FOLLOW-UP: INSERT III
Chronic 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

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 to prevent or treat recurrent CML since date of last report?
1 ❑ Yes 0 ❑ No

Specify reason for treatment since last report:

2. Prophylaxis (given before first evidence of posttransplant leukemia recurrence)
1 ❑ Yes
0 ❑ No

Specify treatment:

	Yes	No	
3.	1 ❑	0 ❑	Intrathecal drugs, specify: _____
4.	1 ❑	0 ❑	Interferon

5. Specify type: 1 ❑ alpha 2 ❑ gamma
6. Date started: ☐☐ Month ☐☐ Day ☐☐ Year
7. Date stopped: ☐☐ Month ☐☐ Day ☐☐ Year

8.	1 ❑	0 ❑	Donor leukocyte infusions
9.	1 ❑	0 ❑	Other, specify: _____

10. Treatment of persistent or recurrent CML:
1 ❑ Yes
0 ❑ No

Specify treatment:

	Yes	No	
11.	1 ❑	0 ❑	Withdrawal of immunosuppression
12.	1 ❑	0 ❑	Interferon-alpha
13.	1 ❑	0 ❑	Interferon-gamma
14.	1 ❑	0 ❑	Chemotherapy
15.	1 ❑	0 ❑	Immunotoxins
16.	1 ❑	0 ❑	Donor leukocytes
17.	1 ❑	0 ❑	Second or subsequent transplant
18.	1 ❑	0 ❑	Growth factors, specify: _____
19.	1 ❑	0 ❑	Other, specify: _____

20. Indicate degree of response:
0 ❑ None
1 ❑ Hematologic but not cytogenetic response
2 ❑ Incomplete cytogenetic response
3 ❑ Complete cytogenetic response

TEAM ☐☐☐☐ IUBMID ☐☐☐☐☐☐

21. Did CML recur (include clinical and/or cytogenetic relapse) since date of last report?

1 ❑ Yes
0 ❑ No

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

22. Was initial posttransplant relapse cytogenetic only?

1 ❑ Yes
0 ❑ No

23. Did hematologic/clinical evidence of CML subsequently appear?

1 ❑ Yes
0 ❑ No

24. Date: ☐☐ Month ☐☐ Day ☐☐ Year

25. Phase of CML at initial hematologic/clinical relapse:

1 ❑ Chronic
2 ❑ Accelerated
3 ❑ Blast

Site of relapse:

26. 1 ❑ Yes 0 ❑ No Extramedullary, specify: _____

27. 1 ❑ Yes 0 ❑ No Bone marrow

28. Phase of CML at relapse:

1 ❑ Chronic
2 ❑ Accelerated
3 ❑ Blast

Site of relapse:

29. 1 ❑ Yes 0 ❑ No Extramedullary, specify: _____

30. 1 ❑ Yes 0 ❑ No Bone marrow

31. 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 performed since date of last report:

	Date	Source of cells	Number of metaphases	% Ph+	Other abnormalities
32.	☐☐ Month ☐☐ Day ☐☐ Year	**33.** 1 ❑ Blood 2 ❑ Bone marrow	**34.** ☐☐	**35.** ☐☐☐	**36.** 1 ❑ Yes 0 ❑ No 8 ❑ Unknown
37.	☐☐ Month ☐☐ Day ☐☐ Year	**38.** 1 ❑ Blood 2 ❑ Bone marrow	**39.** ☐☐	**40.** ☐☐☐	**41.** 1 ❑ Yes 0 ❑ No 8 ❑ Unknown
42.	☐☐ Month ☐☐ Day ☐☐ Year	**43.** 1 ❑ Blood 2 ❑ Bone marrow	**44.** ☐☐	**45.** ☐☐☐	**46.** 1 ❑ Yes 0 ❑ No 8 ❑ Unknown
47.	☐☐ Month ☐☐ Day ☐☐ Year	**48.** 1 ❑ Blood 2 ❑ Bone marrow	**49.** ☐☐	**50.** ☐☐☐	**51.** 1 ❑ Yes 0 ❑ No 8 ❑ Unknown
52.	☐☐ Month ☐☐ Day ☐☐ Year	**53.** 1 ❑ Blood 2 ❑ Bone marrow	**54.** ☐☐	**55.** ☐☐☐	**56.** 1 ❑ Yes 0 ❑ No 8 ❑ Unknown