**ERROR CORRECTION FORM**

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
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**CIBMTR Center Number**

<table>
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**Today's Date:**

<table>
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<tr>
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**2115: Juvenile Myelomonocytic Leukemia (JMML / JCML) Post-HSCT Data**

**Registry Use Only**

**Sequence Number:**

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**Date Received:**

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### Key Fields

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**ELSE GOTO Date Received:**

**Date Received:**

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<th>MM</th>
<th>DD</th>
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**ELSE GOTO CIBMTR Center Number**

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**ELSE GOTO Today's Date:**

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**ELSE GOTO Date of HSCT for which this form is being completed:**

**Date of HSCT for which this form is being completed:**

<table>
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**ELSE GOTO Autologous**

**HSCT type: (check all that apply)**

- [ ] Autologous

**ELSE GOTO Allogeneic, unrelated**

- [ ] Allogeneic, unrelated

**ELSE GOTO Allogeneic, related**

- [ ] Allogeneic, related

**ELSE GOTO Syngeneic (identical twin)**

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Mail this form to your designated campus (Milwaukee or Minneapolis. Retain the original at the transplant center.

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
Syngeneic (identical twin)
ELSE GOTO Marrow

Product type: (check all that apply)
☐ Marrow
ELSE GOTO PBSC

☐ PBSC
ELSE GOTO Cord blood

☐ Cord blood
ELSE GOTO Other product

☐ Other product
IF Other product:= checked
THEN GOTO Specify:
ELSE GOTO Visit:

Specify: ________________________
ELSE GOTO Visit:

Visit:
☐ 100 day
☐ 6 months
☐ 1 year
☐ 2 years
☐ > 2 years,
IF Visit::= > 2 years,
THEN GOTO Specify:
ELSE GOTO (1) What was the recipient’s best response to transplant since the date of the last report?

Specify: ________________________
ELSE GOTO (1) What was the recipient’s best response to transplant since the date of the last report?

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) - >=50% reduction in WBC and/or organomegaly

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.
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**ERROR CORRECTION FORM**

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**O marginal response (MR) - 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**
- **O** stable disease (SD) - <= 25% reduction in WBC and/or organomegaly
- **O** progressive disease (PD) - increase in WBC and/or organomegaly
- **O** not evaluable

**IF (1) What was the recipient’s best response to transplant since the date of the last report?**
- **THEN GOTO (2) Specify reason:**
- **ELSE GOTO (3) Date of best response:**

**2 Specify reason:**
- **IF (2) Specify reason:**
  - EXISTS
  - THEN GOTO (4) Did the recipient experience any skin involvement since the date of the last report?
  - **ELSE GOTO (3) Date of best response:**

**3 Date of best response:**
- YYYY
- MM
- DD

**ELSE GOTO (4) Did the recipient experience any skin involvement since the date of the last report?**

**4 Did the recipient experience any skin involvement since the date of the last report?**
- **O** yes
- **O** no
- **O** unknown

**ELSE GOTO (5) Did the recipient receive GVHD prophylaxis since the date of the last report?**

**5 Did the recipient receive GVHD prophylaxis since the date of the last report?**
- **O** yes
- **O** no
- **O** unknown

**IF (5) Did the recipient receive GVHD prophylaxis since the date of the last report?**
- **THEN GOTO (6) Date previously reported**
- **ELSE GOTO (8) Did the recipient receive planned 13-cis-retinoic acid (RA) therapy per protocol since the date of the last report?**

**6 Date previously reported**
- Start date: YYYY
- MM
- DD

**IF (6) Date previously reported:**
- EXISTS
  - THEN GOTO (7) prophylaxis ongoing
  - ELSE GOTO GVHD prophylaxis start date

**ELSE GOTO (7) prophylaxis ongoing**

**7 prophylaxis ongoing**
- Stop date: YYYY
- MM
- DD

**IF (7) prophylaxis ongoing:**
- EXISTS

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THEN GOTO (8) Did the recipient receive planned 13-cis-retinoic acid (RA) therapy per protocol since the date of the last report?
ELSE GOTO Stop date:

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

O yes
O no
O unknown
ELSE GOTO (9) What is the recipient's current disease status at the date of last contact? (see response definitions in question1)

9 What is the recipient's current disease status at the date of last contact? (see response definitions in question1)

O CCR continued absence of all known disease after a complete response to a previous line of therapy
O CR normalization of WBC and organomegaly
O persistent disease without progression (never CR post-HSCT)
O PD (never CR post-HSCT) increase in WBC and/or organomegaly
O disease relapse after achieving CR post-HSCT
O CR after post-HSCT relapse
O not evaluable

IF (9) What is the recipient's current disease status at the date of last contact? (see response definitions in question1):= not evaluable
THEN GOTO (21) Specify:
ELSE GOTO (10) Date of disease relapse / progression:

IF (9) What is the recipient's current disease status at the date of last contact? (see response definitions in question1):= CCR OR (9) What is the recipient's current disease status at the date of last contact? (see response definitions in question1):= CR
THEN GOTO First name
ELSE GOTO (10) Date of disease relapse / progression:

IF (9) What is the recipient's current disease status at the date of last contact? (see response definitions in question1):= persistent disease without progression (never CR post-HSCT)
THEN GOTO First name
ELSE GOTO (10) Date of disease relapse / progression:

IF (9) What is the recipient's current disease status at the date of last contact? (see response definitions in question1):= CR after post-HSCT relapse
THEN GOTO (16) Date of disease relapse:
ELSE GOTO (10) Date of disease relapse / progression:

10 Date of disease relapse / progression: _____-____-____

ELSE GOTO (11) Bone marrow

Specify site(s) of disease relapse / progression:
11 Bone marrow

O yes

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CIBMTR Center Number: _______________ CIBMTR Recipient ID: ________________________

ELSE GOTO (12) Central nervous system

12 Central nervous system
   O yes
   O no
   ELSE GOTO (13) Skin

13 Skin
   O yes
   O no
   ELSE GOTO (14) Other site:

14 Other site:
   O yes
   O no
   IF (14) Other site::= yes
   THEN GOTO (15) Specify:
   ELSE GOTO First name

15 Specify: ______________________________
   ELSE GOTO First name

16 Date of disease relapse: ____________ ____________ ____________
   ELSE GOTO (17) Chemotherapy

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

17 Chemotherapy
   O yes
   O no
   ELSE GOTO (18) Donor leukocyte infusion (DLI)

18 Donor leukocyte infusion (DLI)
   O yes
   O no
   ELSE GOTO (19) Second transplant

19 Second transplant
   O yes
   O no
   ELSE GOTO (20) Date of CR:

20 Date of CR: ____________ ____________ ____________
   ELSE GOTO First name

21 Specify: ______________________________
   ELSE GOTO First name
ERROR CORRECTION FORM

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Today’s Date: ___________________________ Infusion Date: ___________________________

Month Day Year Month Day Year

CIBMTR Center Number: ___________________________ CIBMTR Recipient ID: ___________________________

First Name: ___________________________ Last Name: ___________________________

ELSE GOTO Last name ELSE GOTO Phone number:

Phone number: ___________________________ Fax number: ___________________________

ELSE GOTO Fax number: ELSE GOTO E-mail address:

E-mail address: ___________________________

ELSE GOTO End of Form

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