Form 2012 R2.0: Chronic Myelogenous Leukemia (CML) Pre-HSCT Data

Center: CRID:

Key Fields

Sequence Number: _____

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

CIBMTR Center Number _____

CIBMTR Recipient ID: _____

Today's Date: __ __ __ __ - __ __- __ __

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

HSCT type (check all that apply):

- Autologous
- Allogeneic, unrelated
- Allogeneic, related
- Syngeneic (identical twin)

Product type (check all that apply):

- Marrow
- PBSC
- Cord blood
- Other product

Specify: _____

- If this is a report of a second or subsequent transplant, check here and continue with question 64

Disease Assessment at Diagnosis

Questions: 1 - 7

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:

4 Chloroma (granulocytic sarcoma)

yes no

5 CNS leukemia

yes no

6 Other extramedullary leukemia

yes no

7 Specify leukemia: _____

Laboratory Studies at Diagnosis

Questions: 8 - 29

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

8 WBC:

Known Not known

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9 _____ x 10^9/L (x 10^3/mm^3)

x 10^6/L

10 Hemoglobin:

Known Not known

11 _____ g/dL g/L mmol/L

12 Was RBC transfused < 30 days before date of test?

yes no

13 Hematocrit:

Known Not known

14 _____ %

15 Was RBC transfused < 30 days before date of test?

yes no

16 Platelets:

Known Not known

17 _____ x 10^9/L (x 10^3/mm^3)

x 10^6/L

18 Were platelets transfused < 7 days before date of test?

yes no

19 Eosinophils:

Known Not known

20 _____ %

21 Basophils:

Known Not known

22 _____ %

23 Blasts in blood:

Known Not known

24 _____ %

25 Blasts in bone marrow:

Known Not known

26 _____ %

27 Did any cytogenetic or molecular testing for BCR / ABL or Ph+ performed between diagnosis and the preparative regimen show a positive result?

yes no

Specify which abnormalities showed a positive result:

28 BCR / ABL rearrangement

yes no Unknown

29 Ph-chromosome, t(9;22)(q34;q11) and variants (testing via conventional cytogenetics or FISH)

yes no Unknown

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Pre-HSCT Treatment for Chronic Myelogenous Leukemia

Questions: 30 - 63

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

yes no Unknown

Line of Therapy (1)

Questions: 31 - 63

31 Systemic Therapy:

yes no

32 Date therapy started: __ __ __ __ - __ __- __ __

33 Date therapy stopped: __ __ __ __ - __ __- __ __

34 Unknown/not applicable Number of cycles _____

35 anagrelide (Agrylin)

yes no

36 Busulfan

yes no

37 Cytarabine (Ara-C)

yes no

38 dasatinib (Sprycel)

yes no

39 homoharringtonine (HHT)

yes no

40 hydroxyurea (Droxia, Hydrea)

yes no

41 Idarubicin (Idamycin)

yes no

42 imatinib (Gleevec)

yes no

43 interferon-α (Referon-α)

yes no

44 nilotinib (AMN107, Tasigna)

yes no

45 other systemic agent

yes no

46 specify other systemic agent _____

47 Radiation therapy:

yes no

48 Date therapy started: __ __ __ __ - __ __- __ __

49 Date therapy stopped: __ __ __ __ - __ __- __ __

50 spleen

yes no

51 other site(s)

yes no

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52 specify other site(s) _____

53 Other treatment:

yes no

54 specify other treatment _____

Therapy response:

55 Molecular remission?

Yes No Not assessed

56 Date molecular status established: __ __ __ __ - __ __- __ __

57 Cytogenetic remission?

Yes No Not assessed

58 Specify remission:

minor (36-95% Ph+ metaphases)

major (<35% Ph+ metaphases)

59 Date cytogenetic status established: __ __ __ __ - __ __- __ __

60 Hematologic remission?

yes no

61 Date hematologic status established: __ __ __ __ - __ __- __ __

62 Did disease relapse / progress following this line of therapy?

yes no

63 Date of relapse / progression: __ __ __ __ - __ __- __ __

Most Recent Disease Assessment Prior to the Start of the Perparative Regimen

Questions: 64 - 69

64 What was the spleen size immediately prior to the preparative regimen?

Normal

enlarged

not applicable / splenectomy

65 Did the recipient have extramedullary leukemia immediately prior to the preparative regimen?

yes no Unknown

Specify extramedullary leukemia

66 Chloroma (granulocytic sarcoma)

yes no

67 CNS leukemia

yes no

68 Other extramedullary leukemia

yes no

69 Specify other extramedullary leukemia: _____

Laboratory Studies Prior to the Start of the Preparative Regimen

Questions: 70 - 76

70 Basophils:

Known Not known

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71 _____ %

72 Blasts in blood:

Known Not known

73 _____ %

74 Blasts in marrow:

Known Not known

75 _____ %

76 What was the status of bone marrow fibrosis prior to the preparative regimen?

ABSENT MILD MODERATE SEVERE UNKNOWN

Disease Status at the Last Assessment Prior to the Preparative Regimen

Questions: 77 - 94

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

First chronic phase (for those recipients who have not had a previous HSCT)

hematologic complete remission

Accelerated Phase

Blast crisis

2nd or greater chronic phase

current disease status follows a previous HSCT

Specify remission:

78 Cytogenetic complete remission (Ph negative)

yes no

79 Molecular complete remission (BCR / ABL negative)

yes no

80 Was this the first accelerated phase?

yes no

Specify which of the following were present:

81 10 - 19% blasts in blood or marrow

yes no

82 ≥ 20% basophils in peripheral blood

yes no

83 Clonoal marrow cytogenetic abnormalities in addition to the single Philadelphia chromosome

yes no

84 Increasing spleen size

yes no

85 Increasing WBC

yes no

86 Thrombocytopenia (platelets < 100 x 10^9/L) unresponsive to therapy

yes no

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87 Thrombocytosis (platelets > 1,000 x 10^9/L) unresponsive to therapy

yes no

88 How many blast crisis has the recipient ever experienced?

one two or more

89 Specify the type of blast cells:

lymphoid only Myeloid only Lymphoid and myeloid Unknown

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

yes no

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

one two three or more

92 Specify current disease status immediately prior to the preparative regimen:

cytogenetic relapse molecular relapse Chronic phase Accelerated phase Blast phase

93 Specify the number of phases experienced:

one two three or more

94 Date of the most recent assessment for disease status prior to the preparative regimen: __ __ __ __ - __ __- __ __

First Name: _____ Last Name: _____

Phone number: _____ Fax number: _____

E-mail address: _____

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