Form 2028 R2.0: Aplastic Anemia Pre-HSCT Data

Key Fields

| Sequence Number: | ________________ |
| Date Received: | __ __ __ __ - __ __- __ __ |
| CIBMTR Center Number: | ________________ |
| CIBMTR Recipient ID: | ________________ |
| Today's Date: | __ __ __ __ |

Date of HSCT for which this form is being completed: __ __ __ __ - __ __- __ __

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 31

Disease Assessment at Diagnosis

Questions: 1 - 18

1. What was the date of diagnosis of Aplastic Anemia? __ __ __ __ - __ __- __ __

2. Was the recipient's bone marrow examined at diagnosis?
   - yes
   - no
   - Unknown

3. Is a copy of the biopsy report attached?
   - yes
   - no

4. Were the recipient's cells tested for sensitivity to cross-linking agents (e.g., diepoxybutane (DEB), mitomycin C (MMC))?
   - yes
   - no
   - Unknown

5. Specify the test results:
   - Normal
   - increased chromosome breaks
   - Unknown

6. Is a copy of the test report attached?
   - yes
   - no
What was the disease etiology?

- Diamond-Blackfan anemia
- Drug induced
- Viral hepatitis
- Idiopathic
- Other

Specify disease etiology: ________________

Was testing for paroxysmal nocturnal hemoglobinuria (PNH) performed?

- Yes
- No
- Unknown

Specify PNH test and results:

- Flow cytometry for CD55 / CD16 / CD59
  - Positive
  - Negative
  - Unknown

- Ham's acid hemolysis test
  - Positive
  - Negative
  - Unknown

- Hemosiderinuria
  - Positive
  - Negative
  - Unknown

- PIGA GPI anchor protein defect
  - Positive
  - Negative
  - Unknown

- Sugar water / sucrose lysis test
  - Positive
  - Negative
  - Unknown

- Other test
  - Positive
  - Negative
  - Unknown

Specify test: ________________

Laboratory Studies at Diagnosis

Questions: 19 - 49

Report findings prior to any first treatment for aplastic anemia.

19 WBC:

- Known
- Not known

20 ______________________ x 10^9/L (x 10^3/mm^3)

21 Hemoglobin (untransfused):

- Known
- Not known
Form 2028 R2.0: Aplastic Anemia Pre-HSCT Data

Center:  
CRID:

22  

\[ \text{g/dL} \quad \text{g/L} \quad \text{mmol/L} \]

23  Was RBC transfused < 30 days before date of test?

\[ \text{yes} \quad \text{no} \]

24  Platelets (untransfused):

\[ \text{Known} \quad \text{Not known} \]

25  \[ \times 10^9/L \times \text{mm}^3 \]

26  Were platelets transfused < 7 days before date of test?

\[ \text{yes} \quad \text{no} \]

27  Neutrophils:

\[ \text{Known} \quad \text{Not known} \]

28  \[ 10^9/L \]

29  Reticulocytes (uncorrected):

\[ \text{Known} \quad \text{Not known} \]

30  \[ 10^9/L \]

31  Was therapy given for treatment of aplastic anemia prior to the start of the preparative regimen?

\[ \text{yes} \quad \text{no} \quad \text{Unknown} \]

Specify what treatment(s) were given:

32  Androgens

\[ \text{yes} \quad \text{no} \]

33  ATG, ALS, ATS, ALG

\[ \text{yes} \quad \text{no} \]

34  Chelation therapy for iron

\[ \text{yes} \quad \text{no} \]

35  Corticosteroids

\[ \text{yes} \quad \text{no} \]

36  Cyclosporine (CsA, Neoral, Sandimmune)

\[ \text{yes} \quad \text{no} \]

37  Cytokines

\[ \text{yes} \quad \text{no} \]

If yes, specify cytokine(s) given:

38  Erythropoietin (EPO)

\[ \text{yes} \quad \text{no} \]
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 G-CSF (filgrastim, Neupogen)</td>
<td></td>
<td></td>
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<tr>
<td>40 GM-CSF (sargramostim, Leukine)</td>
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<tr>
<td>41 Interleukin-3 (IL-3)</td>
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<tr>
<td>42 Pegfilgrastim (Neulasta)</td>
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<td></td>
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<td>43 Stem cell factor (SCF)</td>
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<tr>
<td>44 Other</td>
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<tr>
<td>45 Specify other cytokine:</td>
<td></td>
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<tr>
<td>46 Other immunosuppression</td>
<td></td>
<td></td>
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<tr>
<td>47 Specify immunosuppression</td>
<td></td>
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<tr>
<td>48 Other treatment</td>
<td></td>
<td></td>
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<tr>
<td>49 If yes, specify treatment</td>
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</tbody>
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**Transfusion Status from Diagnosis to the Start of the Preparative Regimen**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 Did the recipient receive red blood cell transfusions between diagnosis and the start of the preparative regimen?</td>
<td></td>
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<tr>
<td>51 Specify the total number of donor exposures (best estimate):</td>
<td></td>
<td></td>
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<tr>
<td>52 Did the recipient receive platelet transfusions between diagnosis and the start of the preparative regimen?</td>
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</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>53 Reticulocytes (uncorrected):</td>
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<tr>
<td>54 Date of most recent bone marrow biopsy:</td>
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<tr>
<td>55 Is a copy of the most recent bone marrow biopsy report attached?</td>
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<tr>
<td>56 Were any clinically important infections present or being treated within one week prior to the preparative regimen?</td>
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</table>
Report each infection organism, site and date of diagnosis.

Organism: ________________

If other, specify: ________________

The codes for "other organism, specify" (codes 198, 209, 219, 259, 329, and 409) should rarely be needed; check with your microbiology lab or HSCT physician before using them.

Site: ________________

Do not report fever in the absence of infection. Report the most specific site of infection.

Date of diagnosis: __ __ __ __ - __ __ __ __