Error Correction Form

Post-Transplant Essential Data

Note: “>100 Days Report” answer since last report

**DID A NEW MALIGNANCY, LYMPHOPROLIFERATIVE OR MYELOPROLIFERATIVE DISORDER OCCUR?**

- [ ] Yes
- [x] No
- [ ] Unknown

**Different from the disease for which HSCT performed (not recurrence or transformation).**

- [ ] Yes
- [ ] No
- [ ] Unknown

For all new malignancies except for “other skin malignancy (basal cell, squamous)”, was testing performed to determine the cell of origin?

- [ ] Yes
- [ ] No

The only new malignancy in this reporting period was “other skin malignancy (basal cell, squamous)?

- [ ] Yes
- [ ] No

- If yes, specify the cell origin of the new malignancy:
  - [ ] Recipient (host)
  - [ ] Donor
  - [ ] Origin unknown

- If yes, is a copy of the cell origin evaluation (VNTR, cytogenetics, FISH) attached?
  - [ ] Yes
  - [ ] No

If yes, attach a copy of the report with all identifiers removed, except for birth date and ID numbers (reference O22 on the report)

**Specify New Diseases**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of diagnosis: MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myeloid leukemia (AML/ANLL)</td>
<td></td>
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<tr>
<td>Other leukemia (including ALL)</td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td></td>
</tr>
<tr>
<td>Central nervous system (CNS) malignancy</td>
<td></td>
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<tr>
<td>Malignancy without leukemia or MDS</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal malignancy</td>
<td></td>
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<tr>
<td>Genitourinary malignancy (kidney, bladder, ovary, testicle, genitilia, uterus, cervix)</td>
<td></td>
</tr>
<tr>
<td>Hodgkin disease</td>
<td></td>
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<tr>
<td>Lung cancer</td>
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<tr>
<td>Lymphoma or lymphoproliferative disorder</td>
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<tr>
<td>Myelodysplasia (MDS)myeloproliferative (MPS) disorder</td>
<td></td>
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<tr>
<td>Oropharyngeal cancer (tongue, buccal mucosa)</td>
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<tr>
<td>Sarcoma</td>
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<td>Thyroid cancer</td>
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<tr>
<td>Other malignancy</td>
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<tr>
<td>Myelodysplasia (MDS)</td>
<td></td>
</tr>
<tr>
<td>Myeloproliferative disorder</td>
<td></td>
</tr>
</tbody>
</table>

**Survival status at latest follow-up:**

- [ ] Alive
- [ ] Dead

Latest follow-up:

- [ ] Date of death

**Main cause of death** (check only one main cause):

- [ ] Relapse/Progression/Persistent disease
- [ ] HSCT related causes (check as many as appropriate):
  - [ ] GVHD
  - [ ] Pulmonary toxicity
  - [ ] Cardiac toxicity
  - [ ] Rejection/Poor graft function
  - [ ] Infection
  - [ ] Other

**Other: [ ] New malignancy

- [ ] Unknown

All Abbreviations on Pre-TED, pg 2
Post-Transplant Essential Data

Error Correction Form

Today's date: Infusion Date: CIBMTR Center Number: Visit:

Monthly Day Year Monthly Day Year

CIBMTR Recipient ID: Initials:

Post-HSCT THERAPY (Optional for Non-U.S. Centers)

Yes Masked Trial No Unk

FGF (velafermin)?

Imatinib mesylate (Gleevec, Glivec)?

KGF (palifermin, Kepivance)?

HSCT FOR NON-MALIGNANT DISEASE ONLY

DCI given in this period?

Yes, also complete 'DCI' section on pg 2: starting at Q.110

No, send only pg 1

MALIGNANT DISEASE EVALUATION FOR THIS HSCT

(Was a CR ever achieved in response to HSCT (including any therapy planned as of Day 0, excluding any change in therapy in response to disease assessment)?

Yes, post-HSCT CR achieved, date:

Date latest assessed:___ ___ ___ ___ - ___ ___ - ___ ___

First CR date reported previously

No, never in CR >d100 from HSCT, date assessed:

Date of best response was previously reported

Not evaluated

FIRST RELAPSE OR PROGRESSION AFTER HSCT

(Fixed this period, any type, not persistent disease)

Yes, answer all 3 methods. If used, give the date used and the results.

No—(skip to 'Additional Treatment' below)

Relapse/progression detected by molecular method:

Yes, Date first seen:___ ___ ___ ___ - ___ ___ - ___ ___

Previously reported >d100

No

Relapse/progression detected by cytogenetic/FISH method:

Yes, Date first seen:___ ___ ___ ___ - ___ ___ - ___ ___

Previously reported >d100

No

Relapse/progression detected by clinical/hematological method:

Yes, Date first seen:___ ___ ___ ___ - ___ ___ - ___ ___

Previously reported >d100

No

ADDITIONAL TREATMENT?

Yes

No

DCI (allo only)

(also complete 'DCI' section)

Planned (given regardless of disease status/assessment post-HSCT)

Not planned (given for relapse, progression, or persistent disease)

METHOD OF LATEST DISEASE ASSESSMENT

(record most recent of each)

* In some circumstances, disease may be detected by molecular or cytogenetic testing, but may not be considered a relapse or progression. It should still be reported.

Method

Molecular*

Disease detected?

Yes

No

Not evaluated

[96.]

CYTOTOXIC TREATMENT FOR NON-U.S. CENTERS

Yes

No

Not evaluated

[97.]

MALIGNANT DISEASE EVALUATION FOR THIS HSCT

(Was a CR ever achieved in response to HSCT (including any therapy planned as of Day 0, excluding any change in therapy in response to disease assessment)?

Yes, post-HSCT CR achieved, date:

Date latest assessed:___ ___ ___ ___ - ___ ___ - ___ ___

First CR date reported previously

No, never in CR >d100 from HSCT, date assessed:

Date of best response was previously reported

Not evaluated

FIRST RELAPSE OR PROGRESSION AFTER HSCT

(Fixed this period, any type, not persistent disease)

Yes, answer all 3 methods. If used, give the date used and the results.

No—(skip to 'Additional Treatment' below)

Relapse/progression detected by molecular method:

Yes, Date first seen:___ ___ ___ ___ - ___ ___ - ___ ___

Previously reported >d100

No

Relapse/progression detected by cytogenetic/FISH method:

Yes, Date first seen:___ ___ ___ ___ - ___ ___ - ___ ___

Previously reported >d100

No

Relapse/progression detected by clinical/hematological method:

Yes, Date first seen:___ ___ ___ ___ - ___ ___ - ___ ___

Previously reported >d100

No

ADDITIONAL TREATMENT?

Yes

No

DCI (allo only)

(also complete 'DCI' section)

Planned (given regardless of disease status/assessment post-HSCT)

Not planned (given for relapse, progression, or persistent disease)

METHOD OF LATEST DISEASE ASSESSMENT

(record most recent of each)

* In some circumstances, disease may be detected by molecular or cytogenetic testing, but may not be considered a relapse or progression. It should still be reported.

Method

Molecular*

Disease detected?

Yes

No

Not evaluated

[96.]

Note: >100 Days Report answer: starting at Q.110

HSCT, give status of original disease and date determined

Total # DCI in 10 weeks______

Type of cell(s) (check all that apply):

Yes

No

Indication:

Treat PTLD, EBV-Lym

Treat PTLD, EBV-Lym

Treat viral

Treat PTLD, EBV-Lym

Treat PTLD, EBV-Lym

Treat PTLD, EBV-Lym

Treat viral

Treat disease

Treat PTLD, EBV-Lym

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Treat disease

Treat PTLD, EBV-LYM