



Juvenile Myelomonocytic Leukemia (JMML / JCML) Post-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date: / / (2 0)

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: _____

Visit: 100 day 6 month 1 year 2 years > 2 years, specify:

To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

- What was the recipient's best response to transplant since the date of the last report?
 - 1 continued complete response (CCR) — continued absence of all known disease after a complete response to a previous line of therapy
 - 2 complete response (CR) — normalization of WBC and organomegaly
 - 3 partial response (PR) — $\geq 50\%$ reduction in WBC and / or organomegaly
 - 4 marginal response (MR) — one of the following: between 25% and 50% reduction in WBC and organomegaly — or — partial response in WBC but no change in organomegaly — or — partial response in organomegaly but no change in WBC
 - 5 stable disease (SD) — $\leq 25\%$ reduction in WBC and/or organomegaly
 - 6 progressive disease (PD) — increase in WBC and/or organomegaly
 - 7 not evaluable → 2. Specify reason: _____

3. Date of best response: / /

- Did the recipient experience any skin involvement since the date of the last report?
 - 1 yes
 - 2 no
 - 3 unknown

5. Did the recipient receive GVHD prophylaxis since the date of the last report?

- 1 yes → 6. Start date: / / date previously reported
- 2 no
- 3 unknown
- 7. Stop date: / / prophylaxis ongoing

- Did the recipient receive planned 13-cis-retinoic acid (RA) therapy per protocol since the date of the last report?
 - 1 yes
 - 2 no
 - 3 unknown

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

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9. What is the recipient's current disease status at the date of last contact? (see response definitions in question 1)

- 1 CCR
- 2 CR
- 3 persistent disease without progression (never CR post-HSCT)
- 4 PD (never CR post-HSCT)

5 disease relapse after achieving CR post-HSCT

10. Date of disease relapse / progression:
Month Day Year

Specify site(s) of disease relapse / progression:

11. 1 yes 2 no Bone marrow

12. 1 yes 2 no Central nervous system

13. 1 yes 2 no Skin

14. 1 yes 2 no Other site

15. Specify:

6 CR after post-HSCT relapse

16. Date of disease relapse:
Month Day Year

Specify treatment(s) given to achieve CR after post-HSCT relapse:

17. 1 yes 2 no Chemotherapy

18. 1 yes 2 no Donor leukocyte infusion (DLI)

19. 1 yes 2 no Second transplant

20. Date of CR:
Month Day Year

A separate Form 2000 – Recipient Baseline Data must be completed for each infusion and for post-infusion events.

7 not evaluable

21. Specify:

22. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____