CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Pre-Transplant Essential Data

CIBMTR Use Only
Sequence Number:

Date Received:

OMB No: 0915-0310
Expiration Date: 1/31/2017
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Center Identification

CIBMTR Center Number: ___ ___ ___ ___ ___

EBMT Code (CIC): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Hospital: _____

Unit: (check only one) ☐ Adult ☐ Pediatric

Recipient Identification

CIBMTR Recipient ID (CRID): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Recipient Data

1. Date of birth: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

2. Sex: ☐ Male ☐ Female

3. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Not applicable (not a resident of the USA) ☐ Unknown

4. Race: ☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander ☐ Not reported ☐ Unknown

Copy question 4 to report more than one race.

5. Zip or postal code for place of recipient's residence (USA recipients only): __ __ __ __ __

6. Is the recipient participating in a clinical trial?
☐ Yes →
☐ No

7. Study Sponsor:
☐ BMT-CTN →
☐ RCI-BMT →
☐ USIDNET
☐ COG
☐ Other sponsor →

9. Study ID Number: _____

8. Specify other sponsor: _____

10. Subject ID: _____

Copy questions 7-10 to report participation in more than one study.

Hematopoietic Cellular Transplant (HCT)

11. Date of this HCT: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

12. Was this the first HCT for this recipient?

☐ Yes →

13. Is a subsequent HCT planned as part of the overall treatment protocol (not as a reaction to post-HCT disease assessment)? **(For autologous HCTs only)**
☐ Yes → 14. Specify subsequent HCT planned: ☐ Autologous ☐ Allogeneic
☐ No

☐ No →

15. Specify the number of prior HCTs: ___ ___

Specify the HSC source(s) for all prior HCTs:

16. Autologous ☐ Yes ☐ No
17. Allogeneic, unrelated ☐ Yes ☐ No
18. Allogeneic, related ☐ Yes ☐ No
19. Syngeneic ☐ Yes ☐ No

20. Date of the last HCT (just before current HCT): __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

21. Was the last HCT performed at a different institution?

☐ Yes → **Specify the institution that performed the last HCT:**

☐ No

22. Name: _____

City: _____

State: _____

Country: _____

23. What was the HSC source for the last HCT?

☐ Autologous ☐ Allogeneic, unrelated donor ☐ Allogeneic, related donor

24. Reason for current HCT:

☐ No hematopoietic recovery

☐ Partial hematopoietic recovery

☐ Graft failure/rejection after achieving initial hematopoietic recovery

→ 25. Date of graft failure/rejection: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ Persistent primary disease

☐ Recurrent primary disease

→ 26. Date of relapse: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ Planned second HCT, per protocol

☐ New malignancy (including PTLD and EBV lymphoma)

→ 27. Date of secondary malignancy: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

☐ Stable, mixed chimerism

☐ Declining chimerism

☐ Other → 28. Specify other reason: _____

Donor Information

29. Multiple donors?

☐ Yes → 30. Specify number of donors: ___ ___

☐ No

To report more than one donor, copy questions 31- 62 and complete for each donor.

31. Specify donor:

☐ Autologous - ***Go to question 46***

☐ Autologous cord blood unit ***- Go to question 35***

☐ NMDP unrelated cord blood unit ***- Go to question 32***

☐ NMDP unrelated donor ***- Go to question 33***

☐ Related donor ***- Go to question 40***

☐ Related cord blood unit ***- Go to question 35***

☐ Non-NMDP unrelated donor ***- Go to question 34***

☐ Non-NMDP unrelated cord blood unit ***- Go to question 35***

32. NMDP cord blood unit ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ***- Go to question 46***

33. NMDP donor ID: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ***- Go to question 46***

34. Non-NMDP unrelated donor ID: (not applicable for related donors)

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ***- Go to question 38***

35. Non-NMDP cord blood unit ID: (include related and autologous CBUs)

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

36. Is the CBU ID also the ISBT DIN number?

☐ Yes

☐ No → 37. Specify the ISBT DIN number: _____

38. Registry or UCB Bank ID: ___ ___ ___ ___ ***- If 'Other registry' go to 39, otherwise go to question 41***

39. Specify other Registry or UCB Bank: _____ ***- Go to question 41***

40. Specify the related donor type:

☐ Syngeneic (monozygotic twin)

☐ HLA-identical sibling (may include non-monozygotic twin)

☐ HLA-matched other relative

☐ HLA-mismatched relative

41. Date of birth: (donor/infant)

☐ Known →

42. Date of birth: (donor/infant): __ __ __ __ / __ __ / __ __
YYYY MM DD

☐ Unknown →

43. Age: (donor/infant)

☐ Known → 44. Age: (donor/infant) ___ ___

☐ Unknown

☐ Months (use only if less than 1 year old)

☐ Years

45. Sex: (donor/infant) ☐ Male ☐ Female

Specify product type:

46. Bone marrow: ☐ Yes ☐ No

47. PBSC: ☐ Yes ☐ No

48. Single cord blood unit: ☐ Yes ☐ No

49. Other product: ☐ Yes → 50. Specify other product type: _____

☐ No

A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if applicable), even if the collections are performed on different days.

51. Specify number of products infused from this donor: ___ ___

Questions 52 – 59 are for autologous HCT recipients only. If other than autologous skip to question 60

52. Did the recipient have more than one mobilization event to acquire cells for HCT?

☐ Yes →

☐ No

53. Specify the total number of mobilization events performed for this HCT (regardless of the number of collections or which collections were used for this HCT): ___

Specify all agents used in the mobilization events reported above:

54. G-CSF ☐ Yes ☐ No
55. GM-CSF ☐ Yes ☐ No
56. Pegylated G-CSF ☐ Yes ☐ No
57. Plerixafor (Mozobil) ☐ Yes ☐ No
58. Other CXCR4 inhibitor ☐ Yes ☐ No

59. Combined with chemotherapy: ☐ Yes ☐ No

60. Was this donor used for any prior HCTs? ☐ Yes ☐ No

61. Donor CMV-antibodies (IgG or Total) **(Allogeneic HCTs only)**
☐ Reactive ☐ Non-reactive ☐ Not done ☐ Not applicable (cord blood unit)

62. Was plerixafor (Mozobil) given at any time prior to the preparative regimen? **(Related HCTs only)** ☐ Yes ☐ No ☐ Unknown

Consent

63. Has the recipient signed an IRB-approved consent form for submitting research data to the NMDP/CIBMTR?
☐ Yes (patient consented) →
☐ No (patient declined)
☐ Not approached

64. Date form was signed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

65. Did the recipient give permission to be directly contacted for future research?
☐ Yes (patient provided permission) →
☐ No (patient declined)
☐ Not approached

66. Date form was signed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

67. Has the recipient signed an IRB-approved consent form to donate research blood samples to the NMDP/CIBMTR?
☐ Yes (patient consented) →
☐ No (patient declined)
☐ Not approached
☐ Not applicable (center not participating)

68. Date form was signed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

69. Has the donor signed an IRB-approved consent form to donate research blood samples to the NMDP/CIBMTR? **(Related donors only)**
☐ Yes (donor consented) →
☐ No (donor declined)
☐ Not approached
☐ Not applicable (center not participating)

70. Date form was signed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

Product Processing/Manipulation

71. Was the product manipulated prior to infusion?
☐ Yes →
☐ No

72. Specify portion manipulated: ☐ Entire product ☐ Portion of product

Specify all methods used to manipulate the product:

73. Washed ☐ Yes ☐ No
74. Diluted ☐ Yes ☐ No
75. Buffy coat enriched (buffy coat preparation) ☐ Yes ☐ No

76.	B-cell reduced	☐ Yes	☐ No
77.	CD8 reduced	☐ Yes	☐ No
78.	Plasma reduced (removal)	☐ Yes	☐ No
79.	RBC reduced	☐ Yes	☐ No
80.	Cultured (ex-vivo expansion)	☐ Yes	☐ No
81.	Genetic manipulation (gene transfer/transduction)	☐ Yes	☐ No
82.	PUVA treated	☐ Yes	☐ No
83.	CD34 enriched (CD34+ selection)	☐ Yes	☐ No
84.	CD133 enriched	☐ Yes	☐ No
85.	Monocyte enriched	☐ Yes	☐ No
86.	Mononuclear cells enriched	☐ Yes	☐ No
87.	T-cell depletion	☐ Yes	☐ No

88. Other cell manipulation

☐ Yes → 89. Specify other cell manipulation: _____

☐ No

Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)

90. What scale was used to determine the recipients functional status?

☐ Karnofsky (recipient age ≥ 16 years) →

Performance score prior to the preparative regimen:

91. Karnofsky Scale (recipient age ≥ 16 years):

- ☐ 100 Normal; no complaints; no evidence of disease
- ☐ 90 Able to carry on normal activity
- ☐ 80 Normal activity with effort
- ☐ 70 Cares for self; unable to carry on normal activity or to do active work
- ☐ 60 Requires occasional assistance but is able to care for most needs
- ☐ 50 Requires considerable assistance and frequent medical care
- ☐ 40 Disabled; requires special care and assistance
- ☐ 30 Severely disabled; hospitalization indicated, although death not imminent
- ☐ 20 Very sick; hospitalization necessary
- ☐ 10 Moribund; fatal process progressing rapidly.

☐ Lansky (recipient age ≥ 1 year and < 16 years) →

92. Lansky Scale (recipient age ≥ 1 year and < 16 years):

- ☐ 100 Fully active
- ☐ 90 Minor restriction in physically strenuous play
- ☐ 80 Restricted in strenuous play, tires more easily, otherwise active
- ☐ 70 Both greater restrictions of, and less time spent in, active play
- ☐ 60 Ambulatory up to 50% of time, limited active play with assistance/supervision
- ☐ 50 Considerable assistance required for any active play; fully able to engage in quiet play
- ☐ 40 Able to initiate quiet activities
- ☐ 30 Needs considerable assistance for quiet activity
- ☐ 20 Limited to very passive activity initiated by others (e.g., TV)
- ☐ 10 Completely disabled, not even passive play

93. Recipient CMV-antibodies (IgG or Total): ☐ Reactive ☐ Non-reactive ☐ Not done

Co-morbid Conditions

94. Is there a history of mechanical ventilation? ☐ Yes ☐ No

95. Is there a history of proven invasive fungal infection? ☐ Yes ☐ No

96. Were there ***clinically significant*** co-existing diseases or organ impairment at time of patient assessment prior to preparative regimen?
Source: Blood, 2005 Oct 15;106(8):2912-2919

☐ Yes →

☐ No

97. Arrhythmia **- For example, any history of atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment**
☐ Yes ☐ No ☐ Unknown

98. Cardiac **- Any history of coronary artery disease (one or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction ≤ 50% on the most recent test**
☐ Yes ☐ No ☐ Unknown

99. Cerebrovascular disease **- Any history of transient ischemic attack, subarachnoid hemorrhage or cerebrovascular accident**
☐ Yes ☐ No ☐ Unknown

100. Diabetes **- Requiring treatment with insulin or oral hypoglycemics in the last 4 weeks but not diet alone**
☐ Yes ☐ No ☐ Unknown

101. Heart valve disease **- Except asymptomatic mitral valve prolapse**
☐ Yes ☐ No ☐ Unknown

102. Hepatic, mild **- Chronic hepatitis, bilirubin > upper limit of normal to 1.5 × upper limit of normal, or AST/ALT > upper limit of normal to 2.5 × upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection**
☐ Yes ☐ No ☐ Unknown

103. Hepatic, moderate/severe **- Liver cirrhosis, bilirubin > 1.5 × upper limit of normal, or AST/ALT > 2.5 × upper limit of normal**
☐ Yes ☐ No ☐ Unknown

104. Infection **- For example, documented infection, fever of unknown origin, or pulmonary nodules requiring continuation of antimicrobial treatment after day 0**
☐ Yes ☐ No ☐ Unknown

105. Inflammatory bowel disease **- Any history of Crohn's disease or ulcerative colitis requiring treatment**
☐ Yes ☐ No ☐ Unknown

106. Obesity **- Patients with a body mass index > 35 kg/m² at time of transplant**
☐ Yes ☐ No ☐ Unknown

107. Peptic ulcer **- Any history of peptic ulcer confirmed by endoscopy and requiring treatment**
☐ Yes ☐ No ☐ Unknown

108. Psychiatric disturbance **- For example, depression, anxiety, bipolar disorder or schizophrenia requiring psychiatric consult or treatment in the last 4 weeks**
☐ Yes ☐ No ☐ Unknown

109. Pulmonary, moderate **- Corrected diffusion capacity of carbon monoxide and/or FEV_1 66-80% or dyspnea on slight activity at transplant**

☐ Yes ☐ No ☐ Unknown

110. Pulmonary, severe **- Corrected diffusion capacity of carbon monoxide and/or $FEV_1 \leq 65\%$ or dyspnea at rest or requiring oxygen at transplant**

☐ Yes ☐ No ☐ Unknown

111. Renal, moderate/severe **- Serum creatinine > 2 mg/dL or > 177 µmol/L or on dialysis at transplant, OR prior renal transplantation**

☐ Yes ☐ No ☐ Unknown

112. Rheumatologic **- For example, any history of systemic lupus erythmatosis, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia rheumatica requiring treatment (do NOT include degenerative joint disease, osteoarthritis)**

☐ Yes ☐ No ☐ Unknown

113. Solid tumor, prior **- Treated at any time point in the patient's past history, excluding non-melanoma skin cancer, leukemia, lymphoma or multiple myeloma**

☐ Yes → 114. Breast cancer
☐ No ☐ Yes → 115. Year of diagnosis: ___ ___ ___ ___
☐ Unknown ☐ No

116. Central nervous system (CNS) malignancy (glioblastoma, astrocytoma)

☐ Yes → 117. Year of diagnosis: ___ ___ ___ ___
☐ No

118. Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine)

☐ Yes → 119. Year of diagnosis: ___ ___ ___ ___
☐ No

120. Genitourinary malignancy (kidney, bladder, ovary, testicle, genitalia, uterus, cervix)

☐ Yes → 121. Year of diagnosis: ___ ___ ___ ___
☐ No

122. Lung cancer

☐ Yes → 123. Year of diagnosis: ___ ___ ___ ___
☐ No

124. Melanoma

☐ Yes → 125. Year of diagnosis: ___ ___ ___ ___
☐ No

126. Oropharyngeal cancer (tongue, buccal mucosa)

☐ Yes → 127. Year of diagnosis: ___ ___ ___ ___
☐ No

128. Sarcoma

☐ Yes → 129. Year of diagnosis: ___ ___ ___ ___
☐ No

130. Thyroid cancer
☐ Yes → 131. Year of diagnosis: ___ ___ ___ ___
☐ No

132. Other co-morbid condition
☐ Yes → 133. Specify other co-morbid condition: _____
☐ No
☐ Unknown

134. Was there a history of malignancy (hematologic or non-melanoma skin cancer) other than the primary disease for which this HCT is being performed?
☐ Yes →
☐ No

Specify which malignancy(ies) occurred:

135. Acute myeloid leukemia (AML/ANLL)
☐ Yes → 136. Year of diagnosis: ___ ___ ___ ___
☐ No

137. Other leukemia, including ALL
☐ Yes → 138. Year of diagnosis: ___ ___ ___ ___
☐ No 139. Specify leukemia: _____

140. Clonal cytogenetic abnormality without leukemia or MDS
☐ Yes → 141. Year of diagnosis: ___ ___ ___ ___
☐ No

142. Hodgkin disease
☐ Yes → 143. Year of diagnosis: ___ ___ ___ ___
☐ No

144. Lymphoma or lymphoproliferative disease
☐ Yes → 145. Year of diagnosis: ___ ___ ___ ___
☐ No 146. Was the tumor EBV positive? ☐ Yes ☐ No

147. Other skin malignancy (basal cell, squamous)
☐ Yes → 148. Year of diagnosis: ___ ___ ___ ___
☐ No 149. Specify other skin malignancy: _____

150. Myelodysplasia (MDS)/myeloproliferative (MPN) disorder
☐ Yes → 151. Year of diagnosis: ___ ___ ___ ___
☐ No

152. Other prior malignancy
☐ Yes → 153. Year of diagnosis: ___ ___ ___ ___
☐ No 154. Specify other prior malignancy: _____

Pre-HCT Preparative Regimen (Conditioning)

155. Height at initiation of pre-HCT preparative regimen: ___ ___ ___ ☐ inches ☐ centimeters
156. Actual weight at initiation of pre-HCT preparative regimen: ___ ___ ___ ☐ pounds ☐ kilograms

157. Was a pre-HCT preparative regimen prescribed?

☐ Yes → 158. Classify the recipient's prescribed preparative regimen: **(Allogeneic HCTs only)**

☐ Myeloablative

☐ Non-myeloablative (NST)

☐ Reduced intensity (RIC)

159. Date pre-HCT preparative regimen began (irradiation or drugs):

__ __ __ __ / __ __ / __ __
YYYY MM DD

(Use earliest date from questions 163, or 168-315)

160. Was irradiation planned as part of the pre-HCT preparative regimen?

☐ Yes → 161. What was the prescribed radiation field?

☐ No

☐ Total body

☐ Total body by tomotherapy

☐ Total lymphoid or nodal regions

☐ Thoracoabdominal region

162. Total prescribed dose: (dose per fraction x total number of fractions)

___ ___ ___ ___ ☐ Gy ☐ cGy

163. Date started: __ __ __ __ / __ __ / __ __
YYYY MM DD

164. Was the radiation fractionated?

☐ Yes → 165. Prescribed dose per fraction:

☐ No ___ ___ ___ ☐ Gy ☐ cGy

166. Number of days: (include "rest" days) ___

167. Total number of fractions: ___ ___

Indicate the total prescribed cumulative dose for the preparative regimen:

168. ALG, ALS, ATG, ATS

☐ Yes → 169. Total prescribed dose ___ ___ ___ ___ ☐ mg/m^2 ☐ mg/kg

☐ No

170. Date started: __ __ __ __ / __ __ / __ __
YYYY MM DD

171. Specify source:

☐ Horse

☐ Rabbit

☐ Other source → 172. Specify other source:

_____

173. Anthracycline

☐ Yes → 174. Daunorubicin

☐ No

☐ Yes → 175. Total prescribed dose:

☐ No ___ ___ ___ ___ ☐ mg/m^2 ☐ mg/kg

176. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

177. Doxorubicin (Adriamycin)
☐ Yes → 178. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

179. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

180. Idarubicin
☐ Yes → 181. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

182. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

183. Rubidazone
☐ Yes → 184. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

185. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

186. Other anthracycline
☐ Yes → 187. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

188. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

189. Specify other anthracycline: _____
_____

190. Bleomycin (BLM, Blenoxane)
☐ Yes → 191. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

192. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

193. Busulfan (Myleran)
☐ Yes → 194. Total prescribed dose: ___ ___ ___ ___
☐ No ☐ mg/m² ☐ mg/kg ☐ Target total AUC (µmol x min/L)

195. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

196. Specify administration: ☐ Oral ☐ IV ☐ Both

197. Carboplatin
☐ Yes → 198. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

199. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

200. Were pharmacokinetics performed to determine preparative regimen drug dosing?

☐ Yes → 201. Specify the target AUC:

☐ No ___ ___ ___ mg/mL/minute

202. Cisplatin (Platinol, CDDP)

☐ Yes → 203. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

☐ No

204. Date started: __ __ __ __ / __ __ / __ __
YYYY MM DD

205. Cladribine (2-CdA, Leustatin)

☐ Yes → 206. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

☐ No

207. Date started: __ __ __ __ / __ __ / __ __
YYYY MM DD

208. Corticosteroids (excluding anti-nausea medication)

☐ Yes → 209. Methylprednisolone (Solu-Medrol)

☐ No

☐ Yes → 210. Total prescribed dose:

☐ No ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

211. Date started: __ __ __ __ / __ __ / __ __
YYYY MM DD

212. Prednisone

☐ Yes → 213. Total prescribed dose:

☐ No ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

214. Date started: __ __ __ __ / __ __ / __ __
YYYY MM DD

215. Dexamethasone

☐ Yes → 216. Total prescribed dose:

☐ No ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

217. Date started: __ __ __ __ / __ __ / __ __
YYYY MM DD

218. Other corticosteroid

☐ Yes → 219. Total prescribed dose:

☐ No ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

220. Date started: __ __ __ __ / __ __ / __ __
YYYY MM DD

221. Specify other corticosteroid:

_____

222. Cyclophosphamide (Cytoxan)

☐ Yes → 223. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

☐ No

224. Date started: __ __ __ __ / __ __ / __ __
YYYY MM DD

225. Cytarabine (Ara-C)
☐ Yes → 226. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No
227. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

228. Etoposide (VP-16, VePesid)
☐ Yes → 229. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No
230. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

231. Fludarabine
☐ Yes → 232. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No
233. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

234. Ifosfamide
☐ Yes → 235. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No
236. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

237. Intrathecal therapy (chemotherapy)
☐ Yes → 238. Intrathecal cytarabine (IT Ara-C)
☐ No
☐ Yes → 239. Total prescribed dose:
☐ No ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
240. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

241. Intrathecal methotrexate (IT MTX)
☐ Yes → 242. Total prescribed dose:
☐ No ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
243. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

244. Intrathecal thiotepa
☐ Yes → 245. Total prescribed dose:
☐ No ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
246. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

247. Other intrathecal drug
☐ Yes → 248. Total prescribed dose:
☐ No ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
249. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

250. Specify other intrathecal drug:

_____

251. Melphalan (L-Pam)

☐ Yes → 252. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

☐ No

253. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

254. Specify administration: ☐ Oral ☐ IV ☐ Both

255. Mitoxantrone

☐ Yes → 256. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

☐ No

257. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

258. Monoclonal antibody

☐ Yes → 259. Radio labeled mAb

☐ No

☐ Yes → 260. Total prescribed dose of radioactive component: ___ ___ ___ ___ • ___

☐ mCi ☐ MBq

☐ No

261. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

Specify radio labeled mAb:

262. Tositumomab (Bexxar) ☐ Yes ☐ No

263. Ibritumomab tiuxetan (Zevalin)

☐ Yes ☐ No

264. Other radio labeled mAb

☐ Yes → 265. Specify radio labeled mAb:

☐ No

_____

266. Alemtuzumab (Campath)

☐ Yes → 267. Total prescribed dose: ___ ___ ___ ___

☐ No

☐ mg/m² ☐ mg/kg

268. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

269. Rituximab (Rituxan, anti CD20)

☐ Yes → 270. Total prescribed dose: ___ ___ ___ ___

☐ No

☐ mg/m² ☐ mg/kg

271. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

272. Gemtuzumab (Mylotarg, anti CD33)

☐ Yes → 273. Total prescribed dose:

☐ No

___ ___ ___ ___ ☐ mg/m² ☐ mg/kg

274. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

275. Other mAb
☐ Yes → 276. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

277. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

278. Specify other mAb: _____

279. Nitrosourea
☐ Yes → 280. Carmustine (BCNU)
☐ No
☐ Yes → 281. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

282. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

283. CCNU (Lomustine)
☐ Yes → 284. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

285. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

286. Other nitrosourea
☐ Yes → 287. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

288. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

289. Specify other nitrosourea:
_____

290. Paclitaxel (Taxol, Xyotax)
☐ Yes → 291. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

292. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

293. Teniposide (VM26)
☐ Yes → 294. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

295. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

296. Thiotepa
☐ Yes → 297. Total prescribed dose: ___ ___ ___ ___ ☐ mg/m² ☐ mg/kg
☐ No

298. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

299. Treosulfan
☐ Yes → 300. Total prescribed dose: ___ ___ ___ ___ ___
☐ No ☐ mg/m² ☐ mg/kg

301. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

302. Tyrosine kinase inhibitors
☐ Yes → 303. Dasatinib (Sprycel)
☐ No ☐ Yes → 304. Total prescribed dose: ___ ___ ___ ___
☐ No ☐ mg/m² ☐ mg/kg

305. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

306. Imatinib mesylate (STI571, Gleevec)
☐ Yes → 307. Total prescribed dose: ___ ___ ___ ___
☐ No ☐ mg/m² ☐ mg/kg

308. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

309. Nilotinib
☐ Yes → 310. Total prescribed dose: ___ ___ ___ ___
☐ No ☐ mg/m² ☐ mg/kg

311. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

312. Other drug
☐ Yes → 313. Total prescribed dose: ___ ___ ___ ___ ___
☐ No ☐ mg/m² ☐ mg/kg

314. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

315. Specify other drug: _____

GVHD Prophylaxis

This section is to be completed for allogeneic HCTs only; autologous HCTs continue with question 342.

316. Was GVHD prophylaxis planned/given?
☐ Yes →
☐ No

Specify:
317. ALG, ALS, ATG, ATS
☐ Yes → 318. Specify source:
☐ No ☐ Horse
☐ Rabbit
☐ Other source → 319. Specify other source:

_____

320. Corticosteroids (systemic) ☐ Yes ☐ No
321. Cyclosporine (CSA, Neoral, Sandimmune) ☐ Yes ☐ No

322. Cyclophosphamide (Cytoxan) ☐ Yes ☐ No
323. Extra-corporeal photopheresis (ECP) ☐ Yes ☐ No
324. FK 506 (Tacrolimus, Prograf) ☐ Yes ☐ No

325. In vivo monoclonal antibody
☐ Yes → **Specify in vivo monoclonal antibody:**
☐ No

326. Alemtuzumab (Campath) ☐ Yes ☐ No

327. Anti CD 25 (Zenapax, Daclizumab, AntiTAC)
☐ Yes → 328. Specify: _____
☐ No

329. Etanercept (Enbrel) ☐ Yes ☐ No
330. Infliximab (Remicade) ☐ Yes ☐ No

331. Other in vivo monoclonal antibody
☐ Yes → 332. Specify antibody: _____
☐ No _____

333. In vivo immunotoxin
☐ Yes → 334. Specify immunotoxin: _____
☐ No

335. Methotrexate (MTX) (Amethopterin) ☐ Yes ☐ No
336. Mycophenolate mofetil (MMF) (CellCept) ☐ Yes ☐ No
337. Sirolimus (Rapamycin, Rapamune) ☐ Yes ☐ No

338. Blinded randomized trial
☐ Yes → 339. Specify trial agent: _____
☐ No

340. Other agent
☐ Yes → 341. Specify other agent: _____
☐ No

Other Toxicity Modifying Regimen

Optional for non-U.S. Centers

342. Was KGF (palifermin, Kepivance) started or is there a plan to use it? ☐ Yes ☐ No ☐ Masked trial

Post-HCT Disease Therapy Planned as of Day 0

343. Is this HCT part of a planned multiple (sequential) graft/HCT protocol? ☐ Yes ☐ No

344. Is additional post-HCT therapy planned?
☐ Yes →
☐ No

Questions 345 – 355 are optional for non-U.S. centers

345. Bortezomib (Velcade) ☐ Yes ☐ No
346. Cellular therapy (e.g. DCI, DLI) ☐ Yes ☐ No
347. Dexamethosone ☐ Yes ☐ No

348. Intrathecal therapy (chemotherapy) ☐ Yes ☐ No
349. Tyrosine kinase inhibitor (e.g. imatinib mesylate) ☐ Yes ☐ No
350. Lenalidomide (Revlimid) ☐ Yes ☐ No
351. Local radiotherapy ☐ Yes ☐ No
352. Rituximab (Rituxan, Mabthera) ☐ Yes ☐ No
353. Thalidomide (Thalomid) ☐ Yes ☐ No
354. Other therapy
☐ Yes → 355. Specify other therapy: _____
☐ No

Primary Disease for HCT

356. Date of diagnosis of primary disease for HCT: __ __ __ __ / __ __ / __ __
YYYY MM DD

357. What was the primary disease for which the HCT was performed?

☐ Acute myelogenous leukemia(AML or ANLL) (10) ***- Go to question 358***
☐ Acute lymphoblastic leukemia (ALL) (20) ***- Go to question 419***
☐ Other acute leukemia (80) ***- Go to question 462***
☐ Chronic myelogenous leukemia (CML) (40) ***- Go to question 466***
☐ Myelodysplastic (MDS) / myeloproliferative (MPN) diseases (50) (Please classify all pre-leukemias) (If recipient has transformed to AML, indicate AML as the primary disease) ***- Go to question 480***
☐ Other leukemia (30) (includes CLL) ***- Go to question 573***
☐ Hodgkin lymphoma (150) ***- Go to question 580***
☐ Non-Hodgkin lymphoma (100) ***- Go to question 583***
☐ Multiple myeloma/plasma cell disorder (PCD) (170) ***- Go to question 589***
☐ Solid tumors (200) ***- Go to question 621***
☐ Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease) ***- Go to question 623***
☐ Inherited abnormalities of erythrocyte differentiation or function (310) ***- Go to question 625***
☐ Disorders of the immune system (400) ***- Go to question 628***
☐ Inherited abnormalities of platelets (500) ***- Go to question 631***
☐ Inherited disorders of metabolism (520) ***- Go to question 633***
☐ Histiocytic disorders (570) ***- Go to question 635***
☐ Autoimmune diseases (600) ***- Go to question 637***
☐ Other disease (900) ***- Go to question 645***

Acute Myelogenous Leukemia (AML)

358. Specify the AML classification:

- ☐ AML with t(9;11) (p22;q23); MLLT 3-MLL (5)
- ☐ AML with t(6;9) (p23;q24); DEK-NUP214 (6)
- ☐ AML with inv(3) (q21;q26.2) or t(3;3) (q21;q26.2); RPN1-EVI1 (7)
- ☐ AML (megakaryoblastic) with t(1;22) (p13;q13); RBM15-MKL1 (8)
- ☐ AML with t(8;21); (q22; q22); RUNX1/RUNX1T1 (281)
- ☐ AML with inv(16); (p13;1q22) or t(16;16) (p13.1; q22); CBFB/MYH11(282)
- ☐ APL with t(15;17); (q22;q12); RARA;PML (283)
- ☐ AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284)
- ☐ AML with myelodysplasia – related changes (285)
- ☐ Therapy related AML (t-AML) (9)
- ☐ Myeloid sarcoma (295)
- ☐ Blastic plasmacytoid dendritic cell neoplasm (296)
- ☐ AML or ANLL, not otherwise specified (280)
- ☐ AML, minimally differentiated (M0) (286)
- ☐ AML without maturation (M1) (287)
- ☐ AML with maturation (M2) (288)
- ☐ Acute myelomonocytic leukemia (M4) (289)
- ☐ Acute monoblastic/acute monocytic leukemia (M5) (290)
- ☐ Acute erythroid leukemia (erythroid/myeloid and pure erythroleukemia) (M6) (291)
- ☐ Acute megakaryoblastic leukemia (M7) (292)
- ☐ Acute basophilic leukemia (293)
- ☐ Acute panmyelosis with myelofibrosis (294)

359. Did AML transform from MDS or MPN?

☐ Yes **- Also complete Disease Classification questions 480-527** ☐ No

360. Is the disease (AML) therapy related? ☐ Yes ☐ No ☐ Unknown

361. Did the recipient have a predisposing condition?

☐ Yes → 362. Specify condition:

☐ No

☐ Unknown

- ☐ Bloom syndrome
- ☐ Down syndrome
- ☐ Fanconi anemia
- ☐ Neurofibromatosis type 1
- ☐ Other condition → 363. Specify other condition: _____

364. Were cytogenetics tested (conventional or FISH)?

☐ Yes → 365. Results of tests:

☐ No

☐ Unknown

- ☐ Abnormalities identified →
- ☐ No evaluable metaphases
- ☐ No abnormalities

Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:
Monosomy

366. –5 ☐ Yes ☐ No

367. –7	☐ Yes	☐ No
368. –17	☐ Yes	☐ No
369. –18	☐ Yes	☐ No
370. –X	☐ Yes	☐ No
371. –Y	☐ Yes	☐ No

Trisomy

372. +4	☐ Yes	☐ No
373. +8	☐ Yes	☐ No
374. +11	☐ Yes	☐ No
375. +13	☐ Yes	☐ No
376. +14	☐ Yes	☐ No
377. +21	☐ Yes	☐ No
378. +22	☐ Yes	☐ No

Translocation

379. t(3;3)	☐ Yes	☐ No
380. t(6;9)	☐ Yes	☐ No
381. t(8;21)	☐ Yes	☐ No
382. t(9;11)	☐ Yes	☐ No
383. t(9;22)	☐ Yes	☐ No
384. t(15;17) and variants	☐ Yes	☐ No
385. t(16;16)	☐ Yes	☐ No

Deletion

386. del(3q)/3q–	☐ Yes	☐ No
387. del(5q)/5q–	☐ Yes	☐ No
388. del(7q)/7q–	☐ Yes	☐ No
389. del(9q)/9q–	☐ Yes	☐ No
390. del(11q)/11q–	☐ Yes	☐ No
391. del(16q)/16q–	☐ Yes	☐ No
392. del(17q)/17q–	☐ Yes	☐ No
393. del(20q)/20q–	☐ Yes	☐ No
394. del(21q)/21q–	☐ Yes	☐ No

Inversion

395. inv(3)	☐ Yes	☐ No
396. inv(16)	☐ Yes	☐ No

Other

397. (11q23) any abnormality	☐ Yes	☐ No
398. 12p any abnormality	☐ Yes	☐ No
399. Complex - ≥ 3 distinct abnormalities	☐ Yes	☐ No

400. Other abnormality

☐ Yes → 401. Specify other abnormality: _____

☐ No

402. Were tests for molecular markers performed (e.g. PCR)?

☐ Yes → **Specify molecular markers identified at any time prior to the start of the preparative regimen:**

☐ No

☐ Unknown

403. CEBPA	☐ Positive	☐ Negative	☐ Not done
404. FLT3 – D835 point mutation	☐ Positive	☐ Negative	☐ Not done
405. FLT3 – ITD mutation	☐ Positive	☐ Negative	☐ Not done
406. IDH1	☐ Positive	☐ Negative	☐ Not done
407. IDH2	☐ Positive	☐ Negative	☐ Not done
408. KIT	☐ Positive	☐ Negative	☐ Not done
409. NPM1	☐ Positive	☐ Negative	☐ Not done

410. Other molecular marker

☐ Positive →

☐ Negative →

☐ Not done

411. Specify other molecular marker:

_____

Status at transplantation

412. What was the disease status (based on hematologic test results)?

☐ Primary induction failure (PIF)

☐ 1st complete remission → (no previous bone marrow or extramedullary relapse)

☐ 2nd complete remission →

☐ ≥ 3rd complete remission →

413. How many cycles of induction therapy were required to achieve CR?

☐ 1 ☐ 2 ☐ ≥ 3

414. Was the recipient in molecular remission?

☐ Yes
☐ No
☐ Unknown
☐ Not applicable

415. Was the recipient in remission by flow cytometry?

☐ Yes
☐ No
☐ Unknown
☐ Not applicable

416. Was the recipient in cytogenetic remission?

☐ Yes
☐ No
☐ Unknown
☐ Not applicable

☐ 1st relapse →

☐ 2nd relapse →

☐ ≥ 3rd relapse →

☐ No treatment

417. Date of most recent relapse:

__ __ __ __ / __ __ / __ __
YYYY MM DD

418. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to First Name***
YYYY MM DD

Acute Lymphoblastic Leukemia (ALL)

419. Specify ALL classification:

- ☐ t(9;22)(q34;q11); BCR/ABL1 (192)
- ☐ t(v;11q23); MLL rearranged (193)
- ☐ t(1;19)(q23;p13.3) E2A-PBX1 (194)
- ☐ t(12;21) (p12;q22); TEL-AML1 (195)
- ☐ t(5;14) (q31;q32); IL3-IGH (81)
- ☐ Hyperdiploidy (51-65 chromosomes) (82)
- ☐ Hypodiploidy (<45 chromosomes) (83)
- ☐ B-cell ALL, NOS {L1/L2} (191)
- ☐ T-cell lymphoblastic leukemia/lymphoma (Precursor T-cell ALL) (196)
- ☐ ALL, NOS (190)

420. Were tyrosine kinase inhibitors (i.e.imatinib mesylate) given for pre-HCT therapy at any time prior to start of the preparative regimen? ☐ Yes ☐ No

421. Were cytogenetics tested (conventional or FISH)?

☐ Yes → 422. Results of tests:

- ☐ No
- ☐ Unknown
- ☐ Abnormalities identified
- ☐ No evaluable metaphases
- ☐ No abnormalities

Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:

Monosomy

423. –7 ☐ Yes ☐ No

Trisomy

424. +4 ☐ Yes ☐ No
425. +8 ☐ Yes ☐ No
426. +17 ☐ Yes ☐ No
427. +21 ☐ Yes ☐ No

Translocation

428. t(1;19) ☐ Yes ☐ No
429. t(2;8) ☐ Yes ☐ No
430. t(4;11) ☐ Yes ☐ No
431. t(5;14) ☐ Yes ☐ No
432. t(8;14) ☐ Yes ☐ No
433. t(8;22) ☐ Yes ☐ No
434. t(9;22) ☐ Yes ☐ No
435. t(10;14) ☐ Yes ☐ No
436. t(11;14) ☐ Yes ☐ No
437. t(12;21) ☐ Yes ☐ No

Deletion

438. del(6q)/6q– ☐ Yes ☐ No
439. del(9p)/9p– ☐ Yes ☐ No

440. del(12p)/12p– ☐ Yes ☐ No

Addition

441. add(14q) ☐ Yes ☐ No

Other

442. (11q23) any abnormality ☐ Yes ☐ No
443. 9p any abnormality ☐ Yes ☐ No
444. 12p any abnormality ☐ Yes ☐ No
445. Hyperdiploid (> 50) ☐ Yes ☐ No
446. Hypodiploid (< 46) ☐ Yes ☐ No
447. Complex - ≥ 3 distinct abnormalities ☐ Yes ☐ No
448. Other abnormality
☐ Yes → 449. Specify other abnormality: _____
☐ No

450. Were tests for molecular markers performed (e.g. PCR)?
☐ Yes → **Specify molecular markers identified at any time prior to the start of the preparative regimen:**
☐ No
☐ Unknown

451. BCR/ABL ☐ Positive ☐ Negative ☐ Not done
452. TEL-AML/AML1 ☐ Positive ☐ Negative ☐ Not done
453. Other molecular marker
☐ Positive →
☐ Negative →
☐ Not done

454. Specify other molecular marker: _____

Status at Transplantation:

455. What was the disease status (based on hematologic test results)?
☐ Primary induction failure
☐ 1st complete remission → (no previous bone marrow or extramedullary relapse)
☐ 2nd complete remission →
☐ ≥ 3rd complete remission →

456. How many cycles of induction therapy were required to achieve CR?
☐ 1 ☐ 2 ☐ ≥ 3

457. Was the recipient in molecular remission?
☐ Yes
☐ No
☐ Unknown
☐ Not applicable

458. Was the recipient in remission by flow cytometry?
☐ Yes
☐ No
☐ Unknown
☐ Not applicable

459. Was the recipient in cytogenetic remission?
- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not applicable

- ☐ 1st relapse →
- ☐ 2nd relapse →
- ☐ ≥ 3rd relapse →
- ☐ No treatment

460. Date of most recent relapse:
__ __ __ __ / __ __ / __ __
YYYY MM DD

461. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to First Name***
YYYY MM DD

Other Acute Leukemia

462. Specify other acute leukemia classification:
- ☐ Acute undifferentiated leukemia (31)
- ☐ Biphenotypic, bilineage or hybrid leukemia (32)
- ☐ Acute mast cell leukemia (33)
- ☐ Other acute leukemia (89) → 463. Specify other acute leukemia: _____

Status at Transplantation:

464. What was the disease status (based on hematologic test results)?
- ☐ Primary induction failure
- ☐ 1st complete remission (no previous marrow or extramedullary relapse)
- ☐ 2nd complete remission
- ☐ ≥ 3rd complete remission
- ☐ 1st relapse
- ☐ 2nd relapse
- ☐ ≥ 3rd relapse
- ☐ No treatment

465. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to First Name***
YYYY MM DD

Chronic Myelogenous Leukemia (CML) Philadelphia chromosome+, Ph+, t(9;22)(q34;q11), or variant OR bcr/abl+

466. Specify CML classification:

- ☐ Ph+/bcr+ (41)
- ☐ Ph+/bcr- (42)
- ☐ Ph+/bcr unknown (43)
- ☐ Ph-/bcr+ (44)
- ☐ Ph unknown/bcr+ (47)

467. Was therapy given prior to this HCT?

- ☐ Yes → 468. Combination chemotherapy ☐ Yes ☐ No
- ☐ No
  - 469. Hydroxyurea (HU) ☐ Yes ☐ No
  - 470. Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib) ☐ Yes ☐ No
  - 471. Interferon-α (Intron, Roferon) (includes PEG) ☐ Yes ☐ No
  - 472. Other therapy
    - ☐ Yes → 473. Specify other therapy:_____
    - ☐ No

474. What was the disease status at last evaluation prior to the start of the preparative regimen?

- ☐ Complete hematologic remission →
- ☐ First chronic phase

Specify remission:

475. Cytogenetic complete remission (Ph negative)
- ☐ Yes
- ☐ No
- ☐ Unknown

476. Molecular complete remission (BCR/ABL negative)
- ☐ Yes
- ☐ No
- ☐ Unknown

477. CML disease status before treatment that achieved this CR:
- ☐ Chronic phase
- ☐ Accelerated phase
- ☐ Blast phase

- Go to question 478

- ☐ Second or greater chronic phase →
- ☐ Accelerated phase →
- ☐ Blast crisis →

478. Number
- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher

479. Date assessed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) ***- Go to First Name***

Myelodysplastic (MDS)/Myeloproliferative (MPN) Diseases

480. What was the MDS/MPN classification at diagnosis? **- If transformed to AML, indicate AML as primary disease; also complete Disease Classification questions 358-418**

- ☐ Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51)
- ☐ Refractory anemia with ringed sideroblasts (RARS) (55)
- ☐ Refractory anemia with excess blasts-1 (RAEB-1) (61)
- ☐ Refractory anemia with excess blasts-2 (RAEB-2) (62)
- ☐ Refractory cytopenia with multilineage dysplasia (RCMD) (64)
- ☐ Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68)
- ☐ Myelodysplastic syndrome with isolated del(5q) (5q– syndrome) (66)
- ☐ Myelodysplastic syndrome (MDS), unclassifiable (50)
- ☐ Chronic neutrophilic leukemia (165)
- ☐ Chronic eosinophilic leukemia, NOS (166)
- ☐ Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58)
- ☐ Polycythemia vera (PCV) (57)
- ☐ Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167)
- ☐ Myeloproliferative neoplasm (MPN), unclassifiable (60)
- ☐ Chronic myelomonocytic leukemia (CMMoL) (54)
- ☐ Juvenile myelomonocytic leukemia (JMML/JCML) (no evidence of Ph[1] or BCR/ABL) (36) ***- Go to question 525***
- ☐ Atypical chronic myeloid leukemia, Ph-/bcr/abl- {CML, NOS} (45) ***- Go to question 577***
- ☐ Atypical chronic myeloid leukemia, Ph-/bcr unknown {CML, NOS} (46) ***- Go to question 577***
- ☐ Atypical chronic myeloid leukemia, Ph unknown/bcr- {CML, NOS} (48) ***- Go to question 577***
- ☐ Atypical chronic myeloid leukemia, Ph unknown/bcr unknown {CML, NOS} (49) ***- Go to question 577***
- ☐ Myelodysplastic/myeloproliferative neoplasm, unclassifiable (69)

481. Was the disease (MDS/MPN) therapy related? ☐ Yes ☐ No ☐ Unknown

482. Did the recipient have a predisposing condition?

☐ Yes → 483. Specify condition:
- ☐ Aplastic anemia
- ☐ Bloom syndrome
- ☐ Down syndrome
- ☐ Fanconi anemia
- ☐ Other condition → 484. Specify other condition: _____

☐ No

☐ Unknown

Laboratory Studies at Diagnosis of MDS

485. WBC

☐ Known → 486. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

☐ Unknown

487. Hemoglobin

☐ Known → 488. ___ ___ ___ ___ • ___ ___ ☐ g/dL ☐ g/L ☐ mmol/L

☐ Unknown 489. Was RBC transfused < 30 days before date of test? ☐ Yes ☐ No

490. Platelets

☐ Known → 491. ___ ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

☐ Unknown 492. Were platelets transfused < 7 days before date of test? ☐ Yes ☐ No

493. Neutrophils

☐ Known → 494. ___ ___%

☐ Unknown

495. Blasts in bone marrow

☐ Known → 496. ___ ___ ___ %

☐ Unknown

497. Were cytogenetics tested (conventional or FISH)?

☐ Yes → 498. Results of tests:

☐ No

☐ Unknown

☐ Abnormalities identified

☐ No evaluable metaphases

☐ No abnormalities

Specify abnormalities identified at diagnosis:

499. Specify number of distinct cytogenetic abnormalities:

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

Monosomy

500. –5	☐ Yes	☐ No
501. –7	☐ Yes	☐ No
502. –13	☐ Yes	☐ No
503. –20	☐ Yes	☐ No
504. –Y	☐ Yes	☐ No

Trisomy

505. +8	☐ Yes	☐ No
506. +19	☐ Yes	☐ No

Translocation

507. t(1;3)	☐ Yes	☐ No
508. t(2;11)	☐ Yes	☐ No
509. t(3;3)	☐ Yes	☐ No
510. t(3;21)	☐ Yes	☐ No
511. t(6;9)	☐ Yes	☐ No
512. t(11;16)	☐ Yes	☐ No

Deletion

513. del(3q)/3q-	☐ Yes	☐ No
514. del(5q)/5q-	☐ Yes	☐ No
515. del(7q)/7q-	☐ Yes	☐ No
516. del(9q)/9q-	☐ Yes	☐ No
517. del(11q)/11q-	☐ Yes	☐ No
518. del(12p)/12p-	☐ Yes	☐ No
519. del(13q)/13q-	☐ Yes	☐ No
520. del(20q)/20q-	☐ Yes	☐ No

Inversion

521. inv(3) ☐ Yes ☐ No

Other

522. i17q ☐ Yes ☐ No

523. Other abnormality

☐ Yes → 524. Specify other abnormality: _____

☐ No

525. Did the recipient progress or transform to a different MDS/MPN subtype between diagnosis and the start of the preparative regimen?

☐ Yes → 526. Specify the date of the most recent transformation: __ __ __ __ / __ __ / __ __ (YYYY MM DD)

☐ No

527. Specify the MDS/MPN classification after transformation:

- ☐ Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51)
- ☐ Refractory anemia with ringed sideroblasts (RARS) (55)
- ☐ Refractory anemia with excess blasts-1 (RAEB-1) (61)
- ☐ Refractory anemia with excess blasts-2 (RAEB-2) (62)
- ☐ Refractory cytopenia with multilineage dysplasia (RCMD) (64)
- ☐ Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68)
- ☐ Myelodysplastic syndrome with isolated del(5q) (5q– syndrome) (66)
- ☐ Myelodysplastic syndrome (MDS), unclassifiable (50)
- ☐ Chronic neutrophilic leukemia (165)
- ☐ Chronic eosinophilic leukemia, NOS (166)
- ☐ Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58)
- ☐ Polycythemia vera (PCV) (57)
- ☐ Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167)
- ☐ Myeloproliferative neoplasm (MPN), unclassifiable (60)
- ☐ Chronic myelomonocytic leukemia (CMMoL) (54)
- ☐ Myelodysplastic/myeloproliferative neoplasm, unclassifiable (69)
- ☐ Transformed to AML (70) ***- Go to First Name.***

Laboratory studies at last evaluation prior to the start of the preparative regimen:

528. WBC

☐ Known → 529. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

☐ Unknown

530. Hemoglobin

☐ Known → 531. ___ ___ ___ ___ • ___ ___ ☐ g/dL ☐ g/L ☐ mmol/L

☐ Unknown 532. Was RBC transfused < 30 days before date of test? ☐ Yes ☐ No

533. Platelets

☐ Known → 534. ___ ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

☐ Unknown 535. Were platelets transfused < 7 days before date of test? ☐ Yes ☐ No

536. Neutrophils
- ☐ Known → 537. ___ ___%
- ☐ Unknown

538. Blasts in bone marrow
- ☐ Known → 539. ___ ___ ___ %
- ☐ Unknown

540. Were cytogenetics tested (conventional or FISH)?
- ☐ Yes → 541. Results of tests:
  - ☐ Abnormalities identified
  - ☐ No evaluable metaphases
  - ☐ No abnormalities
- ☐ No
- ☐ Unknown

Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:

542. Specify number of distinct cytogenetic abnormalities:
- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

Monosomy

543. –5	☐ Yes	☐ No
544. –7	☐ Yes	☐ No
545. –13	☐ Yes	☐ No
546. –20	☐ Yes	☐ No
547. –Y	☐ Yes	☐ No

Trisomy

548. +8	☐ Yes	☐ No
549. +19	☐ Yes	☐ No

Translocation

550. t(1;3)	☐ Yes	☐ No
551. t(2;11)	☐ Yes	☐ No
552. t(3;3)	☐ Yes	☐ No
553. t(3;21)	☐ Yes	☐ No
554. t(6;9)	☐ Yes	☐ No
555. t(11;16)	☐ Yes	☐ No

Deletion

556. del(3q)/3q-	☐ Yes	☐ No
557. del(5q)/5q-	☐ Yes	☐ No
558. del(7q)/7q-	☐ Yes	☐ No
559. del(9q)/9q-	☐ Yes	☐ No
560. del(11q)/11q-	☐ Yes	☐ No
561. del(12p)/12p-	☐ Yes	☐ No
562. del(13q)/13q-	☐ Yes	☐ No
563. del(20q)/20q-	☐ Yes	☐ No

Inversion

564. inv(3) ☐ Yes ☐ No

Other

565. i17q ☐ Yes ☐ No

566. Other abnormality

☐ Yes → 567. Specify other abnormality: _____

☐ No

Status at Transplantation

568. What was the disease status?

☐ Complete remission (CR) **- requires all of the following, maintained for ≥ 4 weeks: * bone marrow evaluation: < 5% myeloblasts with normal maturation of all cell lines * peripheral blood evaluation: hemoglobin ≥ 11 g/dL untransfused and without erythropoietin support; ANC ≥ 1000/mm³ without myeloid growth factor support; platlets ≥ 100 x 10⁹/L without thrombopoietic support; 0% blasts *- Go to question 572***

☐ Hematologic improvement (HI) **- requires one measurement of the following, maintained for ≥ 8 weeks without ongoing cytotoxic therapy; specify which cell line was measured to determine HI response: * HI-E – hemoglobin increase of ≥ 1.5 g/dL untransfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks * HI-P – for pre-treatment platelet count of > 20 x 10⁹/L, platelet absolute increase of ≥ 30 x 10⁹/L; for pre-treatment platelet count of < 20 x 10⁹/L, platelet absolute increase of ≥ 20 x 10⁹/L and ≥ 100% from pre-treatment level * HI-N – neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm³ *- Go to question 569***

☐ No response (NR)/stable disease (SD) **- does not meet the criteria for at least HI, but no evidence of disease progression *- Go to question 572***

☐ Progression from hematologic improvement (Prog from HI) – **requires at least one of the following, in the absence of another explanation (e.g., infection, bleeding, ongoing chemotherapy, etc.): * ≥ 50% reduction from maximum response levels in granulocytes or platelets * reduction in hemoglobin by ≥ 1.5 g/dL *transfusion dependence *- Go to question 570***

☐ Relapse from complete remission (Rel from CR) **- requires at least one of the following: * return to pre-treatment bone marrow blast percentage * decrease of ≥ 50% from maximum response levels in granulocytes or platelets * transfusion dependence, or hemoglobin level ≥ 1.5 g/dL lower than prior to therapy *- Go to question 571***

☐ Not assessed ***- Go to First Name.***

569. Specify the cell line examined to determine HI status:

☐ HI-E **- hemoglobin increase of ≥ 1.5 g/dL untransfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks *- Go to question 572***

☐ HI-P **- for pre-treatment platelet count of > 20 x 10⁹/L, platelet absolute increase of ≥ 30 x 10⁹/L; for pre-treatment platelet count of < 20 x 10⁹/L, platelet absolute increase of ≥ 20 x 10⁹/L and ≥ 100% from pre-treatment level *- Go to question 572***

☐ HI-N **- neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm³ *- Go to question 572***

570. Date of progression: ___ ___ ___ ___/ ___ ___ / ___ ___ ***- Go to question 572***
YYYY MM DD

571. Date of relapse: ___ ___ ___ ___ / ___ ___ / ___ ___ ***- Go to question 572***
YYYY MM DD

572. Date assessed: ___ ___ ___ ___ / ___ ___ / ___ ___ ***- Go to First Name***
YYYY MM DD

Other Leukemia (OL)

573. Specify the other leukemia classification:

- ☐ Chronic lymphocytic leukemia (CLL), NOS (34) ***- Go to question 575***
- ☐ Chronic lymphocytic leukemia (CLL), B-cell/small lymphocytic lymphoma (SLL) (71) ***- Go to question 575***
- ☐ Hairy cell leukemia (35) ***- Go to question 578***
- ☐ Prolymphocytic leukemia (PLL), NOS (37) ***- Go to question 575***
- ☐ PLL, B-cell (73) ***- Go to question 575***
- ☐ PLL, T-cell (74) ***- Go to question 575***
- ☐ Other leukemia, NOS (30) ***- Go to question 577***
- ☐ Other leukemia (39) → 574. Specify other leukemia: _____ ***- Go to question 577***

575. Was any 17p abnormality detected? ☐ Yes ☐ No

If disease classification is CLL, go to question 576. If PLL, go to question 578.

576. Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?

- ☐ Yes ***- Go to question 583*** **- Also complete disease classification questions 583-585**
- ☐ No ***- Go to question 578***

Status at transplantation:

577. What was the disease status? (Atypical CML)

- ☐ Primary induction failure
- ☐ 1st complete remission (no previous bone marrow or extramedullary relapse)
- ☐ 2nd complete remission
- ☐ ≥ 3rd complete remission
- ☐ 1st relapse
- ☐ 2nd relapse
- ☐ ≥ 3rd relapse
- ☐ No treatment

- Go to question 579

Status at transplantation:

578. What was the disease status? (CLL, PLL, Hairy cell Leukemia)

- ☐ Never treated
- ☐ Complete remission (CR)
- ☐ Nodular partial remission (nPR)
- ☐ Partial remission (PR)
- ☐ No response/stable (NR/SD)
- ☐ Progression
- ☐ Relapse (untreated)

579. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to First Name***
YYYY MM DD

Hodgkin Lymphoma

580. Specify Hodgkin lymphoma classification:

- ☐ Nodular lymphocyte predominant Hodgkin lymphoma (155)
- ☐ Lymphocyte-rich (151)
- ☐ Nodular sclerosis (152)
- ☐ Mixed cellularity (153)
- ☐ Lymphocyte depleted (154)
- ☐ Hodgkin lymphoma, NOS (150)

Status at transplantation:

581. What was the disease status?

- ☐ Disease untreated
- ☐ PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.
- ☐ PIF sen/PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.
- ☐ PIF unk - Primary induction failure – sensitivity unknown
- ☐ CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant
- ☐ CR2 - 2nd complete remission
- ☐ CR3+ - 3rd or subsequent complete remission
- ☐ REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse
- ☐ REL1 res - 1st relapse – resistant: stable or progressive disease with treatment
- ☐ REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2)
- ☐ REL1 unk - 1st relapse – sensitivity unknown
- ☐ REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse
- ☐ REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment
- ☐ REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)
- ☐ REL2 unk - 2nd relapse – sensitivity unknown
- ☐ REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse
- ☐ REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment
- ☐ REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)
- ☐ REL3+ unk - 3rd relapse or greater – sensitivity unknown

582. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to First Name***
YYYY MM DD

Non-Hodgkin Lymphoma

583. Specify Non-Hodgkin lymphoma classification:

- ☐ Splenic marginal zone B-cell lymphoma (124)
- ☐ Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)
- ☐ Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)
- ☐ Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
- ☐ Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)
- ☐ Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)
- ☐ Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)
- ☐ Follicular (grade unknown) (164)
- ☐ Mantle cell lymphoma (115)
- ☐ Intravascular large B-cell lymphoma (136)
- ☐ Primary mediastinal (thymic) large B-cell lymphoma (125)
- ☐ Primary effusion lymphoma (138)
- ☐ Diffuse, large B-cell lymphoma — NOS (107)
- ☐ Burkitt lymphoma (111)
- ☐ B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and Burkitt lymphoma (140)
- ☐ B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin Lymphoma (149)
- ☐ T-cell/histiocytic rich large B-cell lymphoma (120)
- ☐ Primary diffuse large B-cell lymphoma of the CNS (118)
- ☐ Waldenstrom macroglobulinemia/Lymphoplasmacytic lymphoma (173)
- ☐ Other B-cell lymphoma (129) ***– Go to question 584***
- ☐ Extranodal NK/T-cell lymphoma, nasal type (137)
- ☐ Enteropathy-type T-cell lymphoma (133)
- ☐ Hepatosplenic T-cell lymphoma (145)
- ☐ Subcutaneous panniculitis-like T-cell lymphoma (146)
- ☐ Mycosis fungoides (141)
- ☐ Sezary syndrome (142)
- ☐ Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147)
- ☐ Peripheral T-cell lymphoma (PTCL), NOS (130)
- ☐ Angioimmunoblastic T-cell lymphoma (131)
- ☐ Anaplastic large-cell lymphoma (ALCL), ALK positive (143)
- ☐ Anaplastic large-cell lymphoma (ALCL), ALK negative (144)
- ☐ T-cell large granular lymphocytic leukemia (126)
- ☐ Aggressive NK-cell leukemia (27)
- ☐ Adult T-cell lymphoma/leukemia (HTLV1 associated) (134)
- ☐ Other T-cell/NK-cell lymphoma (139) ***- Go to question 584***

584. Specify other lymphoma: _____

585. Is the non-Hodgkin lymphoma histology reported at diagnosis (question 583) a transformation from CLL?

☐ Yes **(Also complete Disease Classification questions 573 - 576)**

☐ No ⟶ 586. Is the non-Hodgkin lymphoma histology reported (in question 583) a transformation from, or was it diagnosed at the same time as another lymphoma (not CLL)?

☐ Yes ☐ No

Status at Transplantation

587. What was the disease status?

☐ Disease untreated

☐ PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.

☐ PIF sen/PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.

☐ PIF unk - Primary induction failure – sensitivity unknown

☐ CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant

☐ CR2 - 2nd complete remission

☐ CR3+ - 3rd or subsequent complete remission

☐ REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse

☐ REL1 res - 1st relapse – resistant: stable or progressive disease with treatment

☐ REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2)

☐ REL1 unk - 1st relapse – sensitivity unknown

☐ REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse

☐ REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment

☐ REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)

☐ REL2 unk - 2nd relapse – sensitivity unknown

☐ REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse

☐ REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment

☐ REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)

☐ REL3+ unk - 3rd relapse or greater – sensitivity unknown

588. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to First Name***
YYYY MM DD

Multiple Myeloma/Plasma Cell Disorder (PCD)

589. Specify the multiple myeloma/plasma cell disorder (PCD) classification:

- ☐ Multiple myeloma-IgG (181) ***- Go to questions 591***
- ☐ Multiple myeloma-IgA (182) ***- Go to questions 591***
- ☐ Multiple myeloma-IgD (183) ***- Go to questions 591***
- ☐ Multiple myeloma-IgE (184) ***- Go to questions 591***
- ☐ Multiple myeloma-IgM (not Waldenstrom macroglobulinemia) (185) ***- Go to questions 591***
- ☐ Multiple myeloma-light chain only (186) ***- Go to questions 591***
- ☐ Multiple myeloma-non-secretory (187) ***- Go to questions 592***
- ☐ Plasma cell leukemia (172) ***- Go to question 597***
- ☐ Solitary plasmacytoma (no evidence of myeloma) (175) ***- Go to question 597***
- ☐ Amyloidosis (174) ***- Go to question 597***
- ☐ Osteosclerotic myeloma/POEMS syndrome (176) ***- Go to question 597***
- ☐ Light chain deposition disease (177) ***- Go to question 597***
- ☐ Other plasma cell disorder (179) ***- Go to question 590***

590. Specify other plasma cell disorder: _____
- Go to question 597

591. Light chain ☐ kappa ☐ lambda

592. What was the Durie-Salmon staging (at diagnosis)?

- ☐ Stage I (All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG < 5g/dL, IgA < 3g/dL; urine light chain M-component on electrophoresis <4g/24h) ***- Go to questions 593***
- ☐ Stage II (Fitting neither Stage I or Stage III) ***- Go to questions 593***
- ☐ Stage III (One of more of the following: Hgb <8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates IgG >7g/dL, IgA > 5g/dL; Bence Jones protein >12g/24h)
- Go to questions 593
- ☐ Unknown ***- Go to questions 594***

593. What was the Durie-Salmon sub classification (at diagnosis)?

- ☐ A - relatively normal renal function (serum creatinine < 2.0 mg/dL)
- ☐ B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)

I.S.S.:

594. Serum β2-microglobulin:

___ ___ ___ • ___ ___ ___ ☐ µg/dL ☐ mg/L ☐ nmol/L

595. Serum albumin: ___ ___ • ___ ☐ g/dL ☐ g/L

596. Stage

- ☐ 1 (β_2-mic < 3.5, S. albumin > 3.5)
- ☐ 2 (β_2-mic 3.5–< 5.5, S. albumin —)
- ☐ 3 (β_2-mic ≥ 5.5; S. albumin —)

597. Were cytogenetics tested (conventional or FISH)?

☐ Yes → 598. Results of tests:
☐ No
☐ Unknown

☐ Abnormalities identified
☐ No evaluable metaphases
☐ No abnormalities

Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:

Trisomy

599. +3	☐ Yes	☐ No
600. +5	☐ Yes	☐ No
601. +7	☐ Yes	☐ No
602. +9	☐ Yes	☐ No
603. +11	☐ Yes	☐ No
604. +15	☐ Yes	☐ No
605. +19	☐ Yes	☐ No

Translocation

606. t(4;14)	☐ Yes	☐ No
607. t(6;14)	☐ Yes	☐ No
608. t(11;14)	☐ Yes	☐ No
609. t(14;16)	☐ Yes	☐ No
610. t(14;20)	☐ Yes	☐ No

Deletion

611. del 13/13q-	☐ Yes	☐ No
612. del 17/17p-	☐ Yes	☐ No

Other

613. Hyperdiploid (>50)	☐ Yes	☐ No
614. Hypodiploid (<46)	☐ Yes	☐ No
615. Any abnormality at 1q	☐ Yes	☐ No
616. Any abnormality at 1p	☐ Yes	☐ No

617. Other abnormality

☐ Yes → 618. Specify other abnormality: _____
☐ No

Status at transplantation:

619. What was the disease status?

☐ Stringent complete remission (sCR) **- CR as defined, plus: normal free light chain ratio, and absence of clonal cells in the bone marrow by immunohistochemistry or immunofluorescence (confirmation with repeat bone marrow biopsy not needed). (Presence and/or absence of clonal cells is based upon the κ/λ ratio. An abnormal κ/λ ratio by immunohistochemistry and/or immunofluorescence requires a minimum of 100 plasma cells for analysis. An abnormal ratio reflecting the presence of an abnormal clone is κ/λ of > 4:1 or < 1:2.) sCR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy sCR requirements. *- Go to questions 620***

☐ Complete remission (CR) **- negative immunofixation on serum and urine samples, and disappearance of any soft tissue plasmacytomas, and ≤ 5% plasma cells in the bone marrow (confirmation with repeat bone marrow biopsy not needed). CR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies**

are not required to satisfy CR requirements. - *Go to questions 620*

☐ Near complete remission (nCR) **- serum & urine M-protein detectable by immunoelectrophoresis (IFE), but not on electrophoresis (negative SPEP & UPEP); ≤ 5% plasma cells in bone marrow. nCR requires two consecutive assessments made at any time before the initiation of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy nCR requirements. *- Go to questions 620***

☐ Very good partial remission (VGPR) **- serum and urine M-protein detectable by immunofixation but not on electrophoresis, or ≥ 90% reduction in serum M-protein and urine M-protein level < 100 mg/24 hours. VGPR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy VGPR requirements. *- Go to questions 620***

☐ Partial remission (PR) **- ≥ 50% reduction in serum M-protein, and reduction in 24-hour urinary M-protein by ≥ 90% or to < 200 mg/24 hours. If the serum and urine M-protein are unmeasurable (i.e., do not meet any of the following criteria: • serum M-protein ≥ 1 g/dL. Urine M-protein ≥ 200 mg/24 hours • serum free light chain assay shows involved level ≥ 10 mg/dL, provided serum free light chain ratio is abnormal), a ≥ 50% decrease in the difference between involved and uninvolved free light chain levels is required in place of the M-protein criteria. If serum and urine M-protein are unmeasurable, and serum free light assay is also unmeasurable, a ≥ 50% reduction in plasma cells is required in place of M-protein, provided the baseline bone marrow plasma cell percentage was ≥ 30%. In addition to the above listed criteria, a ≥ 50% reduction in the size of soft tissue plasmacytomas is also required, if present at baseline. PR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy PR requirements. *- Go to questions 620***

☐ Stable disease (SD) **- not meeting the criteria for CR, VGPR, PR or PD. SD requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy SD requirements. *- Go to questions 620***

☐ Progressive disease (PD) **- requires any one or more of the following: Increase of ≥ 25% from baseline in: serum M-component and/or (absolute increase ≥ 0.5 g/dL) (for progressive disease, serum M-component increases of ≥ 1 g/dL are sufficient to define relapse if the starting M-component is ≥ 5 g/dL). Urine M-component and/or (absolute increase ≥ 200 mg. 24 hours) for recipients without measurable serum and urine M-protein levels: the difference between involved and uninvolved free light chain levels (absolute increase > 10 mg/dL). Bone marrow plasma cell percentage (absolute percentage ≥ 10%) (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) definite development of new bone lesions or soft tissue plasmacytomas, or definite increase in the size of any existing bone lesions or soft tissue plasmacytomas. Development of hypercalcemia (corrected serum calcium > 11.5 mg/dL or 2.65 mmol) that can be attributed solely to the plasma cell proliferative disorder PD requires two consecutive assessments made at any time before classification as disease progression, and/or the institution of any new therapy. *- Go to questions 620***

☐ Relapse from CR (Rel) (untreated) **- requires one or more of the following: reappearance of serum or urine M-protein by immunofixation or electrophoresis development of ≥ 5% plasma cells in the bone marrow (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) appearance of any other sign of progression (e.g., new plasmacytoma, lytic bone lesion, hypercalcemia) Rel requires two consecutive assessments made at any time before classification as relapse, and/or the institution of any new therapy. *- Go to questions 620***

☐ Unknown ***- Go to First Name***

☐ Not applicable **- (Amyloidosis with no evidence of myeloma)** ***- Go to First Name***

620. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to First Name***
YYYY MM DD

Solid Tumors

621. Specify the solid tumor classification:

- ☐ Breast cancer (250)
- ☐ Lung, small cell (202)
- ☐ Lung, non-small cell (203)
- ☐ Lung, not otherwise specified (230)
- ☐ Germ cell tumor, extragonadal (225)
- ☐ Testicular (210)
- ☐ Ovarian (epithelial) (214)
- ☐ Bone sarcoma (excluding Ewing family tumors) (273)
- ☐ Ewing family tumors of bone (including PNET) (275)
- ☐ Ewing family tumors, extraosseous (including PNET) (276)
- ☐ Fibrosarcoma (244)
- ☐ Hemangiosarcoma (246)
- ☐ Leiomyosarcoma (242)
- ☐ Liposarcoma (243)
- ☐ Lymphangio sarcoma (247)
- ☐ Neurogenic sarcoma (248)
- ☐ Rhabdomyosarcoma (232)
- ☐ Synovial sarcoma (245)
- ☐ Soft tissue sarcoma (excluding Ewing family tumors) (274)
- ☐ Central nervous system tumor, including CNS PNET (220)
- ☐ Medulloblastoma (226)
- ☐ Neuroblastoma (222)
- ☐ Head/neck (201)
- ☐ Mediastinal neoplasm (204)
- ☐ Colorectal (228)
- ☐ Gastric (229)
- ☐ Pancreatic (206)
- ☐ Hepatobiliary (207)
- ☐ Prostate (209)
- ☐ External genitalia (211)
- ☐ Cervical (212)
- ☐ Uterine (213)
- ☐ Vaginal (215)
- ☐ Melanoma (219)
- ☐ Wilm tumor (221)
- ☐ Retinoblastoma (223)
- ☐ Thymoma (231)
- ☐ Renal cell (208)
- ☐ Other solid tumor (269)

  → 622. Specify other solid tumor: _____

- ☐ Solid tumor, not otherwise specified (200)

- Go to First Name

Severe Aplastic Anemia

623. Specify the severe aplastic anemia classification:

- ☐ Acquired severe aplastic anemia, not otherwise specified (301)
- ☐ Acquired SAA secondary to hepatitis (302)
- ☐ Acquired SAA secondary to toxin / other drug (303)
- ☐ Acquired amegakaryocytosis (not congenital) (304)
- ☐ Acquired pure red cell aplasia (not congenital) (306)
- ☐ Dyskeratosis congenita (307)
- ☐ Other acquired cytopenic syndrome (309)

→ 624. Specify other acquired cytopenic syndrome:_____

- Go to First Name

Inherited Abnormalities of Erythrocyte Differentiation or Function

625. Specify the inherited abnormalities of erythrocyte differentiation or function classification:

- ☐ Paroxysmal nocturnal hemoglobinuria (PNH) (56)
- ☐ Shwachman-Diamond (305)
- ☐ Diamond-Blackfan anemia (pure red cell aplasia) (312)
- ☐ Other constitutional anemia (319)

→ 626. Specify other constitutional anemia: _____

- ☐ Fanconi anemia (311) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease).
- ☐ Sickle thalassemia (355)
- ☐ Sickle cell disease (356)
- ☐ Beta thalassemia major (357)
- ☐ Other hemoglobinopathy (359)

→ 627. Specify other hemoglobinopathy: _____

- Go to First Name

Disorders of the immune system

628. Specify disorder of immune system classification:

- ☐ Adenosine deaminase (ADA) deficiency/severe combined immunodeficiency (SCID) (401)
- ☐ Absence of T and B cells SCID (402)
- ☐ Absence of T, normal B cell SCID (403)
- ☐ Omenn syndrome (404)
- ☐ Reticular dysgenesis (405)
- ☐ Bare lymphocyte syndrome (406)
- ☐ Other SCID (419)
  - → 629. Specify other SCID: _____
- ☐ SCID, not otherwise specified (410)
- ☐ Ataxia telangiectasia (451)
- ☐ HIV infection (452)
- ☐ DiGeorge anomaly (454)
- ☐ Common variable immunodeficiency (457)
- ☐ Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459)
- ☐ Kostmann agranulocytosis (congenital neutropenia) (460)
- ☐ Neutrophil actin deficiency (461)
- ☐ Cartilage-hair hypoplasia (462)
- ☐ CD40 ligand deficiency (464)
- ☐ Other immunodeficiencies (479)
  - → 630. Specify other immunodeficiency: _____
- ☐ Immune deficiency, not otherwise specified (400)
- ☐ Chediak-Higashi syndrome (456)
- ☐ Griscelli syndrome type 2 (465)
- ☐ Hermansky-Pudlak syndrome type 2 (466)
- ☐ Chronic granulomatous disease (455)
- ☐ Wiskott-Aldrich syndrome (453)
- ☐ X-linked lymphoproliferative syndrome (458)

- Go to First Name

Inherited abnormalities of platelets

631. Specify inherited abnormalities of platelets classification:

- ☐ Congenital amegakaryocytosis/congenital thrombocytopenia (501)
- ☐ Glanzmann thrombasthenia (502)
- ☐ Other inherited platelet abnormality (509)
  - → 632. Specify other inherited platelet abnormality: _____

- Go to First Name

Inherited Disorders of Metabolism

633. Specify inherited disorders of metabolism classification:

- ☐ Osteopetrosis (malignant infantile osteopetrosis) (521)

Leukodystrophies

- ☐ Metachromatic leukodystrophy (MLD) (542)
- ☐ Adrenoleukodystrophy (ALD) (543)
- ☐ Krabbe disease (globoid leukodystrophy) (544)
- ☐ Lesch-Nyhan (HGPRT deficiency) (522)
- ☐ Neuronal ceroid lipofuscinosis (Batten disease) (523)

Mucopolysaccharidoses

- ☐ Hurler syndrome (IH) (531)
- ☐ Scheie syndrome (IS) (532)
- ☐ Hunter syndrome (II) (533)
- ☐ Sanfilippo (III) (534)
- ☐ Morquio (IV) (535)
- ☐ Maroteaux-Lamy (VI) (536)
- ☐ β-glucuronidase deficiency (VII) (537)
- ☐ Mucopolysaccharidosis (V) (538)
- ☐ Mucopolysaccharidosis, not otherwise specified (530)

Mucolipidoses

- ☐ Gaucher disease (541)
- ☐ Niemann-Pick disease (545)
- ☐ I-cell disease (546)
- ☐ Wolman disease (547)
- ☐ Glucose storage disease (548)
- ☐ Mucolipidoses, not otherwise specified (540)

Polysaccharide hydrolase abnormalities

- ☐ Aspartyl glucosaminidase (561)
- ☐ Fucosidosis (562)
- ☐ Mannosidosis (563)
- ☐ Polysaccharide hydrolase abnormality, not otherwise specified (560)
- ☐ Other inherited metabolic disorder (529)

  → 634. Specify other inherited metabolic disorder: _____

- ☐ Inherited metabolic disorder, not otherwise specified (520)

- Go to First Name

Histiocytic disorders

635. Specify histiocytic disorder classification:

- ☐ Hemophagocytic lymphohistiocytosis (HLH) (571)
- ☐ Langerhans cell histiocytosis (histiocytosis-X) (572)
- ☐ Hemophagocytosis (reactive or viral associated) (573)
- ☐ Malignant histiocytosis (574)
- ☐ Other histiocytic disorder (579)
  - → 636. Specify other histiocytic disorder: _____
- ☐ Histiocytic disorder, not otherwise specified (570)

- Go to First Name

Autoimmune diseases

637. Specify autoimmune disease classification:

Arthritis

- ☐ Rheumatoid arthritis (603)
- ☐ Psoriatic arthritis/psoriasis (604)
- ☐ Juvenile idiopathic arthritis (JIA): systemic (Stills disease) (640)
- ☐ JIA: oligoarticular (641)
- ☐ Juvenile idiopathic arthritis (JIA): other (643)
  - → 639. Specify other juvenile idiopathic arthritis (JIA): _____
- ☐ Other arthritis (633)
  - → 638. Specify other arthritis: _____

Multiple sclerosis

- ☐ Multiple sclerosis (602)

Connective tissue diseases

- ☐ Systemic sclerosis (scleroderma) (607)
- ☐ Systemic lupus erythematosis (SLE) (605)
- ☐ Sjögren syndrome (608)
- ☐ Polymyositis/dermatomyositis (606)
- ☐ Antiphospholipid syndrome (614)
- ☐ Other connective tissue disease (634)
  - → 640. Specify other connective tissue disease:_____

Vasculitis

- ☐ Wegener granulomatosis (610)
- ☐ Classical polyarteritis nodosa (631)
- ☐ Microscopic polyarteritis nodosa (632)
- ☐ Churg-Strauss (635)
- ☐ Giant cell arteritis (636)
- ☐ Takayasu (637)
- ☐ Behcet syndrome (638)
- ☐ Overlap necrotizing arteritis (639)
- ☐ Other vasculitis (611)
  - → 641. Specify other vasculitis: _____

Other neurological autoimmune diseases

- ☐ Myasthenia gravis (601)
- ☐ Other autoimmune neurological disorder (644)
  - → 642. Specify other autoimmune neurological disorder: _____

Hematological autoimmune diseases

- ☐ Idiopathic thrombocytopenic purpura (ITP) (645)
- ☐ Hemolytic anemia (646)
- ☐ Evan syndrome (647)
- ☐ Other autoimmune cytopenia (648)

643. Specify other autoimmune cytopenia: _____

Bowel diseases

- ☐ Crohn's disease (649)
- ☐ Ulcerative colitis (650)
- ☐ Other autoimmune bowel disorder (651)

644. Specify other autoimmune bowel disorder: _____

- Go to First Name

Other Disease

645. Specify other disease: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
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