# CIBMTR Form 2117: Amyloidosis Post-HSCT Data

**Registry Use Only**

**Sequence Number:**

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Date Received:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

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.

**Key Fields**

**Sequence Number:**

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

ELSE GOTO **Date Received:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

ELSE GOTO **CIBMTR Center Number**

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

ELSE GOTO **CIBMTR Recipient ID:**

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

ELSE GOTO **Today's Date:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

ELSE GOTO **HSCT type:**

- [ ] Autologous
- [ ] Allogeneic, unrelated
- [ ] Allogeneic, related

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).
CIBMTR Center Number: ____________________________ CIBMTR Recipient ID: ____________________________

☐ Allogeneic, related
ELSE GOTO Syngeneic (identical twin)

☐ 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:
  O 100 day
  O 6 months
  O 1 year
  O 2 years
  O > 2 years,
IF Visit::= > 2 years,
THEN GOTO Specify:
ELSE GOTO (1) Specify the recipient's best cardiac response to the HSCT:

Specify: ____________________________
ELSE GOTO (1) Specify the recipient's best cardiac response to the HSCT:

Specify the recipient's best response to the HSCT for each of the following hematologic and organ systems:

Cardiac

1 Specify the recipient's best cardiac response to the HSCT:
   O cardiac response- requires any of the following: • >= 2 mm decrease in mean interventricular septal wall thickness by echocardiogram • >=20% increase in left ventricular ejection fraction • >=2 grade decrease in New York Heart Association functional class without an increase in diuretic use • no increase in wall thickness
   O no response / stable disease - does not meet criteria for cardiac response nor progressive disease

CIBMTR Form 2117 revision 2 (page 2 of 18) Last Updated November 12, 2012.
Copyright (c) 2012 National Marrow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved.

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)
progressive disease requires any of the following: • >=2 mm increase from baseline in interventricular septal wall thickness by echocardiogram • >10% decrease in left ventricular ejection fraction • >=1 grade increase in New York Heart Association functional class

O cardiac best response not assessed
O cardiac best response not evaluable

If (1) Specify the recipient’s best cardiac response to the HSCT::= cardiac best response not evaluable
Then GOTO (2) Specify reason:
Else GOTO (3) Date best cardiac response was first documented:

If (1) Specify the recipient’s best cardiac response to the HSCT::= cardiac best response not assessed
Then GOTO (5) Was there clinical improvement in GI involvement in response to the HSCT?
Else GOTO (3) Date best cardiac response was first documented:

Specify reason:

Else GOTO (5) Was there clinical improvement in GI involvement in response to the HSCT?

Date best cardiac response was first documented:
O known
O not known

If (3) Date best cardiac response was first documented::= not known
Then GOTO (5) Was there clinical improvement in GI involvement in response to the HSCT?
Else GOTO (4) best cardiac response date

YYYY MM DD

Else GOTO (5) Was there clinical improvement in GI involvement in response to the HSCT?

Gastrointestinal

5 Was there clinical improvement in GI involvement in response to the HSCT?
O yes
O no
O unknown

Else GOTO (6) Date best GU response was first documented:

Date best GU response was first documented:
O known
O not known

If (6) Date best GU response was first documented::= known
Then GOTO (7) date of best GI response
Else GOTO (8) Specify the recipient’s best hepatic response to the HSCT:

YYYY MM DD

Else GOTO (8) Specify the recipient’s best hepatic response to the HSCT:

Hepatic

8 Specify the recipient’s best hepatic response to the HSCT:
O hepatic response - requires all of the following: • >= 2 cm decrease in liver span if hepatomegaly present (liver span >
15 cm) • >= 50% decrease and/or normalization of serum alkaline phosphatase level
O no response / stable disease - does not meet the criteria for hepatic response nor progressive disease
O progressive disease - required any of the following: • >= 50% increase in serum alkaline phosphatase level
O hepatic best response not assessed
O hepatic best response not evaluable
IF (8) Specify the recipient’s best hepatic response to the HSCT::= hepatic best response not evaluable
THEN GOTO (9) Specify reason:
ELSE GOTO (10) Date best hepatic response was first documented:
ELSE GOTO (10) Date best hepatic response was first documented:

9 Specify reason:
ELSE GOTO (12) Specify the best response of autonomic neuropathy to the HSCT:

10 Date best hepatic response was first documented:
O known
O not known
IF (10) Date best hepatic response was first documented::= not known
THEN GOTO (12) Specify the best response of autonomic neuropathy to the HSCT:
ELSE GOTO (11) Date of best hepatic response

11 .  ____  ____  ____  ____  ____  ____  ____
YYYY   MM    DD
ELSE GOTO (12) Specify the best response of autonomic neuropathy to the HSCT:

Autonomic Nervous
12 Specify the best response of autonomic neuropathy to the HSCT:
O autonomic neuropathy response- resolution of symptomatic orthostatic hypotension
O no response / stable disease - does not meet criteria for autonomic neuropathy response nor progressive disease
O progressive disease - worsening of symptomatic orthostatic hypotension not attributable to medications or blood volume depletion
O autonomic neuropathy best response not assessed
O autonomic neuropathy best response not evaluable
IF (12) Specify the best response of autonomic neuropathy to the HSCT::= autonomic neuropathy best response not evaluable
THEN GOTO (13) Specify reason:
ELSE GOTO (14) Date best autonomic neuropathy response was first documented:
ELSE GOTO (14) Date best autonomic neuropathy response was first documented:

13 Specify reason:
ELSE GOTO (16) Specify the best response of peripheral neuropathy to the HSCT:

14 Date best autonomic neuropathy response was first documented:
O known
O not known
IF (14) Date best autonomic neuropathy response was first documented::= not known
THEN GOTO (16) Specify the best response of peripheral neuropathy to the HSCT:
ELSE GOTO (15) date of best autonomic neuropathy response

15. YYYY MM DD

ELSE GOTO (16) Specify the best response of peripheral neuropathy to the HSCT:

16 Specify the best response of peripheral neuropathy to the HSCT:
- O peripheral neuropathy response requires any of the following: • resolution of abnormal physical findings • resolution or improvement of abnormal EMG and/or NCV findings
- O no response / stable disease - does not meet criteria for peripheral neuropathy response nor progressive disease
- O progressive disease - requires any of the following • worsening of physical findings • worsening of EMG and/or NCV findings
- O peripheral neuropathy best response not assessed
- O peripheral neuropathy best response not evaluable

IF (16) Specify the best response of peripheral neuropathy to the HSCT::= peripheral neuropathy best response not evaluable
THEN GOTO (17) Specify reason:
ELSE GOTO (18) Date best peripheral neuropathy response was first documented:

IF (16) Specify the best response of peripheral neuropathy to the HSCT::= peripheral neuropathy best response not assessed
THEN GOTO (20) Specify the recipient’s best hematologic response to the HSCT:
ELSE GOTO (18) Date best peripheral neuropathy response was first documented:

17 Specify reason:
ELSE GOTO (20) Specify the recipient’s best hematologic response to the HSCT:

18 Date best peripheral neuropathy response was first documented:
- O known
- O not known

IF (18) Date best peripheral neuropathy response was first documented::= not known
THEN GOTO (20) Specify the recipient’s best hematologic response to the HSCT:
ELSE GOTO (19) date of best peripheral neuropathy response

19. YYYY MM DD

ELSE GOTO (20) Specify the recipient’s best hematologic response to the HSCT:
Hematologic (Immunochemical)

20 Specify the recipient's best hematologic response to the HSCT:
   O complete response (CR) - requires all of the following: • serum and urine negative for monoclonal proteins by immunofixation • normal free light chain ration • plasma cells in marrow < 5%
   O partial response (PR) - requires any of the following: • >=50% reductions in current serum monoclonal protein levels > 0.5 g/dL • >= 50% reductions in currenturine light chain levels > 100 mg/day with a visible peak • >= 50% reductions in current free light chain levels > 10 mg/dL
   O progressive disease - requires any of the following: • if progressing from CR, PR or progressive disease
   • if progressing from PR or SD, >= 50% increase in serum M protein to > 0.5 g/dL or >= 50% increase in urine M protein to > 200 mg/day with visible peak present • free light chain increase of >= 50% to > 10 mg/dL (100 mg/L)
   O hematologic best response not assessed
   O hematologic best response not evaluable

IF (20) Specify the recipient's best hematologic response to the HSCT::= hematologic best response not evaluable
THEN GOTO (21) Specify reason:
ELSE GOTO (22) Date best hematologic (immunochemical) response was first documented:

21 Specify reason: __________________________
ELSE GOTO (24) Specify the recipient's best renal response to the HSCT:

22 Date best hematologic (immunochemical) response was first documented:
   O known
   O not known

IF (22) Date best hematologic (immunochemical) response was first documented::= not known
THEN GOTO (24) Specify the recipient's best renal response to the HSCT:
ELSE GOTO (23) date of best hematologic response

23 ___________________ - _____ - ____
   YYYY          MM       DD

ELSE GOTO (24) Specify the recipient's best renal response to the HSCT:

Renal

24 Specify the recipient's best renal response to the HSCT:
   O renal response - >= 50% decrease of at least 0.5 g/day in 24 hour urine protein of > 0.5 g/day pre-treatment • creatinine and creatinine clearance must not have worsened by >= 25% over baseline
   O no response / stable disease - does not meet criteria for renal response nor progressive disease
   O progressive disease - requires any of the following: • > = 50% increase of at least 1 g/day for urine protein to > 1 g/day • 25% worsening of serum creatinine or creatinine clearance
   O renal best response not assessed
O renal best response not evaluable

IF (24) Specify the recipient's best renal response to the HSCT:= renal best response not evaluable
THEN GOTO (25) Specify reason:
ELSE GOTO (26) Date best renal response was first documented:

IF (24) Specify the recipient's best renal response to the HSCT:= renal best response not assessed
THEN GOTO (28) Did any other system respond to the HSCT?
ELSE GOTO (26) Date best renal response was first documented:

25 Specify reason:
ELSE GOTO (28) Did any other system respond to the HSCT?

26 Date best renal response was first documented:
O known
O not known

IF (26) Date best renal response was first documented:= not known
THEN GOTO (28) Did any other system respond to the HSCT?
ELSE GOTO (27) date of best renal response

27 - __ - __ - __ - __ -

ELSE GOTO (28) Did any other system respond to the HSCT?

Other system
28 Did any other system respond to the HSCT?
O yes
O no

IF (28) Did any other system respond to the HSCT?:= yes
THEN GOTO (29) Specify other system:
ELSE GOTO (34) Plasma cells in bone marrow aspirate:

29 Specify other system:
ELSE GOTO (30) Specify best response to HSCT for this system:

30 Specify best response to HSCT for this system:
O response
O no response / stable disease
O progressive disease
O other system best response not evaluable

IF (30) Specify best response to HSCT for this system:= other system best response not evaluable
THEN GOTO (31) Specify reason:
ELSE GOTO (32) Date best response for this system was first documented:

31 Specify reason:

ELSE GOTO (34) Plasma cells in bone marrow aspirate:

32 Date best response for this system was first documented:
O known
O not known

IF (32) Date best response for this system was first documented::= not known
THEN GOTO (34) Plasma cells in bone marrow aspirate:
ELSE GOTO (33) date of best response in other system

33 . - YYYY - MM - DD

ELSE GOTO (34) Plasma cells in bone marrow aspirate:

34 Plasma cells in bone marrow aspirate:

O known

O not known

IF (34) Plasma cells in bone marrow aspirate::= not known
THEN GOTO (36) Plasma cells in bone marrow biopsy:
ELSE GOTO (35) plasma cells in aspirate at best response

35 . %

ELSE GOTO source unknown

ELSE GOTO (36) Plasma cells in bone marrow biopsy:

36 Plasma cells in bone marrow biopsy:

O known

O not known

IF (36) Plasma cells in bone marrow biopsy::= not known
THEN GOTO (38) Serum monoclonal Ig: (only from electrophoresis)
ELSE GOTO (37) plasma cells in biopsy at best response

37 . %

ELSE GOTO plasma cell source unknown

ELSE GOTO (38) Serum monoclonal Ig: (only from electrophoresis)

38 Serum monoclonal Ig: (only from electrophoresis)

O known

O not known

IF (38) Serum monoclonal Ig: (only from electrophoresis)::= not known
THEN GOTO (40) Serum free light chain, κ (kappa)
ELSE GOTO (39) Serum monoclonal Ig at best response

39 . mg/dL

ELSE GOTO uom Serum Ig at best response

O g/dL

O g/L

ELSE GOTO (40) Serum free light chain, κ (kappa)

40 Serum free light chain, κ (kappa)

O known
O not known

IF (40) Serum free light chain, \( \kappa \) (kappa) := not known
 THEN GOTO (42) Serum free light chain, \( \lambda \) (lambda)
 ELSE GOTO (41) serum free light chain kappa at best response

41 . _____________________________ ●
 ELSE GOTO uom kappa at best response
 ELSE GOTO (42) Serum free light chain, \( \lambda \) (lambda)

42 Serum free light chain, \( \lambda \) (lambda)
 O known
 O not known

IF (42) Serum free light chain, \( \lambda \) (lambda) := not known
 THEN GOTO (43) serum free light chain lambda at best resp
 ELSE GOTO uom lambda at best response
 ELSE GOTO (44) Urinary monoclonal light chains:

43 . _____________________________ ●
 ELSE GOTO uom lambda at best response
 ELSE GOTO (44) Urinary monoclonal light chains:

44 Urinary monoclonal light chains:
 O known
 O not known

IF (44) Urinary monoclonal light chains := not known
 THEN GOTO (46) Was any planned treatment per protocol (not for progressive disease) given since the date of the last report?
 ELSE GOTO (45) urinary light chain at best response

45 . _____________________________ ●
 ELSE GOTO uom light chain at best resp
 ELSE GOTO (46) Was any planned treatment per protocol (not for progressive disease) given since the date of the last report?

46 Was any planned treatment per protocol (not for progressive disease) given since the date of the last report?
 O yes
 O no
 O unknown

IF (46) Was any planned treatment per protocol (not for progressive disease) given since the date of the last report := yes
 THEN GOTO (47) bortezomib (Velcade)
 ELSE GOTO (55) Specify the date the current disease status was determined:

Specify treatment(s) given:

CIBMTR Center Number: ____________________________ CIBMTR Recipient ID: ____________________________

Copyright (c) 2012 National Marrow Donor Program and
The Medical College of Wisconsin, Inc. All rights reserved.

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).
47 bortezomib (Velcade)
   - yes
   - no
   ELSE GOTO (48) Corticosteroids

48 Corticosteroids
   - yes
   - no
   ELSE GOTO (49) Cyclophosphamide

49 Cyclophosphamide
   - yes
   - no
   ELSE GOTO (50) Lenalidomide (Revlimid)

50 Lenalidomide (Revlimid)
   - yes
   - no
   ELSE GOTO (51) melphalan (LPAM)

51 melphalan (LPAM)
   - yes
   - no
   ELSE GOTO (52) thalidomide

52 thalidomide
   - yes
   - no
   ELSE GOTO (53) other treatment

53 other treatment
   - yes
   - no
   IF (53) other treatment:: no
   THEN GOTO (55) Specify the date the current disease status was determined:
   ELSE GOTO (54) Specify:

   54 Specify:
   ELSE GOTO (55) Specify the date the current disease status was determined:

<table>
<thead>
<tr>
<th>Current Status of Amyloidosis</th>
<th>Questions: 55-101</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 Specify the date the current disease status was determined: YYYY MM DD</td>
<td></td>
</tr>
</tbody>
</table>

ELSE GOTO (56) Specify the recipient’s current cardiac status:
Specify the recipient’s current disease status for each of the following hematologic and organ systems:

Cardiac

Specify the recipient’s current cardiac status:
- Cardiac response - requires any of the following: • >= 2 mm decrease in mean interventricular septal wall thickness by echocardiogram • >=20% increase in left ventricular ejection fraction • >=2 grade decrease in New York Heart Association functional class without an increase in diuretic use • no increase in wall thickness
- No response / stable disease - does not meet criteria for cardiac response nor progressive disease
- Progressive disease - requires any of the following: • >=2 mm increase from baseline in interventricular septal wall thickness by echocardiogram • >10% decrease in left ventricular ejection fraction • >=1 grade increase in New York Heart Association functional class
- Cardiac best response not assessed
- Cardiac best response not evaluable

IF (56) Specify the recipient’s current cardiac status := cardiac best response not evaluable
THEN GOTO (57) Specify reason:
ELSE GOTO (58) Date current cardiac status was first documented:

57 Specify reason: __________________
ELSE GOTO (60) Was there clinical improvement in GI involvement since the date of the last report?

58 Date current cardiac status was first documented:
- Known
- Not known

IF (58) Date current cardiac status was first documented := not known
THEN GOTO (60) Was there clinical improvement in GI involvement since the date of the last report?
ELSE GOTO (59) date of current cardiac response

59 YYYY MM DD

ELSE GOTO (60) Was there clinical improvement in GI involvement since the date of the last report?

Gastrointestinal

60 Was there clinical improvement in GI involvement since the date of the last report:
- Yes
- No
CIBMTR Center Number: ____________________  CIBMTR Recipient ID: ________________________________

O unknown
ELSE GOTO (61) Date current GI status was first documented:

61  Date current GI status was first documented:
   O known
   O not known
   IF (61) Date current GI status was first documented::= not known
   THEN GOTO (63) Specify the recipient’s current hepatic status:
   ELSE GOTO (62) date of current GI status
      62  ____________________ ____________________ ____________________
            YYYY           MM           DD
   ELSE GOTO (63) Specify the recipient’s current hepatic status:

Hepatic
63  Specify the recipient’s current hepatic status:
   O hepatic response - requires all of the following: • >= 2 cm decrease in liver span if hepatomegaly present (liver span > 15 cm) • >= 50% decrease and/or normalization of serum alkaline phosphatase level
   O no response / stable disease - does not meet the criteria for hepatic response nor progressive disease
   O progressive disease - required any of the following: • >= 50% increase in serum alkaline phosphatase level
   O hepatic best response not assessed
   O hepatic best response not evaluable
   IF (63) Specify the recipient’s current hepatic status::= hepatic best response not evaluable
   THEN GOTO (64) Specify reason:
   ELSE GOTO (65) Date current hepatic status was first documented:

64  Specify reason: ____________________________
   ELSE GOTO (67) Specify the current status of autonomic neuropathy:

65  Date current hepatic status was first documented:
   O known
   O not known
   IF (65) Date current hepatic status was first documented::= not known
   THEN GOTO (67) Specify the current status of autonomic neuropathy:
### ERROR CORRECTION FORM

<table>
<thead>
<tr>
<th>CIBMTR Recipient ID:</th>
<th>CIBMTR Center Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sequence Number:**

**Today's Date:**

**Infusion Date:**

**CIBMTR Recipient ID:**

**CIBMTR Center Number:**

**Else Goto (66) Current Hepatic Response Est Date**

```
66. - - YYYY - MM - DD
```

Else Goto (67) Specify the current status of autonomic neuropathy:

**Autonomic Nervous**

Specify the current status of autonomic neuropathy:

- O autonomic neuropathy response - resolution of symptomatic orthostatic hypotension
- O no response / stable disease - does not meet criteria for autonomic neuropathy response nor progressive disease
- O progressive disease - worsening of symptomatic orthostatic hypotension not attributable to medications or blood volume depletion
- O autonomic neuropathy best response not assessed
- O autonomic neuropathy best response not evaluable

If (67) Specify the current status of autonomic neuropathy := autonomic neuropathy best response not evaluable

Then Goto (68) Specify reason:

Else Goto (67) Specify the current status of autonomic neuropathy:

**Else Goto (69) Date Current Status of Autonomic Neuropathy Was First Documented:**

Else Goto (71) Specify the current status of peripheral neuropathy:

**Else Goto (70) Date of Current Autonomic Neuropathy Response**

```
70. - - YYYY - MM - DD
```

Else Goto (71) Specify the current status of peripheral neuropathy:

**Else Goto (71) Specify the current status of peripheral neuropathy:**

Specify the current status of peripheral neuropathy:

- O peripheral neuropathy response requires any of the following: • resolution of abnormal physical findings • resolution or improvement of abnormal EMG and/or NCV findings
- O no response / stable disease - does not meet criteria for peripheral neuropathy response nor progressive disease
- O progressive disease - requires any of the following • worsening of physical findings • worsenimg of EMG and/or NCV findings
- O peripheral neuropathy best response not assessed
- O peripheral neuropathy best response not evaluable

If (71) Specify the current status of peripheral neuropathy := peripheral neuropathy best response not evaluable

---

**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).**

---

CIBMTR Form 2117 revision 2 (page 13 of 18) Last Updated November 12, 2012.
Copyright (c) 2012 National Marrow Donor Program and
The Medical College of Wisconsin, Inc. All rights reserved.
THEN GOTO (72) Specify reason:
ELSE GOTO (73) Date current peripheral neuropathy status was first documented:
IF (71) Specify the current status of peripheral neuropathy::= peripheral neuropathy best response not assessed
THEN GOTO (75) Specify the recipient's current hematologic status:
ELSE GOTO (73) Date current peripheral neuropathy status was first documented:

72 Specify reason:
ELSE GOTO (75) Specify the recipient's current hematologic status:

73 Date current peripheral neuropathy status was first documented:
O known
O not known
IF (73) Date current peripheral neuropathy status was first documented::= not known
THEN GOTO (75) Specify the recipient's current hematologic status:
ELSE GOTO (74) date of current peripheral neuropathy status.

74 - - ______ MM DD

ELSE GOTO (75) Specify the recipient’s current hematologic status:

Hematologic (Immunochemical)
75 Specify the recipient's current hematologic status:
O complete response (CR) - requires all of the following: • serum and urine negative for monoclonal proteins by immunofixation • normal free light chain ratio • plasma cells in marrow < 5%
O partial response (PR) - requires any of the following: • >=50% reductions in current serum monoclonal protein levels > 0.5 g/dL • >= 50% reductions in currenturine light chain levels > 100 mg/day with a visible peak • >= 50% reductions in current free light chain levels > 10 mg/dL
O no response / stable disease - does not meet criteria for CR, PR nor progressive disease
O progressive disease - requires any of the following: • if progressing from CR, any detectable monoclonal protein or abnormal free light chain ratio (light chain must double) • if progressing from PR or SD, >= 50% increase in serum M protein to > 0.5 g/dL or >= 50% increase in urine M protein to > 200 mg/day with visible peak present • free light chain increase of >= 50% to > 10 mg/dL (100 mg/L)
O hematologic best response not assessed
O hematologic best response not evaluable
IF (75) Specify the recipient’s current hematologic status::= hematologic best response not evaluable
THEN GOTO (76) Specify reason:
ELSE GOTO (77) Date current hematologic status was first documented:
IF (75) Specify the recipient’s current hematologic status::= hematologic best response not assessed
THEN GOTO (79) Specify the recipient’s current renal status:
ELSE GOTO (77) Date current hematologic status was first documented:

76 Specify reason:
ELSE GOTO (79) Specify the recipient’s current renal status:

77 Date current hematologic status was first documented:
O known
O not known
IF (77) Date current hematologic status was first documented::= not known
THEN GOTO (79) Specify the recipient’s current renal status:
ELSE GOTO (78) current hematologic status date
### Error Correction Form

CIBMTR Center Number: ___________________  CIBMTR Recipient ID: ___________________

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Today's Date:

- **Month**: [ ]
- **Day**: 20
- **Year**: [ ]

Infusion Date:

- **Month**: [ ]
- **Day**: 20
- **Year**: [ ]

CIBMTR Center Number:

<table>
<thead>
<tr>
<th>CIBMTR Center Number:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

#### Renal

Specify the recipient's current renal status:

- O renal response • >= 50% decrease of at least 0.5 g/day in 24 hour urine protein of > 0.5 g/day pre-treatment - creatinine and creatinine clearance must not have worsened by >= 25% over baseline
- O no response / stable disease • does not meet criteria for renal response nor progressive disease
- O progressive disease • requires any of the following: • > = 50% increase of at least 1 g/day for urine protein to > 1 g/day • 25% worsening of serum creatinine or creatinine clearance
- O renal best response not assessed
- O renal best response not evaluable

IF (79) Specify the recipient's current renal status::= renal best response not evaluable

THEN GOTO (80) Specify reason:

ELSE GOTO (79) Specify the recipient’s current renal status:

### Other System

Was any other system assessed for current status?

- O yes
- O no

IF (83) Was any other system assessed for current status?:= no

THEN GOTO (89) Plasma cells in bone marrow aspirate:

ELSE GOTO (84) Specify other system:

### Date Current Renal Status Was First Documented:

- **Known**: O
- **Not Known**: O

IF (81) Date current renal status was first documented::= not known

THEN GOTO (83) Was any other system assessed for current status?

ELSE GOTO (82) Date of current renal response:

- **YYYY MM DD**: [ ]

ELSE GOTO (83) Was any other system assessed for current status?

### Other System

Was any other system assessed for current status?

- O yes
- O no

IF (83) Was any other system assessed for current status?:= no

THEN GOTO (89) Plasma cells in bone marrow aspirate:

ELSE GOTO (84) Specify other system:

### Specify Other System:

- [ ]

ELSE GOTO (85) Specify the current status of this system:

### Specify the Current Status of This System:

- O response
- O no response / stable disease
- O progressive disease

---

CIBMTR Form 2117 revision 2 (page 15 of 18) Last Updated November 12, 2012.

Copyright (c) 2012 National Marrow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved.

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).
CIBMTR Center Number: ___ ___ ___
CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___
CIBMTR Center Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ...
ELSE GOTO uom current serum Ig
O g/dL
O g/L
ELSE GOTO (95) Serum free light chain, κ (kappa)

95 Serum free light chain, κ (kappa)
O known
O not known
IF (95) Serum free light chain, κ (kappa):= not known
THEN GOTO (97) Serum free light chain, λ (lambda)
ELSE GOTO (96) current serum free light chain kappa

96 . _____________ • _____________
ELSE GOTO uom current kappa
O mg/dL
O g/dL
O g/L
ELSE GOTO (97) Serum free light chain, λ (lambda)

97 Serum free light chain, λ (lambda)
O known
O not known
IF (97) Serum free light chain, λ (lambda):= not known
THEN GOTO (99) Urinary monoclonal light chains:
ELSE GOTO (98) current serum free light chain lambda

98 . ___ ___ ___ ___ • ___
ELSE GOTO uom current lambda
O mg/dL
O g/dL
O g/L
ELSE GOTO (99) Urinary monoclonal light chains:

99 Urinary monoclonal light chains:
O known
O not known
IF (99) Urinary monoclonal light chains::= not known
THEN GOTO (101) First name
ELSE GOTO (100) current unrinary monoclonal light chain

100 . ______ • ______
ELSE GOTO uom current urinary light chain
O g/24 hours
ELSE GOTO (101) First name

101 First Name: ________________________
ELSE GOTO Last name
ELSE GOTO Phone number:

Phone number: ________________________
Fax number: ________________________
<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Today's Date:</th>
<th>Infusion Date:</th>
<th>CIBMTR Center Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CIBMTR Center Number:</th>
<th>CIBMTR Recipient ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

E-mail address: ________________________________
ELSE GOTO End of Form

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).