

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:



Juvenile Myelomonocytic Leukemia (JMML / JCML) Pre-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date:

Month Day Year

Date of HSCT for which this form is being completed:

Month Day Year

HSCT type: autologous allogeneic, unrelated allogeneic, related syngeneic (identical twin)

Product type: marrow PBSC cord blood other product, specify: _____

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.

If this is a report of a second or subsequent transplant, check here and continue with question 39.

1. What was the date of diagnosis of JMML?

Month Day Year

Clinical Features at Diagnosis

Specify whether the recipient expressed the following clinical features at diagnosis:

2. 1 yes 2 no Adenopathy
3. 1 yes 2 no Hepatomegaly
4. 1 yes 2 no Neurofibromatosis
5. 1 yes 2 no Skin involvement
6. 1 yes 2 no Splenomegaly

Laboratory Values at Diagnosis

7. WBC:

- 1 known →
- 2 not known

Specify units:

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

8. Hemoglobin (untransfused):

- 1 known →
- 2 not known

- 1 g/dL
2 g/L
3 mmol/L

9. Fetal hemoglobin (HbF):

- 1 known → %
2 not known

10. Platelets (untransfused):

- 1 known →
- 2 not known

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

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Today's Date:

<input type="text"/> Month	<input type="text"/> Day	<input type="text" value="2"/> <input type="text" value="0"/> Year
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Infusion Date:

<input type="text"/> Month	<input type="text"/> Day	<input type="text" value="2"/> <input type="text" value="0"/> Year
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CIBMTR Center Number:

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11. Monocytes:

1 known → %

2 not known

12. Absolute monocyte count:

1 known → .

2 not known

Specify units:

1 x 10⁹/L (x 10³/mm³)

2 x 10⁶/L

13. Blasts in blood:

1 known → %

2 not known

14. LDH:

1 known → .

2 not known

1 U/L

2 µkat/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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Month Day

2 0
Year

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2 0
Year

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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:

Month Day

Year

37. Was there disease relapse?

- 1 yes
2 no

38. Date of disease relapse:

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:

Month Day

2 0
Year

45. Blasts in marrow:

 %

46. Monocytes in marrow:

 %

47. Is a copy of the examination report attached?

- 1 yes
2 no

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Initials:

--	--

Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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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:

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: _____