2015: Juvenile Myelomonocytic Leukemia (JMML / JCML) 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 Syngeneic (identical twin)

☐ Allogeneic, related
ELSE GOTO syngeneic (identical twin)
ERROR CORRECTION FORM

CIBMTR Center Number: ___ ___ ___ CIBMTR Recipient ID: _____________________________

Today’s Date: Month Day Year Infusion Date: Month Day Year CIBMTR Center Number: ____

Product type: (check all that apply)

☐ syngeneic (identical twin)
ELSE GOTO Marrow

☐ Marrow
ELSE GOTO PBSC

☐ PBSC
ELSE GOTO Cord blood

☐ Cord blood
ELSE GOTO Other product

☐ Other product
IF Other product := EXISTS
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?

Clinical Features at Diagnosis

Questions: 1-6

All information 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 47.
IF Is this a report of a 2nd or subsequent HCT? := EXISTS
THEN GOTO (47) Did the recipient have a splenectomy prior to the preparative regimen?
ELSE GOTO (1) diagnosis date

1 What was the date of diagnosis of JMML? __ __ __ __ __ __ __ __
ELSE GOTO (2) Adenopathy

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

2 Adenopathy
   ☐ yes
   ☐ no
ELSE GOTO (3) Hepatomegaly

3 Hepatomegaly
   ☐ yes
   ☐ no
ELSE GOTO (4) Neurofibromatosis

CIBMTR Form 2015 revision 2 (page 2 of 10) Last Updated November 12, 2012.
Copyright (c) 2012 National Marrow Donor Program and
The Medical College of Wisconsin, Inc. All rights reserved.

Mail this form to your designated campus (Milwaukee or Minneapolis. Retain the original at the transplant center.
Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
4 Neurofibromatosis
   O yes
   O no
   ELSE GOTO (5) Skin involvement

5 Skin involvement
   O yes
   O no
   ELSE GOTO (6) Splenomegaly

6 Splenomegaly
   O yes
   O no
   ELSE GOTO (7) WBC:

7 WBC:
   O known
   O not known
   IF (7) WBC::= not known
   THEN GOTO (9) Hemoglobin (untransfused):
   ELSE GOTO (8) Specify wbc value at diagnosis

8 Specify wbc units
   Unit: O x 10^9/L (x 10^5/mm^3)
   O x 10^6/L
   ELSE GOTO (9) Hemoglobin (untransfused):

9 Hemoglobin (untransfused):
   O known
   O not known
   IF (9) Hemoglobin (untransfused)::= not known
THEN GOTO (11) Fetal hemoglobin (HbF):
ELSE GOTO (10) Specify hemoglobin value at dx

10 . __________ • __________
   ELSE GOTO Specify hemoglobin units
   O g/dL
   O g/L
   O mmol/L
ELSE GOTO (11) Fetal hemoglobin (HbF):

11 Fetal hemoglobin (HbF):
   O known
   O not known
IF (11) Fetal hemoglobin (HbF)::= not known
THEN GOTO (13) Platelets (untransfused):
ELSE GOTO (12) Specify Fetal hemoglobin value at dx

12 . __________
   %
ELSE GOTO (13) Platelets (untransfused):

13 Platelets (untransfused):
   O known
   O not known
IF (13) Platelets (untransfused)::= not known
THEN GOTO (15) Monocytes:
ELSE GOTO (14) Specify platelet value at dx

14 . __________ • __________
   Unit:
   O x 10^9/L (x 10^9/mm^3)
   O x 10^6/L
ELSE GOTO (15) Monocytes:

15 Monocytes:
   O known
   O not known
IF (15) Monocytes::= not known
THEN GOTO (17) Absolute monocyte count:
ELSE GOTO (16) Specify monocytes value at dx

16 . __________
   %
ELSE GOTO (17) Absolute monocyte count:

17 Absolute monocyte count:
   O known
   O not known
IF (17) Absolute monocyte count::= not known
THEN GOTO (19) Blasts in blood:
ELSE GOTO (18) Specify abs monocyte count at dx
18.
ELSE GOTO Specify abs monocyte units

Unit:
O \( \times 10^9/L \) (x \( 10^3/mm^3 \))
O \( \times 10^6/L \)

ELSE GOTO (19) Blasts in blood:

19. Blasts in blood:
O known
O not known
IF (19) Blasts in blood::= not known
THEN GOTO (21) LDH:
ELSE GOTO (20) Specify blasts in blood at dx

20. ________________________ %

ELSE GOTO (21) LDH:

21. LDH:
O known
O not known
IF (21) LDH::= not known
THEN GOTO (24) Was testing performed for hypersensitivity to GM-CSF?
ELSE GOTO (22) Specify LDH value at dx

22. ____________ Unit:
ELSE GOTO Specify ldh units
O U/L
O \( \mu \)kat/L

ELSE GOTO (23) Upper limit of normal for LDH:

23. Upper limit of normal for LDH: __________________________

ELSE GOTO (24) Was testing performed for hypersensitivity to GM-CSF?

24. Was testing performed for hypersensitivity to GM-CSF?
O yes
O no
O unknown
IF (24) Was testing performed for hypersensitivity to GM-CSF?:= yes
THEN GOTO (25) Bone marrow
ELSE GOTO (27) Was the recipient's bone marrow examined at diagnosis?

Specify test results:
25. Bone marrow
O positive
O negative

ELSE GOTO (26) Peripheral blood stem cells

26. Peripheral blood stem cells
O positive
O negative

ELSE GOTO (27) Was the recipient's bone marrow examined at diagnosis?
## Bone Marrow Findings at Diagnosis

<table>
<thead>
<tr>
<th>Questions: 27-41</th>
</tr>
</thead>
<tbody>
<tr>
<td>27  Was the recipient's bone marrow examined at diagnosis?</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>O unknown</td>
</tr>
<tr>
<td>IF (27) Was the recipient's bone marrow examined at diagnosis? := yes</td>
</tr>
<tr>
<td>THEN GOTO (28) Blasts in marrow</td>
</tr>
<tr>
<td>ELSE GOTO (31) Were cytogentetics tested at diagnosis, prior to start of treatment?</td>
</tr>
<tr>
<td>28  Blasts in marrow: _____ _____ _____ _____ _____ _____ _____ _____ %</td>
</tr>
<tr>
<td>ELSE GOTO (29) Monocytes in marrow:</td>
</tr>
<tr>
<td>29  Monocytes in marrow: _____ _____ _____ _____ _____ _____ _____ _____ _____ %</td>
</tr>
<tr>
<td>ELSE GOTO (30) Is a copy of the examination report attached?</td>
</tr>
<tr>
<td>30  Is a copy of the examination report attached?</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>ELSE GOTO (31) Were cyotogenetics tested at diagnosis, prior to start of treatment?</td>
</tr>
<tr>
<td>31  Were cytogenetics tested at diagnosis, prior to start of treatment?</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O yes, but no evaluable metaphases</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>O unknown</td>
</tr>
<tr>
<td>IF (31) Were cytogenetics tested at diagnosis, prior to start of treatment? := yes</td>
</tr>
<tr>
<td>THEN GOTO (32) Were any abnormalities identified?</td>
</tr>
<tr>
<td>ELSE GOTO (42) Was the recipient treated for JMML prior to the preperative regimen?</td>
</tr>
<tr>
<td>32  Were any abnormalities identified?</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>IF (32) Were any abnormalities identified? := no</td>
</tr>
<tr>
<td>THEN GOTO (41) Is a copy of the cytogenetic report attached?</td>
</tr>
<tr>
<td>ELSE GOTO (33) Monosomy 7 (-7)</td>
</tr>
<tr>
<td>Specify abnormalities identified:</td>
</tr>
<tr>
<td>33  Monosomy 7 (-7)</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
</tbody>
</table>
CIBMTR Center Number: __________________________ CIBMTR Recipient ID: __________________________

ELSE GOTO (34) trisomy 8 (+8)

34 trisomy 8 (+8)
  O yes
  O no
ELSE GOTO (35) trisomy 21 (+21)

35 trisomy 21 (+21)
  O yes
  O no
ELSE GOTO (36) t(2;8)

36 t(2;8)
  O yes
  O no
ELSE GOTO (37) t(9;22)

37 t(9;22)
  O yes
  O no
ELSE GOTO (38) other karyotype abnormality

38 other karyotype abnormality
  O yes
  O no
IF (38) other karyotype abnormality:= no THEN GOTO (40) Date of karyotyping:
ELSE GOTO (39) Specify other abnormality:

39 Specify other abnormality: __________________________
ELSE GOTO (40) Date of karyotyping:

40 Date of karyotyping: __ __ __ __  __ __ __ __  YYYY MM DD
ELSE GOTO (41) Is a copy of the cytogenetic report attached?

41 Is a copy of the cytogenetic report attached?
  O yes
  O no
ELSE GOTO (42) Was the recipient treated for JMML prior to the preparative regimen?

42 Was the recipient treated for JMML prior to the preparative regimen?
  O yes
  O no
IF (42) Was the recipient treated for JMML prior to the preparative regimen?:= no THEN GOTO (47) Did the recipient have a splenectomy prior to the preparative regimen?

### Treatment Prior to the Preparative Regimen

<table>
<thead>
<tr>
<th>Questions: 42-50</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 Was the recipient treated for JMML prior to the preparative regimen?</td>
</tr>
<tr>
<td>O yes</td>
</tr>
<tr>
<td>O no</td>
</tr>
<tr>
<td>IF (42) Was the recipient treated for JMML prior to the preparative regimen?:= no THEN GOTO (47) Did the recipient have a splenectomy prior to the preparative regimen?</td>
</tr>
</tbody>
</table>
ELSE GOTO (43) Was a complete remission achieved?

43 Was a complete remission achieved?

  O yes
  O no

IF (43) Was a complete remission achieved? := yes
    THEN GOTO (44) Date of complete remission:
    ELSE GOTO (45) Was there disease relapse?

44 Date of complete remission: ___-___-___ YYY YMM DDD

ELSE GOTO (45) Was there disease relapse?

45 Was there disease relapse?

  O yes
  O no

IF (45) Was there disease relapse? := yes
    THEN GOTO (46) Date of disease relapse:
    ELSE GOTO (47) Did the recipient have a splenectomy prior to the preparative regimen?

46 Date of disease relapse: ___-___-___ YYY YMM DDD

ELSE GOTO (47) Did the recipient have a splenectomy prior to the preparative regimen?

47 Did the recipient have a splenectomy prior to the preparative regimen?

  O yes
  O no
  O unknown

ELSE GOTO (48) Did the recipient receive splenic irradiation prior to the preparative regimen?

48 Did the recipient receive splenic irradiation prior to the preparative regimen?

  O yes
  O no
  O unknown

ELSE GOTO (49) Was molecular testing for BCR/ABL performed at any time prior to the preparative regimen?

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

  O yes
  O no
  O unknown

IF (49) Was molecular testing for BCR/ABL performed at any time prior to the preparative regimen? := yes
    THEN GOTO (50) Specify test results for BCR / ABL:
    ELSE GOTO (51) Was the recipient’s bone marrow examined just prior to the preparative regimen?

50 Specify test results for BCR / ABL:

  O positive
  O negative

ELSE GOTO (51) Was the recipient’s bone marrow examined just prior to the preparative regimen?
### Bone Marrow Findings Just Prior to the Preparative Regimen

51  Was the recipient's bone marrow examined just prior to the preparative regimen?
- O yes
- O no
- O unknown

IF (51) Was the recipient's bone marrow examined just prior to the preparative regimen?:
THEN GOTO (52) Date of examination:
ELSE GOTO (56) What was the disease status just prior to the preparative regimen?

52  Date of examination: __ __ __ __ "MM" __ __

ELSE GOTO (53) Blasts in marrow:

53  Blasts in marrow: __ __ __ __ __ __ __ __ __ __ %

ELSE GOTO (54) Monocytes in marrow:

54  Monocytes in marrow: __ __ __ __ __ __ __ __ __ __ %

ELSE GOTO (55) Is a copy of the examination report attached?

55  Is a copy of the examination report attached?
- O yes
- O no

ELSE GOTO (56) What was the disease status just prior to the preparative regimen?

### Disease Status Just Prior to the Preparative Regimen

56  What was the disease status just prior to the preparative regimen? 
**Based on international JMML diagnostic criteria**
- O continued complete response - continued absence of all known disease after a complete response to a previous line of therapy
- O complete response - normalization of WBC and organomegaly
- O partial response - <=50% reduction in WBC and/or organomegaly
- O 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
- O stable disease - <= 25% reduction in WBC and/or organomegaly
- O progressive disease - increase in WBC and/or organomegaly
- O not evaluable

IF (56) What was the disease status just prior to the preparative regimen?:= not evaluable
THEN GOTO (57) Specify reason:
ELSE GOTO (58) Date disease status was established:

57  Specify reason: __ __ __ __ __ __ __ __ __ __

ELSE GOTO (58) Date disease status was established:

58  Date disease status was established: __ __ __ __ "MM" __ __
ELSE GOTO (59) Did the recipient receive 13-cis-retinoic acid (RA) prior to the preparative regimen?

59 Did the recipient receive 13-cis-retinoic acid (RA) prior to the preparative regimen?
   O yes
   O no
   O unknown

ELSE GOTO First name

First Name: __________________________  Last Name: __________________________
ELSE GOTO Last name  ELSE GOTO Phone number:

Phone number: __________________________  Fax number: __________________________
ELSE GOTO Fax number:  ELSE GOTO E-mail address:

E-mail address: __________________________
ELSE GOTO End of Form