Key Fields

Sequence Number: ____________________________

Date Received: __ __ __ __ __ __

Center Identification

CIBMTR Center Number: ____________________________

Recipient Identification

CIBMTR Research ID: ____________________________

Event date: __ __ __ __ __ __

Study Inclusion Criteria

Questions: 1 - 1
1 Does the recipient meet all of the study inclusion criteria? - diagnosis of AML, ALL, MDS, NHL, HL, AA, or SCD; recipient suitable for allogeneic transplant; transplant intended to take place within the next 6 months; transplant center plans to follow the study algorithm for donor identification
   □ Yes □ No

Study Exclusion Criteria

Questions: 2 - 2
2 Does the recipient meet any of the study exclusion criteria? - recipient had a prior allogeneic HCT; recipient had a prior formal unrelated donor search
   □ Yes □ No

Informed Consent

Questions: 3 - 8
3 Was informed consent signed?
   □ Yes □ No

4 Date informed consent signed: __ __ __ __ __ __ __

5 Informed consent version number: ____________________________

   Questions 6 - 8 should only be answered if the recipient is under 18 years of age.

6 Date assent was signed: __ __ __ __ __ __ __

7 Assent age range
   □ Ages 7 - 11 □ Ages 12 - 17

8 Assent version number: ____________________________

Substudy Consent

Questions: 9 - 12
9 Did the recipient meet protocol criteria to consent to the substudy based on information known at this time?
   □ Yes □ No
   □ Not Applicable (the recipient has a diagnosis of Lymphoma, Aplastic Anemia, or Sickle Cell Disease)

10 Indicate which of the following the recipient consented to for the substudy
   □ BOTH quality of life surveys and blood samples
   □ Quality of life surveys ONLY
   □ Blood samples ONLY
   □ Recipient did not consent to a substudy

11 Date substudy consent signed: __ __ __ __ __ __ __

12 What factors made the recipient ineligible to consent to the substudy? (check all that apply)
   □ Did not meet disease criteria (based on information known at this time)
   □ Had not celebrated their eight birthday at time of enrollment
   □ Inability to read English or Spanish
   □ Psychosocial conditions that would prevent study compliance

Recipient Status

Questions: 13 - 21

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

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13 What is the primary disease for which the HCT is being performed?
- Acute myelogenous leukemia (AML) (10)
- Acute lymphoblastic leukemia (ALL) (20)
- Myelodysplastic syndrome (MDS) (50) (Please classify all preleukemias) (If recipient has transformed to AML, indicate AML as the primary disease)
- Hodgkin lymphoma (150)
- Non-Hodgkin lymphoma (100)
- 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) *(Sickle Cell Disease Only)*

14 Specify the lymphoma histology (at diagnosis) ____________________________

15 Specify other lymphoma histology: ____________________________

16 What was the primary reason for the HCT?
- Acute chest syndrome
- Excessive transfusion requirements / iron overload
- Recurrent priapism
- Recurrent vaso-occlusive pain
- Stroke
- Other reason

17 Specify primary reason for HCT:
- 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

18 What is the current disease status (based on hematological test results)? (AML and ALL)
- 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

19 What is the current disease status? (MDS)
- 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, untransfused and without erythropoietin support; ANC ≥ 1000/mm3 without myeloid growth factor support; (CR) platelets ≥ 100 x 10^9/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 improve determination 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 10^9/L, platelet absolute increase of ≥ 30 x 10^9/L; for pre-treatment platelet count of < 20 x 10^9/L, platelet absolute increase of ≥ 20 x 10^9/L and ≥ 100% from pre-treatment level * HI-N: neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm^3
- 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 - 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
- Relapse from complete remission (Ref 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
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Center: CRID:

20 What is the current disease status? (HL and NHL)
   - Disease untreated
   - PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease 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

21 Date recipient HLA typing sent: __ __ __ __ __ __ __

22 Ethnicity
   - Hispanic or Latino
   - Not Hispanic or Latino
   - Not applicable (not a resident of the USA)
   - Unknown

23 Race (check all that apply)
   - White
   - Black or African American
   - Asian
   - American Indian or Alaska Native
   - Native Hawaiian or Other Pacific Islander
   - Not reported
   - Unknown

24 Weight: ___________________________  ______ pounds  ______ kilograms

For each of the following, indicate how many living siblings, parents, children, and half-siblings the patient has.

25 Full siblings: ___________________________

26 Half-siblings: ___________________________

27 Biological parents: ___________________________

28 Biological children: ___________________________

29 Are you planning to do extended family typing at this time?
   - Yes  ________
   - No  ________

30 Specify: ___________________________

31 Does the recipient have a suitable HLA-matched related donor available for transplant?
   - Yes (and this donor will be used for transplant) - Also complete Form 2814
   - No - Also complete Form 2533 and Form 2534
   - Pending

32 Date recipient determined evaluable: (that no suitable HLA-matched related donor was available for transplant and is still a transplant candidate) __ __ __ __ __ __ __ __
33 Are alternative donors also being tested?
   ☑ Yes - Also complete Form 2533
   ☐ No

First Name: __________________________
Last Name: __________________________
E-mail address: ______________________
Date: ________ - ________ - ________