

INSERT I
Acute Myelogenous Leukemia

FOR REGISTRY USE ONLY:
I.D. -
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

Pretransplant Information

*** If this is a report of a second (or subsequent) transplant, check here and go to Q.85**

1. Date of diagnosis of acute myelogenous leukemia: / /
Month Day Year

2. Was this a secondary (therapy-linked) leukemia:

- 1 Yes
- 0 No
- 8 Unknown

3. Cite prior disease (malignant or nonmalignant):

1 <input type="checkbox"/> Hodgkin lymphoma	2 <input type="checkbox"/> Non-Hodgkin lymphoma
3 <input type="checkbox"/> Breast cancer	4 <input type="checkbox"/> Aplastic anemia
7 <input type="checkbox"/> Other, specify: _____	

4. Date of diagnosis of prior disease: /
Month Year

Treatment for prior disease included:

	Yes	No	Unknown	
5. 1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>		Radiation
6. 1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>		Chemotherapy
7. 1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>		Antithymocyte globulin
8. 1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>		Other, specify: _____

9. Did the patient have a documented antecedent hematologic disorder (preleukemia or myelodysplastic syndrome)?

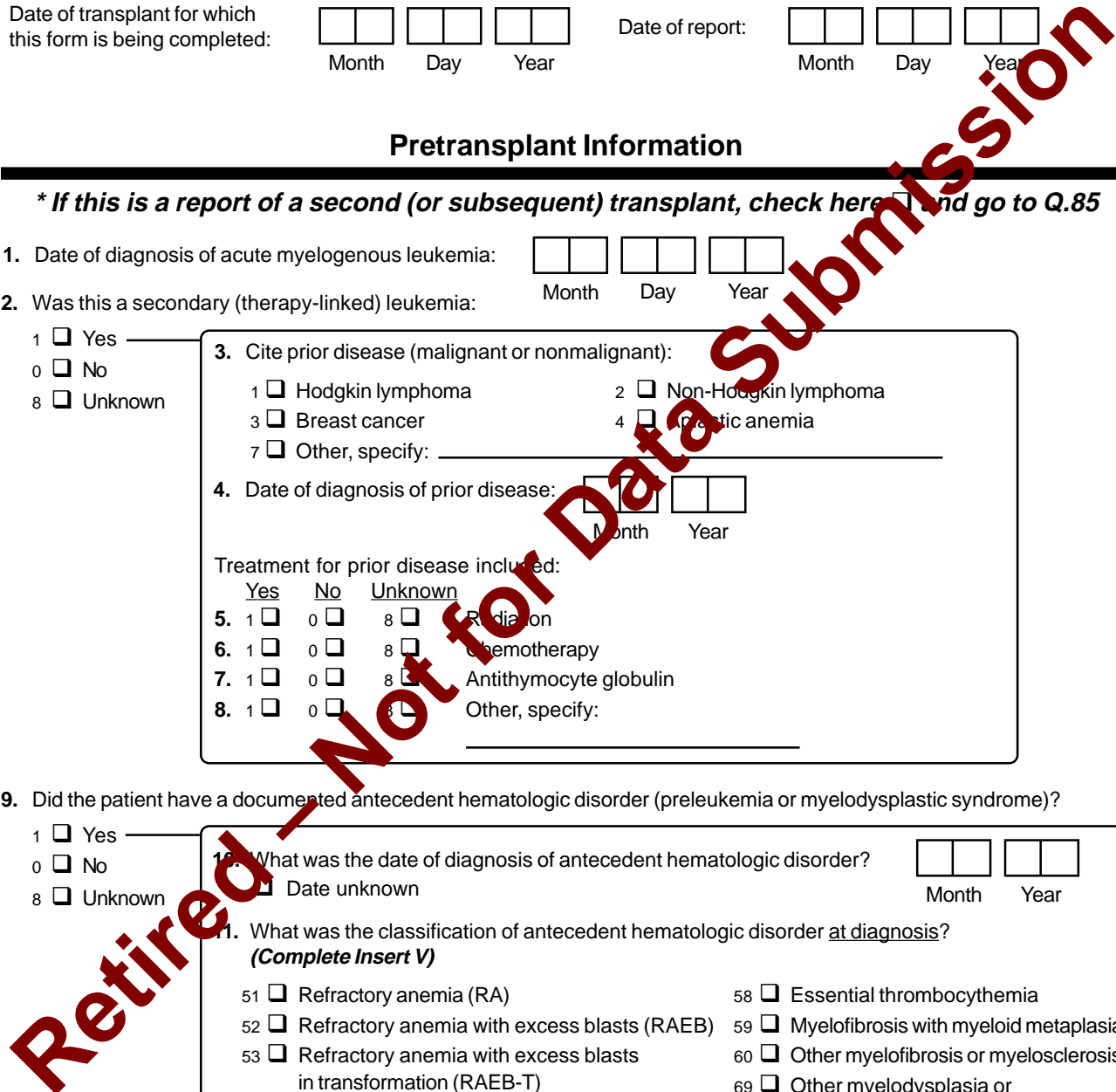
- 1 Yes
- 0 No
- 8 Unknown

10. What was the date of diagnosis of antecedent hematologic disorder? /
 Date unknown Month Year

11. What was the classification of antecedent hematologic disorder at diagnosis?
(Complete Insert V)

51 <input type="checkbox"/> Refractory anemia (RA)	58 <input type="checkbox"/> Essential thrombocythemia
52 <input type="checkbox"/> Refractory anemia with excess blasts (RAEB)	59 <input type="checkbox"/> Myelofibrosis with myeloid metaplasia
53 <input type="checkbox"/> Refractory anemia with excess blasts in transformation (RAEB-T)	60 <input type="checkbox"/> Other myelofibrosis or myelosclerosis
54 <input type="checkbox"/> Chronic myelomonocytic leukemia (CMML)	69 <input type="checkbox"/> Other myelodysplasia or myeloproliferative disorder, specify: _____
55 <input type="checkbox"/> Acquired idiopathic sideroblastic anemia (RARS)	
56 <input type="checkbox"/> Paroxysmal nocturnal hemoglobinuria (PNH)	
57 <input type="checkbox"/> Polycythemia vera	80 <input type="checkbox"/> Aplastic anemia
	88 <input type="checkbox"/> Unknown

Continued on next page



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12. Did patient have a cytogenetic abnormality at any time during the course of antecedent hematologic disorder but before diagnosis of acute myelogenous leukemia?

1 Yes
0 No
8 Unknown

What was (were) the cytogenetic abnormality(ies)?				
	Yes	No	Unknown	
13.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	-5/5q-
14.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	-7/7q-
15.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	+8
16.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	+21
17.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	t(1;7)
18.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	t(5;7)
19.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other, specify: _____

20. Did patient have other predisposing condition prior to diagnosis of leukemia?

1 Yes
0 No
8 Unknown

21. Specify:

1 <input type="checkbox"/> Fanconi anemia	2 <input type="checkbox"/> Bloom syndrome
3 <input type="checkbox"/> Down syndrome	7 <input type="checkbox"/> Other, specify: _____

Hematologic Findings at Diagnosis of Acute Myelogenous Leukemia:

- 22. WBC:** x 10⁹/L (or 10³/mm³) or -8 Unknown
- 23. Blasts in blood:** % or -8 Unknown
- 24. Blasts in bone marrow:** % or -8 Unknown
- 25. Was extramedullary disease present at diagnosis?**

1 Yes
0 No

Specify site:

	Yes	No	Unknown	
26.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Central nervous system
27.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other site, specify: _____

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28. Were cytogenetics tested at diagnosis, before start of treatment?

- 1 Yes
- 2 Yes, but no evaluable metaphases
- 0 No
- 8 Unknown

29. Number of metaphases:

30. Was karyotype normal?

- 1 Yes
- 0 No

Specify abnormalities:

- | | Yes | No | |
|-----|--------------------------|--------------------------|-----------------------|
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | -5/5q- |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | -7/7q- |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | -20/20q- |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | +8 |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | +21 |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | Abnormal 3q |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | Abnormal 11q |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | Abnormal 16q |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | t(1;7) |
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | t(5;7) |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | t(6;9) |
| 42. | <input type="checkbox"/> | <input type="checkbox"/> | t(8;16) |
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | t(8;21) |
| 44. | <input type="checkbox"/> | <input type="checkbox"/> | t(9;22) |
| 45. | <input type="checkbox"/> | <input type="checkbox"/> | (15;7) |
| 46. | <input type="checkbox"/> | <input type="checkbox"/> | Other, specify: _____ |

PLEASE INCLUDE COPY OF CYTOGENETICS REPORT

47. Was induction therapy given?

- 1 Yes
- 0 No

Specify:

- | | Yes | No | |
|-----|--------------------------|--------------------------|--------------------------------------|
| 48. | <input type="checkbox"/> | <input type="checkbox"/> | Epirubicin |
| 49. | <input type="checkbox"/> | <input type="checkbox"/> | Doxorubicin (Adriamycin) |
| 50. | <input type="checkbox"/> | <input type="checkbox"/> | Idarubicin |
| 51. | <input type="checkbox"/> | <input type="checkbox"/> | Mitoxantrone |
| 52. | <input type="checkbox"/> | <input type="checkbox"/> | Cytarabine, <1 gm/m ² /d |
| 53. | <input type="checkbox"/> | <input type="checkbox"/> | Cytarabine, 1-2 gm/m ² /d |
| 54. | <input type="checkbox"/> | <input type="checkbox"/> | Cytarabine, >2 gm/m ² /d |
| 55. | <input type="checkbox"/> | <input type="checkbox"/> | 6-thioguanine |
| 56. | <input type="checkbox"/> | <input type="checkbox"/> | Other, specify: _____ |

57. Was first complete remission achieved?

- 1 Yes
- 0 No

58. Date: Date unknown
Month Day Year

59. Number of cycles of induction therapy to achieve 1st CR:
-8 Number unknown

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60. Was consolidation therapy given?

- 1 Yes
- 0 No
- 8 Unknown

Specify:

	Yes	No	
61.	<input type="checkbox"/>	<input type="checkbox"/>	Daunorubicin
62.	<input type="checkbox"/>	<input type="checkbox"/>	Doxorubicin (Adriamycin)
63.	<input type="checkbox"/>	<input type="checkbox"/>	Idarubicin
64.	<input type="checkbox"/>	<input type="checkbox"/>	Mitoxantrone
65.	<input type="checkbox"/>	<input type="checkbox"/>	Cytarabine, <1 gm/m ² /d
66.	<input type="checkbox"/>	<input type="checkbox"/>	Cytarabine, 1-2 gm/m ² /d
67.	<input type="checkbox"/>	<input type="checkbox"/>	Cytarabine, >2 gm/m ² /d
68.	<input type="checkbox"/>	<input type="checkbox"/>	6-thioguanine
69.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____

70. Number of cycles of consolidation given:
-8 Number unknown

71. Was maintenance therapy given?

- 1 Yes
- 0 No

72. Did a relapse (marrow or extramedullary) occur prior to conditioning?

- 1 Yes
- 0 No
- 8 Unknown

73. Date of first relapse: Date unknown
Month Year

Site of first relapse:

	Yes	No	
74.	<input type="checkbox"/>	<input type="checkbox"/>	Bone marrow
75.	<input type="checkbox"/>	<input type="checkbox"/>	CNS
76.	<input type="checkbox"/>	<input type="checkbox"/>	Testes
77.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____

78. Did the first relapse occur on chemotherapy? 1 Yes 0 No

79. Was therapy given after first relapse?

- 1 Yes
- 0 No

Specify:

	Yes	No	
80.	<input type="checkbox"/>	<input type="checkbox"/>	Chemotherapy
81.	<input type="checkbox"/>	<input type="checkbox"/>	Radiation
82.	<input type="checkbox"/>	<input type="checkbox"/>	Surgery
83.	<input type="checkbox"/>	<input type="checkbox"/>	Immunotherapy
84.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____

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Hematologic Findings Just Prior to Conditioning:

85. WBC: • x 10⁹/L (or 10³/mm³)

86. Blasts in blood: %

87. Blasts in bone marrow: %

88. Date of bone marrow examination:
Month Day Year

89. Was extramedullary leukemia present just prior to conditioning?

- 1 Yes
- 0 No
- 8 Unknown

Specify site:
Yes No

90. 1 0 Central nervous system

91. 1 0 Other, specify: _____

92. Did patient have CNS leukemia at any time prior to conditioning?

- 1 Yes
- 0 No
- 8 Unknown

Treatment of CNS leukemia:
Yes No

93. 1 0 No treatment

94. 1 0 Intrathecal chemotherapy

95. 1 0 Cranial irradiation

96. 1 0 Spinal irradiation

97. 1 0 High-dose cytarabine

98. 1 0 Other, specify: _____

99. Were cytogenetics tested between start of treatment but before start of conditioning?

- 1 Yes
- 2 Yes, but no evaluable metaphases
- 0 No
- 8 Unknown

100. Was karyotype normal in all tests?

1 Yes

0 No

Specify abnormalities:

	Yes	No	
101.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-5/5q-
102.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-7/7q-
103.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-20/20q-
104.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	+8
105.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	+21
106.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Abnormal 3q
107.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Abnormal 11q
108.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Abnormal 16q
109.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	t(1;7)
110.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	t(5;7)
111.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	t(6;9)
112.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	t(8;16)
113.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	t(8;21)
114.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	t(9;22)
115.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	t(15;17)
116.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other, specify: _____

PLEASE INCLUDE COPY OF CYTOGENETICS REPORT(S)

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117. Disease state of AML immediately prior to conditioning of recipient for transplant:

- 0 Primary induction failure
- 1 1st Complete Remission (no previous marrow or extramedullary relapse)
- 2 2nd CR
- 3 3rd CR
- 4 \geq 4th CR
- 5 1st relapse
- 6 \geq 2nd relapse
- 8 Unknown

118. Date this disease state was first achieved:

Month Day Year

Posttransplant Information

119. Was treatment given posttransplant to prevent recurrence of AML?

- 1 Yes
- 0 No

Specify treatment:

120. 1 0 Intrathecal drugs, specify: _____

121. 1 0 CNS irradiation

122. 1 0 Immune therapy

Specify:

123. 1 0 Interleukin-2 (IL-2)

124. 1 0 Interferon-alpha

125. 1 0 Interferon-gamma

126. 1 0 Linomide

127. 1 0 Other, specify: _____

128. 1 0 Other, specify: _____

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129. 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

130. Date of relapse: Never in remission
Month Day Year

Site of recurrent AML:

Yes No

- 131. 1 0 Bone marrow
- 132. 1 0 CNS
- 133. 1 0 Testes
- 134. 1 0 Other, specify: _____

135. Was patient treated for posttransplant relapse or persistent disease?

- 1 Yes
- 0 No
- 8 Unknown

Specify treatments:

Yes No

- 136. 1 0 Interferon gamma
- 137. 1 0 Interferon alpha
- 138. 1 0 Chemotherapy
- 139. 1 0 Withdrawal of immunosuppression
- 140. 1 0 Immunotoxins
- 141. 1 0 Donor leukocytes
- 142. 1 0 Second transplant
- 143. 1 0 Growth factors, specify: _____
- 144. 1 0 Other, specify: _____

145. Did the patient achieve complete remission?

- Yes
- No
- Unknown

Note: If Q. 141 or 142 are checked yes, complete a separate report covering the subsequent transplant (see note on page 18 of Core Form regarding infusion of donor leukocytes)

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