2010: Acute Myelogenous Leukemia Pre-HSCT Data

Registry Use Only
Sequence Number:

Date Received:

Key Fields

Sequence Number: ____________________________
ELSE GOTO Date Received:

Date Received: ___________ ___________ ___________ 
ELSE GOTO CIBMTR Center Number

CIBMTR Center Number ____________________________
ELSE GOTO CIBMTR Recipient ID:

CIBMTR Recipient ID: ____________________________
ELSE GOTO Today's Date:

Today's Date: ___________ ___________ ___________ 
ELSE GOTO Date of HSCT for which this form is being completed:

Date of HSCT for which this form is being completed: ___________ ___________ ___________ 
ELSE GOTO Autologous

HSCT type: (check all that apply)
☐ Autologous
ELSE GOTO Allogeneic, unrelated

☐ Allogeneic, unrelated
ELSE GOTO Allogeneic, related

☐ Allogeneic, related
ELSE GOTO Syngeneic (identical twin)

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
CIBMTR Center Number: ____________________________

CIBMTR Recipient ID: ____________________________

<table>
<thead>
<tr>
<th>Disease Assessment at Diagnosis</th>
<th>Questions: 1-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 pre-HSCT, or abstraction of the recipient’s medical records.</td>
<td></td>
</tr>
</tbody>
</table>

1. What was the date of diagnosis of Acute Myelogenous Leukemia? ____________-__________-__________

   ELSE GOTO (2) Was this a secondary (therapy-linked) leukemia? (not MDS / MPS)

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?          YYYY MM DD

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?
### CIBMTR Form 2010 revision 2

**Sequence Number:**

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**CIBMTR Recipient ID:**

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</table>

**Infusion Date:**

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**Today’s Date:**

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**Laboratory Studies at Diagnosis**

<table>
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<tr>
<th>Questions: 16-125</th>
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**CIBMTR Recipient ID:**

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**What was the date of diagnosis of antecedent hematologic disorder?**

<table>
<thead>
<tr>
<th>YYYY MM DD</th>
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</thead>
</table>

**What was the classification of hematologic disorder at diagnosis?**

- Refractory anemia (RA)
- Refractory anemia with ringed sideroblasts (RARS)
- Refractory anemia with excess blasts (RAEB-1)
- Refractory anemia with excess blasts in transformation (RAEB-2)
- Refractory cytopenia with multilineage dysplasia (RCMD)
- Refractory anemia with ringed sideroblasts with dysplasia (RCMD-RS)
- Sx syndrome
- MDS unclassifiable, not otherwise specified
- Chronic myelomonocytic leukemia (CMML)
- Chronic MPS disorder, not otherwise specified
- Chronic neutrophilic leukemia
- Chronic eosinophilic leukemia and hypereosinophilic syndrome
- Polycythemia vera (PCV)
- Chronic idiopathic myelofibrosis (with extra-medullary hematopoiesis), myelofibrosis with myeloid metaplasia, acute myelofibrosis or myelosclerosis
- Essential or primary thrombocytopenia
- Juvenile myelomonocytic leukemia (JMML, JCML, JCMMML) (no evidence of PH1 or BCR/ABL)

**Did the recipient have a predisposing condition prior to the diagnosis of leukemia?**

- Yes
- No

**Specify condition:**

- Aplastic anemia
- Bloom syndrome
- Down syndrome
- Fanconi anemia

**Laboratory Studies at Diagnosis**

<p>| | | | | |</p>
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**Laboratory Studies at Diagnosis**

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</thead>
</table>

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Report findings prior to any first treatment of the primary disease for which the HSCT is being performed.

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 $10^9/L$ (x $10^3/mm^3$)
       O $10^9/L$
       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

   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
<table>
<thead>
<tr>
<th>ELSE GOTO (42) Trisomy +22 at DX</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 +22</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (43) Translocation t(3;3) at DX</td>
</tr>
<tr>
<td>Translocation</td>
</tr>
<tr>
<td>43 t(3;3)</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (44) Translocation t(6;9) at DX</td>
</tr>
<tr>
<td>44 t(6;9)</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (45) Translocation t(8;21) at DX</td>
</tr>
<tr>
<td>45 t(8;21)</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (46) Translocation t(15;17) and variants at DX</td>
</tr>
<tr>
<td>46 t(15;17) and variants</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (47) Translocation t(16;16) at DX</td>
</tr>
<tr>
<td>47 t(16;16)</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (48) Deletion del(5q) / 5q- at DX</td>
</tr>
<tr>
<td>48 del(5q)/5q-</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (49) Deletion del (7q) / 7q- at DX</td>
</tr>
<tr>
<td>49 del(7q)/7q-</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (50) Deletion del(9q) / 9q- at DX</td>
</tr>
<tr>
<td>50 del(9q)/9q-</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (51) Deletion del(11q) / 11q- at DX</td>
</tr>
</tbody>
</table>

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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:
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<table>
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<th>CIBMTR Center Number:</th>
<th>CIBMTR Recipient ID:</th>
</tr>
</thead>
</table>

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

71 +13
   O yes
   O no
   ELSE GOTO (72) Trisomy +14 at prep

72 +14
   O yes
   O no
   ELSE GOTO (73) Trisomy +21 at prep

73 +21
   O yes
   O no
   ELSE GOTO (74) Trisomy +22 at prep

74 +22
   O yes
   O no
   ELSE GOTO (75) Translocation t(3;3) at prep

Translocation
75 t(3;3)
   O yes
   O no
   ELSE GOTO (76) Translocation t(6;9) at prep

76 t(6;9)
   O yes
   O no
   ELSE GOTO (77) Translocation t(8;21) at prep

77 t(8;21)
   O yes
   O no
   ELSE GOTO (78) Translocation t(15;17) and variants at prep

78 t(15;17) and variants
O yes
O no
ELSE GOTO (79) Translocation t(16;16) at prep

79 t(16;16)
O yes
O no
ELSE GOTO (80) Deletion del(5q) / 5q- at prep

Deletion
80 del(5q)/5q-
O yes
O no
ELSE GOTO (81) Deletion del(7q) / 7q- at prep

81 del(7q)/7q-
O yes
O no
ELSE GOTO (82) Deletion del(9q) / 9q- at prep

82 del(9q)/9q-
O yes
O no
ELSE GOTO (83) Deletion del(11q) / 11q- at prep

83 del(11q)/11q-
O yes
O no
ELSE GOTO (84) Deletion del(17q) / 17q- at prep

84 del(17q)/17q-
O yes
O no
ELSE GOTO (85) Deletion del(20q) / 20q- at prep

85 del(20q)/20q-
O yes
O no
ELSE GOTO (86) Inversion inv(3) at prep

Inversion
86 inv(3)
O yes
O no
ELSE GOTO (87) Inversion inv(16) at prep

87 inv(16)
O yes
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<th>CIBMTR Center Number:</th>
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Today's Date: 
- Month: [ ]
- Day: [ ]
- Year: [ ]

Infusion Date: 
- Month: [ ]
- Day: [ ]
- Year: [ ]

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<table>
<thead>
<tr>
<th>ELSE GOTO (88) (11q23) balanced abnormality at prep</th>
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<tbody>
<tr>
<td><strong>O</strong> no</td>
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<tr>
<td><strong>ELSE GOTO</strong> (88) (11q23) balanced abnormality</td>
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<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td>(11q23) balanced abnormality</td>
</tr>
<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
</tr>
<tr>
<td><strong>ELSE GOTO</strong> (89) 12p any abnormality at prep</td>
</tr>
<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
</tr>
<tr>
<td><strong>ELSE GOTO</strong> (90) Complex (&gt;=3 distinct abnormalities)</td>
</tr>
<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
</tr>
<tr>
<td><strong>ELSE GOTO</strong> (91) Other other abnormality at prep</td>
</tr>
<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
</tr>
<tr>
<td><strong>ELSE GOTO</strong> (92) Other specify other abnormality at prep</td>
</tr>
<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
</tr>
<tr>
<td><strong>ELSE GOTO</strong> (93) Is a copy of the cytogenetic or FISH report attached?</td>
</tr>
<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
</tr>
<tr>
<td><strong>ELSE GOTO</strong> (94) Was a flt-3 ligand mutation present at diagnosis?</td>
</tr>
<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
</tr>
<tr>
<td><strong>ELSE GOTO</strong> (95) Was therapy given between diagnosis and the start of the preparative regimen?</td>
</tr>
<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
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<tr>
<td><strong>ELSE GOTO</strong> (96) Purpose of therapy:</td>
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<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
</tr>
<tr>
<td><strong>ELSE GOTO</strong> (125) Did the recipient have central nervous system leukemia at any time between diagnosis and the start of the preparative regimen?</td>
</tr>
<tr>
<td><strong>O</strong> yes</td>
</tr>
<tr>
<td><strong>O</strong> no</td>
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</tbody>
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Pre-HSCT Treatment for Acute Myelogenous Leukemia

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<th>Purpose of therapy:</th>
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<tbody>
<tr>
<td>96</td>
<td>induction</td>
</tr>
<tr>
<td></td>
<td>consolidation</td>
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<tr>
<td></td>
<td>maintenance</td>
</tr>
<tr>
<td></td>
<td>treatment for disease relapse</td>
</tr>
<tr>
<td></td>
<td>ELSE GOTO (97) Systemic / Intrathecal Therapy:</td>
</tr>
<tr>
<td>97</td>
<td>Systemic / Intrathecal Therapy:</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>IF (97) Systemic / Intrathecal Therapy: := no</td>
<td></td>
</tr>
<tr>
<td>THEN GOTO (115) Radiation Therapy:</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO (98) Date therapy started:</td>
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</tr>
<tr>
<td>98</td>
<td>Date therapy started:</td>
</tr>
<tr>
<td></td>
<td>YYYY - MM - DD</td>
</tr>
<tr>
<td>ELSE GOTO (99) Date therapy stopped:</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Date therapy stopped:</td>
</tr>
<tr>
<td></td>
<td>YYYY - MM - DD</td>
</tr>
<tr>
<td>ELSE GOTO (100) Unknown/not applicable</td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>Unknown/not applicable</td>
</tr>
<tr>
<td></td>
<td>Number of cycles</td>
</tr>
<tr>
<td>IF (100) Unknown/not applicable:= EXISTS</td>
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</tr>
<tr>
<td>THEN GOTO (101) all-trans retinoic acid</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO Number of cycles</td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>all-trans retinoic acid</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>ELSE GOTO (102) cytarabine &lt;= 2g/m²/day</td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>cytarabine &lt;= 2g/m²/day</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>ELSE GOTO (103) cytarabine &gt; 2 g/m²/day</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>cytarabine &gt; 2 g/m²/day</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>ELSE GOTO (104) Daunorubicin (Cerubidine)</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Daunorubicin (Cerubidine)</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
</tbody>
</table>
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
ELSE GOTO (113) other chemotherapy:= yes

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)

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:  YYYY MM DD

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:

Laboratory Studies Prior to the Start of the Preparative Regimen

Questions: 126-132

126 WBC:
O known  
O not known  
IF (126) WBC::= known  
THEN GOTO (127) WBC value  
ELSE GOTO (128) Blasts in blood:

127 .  ___ ___ ___ ___ .  
ELSE GOTO unit of measure  
O x 10^9/L (x 10^3/mm^3)  
O x 10^6/L  
ELSE GOTO (128) Blasts in blood:

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
**Disease Status at the Last Assessment Prior to the Preparative Regimen**

**Questions: 133-143**

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

ELSE GOTO (135) Was the recipient in molecular remission?

135  Was the recipient in molecular remission?
- yes
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<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
</table>

**Today’s Date:**

<table>
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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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**Infusion Date:**

<table>
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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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**CIBMTR Center Number:**

| ___ ___ ___ ___ ___ ___ ___ ___ ___ |

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**CIBMTR Form 2010 revision 2 (page 19 of 20) Last Updated November 12, 2012.**

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

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).

**CIBMTR Center Number:**

| ___ ___ ___ ___ ___ ___ ___ ___ ___ |

**CIBMTR Recipient ID:**

| ___ ___ ___ ___ ___ ___ ___ ___ ___ |

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**O** no

**O** unknown

ELSE GOTO (136) **Bone marrow**

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

136 **Bone marrow**

| **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:**

143 **Date of most recent assessment for disease status prior to the preparative regimen:**

| YYYY | 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:**

| __________________________ |
# ERROR CORRECTION FORM

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<th>CIBMTR Center Number:</th>
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<td>Month Day Year</td>
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CIBMTR Center Number: ____________________  CIBMTR Recipient ID: ____________________

E-mail address: __________________________

ELSE GOTO End of Form