### Key Fields

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>ELSE GOTO Date Received:</th>
</tr>
</thead>
</table>

**Date Received:**

- YYYY
- MM
- DD

**CIBMTR Center Number**

**CIBMTR Recipient ID**

**Today's Date:**

- YYYY
- MM
- DD

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

- YYYY
- MM
- DD

**HSCT type:** (check all that apply)

- ☐ Autologous

**Product type:** (check all that apply)

- ☐ Marrow

**Other product**

- ☐ Other product

---

2010: Acute Myelogenous Leukemia Pre-HSCT Data

CIBMTR Form 2010 revision 2 (page 1 of 15) Last Updated November 12, 2012.
Copyright (c) 2012 National Marrow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved.
Specify:

ELSE GOTO If this is a report of a second or subsequent transplant, check here and continue with question 126

☐ If this is a report of a second or subsequent transplant, check here and continue with question 126

IF If this is a report of a second or subsequent transplant, check here and continue with question 126:= checked

THEN GOTO (126) WBC:

ELSE GOTO (1) What was the date of diagnosis of Acute Myelogenous Leukemia?

<table>
<thead>
<tr>
<th>Disease Assessment at Diagnosis</th>
<th>Questions: 1-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 What was the date of diagnosis of Acute Myelogenous Leukemia?   __ __ __ __ - __ __ __</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO (2) Was this a secondary (therapy-linked) leukemia? (not MDS / MPS)</td>
<td></td>
</tr>
</tbody>
</table>
| 2 Was this a secondary (therapy-linked) leukemia? (not MDS / MPS)
  O yes
  O no
| IF (2) Was this a secondary (therapy-linked) leukemia? (not MDS / MPS) := yes
| THEN GOTO (3) What was the recipient's prior disease (malignant or nonmalignant):
| ELSE GOTO (10) Did the recipient have a documented antecedent hematologic disorder (preleukemia or myelodysplastic syndrome)? |
| 3 What was the recipient's prior disease (malignant or nonmalignant):
  O Breast cancer
  O Hodgkin lymphoma
  O non-Hodgkin lymphoma
  O Other
| IF (3) What was the recipient's prior disease (malignant or nonmalignant) := Other
| THEN GOTO (4) Specify disease:
| ELSE GOTO (5) What was the date of diagnosis of prior disease? |
| 4 Specify disease: ELSE GOTO (5) What was the date of diagnosis of prior disease? |
| 5 What was the date of diagnosis of prior disease? __ __ __ __ - __ __ __ |
| ELSE GOTO (6) Chemotherapy |
| Specify treatment(s) for prior disease: |
| 6 Chemotherapy
  O yes
  O no
  O unknown |
| ELSE GOTO (7) Radiation |
| 7 Radiation
  O yes
  O no
  O unknown |
| ELSE GOTO (8) Other treatment |
8 Other treatment
   O yes
   O no
   O unknown

   IF (8) Other treatment := yes
   THEN GOTO (9) Specify treatment:
   ELSE GOTO (10) Did the recipient have a documented antecedent hematologic disorder (preleukemia or myelodysplastic syndrome)?

9 Specify treatment: _______________________
   ELSE GOTO (10) Did the recipient have a documented antecedent hematologic disorder (preleukemia or myelodysplastic syndrome)?

10 Did the recipient have a documented antecedent hematologic disorder (preleukemia or myelodysplastic syndrome)?
   O yes
   O yes, MDS suspected and/or concurrent with AML diagnosis
   O no

   IF (10) Did the recipient have a documented antecedent hematologic disorder (preleukemia or myelodysplastic syndrome)? := yes
   THEN GOTO (11) What was the date of diagnosis of antecedent hematologic disorder?
   ELSE GOTO (13) Did the recipient have a predisposing condition prior to the diagnosis of leukemia?

11 What was the date of diagnosis of antecedent hematologic disorder? __ __ __ __- __ __ __ __
   ELSE GOTO (12) What was the classification of hematologic disorder at diagnosis?

12 What was the classification of hematologic disorder at diagnosis?
   O Refractory anemia (RA)
   O refractory anemia with ringed sideroblasts (RARS)
   O refractory anemia with excess blasts (RAEB-1)
   O refractory anemia with excess blasts in transformation (RAEB-2)
   O refractory cytopenia with multilineage dysplasia (RCMD)
   O refractory anemia with ringed sideroblasts with dysplasia (RCMD-RS)
   O 5q- syndrome
   O MDS unclassifiable, not otherwise specified
   O chronic myelomonocytic leukemia (CMML)
   O chronic MPS disorder, not otherwise specified
   O chronic neutrophilic leukemia
   O chronic eosinophilic leukemia and hyperesinophilic syndrome
   O polycythemia vera (PCV)
   O chronic idiopathic myelofibrosis (with extra-medullary hematopoiesis), myelofibrosis with myeloid metaplasia, acute myelofibrosis or myelosclerosis
   O essential or primary thrombocytethmia
   O juvenile myelomonocytic leukemia (JMML, JCML, JCMML) (no evidence of PH1 or BCR/ABL)

   ELSE GOTO (13) Did the recipient have a predisposing condition prior to the diagnosis of leukemia?

13 Did the recipient have a predisposing condition prior to the diagnosis of leukemia?
   O yes
   O no

   IF (13) Did the recipient have a predisposing condition prior to the diagnosis of leukemia? := yes
   THEN GOTO (14) Specify condition:
   ELSE GOTO (16) WBC:

14 Specify condition:
   O aplastic anemia
   O Bloom syndrome
   O Down syndrome
   O Fanconi anemia
   O other condition

   IF (14) Specify condition := other condition
   THEN GOTO (15) Specify condition:
   ELSE GOTO (16) WBC:
15 Specify condition: __________________________
ELSE GOTO (16) WBC:

16 WBC:
O known
O not known
IF (16) WBC::= known
THEN GOTO (17) WBC value
ELSE GOTO (18) Blasts in blood:

17 ELSE GOTO Specify units
O \( \times 10^9/L \) (\( \times 10^9/mm^3 \))
O \( \times 10^6/L \)
ELSE GOTO (18) Blasts in blood:

18 Blasts in blood:
O known
O not known
IF (18) Blasts in blood::= known
THEN GOTO (19) Percent of blasts in blood:
ELSE GOTO (20) Blasts in bone marrow:

19 ELSE GOTO (20) Blasts in bone marrow:

20 Blasts in bone marrow:
O known
O not known
IF (20) Blasts in bone marrow::= known
THEN GOTO (21) Percent blasts in bone marrow
ELSE GOTO (22) Was extramedullary disease present at diagnosis?

21 ELSE GOTO (22) Was extramedullary disease present at diagnosis?

22 Was extramedullary disease present at diagnosis?
O yes
O no
IF (22) Was extramedullary disease present at diagnosis?:= yes
THEN GOTO (23) Central nervous system (CNS)
ELSE GOTO (28) Were cytogenetics tested (conventional or FISH)?

Specify site(s) of disease:
23 Central nervous system (CNS)
O yes
O no
ELSE GOTO (24) Soft tissue deposition / granulocytic sarcoma

24 Soft tissue deposition / granulocytic sarcoma
O yes
O no
ELSE GOTO (25) Testes
25 Testes
   O yes
   O no
   ELSE GOTO (26) Other site:

26 Other site:
   O yes
   O no
IF (26) Other site::= yes
   THEN GOTO (27) Specify site:
   ELSE GOTO (28) Were cytogenetics tested (conventional or FISH)?

27 Specify site:
   ELSE GOTO (28) Were cytogenetics tested (conventional or FISH)?

28 Were cytogenetics tested (conventional or FISH)?
   O yes
   O no
   O unknown
IF (28) Were cytogenetics tested (conventional or FISH)::= yes
   THEN GOTO (29) Results of tests at diagnosis:
   ELSE GOTO (94) Was a flt-3 ligand mutation present at diagnosis?

29 Results of tests at diagnosis:
   O yes abnormalities identified
   O no evaluable metaphases
   O no abnormalities
IF (29) Results of tests at diagnosis::= yes abnormalities identified
   THEN GOTO (30) Monosomy -5 at DX
   ELSE GOTO (61) Results of tests after diagnosis to prior to the preparative regimen:

   Specify cytogenetic abnormalities identified at diagnosis:
   Monosomy
   30 -5
      O yes
      O no
   ELSE GOTO (31) Monosomy -7 at DX

31 -7
   O yes
   O no
   ELSE GOTO (32) Monosomy -17 at DX

32 -17
   O yes
   O no
   ELSE GOTO (33) Monosomy -18 at DX

33 -18
   O yes
   O no
   ELSE GOTO (34) Monosomy -X at DX

34 -X
   O yes
   O no
   ELSE GOTO (35) Monosomy -Y at DX

35 -Y
   O yes
   O no
   ELSE GOTO (36) Trisomy +4 at DX

   RETIRED
   RETIRED
Trisomy
36 +4
  O yes
  O no
  ELSE GOTO (37) Trisomy +8 at DX

37 +8
  O yes
  O no
  ELSE GOTO (38) Trisomy +11 at DX

38 +11
  O yes
  O no
  ELSE GOTO (39) Trisomy +13 at DX

39 +13
  O yes
  O no
  ELSE GOTO (40) Trisomy +14 at DX

40 +14
  O yes
  O no
  ELSE GOTO (41) Trisomy +21 at DX

41 +21
  O yes
  O no
  ELSE GOTO (42) Trisomy +22 at DX

42 +22
  O yes
  O no
  ELSE GOTO (43) Translocation t(3;3) at DX

Translocation
43 t(3;3)
  O yes
  O no
  ELSE GOTO (44) Translocation t(6;9) at DX

44 t(6;9)
  O yes
  O no
  ELSE GOTO (45) Translocation t(8;21) at DX

45 t(8;21)
  O yes
  O no
  ELSE GOTO (46) Translocation t(15;17) and variants at DX

46 t(15;17) and variants
  O yes
  O no
  ELSE GOTO (47) Translocation t(16;16) at DX

47 t(16;16)
  O yes
  O no
  ELSE GOTO (48) Deletion del(5q) / 5q- at DX
Deletion
48 del(5q)/5q-
   O yes
   O no
ELSE GOTO (49) Deletion del (7q) / 7q- at DX

49 del(7q)/7q-
   O yes
   O no
ELSE GOTO (50) Deletion del(9q) / 9q- at DX

50 del(9q)/9q-
   O yes
   O no
ELSE GOTO (51) Deletion del(11q) / 11q- at DX

51 del(11q)/11q-
   O yes
   O no
ELSE GOTO (52) Deletion del(17q) / 17q- at DX

52 del(17q)/17q-
   O yes
   O no
ELSE GOTO (53) Deletion del(20q) / 20q- at DX

53 del(20q)/20q-
   O yes
   O no
ELSE GOTO (54) Inversion inv(3) at DX

Inversion
54 inv(3)
   O yes
   O no
ELSE GOTO (55) Inversion inv(16) at DX

55 inv(16)
   O yes
   O no
ELSE GOTO (56) (11q23) balanced abnormality at DX

Other
56 (11q23) balanced abnormality
   O yes
   O no
ELSE GOTO (57) 12p any abnormality at DX

57 12p any abnormality
   O yes
   O no
ELSE GOTO (58) Complex (>= distinct abnormalities) at DX

58 complex (>=3 distinct abnormalities)
   O yes
   O no
ELSE GOTO (59) Other abnormalities at DX

59 other abnormality
   O yes
   O no
IF (59) Other abnormalities at DX:= yes
   THEN GOTO (60) Other specify other abnormality at DX:
ELSE GOTO (61) Results of tests after diagnosis to prior to the preparative regimen:
60 Specify other abnormality:

ELSE GOTO (61) Results of tests after diagnosis to prior to the preparative regimen:

61 Results of tests after diagnosis to prior to the preparative regimen:
   O yes abnormalities identified
   O no evaluable metaphases on any tests
   O no abnormalities on any tests after diagnosis and before the preparative regimen
IF (61) Results of tests after diagnosis to prior to the preparative regimen := yes abnormalities identified
   THEN GOTO (62) Monosomy -5 at prep
   ELSE GOTO (93) Is a copy of the cytogenetic or FISH report attached?

Specify cytogenetic abnormalities identified on tests after diagnosis and prior to the preparative regimen:

Monosomy
62 -5
   O yes
   O no
ELSE GOTO (63) Monosomy -7 at prep
63 -7
   O yes
   O no
ELSE GOTO (64) Monosomy -17 at prep
64 -17
   O yes
   O no
ELSE GOTO (65) Monosomy -18 at prep
65 -18
   O yes
   O no
ELSE GOTO (66) Monosomy -X at prep
66 -X
   O yes
   O no
ELSE GOTO (67) Monosomy -Y at prep
67 -Y
   O yes
   O no
ELSE GOTO (68) Trisomy +4 at prep
Trisomy
68 +4
   O yes
   O no
ELSE GOTO (69) Trisomy +8 at prep
69 +8
   O yes
   O no
ELSE GOTO (70) Trisomy +11 at prep
70 +11
   O yes
   O no
ELSE GOTO (71) Trisomy +3 at prep
<table>
<thead>
<tr>
<th>Step</th>
<th>Code</th>
<th>Description</th>
<th>Decision</th>
<th>( \pm )</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>13+13</td>
<td>Trisomy +14 at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (72)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>14+14</td>
<td>Trisomy +21 at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (73)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>21+21</td>
<td>Trisomy +22 at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (74)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>22+22</td>
<td>Translocation t(3;3) at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (75)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>t(3;3)</td>
<td>Translocation t(6;9) at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (76)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>t(6;9)</td>
<td>Translocation t(8;21) at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (77)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>t(8;21)</td>
<td>Translocation t(15;17) and variants at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (78)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>t(15;17) and variants</td>
<td>Translocation t(16;16) at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (79)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>t(16;16)</td>
<td>Deletion del(5q) / 5q- at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (80)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>del(5q)/5q-</td>
<td>Deletion del(7q) / 7q- at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (81)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>del(7q)/7q-</td>
<td>Deletion del(9q) / 9q- at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (82)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>del(9q)/9q-</td>
<td>Deletion del(11q) / 11q- at prep</td>
<td>( \text{yes} )</td>
<td>( \pm )</td>
<td>( \text{no} )</td>
</tr>
<tr>
<td>ELSE GOTO (83)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page</td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83</td>
<td><code>del(11q)/11q-</code></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84</td>
<td><code>del(17q)/17q-</code></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85</td>
<td><code>del(20q)/20q-</code></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>86</td>
<td><code>inv(3)</code></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87</td>
<td><code>inv(16)</code></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88</td>
<td><code>(11q23) balanced abnormality</code></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>89</td>
<td><code>12p any abnormality</code></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td><code>complex (&gt;=3 distinct abnormalities)</code></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>91</td>
<td><code>other abnormality</code></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92</td>
<td>Specify other abnormality:</td>
<td><code>__________________________</code></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93</td>
<td>Is a copy of the cytogenetic or FISH report attached?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>Was a flt-3 ligand mutation present at diagnosis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95</td>
<td>Was therapy given between diagnosis and the start of the preparative regimen?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
95 Was therapy given between diagnosis and the start of the preparative regimen?
   O yes
   O no

IF (95) Was therapy given between diagnosis and the start of the preparative regimen?:= yes
THEN GOTO (96) Purpose of therapy:
ELSE GOTO (125) Did the recipient have central nervous system leukemia at any time between diagnosis and the start of the preparative regimen?

Pre-HSCT Treatment for Acute Myelogenous Leukemia

<table>
<thead>
<tr>
<th>Questions: 96-124</th>
</tr>
</thead>
</table>

Pre-HSCT Treatment for AML

<table>
<thead>
<tr>
<th>Line of Therapy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>96 Purpose of therapy:</td>
</tr>
</tbody>
</table>
   O induction
   O consolidation
   O maintenance
   O treatment for disease relapse
ELSE GOTO (97) Systemic / Intrathecal Therapy:

<table>
<thead>
<tr>
<th>Systemic / Intrathecal Therapy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 Systemic / Intrathecal Therapy:</td>
</tr>
</tbody>
</table>
   O yes
   O no

IF (97) Systemic / Intrathecal Therapy: := no
THEN GOTO (115) Radiation Therapy:
ELSE GOTO (98) Date therapy started:

<table>
<thead>
<tr>
<th>Date therapy started:</th>
</tr>
</thead>
<tbody>
<tr>
<td>98 Date therapy started:</td>
</tr>
</tbody>
</table>
   YYYY MM DD
ELSE GOTO (99) Date therapy stopped:

<table>
<thead>
<tr>
<th>Date therapy stopped:</th>
</tr>
</thead>
<tbody>
<tr>
<td>99 Date therapy stopped:</td>
</tr>
</tbody>
</table>
   YYYY MM DD
ELSE GOTO (100) Unknown/not applicable

<table>
<thead>
<tr>
<th>Unknown/not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Unknown/not applicable</td>
</tr>
</tbody>
</table>
   Number of cycles __________

IF (100) Unknown/not applicable:= EXISTS
THEN GOTO (101) all-trans retinoic acid
ELSE GOTO Number of cycles

<table>
<thead>
<tr>
<th>all-trans retinoic acid</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 all-trans retinoic acid</td>
</tr>
</tbody>
</table>
   O yes
   O no
ELSE GOTO (102) cytarabine <= 2g/m²/day

<table>
<thead>
<tr>
<th>cytarabine &lt;= 2g/m²/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>102 cytarabine &lt;= 2g/m²/day</td>
</tr>
</tbody>
</table>
   O yes
   O no
ELSE GOTO (103) cytarabine > 2 g/m²/day

<table>
<thead>
<tr>
<th>cytarabine &gt; 2 g/m²/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>103 cytarabine &gt; 2 g/m²/day</td>
</tr>
</tbody>
</table>
   O yes
   O no
ELSE GOTO (104) Daunorubicin (Cerubidine)

<table>
<thead>
<tr>
<th>Daunorubicin (Cerubidine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>104 Daunorubicin (Cerubidine)</td>
</tr>
</tbody>
</table>
   O yes
   O no
ELSE GOTO (105) Doxorubicin (Adriamycin)
105 Doxorubicin (Adriamycin)
   O yes
   O no
   ELSE GOTO (106) Etoposide (VP-16, VePesid)

106 Etoposide (VP-16, VePesid)
   O yes
   O no
   ELSE GOTO (107) gemtuzumab (Mylotarg)

107 gemtuzumab (Mylotarg)
   O yes
   O no
   ELSE GOTO (108) idarubicin (Idamycin)

108 idarubicin (Idamycin)
   O yes
   O no
   ELSE GOTO (109) intrathecal therapy

109 intrathecal therapy
   O yes
   O no
   ELSE GOTO (110) Mitoxantrone (Novantrone)

110 Mitoxantrone (Novantrone)
   O yes
   O no
   ELSE GOTO (111) thioguanine (6-TG)

111 thioguanine (6-TG)
   O yes
   O no
   ELSE GOTO (112) topotecan (Hycamtin)

112 topotecan (Hycamtin)
   O yes
   O no
   ELSE GOTO (113) other chemotherapy

113 other chemotherapy
   O yes
   O no
   IF (113) other chemotherapy:= yes
   THEN GOTO (114) specify other chemotherapy
   ELSE GOTO (115) Radiation Therapy:

114 specify other chemotherapy
   ELSE GOTO (115) Radiation Therapy:

115 Radiation Therapy:
   O yes
   O no
   IF (115) Radiation Therapy:= yes
   THEN GOTO (116) Date therapy started:
   ELSE GOTO (121) Best Response to Line of Therapy:

116 Date therapy started: __ __ __ __ __ __ __

   ELSE GOTO (117) Date therapy stopped:

117 Date therapy stopped: __ __ __ __ __ __ __

   ELSE GOTO (118) central nervous system
118 central nervous system
  O yes
  O no
ELSE GOTO (119) Other site
119 Other site
  O yes
  O no
IF (119) Other site:= yes
  THEN GOTO (120) specify other site
ELSE GOTO (121) Best Response to Line of Therapy:
  120 specify other site
ELSE GOTO (121) Best Response to Line of Therapy:
121 Best Response to Line of Therapy:
  O continuous complete response
  O complete response
  O no complete response
ELSE GOTO (122) Date response established:
122 Date response established: __-__-__-__
ELSE GOTO (123) Did the recipient relapse following this line of therapy?
123 Did the recipient relapse following this line of therapy?
  O yes
  O no
IF (123) Did the recipient relapse following this line of therapy:= no
  THEN GOTO (125) Did the recipient have central nervous system leukemia at any time between diagnosis and the start of the preparative regimen?
ELSE GOTO (124) Date of relapse:
  124 Date of relapse: __-__-__-__
ELSE GOTO (125) Did the recipient have central nervous system leukemia at any time between diagnosis and the start of the preparative regimen?
Copy questions 96-124 if needed for Pre-HSCT Treatment for Acute Myelogenous Leukemia

125 Did the recipient have central nervous system leukemia at any time between diagnosis and the start of the preparative regimen?
  O yes
  O no
  O unknown
ELSE GOTO (126) WBC:

<table>
<thead>
<tr>
<th>Laboratory Studies Prior to the Start of the Preparative Regimen</th>
<th>Questions: 126-132</th>
</tr>
</thead>
<tbody>
<tr>
<td>126 WBC:</td>
<td></td>
</tr>
<tr>
<td>O known</td>
<td></td>
</tr>
<tr>
<td>O not known</td>
<td></td>
</tr>
<tr>
<td>IF (126) WBC::= known</td>
<td></td>
</tr>
<tr>
<td>THEN GOTO (127) WBC value</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO (128) Blasts in blood:</td>
<td></td>
</tr>
<tr>
<td>127</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO unit of measure</td>
<td></td>
</tr>
<tr>
<td>O x 10^9/L (x 10^9/mm^3)</td>
<td></td>
</tr>
<tr>
<td>O x 10^6/L</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO (128) Blasts in blood:</td>
<td></td>
</tr>
</tbody>
</table>
128 Blasts in blood:
O known
O not known

IF (128) Blasts in blood::= known
THEN GOTO (129) Percent blasts in blood
ELSE GOTO (130) Blasts in bone marrow:

129 __________________________ %

ELSE GOTO (130) Blasts in bone marrow:

130 Blasts in bone marrow:
O known
O not known

IF (130) Blasts in bone marrow::= known
THEN GOTO (131) Percent blasts in bone marrow
ELSE GOTO (133) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?

131 __________________________ %

ELSE GOTO (132) Date of marrow examination:

132 Date of marrow examination: ____________ ____________

ELSE GOTO (133) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?

Disease Status at the Last Assessment Prior to the Preparative Regimen

133 What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?
O 1st complete remission (no previous marrow or extramedullary relapse)
O 2nd complete remission
O ≥ 3rd complete remission
O primary induction failure
O 1st relapse
O 2nd relapse
O ≥ 3rd relapse
O no treatment

IF (133) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:= primary induction failure OR (133) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:= 1st relapse
THEN GOTO (136) Bone marrow
ELSE GOTO (134) Was the recipient in cytogenetic remission?

IF (133) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:= 2nd relapse OR (133) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:= ≥ 3rd relapse
THEN GOTO (136) Bone marrow
ELSE GOTO (134) Was the recipient in cytogenetic remission?

IF (133) What was the disease status based on hematological test results at the last evaluation prior to the preparative regimen?:= no treatment
THEN GOTO (143) Date of most recent assessment for disease status prior to the preparative regimen:
ELSE GOTO (134) Was the recipient in cytogenetic remission?

134 Was the recipient in cytogenetic remission?
O yes
O no
O unknown

ELSE GOTO (135) Was the recipient in molecular remission?
135 Was the recipient in molecular remission?
   O yes
   O no
   O unknown
ELSE GOTO (136) Bone marrow

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

   O yes
   O no
ELSE GOTO (137) Central nervous system

137 Central nervous system
   O yes
   O no
ELSE GOTO (138) Cytogenetic / FISH test results

138 Cytogenetic / FISH test results
   O yes
   O no
ELSE GOTO (139) Molecular test results

139 Molecular test results
   O yes
   O no
ELSE GOTO (140) Testes

140 Testes
   O yes
   O no
ELSE GOTO (141) Other site:

141 Other site:
   O yes
   O no
IF (141) Other site::= yes
THEN GOTO (142) Specify site:
ELSE GOTO (143) Date of most recent assessment for disease status prior to the preparative regimen:

142 Specify site:
   ELSE GOTO (143) Date of most recent assessment for disease status prior to the preparative regimen:

143 Date of most recent assessment for disease status prior to the preparative regimen:
   __ __ __ __ __ __ MM DD

   ELSE GOTO First name
First Name: ____________________
ELSE GOTO Last name
Last Name: ____________________
ELSE GOTO Phone number:

Phone number: ____________________
ELSE GOTO Fax number:
Fax number: ____________________
ELSE GOTO E-mail address:

E-mail address: ____________________
ELSE GOTO End of Form