

**FOLLOW-UP 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

**Follow-up Information**

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

1. What was patient's best response to transplant not including planned posttransplant treatment since date of last report?
  - 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  $\geq 2$  lymph nodes with ( $\geq 1$  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
  - 7  Not evaluable
  - 8  Unknown

1.2 What was date of patient's best response? [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Month Day Year

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2. Planned treatment (not for progressive or recurrent disease) was given since date of last report?

1  Yes

0  No

Specify treatment given:

**Yes No**

3. 1  0  Chemotherapy, specify: \_\_\_\_\_

4. 1  0  Radiation, specify sites: \_\_\_\_\_

5. 1  0  Immune therapy

**Yes No**

5.<sup>2</sup> 1  0   $\alpha$ -Interferon, specify: \_\_\_\_\_

5.<sup>3</sup> 1  0  Gamma-interferon, specify: \_\_\_\_\_

6. 1  0  IL-2

7. 1  0  Linomide

8. 1  0  Other immune therapy, specify: \_\_\_\_\_

9. 1  0  Other, specify: \_\_\_\_\_

10. What was patient's best response to transplant including planned posttransplant treatment (for response criteria see Q.1)?

1  CR

4  Progressive

1.1  nPR (nodular PR)

7  Not evaluable

2  PR

8  Unknown

3  Stable

10.<sup>2</sup> What was date of patient's best response?

Month Day Year

11. 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:**

11.2 LDH: .  1  U/L 2   $\mu$ kat/L Unknown -8

11.3 Upper limit of normal for LDH:  
.

11.4  $\beta_2$  microglobulin: .  1   $\mu$ g/dL 2  mg/L 3  nmol/L

11.5 Upper limit of normal for  $\beta_2$  microglobulin:  
.

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

11.7 Lymphocytes:  % -8

**Quantitative Immunoglobulins:**

11.8 IgG: .  1  mg/dL 2  g/dL 3  g/L  
11.10 IgA: .  1  mg/dL 2  g/dL 3  g/L  
11.12 IgM: .  1  mg/dL 2  g/dL 3  g/L

**Lower limits of normal:**

11.9 .  -8   
11.11 .  -8   
11.13 .  -8

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12. Has disease state posttransplant been assessed by immunophenotyping and/or molecular studies of peripheral blood or bone marrow since date of last report?

- 1  Yes
- 0  No
- 8  Unknown

Specify:

13. Immunophenotyping?

1  Yes

0  No

14. Most recent date tested:       8  Unk  
Month Day Year

Specify:

15. Blood tested?

1  Yes

0  No

16. 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: \_\_\_\_\_

17. Bone marrow tested?

1  Yes

0  No

18. 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: \_\_\_\_\_

19. Molecular studies?

1  Yes

0  No

20. Most recent date tested:       8  Unk  
Month Day Year

Specify:

21. Blood tested?

1  Yes

0  No

22. 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: \_\_\_\_\_

23. Bone marrow tested?

1  Yes

0  No

24. 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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