



Inotuzumab Ozogamicin (Besponsa™) Supplemental Data Collection Form

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ / __ __ / __ __
 YYYY MM DD

Inotuzumab Ozogamicin (Besponsa™)

1. Did the recipient receive more than one cycle of Inotuzumab ozogamicin (Besponsa™)? (1 cycle = 3 doses)

- Yes →
- No - **Go to question 3**

2. Number of cycles: ___

Copy and complete questions 3-14 to report each cycle of Inotuzumab ozogamicin (Besponsa™)

Report the start / stop date of each cycle of Inotuzumab ozogamicin (Besponsa™)

3. Date of first dose for cycle:

- Known →
- Unknown

4. Date of first dose for cycle: ___ / ___ / ___
YYYY MM DD

5. Date of last dose for cycle:

- Known →
- Unknown

6. Date of last dose for cycle: ___ / ___ / ___
YYYY MM DD

7. Combined dose per cycle (e.g., if patient received 3 doses in cycle 1 at 0.8 mg in day 1, 0.5 in days 8 and 14 then total dose is 1.8 mg)

- Known →
- Unknown

8. Dose: ___ . ___ mg/m²

9. Were three doses given in this cycle?

- Yes No

10. Best response to this cycle of therapy:

- Complete remission (CR) – **All of the following response criteria without progression for at least four weeks: < 5% blasts in the bone marrow, no blasts with Auer rods, no extramedullary disease (e.g., central nervous system or soft tissue involvement), ANC of ≥ 1,000/μL, Platelets ≥ 100,000/ μL**
- Complete remission with incomplete hematologic recovery (CRi) – **All CR criteria except for residual neutropenia (<1000/μl) and/or thrombocytopenia (<100,000/μl)**
- No complete remission

11. Was recipient MRD negative following this cycle of therapy?

- Yes - **Go to question 12**
- No - **Go to question First Name**
- Not done - **Go to question First Name**

12. MRD method of detection

Known - **Go to question 13**

Unknown - **Go to question First Name**

13. Minimal residual disease (MRD) testing method

Flow cytometry

Next generation sequencing (NGS)

Polymerase chain reaction (PCR)

14. MRD Positive Negative

Copy and complete questions 3-14 to report each cycle of Inotuzumab ozogamicin (Besponsa™)

CIBMTR Center Number: _____

CIBMTR Research ID: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ / __ __ / __ __
 YYYY MM DD