**New Malignancy**

1. Did a new malignancy, lymphoproliferative or myeloproliferative disorder appear that is different from the disease for which the HSCT was performed?
   - [ ] yes
   - [ ] no

2. For all new malignancies except for "other skin malignancy (basal cell, squamous)," was testing performed to determine the cell of origin?
   - [ ] yes
   - [ ] no

3. Specify the cell origin of the new malignancy:
   - [ ] recipient (host)
   - [ ] donor
   - [ ] origin unknown

4. Is a copy of the cell origin evaluation (VNTR, cytogenetics, FISH) attached?
   - [ ] yes
   - [ ] no

5. Specify which new disease(s) occurred:
   - 5. [ ] yes 2 [ ] no Acute myeloid leukemia (AML / ANLL)
   - 6. [ ] yes 2 [ ] no Other leukemia, including ALL
   - 7. [ ] yes 2 [ ] no Breast cancer

6. Date of diagnosis:
   - Month
   - Day
   - Year

7. If a new malignancy appeared, was testing performed to determine the cell origin?
   - [ ] yes
   - [ ] no

8. Specify other leukemia:

9. Is a copy of the cell origin evaluation (VNTR, cytogenetics, FISH) attached?
   - [ ] yes
   - [ ] no

Note: "> 100 Days Report" answer since last report

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
12. □ yes □ no Central nervous system (CNS) malignancy (glioblastoma, astrocytoma)

13. [Month] [Day] [Year]

14. □ yes □ no Clonal cytogenetic abnormality without leukemia or MDS

15. [Month] [Day] [Year]

16. □ yes □ no Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine)

17. [Month] [Day] [Year]

18. □ yes □ no Genitourinary malignancy (kidney, bladder, ovary, testicle, genitalia, uterus, cervix)

19. [Month] [Day] [Year]

20. □ yes □ no Hodgkin disease

21. [Month] [Day] [Year]

22. □ yes □ no Lung cancer

23. [Month] [Day] [Year]

24. □ yes □ no Lymphoma or lymphoproliferative disease

25. [Month] [Day] [Year]

26. Is the tumor EBV positive?
   □ yes □ no □ unknown

27. □ yes □ no Melanoma

28. [Month] [Day] [Year]

29. □ yes □ no Other skin malignancy (basal cell, squamous)

30. [Month] [Day] [Year]

31. Specify other skin malignancy:

32. □ yes □ no Myelodysplasia (MDS) / myeloproliferative (MPS) disorder

33. [Month] [Day] [Year]

34. □ yes □ no Oropharyngeal cancer (tongue, buccal mucosa)

35. [Month] [Day] [Year]

36. □ yes □ no Sarcoma

37. [Month] [Day] [Year]

38. □ yes □ no Thyroid cancer

39. [Month] [Day] [Year]

40. □ yes □ no Other new malignancy

41. [Month] [Day] [Year]

42. Specify other new malignancy:

43. Is a pathology / autopsy report or other documentation attached?
   □ yes □ no
   Attach a copy of the report with all identifiers removed, except for birth date and ID numbers. Reference question 43 on the report.
Survival

44. Survival status at latest follow-up:

1 alive

2 dead

45. Last contact date: Month Day Year

46. Date of death: Month Day Year

47. Main cause of death: (check only one)

1 relapse / progression / persistent disease
2 HSCT related causes
3 new malignancy
4 other
5 unknown

Specify HSCT related cause of death: (check as many as appropriate)

48. 1 yes 2 no GVHD
49. 1 yes 2 no Cardiac toxicity
50. 1 yes 2 no Infection
51. 1 yes 2 no Pulmonary toxicity
52. 1 yes 2 no Rejection / poor graft function
53. 1 yes 2 no VOD
54. 1 yes 2 no Other

55. Specify other HSCT related cause:

56. Specify other main cause of death: ____________________________

57. Signed: ____________________________

Person completing form

Please print name: ____________________________

Phone: (__________ ) ____________________________

Fax: (__________ ) ____________________________

E-mail address: ____________________________

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).