Post-HSCT Planned Treatment for CML

1. Was planned treatment given per protocol since the date of the last report? (Include any maintenance therapy, but exclude any treatment for relapse or progressive disease.)
   1. yes
   2. no

Specify treatment(s) given:

2. Donor cellular infusions (e.g., DLI)
   1. yes
   2. no

3. Interferon α
   1. yes
   2. no

4. Date interferon α started:

5. Date interferon α stopped:

6. Intrathecal drugs
   1. yes
   2. no

7. Tyrosine kinase inhibitors
   1. yes
   2. no

Specify tyrosine kinase inhibitors given:

8. 1. yes 2. no dasatinib (Sprycel)
9. 1. yes 2. no imatinib (Gleevec)
10. 1. yes 2. no nilotinib (AMN107, Tasigna)

11. Other treatment
   1. yes
   2. no

12. Specify other treatment: __________________________

Mail this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
13. 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.)

1. disease was in remission at the time of the preparative regimen
2. yes, post-HSCT CR was achieved
3. no, CR was never achieved post-HSCT

14. Specify the date complete remission was achieved: 
Month Day Year

15. Was the date and disease assessment method for this CR previously reported?
1. yes
2. no

16. Did molecular testing confirm the presence of the complete remission?
1. yes
2. no
3. not tested

17. Specify the date the molecular CR was determined: 
Month Day Year

18. Did cytogenetic testing confirm the presence of the complete remission?
1. yes
2. no
3. not tested

19. Was FISH used to determine cytogenetic CR status?
1. yes
2. no

20. Specify the date the cytogenetic CR was determined via FISH: 
Month Day Year

21. Were conventional cytogenetics used to determine cytogenetic CR status?
1. yes
2. no

22. Specify the date the cytogenetic CR was determined via conventional cytogenetics: 
Month Day Year
Disease Relapse and/or Progression Post-HSCT

23. Has the disease relapsed or progressed since the date of the last report?
   1 □ yes
   2 □ no

   If disease status is CR or persistent disease without progression, continue with question 40.

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

24. Molecular assessment
   1 □ yes
   2 □ no

   25. Date of the molecular assessment:
       Month  Day  20  Year

26. Was there evidence of disease?
   1 □ yes
   2 □ no

   27. Was the status considered a disease relapse or progression?
       1 □ yes
       2 □ no

28. Cytogenetic assessment
   1 □ yes
   2 □ no

   29. Was the disease relapse / progression assessed via FISH?
       1 □ yes
       2 □ no

   30. Date of FISH test:
       Month  Day  20  Year

   31. Was there evidence of disease?
       1 □ yes
       2 □ no

   32. Was the status considered a disease relapse or progression?
       1 □ yes
       2 □ no

33. Was the disease relapse / progression assessed via conventional cytogenetics?
   1 □ yes
   2 □ no

   34. Date of conventional cytogenetic test:
       Month  Day  20  Year

   35. Was there evidence of disease?
       1 □ yes
       2 □ no

   36. Was the status considered a disease relapse or progression?
       1 □ yes
       2 □ no
Post-HSCT Treatment for CML

40. Was any treatment given in response to a disease assessment (i.e., persistent, relapsed or progressive disease) since the date of the last report?
   1 ☐ yes
   2 ☐ no

Specify treatment(s) for persistent or recurrent CML:

41. Systemic therapy
   1 ☐ yes
   2 ☐ no

54. Donor cellular infusions (e.g., DLI)
   1 ☐ yes
   2 ☐ no

55. Subsequent HSCT
   1 ☐ yes
   2 ☐ no

56. Withdrawal of immunosuppression
   1 ☐ yes
   2 ☐ no

57. Other treatment
   1 ☐ yes
   2 ☐ no

59. Specify the degree of disease response to treatment(s):
   1 ☐ hematologic response
   2 ☐ cytogenetic response
   3 ☐ molecular response

60. Specify the Philadelphia chromosome positive metaphases:
   1 ☐ known
   2 ☐ not known

61. Date disease response established:
   Month Day Year

Post-HSCT Treatment for CML

40. Was any treatment given in response to a disease assessment (i.e., persistent, relapsed or progressive disease) since the date of the last report?
   1 ☐ yes
   2 ☐ no

Specify treatment(s) for persistent or recurrent CML:

41. Systemic therapy
   1 ☐ yes
   2 ☐ no

54. Donor cellular infusions (e.g., DLI)
   1 ☐ yes
   2 ☐ no

55. Subsequent HSCT
   1 ☐ yes
   2 ☐ no

56. Withdrawal of immunosuppression
   1 ☐ yes
   2 ☐ no

57. Other treatment
   1 ☐ yes
   2 ☐ no

59. Specify the degree of disease response to treatment(s):
   1 ☐ hematologic response
   2 ☐ cytogenetic response
   3 ☐ molecular response

60. Specify the Philadelphia chromosome positive metaphases:
   1 ☐ known
   2 ☐ not known

61. Date disease response established:
   Month Day Year
### Disease Status at the Time of Assessment for This Reporting Period

62. Was the disease status assessed since the date of the last report?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Method</th>
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</tr>
<tr>
<td>Current cytogenetic assessment</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>Current clinical / hematologic assessment</td>
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64. Date of the molecular assessment:

<table>
<thead>
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<th>Month</th>
<th>Day</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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65. Was there evidence of disease?

<table>
<thead>
<tr>
<th></th>
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<tbody>
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67. Current cytogenetic assessment

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</table>

68. Was the disease status assessed via FISH?

<table>
<thead>
<tr>
<th></th>
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69. Date of FISH test:

<table>
<thead>
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</thead>
<tbody>
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</table>

70. Was there evidence of disease?

<table>
<thead>
<tr>
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<th>no</th>
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<tbody>
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72. Was the disease status assessed via conventional cytogenetics?

<table>
<thead>
<tr>
<th></th>
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73. Date of conventional cytogenetic test:

<table>
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<tbody>
<tr>
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<td></td>
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</table>

74. Was there evidence of disease?

<table>
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<th>yes</th>
<th>no</th>
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76. Current clinical / hematologic assessment

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
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<tbody>
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77. Date of the clinical / hematologic assessment:

<table>
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<tr>
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<th>Day</th>
<th>Year</th>
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<tbody>
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<td>2000</td>
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78. Was the status considered a relapse, progression, or persistent disease?

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<tr>
<th></th>
<th>yes</th>
<th>no</th>
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</tbody>
</table>
79. What is the current disease status?
   1. □ complete remission
   2. □ not in complete remission

80. Date the current disease status was established in this reporting period: [ ] [ ] [20 ]

81. Signed: ____________________________

   Person completing form

   Please print name: ____________________________

   Phone number: (_________) ____________________________

   Fax number: (_________) ____________________________

   E-mail address: ____________________________