Key Fields

Sequence Number: ____________________________

Date Received: __ __ __ __ - __ __-

CIBMTR Center Number: ____________________________

CIBMTR Recipient ID: ____________________________

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

HCT type: (check all that apply)

- Autologous
- Allogeneic, unrelated
- Allogeneic, related

Product type: (check all that apply)

- Bone marrow
- PBSC
- Single cord blood unit
- Multiple cord blood units
- Other product

Specify: ____________________________

Visit

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

Specify: ____________________________

Disease Assessment at the Time of Best Response to HCT

Questions: 1 - 20

1 Compared to the disease status prior to the preparative regimen, what was the best response to HCT since the date of the last report? (Include response to any therapy given for post-HCT maintenance or consolidation, but exclude any therapy given for relapsed, persistent, or progressive disease)

- Continued complete remission (CCR) - For patients transplant in CR

- Complete remission (CR) - A treatment response where all of the following criteria are met for at least four weeks: <5% blasts in the bone marrow, normal maturation of all cellular components in the bone marrow (myeloid, erythroid, and megakaryocytic lineages), no blasts with Auer rods, no extramedullary disease (e.g., central nervous system or soft tissue involvement), ANC of >1,000/µL, Platelets ≥ 100,000/µL

- Not in complete remission

2 Was the date of best response previously reported?

- yes
- no

3 Date assessed: __ __ __ __ - __ __-

4 Was the disease status assessed by molecular testing (e.g. PCR)?

- yes
- no
5 Date assessed: __ __ __ __ - __ __ __ __

6 Was disease detected?
   yes [ ] no [ ]

7 Was the status considered a disease relapse?
   yes [ ] no [ ]

8 Was the disease status assessed via flow cytometry?
   yes [ ] no [ ]

9 Date assessed: __ __ __ __ - __ __ __ __

10 Was disease detected?
    yes [ ] no [ ]

11 Was the status considered a disease relapse?
    yes [ ] no [ ]

12 Was the disease status assessed by cytogenetic testing (conventional or FISH)?
   yes [ ] no [ ]

13 Was the disease status assessed via FISH?
   yes [ ] no [ ]

14 Date assessed: __ __ __ __ - __ __ __ __

15 Was disease detected?
   yes [ ] no [ ]

16 Was the status considered a disease relapse?
   yes [ ] no [ ]

17 Was the disease status assessed via conventional cytogenetics?
   yes [ ] no [ ]

18 Date assessed: __ __ __ __ - __ __ __ __

19 Was disease detected?
   yes [ ] no [ ]

20 Was the status considered a disease relapse?
   yes [ ] no [ ]
21 Was therapy given since the date of the last report for reasons other than relapse or persistent disease? 
   (Include any maintenance and consolidation therapy)
   yes no

   Specify therapy given:

22 Central nervous system irradiation
   yes no

23 Systemic therapy
   yes no

   Specify systemic therapy given:

24 Azacytidine (Vidaza)
   yes no

25 All-trans retinoic acid (Tretinoin)
   yes no

26 Arsenic
   yes no

27 Clofarabine
   yes no

28 Cytarabine (Ara-C)
   yes no

29 Daunorubicin (Cerubidine)
   yes no

30 Decitabine (Dacogen)
   yes no

31 Doxorubicin (Adriamycin)
   yes no

32 Etoposide (VP-16, VePesid)
   yes no

33 Gemtuzumab (Mylotarg)
   yes no

34 Idarubicin (Idamycin)
   yes no
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrathecal therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitoxantrone (Novantrone)</td>
<td></td>
<td></td>
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<tr>
<td>Sorafenib</td>
<td></td>
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</tr>
<tr>
<td>Thioguanine (6-TG)</td>
<td></td>
<td></td>
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<tr>
<td>Other systemic therapy</td>
<td></td>
<td></td>
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<tr>
<td>Specify other systemic therapy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donor cellular infusions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other therapy</td>
<td></td>
<td></td>
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<tr>
<td>Specify other therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease relapse detected by molecular testing (e.g. PCR)</td>
<td></td>
<td></td>
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<td>Date assessed:</td>
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<td></td>
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<tr>
<td>Disease relapse detected via flow cytometry</td>
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<tr>
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<td>Date assessed:</td>
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</tbody>
</table>
53. Was a disease relapse detected by clinical / hematologic assessment?
   - Yes
   - No

54. Date assessed: __ __ __ __ - __ __ __

55. Specify site(s) of disease relapse:
   - Blood
     - Yes
     - No
   - Bone marrow
     - Yes
     - No
   - Central nervous system
     - Yes
     - No
   - Skin
     - Yes
     - No
   - Soft tissue
     - Yes
     - No
   - Other site(s)
     - Yes
     - No

61. Specify other site(s): ____________________________

62. Was any therapy given for relapsed disease since the date of the last report?
   - Yes
   - No

63. Central nervous system irradiation
   - Yes
   - No

64. Systemic therapy
   - Yes
   - No

   Specify systemic therapy given:

65. Azacytidine (Vidaza)
   - Yes
   - No

66. All-trans retinoic acid (Tretinoin)
   - Yes
   - No

67. Arsenic
   - Yes
   - No
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<tr>
<td>68  Clofarabine</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>69  Cytarabine (Ara - C) ≤ 10 g/m2/cycle</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>70  Cytarabine (Ara – C) &gt; 10 g/m2/cycle</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
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<td>yes</td>
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<td>82  Donor cellular infusions</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>83  Subsequent HCT</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>
84 Other therapy

| yes | no |

85 Specify other therapy: __________________________

| Questions: 86 - 109 |

**Disease Status at the Time of Evaluation for this Reporting Period**

86 Was the disease status assessed since the date of the last report?

| yes | no |

87 Does the disease assessment reflect the relapsed disease in this reporting period (as captured in questions 44-61), without subsequent therapy?

| yes | no |

Specify the method(s) used to assess the disease status:

88 Was the disease status assessed by molecular testing (e.g. PCR)?

| yes | no |

89 Date assessed: __ __ __ __.__ __

90 Was disease detected?

| yes | no |

91 Was the status considered a disease relapse?

| yes | no |

92 Was the disease status assessed via flow cytometry?

| yes | no |

93 Date assessed: __ __ __ __.__ __

94 Was disease detected?

| yes | no |

95 Was the status considered a disease relapse?

| yes | no |

96 Was the disease status assessed by cytogenetic testing (conventional or FISH)?

| yes | no |

97 Was the disease status assessed via FISH?

| yes | no |

98 Date assessed: __ __ __ __.__ __

99 Was disease detected?

| yes | no |
Form 2110 R3.0: Acute Myelogenous Leukemia (AML) Post-HCT Data

100 Was the status considered a disease relapse?
   yes [ ]  no [ ]

101 Was the disease status assessed via conventional cytogenetics?
   yes [ ]  no [ ]

102 Date assessed: __ __ __ __ - __ __

103 Was disease detected?
   yes [ ]  no [ ]

104 Was the status considered a disease relapse?
   yes [ ]  no [ ]

105 Was the disease status assessed by clinical / hematologic assessment?
   yes [ ]  no [ ]

106 Date assessed: __ __ __ __ - __ __

107 Was disease detected?
   yes [ ]  no [ ]

108 What is the current disease status?
   Complete [ ]
   - A treatment response where all of the following criteria are met for at least four weeks: <5% blasts in the bone marrow, normal maturation of all cellular components in the bone marrow (myeloid, erythroid, and megakaryocytic lineages), no blasts with Auer rods, no extramedullary disease (e.g., central nervous system or soft tissue involvement), ANC of >1,000/µL, Platelets ≥ 100,000/µL
   Not in complete remission [ ]

109 Date assessed: __ __ __ __ - __ __

First Name: ___________________________

Last Name: ___________________________

E-mail address: _______________________

Date: __ __ __ __ - __ __