ERROR CORRECTION FORM

Sequence Number: | | | | | | | | | | | | | | |

CIBMTR Recipient ID: | | | | | | | | | |

Visit:
☐ 100 day
☐ 6 month
☐ | | year

Today's Date: Month | | Day | | | 2 0 | | Year

Infusion Date: Month | | Day | | | 2 0 | | Year

CIBMTR Center Number: | | | | | |

Initials: | |

Form 2110 R3.0: Acute Myelogenous Leukemia (AML) Post-HCT Data

Center: CRID:

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 megacaryocytic 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

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ERROR CORRECTION FORM

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Today's Date: Month Day 20 Year | Infusion Date: Month Day 20 Year | CIBMTR Center Number: | Initials:

Form 2110 R3.0: Acute Myelogenous Leukemia (AML) Post-HCT Data

Center: CRID:

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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

Post-HCT Therapy **Questions: 21 - 43**

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☐ year

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Initials:

Form 2110 R3.0: Acute Myelogenous Leukemia (AML) Post-HCT Data

Center: CRID:

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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

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Form 2110 R3.0: Acute Myelogenous Leukemia (AML) Post-HCT Data

Center: CRID:

35 Intrathecal therapy

yes no

36 Mitoxantrone (Novantrone)

yes no

37 Sorafenib

yes no

38 Thioguanine (6-TG)

yes no

39 Other systemic therapy

yes no

40 Specify other systemic therapy: _____

41 Donor cellular infusions

yes no

42 Other therapy

yes no

43 Specify other therapy: _____

Disease Relapse Post-HCT

Questions: 44 - 85

44 Was a disease relapse detected by molecular testing (e.g. PCR)?

yes no

45 Date assessed: __ __ __ __ - __ __ - __ __

46 Was a disease relapse detected via flow cytometry?

yes no

47 Date assessed: __ __ __ __ - __ __ - __ __

48 Was a disease relapse detected by cytogenetic testing (conventional or FISH)?

yes no

49 Was a disease relapse detected via FISH?

yes no

50 Date assessed: __ __ __ __ - __ __ - __ __

51 Was a disease relapse detected via conventional cytogenetics?

yes no

52 Date assessed: __ __ __ __ - __ __ - __ __

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Form 2110 R3.0: Acute Myelogenous Leukemia (AML) Post-HCT Data

Center: CRID:

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53 Was a disease relapse detected by clinical / hematologic assessment?

yes no

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

Specify site(s) of disease relapse:

55 Blood

yes no

56 Bone marrow

yes no

57 Central nervous system

yes no

58 Skin

yes no

59 Soft tissue

yes no

60 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

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org.
Retain the original form at the transplant center.

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Form 2110 R3.0: Acute Myelogenous Leukemia (AML) Post-HCT Data

Center: CRID:

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68 Clofarabine

yes no

69 Cytarabine (Ara - C) ≤ 10 g/m2/cycle

yes no

70 Cytarabine (Ara – C) > 10 g/m2/cycle

yes no

71 Daunorubicin (Cerubidine)

yes no

72 Decitabine (Dacogen)

yes no

73 Etoposide (VP-16, VePesid)

yes no

74 Gemtuzumab (Mylotarg)

yes no

75 Idarubicin (Idamycin)

yes no

76 Intrathecal therapy

yes no

77 Mitoxantrone (Novantrone)

yes no

78 Sorafenib

yes no

79 Thioguanine (6-TG)

yes no

80 Other systemic therapy

yes no

81 Specify other systemic therapy: _____

82 Donor cellular infusions

yes no

83 Subsequent HCT

yes no

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Form 2110 R3.0: Acute Myelogenous Leukemia (AML) Post-HCT Data

Center: CRID:

84 Other therapy

yes no

85 Specify other therapy: _____

Disease Status at the Time of Evaluation for this Reporting Period

Questions: 86 - 109

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

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Form 2110 R3.0: Acute Myelogenous Leukemia (AML) Post-HCT Data

Center: CRID:

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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 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

109 Date assessed: __ __ __ __ - __ __ - __ __

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ - __ __ - __ __

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