**ERROR CORRECTION FORM**

**2111: Acute Lymphoblastic Leukemia Post-HSCT Data**

**Registry Use Only**

**Sequence Number:**

**Date Received:**

---

### Key Fields

| Sequence Number: |  |  |  |  |  |  |  |  |  |  |
|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| ELSE GOTO Date Received: |  |  |  |  |  |  |  |  |  |

**Date Received:**

- YYYY
- MM
- DD

**ELSE GOTO CIBMTR Center Number**

**CIBMTR Center Number:**

---

**CIBMTR Recipient ID:**

---

**ELSE GOTO Today's Date:**

**Today's Date:**

- YYYY
- MM
- DD

**ELSE GOTO Date of HSCT for which this form is being completed:**

**Date of HSCT for which this form is being completed:**

- YYYY
- MM
- DD

**ELSE GOTO Autologous**

**HSCT Type (check all that apply):**

- ☐ Autologous
- ☐ Allogeneic, unrelated
- ☐ Allogeneic, related
- ☐ Syngeneic (identical twin)

---

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Syngeneic (identical twin)
ELSE GOTO Marrow

Product type: (check all that apply)
☐ Marrow
ELSE GOTO PBSC

☐ PBSC
ELSE GOTO Cord blood

☐ Cord blood
ELSE GOTO Other product

☐ Other product
IF Other product:= checked
THEN GOTO Specify:
ELSE GOTO Visit:

Specify: __________________________
ELSE GOTO Visit:

Visit:
☐ 100 day
☐ 6 months
☐ 1 year
☐ 2 years
☐ > 2 years,
IF Visit::= > 2 years,
THEN GOTO Specify:
ELSE GOTO (1) Was planned treatment given per protocol since the date of the last report?

Specify: __________________________
ELSE GOTO (1) Was planned treatment given per protocol since the date of the last report?

---

Post-HSCT Planned Treatment for ALL

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.

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.)
   ☐ yes
   ☐ no

IF (1) Was planned treatment given per protocol since the date of the last report? := no
THEN GOTO (16) Was a complete remission (CR) ever achieved in response to the HSCT?
ELSE GOTO (2) Central nervous system irradiation

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:= no
THEN GOTO (13) Donor leukocyte infusions
ELSE GOTO (4) aldesleukin (interleukin-2, IL-2)

4 aldesleukin (interleukin-2, IL-2)
   O yes
   O no
ELSE GOTO (5) chemotherapy

5 chemotherapy
   O yes
   O no
ELSE GOTO (6) dasatinib (Sprycel)

6 dasatinib (Sprycel)
   O yes
   O no
ELSE GOTO (7) imatinib (Gleevec)

7 imatinib (Gleevec)
   O yes
   O no
ELSE GOTO (8) interferon-α (Referon-α)

8 interferon-α (Referon-α)
   O yes
   O no
ELSE GOTO (9) intrathecal drugs

9 intrathecal drugs
   O yes
   O no
ELSE GOTO (10) nilotinib (AMN107, Tasigna)

10 nilotinib (AMN107, Tasigna)
   O yes
   O no
ELSE GOTO (11) other therapy
11 other therapy
   □ yes
   □ no
   IF (11) other therapy := no
   THEN GOTO (13) Donor leukocyte infusions
   ELSE GOTO (12) Specify therapy:

12 Specify therapy: __________________________
   ELSE GOTO (13) Donor leukocyte infusions

13 Donor leukocyte infusions
   □ yes
   □ no
   ELSE GOTO (14) Other treatment

14 Other treatment
   □ yes
   □ no
   IF (14) Other treatment := no
   THEN GOTO (16) Was a complete remission (CR) ever achieved in response to the HSCT?
   ELSE GOTO (15) Specify treatment:

15 Specify treatment: __________________________
   ELSE GOTO (16) Was a complete remission (CR) ever achieved in response to the HSCT?

16 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.)
   □ recipient was already in CR at the start of the preparative regimen
   □ yes, post-HSCT CR was achieved
   □ no, CR was never achieved post-HSCT
   IF (16) Was a complete remission (CR) ever achieved in response to the HSCT? := recipient was already in CR at the
   start of the preparative regimen
   THEN GOTO (25) Has the disease relapsed since the date of the last report?
   ELSE GOTO (17) Date previously reported
   IF (16) Was a complete remission (CR) ever achieved in response to the HSCT? := no, CR was never achieved post-
   HSCT
   THEN GOTO (42) Was any treatment given for relapsed, persistent, or progressive disease since the date of the last
   report?
   ELSE GOTO (17) Date previously reported

17 □ Date previously reported
   ELSE GOTO Specify the date the clinical / hematologic CR was achieved:

   Specify the date the clinical / hematologic CR was achieved: ____________

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
ELSE GOTO (18) Did molecular testing confirm the presence of the CR?

18 Did molecular testing confirm the presence of the CR?
   O yes
   O no
   O not tested
IF (18) Did molecular testing confirm the presence of the CR?:= yes
THEN GOTO (19) Date the molecular CR was determined:
ELSE GOTO (20) Did cytogenetic testing confirm the presence of the CR?

19 Date the molecular CR was determined: ____________ ____________
   YYYY  MM  DD
ELSE GOTO (20) Did cytogenetic testing confirm the presence of the CR?

20 Did cytogenetic testing confirm the presence of the CR?
   O yes
   O no
   O not tested
IF (20) Did cytogenetic testing confirm the presence of the CR?:= no OR (20) Did cytogenetic testing confirm the presence of the CR?:= not tested
THEN GOTO (25) Has the disease relapsed since the date of the last report?
ELSE GOTO (21) Was FISH used to determine cytogenetic CR status?

21 Was FISH used to determine cytogenetic CR status?
   O yes
   O no
IF (21) Was FISH used to determine cytogenetic CR status?:= no
THEN GOTO (23) Were conventional cytogenetics used to determine cytogenetic CR status?
ELSE GOTO (22) Date the cytogenetic CR was determined via FISH:

22 Date the cytogenetic CR was determined via FISH: ____________ ____________
   YYYY  MM  DD
ELSE GOTO (23) Were conventional cytogenetics used to determine cytogenetic CR status?

23 Were conventional cytogenetics used to determine cytogenetic CR status?
   O yes
   O no
IF (23) Were conventional cytogenetics used to determine cytogenetic CR status?:= no
THEN GOTO (25) Has the disease relapsed since the date of the last report?
ELSE GOTO (24) Date the cytogenetic CR was determined via conventional cytogenetics:

24 Date the cytogenetic CR was determined via conventional cytogenetics: ____________ ____________
   YYYY  MM  DD
ELSE GOTO (25) Has the disease relapsed since the date of the last report?
Has the disease relapsed since the date of the last report?

- Yes
- No

If the disease has relapsed since the last report, refer to:

1. Molecular assessment
2. Cytogenetic assessment
3. Clinical / hematologic assessment

If the disease has not relapsed since the last report, refer to:

1. Date of molecular assessment
2. Was there evidence of disease?
3. Was the status considered a disease relapse or progression?
4. Cytogenetic assessment
5. Was the disease assessed via FISH?
6. Date of FISH test
7. Was there evidence of disease?
33 Was there evidence of disease?
   O yes
   O no
   IF (33) Was there evidence of disease?:= no
      THEN GOTO (35) Was the disease assessed via conventional cytogenetics?
   ELSE GOTO (34) Was the status considered a disease relapse or progression?

34 Was the status considered a disease relapse or progression?
   O yes
   O no
   ELSE GOTO (35) Was the disease assessed via conventional cytogenetics?

35 Was the disease assessed via conventional cytogenetics?
   O yes
   O no
   IF (35) Was the disease assessed via conventional cytogenetics?:= no
      THEN GOTO (39) Clinical / hematologic assessment
   ELSE GOTO (36) Date of conventional cytogenetic test:

36 Date of conventional cytogenetic test: — — — — — — — — — — YYYY MM DD
   ELSE GOTO (37) Was there evidence of disease?

37 Was there evidence of disease?
   O yes
   O no
   IF (37) Was there evidence of disease?:= no
      THEN GOTO (39) Clinical / hematologic assessment
   ELSE GOTO (38) Was the status considered a disease relapse or progression?

38 Was the status considered a disease relapse or progression?
   O yes
   O no
   ELSE GOTO (39) Clinical / hematologic assessment

39 Clinical / hematologic assessment
   O yes
   O no
   IF (39) Clinical / hematologic assessment?:= no
      THEN GOTO (42) Was any treatment given for relapsed, persistent, or progressive disease since the date of the last report?
      ELSE GOTO (40) Date of clinical / hematologic assessment:

40 Date of clinical / hematologic assessment: — — — — — — — — — — YYYY MM DD
   ELSE GOTO (41) Was there evidence of disease?

41 Was there evidence of disease?
   O yes
   O no
   ELSE GOTO (42) Was any treatment given for relapsed, persistent, or progressive disease since the date of the last report?

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ERROR CORRECTION FORM

Post-HSCT Treatment for ALL

42. Was any treatment given for relapsed, persistent, or progressive disease since the date of the last report?
   - O yes
   - O no

   IF (42) Was any treatment given for relapsed, persistent, or progressive disease since the date of the last report?: = no
   THEN GOTO (58) Was the disease status assessed since the date of the last report?
   ELSE GOTO (43) Central nervous system irradiation

   Specify treatment(s) given:
   43. Central nervous system irradiation
      - O yes
      - O no

   ELSE GOTO (44) Systemic / intrathecal therapy

44. Systemic / intrathecal therapy
   - O yes
   - O no

   IF (44) Systemic / intrathecal therapy:= no
   THEN GOTO (54) Donor leukocyte infusions
   ELSE GOTO (45) aldesleukin (interleukin-2, IL-2)

   Specify systemic / intrathecal therapy given:
   45. aldesleukin (interleukin-2, IL-2)
      - O yes
      - O no

   ELSE GOTO (46) chemotherapy

46. chemotherapy
   - O yes
   - O no

   ELSE GOTO (47) dasatinib (Sprycel)

47. dasatinib (Sprycel)
   - O yes
   - O no

   ELSE GOTO (48) imatinib (Gleevec)

48. imatinib (Gleevec)
   - O yes
   - O no
ELSE GOTO (49) interferon-α (Referon-α)

49  interferon-α (Referon-α)
    O  yes
    O  no
ELSE GOTO (50) intrathecal drugs

50  intrathecal drugs
    O  yes
    O  no
ELSE GOTO (51) nilotinib (AMN107, Tasigna)

51  nilotinib (AMN107, Tasigna)
    O  yes
    O  no
ELSE GOTO (52) other therapy

52  other therapy
    O  yes
    O  no
IF (52) other therapy:= no
    THEN GOTO (54) Donor leukocyte infusions
    ELSE GOTO (53) Specify therapy:

    53 Specify therapy: __________________________
ELSE GOTO (54) Donor leukocyte infusions

54  Donor leukocyte infusions
    O  yes
    O  no
ELSE GOTO (55) Subsequent HSCT

55  Subsequent HSCT
    O  yes
    O  no
ELSE GOTO (56) Other treatment

56  Other treatment
    O  yes
    O  no
IF (56) Other treatment:= no
    THEN GOTO (58) Was the disease status assessed since the date of the last report?
    ELSE GOTO (57) Specify treatment:

    57 Specify treatment: __________________________
ELSE GOTO (58) Was the disease status assessed since the date of the last report?
CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ _

<table>
<thead>
<tr>
<th>Disease Status at the Time of Assessment for This Reporting Period</th>
<th>Questions: 58-76</th>
</tr>
</thead>
<tbody>
<tr>
<td>58 Was the disease status assessed since the date of the last report?</td>
<td></td>
</tr>
<tr>
<td>O yes</td>
<td></td>
</tr>
<tr>
<td>O yes, is the same assessment as 25-41, as no treatment was given</td>
<td></td>
</tr>
<tr>
<td>O no</td>
<td></td>
</tr>
<tr>
<td>IF (58) Was the disease status assessed since the date of the last report?:= yes, is the same assessment as 25-41, as no treatment was given OR (58) Was the disease status assessed since the date of the last report?:= no</td>
<td></td>
</tr>
<tr>
<td>THEN GOTO (75) What is the current disease status?</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO (59) Current molecular assessment</td>
<td></td>
</tr>
</tbody>
</table>

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

| 59 Current molecular assessment | |
| O yes | |
| O no | |
| IF (59) Current molecular assessment:= no | |
| THEN GOTO (63) Current cytogenetic assessment | |
| ELSE GOTO (60) Date of molecular assessment | |

<table>
<thead>
<tr>
<th>60 Date of molecular assessment</th>
<th>___ ___ ___ ___ ___ ___ YY MM DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELSE GOTO (61) Was there evidence of disease?</td>
<td></td>
</tr>
<tr>
<td>O yes</td>
<td></td>
</tr>
<tr>
<td>O no</td>
<td></td>
</tr>
<tr>
<td>IF (61) Was there evidence of disease?:= no</td>
<td></td>
</tr>
<tr>
<td>THEN GOTO (63) Current cytogenetic assessment</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO (62) Was the status considered a relapse or persistent disease?</td>
<td></td>
</tr>
</tbody>
</table>

| 62 Was the status considered a relapse or persistent disease? | |
| O yes | |
| O no | |
| ELSE GOTO (63) Current cytogenetic assessment | |

| 63 Current cytogenetic assessment | |
| O yes | |
| O no | |
| IF (63) Current cytogenetic assessment:= no | |
| THEN GOTO (72) Current clinical / hematologic assessment | |
| ELSE GOTO (64) Was the disease status assessed via FISH? | |

| 64 Was the disease status assessed via FISH? | |
| O yes | |
| O no | |
IF (64) Was the disease status assessed via FISH?: = no
THEN GOTO (68) Was the disease status assessed via conventional cytogenetics?
ELSE GOTO (65) Date of FISH test:

65 Date of FISH test: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
ELDD GOTO (66) Was there evidence of disease?

66 Was there evidence of disease?
O yes
O no
IF (66) Was there evidence of disease?: = no
THEN GOTO (68) Was the disease status assessed via conventional cytogenetics?
ELSE GOTO (67) Was the status considered a relapse or persistent disease?

67 Was the status considered a relapse or persistent disease?
O yes
O no
ELSE GOTO (68) Was the disease status assessed via conventional cytogenetics?

68 Was the disease status assessed via conventional cytogenetics?
O yes
O no
IF (68) Was the disease status assessed via conventional cytogenetics?: = no
THEN GOTO (72) Current clinical / hematologic assessment
ELSE GOTO (69) Date of conventional cytogenetic test:

69 Date of conventional cytogenetic test: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
ELDD GOTO (70) Was there evidence of disease?

70 Was there evidence of disease?
O yes
O no
IF (70) Was there evidence of disease?: = no
THEN GOTO (72) Current clinical / hematologic assessment
ELSE GOTO (71) Was the status considered a relapse or persistent disease?

71 Was the status considered a relapse or persistent disease?
O yes
O no
ELSE GOTO (72) Current clinical / hematologic assessment

72 Current clinical / hematologic assessment
O yes
O no
IF (72) Current clinical / hematologic assessment?: = no
THEN GOTO (75) What is the current disease status?
ELSE GOTO (73) Date of the clinical / hematologic assessment:
### ERROR CORRECTION FORM

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

Today's Date:  
- Month:  
- Day:  
- Year:  

Infusion Date:  
- Month:  
- Day:  
- Year:  

CIBMTR Center Number:  

<table>
<thead>
<tr>
<th>CIBMTR Center Number:</th>
<th>CIBMTR Recipient ID:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**73** Date of the clinical / hematologic assessment:   
- YYYY - MM - DD  

ELSE GOTO (74) Was there evidence of disease?  

**74** Was there evidence of disease?  
- O yes  
- O no  

ELSE GOTO (75) What is the current disease status?  

**75** What is the current disease status?  
- O complete remission  
- O not in complete remission  

ELSE GOTO (76) Date the current disease status was established in this reporting period:  

**76** Date the current disease status was established in this reporting period:   
- YYYY - MM - DD  

ELSE GOTO First name  

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>Phone number:</th>
<th>Fax number:</th>
<th>E-mail address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

ELSE GOTO Last name  

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Phone number:</th>
<th>Fax number:</th>
<th>E-mail address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

ELSE GOTO Phone number:  

<table>
<thead>
<tr>
<th>Phone number:</th>
<th>Fax number:</th>
<th>E-mail address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

ELSE GOTO Fax number:  

<table>
<thead>
<tr>
<th>Fax number:</th>
<th>E-mail address:</th>
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<tr>
<td></td>
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</table>

ELSE GOTO E-mail address:  

<table>
<thead>
<tr>
<th>E-mail address:</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

ELSE GOTO End of Form