### Key Fields

#### Registry Use Only:
- **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:
- **Autologous**
- **Allogeneic, unrelated**
- **Allogeneic, related**
- **Syngeneic (identical twin)**

#### Product type:
- **Marrow**
- **PBSC**
- **Cord blood**
- **Other product**
  - **Specify:**

#### Visit:
- **100 day**
- **6 months**
- **1 year**
- **2 years**
- **> 2 years**
  - **Specify:**

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**Form 2113 R2.0: Chronic Lymphocytic Leukemia Post-HSCT Data**

**Center:**
**CRID:**

### Disease Assessment at the Time of Best Response to HSCT

Questions: 1 - 2

Best response is based on response to the HSCT, but does NOT include response to any therapy given for disease relapse or progression post-HSCT. When determining the best response to HSCT, compare the post-HSCT disease status to the status immediately prior to the preparative regimen, regardless of time since HSCT. This comparison is meant to capture the BEST disease status in response to HSCT that occurred in the reporting interval, even if a subsequent disease relapse or progression occurred during the same reporting interval. If a recipient already achieved their best response in a previous reporting interval, confirm the best response and check the box to indicate “date previously reported.”

1. Compared to the disease status prior to the preparative regimen, what was the best response to HSCT since the date of the last report? (Include response to any planned post-HSCT treatment.)
   - complete response (CR) - no lymphadenopathy; no organomegaly; neutrophils >1.5 x 10^9/L; platelets > 100 x 10^9/L; hemoglobin > 11g/dL; lymphocytes < 4 x 10^9/L; bone marrow < 30% lymphocytes; absence of constitutional symptoms
   - nodular partial response (NPR) - complete response with persistent lymphoid nodules in bone marrow
   - partial response (PR) - ≥50% decrease in peripheral blood lymphocyte count from pretreatment value; ≥50% reduction in lymphadenopathy if present pretreatment; ≥50% reduction in liver and spleen size if enlarged pretreatment; one or more of the following: neutrophils ≥1.5 x 10^9/L or 50% improvement over baseline, platelets > 100 x 10^9/L or 50% improvement over baseline
   - stable disease (SD) - no change; not complete response; partial response; nor progressive disease
   - progressive disease (Prog) - one or more of the following: ≥50% increase in the sum of the products of ≥ 2 lymph nodes (≥ 1 node must be ≥ 2 cm) or new nodes; ≥ 50% increase in liver or spleen size, or new hepatomegaly or splenomegaly; ≥ 50% increase in absolute lymphocyte count to ≥ 5 x 10^9/L; transformation to a more aggressive histology
   - untreated - no chemotherapy given in the 6 months prior to HSCT
   - Not assessed

2. Date of best response was previously reported

   Date best response first began: __ __ __ __ __ __ __ __

### Laboratory Studies Supporting Best Response to HSCT

Questions: 3 - 9

3. Was molecular testing/immunophenotyping performed at the time of the disease assessment for best response to HSCT reported at question 1?
   - yes
   - no

   Specify the testing method(s) used:
   - Immunophenotyping (4 color flow cytometry)
     - yes
     - no

5. Specify the date immunophenotyping was performed: __ __ __ __ __ __ __ __ __ __ __

6. Was disease detected?
   - yes
   - no

7. Heavy chain gene rearrangement (ASO-PCR)
   - yes
   - no

8. Specify the date the heavy chain gene rearrangement testing was performed: __ __ __ __ __ __ __ __ __ __ __

9. Was disease detected?
   - yes
   - no

### Post-HSCT Planned Treatment for CLL

Questions: 10 - 22

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

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Specify the treatment(s) given:

11 Chemotherapy
   yes  no

12 Radiation
   yes  no

13 Immune therapy/monoclonal antibody (mAb)
   yes  no
   Specify treatment(s) given:
   14 aldesleukin (interleukin-2, IL-2)
      yes  no
   15 Alemtuzumab (Campath)
      yes  no
   16 Rituximab (anti-CD20, Rituxan)
      yes  no
   17 other mAb
      yes  no
   18 Specify other mAb: ________________________

Disease Relapse or Progression Post-HSCT

23 Was a disease relapse or progression detected by any method since the date of the last report?
   yes  no

24 Date disease relapse or progression was detected: __ __ __ __ - __ __ __ __

25 Was molecular testing performed at the time of disease relapse or progression?
   yes  no
   Specify the testing method(s) used:
   26 Immunophenotyping (4 color flow cytometry)
      yes  no
   27 Specify the date immunophenotyping was performed: __ __ __ __ - __ __ __ __

28 Was disease detected?
   yes  no
29. Heavy chain gene rearrangement (ASO-PCR)  
   - yes  
   - no

30. Specify the date the heavy chain gene rearrangement testing was performed: __ __ __ __ - __ __ - __ __

31. Was disease detected?  
   - yes  
   - no

32. Was molecular testing/immunophenotyping performed at the time of disease assessment reported at question 39?  
   - yes  
   - no

33. Specify the testing method(s) used: Immunophenotyping (4 color flow cytometry)  
   - yes  
   - no

34. Specify the date immunophenotyping was performed: __ __ __ __ - __ __ - __ __

35. Was disease detected?  
   - yes  
   - no

36. Heavy chain gene rearrangement (ASO-PCR)  
   - yes  
   - no

37. Specify the date the heavy chain gene rearrangement testing was performed: __ __ __ __ - __ __ - __ __

38. Was disease detected?  
   - yes  
   - no

39. What is the current disease status?  
   - complete remission  
   - Not in complete remission

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