

CIBMTR Center Number:

CIBMTR Recipient ID:

Disease Assessment at the Time of Best Response to HSCT, Including Planned Therapy

16. Was a complete remission (CR) ever achieved in response to the HSCT? (Include any therapy planned as of Day 0, but exclude any change in therapy in response to a disease assessment.)

- 1 recipient was already in CR at the start of the preparative regimen
- 2 yes, post-HSCT CR was achieved →
- 3 no, CR was never achieved post-HSCT

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17. Specify the date the clinical / hematologic CR was achieved:

Month Day Year

date previously reported

18. Did molecular testing confirm the presence of the CR?

- 1 yes →
- 2 no
- 3 not tested

19. Date the molecular CR was determined:

Month Day Year

20. Did cytogenetic testing confirm the presence of the CR?

- 1 yes →
- 2 no
- 3 not tested

21. Was FISH used to determine cytogenetic CR status?

- 1 yes →
- 2 no

22. Date the cytogenetic CR was determined via FISH:

Month Day Year

23. Were conventional cytogenetics used to determine cytogenetic CR status?

- 1 yes →
- 2 no

24. Date the cytogenetic CR was determined via conventional cytogenetics:

Month Day Year

Disease Relapse Post-HSCT

25. Has the disease relapsed since the date of the last report?

- 1 yes →
- 2 no

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Specify the method(s) used to assess the disease relapse: (*report all concurrent assessments*)

26. Molecular assessment

- 1 yes →
- 2 no

27. Date of the molecular assessment:

Month Day Year

28. Was there evidence of disease?

- 1 yes →
- 2 no

29. Was the status considered a disease relapse or progression?

- 1 yes
- 2 no

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30. Cytogenetic assessment

- 1 yes →
- 2 no

31. Was the disease assessed via FISH?

- 1 yes →
- 2 no

32. Date of FISH test:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year	

33. Was there evidence of disease?

- 1 yes →
- 2 no

34. Was the status considered a disease relapse or progression?

- 1 yes
- 2 no

35. Was the disease assessed via conventional cytogenetics?

- 1 yes →
- 2 no

36. Date of conventional cytogenetic test:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year	

37. Was there evidence of disease?

- 1 yes →
- 2 no

38. Was the status considered a disease relapse or progression?

- 1 yes
- 2 no

39. Clinical / hematologic assessment

- 1 yes →
- 2 no

40. Date of the clinical / hematologic assessment:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year	

41. Was there evidence of disease?

- 1 yes
- 2 no

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Post-HSCT Treatment for ALL

42. Was any treatment given for relapsed, persistent, or progressive disease since the date of the last report?

- 1 yes
- 2 no

Specify treatment(s) given:

43. Central nervous system irradiation

- 1 yes
- 2 no

44. Systemic / intrathecal therapy

- 1 yes
- 2 no

45. 1 yes 2 no aldesleukin (interleukin-2, IL-2)

46. 1 yes 2 no chemotherapy

47. 1 yes 2 no dasatinib (Sprycel)

48. 1 yes 2 no imatinib (Gleevec)

49. 1 yes 2 no interferon- α (Referon- α)

50. 1 yes 2 no intrathecal drugs

51. 1 yes 2 no nilotinib (AMN107, Tasigna)

52. 1 yes 2 no other therapy

53. Specify therapy:

54. Donor leukocyte infusions

- 1 yes
- 2 no

55. Subsequent HSCT

- 1 yes
- 2 no

56. Other treatment

- 1 yes
- 2 no

57. Specify treatment:

Disease Status at the Time of Assessment for This Reporting Period

58. Was the disease status assessed since the date of the last report?

- 1 yes
- 2 yes, is the same assessment as 25-41, as no treatment was given
- 3 no

Specify the method(s) used to assess the disease status:

59. Current molecular assessment

- 1 yes
- 2 no

60. Date of the molecular assessment:

Month Day Year

61. Was there evidence of disease?

- 1 yes
- 2 no

62. Was the status considered a relapse or persistent disease?

- 1 yes
- 2 no

63. Current cytogenetic assessment

- 1 yes
- 2 no

64. Was the disease status assessed via FISH?

- 1 yes
- 2 no

65. Date of FISH test:

Month Day Year

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	<p>66. Was there evidence of disease? 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</p>
	<p>67. Was the status considered a relapse or persistent disease? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no</p>
	<p>68. Was the disease status assessed via conventional cytogenetics? 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</p>
	<p>69. Date of conventional cytogenetic test: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year</p>
	<p>70. Was there evidence of disease? 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</p>
	<p>71. Was the status considered a relapse or persistent disease? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no</p>
	<p>72. Current clinical / hematologic assessment 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</p>
	<p>73. Date of the clinical / hematologic assessment: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year</p>
	<p>74. Was there evidence of disease? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no</p>

75. What is the current disease status?

- 1 complete remission
- 2 not in complete remission

76. Date the current disease status was established in this reporting period:

Month Day Year

77. Signed: _____

Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____