



CIBMTR Center Number:

CIBMTR Recipient ID:

11. Monocytes:

- 1  known →  %  
2  not known

12. Absolute monocyte count:

- 1  known →  .   
2  not known

Specify units:

- 1   $\times 10^9/L$  ( $\times 10^3/mm^3$ )  
2   $\times 10^6/L$

13. Blasts in blood:

- 1  known →  %  
2  not known

14. LDH:

- 1  known →  .   
2  not known

- 1  U/L  
2   $\mu\text{kat/L}$

15. Upper limit of normal for LDH:

.

16. Was testing performed for hypersensitivity to GM-CSF?

- 1  yes →  
2  no  
3  unknown

Specify test results:

17. 1  positive 2  negative Bone marrow

18. 1  positive 2  negative Peripheral blood stem cells

### Bone Marrow Findings at Diagnosis

19. Was the recipient's bone marrow examined at diagnosis?

- 1  yes →  
2  no  
3  unknown

20. Blasts in marrow:  %

21. Monocytes in marrow:  %

22. Is a copy of the examination report attached?

- 1  yes  
2  no

23. Were cytogenetics tested at diagnosis, prior to start of treatment?

- 1  yes →  
2  yes, but no  
evaluable  
metaphases  
3  no  
4  unknown

24. Were any abnormalities identified?

- 1  yes →  
2  no

Specify abnormalities identified:

25. 1  yes 2  no Monosomy 7 (-7)

26. 1  yes 2  no Trisomy 8 (+8)

27. 1  yes 2  no Trisomy 21 (+21)

28. 1  yes 2  no t(2;8)

29. 1  yes 2  no t(9;22)

30. 1  yes 2  no other karyotype abnormality

31. Specify other abnormality: \_\_\_\_\_

32. Date of karyotyping:  /  /   
Month Day Year

33. Is a copy of the cytogenetic report attached?

- 1  yes  
2  no

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### Treatment Prior to the Preparative Regimen

34. Was the recipient treated for JMML prior to the preparative regimen?

- 1  yes
- 2  no

35. Was a complete remission achieved?

- 1  yes
- 2  no

36. Date of complete remission:

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      | Day                  |                      | Year                 |                      |

37. Was there disease relapse?

- 1  yes
- 2  no

38. Date of disease relapse:

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      | Day                  |                      | Year                 |                      |

39. Did the recipient have a splenectomy prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

40. Did the recipient receive splenic irradiation prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

41. Was molecular testing for BCR / ABL performed at any time prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

42. Specify test results for BCR / ABL:

- 1  positive
- 2  negative

### Bone Marrow Findings Just Prior to the Preparative Regimen

43. Was the recipient's bone marrow examined just prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

44. Date of examination:

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      | Day                  |                      | Year                 |                      |

45. Blasts in marrow:

|                      |                      |   |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | % |
|----------------------|----------------------|---|

46. Monocytes in marrow:

|                      |                      |   |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | % |
|----------------------|----------------------|---|

47. Is a copy of the examination report attached?

- 1  yes
- 2  no

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### Disease Status Just Prior to the Preparative Regimen

48. What was the disease status just prior to the preparative regimen? *(based on international JMML diagnostic criteria)*

- 1  continued complete response — continued absence of all known disease after a complete response to a previous line of therapy
- 2  complete response — normalization of WBC and organomegaly
- 3  partial response —  $\leq 50\%$  reduction in WBC and/or organomegaly
- 4  marginal response — between 25% and 50% reduction in WBC and organomegaly ~ or ~ partial response in WBC but no change in organomegaly ~ or ~ partial response in organomegaly but no change in WBC
- 5  stable disease —  $\leq 25\%$  reduction in WBC and/or organomegaly
- 6  progressive disease — increase in WBC and/or organomegaly
- 7  not evaluable →

49. Specify reason:

50. Date disease status was established:

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      | Day                  |                      | Year                 |                      |

51. Did the recipient receive 13-cis-retinoic acid (RA) prior to the preparative regimen?

- 1  yes
- 2  no
- 3  unknown

52. Signed: \_\_\_\_\_

*Person completing form*

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_