### Disease Assessment at Diagnosis

1. What was the date of onset for the first Multiple Sclerosis (MS) symptom(s)?
   - □ date unknown

2. What was the date of diagnosis of MS?
   - □ date unknown

3. Are any of the recipient's family members also affected with MS?
   - □ yes
   - □ no
   - □ unknown

   Specify the family members:
   - 4. □ yes  □ no  □ unknown  Monozygotic twin
   - 5. □ yes  □ no  □ unknown  Dizygotic twin
   - 6. □ yes  □ no  □ unknown  Other first degree relative (sibling, parent, child)
   - 7. □ yes  □ no  □ unknown  Second degree relative (grandparent, aunt, uncle, first cousin)
   - 8. □ yes  □ no  □ unknown  Other relative

9. Specify relationship: 

### Laboratory Studies at Diagnosis

Specify results of tests performed prior to any first treatment given for MS.

10. Was the diagnosis of MS corroborated by laboratory or radiological test results?

   Specify which test measures indicated MS:
   - 11. □ yes  □ no  □ unknown  CSF oligoclonal bands present
   - 12. □ yes  □ no  □ unknown  Elevated IgG index
   - 13. □ yes  □ no  □ unknown  MRI brain lesions consistent with MS
### Pre-HSCT Treatment for Multiple Sclerosis

14. Did the recipient receive any disease-modifying treatments between the time of diagnosis and prior to mobilization for stem cell collection (or prior to the preparative regimen if mobilization was not done)?

1. **yes** Continue with table below
2. **no** Continue with question 42

15. Specify the date the first disease-modifying therapy started:

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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</thead>
</table>

Indicate all treatments for MS that the recipient received prior to mobilization for stem cell collection (or prior to the preparative regimen if mobilization was not done):

16. 1. **yes** 2. **no** 3. **unknown** Alemtuzumab (Campath)
17. 1. **yes** 2. **no** 3. **unknown** Azathioprine (Azasan, Imuran)
18. 1. **yes** 2. **no** 3. **unknown** Bevimabum (LymphoStat-B)
19. 1. **yes** 2. **no** 3. **unknown** Cladribine (2-CdA, Leustatin)
20. 1. **yes** 2. **no** 3. **unknown** Corticosteroids (chronic use, not to treat acute relapse)
21. 1. **yes** 2. **no** 3. **unknown** Cyclophosphamide (CTX, Cytoxan, Neosar)
22. 1. **yes** 2. **no** 3. **unknown** Daclizumab (Zenapax, anti-CD25)
23. 1. **yes** 2. **no** 3. **unknown** Fingolimod (FTY720)
24. 1. **yes** 2. **no** 3. **unknown** Fumarate (oral) (BG00012)
25. 1. **yes** 2. **no** 3. **unknown** Glatiramer acetate (Copaxone) [previously copolymer-1]
26. 1. **yes** 2. **no** 3. **unknown** Immune globulin (IVIG, Gamimune, Gammagard)
27. 1. **yes** 2. **no** 3. **unknown** Interferon beta-1a (Avonex, Rebif)
28. 1. **yes** 2. **no** 3. **unknown** Interferon beta-1b (Betaseron)
29. 1. **yes** 2. **no** 3. **unknown** Laquinimod
30. 1. **yes** 2. **no** 3. **unknown** Methotrexate (MTX, Folex)
31. 1. **yes** 2. **no** 3. **unknown** Mitoxantrone (Novantrone)
32. 1. **yes** 2. **no** 3. **unknown** Natalizumab (Tysabri, Antegren)
33. 1. **yes** 2. **no** 3. **unknown** Mycophenolate mofetil (MMF, Cellcept)
34. 1. **yes** 2. **no** 3. **unknown** Rituximab (anti-CD20, Rituxan, MabThera)
35. 1. **yes** 2. **no** 3. **unknown** Sirolimus (FK 506, Prograf)
36. 1. **yes** 2. **no** 3. **unknown** Tacrolimus (FK 506, Prograf)
37. 1. **yes** 2. **no** 3. **unknown** Teriflunomide (oral) (HMR1726)
38. 1. **yes** 2. **no** 3. **unknown** Blinded randomized trial agent
39. Specify trial agent:
40. 1. **yes** 2. **no** 3. **unknown** Other treatment
41. Specify other treatment:

### Baseline Assessment for MS Performed at the Transplant Center

Information reported in this section should come from the recipient’s first evaluation performed at the transplant center. For autologous HSCT recipients, the baseline assessment is typically ≤ 4 weeks prior to mobilization for stem cell collection.

42. Date of baseline evaluation:

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

43. Specify the number of relapses of MS during the 1-year period prior to the baseline assessment:

1. **relapsing remitting**
2. **secondary progressive**
3. **primary progressive**
4. **progressive relapsing**
5. **unknown**
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. Was the Kurtzke Expanded Disability Status Scale (EDSS) assessed by a neurologist during the 2-year period prior to the baseline assessment?</td>
<td></td>
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<tr>
<td>46. Date of EDSS assessment:</td>
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<tr>
<td>47. EDSS:</td>
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<td>48. Date of EDSS assessment:</td>
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<tr>
<td>49. EDSS:</td>
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<td></td>
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<tr>
<td>50. Date of EDSS assessment:</td>
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<tr>
<td>51. EDSS:</td>
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<tr>
<td>52. Date of EDSS assessment:</td>
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<tr>
<td>53. EDSS:</td>
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<td>54. Date of EDSS assessment:</td>
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<tr>
<td>55. EDSS:</td>
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<tr>
<td>56. Were the Kurtzke Functional Systems Scores (FSS) assessed by a neurologist during the baseline assessment?</td>
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<tr>
<td>57. Pyramidal:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58. Cerebellar:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>59. Brainstem:</td>
<td></td>
<td></td>
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<tr>
<td>60. Sensory:</td>
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<td></td>
<td></td>
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<tr>
<td>61. Bowel and bladder:</td>
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<tr>
<td>62. Visual:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63. Cerebral:</td>
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<td></td>
<td></td>
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<tr>
<td>64. Other function:</td>
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<td></td>
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<tr>
<td>65. Specify other function:</td>
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<td></td>
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<tr>
<td>66. Specify the EDSS at baseline assessment:</td>
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<tr>
<td>67. Was a MRI scan of the brain conducted during the baseline assessment?</td>
<td></td>
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<tr>
<td>68. Date of baseline MRI:</td>
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<tr>
<td>69. Are T2 lesions present on the MRI?</td>
<td></td>
<td></td>
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<tr>
<td>70. Specify number of T2 lesions:</td>
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<td></td>
<td></td>
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<tr>
<td>71. Was gadolinium contrast used for this assessment?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>72. Are gadolinium-enhancing lesions present on the MRI?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73. Specify number of lesions:</td>
<td></td>
<td></td>
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</tbody>
</table>
Stem Cell Mobilization for Autologous HSCT

This section records pre-mobilization information for autologous HSCTs only; if this report is for an allogeneic HSCT, or if the autologous HSCT did not use mobilization, check here and continue with question 79.

74. Did the recipient receive treatment, prior to any stem cell harvest, to enhance the autologous product collection for this HSCT?
   1. yes  2. no

   Specify treatment(s): (select all that apply)
   - Cyclophosphamide
   - Growth factors
   - Other mobilization chemotherapy

   Report details on form 2006 – HSCT Infusion

   78 Specify other chemotherapy:

Most Recent Disease Assessment Prior to the Start of the Preparative (Conditioning) Regimen

Information for this section should come from the most recent evaluation performed ≤ 2 weeks prior to the preparative regimen. If the recipient was not evaluated prior to the preparative regimen, check here and continue with the signature lines at question 104.

For recipients of autologous cells who underwent mobilization for stem cell collection, a second disease assessment is required prior to the preparative regimen.

79. Date of evaluation prior to the preparative regimen:
   Month   Day   Year

80. Specify the number of relapses of MS that occurred after the start of mobilization and the start of the preparative regimen:
   1. yes  2. no  3. number unknown

81. Did the recipient experience worsening disability or continuous progression of MS between mobilization and the start of the preparative regimen?
   1. yes  2. no  3. unknown

82. Was a MRI scan of the brain conducted as part of the disease assessment prior to the preparative regimen (not including the baseline MRI reported at question 67)?
   1. yes  2. no  3. unknown

83. Date of most recent MRI performed prior to the preparative regimen:
   Month   Day   Year

84. Does the radiology report include a comparison with the baseline MRI?
   1. yes  2. no

   Continue with question 87

85. Are T2 lesions present on the MRI?
   1. yes  2. no

   Complete questions 85–89, then continue at question 93.

86. Specify the number of T2 lesions:
   1. number  2. number unknown

87. Was gadolinium contrast used for this assessment?
   1. yes  2. no

88. Are gadolinium-enhancing lesions present on the MRI?
   1. yes  2. no

   89. Specify the number of gadolinium-enhancing lesions:
   1. number  2. number unknown

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
90. In comparison to the baseline MRI, does the radiology report state evidence of new or enlarged T2 lesions?
   1 □ yes
   2 □ no

91. In comparison to the baseline MRI, does the radiology report state evidence of any new or enlarged gadolinium-enhancing lesions?
   1 □ yes
   2 □ no

92. In comparison to the baseline MRI, does the radiology report a change in the overall burden of MS-specific lesions?
   1 □ improvement of lesion burden
   2 □ worsening of lesion burden
   3 □ mixed response

93. Were the Kurtzke Functional Systems Scores (FSS) assessed by a neurologist prior to the preparative regimen (not including any FSS reported at question 56)?
   1 □ yes
   2 □ no
   3 □ unknown

   Specify the following FSS scores:
   94. Pyramidal: □ score unknown
   95. Cerebellar: □ score unknown
   96. Brainstem: □ score unknown
   97. Sensory: □ score unknown
   98. Bowel and bladder: □ score unknown
   99. Visual: □ score unknown
   100. Cerebral: □ score unknown
   101. Other function: □ score unknown

   102. Specify other function: ______________ □ score unknown

103. Specify the most recent EDSS assessed prior to the preparative regimen: □ □ □ □ □ EDSS unknown

If the person completing this form is a Neurologist, check here □ and continue with the signature lines below.

104. Signed: ____________________________

   Person completing form

   Please print name: ____________________________

   Phone: (________) ____________________________

   Fax: (________) ____________________________

   E-mail address: ____________________________

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