

# Form 2011 R4.0: Acute Lymphoblastic Leukemia (ALL) 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 - 10

1 What was the date of diagnosis? \_\_\_\_-\_\_\_\_-\_\_\_\_

2 Did the recipient have a predisposing condition?

- yes    no    Unknown

3 Specify condition

- Aplastic Anemia **Also complete CIBMTR Form 2028 - APL**
- Bloom syndrome
- Down syndrome
- Fanconi anemia **Also complete CIBMTR Form 2029 - FAN**
- Neurofibromatosis type 1
- Other condition

4 Specify other condition: \_\_\_\_\_

5 Was extramedullary disease present?

- yes    no    Unknown

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Center:

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Specify site(s) of disease:

6 Central nervous system

yes  no

7 Mediastinum

yes  no

8 Testes

yes  no

9 Other site

yes  no

10 Specify other site: \_\_\_\_\_

## Laboratory Studies at Diagnosis

Questions: 11 - 57

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

11 WBC

Known  Unknown

12 \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)

x 10<sup>6</sup>/L

13 Date sample collected: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

14 Blasts in blood

Known  Unknown

15 \_\_\_\_\_ %

16 Date sample collected: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

17 Blasts in bone marrow

Known  Unknown

18 \_\_\_\_\_ %

19 Date sample collected: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

20 Were cytogenetics tested (conventional or FISH)?

yes  no  Unknown

21 Date sample collected: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

22 Results of tests

Abnormalities identified

No evaluable metaphases

No abnormalities

Specify cytogenetic abnormalities identified at diagnosis: Monosomy

23 -7

yes  no

# Form 2011 R4.0: Acute Lymphoblastic Leukemia (ALL) Pre-HCT Data

Center:

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## Trisomy

24 +4

yes  no

25 +8

yes  no

26 +17

yes  no

27 +21

yes  no

## Translocation

28 t(1;19)

yes  no

29 t(2;8)

yes  no

30 t(4;11)

yes  no

31 t(5;14)

yes  no

32 t(8;14)

yes  no

33 t(8;22)

yes  no

34 t(9;22)

yes  no

35 t(10;14)

yes  no

36 t(11;14)

yes  no

37 t(12;21)

yes  no

## Deletion

38 del(6q) / 6q-

yes  no

39 del(9p) / 9p-

yes  no

# Form 2011 R4.0: Acute Lymphoblastic Leukemia (ALL) Pre-HCT Data

Center:

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40 del(12p) / 12p-

yes  no

## Addition

41 add(14q)

yes  no

## Other

42 (11q23) any abnormality

yes  no

43 9p any abnormality

yes  no

44 12p any abnormality

yes  no

45 Hyperdiploid (>50)

yes  no

46 Hypodiploid (<46)

yes  no

47 Complex - ≥ 3 distinct abnormalities

yes  no

48 Other abnormality

yes  no

49 Specify other abnormality: \_\_\_\_\_

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

yes  no

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

yes  no  Unknown

52 Date sample collected: \_\_\_\_-\_\_\_\_-\_\_\_\_

53 BCR / ABL

Positive  Negative  Not Done

54 TEL-AML / AML1

Positive  Negative  Not Done

## Other Molecular Marker (1)

Questions: 55 - 56

55 Other molecular marker

Positive  Negative  Not Done

56 Specify other molecular marker: \_\_\_\_\_

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Center:

CRID:

57 Was documentation submitted to the CIBMTR?

yes  no

## Pre-HCT Therapy

Questions: 58 - 97

58 Was central nervous system prophylaxis given?

yes  no  Unknown

**Specify prophylaxis:**

59 Cranial irradiation

yes  no

60 High-dose methotrexate

yes  no

61 Intrathecal therapy

(chemotherapy)

yes  no

62 Spinal irradiation

yes  no

63 Other prophylaxis

yes  no

64 Specify prophylaxis: \_\_\_\_\_

65 Was therapy given?

yes  no

## Line of Therapy (1)

Questions: 66 - 96

**Line of Therapy:**

66 Purpose of therapy

- Induction
- Consolidation
- Maintenance
- treatment for disease relapse

67 Systemic therapy

yes  no

68 Date therapy started

Known  Unknown

69 Date started: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

70 Date therapy stopped

Known  Unknown

71 Date stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

# Form 2011 R4.0: Acute Lymphoblastic Leukemia (ALL) Pre-HCT Data

Center:

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72 Number of cycles

Known  Unknown

73 Number of cycles: \_\_\_\_\_

74 Aldesleukin (interleukin-2, IL-2)

yes  no

75 Asparaginase

yes  no

76 Chemotherapy

yes  no

77 Dasatinib (Sprycel)

yes  no

78 Imatinib (Gleevec)

yes  no

79 Interferon- $\alpha$  (Intron, Roferon) (includes PEG)

yes  no

80 Intrathecal therapy

yes  no

81 Nilotinib (AMN107, Tasignal)

yes  no

82 Rituximab (Rituxan, MabThera)

yes  no

83 Other systemic therapy

yes  no

84 Specify other systemic therapy: \_\_\_\_\_

85 Radiation therapy

yes  no

86 Date therapy started

Known  Unknown

87 Date started: \_\_\_\_-\_\_\_\_-\_\_\_\_

88 Date therapy stopped

Known  Unknown

89 Date stopped: \_\_\_\_-\_\_\_\_-\_\_\_\_

Specify site(s) of radiation therapy:

90 Central nervous system irradiation

yes  no

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Center:

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91 Other site

yes  no

92 Specify other site: \_\_\_\_\_

93 Best response to line of therapy

- Complete - 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 remission (CR) all cellular components in the bone marrow (myeloid, erythroid, and megakaryocytic lineages), no extramedullary disease (e.g., central nervous system or soft tissue involvement), ANC of > 1,000/ $\mu$ L, platelets  $\geq$  100,000/ $\mu$ L, transfusion independent
- No complete remission

94 Date assessed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

95 Did the recipient relapse following this line of therapy?

yes  no

96 Date of relapse: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

97 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: 98 - 149

98 WBC

Known  Unknown

99 \_\_\_\_\_   $\times 10^9/L$  ( $\times 10^3/mm^3$ )  
  $\times 10^6/L$

100 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

101 Blasts in blood

Known  Unknown

102 \_\_\_\_\_ %

103 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

104 Blasts in bone marrow

Known  Unknown

105 \_\_\_\_\_ %

106 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

107 Were cytogenetics tested (conventional or FISH)?

yes  no  Unknown

108 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

109 Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

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Center:

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

110 -7

yes  no

Trisomy

111 +4

yes  no

112 +8

yes  no

113 +17

yes  no

114 +21

yes  no

Translocation

115 t(1;19)

yes  no

116 t(2;8)

yes  no

117 t(4;11)

yes  no

118 t(5;14)

yes  no

119 t(8;14)

yes  no

120 t(8;22)

yes  no

121 t(9;22)

yes  no

122 t(10;14)

yes  no

123 t(11;14)

yes  no

124 t(12;21)

yes  no

Deletion

125 del(6q) / 6q-

yes  no



# Form 2011 R4.0: Acute Lymphoblastic Leukemia (ALL) Pre-HCT Data

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126 del(9p) / 9p-

yes  no

127 del(12p) / 12p-

yes  no

### Addition

128 add(14q)

yes  no

### Other

129 (11q23) any abnormality

yes  no

130 9p any abnormality

yes  no

131 12p any abnormality

yes  no

132 Hyperdiploid (>50)

yes  no

133 Hypodiploid (<46)

yes  no

134 Complex - ≥ 3 distinct abnormalities

yes  no

135 Other abnormality

yes  no

136 Specify other abnormality: \_\_\_\_\_

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

yes  no  Unknown

138 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

139 BCR / ABL

Positive  Negative  Not Done

140 TEL-AML / AML1

Positive  Negative  Not Done

### Other Molecular Marker (1)

Questions: 141 - 142

141 Other molecular marker

Positive  Negative  Not Done

142 Specify other molecular marker: \_\_\_\_\_

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Center:

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143 Was flow cytometry performed?

yes  no  Unknown

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

144 Blood

yes  no

145 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

146 Was disease detected?

yes  no

147 Bone marrow

yes  no

148 Date sample collected: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

149 Was disease detected?

yes  no

## Disease Status at the Last Evaluation Prior to the Preparative Regimen (Conditioning)

Questions: 150 - 157

150 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:

151 Blood

yes  no  Unknown

152 Bone marrow

yes  no  Unknown

153 Central nervous system

yes  no  Unknown

154 Testes

yes  no  Unknown

155 Other site

yes  no  Unknown

156 Specify other site: \_\_\_\_\_

157 Date assessed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_