**Form 2565 R1.0: Sanofi Mozobil Supplemental Data Collection**

**Center:**

**CIBMTR Research ID:**

### Key Fields

**Sequence Number:**

**Date Received:**

**CIBMTR Center Number:**

**CIBMTR Recipient ID:**

**Event date:**

### Mobilization

**Questions: 1 - 3**

1. Did the recipient stay at a temporary location closer to the collection center for mobilization? (e.g. hotel)
   - Yes
   - No

2. Specify number of days:

   Indicate the intended method of mobilization for the recipient. If at the time of mobilization the method was modified or an alternate method was used, report the actual method of mobilization in the Mobilization Agents section.

3. What was the intended method of stem cell mobilization for this recipient?
   - Mobilization with G-CSF alone (including biosimilars or peg-filgrastim) (plerixafor NOT used during initial mobilization attempt with G-CSF alone)
   - Mobilization with G-CSF + routine plerixafor (plerixafor used in all myeloma patients)
   - Mobilization with G-CSF + as needed plerixafor rescue (plerixafor given only if patients met criteria for mobilization failure)
   - Chemomobilization

### Pre-Collection Therapy Given to Enhance Product Collection

**Questions: 4 - 57**

4. Was pre-collection chemotherapy given to enhance product collection?
   - Yes
   - No

5. Specify where chemotherapy was administered
   - Inpatient
   - Outpatient

6. Did the recipient receive antibacterial drugs(s) for infection prophylaxis during chemomobilization?
   - Yes
   - No

### Antibiotic Prophylaxis (1)

**Questions: 7 - 11**

7. Specify antibiotic
   - Amoxicillin clavulanate oral (Augmentin)
   - Cefdinir oral (Omnicef)
   - Cefpodoxime oral (Vantin)
   - Ciprofloxacin IV or oral (Cipro)
   - Ertapenem IV
   - Levofloxacin IV or oral (Levaquin)
   - Moxifloxacin IV or oral (Avelox)
   - Vancomycin IV
   - Other antibacterial drug

8. Specify other antibacterial drug:

9. Total daily dose: ____________ mg

10. Date started: ____________

11. Date stopped: ____________

### Why was chemotherapy used for mobilization?

- Center's standard mobilization approach
- Treatment of primary disease
- Indicated as part of a clinical trial
- Other

### Specify other reason for which chemotherapy was used for mobilization:

---

**CIBMTR Form 2565 revision 1 last updated Monday, October 02, 2017 Copyright(c) 2012 National Marrow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved.**
Specify chemotherapy agents given:

15 Cyclophosphamide (Cytoxan)
   yes no
   16 Total daily dose: ___________ mg
   17 Number of days: ___________
   18 Date started: __ __ __ __ - __ __- __ __

   Indicate if mesna was given with cyclophosphamide:
   yes no
   19 Mesna
   20 Total daily dose: ___________ mg
   21 Number of days: ___________
   22 Date started: __ __ __ __ - __ __- __ __

23 DPACE / DCEP (dexamethasone, cisplatin, doxorubicin, cyclophosphamide and etoposide / dexamethasone, cyclophosphamide, etoposide, cisplatin)
   yes no
   Specify the dose, number of days, and start date for each drug:

   Dexamethasone (given as part of DPACE / DCEP)
   24 Total daily dose: (Dexamethasone) ___________ mg
   25 Number of days: ___________
   26 Date started: __ __ __ __ - __ __- __ __

   Cisplatin (given as part of DPACE / DCEP)
   27 Total daily dose: (Cisplatin) ___________ mg
   28 Number of days: ___________
   29 Date started: __ __ __ __ - __ __- __ __

   Doxorubicin (given as part of DPACE / DCEP)
   30 Total daily dose: (Doxorubicin) ___________ mg
   31 Number of days: ___________
   32 Date started: __ __ __ __ - __ __- __ __

   Cyclophosphamide (Cytoxan) (given as part of DPACE / DCEP)
   33 Total daily dose: (Cyclophosphamide) ___________ mg
   34 Number of days: ___________
   35 Date started: __ __ __ __ - __ __- __ __

   Etoposide (VP-16, VePesid) (given as part of DPACE / DCEP)
   36 Total daily dose: (Etoposide) ___________ mg
   37 Number of days: ___________
   38 Date started: __ __ __ __ - __ __- __ __

39 Etoposide (VP-16, VePesid)
   yes no
   40 Total daily dose: ___________ mg
   41 Number of days: ___________
   42 Date started: __ __ __ __ - __ __- __ __

43 Other drug
   yes no
   44 Total daily dose: ___________ mg
   45 Number of days: ___________
   46 Date started: __ __ __ __ - __ __- __ __
   47 Specify other drug:

48 Were there complications from chemotherapy?
   yes no
49 Specify complications from chemotherapy (check all that apply)
- Hospitalization (post-chemotherapy administration)
- Infection
- Non-neutropenic fever
- Neutropenic fever
- Nausea
- Vomiting
- Anemia requiring blood transfusion(s)
- Thrombocytopenia requiring platelet transfusion(s)
- Hypocalcemia
- Bleeding
- Other

50 Specify reason for admission: __________________________________________________________________________

51 Specify date of admission: __ __ __ __ - __ __- __ __

52 Was the recipient discharged prior to conditioning?  
☐ Yes  ☐ No

53 Specify date of discharge: __ __ __ __ - __ __- __ __

54 Specify where the recipient was hospitalized
☐ Transplant center  ☐ Local hospital

55 Specify number of units transfused: (blood) __________________________________________________________________________

56 Specify number of units transfused: (platelets) __________________________________________________________________________

57 Specify other complication: ______________________________________________________________________________________________

Mobilization Agents

Questions: 58 - 79

Specify mobilization agents used:

58 G-CSF
☐ yes  ☐ no

G-CSF Types (1)

Questions: 59 - 63

59 Specify type of G-CSF
☐ Filgrastim
☐ Peg-filgrastim
☐ Filgrastim-sndz (Zarxio)
☐ TBO filgrastim (Granix)
☐ Other

60 Specify other type of G-CSF: ______________________________________________________________________________________________

61 Total daily dose: __________________ mg

62 Number of days: ______________________________________________________________________________________________

63 Date started: __ __ __ __ - __ __- __ __

64 Plerixafor (Mozobil)
☐ yes  ☐ no

65 Total daily dose: __________________ mg

66 Number of days: ______________________________________________________________________________________________

67 Date started: __ __ __ __ - __ __- __ __

68 Indicate the reason for which plerixafor was given
☐ Planned per protocol
☐ Recipient at risk of mobilization failure
69 Specify the reason recipient was at risk of mobilization failure
- Low peripheral blood CD34 count
- Low collection on day 1
- Low collection on days 1 and 2
- Other reason

70 Specify other reason: __________________________

71 Other mobilization agent
- Yes
- No

72 Specify other mobilization agent: __________________________

73 Total daily dose: ________________ mg

74 Number of days: __________________________

75 Date started: __________________________

76 Did the recipient receive blood transfusions (RBCs) during this apheresis collection?
- Yes
- No

77 Specify number of units: __________________________

78 Did the recipient receive platelets during this apheresis collection?
- Yes
- No

79 Specify number of units: __________________________

Apheresis Collection

80 Was peripheral blood CD34+ checked the day prior to collection?
- Yes
- No

81 ________________ cells/µL

82 Specify the total number of apheresis collection days for this mobilization: __________________________

83 Was there a planned hospitalization for collection?
- Yes
- No

84 Number of days: __________________________

Day of Collection (1)

85 Date of collection: __________________________

86 Was apheresis collection performed on a weekend?
- Yes
- No

87 Was there central venous access during collection? (i.e. central venous line (CVL))
- Yes
- No

88 Specify the type of central venous access
- Planned temporary CVL (for collection)
- Permanent CVL (in place and used for transplant)
- Unplanned CVL (placed after beginning collection)

89 Was the CVL removed after collection but prior to transplant?
- Yes
- No

Lab on this date of collection:

90 Peripheral blood CD34+ cells
- Known
- Unknown

91 ________________ cells/µL

92 Absolute neutrophil count (ANC)
- Known
- Unknown

93 ________________ x 10^9/L (x 10^9/mm3)

94 Platelets
- Known
- Unknown
Form 2565 R1.0: Sanofi Mozobil Supplemental Data Collection

Center: CRID:

95  ___________________________  x 10^3/L (x 10^3/mm^3)  

96  Were platelets transfused ≤ 7 days before date of test?  

   Yes  No

97  Blood volume processed  
   Known  Unknown

98  Total blood volume processed on this day of collection:  
   Blood volumes  Liters

Specify the total number of CD34+ cells collected on this date of collection:

99  Total CD34+ collected: (on this day of collection)  
   cells/kg

100 Number of bags cryopreserved:  

101 Was this mobilization episode considered successful?  

   Yes  No

102 Was remobilization done as a result?  

   Yes  No

First Name: ___________________________  Last Name: ___________________________

E-mail address: ___________________________  Date: ___-___-___

[ERROR CORRECTION FORM]

Sequence Number:  
CIBMTR Recipient ID:  
Initals:  
Today's Date:  
Infusion Date:  
CIBMTR Center Number:  
Month  Day  Year  Month  Day  Year  

95  ___________________________  x 10^3/L (x 10^3/mm^3)  

96  Were platelets transfused ≤ 7 days before date of test?  

   Yes  No

97  Blood volume processed  
   Known  Unknown

98  Total blood volume processed on this day of collection:  
   Blood volumes  Liters

Specify the total number of CD34+ cells collected on this date of collection:

99  Total CD34+ collected: (on this day of collection)  
   cells/kg

100 Number of bags cryopreserved:  

101 Was this mobilization episode considered successful?  

   Yes  No

102 Was remobilization done as a result?  

   Yes  No

First Name: ___________________________  Last Name: ___________________________

E-mail address: ___________________________  Date: ___-___-___