

**DCI SUPPLEMENT INSERT**  
**Chronic Lymphocytic Leukemia**

**FOR REGISTRY USE ONLY:**  
 I.D.  -  -   
 Date received: \_\_\_\_\_


TEAM:

IUBMID:   
*(Institutional Unique Blood or Marrow Transplant Identification Number)*

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

1. Date of first DCI for which this form is being completed:  
 /  /   
 Month Day Year

2. Date of report:  
 /  /   
 Month Day Year

<p align="center"><b>DCI Disease Supplement Inserts</b></p>		<p><b>Statistical Center</b>  <b>Medical College of Wisconsin</b>        P.O. Box 26509, 8701 Watertown Plank Road        Milwaukee, WI 53226        Telephone: 414-456-8325 Fax: 414-456-6530        Email: <a href="mailto:ibmtr@mcw.edu">ibmtr@mcw.edu</a></p>
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If answer on 002-DCI Insert, Q.513 is "No", do not submit this insert to the IBMTR.

**Information**

Retired - Not for Data Submission

**1st Line of Therapy:**

**Chemo/Immunotherapy:**

- |                                    | No                         | Yes                        |                            |
|------------------------------------|----------------------------|----------------------------|----------------------------|
| 3. Campath-1H                      | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 4. Chlorambucil                    | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 5. Cladribine (2-CDA)              | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 6. Corticosteroids                 | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 7. Cyclophosphamide                | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 8. Fludarabine                     | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 9. Anti-CD20 antibody              | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 10. Specify: _____         |
| 11. Radioactive antibody conjugate | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 12. Specify: _____         |
| 13. Other monoclonal antibody      | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 14. Specify: _____         |
| 15. Other chemotherapy             | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 16. Specify: _____         |
| 17. Radiation                      | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 18. Specify site(s): _____ |
| 19. Biopsy                         | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 20. Surgery                        | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 21. Other                          | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 22. Specify: _____         |

TEAM:

IUBMID:

**Copy this page for recording more instances**

**2nd Line of Therapy**

- | <b>Chemo/Immunotherapy:</b>        | <b>No</b>                  | <b>Yes</b>                 |                            |
|------------------------------------|----------------------------|----------------------------|----------------------------|
| 23. Campath-1H                     | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 24. Chlorambucil                   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 25. Cladribine (2-CDA)             | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 26. Corticosteroids                | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 27. Cyclophosphamide               | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 28. Fludarabine                    | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 29. Anti-CD20 antibody             | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 30. Specify: _____         |
| 31. Radioactive antibody conjugate | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 32. Specify: _____         |
| 33. Other monoclonal antibody      | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 34. Specify: _____         |
| 35. Other chemotherapy             | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 36. Specify: _____         |
| 37. Radiation                      | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 38. Specify site(s): _____ |
| 39. Biopsy                         | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 40. Surgery                        | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |                            |
| 41. Other                          | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 42. Specify: _____         |

Retired – Not for Data Submission