ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Visit:
☐ 100 day
☐ 6 month
☐ year

Today's Date: Month Day 20 Year

Infusion Date: Month Day 20 Year

CIBMTR Center Number:

Initials:

Form 2112 R2.0: Chronic Myelogenous Leukemia (CML) Post-HSCT Data

Center: CRID:

Key Fields

Sequence Number: _____

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

CIBMTR Center Number _____

CIBMTR Recipient ID: _____

Today's Date: __ __ __ __ - __ __- __ __

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

HSCT type: (check all that apply)

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

Product type: (check all that apply)

- Marrow
- PBSC
- Cord blood
- Other product

Specify: _____

Visit:

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

Specify: _____

Post-HSCT Planned Treatment for CML

Questions: 1 - 12

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.)

yes no

Specify treatment(s) given:

2 Donor cellular infusions (e.g., DLI)

yes no

3 Interferon α

yes no

4 Date interferon α started: __ __ __ __ - __ __- __ __

5 Date interferon α stopped: __ __ __ __ - __ __- __ __

6 Intrathecal drugs

yes no

7 Tyrosine kinase inhibitors

yes no

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Specify tyrosine kinase inhibitors given:

8 dasatinib (Sprycel)

yes no

9 imatinib (Gleevec)

yes no

10 nilotinib (AMN107, Tasigna)

yes no

11 Other treatment

yes no

12 Specify other treatment: _____

Disease Assessment at the Time of Best Response to the HSCT

Questions: 13 - 22

13 Was a complete remission (CR) ever achieved in response to the HCST? (Include any therapy planned as of Day 0, but exclude any change in therapy in response to a disease assessment.)

disease was in remission at the time of the preparative regimen

yes, post-HSCT CR was achieved

no, CR was never achieved post-HSCT

14 Was the date and disease assessment method for this CR previously reported?

yes no

15 Specify the date complete remission was achieved: __ __ __ __ - __ __- __ __

Laboratory Studies Supporting Best Response (Including Planned Therapy)

16 Did molecular testing confirm the presence of the complete remission?

yes no Not tested

17 Specify the date the molecular CR was determined: __ __ __ __ - __ __- __ __

18 Did cytogenetic testing confirm the presence of the complete remission?

yes no Not tested

19 Was FISH used to determine cytogenetic CR status?

yes no

20 Specify the date the cytogenetic CR was determined via FISH: __ __ __ __ - __ __- __ __

21 Were conventional cytogenetics used to determine cytogenetic CR status?

yes no

22 Specify the date the cytogenetic CR was determined via conventional cytogenetics: __ __ __ __ - __ __- __ __

Disease Relapse and/or Progression Post-HSCT

Questions: 23 - 39

23 Has the disease relapsed or progressed since the date of the last report?

yes no

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Center: CRID:

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

24 Molecular assessment

yes no

25 Date of molecular assessment: __ __ __ __ - __ __- __ __

26 Was there evidence of disease?

yes no

27 Was the status considered a disease relapse or progression?

yes no

28 Cytogenetic assessment

yes no

29 Was the disease relapse / progression assessed via FISH?

yes no

30 Date of FISH test: __ __ __ __ - __ __- __ __

31 Was there evidence of disease?

yes no

32 Was the status considered a disease relapse or progression?

yes no

33 Was the disease relapse / progression assessed via conventional cytogenetics?

yes no

34 Date of conventional cytogenetic test: __ __ __ __ - __ __- __ __

35 Was there evidence of disease?

yes no

36 Was the status considered a disease relapse or progression?

yes no

37 Clinical / hematologic assessment

yes no

38 Date of the clinical / hematologic assessment: __ __ __ __ - __ __- __ __

39 Was there evidence of disease?

yes no

Post-HSCT Treatment for CML

Questions: 40 - 62

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?

yes no

Specify treatment(s) for persistent or recurrent CML:

41 Systemic therapy

yes no

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Center: CRID:

Specify chemotherapy drug(s) given for persistent or recurrent CML:

42 anagrelide (Agrylin)

yes no

43 Busulfan

yes no

44 Cytarabine (Ara-C)

yes no

45 dasatinib (Sprycel)

yes no

46 homoharringtonine (HHT)

yes no

47 hydroxyurea (Droxia, Hydrea)

yes no

48 Idarubicin (Idamycin)

yes no

49 imatinib (Gleevec)

yes no

50 interferon α (Referon α)

yes no

51 nilotinib (AMN107, Tasigna)

yes no

52 other systemic agent

yes no

53 Specify other systemic agent: _____

54 Donor cellular infusions (e.g., DLI)

yes no

55 Subsequent HCST

yes no

56 Withdrawal of immunosuppression

yes no

57 Other treatment

yes no

58 Specify other treatment: _____

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Retain the original form at the transplant center.

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Center: CRID:

59 Specify the degree of disease response to treatment(s):

- hematologic response
- cytogenetic response
- molecular response

60 Specify the Philadelphia chromosome positive metaphases:

Known Not known

61 _____ %

62 Date disease response established: __ __ __ __ - __ __- __ __

Disease Status at the Time of Assessment for This Reporting Period

Questions: 63 - 81

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

yes no

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

64 Current molecular assessment

yes no

65 Date of the molecular assessment: __ __ __ __ - __ __- __ __

66 Was there evidence of disease?

yes no

67 Was the status considered a disease relapse, progression, or persistent disease?

yes no

68 Current cytogenetic assessment

yes no

69 Was the disease status assessed via FISH?

yes no

70 Date of FISH test: __ __ __ __ - __ __- __ __

71 Was there evidence of disease?

yes no

72 Was the status considered a disease relapse, progression, or persistent disease?

yes no

73 Was the disease status assessed via conventional cytogenetics? yes no

74 Date of conventional cytogenetic test: __ __ __ __ - __ __- __ __

75 Was there evidence of disease?

yes no

76 Was the status considered a disease relapse, progression, or persistent disease?

yes no

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77 Current clinical / hematologic assessment

yes no

78 Date of the clinical / hematologic assessment: __ __ __ __ - __ __- __ __

79 Was the status considered a relapse, progression, or persistent disease?

yes no

80 What is the current disease status?

complete remission

Not in complete remission

81 Date the current disease status was established in this reporting period: __ __ __ __ - __ __- __ __

First Name: _____ Last Name: _____

Phone number: _____ Fax number: _____

E-mail address: _____

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