Form 2402 R3.0: Disease Classification

Key Fields

Sequence Number: __ __ __ __ - __ __- __ __
Date Received: __ __ __ __ - __ __- __ __
CIBMTR Center Number: __ __ __ __ - __ __- __ __
CIBMTR Research ID: __ __ __ __ - __ __- __ __
Event date: __ __ __ __ - __ __- __ __

Primary Disease for HCT / Cellular Therapy

Questions: 1 - 2

1. Date of diagnosis of primary disease for HCT / cellular therapy: __ __ __ __ - __ __- __ __
2. What was the primary disease for which the HCT / cellular therapy was performed?
   - Acute myelogenous leukemia (AML or ANLL) (10)
   - Acute lymphoblastic leukemia (ALL) (20)
   - Acute leukemia of ambiguous lineage and other myeloid neoplasms (80)
   - Chronic myelogenous leukemia (CML) (40)
   - Myelodysplastic (MDS) / myeloproliferative (MPN) diseases (50) (Please classify all preleukemias) (If recipient has transformed to AML, indicate AML as the primary disease)
   - Other leukemia (30) (includes CLL)
   - Hodgkin lymphoma (150)
   - Non-Hodgkin lymphoma (100)
   - Multiple myeloma / plasma cell disorder (PCD) (170)
   - Solid tumors (200)
   - Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease)
   - Inherited abnormalities of erythrocyte differentiation or function (310)
   - Disorders of the immune system (400)
   - Inherited abnormalities of platelets (500)
   - Inherited disorders of metabolism (520)
   - Histiocytic disorders (570)
   - Autoimmune diseases (600)
   - Other disease (900)

Acute Myelogenous Leukemia (AML)

Questions: 3 - 89

3. Specify the AML classification
   - yes - Also complete MDS Disease Classification questions
   - no

4. Did AML transform from MDS or MPN?
   - yes - Also complete MDS Disease Classification questions
   - no

5. Is the disease (AML) therapy related?
   - yes  no  Unknown

6. Did the recipient have a predisposing condition?
   - yes  no  Unknown

7. Specify condition
   - Bloom syndrome
   - Down syndrome
   - Fanconi anemia
   - Dyskeratosis congenita
   - Other condition
Form 2402 R3.0: Disease Classification

Center: CRID:

8 Specify other condition: ________________________________

Labs at diagnosis

9 Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)
   • yes  • no  • Unknown

10 Were cytogenetics tested via FISH? (at diagnosis)
   • Yes  • No

11 Results of tests
   • Abnormalities identified
   • No abnormalities

   Specify cytogenetic abnormalities identified at diagnosis:

12 Specify number of distinct cytogenetic abnormalities
   • One (1)
   • Two (2)
   • Three (3)
   • Four or more (4 or more)
Form 2402 R3.0: Disease Classification

13 Specify abnormalities (check all that apply)
-5
-7
-17
-18
-X
-Y
+4
+B
+11
+13
+14
+21
+22
t(3;3)
t(6;9)
t(8;21)
t(9;11)
t(9;22)
t(15;17) and variants
t(16;16)
del(3q) / 3q-
del(5q) / 5q-
del(7q) / 7q-
del(9q) / 9q-
del(11q) / 11q-
del(16q) / 16q-
del(17q) / 17q-
del(20q) / 20q-
del(21q) / 21q-
inv(3)
inv(16)
(11q23) any abnormality
12p any abnormality
Other abnormality

14 Specify other abnormality:

15 Were cytogenetics tested via karyotyping? (at diagnosis)
- Yes
- No

16 Results of tests
- Abnormalities identified
- No evaluable metaphases
- No abnormalities
Form 2402 R3.0: Disease Classification

### Key Fields
- **Sequence Number:**
- **Date Received:** __ __ __ __ - __ __- __ __
- **CIBMTR Center Number:**
- **CIBMTR Research ID:**

### Questions:
- **Specify cytogenetic abnormalities identified at diagnosis:**
  - **17** Specify number of distinct cytogenetic abnormalities
    - One (1)
    - Two (2)
    - Three (3)
    - Four or more (4 or more)
  - **18** Specify abnormalities (check all that apply)
    - -5
    - -7
    - -17
    - -16
    - -X
    - -Y
    - +4
    - +8
    - +11
    - +13
    - +14
    - +21
    - +22
    - t(3;3)
    - t(6;9)
    - t(8;21)
    - t(9;11)
    - t(9;22)
    - t(15;17) and variants
    - t(16;16)
    - del(3q) / 3q-
    - del(5q) / 5q-
    - del(7q) / 7q-
    - del(9q) / 9q-
    - del(11q) / 11q-
    - del(16q) / 16q-
    - del(17q) / 17q-
    - del(20q) / 20q-
    - del(21q) / 21q-
    - inv(3)
    - inv(16)
    - (11q23) any abnormality
    - 12p any abnormality
    - Other abnormality

- **19** Specify other abnormality:
  - _______________________________________________________________________

- **20** Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
  - Yes  ☐  No  ☐

- **21** Were tests for molecular markers performed? (e.g. PCR, NGS) (at diagnosis)
  - Yes  ☐  No  ☐  Unknown  ☐
**Form 2402 R3.0: Disease Classification**

Center:  
CRID:  

Specify molecular markers identified at diagnosis:

22 CEBPA  
- [ ] Positive  
- [ ] Negative  
- [ ] Not Done  

23 Specify CEBPA mutation  
- [ ] Biallelic (homozygous)  
- [ ] Monoallelic (heterozygous)  
- [ ] Unknown  

24 FLT3 – D835 point mutation  
- [ ] Positive  
- [ ] Negative  
- [ ] Not Done  

25 FLT3 – ITD mutation  
- [ ] Positive  
- [ ] Negative  
- [ ] Not Done  

26 FLT3 - ITD allelic ratio  
- [ ] Known  
- [ ] Unknown  

27 Specify FLT3 - ITD allelic ratio: ____________________________

28 IDH1  
- [ ] Positive  
- [ ] Negative  
- [ ] Not Done  

29 IDH2  
- [ ] Positive  
- [ ] Negative  
- [ ] Not Done  

30 KIT  
- [ ] Positive  
- [ ] Negative  
- [ ] Not Done  

31 NPM1  
- [ ] Positive  
- [ ] Negative  
- [ ] Not Done  

32 Other molecular marker  
- [ ] Positive  
- [ ] Negative  
- [ ] Not Done  

33 Specify other molecular marker: ____________________________

**Labs between diagnosis and last evaluation:**

34 Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)  
- [ ] yes  
- [ ] no  
- [ ] Unknown  

35 Were cytogenetics tested via FISH? (between diagnosis and last evaluation)  
- [ ] Yes  
- [ ] No  

36 Results of tests  
- [ ] Abnormalities identified  
- [ ] No abnormalities  

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

37 Specify number of distinct cytogenetic abnormalities  
- [ ] One (1)  
- [ ] Two (2)  
- [ ] Three (3)  
- [ ] Four or more (4 or more)
Form 2402 R3.0: Disease Classification

38 Specify abnormalities (check all that apply)
   - -5
   - -7
   - -17
   - -18
   - -X
   - -Y
   - +4
   - +8
   - +11
   - +13
   - +14
   - +21
   - +22
   - t(3;3)
   - t(6;9)
   - t(8;21)
   - t(9;11)
   - t(9;22)
   - t(15;17) and variants
   - t(16;16)
   - del(3q) / 3q-
   - del(5q) / 5q-
   - del(7q) / 7q-
   - del(9q) / 9q-
   - del(11q) / 11q-
   - del(16q) / 16q-
   - del(17q) / 17q-
   - del(20q) / 20q-
   - del(21q) / 21q-
   - inv(3)
   - inv(16)
   - (11q23) any abnormality
   - 12p any abnormality
   - Other abnormality

39 Specify other abnormality:

40 Were cytogenetics tested via karyotyping? (between diagnosis and last evaluation)
   - Yes
   - No

41 Results of tests
   - Abnormalities identified
   - No evaluable metaphases
   - No abnormalities
Form 2402 R3.0: Disease Classification

Center: CRID:

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

42 Specify number of distinct cytogenetic abnormalities
- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

43 Specify abnormalities (check all that apply)
- -5
- -7
- -17
- -18
- -X
- -Y
- +4
- +8
- +11
- +13
- +14
- +21
- +22
- t(3;3)
- t(6;9)
- t(8;21)
- t(9;11)
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- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(16q) / 16q-
- del(17q) / 17q-
- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality

44 Specify other abnormality:

45 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
- Yes
- No

46 Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)
- Yes
- No
- Unknown
### Specify molecular markers identified between diagnosis and last evaluation:

<table>
<thead>
<tr>
<th>CEBPA</th>
<th>Positive</th>
<th>Negative</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLT3 – D835 point mutation</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
</tr>
<tr>
<td>FLT3 - ITD mutation</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
</tr>
<tr>
<td>FLT3 - ITD allelic ratio</td>
<td>Known</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>IDH1</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
</tr>
<tr>
<td>IDH2</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
</tr>
<tr>
<td>KIT</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
</tr>
<tr>
<td>NPM1</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
</tr>
</tbody>
</table>

### Other Molecular Marker (1)

57 Other molecular marker

58 Specify other molecular marker: ________________________________

### Labs at last evaluation:

59 Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)

60 Were cytogenetics tested via FISH? (at last evaluation)

61 Results of tests

Specify cytogenetic abnormalities identified at last evaluation:

62 Specify number of distinct cytogenetic abnormalities

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)
### 63 Specify abnormalities (check all that apply)

- -5
- -7
- -17
- -18
- -X
- -Y
- +4
- +8
- +11
- +13
- +14
- +21
- +22
- t(3;3)
- t(6;9)
- t(8;21)
- t(9;11)
- t(9;22)
- t(15;17) and variants
- t(16;16)
- del(3q) / 3q-
- del(5q) / 5q-
- del(7q) / 7q-
- del(9q) / 9q-
- del(11q) / 11q-
- del(16q) / 16q-
- del(17q) / 17q-
- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality

### 64 Specify other abnormality:


### 65 Were cytogenetics tested via karyotyping? (at last evaluation)

- Yes
- No

### 66 Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities
Form 2402 R3.0: Disease Classification

**Specify cytogenetic abnormalities identified at last evaluation:**

67 Specify number of distinct cytogenetic abnormalities

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

68 Specify abnormalities (check all that apply)

- -5
- -7
- -17
- -16
- -X
- -Y
- +4
- +8
- +11
- +13
- +14
- +21
- +22
- t(3:3)
- t(6:9)
- t(8:21)
- t(9:11)
- t(9:22)
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- t(16:16)
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- del(9q) / 9q-
- del(11q) / 11q-
- del(16q) / 16q-
- del(17q) / 17q-
- del(20q) / 20q-
- del(21q) / 21q-
- inv(3)
- inv(16)
- (11q23) any abnormality
- 12p any abnormality
- Other abnormality

69 Specify other abnormality:

70 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

- Yes
- No

71 Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)

- Yes
- No
- Unknown
### Form 2402 R3.0: Disease Classification

**Center:**

**CIBMTR Center Number:**

**CIBMTR Research ID:**

---

#### Specify molecular markers identified at last evaluation:

<table>
<thead>
<tr>
<th>Question</th>
<th>Marker</th>
<th>Positive</th>
<th>Negative</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 CEBPA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73 Specify CEBPA mutation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74 FLT3 - D835 point mutation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 FLT3 - ITD mutation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76 FLT3 - ITD allelic ratio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77 Specify FLT3 - ITD allelic ratio:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78 IDH1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>79 IDH2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80 KIT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81 NPM1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82 Other molecular marker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83 Specify other molecular marker:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Molecular Marker (1)

Questions: 82 - 83

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#### CNS Leukemia

84 Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?
- yes
- no
- Unknown

#### Status at transplantation:

85 What was the disease status (based on hematological test results)?
- Primary induction failure
- 1st complete remission (no previous bone marrow or extramedullary relapse) (include CRI)
- 2nd complete remission
- ≥3rd complete remission
- 1st relapse
- 2nd relapse
- ≥3rd relapse
- No treatment

86 How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRI)
- 1
- 2
- ≥3

87 Was the recipient in remission by flow cytometry?
- Yes
- No
- Unknown
- Not applicable

88 Date of most recent relapse: __ __ __ __ - __ __ __ __

89 Date assessed: __ __ __ __ - __ __ __ __

---

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**Acute Lymphoblastic Leukemia (ALL)**

<table>
<thead>
<tr>
<th>Questions</th>
<th>90</th>
<th>Specify ALL classification</th>
<th>91</th>
<th>Did the recipient have a predisposing condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>yes</td>
<td>no</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>92</th>
<th>Specify condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Aplastic anemia</td>
</tr>
<tr>
<td></td>
<td>- Also complete CIBMTR Form 2028 - APL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>93</th>
<th>Specify other condition:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>94</th>
<th>Were tyrosine kinase inhibitors given for therapy at any time prior to the start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>yes</td>
</tr>
</tbody>
</table>

**Laboratory studies at diagnosis:**

<table>
<thead>
<tr>
<th>95</th>
<th>Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>96</th>
<th>Were cytogenetics tested via FISH? (at diagnosis)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>97</th>
<th>Results of tests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Abnormalities identified</td>
</tr>
</tbody>
</table>

**Specify cytogenetic abnormalities identified at diagnosis:**

<table>
<thead>
<tr>
<th>98</th>
<th>Specify number of distinct cytogenetic abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One (1)</td>
</tr>
</tbody>
</table>

---

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Form 2402 R3.0: Disease Classification

Center: CRID:

99 Specify abnormalities (check all that apply)
- 7
- +4
- +8
- +17
- +21
- t(1;19)
- t(2;8)
- t(4;11)
- t(5;14)
- t(8;14)
- t(8;22)
- t(9;22)
- t(10;14)
- t(11;14)
- t(12;21)
- del(6q) / 6q-
- del(9p) / 9p-
- del(12p) / 12p-
- add(14q)
- (11q23) any abnormality
- 9p any abnormality
- 12p any abnormality
- Hyperdiploid (> 50)
- Hypodiploid (< 45)
- iAMP21
- Other abnormality

100 Specify other abnormality:

101 Were cytogenetics tested via karyotyping? (at diagnosis)
- Yes
- No

102 Results of tests
- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify cytogenetic abnormalities identified at diagnosis:

103 Specify number of distinct cytogenetic abnormalities
- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)
### Form 2402 R3.0: Disease Classification

**Center:**

**CRID:**

#### 104 Specify abnormalities (check all that apply)

- `-7`
- `+4`
- `+8`
- `+17`
- `+21`
- `t(1;19)`
- `t(2;8)`
- `t(4;11)`
- `t(5;14)`
- `t(8;14)`
- `t(8;22)`
- `t(9;22)`
- `t(10;14)`
- `t(11;14)`
- `t(12;21)`
- `del(6q) / 6q-`
- `del(9p) / 9p-`
- `del(12p) / 12p-`
- `add(14q)`
- `(11q23) any abnormality`
- `9p any abnormality`
- `12p any abnormality`
- `Hyperdiploid (> 50)`
- `Hypodiploid (< 45)`
- `iAMP21`
- `Other abnormality`

#### 105 Specify other abnormality:

#### 106 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)

- `Yes`
- `No`

#### 107 Were tests for molecular markers performed? (e.g. PCR, NGS) (at diagnosis)

- `yes`
- `no`
- `Unknown`

**Specify molecular markers identified at diagnosis:**

#### 108 BCR / ABL

- Positive
- Negative
- Not Done

#### 109 TEL-AML / AML1

- Positive
- Negative
- Not Done

### Other Molecular Marker (1)

**Questions: 110 - 111**

#### 110 Other molecular marker

- Positive
- Negative
- Not Done

#### 111 Specify other molecular marker: ____________________________

### Laboratory studies between diagnosis and last evaluation:

#### 112 Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)

- `yes`
- `no`
- `Unknown`
Form 2402 R3.0: Disease Classification
Center: CRID:

113 Were cytogenetics tested via FISH? (between diagnosis and last evaluation)
   ☐ Yes ☐ No

114 Results of tests
   ☐ Abnormalities identified
   ☐ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

115 Specify number of distinct cytogenetic abnormalities
   ☐ One (1)
   ☐ Two (2)
   ☐ Three (3)
   ☐ Four or more (4 or more)

116 Specify abnormalities (check all that apply)
   ☐ -7
   ☐ +4
   ☐ +8
   ☐ +17
   ☐ +21
   ☐ t(1;19)
   ☐ t(2;8)
   ☐ t(4;11)
   ☐ t(5;14)
   ☐ t(8;14)
   ☐ t(8;22)
   ☐ t(9;22)
   ☐ t(10;14)
   ☐ t(11;14)
   ☐ t(12;21)
   ☐ del(6q) / 6q-
   ☐ del(9p) / 9p-
   ☐ del(12p) / 12p-
   ☐ add(14q)
   ☐ (11q23) any abnormality
   ☐ 9p any abnormality
   ☐ 12p any abnormality
   ☐ Hyperdiploid (> 50)
   ☐ Hypodiploid (< 45)
   ☐ iAMP21
   ☐ Other abnormality

117 Specify other abnormality:

118 Were cytogenetics tested via karyotyping? (between diagnosis and last evaluation)
   ☐ Yes ☐ No

119 Results of tests
   ☐ Abnormalities identified
   ☐ No evaluable metaphases
   ☐ No abnormalities
Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

120 Specify number of distinct cytogenetic abnormalities
- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

121 Specify abnormalities (check all that apply)
- -7
- +4
- +8
- +17
- +21
- t(1;19)
- t(2;8)
- t(4;11)
- t(5;14)
- t(6;14)
- t(8;22)
- t(9;22)
- t(10;14)
- t(11;14)
- t(12;21)
- del(6q) / 6q-
- del(9p) / 9p-
- del(12p) / 12p-
- add(14q)
- (11q23) any abnormality
- 9p any abnormality
- 12p any abnormality
- Hyperdiploid (> 50)
- Hypodiploid (< 45)
- iAMP21
- Other abnormality

122 Specify other abnormality:

123 Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)
- Yes
- No

124 Were tests for molecular markers performed? (e.g. PCR, NGS) (between diagnosis and last evaluation)
- Yes
- No
- Unknown

Specify molecular markers identified between diagnosis and last evaluation:

125 BCR / ABL
- Positive
- Negative
- Not Done

126 TEL-AML / AML1
- Positive
- Negative
- Not Done

127 Other molecular marker
- Positive
- Negative
- Not Done

128 Specify other molecular marker:
### Laboratory studies at last evaluation:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>129 Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)</td>
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<tr>
<td>130 Were cytogenetics tested via FISH? (at last evaluation)</td>
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</table>

### Specify cytogenetic abnormalities identified at last evaluation:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>132 Specify number of distinct cytogenetic abnormalities</td>
<td></td>
</tr>
<tr>
<td>133 Specify abnormalities (check all that apply)</td>
<td></td>
</tr>
<tr>
<td>134 Specify other abnormality:</td>
<td></td>
</tr>
</tbody>
</table>

### Were cytogenetics tested via karyotyping? (at last evaluation)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
</table>
**Form 2402 R3.0: Disease Classification**

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

---

136 **Results of tests**
- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify cytogenetic abnormalities identified at last evaluation:

137 **Specify number of distinct cytogenetic abnormalities**
- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

138 **Specify abnormalities (check all that apply)**
- `-7`
- `+4`
- `+8`
- `+17`
- `+21`
- `(1;19)`
- `(2;8)`
- `(4;11)`
- `(5;14)`
- `(8;14)`
- `(8;22)`
- `(9;22)`
- `(10;14)`
- `(11;14)`
- `(12;21)`
- `del(6q) / 6q-`
- `del(9p) / 9p-`
- `del(12p) / 12p-`
- `add(14q)`
- `(11q23) any abnormality`
- `9p any abnormality`
- `12p any abnormality`
- `Hyperdiploid (> 50)`
- `Hypodiploid (< 45)`
- `iAMP21`
- Other abnormality

139 **Specify other abnormality:**

140 **Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report)**
- Yes
- No

141 **Were tests for molecular markers performed? (e.g. PCR, NGS) (at last evaluation)**
- Yes
- No
- Unknown

Specify molecular markers identified at last evaluation:

142 **BCR / ABL**
- Positive
- Negative
- Not Done

143 **TEL-AML / AML1**
- Positive
- Negative
- Not Done
### Form 2402 R3.0: Disease Classification 

**CNS Leukemia**

146 Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?
- Yes
- No
- Unknown

**Status at transplantation:**

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

148 How many cycles of induction therapy were required to achieve 1st complete remission? (include CRI)
- 1
- 2
- ≥3

149 Was the recipient in remission by flow cytometry?
- Yes
- No
- Unknown
- Not applicable

150 Date of most recent relapse: __ __ __ __ - __ __- __ __

151 Date assessed: ___ ___ ___ - ___ ___ ___

### Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms

152 Specify acute leukemias of ambiguous lineage and other myeloid neoplasms classification
- Blastic plasmacytoid dendritic cell neoplasm (296)
- Acute undifferentiated leukemia (31)
- Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1 (84)
- Mixed phenotype acute leukemia with t(11q23:3); KMT2A rearranged (85)
- Mixed phenotype acute leukemia, B/myeloid, NOS (86)
- Mixed phenotype acute leukemia, T/myeloid, NOS (87)
- Other acute leukemia of ambiguous lineage or myeloid neoplasm (88)

153 Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:

### Status at transplantation:

154 What was the disease status (based on hematological 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

155 Date assessed: ___ ___ ___ - ___ ___ ___

### Chronic Myelogenous Leukemia (CML)

Questions: 156 - 166
Form 2402 R3.0: Disease Classification

Center: CRID:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>156</td>
<td>Was therapy given prior to this HCT?</td>
</tr>
<tr>
<td>157</td>
<td>Combination chemotherapy</td>
</tr>
<tr>
<td>158</td>
<td>Hydroxyurea (Droxia, Hy德拉)</td>
</tr>
<tr>
<td>159</td>
<td>Tyrosine kinase inhibitor (e.g. imatinib mesylate, dasatinib, nilotinib)</td>
</tr>
<tr>
<td>160</td>
<td>Interferon-α (Intron, Roferon) (includes PEG)</td>
</tr>
<tr>
<td>161</td>
<td>Other therapy</td>
</tr>
<tr>
<td>162</td>
<td>Specify other therapy: _____________________</td>
</tr>
<tr>
<td>163</td>
<td>What was the disease status?</td>
</tr>
<tr>
<td>164</td>
<td>Specify level of response</td>
</tr>
<tr>
<td>165</td>
<td>Number</td>
</tr>
<tr>
<td>166</td>
<td>Date assessed: __ __ __ __ - __ __- __ __</td>
</tr>
</tbody>
</table>

**Myelodysplastic (MDS) / Myeloproliferative (MPN) Diseases**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>167</td>
<td>What was the MDS / MPN subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions</td>
</tr>
<tr>
<td>168</td>
<td>Was the disease (MDS/MPN) therapy related?</td>
</tr>
<tr>
<td>169</td>
<td>Did the recipient have a predisposing condition?</td>
</tr>
<tr>
<td>170</td>
<td>Specify condition</td>
</tr>
<tr>
<td>171</td>
<td>Specify other condition: _____________________</td>
</tr>
<tr>
<td>172</td>
<td>Laboratory studies at diagnosis of MDS:</td>
</tr>
<tr>
<td>173</td>
<td>WBC</td>
</tr>
<tr>
<td>174</td>
<td>Hemoglobin</td>
</tr>
<tr>
<td>175</td>
<td>Was RBC transfused ≤ 30 days before date of test?</td>
</tr>
<tr>
<td>176</td>
<td>Questions: 167 - 260</td>
</tr>
</tbody>
</table>

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Retain the original form at the transplant center.
**Form 2402 R3.0: Disease Classification**

Center:  
CRID:  

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

**Today's Date:**  
Month:  
Day:  
Year:  

**Infusion Date:**  
Month:  
Day:  
Year:  

---

### Key Fields

#### Sequence Number:

#### Date Received: __ __ __ __ - __ __- __ __

#### CIBMTR Center Number:

#### Status at transplantation:

- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __
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- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __

#### No

#### Not Done

#### Not Done

#### Other

#### Negative

#### Unknown

#### Negative

#### No

#### No

#### Unknown

#### questions: 57 - 58

#### x 10

#### Questions: 167 - 260

#### Public Burden Statement:

**OMB No: 0915-0310**

---

### Labs at last evaluation:

#### Hemoglobin

#### WBC

#### IDH2

#### NPM1

#### IDH1

#### FLT3 – ITD mutation

---

### Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

#### Specify abnormalities identified at diagnosis:

**Specify number of distinct cytogenetic abnormalities**

- One (1)
- Two (2)
- Three (3)
- Four or more (4 or more)

**Monosomy**

- __ __ __ __ - __ __
  - yes
  - no

- __ __ __ __ - __ __
  - yes
  - no

- __ __ __ __ - __ __
  - yes
  - no

- __ __ __ __ - __ __
  - yes
  - no

**Trisosomy**

- __ __ __ __ - __ __
  - yes
  - no

- __ __ __ __ - __ __
  - yes
  - no

**Translocation**

- __ __ __ __ - __ __
  - yes
  - no

- __ __ __ __ - __ __
  - yes
  - no

- __ __ __ __ - __ __
  - yes
  - no

- __ __ __ __ - __ __
  - yes
  - no

---

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Form 2402 R3.0: Disease Classification

Center:  
CRID: 

198 t(6;9)  
| yes | no |
199 t(11;16)  
| yes | no |

Deletion  
200 del(3q) / 3q–  
| yes | no |
201 del(5q) / 5q–  
| yes | no |
202 del(7q) / 7q–  
| yes | no |
203 del(9q) / 9q–  
| yes | no |
204 del(11q) / 11q–  
| yes | no |
205 del(12p) / 12p–  
| yes | no |
206 del(13q) / 13q–  
| yes | no |
207 del(20q) / 20q–  
| yes | no |

Inversion  
208 inv(3)  
| yes | no |

Other  
209 i17q  
| yes | no |
210 Other abnormality  
| yes | no |

211 Specify other abnormality: 

212 Did the recipient progress or transform to a different MDS / MPN subtype between diagnosis and the start of the preparative regimen?  
| yes | no |

213 Specify the MDS / MPN classification after transformation: 

214 Specify the date of the most recent transformation: __ __ __ __ __ __ __ __ __

215 Date of MDS diagnosis: __ __ __ __ __ __ __ __ __

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

216 WBC  

| Known | Unknown |
217 x 10⁹/L (x 10⁹/mm³)  
| x 10⁶/L |

218 Hemoglobin  

| Known | Unknown |
219 g/dL  
| g/L  
| mmol/L |

220 Was RBC transfused ≤ 30 days before date of test?  
| Yes | No |

221 Platelets  

| Known | Unknown |
222 x 10⁹/L (x 10⁹/mm³)  
| x 10⁶/L |
**Form 2402 R3.0: Disease Classification**

**Center:**  

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>223</strong> Were platelets transfused ≤ 7 days before date of test?</td>
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<tr>
<td><strong>224</strong> Neutrophils</td>
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</tr>
<tr>
<td>Known</td>
<td></td>
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<tr>
<td>Unknown</td>
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<tr>
<td><strong>225</strong> % Blasts in bone marrow</td>
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<tr>
<td><strong>226</strong> Blasts in bone marrow</td>
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<td>Known</td>
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<tr>
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<tr>
<td><strong>227</strong> % Blasts in bone marrow</td>
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<tr>
<td><strong>228</strong> Were cytogenetics tested (karyotyping or FISH)?</td>
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<tr>
<td>Yes</td>
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<td>Unknown</td>
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<tr>
<td><strong>229</strong> Results of tests</td>
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<tr>
<td>Abnormalities identified</td>
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<tr>
<td>No evaluable metaphases</td>
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<tr>
<td>No abnormalities</td>
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<td></td>
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<tr>
<td>Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:</td>
<td></td>
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<tr>
<td><strong>230</strong> Specify number of distinct cytogenetic abnormalities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One (1)</td>
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<tr>
<td>Two (2)</td>
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<tr>
<td>Three (3)</td>
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<tr>
<td>Four or more (4 or more)</td>
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<tr>
<td><strong>Monosomy</strong></td>
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<td>−5</td>
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<td><strong>231</strong> −5</td>
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<tr>
<td>No</td>
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</tbody>
</table>
Form 2402 R3.0: Disease Classification

Center: CRID:

### Deletion

244 del(3q) / 3q–
- yes
- no

245 del(5q) / 5q–
- yes
- no

246 del(7q) / 7q–
- yes
- no

247 del(9q) / 9q–
- yes
- no

248 del(11q) / 11q–
- yes
- no

249 del(12p) / 12p–
- yes
- no

250 del(13q) / 13q–
- yes
- no

251 del(20q) / 20q–
- yes
- no

### Inversion

252 inv(3)
- yes
- no

### Other

253 117q
- yes
- no

254 Other abnormality
- yes
- no

255 Specify other abnormality:

### Status at transplantation:

256 What was the disease status?
- Complete – 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 transfused and without erythropoietin support; ANC ≥ 1000/mm³ without myeloid growth factor support; platelets ≥ 100 x 10⁹/L without thrombopoietic support; 0% blasts
- Hematologic – requires one measurement of the following, maintained for ≥ 8 weeks without ongoing cytotoxic therapy; specify which cell line was measured to improvement determine HI response: * HI-E – hemoglobin increase of ≥ 1.5 g/dL transfused; 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 increase ≥ 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
- No response (NR) / stable disease (SD) – does not meet the criteria for at least HI, but no evidence of disease progression
- Progression from hematologic improvement (Prog from HI)
- ≥ 50% reduction from maximum response levels in granulocytes or platelets * reduction in hemoglobin by ≥ 1.5 g/dL *transfusion dependence
- 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
- Not assessed

257 Specify the cell line examined to determine HI status
- HI – hemoglobin increase of ≥ 1.5 g/dL transfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment number in 8 weeks
- HI – 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 – neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm³

258 Date of progression:

259 Date of relapse:

260 Date assessed:

### Other Leukemia (OL)

Questions: 261 - 267

261 Specify the other leukemia classification

262 Specify other leukemia:
Form 2402 R3.0: Disease Classification

Center: CRID:

263 Was any 17p abnormality detected?
- yes
- no

264 Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?
- yes - Also complete NHL Disease Classification questions
- no

Status at transplantation:

265 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

266 What was the disease status? (CLL, PLL, Hairy cell leukemia)
- Complete remission (CR)
- Partial remission (PR)
- Stable disease (SD)
- Progressive disease (Prog)
- Untreated
- Not assessed

267 Date assessed: __ __ __ __ - __ __- __ __

Hodgkin and Non-Hodgkin Lymphoma

Questions: 268 - 285

268 Specify the lymphoma histology (at infusion)

269 Specify other lymphoma histology: __________________________

270 Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on
- Immunohistochemistry (e.g. Han's algorithm)
- Gene expression profile
- Unknown method

271 Is the lymphoma histology reported at transplant a transformation from CLL?
- yes
- no

272 Was any 17p abnormality detected?
- yes
- no

273 Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)
- yes
- no

274 Specify the original lymphoma histology (prior to transformation) __________________________

275 Specify other lymphoma histology:

276 Date of original lymphoma diagnosis: __ __ __ __ - __ __- __ __ (report the date of diagnosis of original lymphoma subtype)

277 Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)
- yes
- no

278 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?
- yes
- no

279 Date of PET scan
- Known
- Unknown

280 Date of PET (or PET/CT) scan: __ __ __ __ - __ __

281 Deauville (five-point) score of the PET (or PET/CT) scan
- Known
- Unknown

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
Form 2402 R3.0: Disease Classification

Center: CRID:

282 Scale
1. no uptake or residual uptake
2. slight uptake, but below blood pool (mediastinum)
3. uptake above mediastinal, but below or equal to uptake in the liver
4. uptake slightly to moderately higher than liver
5. markedly increased uptake or any new lesions

283 Status at transplantation / infusion:

284 What was the disease status?

285 Date assessed:

286 Multiple Myeloma / Plasma Cell Disorder (PCD)

287 Specify other plasma cell disorder:

288 Light chain
kappa lambda

289 Stage (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 <4 g/24h)

Stage II (fitting neither Stage I or III)

Stage (One or 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)

Unknown

290 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.:

291 Serum β2-microglobulin: µg/dL mg/L nmol/L

292 Serum albumin: g/dL g/L

293 Stage
1 (β2-mic < 3.5, S. albumin ≥3.5)
2 (Not fitting stage 1 or 3)
3 (β2-mic ≥ 5.5; S. albumin -)

294 Were cytogenetics tested (karyotyping or FISH)?

295 Results of tests
Abnormalities identified
No evaluable metaphases
No abnormalities

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

297 Trisomy

298 Other cytogenetic abnormalities

299 Other cytogenetic abnormalities
Form 2402 R3.0: Disease Classification

Center: ____________________________ CRID: ____________________________

300 +11
☐ yes ☐ no
301 +15
☐ yes ☐ no
302 +19
☐ yes ☐ no

Translocation
303 t(4;14)
☐ yes ☐ no
304 t(6;14)
☐ yes ☐ no
305 t(11;14)
☐ yes ☐ no
306 t(14;16)
☐ yes ☐ no
307 t(14;20)
☐ yes ☐ no

Deletion
308 del(13q) / 13q-
☐ yes ☐ no
309 del(17p) / 17p-
☐ yes ☐ no

Other
310 Hyperdiploid (>50)
☐ yes ☐ no
311 Hypodiploid (<46)
☐ yes ☐ no
312 Any abnormality at 1q
☐ yes ☐ no
313 Any abnormality at 1p
☐ yes ☐ no
314 Other abnormality
☐ yes ☐ no
315 Specify other abnormality: ____________________________

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Form 2402 R3.0: Disease Classification

Center: CRID:

Status at transplantation:
316 What was the disease status?

- Stringent - CR as defined, plus: normal free light chain ratio, and absence of clonal cells in the bone marrow by immunohistochemistry and immunofluorescence complete (confirmation with repeat bone marrow biopsy not needed). (Presence and/or absence of clonal cells is based upon the K/A ratio. An abnormal K/A ratio by remission immunohistochemistry and/or immunofluorescence requires a minimum of 100 plasma cells for analysis. An abnormal ratio reflecting the presence of an abnormal clone is K/A 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.

- Complete - negative immunofixation on serum and urine samples, and disappearance of any soft tissue plasmacytomas, and < 5% plasma cells in the bone marrow. 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 CR requirements.

- Near complete - serum and urine M-protein detectable by immunoelectrophoresis (IFE), but not on electrophoresis (negative SPEP & UPEP); < 5% plasma cells in the 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.

- 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.

- Partial - ≥ 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 remission 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), ≥ 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.

- 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.

- Progressive - requires 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 involvement 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/L) 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.

- Relapse - 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.

- Unknown

- Not applicable (Amyloidosis with no evidence of myeloma)

317 Date assessed: __ __ __ __ - __ __- __ __

Solid Tumors

318 Specify the solid tumor classification: __

319 Specify other solid tumor: __

Severe Aplastic Anemia

320 Specify the severe aplastic anemia classification: __

321 Specify other acquired cytopenic syndrome: __

Inherited Abnormalities of Erythrocyte Differentiation or Function

322 Specify the inherited abnormalities of erythrocyte differentiation or function classification: __

323 Specify other constitutional anemia: __

324 Specify other hemoglobinopathy: __

Disorders of the Immune System

325 Specify disorder of immune system classification: __

326 Specify other SCID: __

327 Specify other immunodeficiency: __
Inherited Abnormalities of Platelets

328 Specify inherited abnormalities of platelets classification
   - Congenital amegakaryocytosis / congenital thrombocytopenia (501)
   - Glanzmann thrombasthenia (502)
   - Other inherited platelet abnormality (509)

329 Specify other inherited platelet abnormality:

Inherited Disorders of Metabolism

330 Specify inherited disorders of metabolism classification

331 Specify other inherited metabolic disorder:

Histiocytic Disorders

332 Specify histiocytic disorder classification

333 Specify other histiocytic disorder:

Autoimmune Diseases

334 Specify autoimmune disease classification

335 Specify other arthritis:

336 Specify other juvenile idiopathic arthritis (JIA):

337 Specify other connective tissue disease:

338 Specify other vasculitis:

339 Specify other autoimmune neurological disorder:

340 Specify other autoimmune cytopenia:

341 Specify other autoimmune bowel disorder:

Other Disease

342 Specify other disease:

First Name: 

Last Name: 

E-mail address: 

Date: 

Questions: 328 - 329

Questions: 330 - 331

Questions: 332 - 333

Questions: 334 - 341

Questions: 342 - 342