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

<table>
<thead>
<tr>
<th>Key Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence Number: ____________________________</td>
</tr>
<tr>
<td>Date Received: ____________________</td>
</tr>
<tr>
<td>CIBMTR Center Number: ____________________________</td>
</tr>
<tr>
<td>CIBMTR Recipient ID: ____________________________</td>
</tr>
<tr>
<td>Today's Date: ____________________</td>
</tr>
<tr>
<td>Date of HSCT for which this form is being completed: ____________________</td>
</tr>
</tbody>
</table>

**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

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Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.

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### Laboratory Studies at Diagnosis

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

#### 8. WBC:
<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**9.**

- x 10^9/L (x 10^3/mm³)
- x 10^9/L

#### 10. Hemoglobin:
<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**11.**

- g/dL
- g/L
- mmol/L

#### 12. Was RBC transfused < 30 days before date of test?
<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 13. Hematocrit:
<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**14.**

- %

#### 15. Was RBC transfused < 30 days before date of test?
<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 16. Platelets:
<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**17.**

- x 10^9/L (x 10^3/mm³)
- x 10^9/L

#### 18. Were platelets transfused < 7 days before date of test?
<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 19. Eosinophils:
<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**20.**

- %

#### 21. Basophils:
<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**22.**

- %

#### 23. Blasts in blood:
<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

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

35 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
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>43 interferon-α (Referon-α)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 nilotinib (AMN107, Tasigna)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 other systemic agent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 specify other systemic agent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47 Radiation therapy:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48 Date therapy started:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 Date therapy stopped:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 spleen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51 other site(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52 specify other site(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53 Other treatment:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54 specify other treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy response:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 Molecular remission?</td>
<td>Yes</td>
<td>No</td>
<td>Not assessed</td>
</tr>
<tr>
<td>56 Date molecular status established:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57 Cytogenetic remission?</td>
<td>Yes</td>
<td>No</td>
<td>Not assessed</td>
</tr>
<tr>
<td>58 Specify remission:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>minor (36-95% Ph+ metaphases)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>major (&lt;35% Ph+ metaphases)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59 Date cytogenetic status established:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 Hematologic remission?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61 Date hematologic status established:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>62 Did disease relapse / progress following this line of therapy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63 Date of relapse / progression:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Most Recent Disease Assessment Prior to the Start of the Perparative Regimen**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>64  What was the spleen size immediately prior to the preparative regimen?</td>
<td>Normal, enlarged, not applicable / splenectomy</td>
</tr>
<tr>
<td>65  Did the recipient have extramedullary leukemia immediately prior to the preparative regimen?</td>
<td>yes, no, Unknown</td>
</tr>
<tr>
<td>66  Specify extramedullary leukemia</td>
<td>Choroma (granulocytic sarcoma), yes, no</td>
</tr>
<tr>
<td>67  CNS leukemia</td>
<td>yes, no</td>
</tr>
<tr>
<td>68  Other extramedullary leukemia</td>
<td>yes, no</td>
</tr>
<tr>
<td>69  Specify other extramedullary leukemia:</td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory Studies Prior to the Start of the Preparative Regimen**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>70  Basophils</td>
<td>Known, Not known</td>
</tr>
<tr>
<td>71  % Blasts in blood:</td>
<td>%</td>
</tr>
<tr>
<td>72  % Blasts in marrow:</td>
<td>%</td>
</tr>
<tr>
<td>73  % What was the status of bone marrow fibrosis prior to the preparative regimen?</td>
<td>ABSENT, MILD, MODERATE, SEVERE, UNKNOWN</td>
</tr>
</tbody>
</table>
## 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)
- **Specify remission:**
  - Cytogenetic complete remission (Ph negative)
    - yes
    - no
  - Molecular complete remission (BCR / ABL negative)
    - yes
    - no

### 80 Was this the first accelerated phase?

- yes
- no

### Specify which of the following were present:

- 10 - 19% blasts in blood or marrow
  - yes
  - no
- ≥ 20% basophils in peripheral blood
  - yes
  - no
- Clonal marrow cytogenetic abnormalities in addition to the single Philadelphia chromosome
  - yes
  - no
- Increasing spleen size
  - yes
  - no
- Increasing WBC
  - yes
  - no
- Thrombocytopenia (platelets < 100 x 10^9/L) unresponsive to therapy
  - yes
  - no
- 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: ___________________________