

INSERT IV
CHRONIC LYMPHOCYTIC LEUKEMIA

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

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

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

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.81**

1. What was date of diagnosis of CLL? [] [] [] [] [] [] [] []
Month Day Year

2. Histology at diagnosis (if pathology report is available, append to this report and check here):

- 1 Chronic lymphocytic leukemia (CLL)
- 2 Polymorphic leukemia (PLL)
- 7 Other, specify: _____

3. Bone marrow pattern at diagnosis:

- 1 Diffuse
- 2 Nodular
- 3 Mixed
- 4 Interstitial
- 7 Other, specify: _____
- 8 Unknown

3.2 Lymphocytes in bone marrow at diagnosis: [] [] [] % 8 Unknown

4. Leukemia cell type (may be determined at any time after diagnosis):

- 1 B cell
- 2 T cell
- 8 Unknown

Immunophenotype (may be determined at any time after diagnosis):

Yes	Unknown	Yes	No	Unknown	Yes	No	Unknown
1 <input type="checkbox"/>	8 <input type="checkbox"/>	4.4 1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	4.6 1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
	8 <input type="checkbox"/>			CD19+			CD23+
1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	CD5+	4.5 1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	CD20+

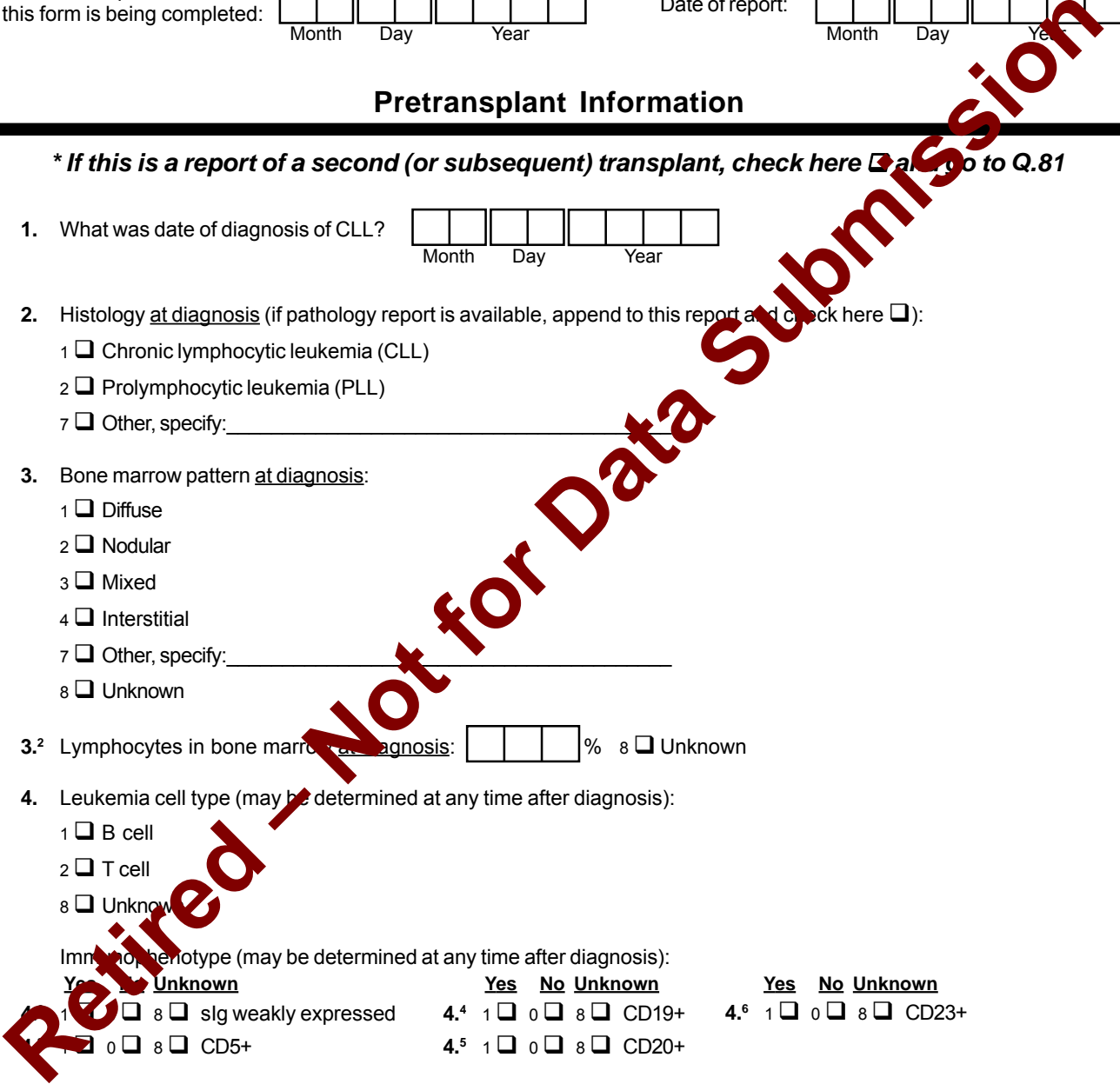
5. Did histologic transformation occur at any time after diagnosis?

- 1 Yes
- 0 No

6. Date of transformation: [] [] [] [] [] []
Month Year

7. New histology (if pathology report is available, append to this report and check here):

- 1 Richter syndrome (diffuse large cell lymphoma)
- 2 Polymorphic leukemia (PLL)
- 7 Other, specify: _____



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Status of Disease at Diagnosis

8. Rai stage at diagnosis:

- 1 0 – Lymphocytosis only
- 2 I – Lymphocytosis plus lymphadenopathy
- 3 II – Lymphocytosis plus splenomegaly (with or without lymphadenopathy)
- 4 III – Lymphocytosis plus anemia (hemoglobin <11g/dL)
- 5 IV – Lymphocytosis plus thrombocytopenia (platelet count <100 x10⁹/L)
- 8 Unknown

9. Binet stage at diagnosis:

- 1 A – <3 lymphoid sites involved (areas of involvement include head and neck [including Weber's ring], axillae [involvement of both axillae counts as one area], and groin [includes inguinal and femoral nodes; involvement of both sides counts as one area], spleen, liver) and hemoglobin >10g/dL, platelets >100 x 10⁹/L
- 2 B – ≥3 lymphoid sites involved, and hemoglobin >10g/dL, platelets >100 x 10⁹/L
- 3 C – Hemoglobin <10g/dL and/or platelets <100 x 10⁹/L, independent of lymphoid sites involved
- 8 Unknown

10. Symptoms at diagnosis:

- 1 A – None of the symptoms listed in B below
- 2 B – Unexplained weight loss >10% body weight in six months before treatment; unexplained fever >38°C; or, night sweats
- 8 Unknown

Autoimmune phenomena at diagnosis:

Yes No Unknown

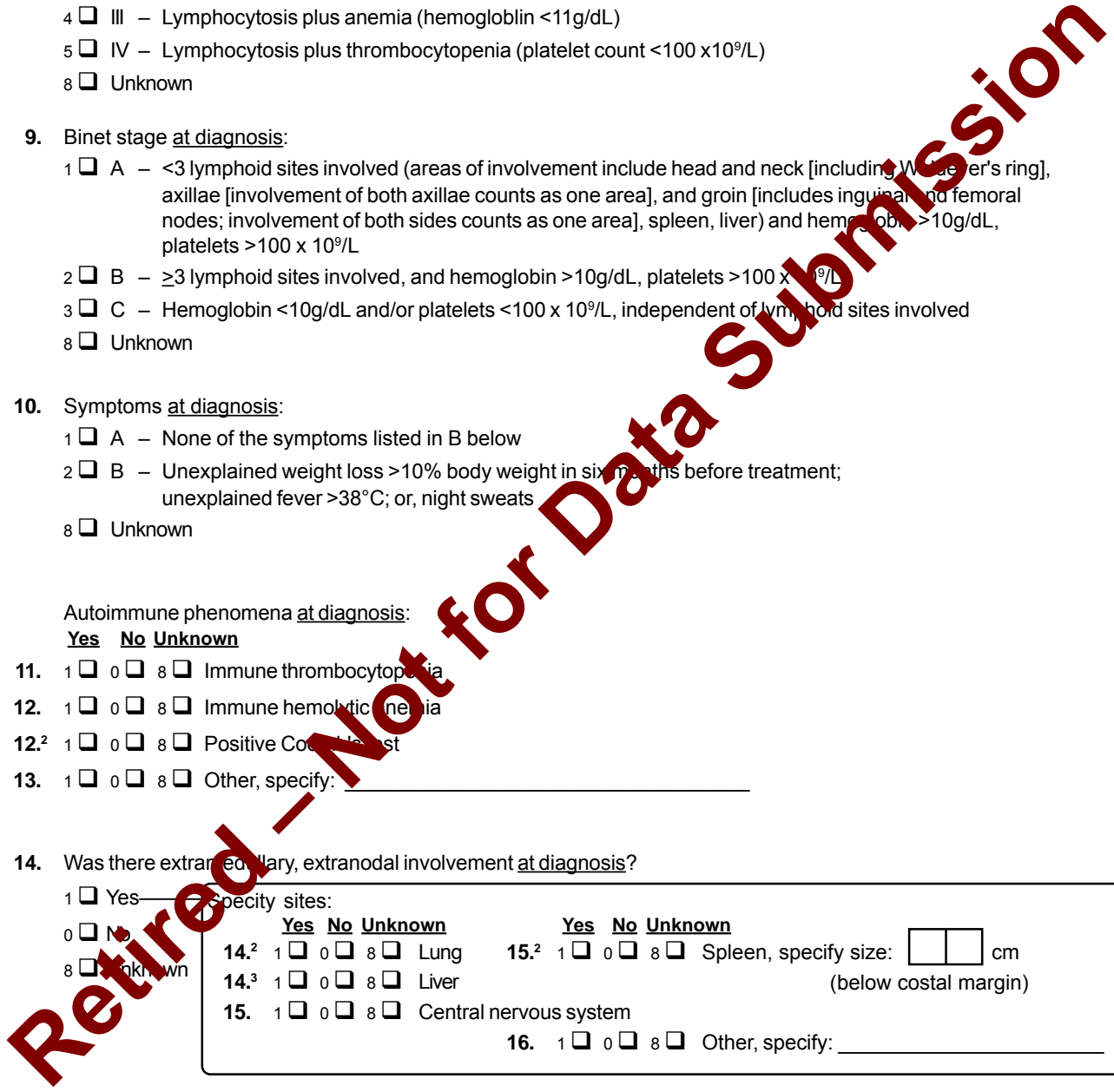
- 11. 1 0 8 Immune thrombocytopenia
- 12. 1 0 8 Immune hemolytic anemia
- 12.² 1 0 8 Positive Coombs test
- 13. 1 0 8 Other, specify: _____

14. Was there extramedullary, extranodal involvement at diagnosis?

1 Yes _____ Specify sites:

0 No
8 Unknown

	Yes	No	Unknown		Yes	No	Unknown		
14. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lung	15. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spleen, specify size: <input type="text"/> <input type="text"/> cm (below costal margin)
14. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver					
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central nervous system					
				16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	



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Laboratory findings at diagnosis:

17. LDH: . **Specify Units** U/L μ kat/L **Unknown** -8

18. Upper limit of normal for LDH:
.

19. β_2 microglobulin: . μ g/dL mg/L nmol/L

19.² Upper limit of normal for β_2 microglobulin:
.

20. WBC: . $\times 10^9/L$ ($\times 10^3/mm^3$) $\times 10^9/L$ -8

20.² Lymphocytes: % -8

Quantitative Immunoglobulins:

Lower limit of normal:

21. IgG: . mg/dL g/dL g/L **21.²** . -8

22. IgA: . mg/dL g/dL g/L **22.²** . -8

23. IgM: . mg/dL g/dL g/L **23.²** . -8

24. Were cytogenetics tested in chronic phase before start of treatment?

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

24.² Date of exam: Month Day Year

25. Number of metaphases:

26. Was karyotype normal?
 1 Yes Specify abnormalities:
 0 No

	Yes	No	Unknown	
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+12 (trisomy 12)
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+14 (trisomy 14)
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3q-
29. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3q+
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6p-
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6q-
31. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11q-
31. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8q+
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12p-
32. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13q-
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14q-
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14q+
34. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17p-
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	inv(14)
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(2;14)
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(4;11)
38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(8;14)
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(11;14)
40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(14;17)
41.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(14;18)
42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(14;19)
43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify karyotype: _____

IF CYTOGENETICS REPORT IS AVAILABLE, CHECK HERE AND ATTACH COPY

Retired - Not for Data Submission

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Treatment for CLL Prior to Transplant:

45. Did patient ever achieve a first complete remission prior to conditioning? 1 Yes 0 No 8 Unknown

<u>Date Started</u> (Month, Year)	<u>Date Ended</u> (Month, Year)	<u>Response Code</u> (see codes below)	<u>If Progression or Relapse, Give Date</u> (Month, Year)
--------------------------------------	------------------------------------	---	--

1st Treatment

46. <input type="text"/>	47. <input type="text"/>	51. <input type="checkbox"/>	52. <input type="text"/>
Treatment given: No Yes		52. ² Treated? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	
47. ² Chlorambucil	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
47. ³ Cyclophosphamide	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
47. ⁴ Fludarabine	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
48. Other chemotherapy	0 <input type="checkbox"/> 1 <input type="checkbox"/>	48. ² Specify: _____	
49. Radiation	0 <input type="checkbox"/> 1 <input type="checkbox"/>	49. ² Specify site(s): _____	
50. Surgery	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
50. ² Other	0 <input type="checkbox"/> 1 <input type="checkbox"/>	50. ³ Specify: _____	

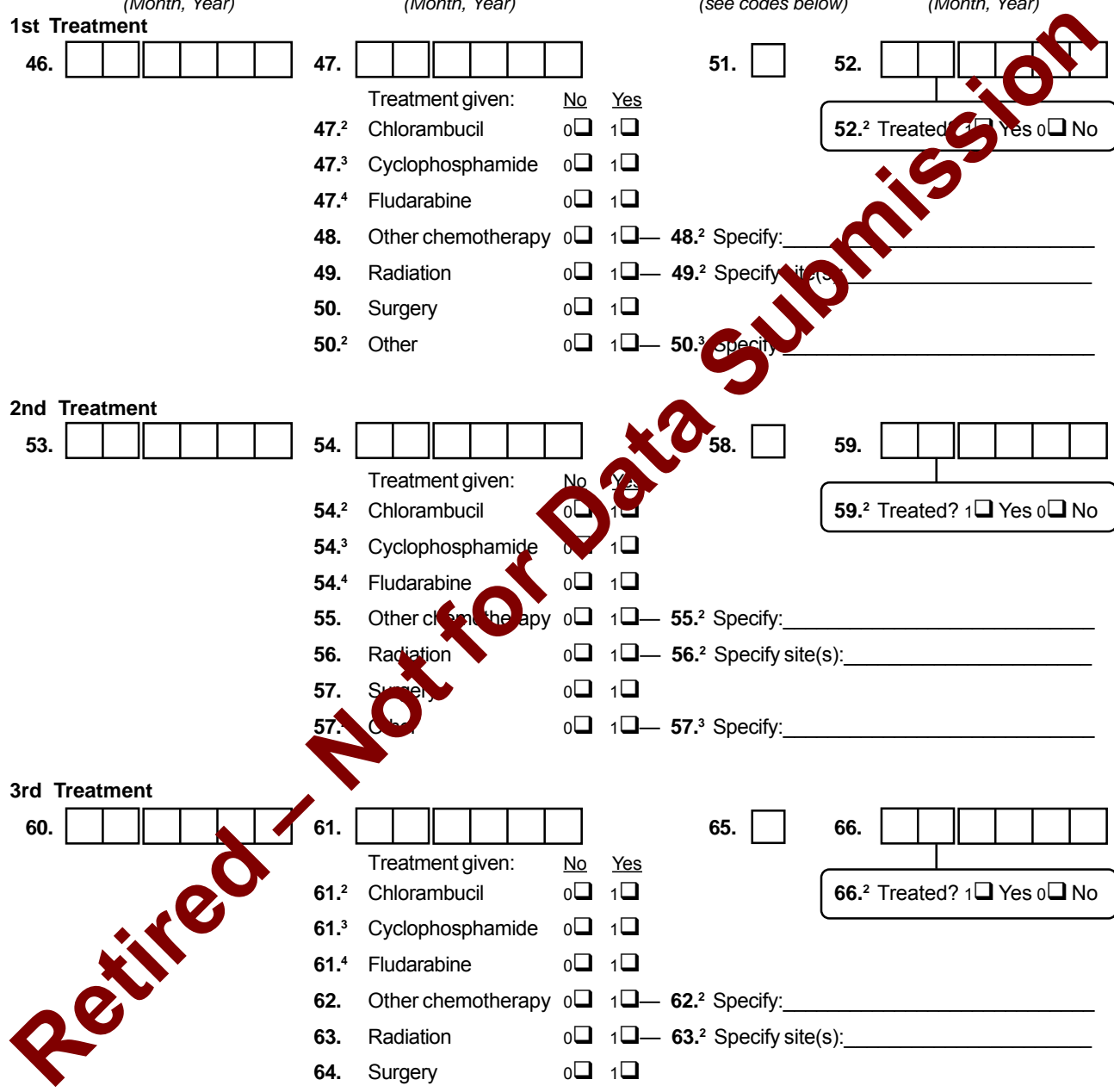
2nd Treatment

53. <input type="text"/>	54. <input type="text"/>	58. <input type="checkbox"/>	59. <input type="text"/>
Treatment given: No Yes		59. ² Treated? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	
54. ² Chlorambucil	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
54. ³ Cyclophosphamide	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
54. ⁴ Fludarabine	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
55. Other chemotherapy	0 <input type="checkbox"/> 1 <input type="checkbox"/>	55. ² Specify: _____	
56. Radiation	0 <input type="checkbox"/> 1 <input type="checkbox"/>	56. ² Specify site(s): _____	
57. Surgery	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
57. ² Other	0 <input type="checkbox"/> 1 <input type="checkbox"/>	57. ³ Specify: _____	

3rd Treatment

60. <input type="text"/>	61. <input type="text"/>	65. <input type="checkbox"/>	66. <input type="text"/>
Treatment given: No Yes		66. ² Treated? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	
61. ² Chlorambucil	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
61. ³ Cyclophosphamide	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
61. ⁴ Fludarabine	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
62. Other chemotherapy	0 <input type="checkbox"/> 1 <input type="checkbox"/>	62. ² Specify: _____	
63. Radiation	0 <input type="checkbox"/> 1 <input type="checkbox"/>	63. ² Specify site(s): _____	
64. Surgery	0 <input type="checkbox"/> 1 <input type="checkbox"/>		
64. ² Other	0 <input type="checkbox"/> 1 <input type="checkbox"/>	64. ³ Specify: _____	

Response Codes (see Q. 142)		
0 = Molecular CR	3 = Nodular PR	6 = Progressive Disease
1 = Continuing CR	4 = Partial Response	7 = Not Evaluable
2 = CR	5 = Stable Disease	8 = Not tested, Unknown



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<u>Date Started</u> (Month, Year)	<u>Date Ended</u> (Month, Year)	<u>Response Code</u> (see codes below)	<u>If Progression or Relapse, Give Date</u> (Month, Year)
--------------------------------------	------------------------------------	---	--

4th Treatment

67. 68. 72. 73.

Treatment given: No Yes

68.² Chlorambucil 0 1

68.³ Cyclophosphamide 0 1

68.⁴ Fludarabine 0 1

69. Other chemotherapy 0 1 — 69.² Specify: _____

70. Radiation 0 1 — 70.² Specify site(s): _____

71. Surgery 0 1

71.² Other 0 1 — 71.³ Specify: _____

73.² Treated? 1 Yes 0 No

5th Treatment

74. 75. 79. 80.

Treatment given: No Yes

75.² Chlorambucil 0 1

75.³ Cyclophosphamide 0 1

75.⁴ Fludarabine 0 1

76. Other chemotherapy 0 1 — 76.² Specify: _____

77. Radiation 0 1 — 77.² Specify site(s): _____

78. Surgery 0 1

78.² Other 0 1 — 78.³ Specify: _____

80.² Treated? 1 Yes 0 No

6th Treatment

80.³ 80.⁴ 80.¹⁵ 80.¹⁶

Treatment given: No Yes

80.⁵ Chlorambucil 0 1

80.⁶ Cyclophosphamide 0 1

80.⁷ Fludarabine 0 1

80.⁸ Other chemotherapy 0 1 — 80.⁹ Specify: _____

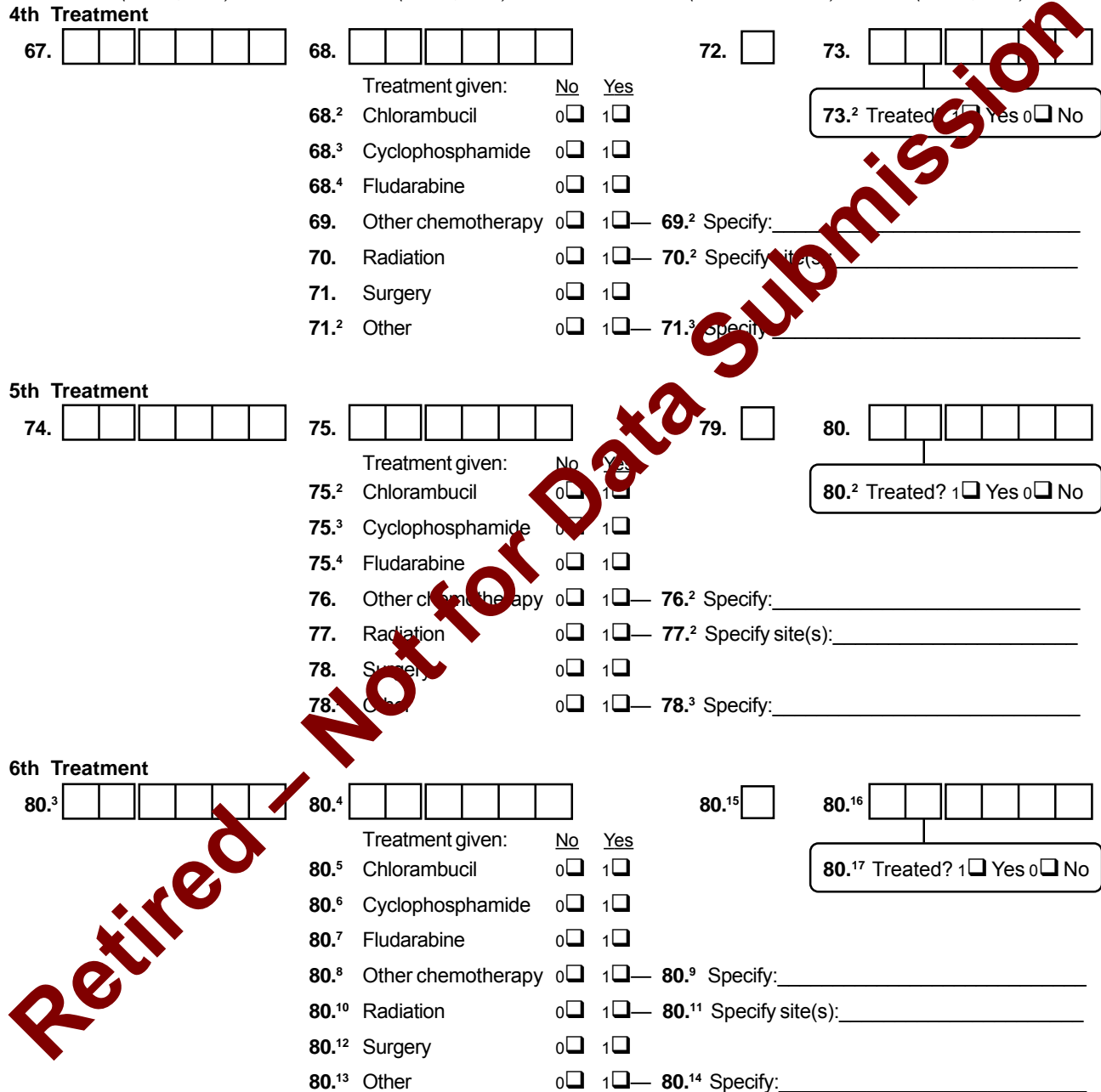
80.¹⁰ Radiation 0 1 — 80.¹¹ Specify site(s): _____

80.¹² Surgery 0 1

80.¹³ Other 0 1 — 80.¹⁴ Specify: _____

80.¹⁷ Treated? 1 Yes 0 No

Response Codes (see Q. 142)		
0 = Molecular CR	3 = Nodular PR	6 = Progressive Disease
1 = Continuing CR	4 = Partial Response	7 = Not Evaluable
2 = CR	5 = Stable Disease	8 = Not tested, Unknown



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81. Did patient have a splenectomy?

- 1 Yes
0 No

82. Specify date:
Month Year

83. Did hypercalcemia occur at any point?

- 1 Yes
0 No

84. Were cytogenetics tested after start of treatment?

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

85. Was karyotype normal in all tests?

- 1 Yes
2 No

Specify abnormalities:

	Yes	No	Unknown	
86.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+12 (trisomy 12)
87.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+14 (trisomy 14)
88.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3q-
88. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3q+
89.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6p-
90.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6q-
90. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11q-
90. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8q
91.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7q-
91. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7q-
92.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14q-
93.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14q+
93. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17p-
94.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	inv(14)
95.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(2;14)
96.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(4;11)
97.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(8;14)
98.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(11;14)
99.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(14;17)
100.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(14;18)
101.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t(14;19)
102.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify karyotype: _____

IF CYTOGENETICS REPORT IS AVAILABLE, CHECK HERE AND ATTACH COPY

Status of Disease Immediately Prior to High-dose Therapy (Conditioning)

103. Rai stage immediately prior to conditioning:

- 0 Complete remission
1 0 – Lymphocytosis only
2 I – Lymphocytosis plus lymphadenopathy
3 II – Lymphocytosis plus splenomegaly (with or without lymphadenopathy)
4 III – Lymphocytosis plus anemia (hemoglobin <11g/dL)
5 IV – Lymphocytosis plus thrombocytopenia (platelet count <100 x10⁹/L)

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104. Binet stage immediately prior to conditioning:

- 0 Complete remission
- 1 A – <3 lymphoid sites involved (areas of involvement include head and neck [including Waldeyer's ring], axillae [involvement of both axillae counts as one area], and groin [includes inguinal and femoral nodes; involvement of both sides counts as one area], spleen, liver) and hemoglobin >10g/dL, platelets >100 x 10⁹/L
- 2 B – ≥3 lymphoid sites involved, and hemoglobin >10g/dL, platelets >100 x 10⁹/L
- 3 C – Hemoglobin <10g/dL and/or platelets <100 x 10⁹/L, independent of lymphoid sites involved

105. Did patient have known nodal involvement immediately prior to conditioning?

- 1 Yes
- 0 No

106.	Size of largest nodal mass: <input type="text"/> cm x <input type="text"/> cm	
	Specify site:	
	Yes No	Yes No
107.	1 <input type="checkbox"/> 0 <input type="checkbox"/> Cervical	109. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Groin
108.	1 <input type="checkbox"/> 0 <input type="checkbox"/> Axillary	110. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Other, specify: _____

111. Did patient have known extramedullary, extranodal involvement immediately prior to conditioning?

- 1 Yes
- 0 No

Specify sites:		
Yes No Unknown	Yes No Unknown	
112. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> Lung	114.³ 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> Spleen, specify size: <input type="text"/> cm	
114. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> Liver	(below costal margin)	
114.² 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> Central nervous system	121. 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> Other, specify: _____	

Did patient have any of the following within 6 months prior to conditioning?

- 121.²** 1 0 8 Unexplained weight loss ≥10% body weight
- 121.³** 1 0 8 Extreme fatigue, cannot work or unable to perform usual activities
- 121.⁴** 1 0 8 Fevers ≥2 weeks without evidence of infection
- 121.⁵** 1 0 8 Night sweats without evidence of infection

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Laboratory Findings Immediately Prior to Conditioning:

		<u>Specify Units</u>	<u>Unknown</u>
122. WBC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> x10 ⁹ /L (x10 ³ /mm ³) 2 <input type="checkbox"/> x10 ⁶ /L	-8 <input type="checkbox"/>
123. Neutrophils:	<input type="text"/> <input type="text"/> %		-8 <input type="checkbox"/>
124. Lymphocytes:	<input type="text"/> <input type="text"/> %		-8 <input type="checkbox"/>
125. Hemoglobin:	<input type="text"/> <input type="text"/> <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	-8 <input type="checkbox"/>
125. ² Upper limit of normal for Hemoglobin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
126. Hematocrit:	<input type="text"/> <input type="text"/> %	<input type="checkbox"/> Transfused	-8 <input type="checkbox"/>
127. Platelets:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> x10 ⁹ /L (x10 ³ /mm ³) 2 <input type="checkbox"/> x10 ⁶ /L <input type="checkbox"/> Transfused	-8 <input type="checkbox"/>
127. ² LDH:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> U/L 2 <input type="checkbox"/> μkat/L	-8 <input type="checkbox"/>
127. ³ Upper limit of normal for LDH: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
127. ⁴ β ₂ microglobulin:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> μg/dL 2 <input type="checkbox"/> mg/L 3 <input type="checkbox"/> nmol/L	-8 <input type="checkbox"/>
127. ⁵ Upper limit of normal for β ₂ microglobulin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
127. ⁶ Positive Coomb's test?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		-8 <input type="checkbox"/>
127. ⁷ Lymphocytes in bone marrow:	<input type="text"/> <input type="text"/> %		-8 <input type="checkbox"/>

Quantitative Immunoglobulins:

Lower limits of normal:

128. IgG:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	128. ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-8 <input type="checkbox"/>
129. IgA:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	129. ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-8 <input type="checkbox"/>
130. IgM:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L	130. ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-8 <input type="checkbox"/>

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Status of Disease Immediately Prior to Conditioning:

131. Was disease state pretransplant been assessed by immunophenotyping and/or molecular studies of peripheral blood or bone marrow?

- 1 Yes
- 0 No
- 8 Unknown

Specify:

132. Immunophenotyping?

1 Yes

0 No

8 Unknown

132.² Date tested: 8 Unknown
Month Day Year

Specify:

133. Blood tested?

1 Yes

0 No

134. Results:

- 1 Normal (polyclonal B-cell population, without excess of CD5-positive cells)
- 0 Abnormal (monoclonal B-cell population with excess CD5 expression)
- 8 Other, specify: _____

135. Bone marrow tested?

1 Yes

0 No

136. Results:

- 1 Normal (polyclonal B-cell population, without excess of CD5-positive cells)
- 0 Abnormal (monoclonal B-cell population with excess CD5 expression)
- 8 Other, specify: _____

137. Molecular studies?

1 Yes

0 No

8 Unknown

137.² Date tested: 8 Unknown
Month Day Year

Specify:

138. Blood tested?

1 Yes

0 No

139. Results:

- 1 Normal (no evidence of clonality on gene rearrangement or other studies)
Specify method: _____
- 0 Abnormal (evidence of clonality on gene rearrangement or other studies)
Specify method: _____

140. Bone marrow tested?

1 Yes

0 No

141. Results:

- 1 Normal (no evidence of clonality on gene rearrangement or other studies)
Specify method: _____
- 0 Abnormal (evidence of clonality on gene rearrangement or other studies)
Specify method: _____

Retired - Not for Data Submission

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142. What was response of CLL to chemotherapy prior to conditioning?
(Response to last chemotherapy given prior to transplant; treatment must be given ≤ 6 months prior to transplant)

- 1 CR – No lymphadenopathy; no organomegaly; neutrophils $> 1.5 \times 10^9/L$; platelets $> 100 \times 10^9/L$; hemoglobin $> 11g/dL$; lymphocytes $< 4 \times 10^9/L$; bone marrow $< 30\%$ lymphocytes; absence of constitutional symptoms
- 1.1 nPR (nodular PR) – CR with persistent lymphoid nodules in bone marrow
- 2 PR – $\geq 50\%$ decrease in peripheral blood lymphocyte count from pretreatment value; $\geq 50\%$ reduction in lymphadenopathy if present pretreatment; $\geq 50\%$ reduction in liver and spleen size if enlarged pretreatment; one or more of the following: neutrophils $\geq 1.5 \times 10^9/L$ or 50% improvement over baseline, platelets $> 100 \times 10^9/L$ or 50% improvement over baseline, hemoglobin $> 11.0g/dL$ or 50% improvement over baseline
- 3 Stable – No change, not CR, PR or progressive
- 4 Progressive – One or more of the following: $\geq 50\%$ increase in sum of products of ≥ 2 lymph nodes with (≥ 1 node must be $\geq 2cm$) or new nodes; $\geq 50\%$ increase in liver or spleen size or new hepatomegaly or splenomegaly; $\geq 50\%$ increase in absolute lymphocyte count to $\geq 5 \times 10^9/L$; transformation to a more aggressive histology
- 5 Untreated – (no chemotherapy given in the 6 months prior to transplant)
- 7 Not evaluable
- 8 Unknown

Posttransplant Information

To be completed at 100 days posttransplant or at time of death if death occurred < 100 days posttransplant.

143. What was patient's best response to transplant not including planned posttransplant treatment (for response criteria see Q.142)?

- 1 CR
- 1.1 nPR (nodular PR)
- 2 PR
- 3 Stable
- 4 Progressive
- 7 Not evaluable
- 8 Unknown

143.2 What was date of patient's best response?
Month Day Year

Retired – Not for Data Submission

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144. Planned treatment (not for progressive disease) was given posttransplant?

- 1 Yes
- 0 No

Specify treatment given:

	Yes	No	
145.	<input type="checkbox"/>	<input type="checkbox"/>	Chemotherapy, specify: _____
146.	<input type="checkbox"/>	<input type="checkbox"/>	Radiation, specify sites: _____
147.	<input type="checkbox"/>	<input type="checkbox"/>	Immune therapy
Yes No			
147. ²	<input type="checkbox"/>	<input type="checkbox"/>	α -Interferon, specify: _____
147. ³	<input type="checkbox"/>	<input type="checkbox"/>	Gamma-interferon, specify: _____
148.	<input type="checkbox"/>	<input type="checkbox"/>	IL-2
149.	<input type="checkbox"/>	<input type="checkbox"/>	Linomide
150.	<input type="checkbox"/>	<input type="checkbox"/>	Other immune therapy, specify: _____

151. Other, specify: _____

152. What was patient's best response to transplant including planned posttransplant treatment (for response criteria see **Q.142**)?

1 <input type="checkbox"/> CR	4 <input type="checkbox"/> Progressive
1.1 <input type="checkbox"/> nPR (nodular PR)	7 <input type="checkbox"/> Not evaluable
2 <input type="checkbox"/> PR	8 <input type="checkbox"/> Unknown
3 <input type="checkbox"/> Stable	

152.² What was date of patient's best response?

Month Day Year

153. Disease state at time of this report or at time of death:

- 1 Free of CLL with no recurrence posttransplant
- 2 Free of CLL except for persistent lymphoid nodules in bone marrow
- 3 Persistent/Stable CLL without progression (never achieved remission posttransplant)
- 4 Progressive CLL (never achieved remission posttransplant)

Date of progression:

Month Day Year

5 Recurrent CLL (relapse after complete remission)

Date of recurrence:

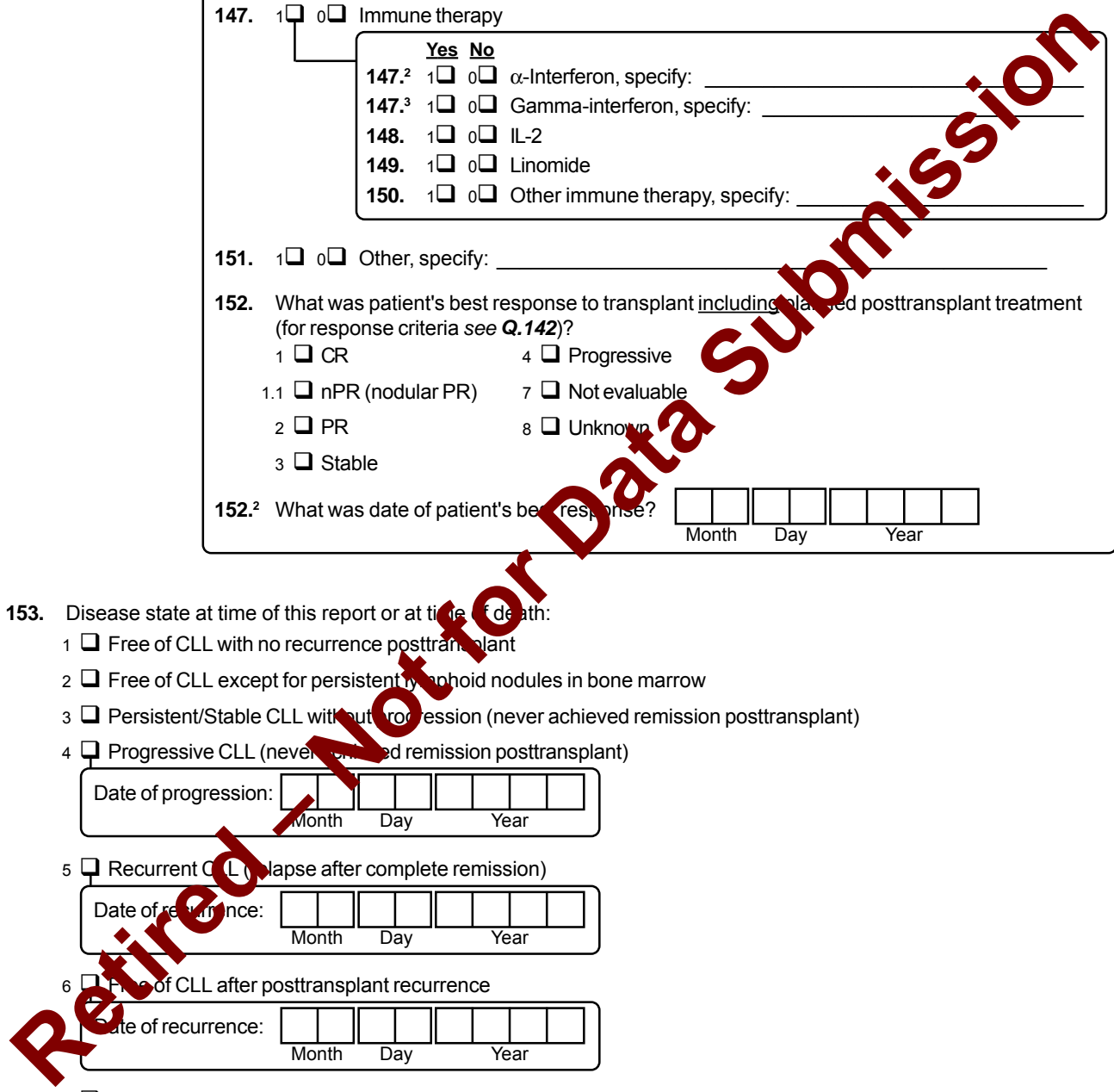
Month Day Year

6 Free of CLL after posttransplant recurrence

Date of recurrence:

Month Day Year

7 Not evaluable; explain: _____



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Laboratory findings at time of this report:

153.² LDH: . 1 U/L 2 μ kat/L Specify Units Unknown -8

153.³ Upper limit of normal for LDH:
.

153.⁴ β_2 microglobulin: . 1 μ g/dL 2 mg/L 3 nmol/L

153.⁵ Upper limit of normal for β_2 microglobulin:
.

153.⁶ WBC: . 1 $\times 10^9/L$ ($\times 10^3/mm^3$) 2 $\times 10^6/L$ -8

153.⁷ Lymphocytes: % -8

Quantitative Immunoglobulins:

153.⁸ IgG: . 1 mg/dL 2 g/dL 3 g/L
153.¹⁰ IgA: . 1 mg/dL 2 g/dL 3 g/L
153.¹² IgM: . 1 mg/dL 2 g/dL 3 g/L

Lower limits of normal:

153.⁹ . -8
153.¹¹ . -8
153.¹³ . -8

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154. Has disease state posttransplant been assessed by immunophenotyping and/or molecular studies of peripheral blood or bone marrow?

- 1 Yes
- 0 No
- 8 Unknown

Specify:

155. Immunophenotyping?

1 Yes

0 No

8 Unknown

155.² Most recent date tested: 8 Unk

Month Day Year

Specify:

156. Blood tested?

1 Yes

0 No

157. Results:

1 Normal (polyclonal B-cell population without excess of CD5-positive cells)

0 Abnormal (monoclonal B-cell population with excess CD5 expression)

8 Other, specify: _____

158. Bone marrow tested?

1 Yes

0 No

159. Results:

1 Normal (polyclonal B-cell population, without excess of CD5-positive cells)

0 Abnormal (monoclonal B-cell population with excess CD5 expression)

8 Other, specify: _____

160. Molecular studies?

1 Yes

0 No

160.² Most recent date tested: 8 Unk

Month Day Year

Specify:

161. Blood tested?

1 Yes

0 No

162. Results:

1 Normal (no evidence of clonality on gene rearrangement or other studies)
Specify method: _____

0 Abnormal (evidence of clonality on gene rearrangement or other studies)
Specify method: _____

163. Bone marrow tested?

1 Yes

0 No

164. Results:

1 Normal (no evidence of clonality on gene rearrangement or other studies)
Specify method: _____

0 Abnormal (evidence of clonality on gene rearrangement or other studies)
Specify method: _____

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