# 2110: Acute Myelogenous Leukemia Post-HSCT Data

## Registry Use Only

Sequence Number:

Date Received:

### Key Fields

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Sequence Number</td>
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<tr>
<td>Date Received</td>
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<tr>
<td>CIBMTR Center Number</td>
<td></td>
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<tr>
<td>CIBMTR Recipient ID</td>
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<tr>
<td>Today's Date</td>
<td></td>
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<tr>
<td>Date of HSCT for which this form is being completed</td>
<td></td>
</tr>
<tr>
<td>HSCT type: (check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☐ Autologous</td>
<td></td>
</tr>
<tr>
<td>☐ Allogeneic, unrelated</td>
<td></td>
</tr>
<tr>
<td>☐ Allogeneic, related</td>
<td></td>
</tr>
<tr>
<td>☐ Syngeneic (identical twin)</td>
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</tbody>
</table>
1. Was planned treatment given per protocol since the date of the last report? (Include any treatment given for maintenance therapy, but exclude any treatment for relapse / progressive disease.)
   - O yes
   - O no

IF (1) planned treatment since last report := yes
THEN GOTO (2) central nervous system irradiation

Post-HSCT Planned Treatment for AML

Questions: 1-30

To be completed in conjunction with a Form 2100 - 100 Days Post-HSCT Data, Form 2200 - Six Months to Two Years Post-HSCT Data, or Form 2300 - Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

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ELSE GOTO (22) complete remission achieved

Specify treatment(s) given:
2 Central nervous system irradiation
   O yes
   O no
ELSE GOTO (3) systemic / intrathecal therapy

3 Systemic / intrathecal therapy
   O yes
   O no
IF (3) systemic / intrathecal therapy:= yes
THEN GOTO (4) aldesleukin therapy given
ELSE GOTO (19) donor leukocyte infusion

Specify systemic / intrathecal therapy given:
4 aldesleukin (interleukin-2, IL-2)
   O yes
   O no
ELSE GOTO (5) retinoic acid therapy given

5 all-trans retinoic acid
   O yes
   O no
ELSE GOTO (6) cytarabine therapy given

6 cytarabine
   O yes
   O no
ELSE GOTO (7) daunorubicin given

7 Daunorubicin (Cerubidine)
   O yes
   O no
ELSE GOTO (8) doxorubicin given

8 Doxorubicin (Adriamycin)
   O yes
   O no
ELSE GOTO (9) etoposide given

9 Etoposide (VP-16, VePesid)
   O yes
   O no
ELSE GOTO (10) gemtuzumab given
10 gemtuzumab (Mylotarg)
  O yes
  O no
  ELSE GOTO (11) idarubicin given

11 Idarubicin (Idamycin)
  O yes
  O no
  ELSE GOTO (12) interferon given

12 interferon-α (Referon-α)
  O yes
  O no
  ELSE GOTO (13) intrathecal therapy given

13 intrathecal therapy
  O yes
  O no
  ELSE GOTO (14) mitoxantrone given

14 Mitoxantrone (Novantrone)
  O yes
  O no
  ELSE GOTO (15) thioguanine given

15 thioguanine (6-TG)
  O yes
  O no
  ELSE GOTO (16) topotecan given

16 topotecan (Hycamtin)
  O yes
  O no
  ELSE GOTO (17) other therapy given

17 other therapy
  O yes
  O no
  IF (17) other therapy given:= yes
  THEN GOTO (18) specify other therapy given
  ELSE GOTO (19) donor leukocyte infusion

18 Specify therapy: __________________________
  ELSE GOTO (19) donor leukocyte infusion

19 Donor leukocyte infusions
  O yes
0 no
ELSE GOTO (20) other treatment planned

20 Other treatment
  O yes
  O no
IF (20) other treatment planned:= yes
THEN GOTO (21) specify other treatment
ELSE GOTO (22) complete remission achieved

21 Specify treatment: ____________________
ELSE GOTO (22) complete remission achieved

22 Was a complete remission (CR) ever achieved in response to the HSCT? (Include any therapy planned as of Day 0, but exclude any change in therapy in response to a disease assessment.)
  O recipient was already in CR at the start of the preparative regimen
  O yes, post-HSCT CR was achieved
  O no, CR was never achieved post-HSCT
IF (22) complete remission achieved:= no, CR was never achieved post-HSCT
THEN GOTO (48) treatment given since last report
ELSE GOTO (23) cr achieved date prev reported
IF (22) complete remission achieved:= recipient was already in CR at the start of the preparative regimen
THEN GOTO (31) disease relapsed since last report
ELSE GOTO (23) cr achieved date prev reported

23 Date previously reported
ELSE GOTO date CR achieved
Specify the date the clinical / hematologic CR was achieved: __ __ __ __ - __ __ __ __
IF date CR achieved:= EXISTS
THEN GOTO (24) molecular testing confirm
ELSE GOTO (24) molecular testing confirm

24 Did molecular testing confirm the presence of the CR?
  O yes
  O no
  O not tested
IF (24) molecular testing confirm:= yes
THEN GOTO (25) molecular test date
ELSE GOTO (26) cytogenetic test confirm

25 Date the molecular CR was determined: __ __ __ __ - __ __ __ __
ELSE GOTO (26) cytogenetic test confirm
26 Did cytogenetic testing confirm the presence of the CR?
   O yes
   O no
   O not tested
   IF (26) cytogenetic test confirm:= yes
   THEN GOTO (27) cytogenetic status
   ELSE GOTO (31) disease relapsed since last report

27 Was FISH used to determine cytogenetic CR status?
   O yes
   O no
   IF (27) cytogenetic status:= yes
   THEN GOTO (28) cytogenetic fish date
   ELSE GOTO (29) conventional cytogenetics

28 Date the cytogenetic CR was determined via FISH: ___ ___ — YYYY MM DD
   ELSE GOTO (29) conventional cytogenetics

29 Were conventional cytogenetics used to determine cytogenetic CR status?
   O yes
   O no
   IF (29) conventional cytogenetics:= yes
   THEN GOTO (30) conventional cytogenetic date
   ELSE GOTO (31) disease relapsed since last report

30 Date the cytogenetic CR was determined via conventional cytogenetics:
   ___ ___ — ___ MM DD
   ELSE GOTO (31) disease relapsed since last report

Disease Relapse Post-HSCT

31 Has the disease relapsed since the date of the last report?
   O yes
   O no
   IF (31) disease relapsed since last report:= yes
   THEN GOTO (32) molecular assessment
   ELSE GOTO (48) treatment given since last report

   Specify the method(s) used to assess the disease relapse: (report all concurrent assessments)

32 Molecular assessment
   O yes
   O no
   IF (32) molecular assessment:= yes
THEN GOTO (33) molecular assessment date
ELSE GOTO (36) cytogenetic assessment

33 Date of the molecular assessment: __ __ __ __ __ __ __ __
ELSE GOTO (34) molecular evidence

34 Was there evidence of disease?
   O yes
   O no
IF (34) molecular evidence:= yes
THEN GOTO (35) disease relapse or progression
ELSE GOTO (36) cytogenetic assessment

35 Was the status considered a disease relapse or progression?
   O yes
   O no
ELSE GOTO (36) cytogenetic assessment

36 Cytogenetic assessment
   O yes
   O no
IF (36) cytogenetic assessment:= yes
THEN GOTO (37) cyto assessed via fish
ELSE GOTO (45) clinical hema assessment

37 Was the disease assessed via FISH?
   O yes
   O no
IF (37) cyto assessed via fish:= yes
THEN GOTO (38) date of fish
ELSE GOTO (39) cytogenetic assessment evidence

38 Date of FISH test: __ __ __ __ __ __ __ __
ELSE GOTO (39) cytogenetic assessment evidence

39 Was there evidence of disease?
   O yes
   O no
IF (39) cytogenetic assessment evidence:= yes
THEN GOTO (40) cyto disease relapse or progression
ELSE GOTO (41) assessed via conventional cyto

40 Was the status considered a disease relapse or progression?
   O yes
   O no
ELSE GOTO (41) assessed via conventional cyto
41 Was the disease assessed via conventional cytogenetics?
   O yes
   O no
   IF (41) assessed via conventional cyto:= yes
      THEN GOTO (42) conventional cyto date
      ELSE GOTO (45) clinical hema assessment

42 Date of conventional cytogenetic test: __ __ __ __-__ __ __ __ YYYY MM DD
   ELSE GOTO (43) conventional evidence

43 Was there evidence of disease?
   O yes
   O no
   IF (43) conventional evidence:= yes
      THEN GOTO (44) conventional cyto status
      ELSE GOTO (45) clinical hema assessment

44 Was the status considered a disease relapse or progression?
   O yes
   O no
   ELSE GOTO (45) clinical hema assessment

45 Clinical / hematologic assessment
   O yes
   O no
   IF (45) clinical hema assessment:= yes
      THEN GOTO (46) clinical assessment date
      ELSE GOTO (48) treatment given since last report

46 Date of the clinical / hematologic assessment: __ __ __ __-__ __ __ __ YYYY MM DD
   ELSE GOTO (47) clinical evidence

47 Was there evidence of disease?
   O yes
   O no
   ELSE GOTO (48) treatment given since last report

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48 Was any treatment given for relapsed, persistent, or progressive disease since the date of the last report?
   O yes
   O no
   IF (48) treatment given since last report:= yes

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

**ERROR CORRECTION FORM**

<table>
<thead>
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<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
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<tbody>
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</table>

**Today’s Date:**
- **Month:** __
- **Day:** 20
- **Year:** 20

**Infusion Date:**
- **Month:** __
- **Day:** 20
- **Year:** __

**CIBMTR Center Number:** __

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THEN GOTO (49) CNS irradiation
ELSE GOTO (70) disease status assessed

49 Central nervous system irradiation
   - O yes
   - O no
   ELSE GOTO (50) systemic therapy given

50 Systemic / intrathecal therapy
   - O yes
   - O no
   IF (50) systemic therapy given := yes
   THEN GOTO (51) aldesleukin given
   ELSE GOTO (66) donor leuko infusion given

   Specify systemic / intrathecal therapy given:
   51 aldesleukin (interleukin-2, IL-2)
     - O yes
     - O no
   ELSE GOTO (52) retinoic acid given

52 all-trans retinoic acid
   - O yes
   - O no
   ELSE GOTO (53) cytarabine given

53 cytarabine
   - O yes
   - O no
   ELSE GOTO (54) daunorubicin given

54 Daunorubicin (Cerubidine)
   - O yes
   - O no
   ELSE GOTO (55) doxorubicin given

55 Doxorubicin (Adriamycin)
   - O yes
   - O no
   ELSE GOTO (56) etoposide given

56 Etoposide (VP-16, VePesid)
   - O yes
   - O no
   ELSE GOTO (57) gemtuzumab given

57 gemtuzumab (Mylotarg)
   - O yes
   - O no

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ELSE GOTO (58) idarubicin given

58  Idarubicin (Idamycin)
    O  yes
    O  no
ELSE GOTO (59) interferon given

59  interferon-α (Referon-α)
    O  yes
    O  no
ELSE GOTO (60) intrathecal therapy given

60  intrathecal therapy
    O  yes
    O  no
ELSE GOTO (61) mitoxantrone given

61  Mitoxantrone (Novantrone)
    O  yes
    O  no
ELSE GOTO (62) thioguanine given

62  thioguanine (6-TG)
    O  yes
    O  no
ELSE GOTO (63) topotecan given

63  topotecan (Hycamtin)
    O  yes
    O  no
ELSE GOTO (64) other therapy given

64  other therapy
    O  yes
    O  no
IF (64) other therapy given:= yes
THEN GOTO (65) specify other therapy given
ELSE GOTO (66) donor leuko infusion given

65  Specify therapy: ______________________
ELSE GOTO (66) donor leuko infusion given

66  Donor leukocyte infusions
    O  yes
    O  no
ELSE GOTO (67) subsequent HSCT given

67  Subsequent HSCT
    O  yes
ERROR CORRECTION FORM

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

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75 Current cytogenetic assessment
  O yes
  O no
IF (75) current cyto assess:= yes
THEN GOTO (76) disease status via fish
ELSE GOTO (84) current clinical assessment

76 Was the disease status assessed via FISH?
  O yes
  O no
IF (76) disease status via fish:= yes
THEN GOTO (77) fish test date
ELSE GOTO (80) status assessed via conventional

77 Date of FISH test: ___-__-__-__ YYYY MM DD
ELSE GOTO (78) fish evidence of disease

78 Was there evidence of disease?
  O yes
  O no
IF (78) fish evidence of disease:= yes
THEN GOTO (79) status a relapse or persistent disease
ELSE GOTO (80) status assessed via conventional

79 Was the status considered a relapse or persistent disease?
  O yes
  O no
ELSE GOTO (80) status assessed via conventional

80 Was the disease status assessed via conventional cytogenetics?
  O yes
  O no
IF (80) status assessed via conventional:= yes
THEN GOTO (81) conventional cyto date
ELSE GOTO (84) current clinical assessment

81 Date of conventional cytogenetic test: ___-__-__-__ YYYY MM DD
ELSE GOTO (82) conventional evidence of disease

82 Was there evidence of disease?
  O yes
  O no
IF (82) conventional evidence of disease:= yes
THEN GOTO (83) status relapse or persistent disease
ELSE GOTO (84) current clinical assessment
83 Was the status considered a relapse or persistent disease?
   O yes
   O no
   ELSE GOTO (84) current clinical assessment

84 Current clinical / hematologic assessment
   O yes
   O no
   IF (84) current clinical assessment:= yes
   THEN GOTO (85) current clinical assessment date
   ELSE GOTO (87) current disease status

85 Date of the clinical / hematologic assessment: __-__-__-__
   ELSE GOTO (86) clinical evidence of disease

86 Was there evidence of disease?
   O yes
   O no
   ELSE GOTO (87) current disease status

87 What is the current disease status?
   O complete remission
   O not in complete remission
   ELSE GOTO (88) current disease date established

88 Date the current disease status was established in this reporting period: __-__-__-__
   ELSE GOTO First name

First Name: ____________________________
ELSE GOTO Last name
Last Name: ____________________________

Phone number: _________________________
Fax number: _____________________________

E-mail address: _________________________
IF E-mail address::= EXISTS
ELSE GOTO End of Form