2014: Myelodysplasia/Myeloproliferative Disorders
Pre-HSCT Data

Registry Use Only
Sequence Number:

Date Received:

Key Fields

Sequence Number: __________________________
ELSE GOTO Date Received:

Date Received: ____________ ____________ ____________
ELSE GOTO CIBMTR Center Number:

CIBMTR Center Number: __________________________
ELSE GOTO CIBMTR Recipient ID:

CIBMTR Recipient ID: __________________________
ELSE GOTO Today's Date:

Today's Date: ____________ ____________ ____________
ELSE GOTO Date of HSCT for which this form is being completed:

Date of HSCT for which this form is being completed: ____________ ____________ ____________
ELSE GOTO Autologous

HSCT type: (check all that apply)
☐ Autologous
ELSE GOTO allogeneic unrelated

☐ allogeneic unrelated
ELSE GOTO allogeneic related:

☐ allogeneic related
ELSE GOTO syngeneic (identical twin)
**ERROR CORRECTION FORM**

Sequence Number: ___________________________  CIBMTR Recipient ID: ___________________________  Initials: ___________________________

Today’s Date: ___________________________  Infusion Date: ___________________________

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CIBMTR Center Number: ___________________________

CIBMTR Recipient ID: ___________________________

**Product type: (check all that apply)**

- [ ] syngeneic (identical twin)
- [ ] Marrow
- [ ] PBSC
- [ ] Cord blood
- [ ] Other product

**If Other product := checked**

THEN GOTO Specify:

ELSE GOTO Is this a report of a 2nd or subsequent HCT?

Specify:

- [ ] ELSE GOTO Is this a report of a 2nd or subsequent HCT?

**If this is a report of a 2nd or subsequent transplant, check here and continue with question 147.**

**IF Is this a report of a 2nd or subsequent HCT? := checked**

THEN GOTO (147) Did the recipient transform to a different MDS / MPS subtype prior to the preparative regimen?

ELSE GOTO (1) What was the date of diagnosis of myelodysplastic / myeloproliferative disorder?

---

**Disease Assessment at Diagnosis**

<table>
<thead>
<tr>
<th>Questions: 1-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient’s medical records.</td>
</tr>
</tbody>
</table>

1. What was the date of diagnosis of myelodysplastic / myeloproliferative disorder?  
   [ ] YYYY-MM-DD

2. What was the MDS / MPS subtype at diagnosis?
   - [ ] Refractory anemia (RA)
   - [ ] Refractory anemia with ringed sideroblasts (RARS)
   - [ ] Refractory anemia with excess blasts (RAEB-1)
   - [ ] Refractory anemia with excess blasts in transformation (RAEB-2)
   - [ ] Refractory cytopenia with multilineage dysplasia (RCMD)
   - [ ] Refractory anemia with ringed sideroblasts with dysplasia (RCMD-RS)
   - [ ] 5q- syndrome
   - [ ] MDS unclassifiable, not otherwise specified
   - [ ] Chronic myelomonocytic leukemia (CMMoL)
   - [ ] Chronic MPS disorder, not otherwise specified

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Infusion Date:  
Month: ___ Day: ___ Year: ___

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<tr>
<td>0 chronic neutrophilic leukemia</td>
</tr>
<tr>
<td>0 chronic eosinophilic leukemia and hypereosinophilic syndrome</td>
</tr>
<tr>
<td>0 polycythemia vera (PCV)</td>
</tr>
<tr>
<td>0 chronic idiopathic myelofibrosis (with extra-medullary hematopoiesis), myelofibrosis with myeloid metaplasia, acute myelofibrosis or myelosclerosis</td>
</tr>
<tr>
<td>0 essential thrombocythemia</td>
</tr>
</tbody>
</table>

ELSE GOTO (3) Was this a secondary (therapy-linked) disorder?

3 Was this a secondary (therapy-linked) disorder?

  0 yes
  0 no
  0 unknown

IF (3) Was this a secondary (therapy-linked) disorder?: 0 yes
THEN GOTO (4) Specify prior disease (malignant or nonmalignant):
ELSE GOTO (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?

4 Specify prior disease (malignant or nonmalignant):

  0 Breast cancer
  0 Hodgkin lymphoma
  0 non-Hodgkin lymphoma
  0 Other disease
  0 unknown

IF (4) Specify prior disease (malignant or nonmalignant):: 0 Other disease
THEN GOTO (5) Specify prior disease:
ELSE GOTO (6) Date of diagnosis of prior disease:

5 Specify prior disease: ___________________________

ELSE GOTO (6) Date of diagnosis of prior disease:

6 Date of diagnosis of prior disease:  ___ YY__ ___ MM ___ DD ___

ELSE GOTO (7) Chemotherapy

<table>
<thead>
<tr>
<th>Treatment of prior disease included:</th>
</tr>
</thead>
</table>

7 Chemotherapy

  0 yes
  0 no
  0 unknown

ELSE GOTO (8) Radiation

8 Radiation

  0 yes
  0 no
  0 unknown

ELSE GOTO (9) Other treatment

9 Other treatment

  0 yes
  0 no
  0 unknown
IF (9) Other treatment:= yes
THEN GOTO (10) Specify treatment:
ELSE GOTO (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?

10 Specify treatment: ______________________
ELSE GOTO (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?

11 Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?
O yes
O no
IF (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?:= no AND
(2) What was the MDS / MPS subtype at diagnosis?:= RA
THEN GOTO (17) What was the disease prognosis score at diagnosis?
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g, fever, sweats, weight loss >10%) at diagnosis?
IF (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?:= no AND
(2) What was the MDS / MPS subtype at diagnosis?:= RARS
THEN GOTO (17) What was the disease prognosis score at diagnosis?
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g, fever, sweats, weight loss >10%) at diagnosis?
IF (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?:= no AND
(2) What was the MDS / MPS subtype at diagnosis?:= RAEB1
THEN GOTO (17) What was the disease prognosis score at diagnosis?
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g, fever, sweats, weight loss >10%) at diagnosis?
IF (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?:= no AND
(2) What was the MDS / MPS subtype at diagnosis?:= RAEB2
THEN GOTO (17) What was the disease prognosis score at diagnosis?
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g, fever, sweats, weight loss >10%) at diagnosis?
IF (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?:= no AND
(2) What was the MDS / MPS subtype at diagnosis?:= RCMD
THEN GOTO (17) What was the disease prognosis score at diagnosis?
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g, fever, sweats, weight loss >10%) at diagnosis?
IF (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?:= no AND
(2) What was the MDS / MPS subtype at diagnosis?:= RCMD_RS
THEN GOTO (17) What was the disease prognosis score at diagnosis?
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g, fever, sweats, weight loss >10%) at diagnosis?
IF (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?:= no AND
(2) What was the MDS / MPS subtype at diagnosis?:= DEL5Q_SYNDR
THEN GOTO (17) What was the disease prognosis score at diagnosis?
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g, fever, sweats, weight loss >10%) at diagnosis?
IF (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?:= no AND
(2) What was the MDS / MPS subtype at diagnosis?:= MDS_UNC_NOS
THEN GOTO (17) What was the disease prognosis score at diagnosis?
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g, fever, sweats, weight loss >10%) at diagnosis?
IF (11) Did the recipient have other predisposing conditions prior to diagnosis of the hematologic disorder?:= yes
THEN GOTO (12) Specify predisposing condition:
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g, fever, sweats, weight loss >10%) at diagnosis?

12 Specify predisposing condition:
O aplastic anemia
OBloom syndrome
ODown syndrome
OFanconi anemia
O other condition

IF (12) Specify predisposing condition := other condition
THEN GOTO (13) Specify condition:
ELSE GOTO (14) Did the recipient have systemic symptoms (e.g., fever, sweats, weight loss >10%) at

diagnosis?

13 Specify condition:

ELSE GOTO (14) Did the recipient have systemic symptoms (e.g., fever, sweats, weight loss >10%) at
diagnosis?

Questions 14–16 refer to MPS subtypes only (see question 2, options 9–15); if the diagnosis other than MPS,
continue with question 17.

14 Did the recipient have systemic symptoms (e.g., fever, sweats, weight loss >10%) at diagnosis?
O yes
O no
O unknown

ELSE GOTO (15) Did the recipient have splenomegaly at diagnosis?

15 Did the recipient have splenomegaly at diagnosis?
O yes
O no
O unknown

ELSE GOTO (16) Did the recipient have hepatomegaly at diagnosis?

16 Did the recipient have hepatomegaly at diagnosis?
O yes
O no
O unknown

ELSE GOTO (18) WBC:

Question 17 refers to MDS only (see question 2, options 1–8); if the diagnosis other than MDS, continue with
question 18.

17 What was the disease prognosis score at diagnosis?

International Prognostic Scoring System (IPSS) for MDSSCORE0.0  Prognostic variable: Percent blasts < 5%;
Karyotype: Good = normal, −Y, del(5q), del(20q); (see questions 39-103) Cytopenias: Cytopenias = 0–1 of the
following: Hb < 10 g/dL; platelets < 100 x 109/L; neutrophils < 1500/µL; (see questions 20-27)0.5  Prognostic
variable: Percent blasts 5–10%; Karyotype: Intermediate = other abnormalities; (see questions 39-103) Cytopenias:
Cytopenias = 2–3 of the following: Hb < 10 g/dL; platelets < 100 x 109/L; neutrophils < 1500/µL; (see questions 20-
27)1.0  Prognostic variable: Percent blasts not applicable; Karyotype: Poor = complex (>= 3 abnormalities) or
chromosome 7 abnormalities; (see questions 39-103); Cytopenias: not applicable1.5  Prognostic variable: Percent
blasts 11–20%; Karyotype: not applicable, Cytopenias: not applicable2.0  Prognostic variable: Percent blasts 20–
30%, This group is recognized as AML in this proposed classification; (see questions 30-31); Karyotype: not
applicable; Cytopenias: not applicable
O 0.0
O 0.5
O 1.0
O 1.5
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Laboratory Studies at Diagnosis (Prior to the First Treatment for MDS / MPS) Questions: 18-104

18 WBC:
O known
O not known
IF (18) WBC::= not known
THEN GOTO (20) Hemoglobin:
ELSE GOTO (19) WBC at diagnosis

19 WBC: ____________ Unit:
ELSE GOTO uom WBC at diagnosis

ELSE GOTO (20) Hemoglobin:

20 Hemoglobin:
O known
O not known
IF (20) Hemoglobin::= known
THEN GOTO (21) Hemoglobin at diagnosis
ELSE GOTO (23) Platelets:

21 Hemoglobin: ____________ Unit:
ELSE GOTO uom Hemoglobin at dx

ELSE GOTO (22) Was RBC transfused < 30 days before date of test?

22 Was RBC transfused < 30 days before date of test?
O yes
O no
ELSE GOTO (23) Platelets:

23 Platelets:
O known
O not known
IF (23) Platelets::= known
THEN GOTO (24) platelets at diagnosis
ELSE GOTO (26) Neutrophils:

24 Platelets: ____________ Unit:
ELSE GOTO uom platelets at

ELSE GOTO (22) Was RBC transfused < 30 days before date of test?
25 Were platelets transfused < 7 days before the date of test?
   O yes
   O no
   ELSE GOTO (26) Neutrophils:

26 Neutrophils:
   O known
   O not known
   IF (26) Neutrophils::= not known
   THEN GOTO (28) Monocytes:
   ELSE GOTO (27) neutrophils at diagnosis

27 Neutrophils: ___________ ___________ ___________ ___________ %
   ELSE GOTO (28) Monocytes:

28 Monocytes:
   O known
   O not known
   IF (28) Monocytes::= not known
   THEN GOTO (30) Blasts in blood:
   ELSE GOTO (29) monocytes at diagnosis

29 Monocytes: ___________ ___________ ___________ ___________ %
   ELSE GOTO (30) Blasts in blood:

30 Blasts in blood:
   O known
   O not known
   IF (30) Blasts in blood::= not known
   THEN GOTO (32) Was a bone marrow exam performed at first diagnosis of hematologic disorder (reported at questions 1-2)?
   ELSE GOTO (31) blasts in blood at diagnosis

31 Blasts in blood: ___________ ___________ ___________ ___________ %
   ELSE GOTO (32) Was a bone marrow exam performed at first diagnosis of hematologic disorder (reported at questions 1-2)?

32 Was a bone marrow exam performed at first diagnosis of hematologic disorder (reported at questions 1-2)?
   O yes
   O no
   IF (32) Was a bone marrow exam performed at first diagnosis of hematologic disorder (reported at questions 1-2)::= no
   THEN GOTO (37) Were cytogenetics tested (conventional or FISH)?
   ELSE GOTO (33) Cellularity:
33 Cellularity:
   O decreased
   O normal
   O increased
   O unknown
   ELSE GOTO (34) Fibrosis:

34 Fibrosis:
   O absent
   O mild
   O moderate
   O severe
   O unknown
   ELSE GOTO (35) Blasts in marrow:

35 Blasts in marrow:
   O known
   O not known
   IF (35) Blasts in marrow::= not known
   THEN GOTO (37) Were cytogenetics tested (conventional or FISH)?
   ELSE GOTO (36) blasts in marrow at diagnosis

36 Blasts:
   ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ 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**ERROR CORRECTION FORM**

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<td>Year</td>
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| 40 | -7 | O yes | O no | ELSE GOTO (41) -17 |
| 41 | -17 | O yes | O no | ELSE GOTO (42) -18 |
| 42 | -18 | O yes | O no | ELSE GOTO (43) -20 |
| 43 | -20 | O yes | O no | ELSE GOTO (44) -X |
| 44 | -X | O yes | O no | ELSE GOTO (45) -Y |
| 45 | -Y | O yes | O no | ELSE GOTO (46) +4 |

**Trisomy at diagnosis**

| 46 | +4 | O yes | O no | ELSE GOTO (47) +8 |
| 47 | +8 | O yes | O no | ELSE GOTO (48) +11 |
| 48 | +11 | O yes | O no | ELSE GOTO (49) +13 |
| 49 | +13 | O yes | |

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O
no
ELSE GOTO (50) +14
50 +14
   O yes
   O no
ELSE GOTO (51) +21
51 +21
   O yes
   O no
ELSE GOTO (52) +22
52 +22
   O yes
   O no
ELSE GOTO (53) t(3;3)
   Translocation at diagnosis
53 t(3;3)
   O yes
   O no
ELSE GOTO (54) t(6;9)
54 t(6;9)
   O yes
   O no
ELSE GOTO (55) t(8;21)
55 t(8;21)
   O yes
   O no
ELSE GOTO (56) t(15;17) and variants
56 t(15;17) and variants
   O yes
   O no
ELSE GOTO (57) t(16;16)
57 t(16;16)
   O yes
   O no
ELSE GOTO (58) del(5q) / 5q-
58 del(5q) / 5q-
   O yes
   O no
ELSE GOTO (59) del(7q) / 7q-
CIBMTR Center Number: __________
CIBMTR Recipient ID: ________________

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<td></td>
<td>no</td>
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<tr>
<td>ELSE GOTO (67) 12p any abnormality</td>
<td></td>
</tr>
<tr>
<td>67 12p any abnormality</td>
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<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>ELSE GOTO (68) complex (&gt;=3 distinct abnormalities)</td>
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</tr>
<tr>
<td>68 complex (&gt;=3 distinct abnormalities)</td>
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</tbody>
</table>

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
ELSE GOTO (69) other abnormality

69 other abnormality
   O yes
   O no

IF (69) other abnormality:= yes
   THEN GOTO (70) specify other abnormality:
   ELSE GOTO (71) Results of tests after diagnosis and prior to the preparative regimen:

70 specify other abnormality: _______________________

ELSE GOTO (71) Results of tests after diagnosis and prior to the preparative regimen:

71 Results of tests after diagnosis and prior to the preparative regimen:
   O yes abnormalities identified
   O no evaluable metaphases
   O no abnormalities on any tests after diagnosis and before the preparative regimen

IF (71) Results of tests after diagnosis and prior to the preparative regimen::= yes abnormalities identified
   THEN GOTO (72) -5
   ELSE GOTO (104) Is a copy of the cytogenetic or FISH report attached?

For questions 72 - 102 specify cytogenetic abnormalities for any test result between diagnosis and the preparative regimen.
Monosomy

72 -5
   O yes
   O no

ELSE GOTO (73) -7

73 -7
   O yes
   O no

ELSE GOTO (74) -17

74 -17
   O yes
   O no

ELSE GOTO (75) -18

75 -18
   O yes
   O no

ELSE GOTO (76) -20

76 -20
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Month Day Year Month Day Year

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77 -X

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78 -Y

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Trisomy

79 +4

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80 +8

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81 +11

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82 +13

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83 +14

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84 +21

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85 +22

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<td>ELSE GOTO (86) t(3;3)</td>
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CIBMTR Center Number: __________________ CIBMTR Recipient ID: ____________________________

**Translocation**

86 t(3;3)
   - O yes
   - O no
   ELSE GOTO (87) t(6;9)

87 t(6;9)
   - O yes
   - O no
   ELSE GOTO (88) t(8;21)

88 t(8;21)
   - O yes
   - O no
   ELSE GOTO (89) t(15;17) and variants

89 t(15;17) and variants
   - O yes
   - O no
   ELSE GOTO (90) t(16;16)

90 t(16;16)
   - O yes
   - O no
   ELSE GOTO (91) del(5q)/5q-

Deletion

91 del(5q)/5q-
   - O yes
   - O no
   ELSE GOTO (92) del(7q)/7q-

92 del(7q)/7q-
   - O yes
   - O no
   ELSE GOTO (93) del(9q)/9q-

93 del(9q)/9q-
   - O yes
   - O no
   ELSE GOTO (94) del(11q)/11q-

94 del(11q)/11q-
   - O yes
   - O no
   ELSE GOTO (95) del(17q)/17q-

95 del(17q)/17q-
   - O yes
   - O no
ELSE GOTO (96) del(20q)/20q-

96 del(20q)/20q-
  O yes
  O no
ELSE GOTO (97) inv(3)

Inversion
97 inv(3)
  O yes
  O no
ELSE GOTO (98) inv(16)

98 inv(16)
  O yes
  O no
ELSE GOTO (99) (11q23) balanced abnormality

Other
99 (11q23) balanced abnormality
  O yes
  O no
ELSE GOTO (100) 12p any abnormality

100 12p any abnormality
  O yes
  O no
ELSE GOTO (101) complex abnormality

101 complex (>=3 distinct abnormalities)
  O yes
  O no
ELSE GOTO (102) other abnormality at prep

102 other abnormality
  O yes
  O no
IF (102) other abnormality at prep:= no
THEN GOTO (104) Is a copy of the cytogenetic or FISH report attached?
ELSE GOTO (103) specify other abnormality:

103 specify other abnormality:
ELSE GOTO (104) Is a copy of the cytogenetic or FISH report attached?

104 Is a copy of the cytogenetic or FISH report attached?
  O yes
  O no
ELSE GOTO (105) Was therapy given between diagnosis and the start of the preparative regimen?
**Pre-HSCT Treatment for MDS / MPS**

Questions: 105-146

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<tr>
<th>105</th>
<th>Was therapy given between diagnosis and the start of the preparative regimen?</th>
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<tbody>
<tr>
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<td>O yes</td>
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<tr>
<td></td>
<td>O no</td>
</tr>
<tr>
<td></td>
<td>O unknown</td>
</tr>
</tbody>
</table>

**IF (105) Was therapy given between diagnosis and the start of the preparative regimen?:= yes**

**THEN GOTO (106) Systemic Therapy:**

**ELSE GOTO (147) Did the recipient transform to a different MDS / MPS subtype prior to the preparative regimen?**

---

### Pre-HSCT Therapy

Questions: 106-146

<table>
<thead>
<tr>
<th>Line of Therapy:</th>
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<tbody>
<tr>
<td>106 Systemic Therapy:</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td><strong>IF (106) Systemic Therapy::= no</strong></td>
</tr>
<tr>
<td>THEN GOTO (137) Other Therapy:</td>
</tr>
<tr>
<td>ELSE GOTO (107) Date therapy started:</td>
</tr>
</tbody>
</table>

| 107 Date therapy started: |
| __ YYYY __ " MM " DD |

**ELSE GOTO (108) Date therapy stopped:**

| 108 Date therapy stopped: |
| __ __ __ __ " MM " DD |

**ELSE GOTO (109) Indication for therapy:**

| 109 Indication for therapy: |
| O Bone Marrow Failure |
| (anemia, thrombocytopenia, neutropenia) |
Progression to Leukemia

Induce Complete Remission

Other, Specify

IF (109) Indication for therapy:: = Other, Specify
THEN GOTO (110) If other indication please specify:
ELSE GOTO (111) anagrelide (Agrylin, Xagrid)

110 If other indication please specify:
________________________

ELSE GOTO (111) anagrelide (Agrylin, Xagrid)

111 anagrelide (Agrylin, Xagrid)

ELSE GOTO (112) androgens

112 androgens

ELSE GOTO (113) antithymocyte globulin (ATG)

113 antithymocyte globulin (ATG)

ELSE GOTO (114) azacytidine (Vidaza)

114 azacytidine (Vidaza)

ELSE GOTO (115) Busulfan

115 Busulfan

ELSE GOTO (116) Chlorambucil (Leuken)

116 Chlorambucil (Leuken)

ELSE GOTO (117) Corticosteroids

117 Corticosteroids

ELSE GOTO (118) cyclosporine (CSA, Neoral)

118 cyclosporine (CSA, Neoral)
ELSE GOTO (119) Cytarabine (Ara-C)

119 Cytarabine (Ara-C)
   O yes
   O no
ELSE GOTO (120) erythropoietin (EPO) (any formation)

Cytokines:
120 erythropoietin (EPO) (any formation)
   O yes
   O no
ELSE GOTO (121) G-CSF (any formulation)

121 G-CSF (any formulation)
   O yes
   O no
ELSE GOTO (122) GM-CSF

122 GM-CSF
   O yes
   O no
ELSE GOTO (123) interleukin-3 (IL-3)

123 interleukin-3 (IL-3)
   O yes
   O no
ELSE GOTO (124) stem cell factor (SCF)

124 stem cell factor (SCF)
   O yes
   O no
ELSE GOTO (125) other cytokine

125 other cytokine
   O yes
   O no

IF (125) other cytokine:= no
THEN GOTO (127) decitabine (Dacogen)
ELSE GOTO (126) specify other cytokine

126 specify other cytokine
   ELSE GOTO (127) decitabine (Dacogen)

ELSE GOTO (128) deferiprone (Ferriprox)
128 deferiprone (Ferrprox)
  O yes
  O no
  ELSE GOTO (129) deferaginox (Exjade)

129 deferaginox (Exjade)
  O yes
  O no
  ELSE GOTO (130) deferoxamine (Desferal)

130 deferoxamine (Desferal)
  O yes
  O no
  ELSE GOTO (131) hydroxyurea (Droxia, Hydrea)

131 hydroxyurea (Droxia, Hydrea)
  O yes
  O no
  ELSE GOTO (132) lenalidomide (Revlimid)

132 lenalidomide (Revlimid)
  O yes
  O no
  ELSE GOTO (133) Thalidomide (Thalomid)

133 Thalidomide (Thalomid)
  O yes
  O no
  ELSE GOTO (134) topotecan (Hycamtin)

134 topotecan (Hycamtin)
  O yes
  O no
  ELSE GOTO (135) Other systemic therapy

135 Other systemic therapy
  O yes
  O no
  IF (135) Other systemic therapy::= no
  THEN GOTO (137) Other Therapy:
  ELSE GOTO (136) specify other therapy:

136 specify other therapy:

137 Other Therapy:
  O yes
  O no
  IF (137) Other Therapy::= no
THEN GOTO (142) Best Response to Line of Therapy
ELSE GOTO (138) splenic radiation

138  splenic radiation
   O  yes
   O  no
ELSE GOTO (139) splenectomy

139  splenectomy
   O  yes
   O  no
ELSE GOTO (140) other therapy

140  other therapy
   O  yes
   O  no
IF (140) other therapy:= no
THEN GOTO (142) Best Response to Line of Therapy
ELSE GOTO (141) specify other therapy:

141  specify other therapy:
ELSE GOTO (142) Best Response to Line of Therapy

142  Best Response to Line of Therapy
   O  CR
   –  Complete remission – requires all of the following, maintained for >= 4 weeks: • bone
      marrow evaluation: < 5% myeloblasts with normal maturation of all cell lines • peripheral
      blood evaluation: hemoglobin >= 11 g/dL untransfused and without erythropoietin
      support; ANC >= 1000 / mm3 without myeloid growth factor support; platelets >= 100 x
      109/L without thrombopoietic support; 0% blasts
   O  HI
   –  hematologic improvement (HI) — requires one measurement of the following, maintained
      for >= 8 weeks without ongoing cytotoxic therapy; specify which cell line was
      measured to determine HI response:• HI-E — hemoglobin increase of >= 1.5 g/dL
      untransfused; for RBC transfusions performed for Hgb <= 9.0, reduction in RBC
      units transfused in 8 weeks by >= 4 units compared to the pre-treatment transfusion number in
      the previous 8 weeks • HI-P — for pre-treatment platelet count of > 20 x 109/L, platelet
      absolute increase of >= 30 x 109/L; for pre-treatment platelet count of < 20 x 109/L, platelet
      absolute increase of >= 20 x 109/L and >= 100% from pre-treatment level HI-N —
      neutrophil count increase of >= 100% from pre-treatment level and an absolute increase
      of >= 500 / mm3
   O  NR
   /  SD
   –  no response / stable disease (NR / SD) — does not meet the criteria for at least HI, but
      no evidence of disease progression
   O  Pro
   –  progression from hematologic improvement (Prog from HI) — requires at least one of
      the following, in the absence of another explanation (e.g., infection, bleeding, ongoing
      chemotherapy, etc.):• >= 50% reduction from maximum response levels in granulocytes or
      platelets • reduction in hemoglobin by >= 1.5 g/dL • transfusion dependence
Relapse from complete remission (Rel from CR) — requires at least one of the following:

- return to pre-treatment bone marrow blast percentage
- decrease of >= 50% from maximum response levels in granulocytes or platelets
- transfusion dependence, or
- hemoglobin level >= 1.5 g/dL lower than prior to therapy

Progression to AML (AML) — >= 20% blasts in the bone marrow

Best Response to Line of Therapy:

If (142) Best Response to Line of Therapy: = HI
Then GOTO (143) Specify cell line:
Else GOTO (144) Date response established:

Specify cell line:
- Hi-E
- Hi-P
- Hi-N

Else GOTO (144) Date response established:

Date response established: __ __ __ __ — __ __ __ __

YYYY MM DD

Else GOTO (145) Did patient relapse/progress following this line of therapy?

Yes
No

If (145) Did patient relapse/progress following this line of therapy?: = yes
Then GOTO (146) Date of relapse/progression:
Else GOTO (147) Did the recipient transform to a different MDS / MPS subtype prior to the preparative regimen?

Date of relapse/progression: __ __ __ __ — __ __ __ __

YYYY MM DD

Else GOTO (147) Did the recipient transform to a different MDS / MPS subtype prior to the preparative regimen?

Copy questions 106-146 if needed for Pre-HSCT Therapy
ELSE GOTO (148) Specify the MDS subtype at the time of HSCT; or if in complete remission, the most recent subtype:

O Refractory anemia (RA)
O refractory anemia with ringed sideroblasts (RARS)
O refractory anemia with excess blasts (RAEB-1)
O refractory anemia with excess blasts in transformation (RAEB-2)
O refractory cytopenia with multilineage dysplasia (RCMD)
O refractory anemia with ringed sideroblasts with dysplasia (RCMD-RS)
O 5q- syndrome
O MDS unclassifiable, not otherwise specified
O chronic myelomonocytic leukemia (CMMoL)
O chronic MPS disorder, not otherwise specified
O chronic neutrophilic leukemia
O chronic eosinophilic leukemia and hypereosinophilic syndrome
O polycythemia vera (PCV)
O chronic idiopathic myelofibrosis (with extra-medullary hematopoiesis), myelofibrosis with myeloid metaplasia, acute myelofibrosis or myelosclerosis
O essential thrombocythemia
O transformed to AML

- specify the AML subtype on the CIBMTR form 2000 Recipient Baseline Data

ELSE GOTO (149) Specify the date of the most recent transformation:

149 Specify the date of the most recent transformation: ________-_______-______

ELSE GOTO (150) Did the recipient have systemic symptoms (e.g., fever, sweats, weight loss >10%) just prior to the preparative regimen?

O yes
O no
O unknown
Did the recipient have hepatomegaly just prior to preparative regimen?

- Yes
- No
- Unknown

Questions: 153-162

Monocytes in blood:

- Known
- Not known

Blasts in blood:

- Known
- Not known

Was a bone marrow examination performed prior to the start of the preparative regimen?

- Yes
- No

Date of most recent bone marrow examination:

- YYYY
- MM
- DD

Cellularity:

- Decreased
- Normal
- Increased
- Unknown

Fibrosis:
160 Fibrosis:
  O absent
  O mild
  O moderate
  O severe
  O unknown
ELSE GOTO (161) Blasts in marrow:

161 Blasts in marrow:
  O known
  O not known
IF (161) Blasts in marrow::= not known
THEN GOTO (163) What was the disease status at the last evaluation prior to the preparative regimen?
ELSE GOTO (162) blasts in marrow at prep

162 Blasts: __ __ __ __ __ __ __ __ __ __ __ %
ELSE GOTO (163) What was the disease status at the last evaluation prior to the preparative regimen?
| CIBMTR Center Number: __________________ | CIBMTR Recipient ID: _____________________________ |

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</table>

**CIBMTR Center Number:** __________________

**CIBMTR Recipient ID:** _____________________________

**hematologic improvement**

**THEN GOTO (165) Date of progression:**

**ELSE GOTO (164) Specify the cell line examined to determine HI status:**

**IF (163) What was the disease status at the last evaluation prior to the preparative regimen?:= relapse from complete remission**

**THEN GOTO (166) Date of relapse:**

**ELSE GOTO (164) Specify the cell line examined to determine HI status:**

**IF (163) What was the disease status at the last evaluation prior to the preparative regimen?:= not assessed**

**THEN GOTO (167) Specify reason:**

**ELSE GOTO (164) Specify the cell line examined to determine HI status:**

**IF (163) What was the disease status at the last evaluation prior to the preparative regimen?:= complete remission**

**THEN GOTO (168) Date of most recent assessment for disease status prior to the preparative regimen:**

**ELSE GOTO (164) Specify the cell line examined to determine HI status:**

**IF (163) What was the disease status at the last evaluation prior to the preparative regimen?:= never treated OR (163) What was the disease status at the last evaluation prior to the preparative regimen?:= no response / stable disease**

**THEN GOTO First name**

**ELSE GOTO (164) Specify the cell line examined to determine HI status:**

164 Specify the cell line examined to determine HI status:

- **O H I – hemoglobin increase of >= 1.5 g/dL untransfused; for RBC transfusions performed for Hgb <= 9.0, reduction in RBC units transfused in 8 weeks by >= 4 units compared to the pre-treatment transfusion number in 8 weeks**

- **O H I – for pre-treatment platelet count of > 20 x 10^9/L, platelet absolute increase of >= 30 x 10^9/L; for pre-treatment platelet count of < 20 x 10^9/L, platelet absolute increase of >= 20 x 10^9/L and >= 100% from pre-treatment level**

- **O H I – neutrophil count increase of >= 100% from pre-treatment level and an absolute increase of >= 500 / mm3**

**ELSE GOTO (165) Date of progression:**

165 Date of progression: __________ YYYY __ MM __ DD __

**ELSE GOTO (166) Date of relapse:**

166 Date of relapse: __________ YYYY __ MM __ DD __

**ELSE GOTO (167) Specify reason:**

167 Specify reason:

**ELSE GOTO (168) Date of most recent assessment for disease status prior to the preparative regimen:**

168 Date of most recent assessment for disease status prior to the preparative regimen: __________ YYYY __ MM __ DD __

**ELSE GOTO First name**
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ELSE GOTO Last name

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ELSE GOTO Phone number:
ELSE GOTO Fax number:

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ELSE GOTO E-mail address:
ELSE GOTO End of Form

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