**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 ☐

2. Specify treatment(s) given:
   - 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 ☐
**Specify tyrosine kinase inhibitors given:**

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<thead>
<tr>
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<tbody>
<tr>
<td>8.</td>
<td>dasatinib (Sprycel)</td>
<td></td>
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<tr>
<td></td>
<td>yes</td>
<td>no</td>
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<td>9.</td>
<td>imatinib (Gleevec)</td>
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<td></td>
<td>yes</td>
<td>no</td>
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<td>10.</td>
<td>nilotinib (AMN107, Tasigna)</td>
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<td></td>
<td>yes</td>
<td>no</td>
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<td>11.</td>
<td>Other treatment</td>
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<td></td>
<td>yes</td>
<td>no</td>
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</table>

**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 HSCT? (Include any therapy planned as of Day 0, but exclude any change in therapy in response to a disease assessment.)

   - 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: __ __ __ __ - __ __ __ __

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

   - yes
   - no
FISH used to determine cytogenetic CR status

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

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

   - yes
   - no

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

| Question | Molecular assessment | Date of molecular assessment | Was there evidence of disease? | Was the status considered a disease relapse or progression? | Cytogenetic assessment | Date of FISH test | Was there evidence of disease? | Was the status considered a disease relapse or progression? | Was the disease relapse / progression assessed via conventional cytogenetics? | Date of conventional cytogenetic test | Was there evidence of disease? | Was the status considered a disease relapse or progression? | Clinical / hematologic assessment | Date of the clinical / hematologic assessment | Was there evidence of disease? | Post-HSCT Treatment for CML | Questions: 40 - 62 |
|----------|---------------------|-----------------------------|-------------------------------|----------------------------------------------------------|------------------------|---------------------|-------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------|-------------------------------|----------------------------------------------------------|----------------------------------------------------------|-----------------------------|----------------------------------------------------------|-------------------------------|----------------------------------------------------------|-----------------------------|
| 24       | yes                 |                             |                               |                                                          | yes                    |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | yes                     |                                                          |                               |                                                          | yes                     |
| 25       |                     |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | no                      |
| 26       |                     |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | no                      |
| 27       |                     |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | no                      |
| 28       | yes                 |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | no                      |
| 29       |                     |                             |                               |                                                          | yes                    |                     |                               |                                                          | no                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | no                      |
| 30       |                     |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | no                      |
| 31       |                     |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | no                      |
| 32       |                     |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | no                      |
| 33       | yes                 |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | no                      |
| 34       |                     |                             |                               |                                                          | yes                    |                     |                               |                                                          | no                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | yes                     |
| 35       |                     |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | yes                     |
| 36       |                     |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | yes                     |
| 37       | yes                 |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | yes                     |
| 38       |                     |                             |                               |                                                          | yes                    |                     |                               |                                                          | no                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | yes                     |
| 39       |                     |                             |                               |                                                          | no                     |                     |                               |                                                          | yes                                                                      |                               | yes                            |                                                          |                                                          | no                      |                                                          |                               |                                                          | yes                     |

**Post-HSCT Treatment for CML**

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<thead>
<tr>
<th>Question</th>
<th>Specify treatment(s) for persistent or recurrent CML:</th>
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<tbody>
<tr>
<td>40</td>
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<tr>
<td>41</td>
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Specify chemotherapy drug(s) given for persistent or recurrent CML:

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug Name</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>42</td>
<td>anagrelide (Agrylin)</td>
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<tr>
<td>43</td>
<td>Busulfan</td>
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<td>44</td>
<td>Cytarabine (Ara-C)</td>
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<td>45</td>
<td>dasatinib (Sprycel)</td>
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<td>46</td>
<td>homoharringtonine (HHT)</td>
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<td>47</td>
<td>hydroxyurea (Droxia, Hydrea)</td>
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<td>48</td>
<td>Idarubicin (Idamycin)</td>
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<td>49</td>
<td>imatinib (Gleevec)</td>
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<td>50</td>
<td>interferon α (Referon α)</td>
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<td>51</td>
<td>nilotinib (AMN107, Tasigna)</td>
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<td>52</td>
<td>other systemic agent</td>
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<td>53</td>
<td>Specify other systemic agent:</td>
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<tr>
<td>54</td>
<td>Donor cellular infusions (e.g., DLI)</td>
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<td>55</td>
<td>Subsequent HCST</td>
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<td>56</td>
<td>Withdrawal of immunosuppression</td>
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<td>57</td>
<td>Other treatment</td>
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<tr>
<td>58</td>
<td>Specify other treatment:</td>
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Specify other systemic agent:

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Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
Specify the degree of disease response to treatment(s):

- Hematologic response
- Cytogenetic response
- Molecular response

Specify the Philadelphia chromosome positive metaphases:

- Known
- Not known

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

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

- Yes
- No

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

- Current molecular assessment
- Current cytogenetic assessment
- Current FISH test

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

Was there evidence of disease?

- Yes
- No

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

- Yes
- No

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

Was there evidence of disease?

- Yes
- No

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

- Yes
- No

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

Was there evidence of disease?

- Yes
- No

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

- Yes
- No
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: __________________________