### Disease Assessment at Diagnosis

1. What was the date of diagnosis of Chronic Myelogenous Leukemia?

2. What was the spleen size at diagnosis?
   - [ ] normal
   - [ ] enlarged
   - [ ] not applicable / splenectomy

3. Did the recipient have extramedullary leukemia at diagnosis?
   - [ ] yes
   - [ ] no
   - [ ] unknown

   Specify extramedullary leukemia:
   - 1. [ ] yes 2. [ ] no Chloroma (granulocytic sarcoma)
   - 4. [ ] yes 2. [ ] no CNS leukemia
   - 5. [ ] yes 2. [ ] no Other extramedullary leukemia

   7. Specify leukemia:

### Laboratory Studies at Diagnosis

Report findings prior to any first treatment for chronic myelogenous leukemia.

8. WBC:
   - [ ] known
   - [ ] not known

   Specify units:
   - 1. [ ] x 10^9/L (x 10^3/mm^3)
   - 2. [ ] x 10^9/L

9. Hemoglobin:
   - [ ] known
   - [ ] not known

   1. [ ] g/dL
   - 2. [ ] g/L
   - 3. [ ] mmol/L

10. Was RBC transfused < 30 days before date of test?
   - [ ] yes
   - [ ] no
11. Hematocrit:  
1 [ ] known 2 [ ] not known

12. Was RBC transfused < 30 days before date of test?  
1 [ ] yes 2 [ ] no

13. Platelets:  
1 [ ] known 2 [ ] not known

14. Were platelets transfused < 7 days before date of test?  
1 [ ] yes 2 [ ] no

15. Eosinophils:  
1 [ ] known 2 [ ] not known

16. Basophils:  
1 [ ] known 2 [ ] not known

17. Blasts in blood:  
1 [ ] known 2 [ ] not known

18. Blasts in bone marrow:  
1 [ ] known 2 [ ] not known

19. Did any cytogenetic or molecular testing for BCR / ABL or Ph+ performed between diagnosis and the preparative regimen show a positive result?  
1 [ ] yes 2 [ ] no

Specify which abnormalities showed a positive result:

20. 1 [ ] yes 2 [ ] no 3 [ ] unknown  
BCR / ABL rearrangement

21. 1 [ ] yes 2 [ ] no 3 [ ] unknown  
Ph-chromosome, (t(9;22)(q34;q11) and variants (testing via conventional cytogenetics or FISH)
# ERROR CORRECTION FORM

**Pre-HSCT Treatment for Chronic Myelogenous Leukemia**

22. Was therapy given between diagnosis and the start of the preparative regimen?

<table>
<thead>
<tr>
<th>Line of Therapy</th>
<th>1st Line of Therapy</th>
<th>2nd Line of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systemic Therapy</td>
<td>Date therapy started:</td>
<td>23. □ yes □ no □ yes □ no □ no □ cont. with q. 39</td>
</tr>
<tr>
<td></td>
<td>Month Day Year</td>
<td>24. □ yes □ no □ yes □ no □ no □ cont. with q. 40</td>
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<tr>
<td></td>
<td>Date therapy stopped:</td>
<td>25. □ yes □ no □ yes □ no □ no □ cont. with q. 41</td>
</tr>
<tr>
<td></td>
<td>Month Day Year</td>
<td>26. □ yes □ no □ yes □ no □ no □ cont. with q. 43</td>
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<tr>
<td></td>
<td>Number of cycles:</td>
<td>27. □ yes □ no □ yes □ no □ no □ cont. with q. 45</td>
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<td></td>
<td>28. □ yes □ no □ yes □ no □ no □ cont. with q. 47</td>
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<td></td>
<td>29. □ yes □ no □ yes □ no □ no □ cont. with q. 49</td>
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<tr>
<td></td>
<td>30. □ yes □ no □ yes □ no □ no □ cont. with q. 51</td>
<td></td>
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<tr>
<td></td>
<td>31. □ yes □ no □ yes □ no □ no □ cont. with q. 53</td>
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<td></td>
<td>32. □ yes □ no □ yes □ no □ no □ cont. with q. 55</td>
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<td></td>
<td>33. □ yes □ no □ yes □ no □ no □ cont. with q. 57</td>
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<td>34. □ yes □ no □ yes □ no □ no □ cont. with q. 59</td>
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<td>35. □ yes □ no □ yes □ no □ no □ cont. with q. 61</td>
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<td>36. □ yes □ no □ yes □ no □ no □ cont. with q. 63</td>
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<td>37. □ yes □ no □ yes □ no □ no □ cont. with q. 65</td>
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<td></td>
<td>38. □ yes □ no □ yes □ no □ no □ cont. with q. 67</td>
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<td>39. □ yes □ no □ yes □ no □ no □ cont. with q. 69</td>
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<td>40. □ yes □ no □ yes □ no □ no □ cont. with q. 71</td>
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<td>41. □ yes □ no □ yes □ no □ no □ cont. with q. 73</td>
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<td>42. □ yes □ no □ yes □ no □ no □ cont. with q. 75</td>
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<td>43. □ yes □ no □ yes □ no □ no □ cont. with q. 77</td>
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<td>44. □ yes □ no □ yes □ no □ no □ cont. with q. 79</td>
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<td>45. □ yes □ no □ yes □ no □ no □ cont. with q. 81</td>
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<td>46. □ yes □ no □ yes □ no □ no □ cont. with q. 83</td>
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<td>Radiation Therapy</td>
<td>Date therapy started:</td>
<td>47. □ yes □ no □ yes □ no □ no □ cont. with q. 85</td>
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<td>Month Day Year</td>
<td>48. □ yes □ no □ yes □ no □ no □ cont. with q. 87</td>
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<td>Date therapy stopped:</td>
<td>49. □ yes □ no □ yes □ no □ no □ cont. with q. 89</td>
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<tr>
<td></td>
<td>Month Day Year</td>
<td>50. □ yes □ no □ yes □ no □ no □ cont. with q. 91</td>
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<tr>
<td></td>
<td>Number of cycles:</td>
<td>51. □ yes □ no □ yes □ no □ no □ cont. with q. 93</td>
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<tr>
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<td>52. □ yes □ no □ yes □ no □ no □ cont. with q. 95</td>
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<tr>
<td></td>
<td>53. □ yes □ no □ yes □ no □ no □ cont. with q. 97</td>
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<td>54. □ yes □ no □ yes □ no □ no □ cont. with q. 99</td>
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<tr>
<td></td>
<td>55. □ yes □ no □ yes □ no □ no □ cont. with q. 101</td>
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<tr>
<td></td>
<td>56. □ yes □ no □ yes □ no □ no □ cont. with q. 103</td>
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</tbody>
</table>

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
Most Recent Disease Assessment Prior to the Start of the Preparative Regimen

89. What was the spleen size immediately prior to the preparative regimen?
   1. normal
   2. enlarged
   3. not applicable / splenectomy

90. Did the recipient have extramedullary leukemia immediately prior to the preparative regimen?
   1. yes
   2. no
   3. unknown

   Specify extramedullary leukemia:
   91. 1. yes 2. no Chloroma (granulocytic sarcoma)
   92. 1. yes 2. no CNS leukemia
   93. 1. yes 2. no Other extramedullary leukemia

94. Specify other extramedullary leukemia:

Laboratory Studies Prior to the Start of the Preparative Regimen

95. Basophils:
   1. known %
   2. not known

96. Blasts in blood:
   1. known %
   2. not known

97. Blasts in marrow:
   1. known %
   2. not known

98. What was the status of bone marrow fibrosis prior to the preparative regimen?
   1. absent
   2. mild
   3. moderate
   4. severe
   5. unknown
Disease Status at the Last Assessment Prior to the Preparative Regimen

99. What was the status of the primary disease immediately prior to the preparative regimen?

1. first chronic phase
2. hematologic complete remission
3. accelerated phase
4. blast crisis
5. second or greater chronic phase (for those recipients who have not had a previous HSCT)
6. current disease status follows a previous HSCT

Specify remission:
- 100. yes
- 2. no
- 3. unknown

Cytogenetic complete remission (Ph negative)
Molecular complete remission (BCR / ABL negative)

101. Was this the first accelerated phase?

- 1. yes
- 2. no

Specify which of the following were present:
- 102. yes
- 2. no

- 103. 10–19% blasts in blood or marrow
- 104. ≥ 20% basophils in peripheral blood
- 105. Clonal marrow cytogenetic abnormalities in addition to the single Philadelphia chromosome
- 106. Increasing spleen size
- 107. Increasing WBC
- 108. Thrombocytopenia (platelets < 100 x 10^9/L) unresponsive to therapy
- 109. Thrombocytosis (platelets > 1,000 x 10^9/L) unresponsive to therapy

110. How many blast crises has the recipient ever experienced?

- 1. one
- 2. two or more

111. Specify the type of blast cells:

- 1. lymphoid only
- 2. myeloid only
- 3. lymphoid and myeloid
- 4. unknown / indeterminate results

112. Has the recipient ever been in blast phase prior to the current chronic phase?

- 1. yes
- 2. no

113. Specify the number of blast phases prior to the current chronic phase:

- 1. one
- 2. two
- 3. three or more

114. Specify current disease status immediately prior to the preparative regimen:

- 1. cytogenetic relapse
- 2. molecular relapse
- 3. chronic phase
- 4. accelerated phase
- 5. blast phase

115. Specify the number of phases experienced:

- 1. one
- 2. two
- 3. three or more
<table>
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<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
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<table>
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<tr>
<th>Today's Date:</th>
<th>Infusion Date:</th>
<th>CIBMTR Center Number:</th>
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<td>Month</td>
<td>Day</td>
<td>Year</td>
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<tr>
<td>116. Date of the most recent assessment for disease status prior to the preparative regimen:</td>
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<td>Month</td>
<td>Day</td>
<td>Year</td>
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<tr>
<th>117. Signed:</th>
<th>Person completing form</th>
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<tr>
<th>Phone:</th>
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<th>E-mail address:</th>
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