

INSERT XXXIX
Congenital Amegakaryocytic Thrombocytopenia

FOR REGISTRY USE ONLY:
 I.D. - -
 Date received:

TEAM: IUBMID:
(Institutional Unique Blood or Marrow Transplant Identification Number)

1. Date of HSCT/DCI for which this form is being completed:
 Month Day Year

Registry (circle one): **IBMTR** **ABMTR** **EBMT**
 2. Date of report:
 Month Day Year
(Use same date on Graft Insert & Core Insert for this HSCT/DCI)

Pretransplant Information*

* If this is a report of a second (or subsequent) transplant check here and go to Q.27

3. Date of abnormal platelet count first observed:
 Month Day Year

4. Date Congenital Amegakaryocytic Thrombocytopenia (CAT) was diagnosed:
 Month Day Year

Hematologic Parameters at Diagnosis

	<u>Specify Units</u>	<u>Unknown</u>
5. WBC: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> $10^9/L$ ($\times 10^3/mm^3$) <input type="checkbox"/> $\times 10^6/L$	<input type="checkbox"/>
6. Neutrophils: <input type="text"/> %		<input type="checkbox"/>
7. Hemoglobin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> g/dl 2 <input type="checkbox"/> g/L 3 <input type="checkbox"/> mmol/L <input type="checkbox"/> Transfused	<input type="checkbox"/>
8. Platelets: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> $\times 10^9/L$ ($\times 10^3/mm^3$) 2 <input type="checkbox"/> $\times 10^6/L$	<input type="checkbox"/>

9. Was bone marrow examined at diagnosis?
 1 Yes
 0 No

Specify results:

10. Date of examination: Date unknown
 Month Day Year

11. Cellularity:
 1 Decreased 2 Normal 3 Increased

12. Megakaryocytes:
 1 Absent 2 Decreased

13. Were radiographs of radius performed at diagnosis?
 1 Yes
 0 No
 8 Unknown

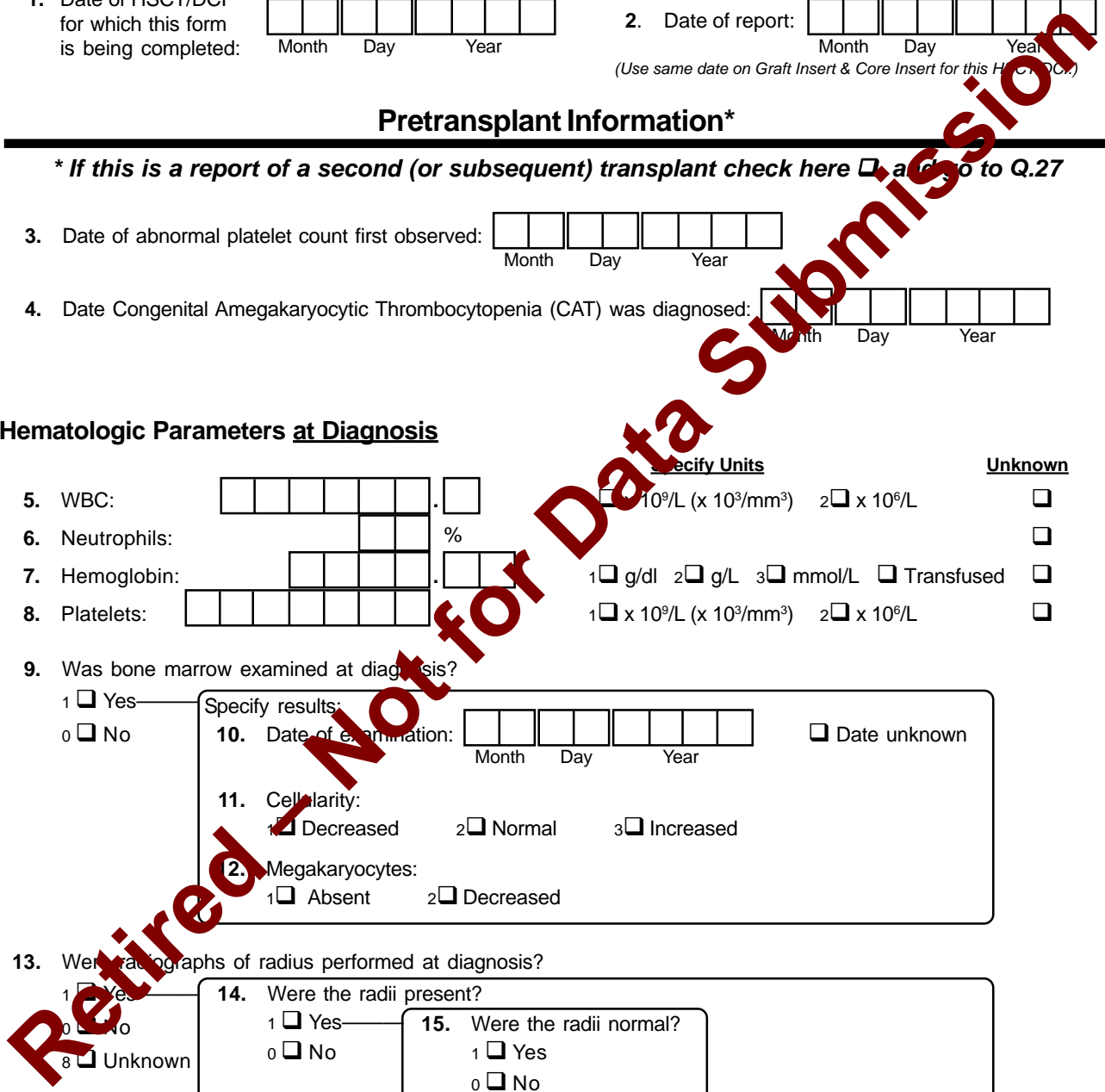
14. Were the radii present?
 1 Yes
 0 No

15. Were the radii normal?
 1 Yes
 0 No

16. Did the mother develop thrombocytopenia while pregnant with the recipient?
 1 Yes
 0 No
 8 Unknown

17. Was the mother tested for the presence of GPIIIA platelet antigen?
 1 Yes
 0 No

18. Results:
 1 Present
 0 Absent



TEAM:

IUBMID:

Family History

19. Were other family members diagnosed with Thrombocytopenia?

- 1 Yes
- 0 No
- 8 Unknown

Specify relationship:

	Yes	No	
20.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Aunt/Uncle
21.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Cousin
22.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Parent
23.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Sibling
24.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other

25. Specify:

26. Was consanguinity in parents?

- 1 Yes
- 0 No

Between diagnosis and conditioning for HSCT

27. Was recipient treated for CAT anytime prior to conditioning?

- 1 Yes
- 0 No

Treatment:

See Manual for alternate drug names

	Yes	No	
28.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Androgens
29.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Growth Factors

Specify:

	Yes	No	
30.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Erythropoietin
31.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	G-CSF
32.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	M-CSF
33.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Neumega (Opreleukin, IL-11)
34.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Thrombopoietin
35.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other

36. Specify:

37. 1 0 Steroids

38. 1 0 Transfusions

39. Number of red blood cell transfusions (best estimate): units

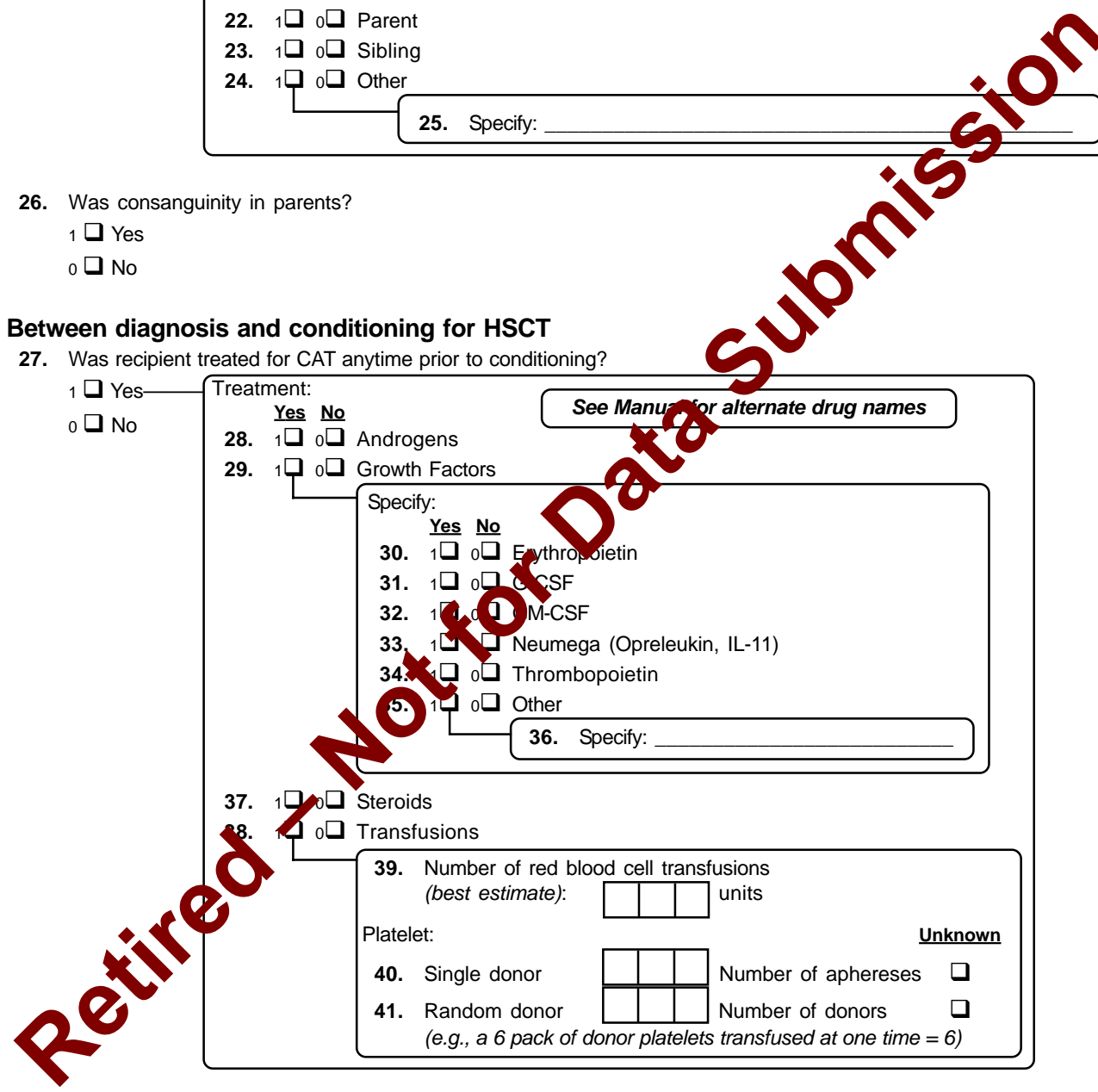
Platelet: Unknown

40. Single donor Number of aphereses

41. Random donor Number of donors
(e.g., a 6 pack of donor platelets transfused at one time = 6)

42. Did recipient undergo splenectomy anytime prior to conditioning?

- 1 Yes
- 0 No



TEAM:

IUBMID:

43. Was there evidence of allosensitization at any time prior to conditioning?

- 1 Yes
- 0 No

44. Specify documentation method:

- 1 Inadequate rise in platelet count to transfusion
- 2 Anti-platelet antibodies developed
- 3 Antibodies to HLA antigens

45. Did recipient develop myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML) anytime prior to conditioning?

- 1 Yes
- 0 No

Complete CAT Insert to Q.46 and stop. Complete MDS or AML Insert from diagnosis through to post-HSCT and continue MDS or AML Insert for Follow-up.

46. Is a completed MDS or AML Insert attached?

- 1 Yes
- 0 No

47. Was bone marrow karyotype performed anytime between diagnosis of CAT and conditioning (but prior to diagnosis of AML/MDS, if applicable)?

- 1 Yes
- 0 No
- 8 Unknown

Specify:

48. Was karyotype normal?

- 1 Yes
- 0 No

Specify cytogenetic abnormalities:

Yes No Unknown

- 49. 1 0 8 -3;3q-
- 50. 1 0 8 -7;7q-
- 51. 1 0 8 -20;20q-
- 52. 1 0 8 -X
- 53. 1 0 8 -Y
- 54. 1 0 8 +8
- 55. 1 0 8 +21
- 56. 1 0 8 +22
- 57. 1 0 8 Abnormal 3q/t(3;3)
- 58. 1 0 8 Abnormal 11q
- 59. 1 0 8 Abnormal 12p
- 60. 1 0 8 Inv(16); t(16;16)
- 61. 1 0 8 t(1;7)
- 62. 1 0 8 t(5;7)
- 63. 1 0 8 t(3;5)
- 64. 1 0 8 t(6;9)
- 65. 1 0 8 t(8;16)
- 66. 1 0 8 t(8;21)
- 67. 1 0 8 t(9;22)
- 68. 1 0 8 t(15;17)
- 69. 1 0 8 Other

70. Specify:

71. Is a copy of the cytogenetics report attached?

- 1 Yes
- 0 No

Remove all identifiers, except Team/IUBMID #s and birth dates, and reference Q.71

Retired - Not for Data Submission

TEAM:

IUBMID:

Posttransplant Information*

** To be completed 100 days post HSCT/DCI, or at time of death if death occurred <100 days post HSCT/DCI, or immediately prior to start of conditioning for subsequent HSCT or one day prior to DCI if done <100 days after first HSCT or previous HSCT/DCI.*

Current Hematologic Parameters

72. Date of last platelet transfusion during this reporting period:

Month Day Year

73. Date of last red blood cell transfusion during this reporting period:

74. Was bone marrow examined at any time during this reporting period?

1 Yes

0 No

Specify results:

75. Date of most recent examination: Date unknown

Month Day Year

76. Cellularity:

1 Decreased 2 Normal 3 Increased

77. Megakaryocytes:

1 Absent 2 Decreased

78. Were myelodysplastic features present?

1 Yes 0 No

79. Blasts in marrow: %

80. Is a copy of this bone marrow report attached?

1 Yes 0 No

Remove all identifiers, except Team/IUBMID #s and birth dates, and reference Q.74

Retired - Not for Data Submission

TEAM:

IUBMID:

81. Was bone marrow karyotype performed for this reporting period?

- 1 Yes
- 0 No
- 8 Unknown

Specify:

82. Was karyotype normal?

- 1 Yes
- 0 No

Specify cytogenetic abnormalities:

Yes No Unknown

- 83. 1 0 8 -5/5q-
- 84. 1 0 8 -7/7q-
- 85. 1 0 8 -20/20q-
- 86. 1 0 8 -X
- 87. 1 0 8 -Y
- 88. 1 0 8 +8
- 89. 1 0 8 +21
- 90. 1 0 8 +22
- 91. 1 0 8 Abnormal 3q/t(3;3)
- 92. 1 0 8 Abnormal 11q
- 93. 1 0 8 Abnormal 12p
- 94. 1 0 8 Inv(16); t(16;16)
- 95. 1 0 8 t(1;7)
- 96. 1 0 8 t(5;7)
- 97. 1 0 8 t(3;7)
- 98. 1 0 8 t(6;6)
- 99. 1 0 8 t(8;16)
- 100. 1 0 8 t(8;21)
- 101. 1 0 8 t(9;22)
- 102. 1 0 8 t(15;17)
- 103. 1 0 8 Other

104. Specify:

105. Is a copy of the cytogenetics report attached?

- 1 Yes
- 0 No

Remove all identifiers, except Team/IUBMID #s and birth dates, and reference Q.81

Retired - Not for Data Submission