

National Marrow Donor Program®
**Insert III – Chronic Myelogenous
 Leukemia (CML)**

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 Chronic Myelogenous Leukemia? / /

Month Day Year

Hematologic Findings at Diagnosis of Chronic Myelogenous Leukemia

2. Hemoglobin (only recipients untransfused within 4 weeks): g/dL unknown

3. Hematocrit (only recipients untransfused within 4 weeks): . % unknown

4. Platelets (only recipients untransfused within 4 weeks): . x 10⁹/L unknown

5. WBC: . x 10⁹/L unknown

6. Eosinophils: . % unknown

7. Basophils: . % unknown

8. Blasts: . % unknown

9. Did the recipient receive a splenectomy?

- 1 yes
 2 no

10. Date: / /

Month Day Year

11. Did the recipient receive chemotherapy or immunotherapy at any time prior to pretransplant conditioning?

- 1 yes
 2 no

12. Please specify drugs used:

a. Busulfan 1 yes 2 no

b. Hydroxyurea 1 yes 2 no

c. Interferon alpha 1 yes 2 no

d. Interferon gamma 1 yes 2 no

e. Anegrilide 1 yes 2 no

f. Other drug, 1 yes 2 no
 specify: _____

Recipient NMDP ID: - -

Recipient Last Name:

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

1 First chronic phase → **Continue with 20**

2 Accelerated phase →

14. Was this the first accelerated phase?

- 1 yes
2 no

15. Indicate which of the following were present:

- a. 1 yes 2 no Anemia (hemoglobin < 8 g/dL)
b. 1 yes 2 no Leukocytosis (WBC > $10^5/\text{mm}^3$) unresponsive to busulfan or hydroxyurea
c. 1 yes 2 no Thrombocytopenia (platelets < $10^5/\text{mm}^3$) unresponsive to busulfan or hydroxyurea
d. 1 yes 2 no Thrombocytosis (platelets > $10^6/\text{mm}^3$) unresponsive to busulfan or hydroxyurea
e. 1 yes 2 no Palpable splenomegaly unresponsive to busulfan or hydroxyurea
f. 1 yes 2 no Development of extramedullary disease
g. 1 yes 2 no $\geq 10\%$ Blasts in blood or marrow
h. 1 yes 2 no $\geq 20\%$ Blasts plus promyelocytes in blood or marrow
i. 1 yes 2 no $\geq 20\%$ Basophils plus eosinophiles in blood
j. 1 yes 2 no Clonal marrow cytogenetic abnormality(ies) in addition to the single Philadelphia chromosome arising from the standard (t(9;22) translocation
k. 1 yes 2 no Other, specify: _____

Continue with 20

3 Blastic phase →

16. How many blast crises has the recipient ever experienced?

- 1 One
2 Two or more

17. Indicate type of blast cells:

- 1 Lymphoid only
2 Myeloid only
3 Lymphoid and myeloid
4 Unknown (indeterminate results)

Continue with 20

4 Second or greater chronic phase (for those recipients who have not had a previous BMT) →

18. How many chronic phases has the recipient experienced?

- 1 Two
2 Three
3 Four or more

Continue with 20

5 Chronic phase following previous BMT →

19. Please specify:

- 1 First chronic phase post BMT
2 \geq Second chronic phase post BMT

Continue with 20

Recipient NMDP ID: - -

Recipient Last Name:

Within Four Weeks Prior to Conditioning

20. Did recipient receive red blood cell transfusions within four weeks prior to conditioning?
1 yes
2 no
21. Did recipient receive platelet transfusions within four weeks prior to conditioning?
1 yes
2 no

Peripheral Blood Findings Immediately Prior to Conditioning

22. Hemoglobin (only recipients untransfused within 4 weeks): . g/dL not done
23. Hematocrit (only recipients untransfused within 4 weeks): . % not done
24. Platelets (only recipients untransfused within 4 weeks): . x 10⁹/L not done
25. WBC: . x 10⁹/L not done
26. Eosinophils: . % not done
27. Basophils: . % not done
28. Blasts: . % not done

Most Recent Bone Marrow Findings

29. Date of the most recent bone marrow examination prior to conditioning (should be within 30 days of conditioning but not more than six months prior to conditioning): / /
Month Day Year

30. Indicate the percent of blasts and promyelocytes present according to the laboratory's reporting method:

- 1 Blasts: . % Promyelocytes: . %
- 2 Blasts plus promyelocytes: . %
- 3 Blasts plus promyelocytes < 5%

31. Myelofibrosis:

- 1 absent
2 mild
3 moderate
4 severe
5 unknown

32. Was Philadelphia chromosome (9;22 translocation or variant) present?

- 1 yes
2 no
3 not tested

33. Was other cytogenetic abnormality present?

- 1 yes
2 no
3 not tested

34. Please specify: _____

35. Was BCR-ABL rearranged?

- 1 yes
2 no
3 unknown

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