Form 2100 R6.0: Post-HCT Follow-Up Data

**Key Fields**

**Sequence Number:**

**Date Received:**

**CIBMTR Recipient ID:**

**CIBMTR Center Number:**

**CIBMTR Research ID:**

**Event date:**

**Visit:**

- 100 day
- 6 months
- 1 year
- 2 years
- > 2 years

**Specify:**

**Vital Status**

Information should come from an actual examination by the Transplant Center provider or the local provider who is following the recipient post-HCT.

1. Date of actual contact with the recipient to determine medical status for this follow-up report:

2. Specify the recipient's survival status at the date of last contact:

   - Alive - Answers to subsequent questions should reflect clinical status since the date of last report.
   - Dead - Answers to subsequent questions should reflect clinical status between the date of last report and immediately prior to death. Complete a Form 2900 - Recipient Death Data.

3. Did the recipient receive a subsequent HCT since the date of last report?

   - yes - Answers to subsequent questions should reflect clinical status immediately prior to the start of the preparative regimen for subsequent HCT. Also complete Subsequent HCT section.
   - no

4. Has the recipient received a cellular therapy since the date of last report? (e.g. DCI)

   - yes - Also complete Cellular Therapy Essential Data Pre-Infusion Form 4000
   - no

5. Date of cellular therapy:

**Granulopoiesis / Neutrophil Recovery**

Questions: 6 - 12

To report dates in this section, use the first of 3 consecutive laboratory values obtained on different days.

6. Was there evidence of initial hematopoietic recovery?

   - Yes (ANC ≥ 500/mm³ achieved and sustained for 3 lab values)
   - No (ANC ≥ 500/mm³ was not achieved)
   - Not applicable (ANC never dropped below 500/mm³ at any time after the start of the preparative regimen)
   - Previously reported (Recipient's initial hematopoietic recovery was recorded on a previous report)

7. Date ANC ≥ 500/mm³ (first of 3 lab values):

8. Following the initial hematopoietic recovery, was there subsequent decline in ANC to < 500/mm³ for ≥ 3 days since the date of last report?

   - yes
   - no

9. Date of decline in ANC to < 500/mm³ for ≥ 3 days (first of 3 days that the ANC declined):

10. Did recipient recover and maintain ANC ≥ 500/mm³ following the decline?

   - yes
   - no

11. Date of ANC recovery

   - Known
   - Unknown

12. Date of ANC recovery:

**Megakaryopoiesis / Platelet Recovery**

Questions: 13 - 18

This section relates to initial platelet recovery. All dates should reflect no transfusions in the previous 7 days. To report dates in this section, use the first of 3 consecutive laboratory values obtained on different days.

13. Was an initial platelet count ≥ 20 x 10⁹/L achieved?

   - Yes
   - No

   - Not applicable (Platelet count never dropped below 20 x 10⁹/L)
   - Previously reported (≥ 20 x 10⁹/L was achieved and reported previously)

14. Date platelets ≥ 20 x 10⁹/L

   - Known
   - Unknown
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15 Date platelets ≥ 20 x 10^9/L: ___ ___ - ___ ___ ___ Date estimated

16 Was an initial platelet count ≥ 50 x 10^9/L achieved?
   - Yes
   - No
   - Not applicable (Platelet count never dropped below 50 x 10^9/L)
   - Previously reported (≥ 50 x 10^9/L was achieved and reported previously)

17 Date platelets ≥ 50 x 10^9/L
   - Known
   - Unknown

18 Date platelets ≥ 50 x 10^9/L: ___ ___ - ___ ___ ___ Date estimated

Growth Factor and Cytokine Therapy

19 Did the recipient receive hematopoietic, lymphoid growth factors or cytokines after the start of the preparatory regimen?
   - Yes
   - No

20 G-CSF
   - yes
   - no

21 Date started: ___ ___ - ___ ___ ___

22 Therapy
   - Planned therapy per protocol
   - Intervention for delay in cell count recovery
   - Intervention for decline in cell count
   - Anti-leukemic or tumor agent to prevent relapse
   - Anti-leukemic or tumor agent to treat relapse
   - Other indication

23 Specify other indication:

24 Specify drug given
   - Filgrastim (Neupogen)
   - Pegfilgrastim (Neulasta)
   - Lenogastim
   - Other drug

25 Specify other drug:

26 GM-CSF
   - yes
   - no

27 Date started: ___ ___ - ___ ___ ___

28 Therapy
   - Planned therapy per protocol
   - Intervention for delay in cell count recovery
   - Intervention for decline in cell count
   - Anti-leukemic or tumor agent to prevent relapse
   - Anti-leukemic or tumor agent to treat relapse
   - Other indication

29 Specify other indication:

30 Erythropoietin (EPO)
   - yes
   - no

31 Date started: ___ ___ - ___ ___ ___

32 Therapy
   - Planned therapy per protocol
   - Intervention for delay in cell count recovery
   - Intervention for decline in cell count
   - Other indication

33 Specify other indication:
34 Specify drug given
  ☐ Epoetin alfa (Epogen)
  ☐ Darbepoetin alfa (Aranesp)

35 KGF (palifermin, Kepivance)
  ☐ Yes  ☐ No

36 Date started: __ __ __ __ __ __ __ __ __

37 Therapy
  ☐ Planned therapy per protocol
  ☐ Other indication

38 Specify other indication:

39 Blinded growth factor or cytokine trial
  ☐ Yes  ☐ No

40 Specify study agent:

41 Date started: __ __ __ __ __ __ __ __ __

42 Therapy
  ☐ Planned therapy per protocol
  ☐ Intervention for delay in cell count recovery
  ☐ Intervention for decline in cell count
  ☐ Anti-leukemic or tumor agent to prevent relapse
  ☐ Anti-leukemic or tumor agent to treat relapse
  ☐ Other indication

43 Specify other indication:

44 Other agent
  ☐ yes  ☐ no

45 Specify other agent:

46 Date started: __ __ __ __ __ __ __ __ __

47 Therapy
  ☐ Planned therapy per protocol
  ☐ Intervention for delay in cell count recovery
  ☐ Intervention for decline in cell count
  ☐ Anti-leukemic or tumor agent to prevent relapse
  ☐ Anti-leukemic or tumor agent to treat relapse
  ☐ Other indication

48 Specify other indication:

Current Hematologic Findings

49 Date of most recent complete blood count: __ __ __ __ __ __ __

50 WBC
  ☐ Known  ☐ Unknown

51 WBC: ___________________ x 10^9/L (x 10^3/mm^3)
  ☐ x 10^6/L

52 Neutrophils
  ☐ Known  ☐ Unknown

53 Neutrophils: ___________%

54 Lymphocytes
  ☐ Known  ☐ Unknown

55 Lymphocytes: ___________%

56 Hemoglobin
  ☐ Known  ☐ Unknown

57 Hemoglobin: ________________ g/dL, g/L, mmol/L
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58 Hematocrit
   ☐ Known ☐ Unknown

59 Hematocrit: ______% 

60 Was RBC transfused ≤ 30 days before date of test?
   ☐ Yes ☐ No

61 Platelets
   ☐ Known ☐ Unknown

62 Platelets: ______ x 10^9/L (x 10^3/mm^3)

63 Were platelets transfused ≤ 7 days before date of test?
   ☐ Yes ☐ No

---

Specify the date the most recent immunoglobulin sample was collected:

64 Date sample collected: ____________

65 Did the recipient receive supplemental intravenous immunoglobulins (IVIG)?
   ☐ Yes ☐ No

66 Was supplemental IVIG received in the 30 days prior to the date the sample was collected?
   ☐ Yes ☐ No

Specify the indication for which IVIG was given:

67 Specify the indication for which IVIG was given:
   ☐ Prophylaxis for low IgG with no active infection (polyclonal IV gamma globulin / IVIG)
   ☐ Active infection with normal IgG
   ☐ Active infection in the setting of low IgG
   ☐ Other indication

68 Specify other indication:

Specify the immunoglobulin values from the most recent testing:

69 IgG
   ☐ Known ☐ Unknown

70 IgG: ______ mg/dL ☐ g/dL ☐ g/L

71 IgM
   ☐ Known ☐ Unknown

72 IgM: ______ mg/dL ☐ g/dL ☐ g/L

73 IgA
   ☐ Known ☐ Unknown

74 IgA: ______ mg/dL ☐ g/dL ☐ g/L

75 Were lymphocyte analyses performed?
   ☐ Yes ☐ No

Specify the date of the most recent sample:

76 Date sample collected: ____________

77 CD3 (T cells)
   ☐ Known ☐ Unknown

78 CD3: ______ x 10^9/L (x 10^3/mm^3)

79 CD4 (T helper cells)
   ☐ Known ☐ Unknown

80 CD4: ______ x 10^9/L (x 10^3/mm^3)
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<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD8 (cytotoxic T cells)</td>
<td></td>
</tr>
<tr>
<td>- Known</td>
<td>Unknown</td>
</tr>
<tr>
<td>CD19 (B lymphocyte cells)</td>
<td></td>
</tr>
<tr>
<td>- Known</td>
<td>Unknown</td>
</tr>
<tr>
<td>CD20 (B lymphocyte cells)</td>
<td></td>
</tr>
<tr>
<td>- Known</td>
<td>Unknown</td>
</tr>
<tr>
<td>CD56 (natural killer (NK) cells)</td>
<td></td>
</tr>
<tr>
<td>- Known</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Chimerism Studies**

This section relates to chimerism studies from allogeneic HCTs only. If this was an autologous HCT, continue with the infection section.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were chimerism studies performed post-HCT? (Allogeneic HCTs only)</td>
<td></td>
</tr>
<tr>
<td>- yes</td>
<td>no</td>
</tr>
<tr>
<td>Was documentation submitted to the CIBMTR? (e.g. chimerism laboratory reports)</td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were chimerism studies assessed for more than one donor / multiple donors?</td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Provide date(s), method(s) and other information for all chimerism studies performed prior to date of contact (question 1).

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMDP cord blood unit ID:</td>
<td></td>
</tr>
<tr>
<td>Registry donor ID:</td>
<td></td>
</tr>
<tr>
<td>Non-NMDP cord blood unit ID:</td>
<td></td>
</tr>
<tr>
<td>Global Registration Identifier for Donors (GRID)</td>
<td></td>
</tr>
<tr>
<td>Date of birth: (donor/infant)</td>
<td>-     - OR- Age: (donor/infant)</td>
</tr>
<tr>
<td>- Months</td>
<td>years</td>
</tr>
<tr>
<td>Sex (donor/infant)</td>
<td></td>
</tr>
<tr>
<td>- male</td>
<td>female</td>
</tr>
<tr>
<td>Method</td>
<td></td>
</tr>
<tr>
<td>- Karyotyping for XXX/XY</td>
<td></td>
</tr>
<tr>
<td>- Fluorescent in situ hybridization (FISH) for XXX/XY</td>
<td></td>
</tr>
<tr>
<td>- Restriction fragment-length polymorphisms (RFLP)</td>
<td></td>
</tr>
<tr>
<td>- VNTR or STR, micro or mini satellite (also include AFLP)</td>
<td></td>
</tr>
<tr>
<td>- Other</td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
<tr>
<td>- Bone marrow</td>
<td>Peripheral blood</td>
</tr>
<tr>
<td>Cell type</td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
<tr>
<td>Total cells examined:</td>
<td></td>
</tr>
<tr>
<td>Number of donor cells:</td>
<td></td>
</tr>
<tr>
<td>Were donor cells detected?</td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Form 2100 R6.0: Post-HCT Follow-Up Data
Center: CRID:

107 Percent donor cells: ____________%

---

**Engraftment Syndrome**

Questions: 108 - 130

108 Did engraftment syndrome occur?
- Yes
- No

109 Date of onset: ____________

Specify the symptoms of engraftment syndrome:

110 Diarrhea
- Yes
- No

111 Erythrodermic rash (involving >25% of body surface area)
- Yes
- No

112 Fever (>38.3°C or >100.9°F with no identifiable infectious etiology)
- Yes
- No

113 Development of hepatic dysfunction (with either bilirubin ≥2 mg/dL or transaminase levels ≥2 times normal)
- Yes
- No

114 Non-cardiogenic pulmonary edema (manifested by diffuse pulmonary infiltrates and hypoxia)
- Yes
- No

115 Development of renal insufficiency (serum creatinine ≥2 times baseline)
- Yes
- No

116 Transient encephalopathy
- Yes
- No

117 Weight gain (≥2.5% of baseline body weight)
- Yes
- No

118 Other symptom
- Yes
- No

119 Specify other symptom: ____________________________

**Biopsy**

120 Was a biopsy performed?
- Yes
- No

Specify site:

121 Lower gastrointestinal (GI)
- Yes
- No

122 Skin
- Yes
- No

123 Other site
- Yes
- No

124 Specify other site:

125 Was documentation submitted to the CIBMTR? (pathology report)
- Yes
- No

Specify if therapy was given for engraftment syndrome:

126 Was therapy given?
- Yes
- No

127 Corticosteroids (systemic)
- Yes
- No

128 Other therapy
- Yes
- No

129 Specify other therapy: ____________________________

130 Did engraftment syndrome resolve?
- Yes
- No
### Acute Graft vs. Host Disease (GVHD)

If an allogeneic donor was used for the recipient's HCT or cellular therapy, report all acute graft-versus-host disease occurring in this reporting period. If an allogeneic donor was not used, continue with the Infection section.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>131 Was specific therapy used after the start of the preparative regimen to prevent acute GVHD? (Note: do not include growth factors reported in questions 19-48, or ex vivo T-cell depletion reported on the Product Insert. Do not include drugs given as part of the preparative regimen)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>132 ALG, ALS, ATG, ATS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>133 Total dose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>134 Specify source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATGAM (horse)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATG - Fresenius (rabbit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thymoglobulin (rabbit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>135 Specify other source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>136 Bortezomib (Velcade)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>137 Corticosteroids (systemic) (e.g. prednisone, dexamethasone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>138 Cyclosporine (CSA, Neoral, Sandimmune)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>139 Cyclophosphamide (Cytoxan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>140 Total dose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>141 Extra-corporeal photopheresis (ECP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>142 FK 506 (Tacrolimus, Prograf)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>143 In vivo monoclonal antibody</td>
<td></td>
<td></td>
</tr>
<tr>
<td>144 Alemtuzumab (Campath)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>145 Total dose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>146 Other in vivo monoclonal antibody</td>
<td></td>
<td></td>
</tr>
<tr>
<td>147 Specify antibody:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>148 In vivo immunotoxin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>149 Specify immunotoxin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>150 Methotrexate (MTX) (Amethopterin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>151 Mycophenolate mofetil (MMF) (CellCept, Myfortic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>152 Sirolimus (Rapamycin, Rapamune)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>153 Blinded randomized trial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>154 Specify trial agent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>155 Other agent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>156 Specify other agent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Center: CRID:

157 Did acute GVHD develop since the date of last report?
  ☐ Yes ☐ No ☐ Unknown

158 Date of acute GVHD diagnosis:

159 Did acute GVHD persist since the date of last report?
  ☐ Yes ☐ No ☐ Unknown

160 Was acute GVHD evaluated by biopsy (histology)? (at diagnosis)
  ☐ Yes ☐ No

Specify result(s):

161 Skin
  ☐ Positive
  ☐ Suggestive
  ☐ Negative
  ☐ Inconclusive / equivocal
  ☐ Not done

162 Lower gastrointestinal (GI)
  ☐ Positive
  ☐ Suggestive
  ☐ Negative
  ☐ Inconclusive / equivocal
  ☐ Not done

163 Upper gastrointestinal (GI)
  ☐ Positive
  ☐ Suggestive
  ☐ Negative
  ☐ Inconclusive / equivocal
  ☐ Not done

164 Liver
  ☐ Positive
  ☐ Suggestive
  ☐ Negative
  ☐ Inconclusive / equivocal
  ☐ Not done

165 Lung
  ☐ Positive
  ☐ Suggestive
  ☐ Negative
  ☐ Inconclusive / equivocal
  ☐ Not done

166 Other site
  ☐ Positive
  ☐ Suggestive
  ☐ Negative
  ☐ Inconclusive / equivocal
  ☐ Not done

167 Specify other site:

168 Was documentation submitted to the CIBMTR? (e.g. pathology report)
  ☐ Yes ☐ No
### Overall grade of acute GVHD at diagnosis
- I - Rash on ≤50% of skin, no liver or gut involvement
- II - Rash on >50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500-1000 mL/day or persistent nausea
- III - Bilirubin 3-15 mg/dL, or gut stage 2-4, diarrhea >1000 mL/day or severe abdominal pain with or without ileus
- IV - Generalized erythrodema with bullous formation, or bilirubin >15 mg/dL
- Not applicable (acute GVHD present but cannot be graded)

List the stage for each organ at diagnosis of acute GVHD:

### Skin
- Stage 0 - No rash, or no rash attributable to acute GVHD
- Stage 1 - Maculopapular rash, <25% of body surface
- Stage 2 - Maculopapular rash, 25-50% of body surface
- Stage 3 - Generalized erythrodema, >50% of body surface
- Stage 4 - Generalized erythrodema with bullae formation and/or desquamation

### Lower intestinal tract
(Use mL/day for adult recipients and mL/kg/day for pediatric recipients)
- Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric)
- Stage 1 - Diarrhea 500-1000 mL/day (adult), or 10-19.9 mL/kg/day (pediatric)
- Stage 2 - Diarrhea 1001-1500 mL/day (adult), or 20-30 mL/kg/day (pediatric)
- Stage 3 - Diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric)
- Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool

### Liver
- Stage 0 - No liver acute GVHD / bilirubin < 2.0 mg/dL (<34 µmol/L)
- Stage 1 - Bilirubin 2.0-3.0 mg/dL (34-52 µmol/L)
- Stage 2 - Bilirubin 3.1-6.0 mg/dL (53-103 µmol/L)
- Stage 3 - Bilirubin 6.1-15.0 mg/dL (104-256 µmol/L)
- Stage 4 - Bilirubin >15.0 mg/dL (>256 µmol/L)

### Other site(s) involved with acute GVHD
- Yes
- No

### Specify other site(s):

List the maximum severity of organ involvement since the date of last report:

### Maximum overall grade of acute GVHD
- I - Rash on ≤50% of skin, no liver or gut involvement
- II - Rash on >50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500-1000 mL/day or persistent nausea
- III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea >1000 mL/day or severe abdominal pain with or without ileus
- IV - Generalized erythrodema with bullous formation, or bilirubin >15 mg/dL
- Not applicable (acute GVHD present but cannot be graded)

### Date maximum overall grade of acute GVHD:

Specify organ involvement at time of maximum grade:

### Skin
- Stage 0 - No rash, or no rash attributable to acute GVHD
- Stage 1 - Maculopapular rash, <25% of body surface
- Stage 2 - Maculopapular rash, 25-50% of body surface
- Stage 3 - Generalized erythrodema, >50% of body surface
- Stage 4 - Generalized erythrodema with bullae formation and/or desquamation
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179 Lower intestinal tract (use mL/day for adult recipients and mL/kg/day for pediatric recipients)
   - Stage 0 - No diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult) or < 10 mL/kg/day (pediatric)
   - Stage 1 - Diarrhea 500-1000 mL/day (adult) or 10-19.9 mL/kg/day (pediatric)
   - Stage 2 - Diarrhea 1001-1500 mL/day (adult) or 20-30 mL/kg/day (pediatric)
   - Stage 3 - Diarrhea >1500 mL/day (adult) or > 30 mL/kg/day (pediatric)
   - Stage 4 - Severe abdominal pain, with or without ileus, and/or grossly bloody stool

180 Upper intestinal tract
   - Stage 0 - No persistent nausea or vomiting
   - Stage 1 - Persistent nausea or vomiting

181 Liver
   - Stage 0 - No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 μmol/L)
   - Stage 1 - Bilirubin 2.0–3.0 mg/dL (34–52 μmol/L)
   - Stage 2 - Bilirubin 3.1–6.0 mg/dL (53–103 μmol/L)
   - Stage 3 - Bilirubin 6.1–15.0 mg/dL (104–256 μmol/L)
   - Stage 4 - Bilirubin >15.0 mg/dL (> 256 μmol/L)

182 Other site(s) involved with acute GVHD
   - Yes  No

183 Specify other site(s):

Specify therapy given for acute GVHD:

184 Corticosteroids (topical GI) (e.g. beclomethasone, budesonide)
   - Yes  No

185 Was systemic therapy used to treat acute GVHD?
   - Yes  No

186 ALG, ALS, ATG, ATS
   - Yes  No

187 Total dose: _______________ mg/kg

188 Date started: ____________

189 Specify source
   - ATGAM (horse)
   - ATG - Fresenius (rabbit)
   - Thymoglobulin (rabbit)
   - Other

Specify other source:

190 Alentuzumab (Campath)
   - Yes  No

191 Total dose: _______________ mg

192 Date started: ____________

193 Anti CD25 (Zenapax, Daclizumab, AntiTAC)
   - Yes  No

194 Specify anti CD25:

195 Date started: ____________

196 Corticosteroids (systemic) (e.g. prednisone, dexamethasone)
   - Yes  No

197 Date started: ____________

198 Cyclosporine (CSA, Neoral, Sandimmune)
   - Yes  No

199 Date started: ____________

200 Extra-corporeal photopheresis (ECP)
   - Yes  No

201 Date started: ____________

202 Etanercept (Enbrel)
   - Yes  No

Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
**Form 2100 R6.0: Post-HCT Follow-Up Data**

**Center:**

CRID:

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**Questions: 234 - 406**

*If an allogeneic donor was used for the recipient's HCT or cellular therapy, report all chronic graft-versus-host disease occurring in this reporting period. If an allogeneic donor was not used, continue with the Infection section.*

### Chronic Graft vs. Host Disease (GVHD)

234 Did chronic GVHD develop since the date of last report?
- Yes
- No
- Unknown

235 Date of chronic GVHD diagnosis: __ __ __ __

236 Did chronic GVHD persist since the date of last report?
- Yes
- No
- Unknown
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237 Onset of chronic GVHD was
    - Progressive (acute GVHD present within 2 weeks prior to onset of chronic GVHD)
    - Interrupted (acute GVHD resolved, then chronic GVHD developed)
    - De novo (acute GVHD never developed)

238 Were signs of acute GVHD present at the time of chronic GVHD diagnosis (overlap syndrome)?
    - Yes
    - No

239 What scale was used to determine the recipient’s functional status? (at time of chronic GVHD diagnosis)
    - Karnofsky (recipient age ≥ 16 years)
    - Lansky (recipient age ≥ 1 year and < 16 years)

Performance score:

240 Karnofsky Scale (recipient age ≥ 16 years)

241 Lansky Scale (recipient age ≥ 1 year and < 16 years)

242 Platelets: (at diagnosis of chronic GVHD) ___________ x 10^9/L (x 10^3/mm^3)

243 Total serum bilirubin: (at diagnosis of chronic GVHD) ___________ mg/dL µmol/L

244 Was chronic GVHD evaluated by biopsy (histology)? (at diagnosis)
    - Yes
    - No

Specify result(s):

245 Skin
    - Positive
    - Suggestive
    - Negative
    - Inconclusive / equivocal
    - Not done

246 Lower gastrointestinal (GI)
    - Positive
    - Suggestive
    - Negative
    - Inconclusive / equivocal
    - Not done

247 Upper gastrointestinal (GI)
    - Positive
    - Suggestive
    - Negative
    - Inconclusive / equivocal
    - Not done

248 Liver
    - Positive
    - Suggestive
    - Negative
    - Inconclusive / equivocal
    - Not done

249 Lung
    - Positive
    - Suggestive
    - Negative
    - Inconclusive / equivocal
    - Not done
Form 2100 R6.0: Post-HCT Follow-Up Data

Center: CRID:

250 Other site
   - Positive
   - Suggestive
   - Negative
   - Inconclusive / equivocal
   - Not done

251 Specify other site: ____________________________

Specify organs involved and NIH scoring at diagnosis of chronic GVHD:

Skin:
252 Skin
   - Yes
   - No

253 Score percent BSA involved
   - Score 0 - No BSA involved
   - Score 1 - 1-18% BSA
   - Score 2 - 19-50% BSA
   - Score 3 - >50% BSA

254 Skin features score
   - No sclerotic features
   - Superficial sclerotic features "not hidebound" (able to pinch)
   - Deep sclerotic features, hidebound (unable to pinch), impaired mobility, or ulceration

Specify skin GVHD features present at diagnosis of chronic GVHD:
255 Maculopapular rash / erythema
   - Yes
   - No

256 Lichen planus-like features
   - Yes
   - No

257 Papulosquamous lesions or ichthyosis
   - Yes
   - No

258 Keratosis pilaris-like GVHD
   - Yes
   - No

Specify if any skin abnormalities were present, but explained entirely by non-GVHD causes:
259 Abnormality present but explained entirely by non-GVHD documented cause
   - Yes
   - No

260 Specify cause: ____________________________

Mouth
261 Mouth
   - Yes
   - No

262 Mouth score
   - Score 0 - No symptoms
   - Score 1 - Mild symptoms with disease signs but not limiting oral intake significantly
   - Score 2 - Moderate symptoms with disease signs with partial limitation of oral intake
   - Score 3 - Severe symptoms with disease signs on examination with major limitation of oral intake

263 Lichen planus-like features
   - Yes
   - No

Specify if any mouth abnormalities were present, but explained entirely by non-GVHD causes:
264 Abnormality present but explained entirely by non-GVHD documented cause
   - Yes
   - No

265 Specify cause: ____________________________

Eyes
266 Eyes
   - Yes
   - No
**Form 2100 R6.0: Post-HCT Follow-Up Data**

**Key Fields**
- Sequence Number:
- CIBMTR Recipient ID:
- CIBMTR Center Number:
- Initials:
- Visit:
  - [ ] 100 day
  - [ ] 6 month
  - [ ] year
- Today’s Date: Month Day Year
- Infusion Date: Month Day Year

---

### 267 Eyes score
- [ ] Score 0 - No symptoms
- [ ] Score 1 - Mild dry eye symptoms not affecting ADL (requirement of lubricant eye drops ≤ 3x per day)
- [ ] Score 2 - Moderate dry eye symptoms partially affecting ADL (requiring lubricant eye drops >3x per day or punctal plugs), without new vision impairment due to keratoconjunctivitis sicca (KCS)
- [ ] Score 3 - Severe dry eye symptoms significantly affecting ADL (special eyewear to relieve pain) OR unable to work because of ocular symptoms OR loss of vision due to keratoconjunctivitis sicca (KCS)

### 268 Keratoconjunctivitis sicca (KCS) confirmed by ophthalmologist?
- [ ] Yes
- [ ] No
- [ ] Not done

### 269 Abnormality present but explained entirely by non-GVHD documented cause
- [ ] Yes
- [ ] No

### 270 Specify cause: 

---

**Gastrointestinal (GI) Tract**

#### 271 Gastrointestinal (GI) tract score
- [ ] Score 0 - No symptoms
- [ ] Score 1 - Symptoms without significant weight loss (<5%)
- [ ] Score 2 - Symptoms associated with mild to moderate weight loss (5-15%) OR moderate diarrhea without significant interference with daily living
- [ ] Score 3 - Symptoms associated with significant weight loss (>15%), requires nutritional supplementation for most calorie needs OR esophageal dilation OR severe diarrhea with significant interference with daily living

### 272 Gastrointestinal (GI) tract score
- [ ] Score 0 - No symptoms
- [ ] Score 1 - Symptoms without significant weight loss (<5%)
- [ ] Score 2 - Symptoms associated with mild to moderate weight loss (5-15%) OR moderate diarrhea without significant interference with daily living
- [ ] Score 3 - Symptoms associated with significant weight loss (>15%), requires nutritional supplementation for most calorie needs OR esophageal dilation OR severe diarrhea with significant interference with daily living

### 273 Abnormality present but explained entirely by non-GVHD documented cause
- [ ] Yes
- [ ] No

### 274 Specify cause: 

---

**Specify Gastrointestinal (GI) tract GVHD features present at diagnosis of chronic GVHD:**

#### 275 Esophageal web / proximal stricture or ring
- [ ] Yes
- [ ] No

#### 276 Dysphagia
- [ ] Yes
- [ ] No

#### 277 Anorexia
- [ ] Yes
- [ ] No

#### 278 Nausea
- [ ] Yes
- [ ] No

#### 279 Vomiting
- [ ] Yes
- [ ] No

#### 280 Diarrhea
- [ ] Yes
- [ ] No

#### 281 Weight loss ≥5%
- [ ] Yes
- [ ] No

### 282 Failure to thrive
- [ ] Yes
- [ ] No

---

**Liver**

#### 283 Liver
- [ ] Yes
- [ ] No

### 284 Liver score
- [ ] Score 0 - Normal total bilirubin and ALT or AP <3 x ULN
- [ ] Score 1 - Normal total bilirubin with ALT ≥3 to 5 x ULN or AP ≥3 x ULN
- [ ] Score 2 - Elevated total bilirubin but ≤3 mg/dL or ALT >5 ULN
- [ ] Score 3 - Elevated total bilirubin > 3 mg/dL
### Form 2100 R6.0: Post-HCT Follow-Up Data

**Center:**

**CRID:**

---

**Specify if any liver abnormalities were present, but explained entirely by non-GVHD causes:**

- **Abnormality present but explained entirely by non-GVHD documented cause**
  - [ ] Yes  [ ] No

**Lungs**

- **Specify cause:**
  - [ ]

**288 Lung score**

- Score 0 - No symptoms
- Score 1 - Mild symptoms (shortness of breath after climbing one flight of steps)
- Score 2 - Moderate symptoms (shortness of breath after walking on flat ground)
- Score 3 - Severe symptoms (shortness of breath at rest; requiring oxygen)

**289 Were pulmonary function tests performed?**

- [ ] Yes  [ ] No

**290 Specify FEV1 percent:**

Specify if any lung abnormalities were present, but explained entirely by non-GVHD causes:

- **Abnormality present but explained entirely by non-GVHD documented cause**
  - [ ] Yes  [ ] No

**292 Specify cause:**

---

**Joints and fascia**

- **Specify cause:**
  - [ ]

**293 Joints and fascia score**

- Score 0 - No symptoms
- Score 1 - Mild tightness of arms or legs, normal or mild decreased range of motion (ROM) AND not affecting ADL
- Score 2 - Tightness of arms or legs OR joint contractures, erythema thought due to fasciitis, moderate decrease ROM AND mild to moderate limitation of ADL
- Score 3 - Contractures WITH significant decrease ROM AND significant limitation of ADL (e.g. unable to tie shoes, button shirts, dress self, etc.)

Specify if any joint or fascia abnormalities were present, but explained entirely by non-GVHD causes:

- **Abnormality present but explained entirely by non-GVHD documented cause**
  - [ ] Yes  [ ] No

**296 Specify cause:**

---

**Genital tract**

- **Specify cause:**
  - [ ]

**297 Genital tract score**

- Score 0 - No signs
- Score 1 - Mild signs and females with or without discomfort on exam
- Score 2 - Moderate signs and may have symptoms with discomfort on exam
- Score 3 - Severe signs with or without symptoms

**299 Currently sexually active?**

- [ ] Yes  [ ] No  [ ] Unknown

Specify if any genital tract abnormalities were present, but explained entirely by non-GVHD causes:

- **Abnormality present but explained entirely by non-GVHD documented cause**
  - [ ] Yes  [ ] No

**301 Specify cause:**

---

**Maximum grade of chronic GVHD since the date of last report:**

- [ ] Mild  [ ] Moderate  [ ] Severe  [ ] Unknown
Form 2100 R6.0: Post-HCT Follow-Up Data

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>303</td>
<td>Specify if chronic GVHD was limited or extensive</td>
</tr>
<tr>
<td></td>
<td>- Limited - Localized skin involvement and/or hepatic dysfunction due to chronic GVHD</td>
</tr>
<tr>
<td></td>
<td>- Extensive - One or more of the following:</td>
</tr>
<tr>
<td></td>
<td>- generalized skin involvement; or,</td>
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<tr>
<td></td>
<td>- liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,</td>
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<tr>
<td></td>
<td>- involvement of eye: Schirmer’s test with &lt; 5 mm wetting; or,</td>
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<tr>
<td></td>
<td>- involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or</td>
</tr>
<tr>
<td></td>
<td>- involvement of any other target organ</td>
</tr>
<tr>
<td>304</td>
<td>Date of maximum grade of chronic GVHD: __ __ __ __ __ __ __ __ __ __</td>
</tr>
<tr>
<td>305</td>
<td>Organ specific manifestations since the date of last report:</td>
</tr>
<tr>
<td>306</td>
<td>Sclerosis of skin or fascia (e.g. scleroderma, fasciitis, morphea)</td>
</tr>
<tr>
<td>307</td>
<td>Joint contractures</td>
</tr>
<tr>
<td>308</td>
<td>Other skin or hair involvement (ulcers, pruritus or itching, dyspigmentation, alopecia, lichenoid skin changes, etc.)</td>
</tr>
<tr>
<td>309</td>
<td>Eyes (xerophthalmia (dry eyes), abnormal Schirmer’s test, abnormal slit lamp, corneal erosion / conjunctivitis, etc.)</td>
</tr>
<tr>
<td>310</td>
<td>Mouth (lichenoid changes, mucositis / ulcers, erythema, etc.)</td>
</tr>
<tr>
<td>311</td>
<td>Bronchiolitis obliterans</td>
</tr>
<tr>
<td>312</td>
<td>Other lung involvement</td>
</tr>
<tr>
<td>313</td>
<td>Upper gastrointestinal tract (esophageal involvement, chronic nausea / vomiting)</td>
</tr>
<tr>
<td>314</td>
<td>Lower gastrointestinal tract (chronic diarrhea, malabsorption, abdominal pain / cramps, etc.)</td>
</tr>
<tr>
<td>315</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>316</td>
<td>Liver</td>
</tr>
<tr>
<td>317</td>
<td>Genitourinary tract (vaginitis / stricture, etc.)</td>
</tr>
<tr>
<td>318</td>
<td>Musculoskeletal (arthritis, myositis, etc.)</td>
</tr>
<tr>
<td>319</td>
<td>Thrombocytopenia (&lt; 100 x 10^9/L)</td>
</tr>
<tr>
<td>320</td>
<td>Eosinophilia</td>
</tr>
<tr>
<td>321</td>
<td>Serositis (e.g., pleural effusion, ascites, pericardial effusion)</td>
</tr>
<tr>
<td>322</td>
<td>Other organ involvement</td>
</tr>
<tr>
<td>323</td>
<td>Specify site:</td>
</tr>
</tbody>
</table>
Specify therapy given for chronic GVHD since the date of last report:

324 Corticosteroids (topical Gl) (e.g. beclomethasone, budesonide)
  ◦ Yes ◦ No

325 Was systemic therapy given to treat chronic GVHD?
  ◦ yes ◦ no

326 Was the date therapy was first started previously reported?
  ◦ Yes ◦ No

327 Date therapy was first started:

Specify systemic therapy started or escalated for chronic GVHD since the date of last report:

328 ALG, ALS, ATG, ATS
  ◦ yes ◦ no

329 Total dose: __________________ mg/kg

330 Specify source
  ◦ ATGAM (horse)
  ◦ ATG - Fresenius (rabbit)
  ◦ Thymoglobulin (rabbit)
  ◦ Other

331 Specify other source:

332 Date started:

333 Alemtuzumab (Campath)
  ◦ yes ◦ no

334 Date started:

335 Total dose: __________________ mg

336 Date started:

337 Date started:

338 Anti CD25 (Zenapax, Daclizumab, AntiTAC)
  ◦ yes ◦ no

339 Specify anti CD25:

340 Date started:

341 Azathioprine
  ◦ Yes ◦ No

342 Date started:

343 Bortezomib (Velcade)
  ◦ yes ◦ no

344 Date started:

345 Corticosteroids (systemic) (e.g. prednisone, dexamethasone)
  ◦ yes ◦ no

346 Date started or escalated:

347 Cyclosporine (CSA, Neoral, Sandimmune)
  ◦ yes ◦ no

348 Date started:

349 Interleukin inhibitors
  ◦ Yes ◦ No

350 Anti-IL2
  ◦ Yes ◦ No

351 Date started:

352 Anti-IL6
  ◦ Yes ◦ No

353 Date started:

354 Other interleukin inhibitor
  ◦ Yes ◦ No

355 Specify other interleukin inhibitor:

356 Date started:
### Form 2100 R6.0: Post-HCT Follow-Up Data

**Center:**

**CRID:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Field Description</th>
<th>Yes/No</th>
<th>Date/Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>357</td>
<td>Extra-corporeal photopheresis (ECP)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>358</td>
<td>Date started:</td>
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<tr>
<td>359</td>
<td>Etanercept (Enbrel)</td>
<td></td>
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<tr>
<td>360</td>
<td>Date started:</td>
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<tr>
<td>361</td>
<td>FK 506 (Tacrolimus, Prograf)</td>
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<tr>
<td>362</td>
<td>Date started:</td>
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<tr>
<td>363</td>
<td>Hydroxychloroquine (Plaquenil)</td>
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<td>364</td>
<td>Date started:</td>
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<tr>
<td>365</td>
<td>Infliximab (Remicade)</td>
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<td>366</td>
<td>Date started:</td>
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<tr>
<td>367</td>
<td>Methotrexate (MTX) (Amethopterin)</td>
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<td>368</td>
<td>Date started:</td>
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<tr>
<td>369</td>
<td>Mycophenolate mofetil (MMF) (CellCept, Myfortic)</td>
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<td>370</td>
<td>Date started:</td>
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<tr>
<td>371</td>
<td>Pentostatin (Nipent)</td>
<td></td>
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<td>372</td>
<td>Date started:</td>
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<tr>
<td>373</td>
<td>UV therapy</td>
<td></td>
<td></td>
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<tr>
<td>374</td>
<td>PUVA (Psoralen and UVA)</td>
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<td>375</td>
<td>Date started:</td>
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<tr>
<td>376</td>
<td>UVB</td>
<td></td>
<td></td>
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<tr>
<td>377</td>
<td>Date started:</td>
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<td></td>
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<tr>
<td>378</td>
<td>Rituximab (Rituxan, MabThera)</td>
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<td>379</td>
<td>Date started:</td>
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<tr>
<td>380</td>
<td>Sirolimus (Rapamycin, Rapamune)</td>
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<td>381</td>
<td>Date started:</td>
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<tr>
<td>382</td>
<td>Tyrosine kinase inhibitors (TKI)</td>
<td></td>
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<tr>
<td>383</td>
<td>Imatinib mesylate (Gleevec)</td>
<td></td>
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<tr>
<td>384</td>
<td>Date started:</td>
<td></td>
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<tr>
<td>385</td>
<td>Other TKI</td>
<td></td>
<td></td>
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<tr>
<td>386</td>
<td>Specify other TKI:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>387</td>
<td>Date started:</td>
<td></td>
<td></td>
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<tr>
<td>388</td>
<td>JAK 2 inhibitors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>389</td>
<td>Ruxolitinib (Jakafi)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>390</td>
<td>Date started:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Form 2100 R6.0: Post-HCT Follow-Up Data**

### Key Fields
- **Sequence Number:**
- **Date Received:**
- **CIBMTR Recipient ID:**
- **Today's Date:** Month Day Year
- **Infusion Date:** Month Day Year
- **CIBMTR Center Number:**
- **Initials:**

#### 391 Other JAK 2 inhibitor
- ☐ Yes ☐ No

#### 392 Specify other JAK 2 inhibitor:

#### 393 Date started:

#### 394 Blinded randomized trial
- ☐ Yes ☐ No

#### 395 Specify trial agent:

#### 396 Date started:

#### 397 Other agent
- ☐ Yes ☐ No

#### 398 Specify other agent:

#### 399 Date started:

### Current GVHD Status

#### 400 Are symptoms of GVHD still present on the date of actual contact (or present at the time of death)?
- ☐ Yes ☐ No

#### 401 Is the recipient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, ≤ 10 mg/day for adults, < 0.1 mg/kg/day for children)
- ☐ Yes ☐ No ☐ Not Applicable ☐ Unknown

#### 402 Date final treatment administered
- ☐ Known ☐ Unknown ☐ Previously reported

#### 403 Date final treatment administered:

#### 404 Is the recipient still taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?
- ☐ Yes ☐ No ☐ Not Applicable ☐ Unknown

#### 405 Date final treatment administered
- ☐ Known ☐ Unknown ☐ Previously reported

#### 406 Date final treatment administered:

### Infection Prophylaxis

#### Questions: 407 - 427

Select the drug in each group the recipient received first and closest to the start of the preparative regimen, even if it was started prior to the preparative regimen. Include prophylactic medications started prior to day +45 post-HCT.

#### 407 Did the recipient receive antibacterial drug(s) for infection prophylaxis?
- ☐ Yes ☐ No

- Specify the first antibacterial drug(s) given as a single drug or as combination therapy

#### 408 Amoxicillin clavulanate oral (Augmentin)
- ☐ Yes ☐ No

#### 409 Ceftinix oral (Omnicef)
- ☐ Yes ☐ No

#### 410 Cefpodoxime oral (Vantin)
- ☐ Yes ☐ No

#### 411 Ciprofloxacin IV or oral (Cipro)
- ☐ Yes ☐ No

#### 412 Ertapenem IV
- ☐ Yes ☐ No

#### 413 Levofloxacin IV or oral (Levaquin)
- ☐ Yes ☐ No

#### 414 Moxifloxacin IV or oral (Avelox)
- ☐ Yes ☐ No

#### 415 Vancocycin IV
- ☐ Yes ☐ No

#### 416 Other antibacterial drug
- ☐ Yes ☐ No

- Specify other antibacterial drug:

#### 417 Date started:

#### 418 Antiviral drugs (select one)

---

Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
Form 2100 R6.0: Post-HCT Follow-Up Data

420 Specify other antiviral drug: ________________________________

421 Date started: ___-___-___

422 Antifungal drugs (select one)

423 Specify other antifungal drug: ________________________________

424 Date started: ___-___-___

425 Anti-pneumocystis (PJP) drug (select one)

426 Specify other anti-pneumocystis drug: __________________________

427 Date started: ___-___-___

Infection

Questions: 428 - 440

428 Did the patient develop a clinically significant infection since the date of last report?

☐ Yes ☐ No

437 Did the recipient develop Systemic Inflammatory Response Syndrome (SIRS) since the date of last report?

☐ Yes ☐ No

438 Date of diagnosis: ___-___-___

439 Did the recipient develop septic shock since the date of last report?

☐ Yes ☐ No

440 Date of diagnosis: ___-___-___

Organ Function

Questions: 441 - 615

441 Did the recipient develop non-infectious interstitial pneumonitis (IPn or ARDS) / idiopathic pneumonia syndrome (IPS) since the date of last report?

☐ Yes ☐ No

442 Date of diagnosis: ___-___-___

443 Were diagnostic tests done? (other than radiographic studies)

☐ Yes ☐ No

Diagnosis was evaluated by:

444 Bronchoalveolar lavage (BAL)

☐ Yes ☐ No

445 Transbronchial biopsy

☐ Yes ☐ No

446 Open / thorascopic (VATS) lung biopsy

☐ Yes ☐ No

447 Autopsy

☐ Yes ☐ No

448 Other diagnostic test

☐ Yes ☐ No

449 Specify other diagnostic test: ________________________________
Form 2100 R6.0: Post-HCT Follow-Up Data

Center: CRID:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 Was an organism isolated from the sputum, BAL, or tracheal aspirate that is clinically significant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>451 Was documentation submitted to the CIBMTR? (e.g. scan report)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>452 Did the recipient develop other non-infectious pulmonary abnormalities since the date of last report? (e.g. bronchiolitis obliterans, COP / BOOP, diffuse alveolar hemorrhage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>453 Did the recipient develop bronchiolitis obliterans since the date of last report?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>454 Date of diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>455 Were diagnostic tests done? (other than radiographic studies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>456 Bronchoalveolar lavage (BAL)</td>
<td></td>
<td></td>
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<tr>
<td>457 Transbronchial biopsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>458 Open / thorascopic (VATS) lung biopsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>459 Autopsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>460 Other diagnostic test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>461 Specify other diagnostic test:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>462 Was documentation submitted to the CIBMTR? (e.g. scan report)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>463 Did the recipient develop cryptogenic organizing pneumonia (COP / BOOP)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>464 Date of diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>465 Were diagnostic tests done? (other than radiographic studies)</td>
<td></td>
<td></td>
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<tr>
<td>466 Bronchoalveolar lavage (BAL)</td>
<td></td>
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<tr>
<td>467 Transbronchial biopsy</td>
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<tr>
<td>468 Open / thorascopic (VATS) lung biopsy</td>
<td></td>
<td></td>
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<tr>
<td>469 Autopsy</td>
<td></td>
<td></td>
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<tr>
<td>470 Other diagnostic test</td>
<td></td>
<td></td>
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<tr>
<td>471 Specify other diagnostic test:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>472 Was documentation submitted to the CIBMTR? (e.g. scan report)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>473 Did the recipient develop diffuse alveolar hemorrhage?</td>
<td></td>
<td></td>
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<tr>
<td>474 Date of diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>475 Were diagnostic tests done? (other than radiographic studies)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Diagnosis was evaluated by:
476 Bronchoalveolar lavage (BAL)
   □ Yes □ No
477 Transbronchial biopsy
   □ Yes □ No
478 Open / thorascopic (VATS) lung biopsy
   □ Yes □ No
479 Autopsy
   □ Yes □ No
480 Other diagnostic test
   □ Yes □ No
481 Specify other diagnostic test:

482 Was documentation submitted to the CIBMTR? (e.g. scan report)
   □ Yes □ No
483 Did the recipient develop any other non-infectious pulmonary abnormalities?
   □ Yes □ no
484 Date of diagnosis: __ __ __ __ __ __ __ __
485 Specify other pulmonary abnormality:

486 Did the recipient receive endotracheal intubation or mechanical ventilation post-HCT?
   □ Yes □ No
487 Date started: __ __ __ __ __ __ __ __
488 Was the recipient successfully extubated?
   □ Yes □ No
489 Date extubated: __ __ __ __ __ __ __ __

Liver Toxicity Prophylaxis
490 Was specific therapy used to prevent liver toxicity?
   □ Yes □ No
491 Defibrotide
   □ Yes □ No
492 N-acetylcysteine
   □ Yes □ No
493 Tissue plasminogen activator (TPA)
   □ Yes □ No
494 Ursodiol
   □ Yes □ No
495 Other therapy
   □ yes □ no
496 Specify other therapy:

Liver Function
497 Did the recipient develop non-infectious liver toxicity (excluding GVHD) since the date of last report?
   □ Yes □ No

Etiology:
VOD / SOS
498 Did veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last report?
   □ Yes □ No
499 Date of diagnosis: __ __ __ __ __ __ __ __

Cirrhosis
500 Cirrhosis
   □ Yes □ No
501 Date of diagnosis: __ __ __ __ __ __ __ __
Form 2100 R6.0: Post-HCT Follow-Up Data

Center: CRID:

Other Etiology

502 Other etiology
- Yes
- No

503 Specify other etiology: ________________________________

504 Date of diagnosis: __ __ __ __ __ __ __ __ __

505 Unknown etiology
- Yes
- No

Thrombotic microangiopathy (TMA)

506 Did the recipient develop post-transplant thrombotic microangiopathy (TMA) or similar syndrome since the date of last report? (includes microangiopathy, thrombotic thrombocytopenic purpura (TTP), hemolytic uremic syndrome (HUS))
- Yes
- No

507 Date of diagnosis: __ __ __ __ __ __ __ __ __

Specify signs and symptoms:

508 RBC fragmentation and >2 schistocytes per high-power field on peripheral smear
- Yes
- No

509 Increased serum LDH above institutional baseline
- Yes
- No

510 Renal dysfunction without other explanation (doubling of serum creatinine from baseline, OR 50% decrease in creatinine clearance from baseline)
- Yes
- No

511 Neurologic dysfunction without other explanation
- Yes
- No

512 Negative direct and indirect Coombs test results
- Yes
- No

513 Was TMA evaluated by biopsy?
- Yes
- No

Specify result(s):

514 Kidney
- Positive
- Suggestive
- Negative
- Inconclusive / equivocal
- Not done

515 Other site
- Positive
- Suggestive
- Negative
- Inconclusive / equivocal
- Not done

516 Specify other site: ________________________________

517 Was documentation submitted to the CIBMTR?
- Yes
- No

Specify therapy for TMA

518 Was therapy given for TMA?
- Yes
- No

519 Defibrotide
- Yes
- No

520 Eculizumab (Soliris)
- Yes
- No

521 Rituximab (Rituxan, MabThera)
- Yes
- No

522 Plasma exchange / plasmapheresis
- Yes
- No
Form 2100 R6.0: Post-HCT Follow-Up Data

Center: CRID:

523 Other therapy
   ☐ yes ☐ no

524 Specify other therapy:

525 Did the TMA resolve? (Normalization of renal function, LDH, and resolution or improvement in renal and/or neurologic dysfunction)
   ☐ Yes ☐ No

526 Date resolved: __ __ __ __ __ __ __ __

Other Organ Impairment / Disorder

527 Has the recipient developed any other clinically significant organ impairment or disorder since the date of last report?
   ☐ yes ☐ no

Specify impairment / disorder:

Renal
528 Acute renal failure requiring dialysis
   ☐ Yes ☐ No

529 Date of diagnosis: __ __ __ __ __ __ __ __

530 Date dialysis started: __ __ __ __ __ __ __ __

531 Was the recipient still on dialysis at the date of last contact?
   ☐ Yes ☐ No

532 Date dialysis stopped: __ __ __ __ __ __ __ __

533 Chronic kidney disease / renal impairment (persistent decrease in glomerular filtration rate to < 60 mL/min/1.73m²)
   ☐ Yes ☐ No

534 Date of diagnosis: __ __ __ __ __ __ __ __

535 Was the recipient placed on dialysis?
   ☐ Yes ☐ No

536 Date dialysis started: __ __ __ __ __ __ __ __

537 Was the recipient still on dialysis at the date of last contact?
   ☐ Yes ☐ No

538 Date dialysis stopped: __ __ __ __ __ __ __ __

Cardiac
539 Arrhythmia (e.g. atrial fibrillation or flutter, sick sinus syndrome, ventricular arrhythmia)
   ☐ Yes ☐ No

540 Date of diagnosis: __ __ __ __ __ __ __ __

541 Specify arrhythmia
   ☐ Atrial fibrillation or flutter
   ☐ Sick sinus syndrome
   ☐ Ventricular arrhythmia
   ☐ Other arrhythmia

542 Specify other arrhythmia:

543 Congestive heart failure
   ☐ Yes ☐ No

544 Date of diagnosis: __ __ __ __ __ __ __ __

545 Specify ejection fraction: __ __ __ __ __ __ __ __ __ __ __ %

546 Coronary artery disease
   ☐ Yes ☐ No

547 Date of diagnosis: __ __ __ __ __ __ __ __

548 Myocardial infarction / Unstable angina
   ☐ Yes ☐ No

549 Date of diagnosis: __ __ __ __ __ __ __ __

550 Hypertension (HTN) requiring therapy
   ☐ Yes ☐ No

551 Date of diagnosis: __ __ __ __ __ __ __ __

552 Was the recipient still receiving therapy at the date of contact for this reporting period?
   ☐ Yes ☐ No
## Vascular

**553** Deep vein thrombosis (DVT) / Pulmonary embolism (PE)
- Yes
- No

**554** Date of diagnosis: [ ]

**555** Was the DVT catheter related?
- Yes
- No

## Neurological

**556** CNS hemorrhage
- Yes
- No

**557** Date of diagnosis: [ ]

**558** Encephalopathy (non-infectious)
- Yes
- No

**559** Date of diagnosis: [ ]

**560** Neuropathy
- Yes
- No

**561** Date of diagnosis: [ ]

**562** Seizures
- Yes
- No

**563** Date of diagnosis: [ ]

**564** Stroke
- Yes
- No

**565** Date of diagnosis: [ ]

## Endocrine

**566** Diabetes / hyperglycemia requiring chronic treatment
- Yes
- No

**567** Date of diagnosis: [ ]

**568** Was the recipient still receiving therapy at the date of contact for this reporting period?
- Yes
- No

**569** Growth hormone deficiency / short stature
- Yes
- No

**570** Date of diagnosis: [ ]

**571** Was therapy given?
- Yes
- No

**572** Hypothyroidism requiring replacement therapy
- Yes
- No

**573** Date of diagnosis: [ ]

## Genitourinary

**574** Pancreatitis
- Yes
- No

**575** Date of diagnosis: [ ]

## Musculoskeletal

**576** Gonadal dysfunction requiring hormone replacement (testosterone or estrogen)
- Yes
- No

**577** Date of diagnosis: [ ]

**578** Hemorrhagic cystitis / hematuria requiring medical intervention (catheterization of bladder, extra transfusions, urology consult)
- Yes
- No

**579** Date of diagnosis: [ ]

---

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Center: CRID:

584 Osteoporosis
   □ Yes □ No

585 Date of diagnosis: __ __ __ __

586 Osteoporotic fracture
   □ Yes □ No

587 Date of diagnosis: __ __ __ __

Psychiatric

588 Depression requiring therapy
   □ Yes □ No

589 Anxiety requiring therapy
   □ Yes □ No

590 Date of diagnosis: __ __ __ __

591 Date of diagnosis: __ __ __ __

592 Post-traumatic stress disorder (PTSD) requiring therapy
   □ Yes □ No

593 Date of diagnosis: __ __ __ __

Other

594 Cataracts
   □ Yes □ No

595 Date of diagnosis: __ __ __ __

596 Hyperlipidemia requiring therapy (high total cholesterol, high LDL cholesterol, and/or high triglyceride levels)
   □ Yes □ No

597 Date of diagnosis: __ __ __ __

598 Was the recipient still receiving therapy at the date of contact for this reporting period?
   □ Yes □ No

599 Iron overload requiring therapy
   □ Yes □ No

600 Date of diagnosis: __ __ __ __

Specify therapy:

601 Phlebotomy
   □ Yes □ No

602 Iron chelation
   □ Yes □ No

603 Other therapy
   □ Yes □ No

604 Specify other therapy: ____________________________

605 Mucositis requiring therapy
   □ Yes □ No

606 Date of diagnosis: __ __ __ __

607 Specify OM5 grade
   □ 0 (none)
   □ I (mild) - Oral soreness, erythema
   □ II (moderate) - Oral erythema, ulcers, solid diet tolerated
   □ III (severe) - Oral ulcers, liquid diet only
   □ IV (life-threatening) - Oral ulcers, oral alimentation impossible

608 Other impairment or disorder
   □ Yes □ No

609 Date of diagnosis: __ __ __ __

610 Specify other impairment / disorder: ____________________________

611 Has the recipient received a solid organ transplant?
   □ Yes □ No

612 Specify solid organ transplanted
   □ Heart □ Kidney □ Liver □ Lung □ Other organ
Form 2100 R6.0: Post-HCT Follow-Up Data

Center: CRID:

613 Specify other organ: ______________________________

614 Date of transplant: __ __ __ __ __ __ __

615 Specify solid organ donor type:
- Living related donor
- Living unrelated donor
- Cadaveric donor

New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder

Questions: 616 - 639

616 Did a new malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is different from the disease / disorder for which the HCT or cellular therapy was performed? (include clonal cytogenetic abnormalities, and post-transplant lymphoproliferative disorders)
- Yes
- No

New Malignancy (1)

Questions: 617 - 639

617 Specify the new malignancy ______________________________

618 Specify other new malignancy: __________________

619 Date of diagnosis: __ __ __ __ __ __ __

620 Was the new malignancy donor / cell product derived?
- Yes
- No
- Not done

621 Was documentation submitted to the CIBMTR? (e.g. cell origin evaluation (VNTR, cytogenetics, FISH))
- Yes
- No

622 Was documentation submitted to the CIBMTR? (e.g. pathology report, autopsy report)
- Yes
- No

Post-Transplant Lymphoproliferative Disorder

623 Was there EBV reactivation in the blood?
- Yes
- No
- Unknown

624 How was EBV reactivation diagnosed?
- Qualitative PCR of blood
- Quantitative PCR of blood
- Other method

625 Specify other method:

626 Quantitative EBV viral load of blood: (at diagnosis of EBV) _______ copies/mL

627 Was a quantitative PCR of blood performed again after diagnosis?
- Yes
- No

628 Highest EBV viral load of blood: _______ copies/mL

629 Was there lymphomatous involvement? (e.g. a mass)
- Yes
- No

Specify sites of PTLD involvement:

630 Bone marrow
- Yes
- No

631 Central nervous system (brain or cerebrospinal fluid)
- Yes
- No

632 Liver
- Yes
- No

633 Lung
- Yes
- No

634 Lymph nodes
- Yes
- No

635 Spleen
- Yes
- No

636 Other site
- Yes
- No
Form 2100 R6.0: Post-HCT Follow-Up Data

637 Specify other site: __________________________

638 Was PTL confirmed by biopsy?
   ☐ Yes ☐ No

639 Was documentation submitted to the CIBMTR? (e.g. pathology report)
   ☐ Yes ☐ No

640 Was the intent to complete the HCT procedure (conditioning, infusion, and period of recovery from neutropenia) as an outpatient?
   ☐ Yes ☐ No

641 Did the recipient require an unplanned admission?
   ☐ Yes ☐ No

642 Was the recipient discharged prior to the date of contact?
   ☐ Yes ☐ No

643 Date first discharged from hospital post-HCT: __ __ __ __ __

644 Total number of inpatient days (day 0 to day 100) in first 100 days post-HCT: __________________

645 Recipient height (most recent)
   ☐ Known ☐ Unknown

646 Recipient height: ____________________ ☐ inches ☐ centimeters

647 Date documented: __ __ __ __ __ __

648 Recipient weight (most recent)
   ☐ Known ☐ Unknown

649 Recipient weight: ____________________ ☐ pounds ☐ kilograms

650 Date documented: __________________________

651 What scale was used to determine the recipient's functional status?
   ☐ Karnofsky (recipient age ≥ 16 years)
   ☐ Lansky (recipient age ≥1 year and < 16 years)

   Performance score:
   652 Karnofsky Scale (recipient age ≥ 16 years)
   653 Lansky Scale (recipient age ≥ 1 year and < 16 years)

654 Was the recipient pregnant at any time in this reporting period? (Female only)
   ☐ Yes ☐ No ☐ Unknown

655 Was the recipient's female partner pregnant at any time in this reporting period? (Male only)
   ☐ Yes ☐ No ☐ Unknown

656 Was the recipient or recipient's partner still pregnant at the date of last contact?
   ☐ Yes ☐ No ☐ Unknown

657 Specify the outcome of pregnancy
   ☐ Live birth
   ☐ Intrauterine fetal death
   ☐ Spontaneous abortion
   ☐ Elected abortion
   ☐ Unknown

658 Has the recipient smoked tobacco cigarettes since the date of last report?
   ☐ Yes ☐ No ☐ Unknown

659 Average number of packs per day (20 cigarettes per pack)
   ☐ Known ☐ Unknown

660 Average number of packs per day:

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Center: CRID:

661 Specify the category which best describes the recipient's current occupation. If the recipient is not currently employed, check the box which best describes his/her last job:

- Professional, technical, or related occupation
- Manager, administrator, or proprietor
- Clerical or related occupation
- Sales occupation
- Service occupation
- Skilled craft or related occupation
- Equipment / vehicle operator or related occupation
- Laborer
- Farmer
- Member of the military
- Housekeeper
- Under school age
- Not previously employed
- Unknown
- Other

662 Specify other occupation:

663 What is the recipient's current or most recent work status during this reporting period?

- full time
- part time
- unemployed
- medical disability
- retired
- recipient < 16 years old
- Unknown

664 Specify retirement status:

- with a source of income
- no source of income

Subsequent HCT Questions: 665 - 672

Complete this section if the recipient received a subsequent HCT (question 3, answered "yes"). If no subsequent HCTs were performed, continue to the signature section.

665 Date of subsequent HCT: __ __ __ __ __ __

666 Was the subsequent HCT performed at a different institution?

- Yes
- No

Specify the institution that performed the subsequent HCT:

667 Name: ____________________________

City: ____________________________

State: ____________________________

Country: ____________________________

668 What was the indication for subsequent HCT?

- Graft failure / insufficient hematopoietic recovery - Allogeneic HCTs Complete a Pre-TED Form 2400 for the subsequent HCT
- Persistent primary disease - Complete a Pre-TED Form 2400 for the subsequent HCT
- Recurrent primary disease - Complete a Pre-TED Form 2400 for the subsequent HCT
- Planned second HCT, per protocol - Complete a Pre-TED Form 2400 for the subsequent HCT
- New malignancy (including PTLD and EBV lymphoma) - Complete a Pre-TED Form 2400 for the subsequent HCT
- Insufficient chimerism - Complete a Pre-TED Form 2400 for the subsequent HCT
- Other - Complete a Pre-TED Form 2400 for the subsequent HCT

669 Specify other indication:

Subsequent HCT Sources (1) Questions: 670 - 672

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Center:  
CRID:

670 Source of HSCs
   ( ) Allogeneic, related
   ( ) Allogeneic, unrelated
   ( ) Autologous

671 Was the same donor used?
   ( ) Yes  ( ) No

672 Specify
   ( ) Fresh, NMDP donor bone marrow
   ( ) Fresh, non-NMDP donor bone marrow
   ( ) Fresh, NMDP donor mobilized peripheral blood stem cells
   ( ) Fresh, non-NMDP donor mobilized peripheral blood stem cells
   ( ) NMDP cord blood
   ( ) Non-NMDP cord blood
   ( ) Cryopreserved original donor bone marrow
   ( ) Cryopreserved original donor mobilized peripheral blood stem cells

First Name: ___________________________ Last Name: ___________________________
E-mail address: ________________________ Date: __________ - __________ - ________

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