

# ERROR CORRECTION FORM

Sequence Number:

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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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



## Juvenile Myelomonocytic Leukemia (JMML / JCML) Post-HSCT Data

Registry Use Only

Sequence Number:

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Date Received:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

Month	Day	20		Year															

Date of HSCT for which this form is being completed:

Month	Day			Year															

HSCT type:  autologous  allogeneic, unrelated  allogeneic, related  syngeneic (identical twin)

Product type:  marrow  PBSC  cord blood  other product, specify: \_\_\_\_\_

Visit:  100 day  6 month  1 year  2 years  > 2 years, specify: 

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**To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.**

1. What was the recipient's best response to transplant since the date of the last report?

- continued complete response (CCR) — continued absence of all known disease after a complete response to a previous line of therapy  
 complete response (CR) — normalization of WBC and organomegaly  
 partial response (PR) —  $\geq 50\%$  reduction in WBC and / or organomegaly  
 marginal response (MR) — one of the following: between 25% and 50% reduction in WBC and organomegaly — or — partial response in WBC but no change in organomegaly — or — partial response in organomegaly but no change in WBC  
 stable disease (SD) —  $\leq 25\%$  reduction in WBC and/or organomegaly  
 progressive disease (PD) — increase in WBC and/or organomegaly  
 not evaluable →

2. Specify reason: \_\_\_\_\_

3. Date of best response:

Month	Day			Year															

4. Did the recipient experience any skin involvement since the date of the last report?

- yes  
 no  
 unknown

5. Did the recipient receive GVHD prophylaxis since the date of the last report?

- yes →  
 no  
 unknown

6. Start date: 

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 date previously reported

7. Stop date: 

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 prophylaxis ongoing

8. Did the recipient receive planned 13-cis-retinoic acid (RA) therapy per protocol since the date of the last report?

- yes  
 no  
 unknown

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CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Visit:

100 day  
 6 month  








 year

Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--

Initials:

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CIBMTR Center Number:

CIBMTR Recipient ID:

9. What is the recipient's current disease status at the date of last contact? (see response definitions in question 1)

- 1  CCR
- 2  CR
- 3  persistent disease without progression (never CR post-HSCT)
- 4  PD (never CR post-HSCT) →
- 5  disease relapse after achieving CR post-HSCT →

10. Date of disease relapse / progression:

Month      Day      Year

Specify site(s) of disease relapse / progression:

11. 1  yes 2  no Bone marrow

12. 1  yes 2  no Central nervous system

13. 1  yes 2  no Skin

14. 1  yes 2  no Other site → 15. Specify:

- 6  CR after post-HSCT relapse →

16. Date of disease relapse:

Month      Day      Year

Specify treatment(s) given to achieve CR after post-HSCT relapse:

17. 1  yes 2  no Chemotherapy

18. 1  yes 2  no Donor leukocyte infusion (DLI)

19. 1  yes 2  no Second transplant →

20. Date of CR:

Month      Day      Year

**A separate Form 2000 – Recipient Baseline Data must be completed for each infusion and for post-infusion events.**

- 7  not evaluable →

21. Specify:

22. Signed: \_\_\_\_\_

Person completing form

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_