CIBMTR
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Transplant Essential Data
Modified 100 Day Report for Preregistered Patients

PATIENT IDENTIFICATION

Hospital Unique Patient Number: _____

Date of Birth: ___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

Date of this Transplant: ___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

- ❑ Tx cancelled (no history of high-dose therapy given)
- ❑ Tx postponed, new estimated date:

___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

- ❑ Patient died during conditioning

Disease: _____

Donor type: ❑ Allogeneic ❑ Autologous

Chronological # of this transplant for this patient: ___ ___

*****See instruction manual for Informed Consent requirements*

AFTER TRANSPLANTATION

Engraftment (Neutrophils ≥0.5 x 10^9/L)?
❑ Yes ❑ No ❑ Unknown

If yes, date Neutrophils ≥0.5 x 10^9/L:

___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

If no, date of latest assessment:

___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

Additional cellular therapy given (not for relapse)?
(If additional transplant given, submit Pre-Registration form)
❑ Yes ❑ No ❑ Unknown

If yes, type of cell(s) (check all that apply):
❑ Lymphocytes ❑ Fibroblasts ❑ Dendritic cells
❑ Mesenchymal ❑ Other: _____

If yes, date of first infusion of additional therapy
(may be the same as transplant date):

___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

Maximum Grade of Acute Graft Versus Host Disease (GVHD): ❑0 ❑1 ❑2 ❑3 ❑4 ❑Unknown ❑NA

Best disease response to transplant:
❑ Continued CR ❑ CR achieved, date achieved:

___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

❑ Never in CR posttransplant, date assessed:

___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

❑ Unknown

Did the disease for which the patient was transplanted relapse or progress after the transplant? ❑ Yes ❑ No ❑ Unknown

Indicate all methods used for the assessment, the date of assessment and whether relapse/progression was detected with that method on the date indicated.

❑ Molecular
Date assessed: ___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D
Relapse/progression first detected? ❑ Yes ❑ No

❑ Cytogenetic
Date assessed: ___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D
Relapse/progression first detected? ❑ Yes ❑ No

❑ Hematological/Clinical
Date assessed: ___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D
Relapse/progression first detected? ❑ Yes ❑ No

Was Gleevec (STI571, imatinib mesylate) given posttransplant? ❑ Yes ❑ No ❑ Unknown

Date of this Report: ___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

BEFORE TRANSPLANTATION

Performance Score Pretransplant:
- ❑ Good (KPS ≥80 **~or~** ECOG 0-1 **~or~** Lansky ≥80)
- ❑ Poor (KPS <80 **~or~** ECOG 2-4 **~or~** Lansky <80)
- ❑ Unknown

CENTER IDENTIFICATION

Center Identification Code:

IBMTR/ABMTR _____

EBMT _____

National (specify) _____

Other (specify) _____

Hospital: _____

Unit: _____

Contact person: _____

Phone #: _____

Fax #: _____

Email: _____

SURVIVAL

Survival status at latest follow-up:
❑Alive ❑Dead ❑Died before transplant

Date of latest follow-up or death:

___ ___ ___ ___ - ___ ___ - ___ ___
Y Y Y Y M M D D

Main cause of death (check one):
❑ Relapse/Progression/Persistent disease
Transplantation-related causes:
- ❑ Rejection/Poor graft function
- ❑ Pulmonary toxicity
- ❑ Infection
- ❑ Posttransplant lymphoproliferative disorder
- ❑ GVHD
- ❑ Cardiac toxicity
- ❑ VOD
- ❑ Other, specify: _____

❑ Other, specify: _____
❑ Unknown

REGISTRY USE ONLY
Date Received: _____