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Form 2111 R3.0: Acute Lymphoblastic Leukemia (ALL) Post-HCT Data

Center: _____ CRID: _____

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 - 37

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Month		Day		Year		Month		Day		Year	

Form 2111 R3.0: Acute Lymphoblastic Leukemia (ALL) Post-HCT Data

Center: _____ CRID: _____

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 Aldesleukin (interleukin-2, IL-2)

yes no

25 Asparaginase

yes no

26 Chemotherapy

yes no

27 Dasatinib (Sprycel)

yes no

28 Imatinib (Gleevec)

yes no

29 Interferon- α (Intron, Roferon) (includes PEG)

yes no

30 Intrathecal therapy

yes no

31 Nilotinib (AMN107, Tasignal)

yes no

32 Rituximab (Rituxan, MabThera)

yes no

33 Other systemic therapy

yes no

34 Specify other systemic therapy: _____

35 Donor cellular infusions

yes no

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Form 2111 R3.0: Acute Lymphoblastic Leukemia (ALL) Post-HCT Data

Center: _____ CRID: _____

36 Other therapy

yes no

37 Specify other therapy: _____

Disease Relapse Post-HCT

Questions: 38 - 72

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

yes no

39 Date assessed: _____ - ____ - ____

40 Was a disease relapse detected via flow cytometry?

yes no

41 Date assessed: _____ - ____ - ____

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

yes no

43 Was a disease relapse detected via FISH?

yes no

44 Date assessed: _____ - ____ - ____

45 Was a disease relapse detected via conventional cytogenetics?

yes no

46 Date assessed: _____ - ____ - ____

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

yes no

48 Date assessed: _____ - ____ - ____

Specify site(s) of disease relapse:

49 Blood

yes no

50 Bone marrow

yes no

51 Central nervous system

yes no

52 Testes

yes no

53 Other site(s)

yes no

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Month	Day	20	Year	Month	Day	20	Year			

Form 2111 R3.0: Acute Lymphoblastic Leukemia (ALL) Post-HCT Data

Center: _____ CRID: _____

54 Specify other site(s): _____

55 Was any therapy given for relapsed disease since the date of the last report?

yes no

Specify therapy given:

56 Central nervous system irradiation

yes no

57 Systemic therapy

yes no

Specify systemic therapy given:

58 Aldesleukin (interleukin-2, IL-2)

yes no

59 Asparaginase

yes no

60 Chemotherapy

yes no

61 Dasatinib (Sprycel)

yes no

62 Imatinib (Gleevec)

yes no

63 Interferon- α (Intron, Roferon) (includes PEG)

yes no

64 Intrathecal therapy

yes no

65 Nilotinib (AMN107, Tasigna)

yes no

66 Rituximab (Rituxan, MabThera)

yes no

67 Other systemic therapy

yes no

68 Specify other systemic therapy: _____

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Form 2111 R3.0: Acute Lymphoblastic Leukemia (ALL) Post-HCT Data

Center: _____ CRID: _____

69 Donor cellular infusions

yes no

70 Subsequent HCT

yes no

71 Other therapy

yes no

72 Specify other therapy: _____

Disease Status at the Time of Evaluation for This Reporting Period

Questions: 73 - 96

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

yes no

74 Does the disease assessment reflect the relapsed disease in this reporting period (as captured in questions 38-54), without subsequent therapy?

yes no

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

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

yes no

76 Date assessed: ____ - ____ - ____

77 Was disease detected?

yes no

78 Was the status considered a disease relapse?

yes no

79 Was the disease status assessed via flow cytometry?

yes no

80 Date assessed: ____ - ____ - ____

81 Was disease detected?

yes no

82 Was the status considered a disease relapse?

yes no

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

yes no

84 Was the disease status assessed via FISH?

yes no

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Form 2111 R3.0: Acute Lymphoblastic Leukemia (ALL) Post-HCT Data

Center: _____ CRID: _____

85 Date assessed: ____-____-____

86 Was disease detected?

yes no

87 Was the status considered a disease relapse?

yes no

88 Was the disease status assessed via conventional cytogenetics?

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 by clinical / hematologic assessment?

yes no

93 Date assessed: ____-____-____

94 Was disease detected?

yes no

95 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 extramedullary disease (e.g., central nervous system or soft tissue involvement), ANC of >1,000/ μ L, platelets \geq 100,000/ μ L, transfusion independent
- Not in complete remission

96 Date assessed: ____-____-____

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____-____-____

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