Form 2010 R3.0: Acute Myelogenous Leukemia (AML) Pre-HCT Data

Center: CRID:

Key Fields

Sequence Number: _____

Date Received: __ __ __ __ - __ __- __ __

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Date of HCT for which this form is being completed: __ __ __ __ - __ __- __ __

HCT Type: (check all that apply)

☐ Autologous

☐ Allogeneic, unrelated

☐ Allogeneic, related

Product type: (check all that apply)

☐ Bone marrow

☐ PBSC

☐ Single cord blood unit

☐ Multiple cord blood units

☐ Other product

Specify: _____

Subsequent Transplant

Is this the report of a second or subsequent transplant for the same disease?

☐ yes ☐ no

Disease Assessment at Diagnosis

Questions: 1 - 18

1 What was the date of diagnosis? __ __ __ __ - __ __- __ __

2 Is the disease (AML) therapy related?
(not MDS / MPN)

☐ yes ☐ no ☐ Unknown

3 Specify prior disease

☐ Breast cancer

☐ Hodgkin lymphoma

☐ Non-Hodgkin lymphoma

☐ Other disease

4 Specify other prior disease: _____

5 Date of diagnosis of prior disease

☐ Known ☐ Unknown

6 Date of diagnosis of prior disease: __ __ __ __ - __ __- __ __

7 Systemic therapy (chemotherapy)

☐ yes ☐ no ☐ Unknown

8 Radiation

☐ yes ☐ no ☐ Unknown

9 Other therapy

☐ yes ☐ no ☐ Unknown

10 Specify other therapy: _____

11 Did the recipient have an antecedent hematologic disorder? (preleukemia or myelodysplastic syndrome)

☐ yes ☐ no ☐ Unknown

12 Specify if the antecedent hematologic disorder was

☐ Documented

☐ Suspected (e.g. MDS suspected with AML diagnosis)

☐ Concurrent (e.g. MDS concurrent with AML diagnosis)

13 What was the date of diagnosis of antecedent hematologic disorder? __ __ __ __ - __ __- __ __

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

_____

15 Specify other hematologic disorder: _____

16 Did the recipient have a predisposing condition?

☐ yes ☐ no ☐ Unknown

17 Specify condition

☐ Bloom syndrome

☐ Down syndrome

☐ Fanconi anemia **Also complete CIBMTR Form 2029 - FAN**

☐ Neurofibromatosis type 1

☐ Other condition

18 Specify other condition: _____

Laboratory Studies at Diagnosis

Questions: 19 - 87

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

19 WBC

☐ Known ☐ Unknown

20 _____ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

21 Date sample collected: __ __ __ __ - __ __- __ __

22 Blasts in blood

☐ Known ☐ Unknown

23 _____ %

24 Date sample collected: __ __ __ __ - __ __- __ __

25 Blasts in bone marrow

☐ Known ☐ Unknown

26 _____ %

27 Date sample collected: __ __ __ __ - __ __- __ __

28 Was extramedullary disease present?

☐ yes ☐ no ☐ Unknown

Specify site(s) of disease:

29 Central nervous system

☐ yes ☐ no

30 Mouth / gums

☐ yes ☐ no

31 Skin

☐ yes ☐ no

32 Soft tissue

☐ yes ☐ no

33 Testes

☐ yes ☐ no

34 Other site

☐ yes ☐ no

35 Specify other site: _____

36 Were cytogenetics tested (conventional or FISH)?

☐ yes ☐ no ☐ Unknown

37 Date sample collected: __ __ __ __ - __ __- __ __

38 Results of tests

☐ Abnormalities identified

☐ No evaluable metaphases

☐ No abnormalities

Specify cytogenetic abnormalities identified at diagnosis:Monosomy

39 –5

☐ yes ☐ no

40 -7

☐ yes ☐ no

41 –17

☐ yes ☐ no

42 –18

☐ yes ☐ no

43 –X

☐ yes ☐ no

44 –Y

☐ yes ☐ no

Trisomy

45 +4

☐ yes ☐ no

46 +8

☐ yes ☐ no

47 +11

☐ yes ☐ no

48 +13

☐ yes ☐ no

49 +14

☐ yes ☐ no

50 +21

☐ yes ☐ no

51 +22

☐ yes ☐ no

Translocation

52 t(3;3)

☐ yes ☐ no

53 t(6;9)

☐ yes ☐ no

54 t(8;21)

☐ yes ☐ no

55 t(9;11)

☐ yes ☐ no

56 t(9;22)

☐ yes ☐ no

57 t(15;17) and variants

☐ yes ☐ no

58 t(16;16)

☐ yes ☐ no

Deletion

59 del(3q) / 3q–

☐ yes ☐ no

60 del(5q) / 5q-

☐ yes ☐ no

61 del(7q) / 7q–

☐ yes ☐ no

62 del(9q) / 9q–

☐ yes ☐ no

63 del(11q) / 11q–

☐ yes ☐ no

64 del(16q) / 16q–

☐ yes ☐ no

65 del(17q) / 17q–

☐ yes ☐ no

66 del(20q) / 20q–

☐ yes ☐ no

67 del(21q) / 21q–

☐ yes ☐ no

Inversion

68 inv(3)

☐ yes ☐ no

69 inv(16)

☐ yes ☐ no

Other

70 (11q23) any abnormality

☐ yes ☐ no

71 12p any abnormality

☐ yes ☐ no

72 Complex - ≥ 3 distinct abnormalities

☐ yes ☐ no

73 Other abnormality

☐ yes ☐ no

74 Specify other abnormality: _____

75 Was documentation submitted to the CIBMTR?
(e.g. cytogenetic or FISH report)

☐ yes ☐ no

76 Were tests for molecular markers performed (e.g. PCR)?

☐ yes ☐ no ☐ Unknown

77 Date sample collected: __ __ __ __ - __ __ - __ __

78 CEBPA

☐ Positive ☐ Negative ☐ Not Done

79 FLT3 – D835 point mutation

☐ Positive ☐ Negative ☐ Not Done

80 FLT3 – ITD mutation

☐ Positive ☐ Negative ☐ Not Done

81 IDH1

☐ Positive ☐ Negative ☐ Not Done

82 IDH2

☐ Positive ☐ Negative ☐ Not Done

83 KIT

☐ Positive ☐ Negative ☐ Not Done

84 NPM1

☐ Positive ☐ Negative ☐ Not Done

Other Molecular Marker (1) **Questions: 85 - 86**

85 Other molecular marker

☐ Positive ☐ Negative ☐ Not Done

86 Specify other molecular marker: _____

87 Was documentation submitted to the CIBMTR?

☐ yes ☐ no

Pre-HCT Therapy

Questions: 88 - 126

88 Was therapy given?

☐ yes ☐ no

Line of Therapy (1) **Questions: 89 - 125**

Line of Therapy:

89 Purpose of therapy

- ☐ Induction
- ☐ Consolidation
- ☐ Maintenance
- ☐ treatment for disease relapse

90 Systemic therapy

☐ yes ☐ no

91 Date therapy started

☐ Known ☐ Unknown

92 Date started: __ __ __ __ - __ __- __ __

93 Date therapy stopped

☐ Known ☐ Unknown

94 Date stopped: __ __ __ __ - __ __- __ __

95 Number of cycles ☐ Known ☐ Unknown

96 Number of cycles: _____

97 Azacytidine (Vidaza)

☐ yes ☐ no

98 All-trans retinoic acid (Tretinoin)

☐ yes ☐ no

99 Arsenic

☐ yes ☐ no

100 Clofarabine

☐ yes ☐ no

101 Cytarabine (Ara - C) ≤ 10 g/m2/cycle

☐ yes ☐ no

102 Cytarabine (Ara – C) > 10 g/m2/cycle

☐ yes ☐ no

103 Daunorubicin (Cerubidine)

☐ yes ☐ no

104 Decitabine (Dacogen)

☐ yes ☐ no

105 Etoposide (VP-16, VePesid)

☐ yes ☐ no

106 Gemtuzumab (Mylotarg)

☐ yes ☐ no

107 Idarubicin (Idamycin)

☐ yes ☐ no

108 Intrathecal therapy

☐ yes ☐ no

109 Mitoxantrone (Novantrone)

☐ yes ☐ no

110 Sorafenib

☐ yes ☐ no

111 Thioguanine (6-TG)

☐ yes ☐ no

112 Other systemic therapy

☐ yes ☐ no

113 Specify other systemic therapy: _____

114 Radiation therapy

☐ yes ☐ no

115 Date therapy started

☐ Known ☐ Unknown

116 Date started: __ __ __ __ - __ __- __ __

117 Date therapy stopped

☐ Known ☐ Unknown

118 Date stopped: __ __ __ __ - __ __- __ __

Specify site(s) of radiation therapy:

119 Central nervous system

☐ yes ☐ no

120 Other site

☐ yes ☐ no

121 Specify other site: _____

122 Best response to line of therapy

☐ Complete remission (CR) - A treatment response where all of the following criteria are met for at least four weeks: < 5% blasts in the bone marrow, normal maturation of all cellular components in the bone marrow (myeloid, erythroid, and megakaryocytic lineages), no blasts with Auer rods, no extramedullary disease (e.g., central nervous system or soft tissue involvement), ANC of > 1,000/µL, Platelets ≥ 100,000/ µL

☐ No complete remission

123 Date assessed: __ __ __ __ - __ __- __ __

124 Did the recipient relapse following this line of therapy?

☐ yes ☐ no

125 Date of relapse: __ __ __ __ - __ __- __ __

126 Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen?

☐ yes ☐ no ☐ Unknown

Laboratory Studies at Last Evaluation Prior to the Start of the Preparative Regimen (Conditioning) Questions: 127 - 192

127 WBC

☐ Known ☐ Unknown

128 _____ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

129 Date sample collected: __ __ __ __ - __ __- __ __

130 Blasts in blood

☐ Known ☐ Unknown

131 _____ %

132 Date sample collected: __ __ __ __ - __ __- __ __

133 Blasts in bone marrow

☐ Known ☐ Unknown

134 _____ %

135 Date sample collected: __ __ __ __ - __ __- __ __

136 Were cytogenetics tested (conventional or FISH)?

☐ yes ☐ no ☐ Unknown

137 Date sample collected: __ __ __ __ - __ __- __ __

138 Results of tests

☐ Abnormalities identified

☐ No evaluable metaphases

☐ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:Monosomy

139 –5

☐ yes ☐ no

140 -7

☐ yes ☐ no

141 –17

☐ yes ☐ no

142 –18

☐ yes ☐ no

143 –X

☐ yes ☐ no

144 –Y

☐ yes ☐ no

Trisomy

145 +4

☐ yes ☐ no

146 +8

☐ yes ☐ no

147 +11

☐ yes ☐ no

148 +13

☐ yes ☐ no

149 +14

☐ yes ☐ no

150 +21

☐ yes ☐ no

151 +22

☐ yes ☐ no

Translocation

152 t(3;3)

☐ yes ☐ no

153 t(6;9)

☐ yes ☐ no

154 t(8;21)

☐ yes ☐ no

155 t(9;11)

☐ yes ☐ no

156 t(9;22)

☐ yes ☐ no

157 t(15;17) and variants

☐ yes ☐ no

158 t(16;16)

☐ yes ☐ no

Deletion

159 del(3q) / 3q–

☐ yes ☐ no

160 del(5q) / 5q-

☐ yes ☐ no

161 del(7q) / 7q–

☐ yes ☐ no

162 del(9q) / 9q–

☐ yes ☐ no

163 del(11q) / 11q–

☐ yes ☐ no

164 del(16q) / 16q–

☐ yes ☐ no

165 del(17q) / 17q–

☐ yes ☐ no

166 del(20q) / 20q–

☐ yes ☐ no

167 del(21q) / 21q–

☐ yes ☐ no

Inversion

168 inv(3)

☐ yes ☐ no

169 inv(16)

☐ yes ☐ no

Other

170 (11q23) any abnormality

☐ yes ☐ no

171 12p any abnormality

☐ yes ☐ no

172 Complex - ≥ 3 distinct abnormalities

☐ yes ☐ no

173 Other abnormality

☐ yes ☐ no

174 Specify other abnormality: _____

175 Were tests for molecular markers performed (e.g. PCR)?

☐ yes ☐ no ☐ Unknown

176 Date sample collected: __ __ __ __ - __ __ - __ __

177 CEBPA

☐ Positive ☐ Negative ☐ Not Done

178 FLT3 – D835 point mutation

☐ Positive ☐ Negative ☐ Not Done

179 FLT3 – ITD mutation

☐ Positive ☐ Negative ☐ Not Done

180 IDH1

☐ Positive ☐ Negative ☐ Not Done

181 IDH2

☐ Positive ☐ Negative ☐ Not Done

182 KIT

☐ Positive ☐ Negative ☐ Not Done

183 NPM1

☐ Positive ☐ Negative ☐ Not Done

Other Molecular Marker (1) — Questions: 184 - 185

184 Other molecular marker

☐ Positive ☐ Negative ☐ Not Done

185 Specify other molecular marker: _____

186 Was flow cytometry performed?

☐ yes ☐ no ☐ Unknown

Specify tissue and results at last evaluation prior to the start of the preparative regimen:

187 Blood

☐ yes ☐ no

188 Date sample collected: __ __ __ __ - __ __- __ __

189 Was disease detected?

☐ yes ☐ no

190 Bone marrow

☐ yes ☐ no

191 Date sample collected: __ __ __ __ - __ __- __ __

192 Was disease detected?

☐ yes ☐ no

Disease Status at the Last Evaluation Prior to the Start of the Preparative Regimen (Conditioning) — Questions: 193 - 201

193 What was the disease status (based on hematological test results)? _____

Specify which of the following showed active leukemia at last evaluation prior to the start of the preparative regimen:

194 Blood

☐ yes ☐ no ☐ Unknown

195 Bone marrow

☐ yes ☐ no ☐ Unknown

196 Central nervous system

☐ yes ☐ no ☐ Unknown

197 Skin

☐ yes ☐ no ☐ Unknown

198 Testes

☐ yes ☐ no ☐ Unknown

199 Other site

☐ yes ☐ no ☐ Unknown

200 Specify other site: _____

201 Date assessed: __ __ __ __ - __ __ - __ __

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ - __ __ - __ __