Post-TED Data Manual Change History through 3/31/15

Version Number	Date of Change	Type of Change (Add / Remove / Modify)	Description of Change
2.1	02/07/2014	Add	Added explanatory text to note box prior to question 96: *Molecular and cytogenetic assessments are often performed for recipients post-HCT. If the recipient did not have any identified molecular, cytogenetic, or FISH abnormalities at diagnosis or during their pre-transplant course, and post-HCT follow-up assessments continue to identify that no abnormalities are detected, report "No/Not Evaluated" for the molecular and/or cytogenetic/FISH assessment data fields on the Post-TED. However, if routine post-HCT molecular, cytogenetic and/or FISH assessments identify a new abnormality associated with the recipient's disease process, begin reporting those assessments.* *If the recipient had molecular, cytogenetic, and/or FISH abnormalities prior to transplant, ensure that post-HCT assessments are reported.*
2.2	03/28/2014	Modify	Subsequent HSCT section – modified text to read: *Contact your center's CIBMTR ~~liaison in order to make the subsequent Pre-TED appear on your center's Forms Due Report.~~ CRC if the subsequent Pre-TED does not come due automatically.*
2.2	03/28/2014	Modify	Question 92 – modified text to read: *If additional treatment(s) was given to the recipient post-HSCT for the primary disease ~~or supportive therapy~~ for transplant, check "yes" and continue with question 93. Do not report supportive care or treatment for new malignancies or malignancies that were not the primary indication for transplant.*
2.2	03/28/2014	Add	Added explanatory text to the Note prior to questions 86 and 100: ***An exception to the note above applies to multiple myeloma**. If the flow cytometry assessment has < 5% malignant plasma cells, this result should not be reported because the result is not reliable; if no other cytogenetic or FISH assessments were performed, report "not evaluated." However, if the flow cytometry assessment found ≥ 5% malignant plasma cells, this should be reported as evidence of disease.*

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2.3	06/20/2014	Modify	Updated formatting of manual to meet brand standards.
2.3	06/20/2014	Modify	Combined the explanatory text for questions 63 and 64. Added significant explanatory text to questions 63-64: *In general, the date of contact should be reported as close to the 100 day, six month, or annual anniversary to transplant as possible.* … ***Example 6.*** *The recipient had a subsequent transplant without a preparative regimen.* **See text for full detail.**
2.4	09/24/2014	Remove	Removed NOTE from chronic GVHD section: ~~***NOTE: Chronic GVHD Grading***~~ ~~*A new chronic GVHD grading scale is in development. Once that scale has been published, CIBMTR will update the forms and manuals to reflect the new criteria.*~~
2.4	09/24/2014	Modify	Changed “liaison” to “CRC” throughout manual
2.4	09/24/2014	Modify	Updated Example 1: Calculating Absolute Neutrophil Count (ANC) *ANC 500/mm^3 = 0.5 x 10^9/L = 0.5 x 10^{65}/mL = 0.5 x 10^3/mm^3*
2.5		Modify	Updated a typo in the explanatory text prior to question 100: ***NOTE: Flow Cytometry*** *Flow cytometry is a technique that can be performed on blood, bone marrow, or tissue preparations where cell surface markers can be quantified on cellular material. Currently the CIBMTR forms do not contain fields to capture flow cytometry data. Since the sensitivity of flow cytometry is similar to that of FISH assays, flow cytometry data should be reported in question ~~86~~ 100.*

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2.5	01/15/2015	Modify	Clarified text in an information text box prior to question 62: ***NOTE: Survival*** *The latest follow-up date is based on a medical evaluation conducted by a transplant center physician, referring physician, or other physician currently assuming responsibility for the recipient's care. ~~The medical evaluation should be completed as close as possible to the designated time period of the form (e.g., day 100, six-month, or annual follow-up visit).~~ Report the date of the medical evaluation performed closed to the designated time period of the form (e.g., day 100, six-month, or annual follow-up visit). Recipients are not always seen within the time windows used for reporting follow-up dates and some discretion is required when determining which date to report. In that case, report the date closest to the date of contact within reason. If this Post-TED Form is being completed for the day 100 time period, the answers to all questions should reflect the clinical status of the recipient between the HSCT infusion date and the latest follow-up date. If this Post-TED Form is being completed for the six-month or annual time period, the answers to all questions should reflect the clinical status of the recipient between follow-up dates of the most recent Post-TED completed and the current Post-TED. If the recipient has not been seen by a physician but the survival status is known, submit the Post-TED reporting only the survival status.*
2.5	01/15/2015	Add	Added informational text box to question 19: ***NOTE: Skin Cancers*** *For most malignancies, one does not report recurrence, progression or transformation of the recipient's primary disease (disease for which the transplant was performed) or relapse of a prior malignancy in the "New Malignancy" section.* *However, in the case of a basal cell or squamous cell skin cancer, one needs to report each discreet episode. For example, a recipient had a basal cell skin cancer diagnosed on the neck four months post-HCT and six months later had another basal cell located on the nose. The lesion on the nose is not considered a metastasis from the neck, but a new discreet lesion.* *These discreet episodes should be reported in the "Other skin malignancy" questions on the Post-TED forms (questions 47-49).*