

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:

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

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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

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 10⁹/L (x 10³/mm³)
 x 10⁶/L

13 Date sample collected: ____ - ____ - ____

14 Blasts in blood

- Known Unknown

15 _____ %

16 Date sample collected: ____ - ____ - ____

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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

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

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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

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

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Center: _____ CRID: _____

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: _____

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

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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: ____ - ____ - ____

72 Number of cycles

Known Unknown

73 Number of cycles: _____

74 Aldesleukin (interleukin-2, IL-2)

yes no

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75 Asparaginase
 yes no

76 Chemotherapy
 yes no

77 Dasatinib (Sprycel)
 yes no

78 Imatinib (Gleevec)
 yes no

79 Interferon-α (Intron, Roferon) (includes PEG)
 yes no

80 Intrathecal therapy
 yes no

81 Nilotinib (AMN107, Tasigna)
 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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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/ μ L, platelets \geq 100,000/ μ 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: ____-____-____

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Center: CRID:

109 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

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

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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

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

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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: _____

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

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