

FOLLOW-UP: INSERT II
Acute Lymphoblastic Leukemia

FOR REGISTRY USE ONLY:
 I.D. **L** - [] [] [] [] - [] [] [] [] [] []
 Date received: _____

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

Registry: **IBMTR** **ABMTR** (circle one)

Date of transplant for which this form is being completed: [] [] [] [] [] [] [] [] [] []
 Month Day Year

Date of report: [] [] [] [] [] [] [] [] [] []
 Month Day Year

Follow-up Information

*** Report data for date of last contact as reported in Q.3 of Follow-up Core Form or immediately prior to death.**

1. Was treatment given posttransplant to prevent recurrence of ALL since date of last report?

- 1 Yes
 0 No

Specify treatment:
 Yes No
 2. 1 0 Intrathecal drugs, specify: _____
 3. 1 0 CNS irradiation
 4. 1 0 Immune therapy

What drugs were given?
 Yes No
 5. 1 0 Interleukin-2 (IL-2)
 6. 1 0 Interferon-alpha
 7. 1 0 Interferon-gamma
 8. 1 0 Linomide
 9. 1 0 Other, specify: _____

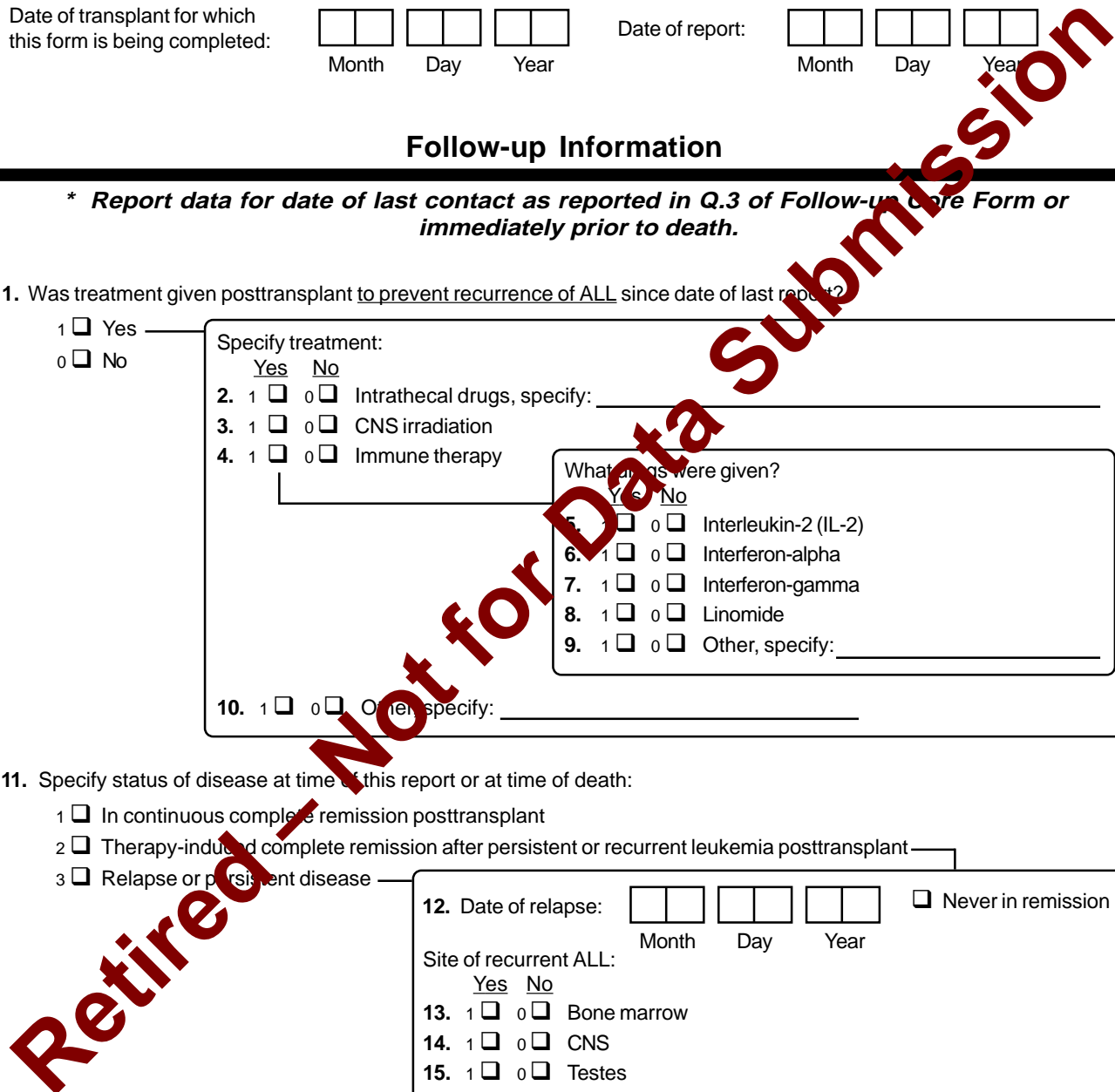
10. 1 0 Other, specify: _____

11. Specify status of disease at time of this report or at time of death:

- 1 In continuous complete remission posttransplant
 2 Therapy-induced complete remission after persistent or recurrent leukemia posttransplant
 3 Relapse or persistent disease

12. Date of relapse: [] [] [] [] [] [] [] [] [] [] Never in remission
 Month Day Year

Site of recurrent ALL:
 Yes No
 13. 1 0 Bone marrow
 14. 1 0 CNS
 15. 1 0 Testes
 16. 1 0 Other, specify: _____



TEAM

IUBMID

17. Was patient treated for posttransplant relapse or persistent disease since date of last report?

- 1 Yes
- 0 No
- 8 Unknown

Specify treatments given:

	Yes	No	
18.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Interferon gamma
19.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Interferon alpha
20.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Chemotherapy
21.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Withdrawal of immune suppression
22.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Immunotoxins
23.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Donor leukocytes
24.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Second transplant
25.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Growth factors, specify: _____
26.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other, specify: _____

27. Did the patient achieve complete remission?

- 1 Yes
- 0 No
- 8 Unknown

Note: If Q.23 or 24 are checked "yes," complete a separate report covering the subsequent transplant (see note on page 18 of Core Form regarding infusion of donor leukocytes)

Retired – Not for Data Submission