

**INSERT III**  
**Chronic Myelogenous 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

**Pretransplant Information**

**\* If this is a report of a second (or subsequent) transplant, check here  and go to Q.32**

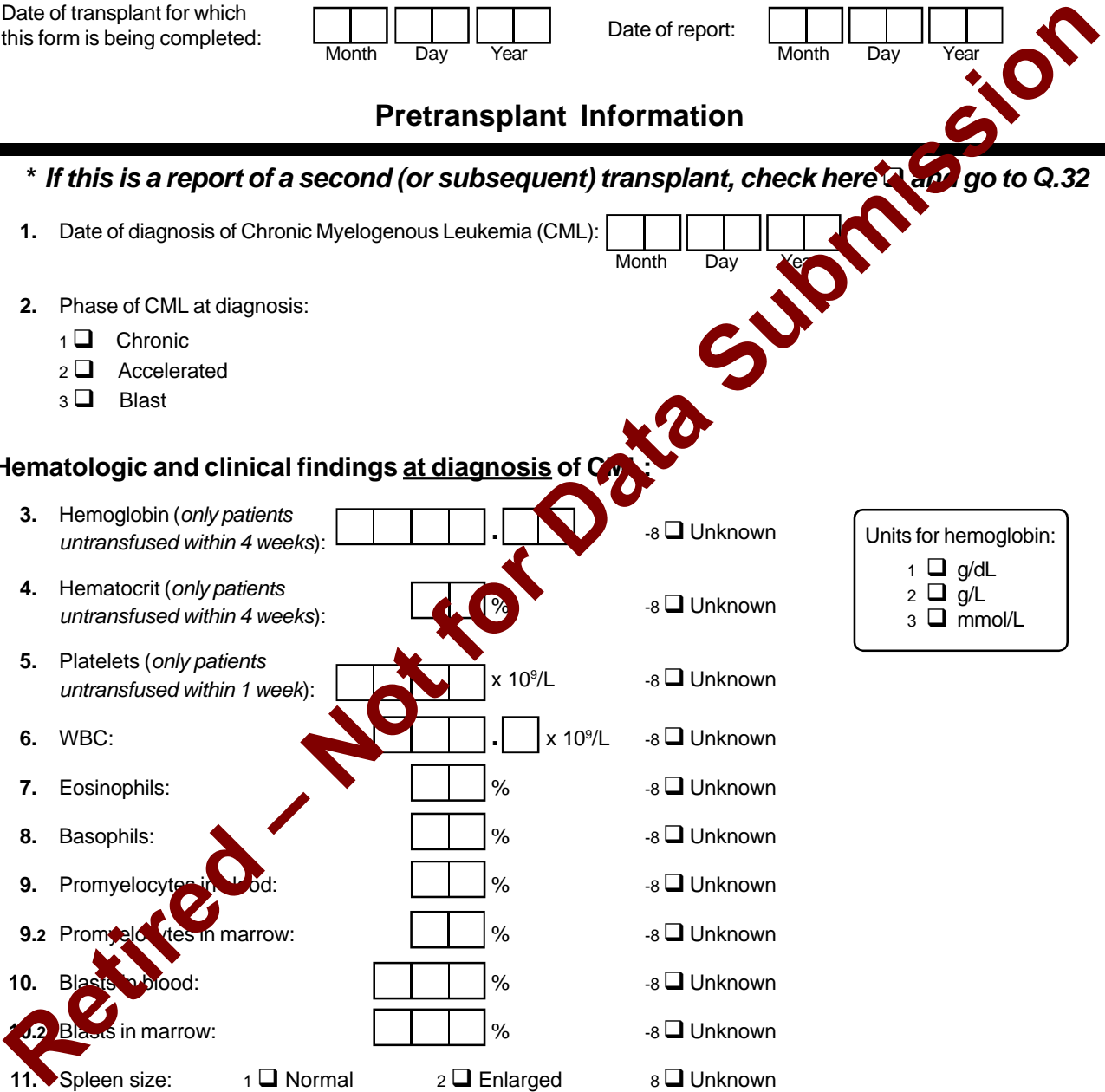
1. Date of diagnosis of Chronic Myelogenous Leukemia (CML): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Month Day Year
2. Phase of CML at diagnosis:
  - 1  Chronic
  - 2  Accelerated
  - 3  Blast

**Hematologic and clinical findings at diagnosis of CML:**

3. Hemoglobin (*only patients untransfused within 4 weeks*): [ ] [ ] [ ] [ ] [ ] [ ] -8  Unknown
4. Hematocrit (*only patients untransfused within 4 weeks*): [ ] [ ] [ ] [ ] (%) -8  Unknown
5. Platelets (*only patients untransfused within 1 week*): [ ] [ ] [ ] [ ] x 10<sup>9</sup>/L -8  Unknown
6. WBC: [ ] [ ] [ ] [ ] [ ] [ ] x 10<sup>9</sup>/L -8  Unknown
7. Eosinophils: [ ] [ ] % -8  Unknown
8. Basophils: [ ] [ ] % -8  Unknown
9. Promyelocytes in blood: [ ] [ ] % -8  Unknown
- 9.2 Promyelocytes in marrow: [ ] [ ] % -8  Unknown
10. Blasts in blood: [ ] [ ] [ ] [ ] % -8  Unknown
- 10.2 Blasts in marrow: [ ] [ ] [ ] [ ] % -8  Unknown
11. Spleen size: 1  Normal 2  Enlarged 8  Unknown

Units for hemoglobin:

- 1  g/dL
- 2  g/L
- 3  mmol/L



12. Extramedullary leukemia?
    - 1  Yes
    - 0  No
- Yes No**

  13. 1  0  CNS leukemia
  14. 1  0  Chloroma
  15. 1  0  Other, specify: \_\_\_\_\_

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16. Were cytogenetic tests done at diagnosis (within 6 months of diagnosis)?

**NOTE: Report BCR/ABL gene rearrangement in Q.74 only.**

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

17. Was Ph-chromosome, t(9;22) detected between diagnosis and conditioning?

- 1  No, cytogenetic tests never done
- 2  No, Ph-chromosome never found on subsequent testing
- 3  Yes, Ph-chromosome documented on subsequent testing
- 8  Unknown

Go to Q.23

18. Date of initial test:  /  /   
Month Day Year

19. Number of mitoses analyzed  -8  Unknown

20. Was Ph-chromosome detected? 1  Yes 0  No Complete Q.17 and Q.21

21. Were other cytogenetic abnormalities detected? 1  Yes 0  No

22. Specify karyotype:

SEND COPY OF CYTOGENETICS REPORTS

23. Did the patient have a splenectomy?

- 1  Yes
- 0  No

24. Date:  /  /   
Month Day Year

25. Did the patient receive chemotherapy or immunotherapy at any time prior to pretransplant conditioning (do not report allopurinol)?

- 1  Yes
- 0  No

Please specify drugs used:

Yes No

26. 1  0  Busulfan

27. 1  0  Hydroxyurea

28. 1  0  Interferon-alpha

Yes No

29. 1  0  Interferon-gamma

30. 1  0  Anagrelide

31. 1  0  Other, specify:

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32. Status of CML just prior to conditioning of recipient for transplant:

1  First chronic phase (no previous transplant)

Go to Q.51

2  Accelerated phase (no previous transplant)

Indicate which of the following were present:

Yes No Unknown

33. 1  0  8  anemia (hemoglobin < 8 g/dL)
34. 1  0  8  leukocytosis (WBC > 100 x 10<sup>9</sup>/L) unresponsive to busulfan or hydroxyurea
35. 1  0  8  thrombocytopenia (platelets < 100 x 10<sup>9</sup>/L) unresponsive to busulfan or hydroxyurea
36. 1  0  8  thrombocytosis (platelets > 1,000 x 10<sup>9</sup>/L) unresponsive to busulfan or hydroxyurea
37. 1  0  8  palpable splenomegaly unresponsive to busulfan or hydroxyurea
38. 1  0  8  development of extramedullary disease
39. 1  0  8  ≥ 10% blasts in blood or marrow
40. 1  0  8  ≥ 20% blasts plus promyelocytes in blood or marrow
41. 1  0  8  ≥ 20% basophils plus eosinophils in blood
42. 1  0  8  clonal marrow cytogenetic abnormality(ies) in addition to the original Ph-chromosome
43. 1  0  8  Other, specify: \_\_\_\_\_

44. Was this the first accelerated phase? 1  Yes 0  No

45. Has patient ever been in blast phase? 1  Yes 0  No

Go to Q.48

3  Second or greater chronic phase (no previous transplant)

46. How many chronic phases has the patient ever experienced?

2  Two 3  Three 4  Four or more

47. Has patient ever been in blast phase prior to current chronic phase?

1  Yes 0  No

Go to Q.48

4  Blastic phase (no previous transplant)

48. How many blast crises has the patient ever experienced?

1  One 2  Two or more

49. Indicate type of blast cells:

1  Lymphoid only 3  Lymphoid and myeloid  
2  Myeloid only 8  Unknown (indeterminate results or undocumented)

5  Chronic phase following previous transplant

50. Please specify:

1  First chronic phase post BMT 2  ≥ 2nd chronic phase post BMT

6  Accelerated or blast phase following previous transplant

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**Hematologic and Clinical Findings of CML Immediately Prior to Conditioning:**

51. Hemoglobin (*only patients untransfused within 4 weeks*):     .   -8  Unknown
52. Hematocrit (*only patients untransfused within 4 weeks*):   % -8  Unknown
53. Platelets (*only patients untransfused within 1 week*):     x 10<sup>9</sup>/L -8  Unknown
54. WBC:    .  x 10<sup>9</sup>/L -8  Unknown
55. Eosinophils:   % -8  Unknown
56. Basophils:   % -8  Unknown
57. Promyelocytes:   % -8  Unknown
58. Blasts:   % -8  Unknown
59. Spleen size: 1  Normal 2  Enlarged 8  Unknown 7  Not applicable/splenectomy

Units for hemoglobin:  
 1  g/dL  
 2  g/L  
 3  mmol/L

60. Did patient have extramedullary leukemia immediately prior to conditioning?

- 1  Yes  
 0  No

	Yes	No	
61.	<input type="checkbox"/>	<input type="checkbox"/>	CNS leukemia
62.	<input type="checkbox"/>	<input type="checkbox"/>	Chloroma
63.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____

**Bone Marrow Findings Immediately Prior to Conditioning:**

64. Date of most recent bone marrow examination prior to conditioning:          
 Month Day Year
65. Promyelocytes:   %
66. Blasts:   %
67. Fibrosis: 0  Absent 1  Mild 2  Moderate 3  Severe 8  Unknown

68. Were cytogenetics repeated (or done) after tests reported in Q.16?

- 1  Yes  
 0  No

69. Date of <u>most recent</u> cytogenetics prior to conditioning:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
70. Number of mitoses analyzed:	<input type="text"/> <input type="text"/> -8 <input type="checkbox"/> Unknown
71. Was Ph-chromosome detected?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
72. Were other cytogenetic abnormalities detected?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
73. Specify karyotype: _____	
<b>SEND COPY OF CYTOGENETICS REPORTS</b>	

74. Was BCR/ABL rearranged (on any examination prior to conditioning)? 1  Yes 0  No 8  Unknown

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### Posttransplant Information

**To be completed >100 days posttransplant or  
at time of death if death occurred less than 100 days post transplant**

75. Was treatment for CML given posttransplant? 1  Yes 0  No

Specify reason for treatment:

76. Prophylaxis (given before evidence of leukemia recurrence):

1  Yes

0  No

Specify treatment:

Yes No

77. 1  0  Intrathecal drugs, specify: \_\_\_\_\_

78. 1  0  Interferon

79. Specify type: 1  alpha 2  gamma

80. Date started:        
Month Day Year

81. Date stopped:        
Month Day Year

82. 1  0  Donor leukocyte infusion

83. 1  0  Other, specify: \_\_\_\_\_

Total dose T-cells:         x 10<sup>9</sup>

Number of infusions:

Date of 1st infusion:        
Month Day Year

Date of last infusion:        
Month Day Year

84. Treatment of persistent or recurrent CML:

1  Yes

0  No

Specify treatment:

Yes No

85. 1  0  Withdrawal of immunosuppression

86. 1  0  Interferon-alpha

87. 1  0  Interferon-gamma

88. 1  0  Chemotherapy

89. 1  0  Immunotoxins

90. 1  0  Donor leukocytes

91. 1  0  Second or subsequent transplant

92. 1  0  Growth factors, specify: \_\_\_\_\_

93. 1  0  Other, specify: \_\_\_\_\_

94. Indicate degree of response:

0  None

1  Hematologic but not cytogenetic response

2  Incomplete cytogenetic response

3  Complete cytogenetic response

*This is considered a transplant.  
Complete a separate report covering  
this infusion and post-infusion events.*

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95. Did CML persist or recur (include **clinical** and/or **cytogenetic** relapse) posttransplant?

- 1  Yes  
0  No

95.2 Date of relapse or first clinical or cytogenetic evidence of disease posttransplant:         8  Date Unknown  
Month Day Year

96. Was initial posttransplant relapse cytogenetic only?

- 1  Yes  
0  No

97. Did hematologic evidence of CML subsequently appear?

- 1  Yes  
0  No

98. Date:          
Month Day Year

99. Phase of CML at initial hematologic relapse:

- 1  Chronic  
2  Accelerated  
3  Blast

100. Phase of CML at relapse:

- 1  Chronic  
2  Accelerated  
3  Blast

101. Site of relapse:

- 1  Extramedullary, specify: \_\_\_\_\_  
2  Bone marrow

102. Current status of CML:

- 0  Absent  
1  Present on cytogenetic testing only  
2  In chronic phase  
3  In accelerated phase  
4  In blast phase  
5  Present on molecular (BCR/ABL) testing only

Please list all cytogenetic examinations of blood or bone marrow posttransplant:

	Date	Source of cells	Number of metaphases	% Ph+	Other abnormalities
103.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	104. 1 <input type="checkbox"/> Blood 2 <input type="checkbox"/> Bone marrow	105. <input type="text"/> <input type="text"/>	106. <input type="text"/> <input type="text"/> <input type="text"/>	107. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown
108.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	109. 1 <input type="checkbox"/> Blood 2 <input type="checkbox"/> Bone marrow	110. <input type="text"/> <input type="text"/>	111. <input type="text"/> <input type="text"/> <input type="text"/>	112. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown
113.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	114. 1 <input type="checkbox"/> Blood 2 <input type="checkbox"/> Bone marrow	115. <input type="text"/> <input type="text"/>	116. <input type="text"/> <input type="text"/> <input type="text"/>	117. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown
118.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	119. 1 <input type="checkbox"/> Blood 2 <input type="checkbox"/> Bone marrow	120. <input type="text"/> <input type="text"/>	121. <input type="text"/> <input type="text"/> <input type="text"/>	122. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown
123.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	124. 1 <input type="checkbox"/> Blood 2 <input type="checkbox"/> Bone marrow	125. <input type="text"/> <input type="text"/>	126. <input type="text"/> <input type="text"/> <input type="text"/>	127. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown

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Please list all molecular (BCR/ABL) examinations of blood or bone marrow posttransplant:

128. 

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

129. 

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

130. 

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

131. 

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

132. 

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

133. 

1	<input type="checkbox"/>	Blood
2	<input type="checkbox"/>	Bone marrow

134. 

1	<input type="checkbox"/>	Blood
2	<input type="checkbox"/>	Bone marrow

135. 

1	<input type="checkbox"/>	Blood
2	<input type="checkbox"/>	Bone marrow

136. 

1	<input type="checkbox"/>	Blood
2	<input type="checkbox"/>	Bone marrow

137. 

1	<input type="checkbox"/>	Blood
2	<input type="checkbox"/>	Bone marrow

138. 

1	<input type="checkbox"/>	Yes
0	<input type="checkbox"/>	No

139. 

1	<input type="checkbox"/>	Yes
0	<input type="checkbox"/>	No

140. 

1	<input type="checkbox"/>	Yes
0	<input type="checkbox"/>	No

141. 

1	<input type="checkbox"/>	Yes
0	<input type="checkbox"/>	No

142. 

1	<input type="checkbox"/>	Yes
0	<input type="checkbox"/>	No

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