

National Marrow Donor Program®
Insert II – Acute Lymphoblastic Leukemia

Registry Use Only

Sequence Number:

Date Received:

Unrelated

Recipient NMDP ID: - -

Recipient Last Name:

Recipient Local ID (optional):

Today's Date: / / TC Code:

Month Day Year

Date of Transplant for which this form is being completed: / /

Month Day Year

Product type: Marrow (Form 120) PBSC (Form 520) Cord blood (Form 620)

This form must be accompanied by Form 120, 520, 620 – Recipient Baseline and Transplant Data. All information in the box above, including the date, should be identical with the corresponding Form 120, 520, 620. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient post-transplant, or abstraction of the recipient's medical records.

1. What was the date of diagnosis of Acute Lymphoblastic Leukemia? / /

Month Day Year

2. Did recipient have a predisposing condition prior to the diagnosis of leukemia?

- 1 yes →
 2 no

3. Please specify:

- 1 Fanconi anemia
 2 Bloom syndrome
 3 Down syndrome
 4 Other, specify: _____

Hematologic Findings at Diagnosis of Acute Lymphoblastic Leukemia

4. WBC:
 1 known → . x 10⁹/L
 2 not known

5. Blasts in blood:
 1 known → . %
 2 not known

6. Blasts in bone marrow:
 1 known → . %
 2 not known

7. Was extramedullary disease present at diagnosis?

- 1 yes →
 2 no

8. Please specify site(s):

- | | | | |
|-------------------------------------|--------------------------------|-------------------------------|------------------------------------|
| a. CNS | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| b. Testes | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| c. Mediastinum | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |
| d. Other site(s),
specify: _____ | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | 3 <input type="checkbox"/> unknown |

Recipient NMDP ID: - -

Recipient Last Name:

9. Were cytogenetics tested at diagnosis, prior to start of treatment?

- 1 yes →
- 2 yes, but no evaluable metaphases
- 3 no
- 4 unknown

10. Number of metaphases examined: _____

11. Was karyotype normal?

- 1 yes
- 2 no →

12. Specify the abnormality(ies):

- a. Hyperdiploid 1 yes 2 no
- b. Hypodiploid 1 yes 2 no
- c. 9;22 1 yes 2 no
- d. 8;14 1 yes 2 no
- e. 14;18 1 yes 2 no
- f. 4;11 1 yes 2 no
- g. Other abnormality 1 yes 2 no

↓
If yes, specify: _____

13. Was a first complete remission achieved?

- 1 yes →
- 2 no

14. Date: / /
Month Day Year

Cont. with 20

15. Did a relapse (marrow or extramedullary) occur pretransplant?

- 1 yes →
- 2 no

16. Date of first relapse: / /
Month Day Year

17. Did the first relapse occur on chemotherapy? 1 yes 2 no

18. Was additional therapy given after the first relapse?

- 1 yes →
- 2 no

19. Indicate what therapy was given:

- a. Chemotherapy 1 yes 2 no
- b. Radiation 1 yes 2 no
- c. Surgery 1 yes 2 no
- d. Immunotherapy 1 yes 2 no
- e. Other 1 yes 2 no

↓
If yes, specify: _____

20. What was the status of primary disease just prior to conditioning of recipient for transplant?

- 1 Primary Induction Failure → **Cont. with 22**
- 2 1st Complete Remission (no previous marrow or extramedullary relapse)
- 3 2nd CR
- 4 3rd CR
- 5 ≥ 4th CR
- 6 1st relapse → 1 medullary 2 extramedullary 3 both
- 7 ≥ 2nd relapse → 1 medullary 2 extramedullary 3 both

21. What was the initial date of this disease status? / /
Month Day Year

Recipient NMDP ID: - -

Recipient Last Name:

Hematologic Findings Just Prior to Conditioning

22. WBC: • x 10⁹/L

23. Blasts in blood: • %

24. Blasts in bone marrow: • % → 25. Date of bone marrow examination:
Month Day Year

Continue with question 10 on page 5 of Form 120, 520, 620.

Retired – Not for Data Submission