood or bone marrow only
- 3 intermediate risk — stage I — lymphocytosis plus enlarged lymph nodes (lymphadenopathy)
- 4 intermediate risk — stage II — lymphocytosis plus enlarged liver or spleen with or without lymphadenopathy
- 5 high risk — stage III — lymphocytosis plus anemia (Hgb < 11 g/dL) with or without enlarged liver, spleen, or lymph nodes
- 6 high risk — stage IV — lymphocytosis plus thrombocytopenia (platelet count $< 100 \times 10^9/L$) with or without anemia or enlarged liver, spleen, or lymph nodes
- 7 unknown

156. What was the Binet stage immediately prior to the preparative regimen?

(Five lymphoid bearing areas are possible: axillary, cervical, inguino-femoral, liver, and spleen.)

- 1 complete remission
- 2 stage A — two or fewer lymphoid bearing areas enlarged
- 3 stage B — three or more lymphoid bearing areas enlarged
- 4 stage C — presence of anemia (Hgb < 10.0 g/dL) or thrombocytopenia (platelet count $< 100,000 / \mu L$)
- 5 unknown

157. Did the recipient have known nodal involvement immediately prior to the preparative regimen?

- 1 yes
- 2 no

158. Specify the total number of nodes involved:

- 1 one node
- 2 two or more nodes

159. Specify the size of the largest nodal mass:

--	--

 cm x

--	--

 cm

160. Did the recipient have known extramedullary and/or extranodal involvement immediately prior to the preparative regimen?

- 1 yes
- 2 no

Specify site(s) of involvement:

161. 1 yes 2 no Central nervous system (CNS)

162. 1 yes 2 no Liver

163. 1 yes 2 no Lung

164. 1 yes 2 no Spleen

--	--

 165. Specify centimeters below costal margin:

--	--

166. 1 yes 2 no Other site

--	--

 167. Specify site: _____

168. Was a direct or indirect Coombs' test performed?

- 1 yes
- 2 no

169. Specify the Coombs' test results:

- 1 negative (normal, no agglutination)
- 2 positive (abnormal, antibodies present)

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Laboratory Studies Prior to the Start of the Preparative Regimen

170. Lymphocytes in bone marrow:

- 1 known →

--	--	--	--

 %
- 2 not known

171. LDH:

- 1 known →

--	--	--	--	--	--	--	--

 .

--	--
- 2 not known

Specify units:

- 1 U/L
2 µkat/L

172. Upper limit of normal for LDH:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

173 β₂ microglobulin:

- 1 known →

--	--	--	--

 .

--	--	--	--
- 2 not known

- 1 µg/dL
2 mg/L
3 nmol/L

174. Upper limit of normal for β₂:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

175. IgG:

- 1 known →

--	--	--	--	--	--	--	--

 .

--	--
- 2 not known

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

176. Lower limit of normal for IgG:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

177. IgA:

- 1 known →

--	--	--	--	--	--	--	--

 .

--	--
- 2 not known

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

178. Lower limit of normal for IgA:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

179. IgM:

- 1 known →

--	--	--	--	--	--	--	--

 .

--	--
- 2 not known

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

180. Lower limit of normal for IgM:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

181. Was molecular testing / immunophenotyping performed at the time of disease assessment prior to the preparative regimen?

- 1 yes
2 no

Specify the testing method(s) used:

182. Immunophenotyping (4 color flow cytometry)

- 1 yes
2 no

183. Specify the date immunophenotyping was performed:

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184. Was disease detected?

- 1 yes
2 no

185. Heavy chain gene rearrangement (ASO-PCR)

- 1 yes
2 no

186. Specify the date the heavy chain gene rearrangement testing was performed:

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187. Was disease detected?

- 1 yes
2 no

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Disease Status at the Last Assessment Prior to the Preparative Regimen

188. What was the disease status at the last evaluation prior to the preparative regimen?

- 1 complete response (CR) — no lymphadenopathy; no organomegaly; neutrophils $> 1.5 \times 10^9/L$; platelets $> 100 \times 10^9/L$; hemoglobin $> 11g/dL$; lymphocytes $< 4 \times 10^9/L$; bone marrow $< 30\%$ lymphocytes; absence of constitutional symptoms
- 2 nodular partial response (NPR) — complete response with persistent lymphoid nodules in bone marrow
- 3 partial response (PR) — $\geq 50\%$ decrease in peripheral blood lymphocyte count from pretreatment value; $\geq 50\%$ reduction in lymphadenopathy if present pretreatment; $\geq 50\%$ reduction in liver and spleen size if enlarged pretreatment; one or more of the following: neutrophils $\geq 1.5 \times 10^9/L$ or 50% improvement over baseline, platelets $> 100 \times 10^9/L$ or 50% improvement over baseline, hemoglobin $> 11.0 g/dL$ or 50% improvement over baseline
- 4 stable disease (SD) — no change; not complete response, partial response, nor progressive disease
- 5 progressive disease (Prog) — one or more of the following: $\geq 50\%$ increase in the sum of the products of ≥ 2 lymph nodes (≥ 1 node must be ≥ 2 cm) or new nodes; $\geq 50\%$ increase in liver or spleen size, or new hepatomegaly or splenomegaly; $\geq 50\%$ increase in absolute lymphocyte count to $\geq 5 \times 10^9/L$; transformation to a more aggressive histology
- 6 untreated — no chemotherapy given in the 6 months prior to HSCT
- 7 not assessed (NA)

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

				2	0				
Month	Day	Year							

190. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____