### Key Fields

OMB No: 0915-0310  
Expiration Date: 1/31/2020  
Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0310. Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

Date Received: __ __ __ __ - __ __- __ __  
CIBMTR Center Number:  
CIBMTR Research ID:  
Event date: __ __ __ __ - __ __- __ __  
HCT type: (check all that apply)  
- Autologous  
- Allogeneic, unrelated  
- Allogeneic, related  
Product type: (check all that apply)  
- Bone marrow  
- PBSC  
- Single cord blood unit  
- Multiple cord blood units  
- Other product  
Specify: ____________________________________________________________________________

### Primary Disease for HCT  
Questions: 1 - 2

1. Date of diagnosis of primary disease for HCT: __ __ __ __ - __ __- __ __  
2. What was the primary disease for which the HCT was performed?  
   - Acute myelogenous leukemia (AML or ANLL) (10)  
   - Acute lymphoblastic leukemia (ALL) (20)  
   - Acute leukemia of ambiguous lineage and other myeloid neoplasms (80)  
   - Chronic myelogenous leukemia (CML) (40)  
   - Myelodysplastic (MDS) / myeloproliferative (MPN) diseases (50) (Please classify all preleukemias) (If recipient has transformed to AML, indicate AML as the primary disease)  
   - Other leukemia (30) (includes CLL)  
   - Hodgkin lymphoma (150)  
   - Non-Hodgkin lymphoma (100)  
   - Multiple myeloma / plasma cell disorder (PCD) (170)  
   - Solid tumors (200)  
   - Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease)  
   - Inherited abnormalities of erythrocyte differentiation or function (310)  
   - Disorders of the immune system (400)  
   - Inherited abnormalities of platelets (500)  
   - Inherited disorders of metabolism (520)  
   - Histiocytic disorders (570)  
   - Autoimmune diseases (600)  
   - Other disease (900)  

### Acute Myelogenous Leukemia (AML)  
Questions: 3 - 63

3. Specify the AML classification ____________________________________________________________________________

4. Did AML transform from MDS or MPN?  
   - yes - Also complete MDS Disease Classification questions  
   - no  

5. Is the disease (AML) therapy related?  
   - yes  
   - no  
   - Unknown  

6. Did the recipient have a predisposing condition?  
   - yes  
   - no  
   - Unknown
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<th>Sequence Number:</th>
<th>Date Received: __ __ __ __ - __ __- __ __</th>
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<tr>
<td>CIBMTR Center Number:</td>
<td>CIBMTR Research ... time prior to the start of the preparative regimen:</td>
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<tr>
<td>Trisomy</td>
<td>Translocation</td>
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<td>Status at transplantation:</td>
<td>Status at transplantation:</td>
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<td>Unknown</td>
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<td>no</td>
</tr>
<tr>
<td>7 Specify condition</td>
<td>8 Specify other condition:</td>
</tr>
<tr>
<td>Bloom syndrome</td>
<td>Down syndrome</td>
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<tr>
<td>Other condition</td>
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<td>Abnormalities identified</td>
<td>No evaluable metaphases</td>
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<tr>
<td>Specifying cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:</td>
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<tr>
<td>Monosomy</td>
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<td>11 −5</td>
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<td>12 −7</td>
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<td>13 −17</td>
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<td>14 −18</td>
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<td>16 −Y</td>
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<tr>
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<tr>
<td>17 +4</td>
<td>yes</td>
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<tr>
<td>18 +8</td>
<td>yes</td>
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<tr>
<td>19 +11</td>
<td>yes</td>
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<tr>
<td>20 +13</td>
<td>yes</td>
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<td>21 +14</td>
<td>yes</td>
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<td>22 +21</td>
<td>yes</td>
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<td>23 +22</td>
<td>yes</td>
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<tr>
<td>Translocation</td>
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<tr>
<td>24 t(3;3)</td>
<td>yes</td>
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<tr>
<td>25 t(6;9)</td>
<td>yes</td>
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<td>26 t(8;21)</td>
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<td>27 t(9;11)</td>
<td>yes</td>
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<tr>
<td>28 t(9;22)</td>
<td>yes</td>
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<tr>
<td>29 t(15;17) and variants</td>
<td>yes</td>
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<td>30 t(16;16)</td>
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### Key Fields

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#### Laboratory studies at last evaluation prior to the start of the preparative regimen:

- Hemoglobin
- Platelets
- White Blood Cells

#### Status at transplantation:

- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __
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- __ __ __ __ - __ __- __ __
- __ __ __ __ - __ __- __ __

#### Questions: 223 - 225

- No

#### Questions: 280 - 287

- Lambda

#### Questions: 64 - 106

- No

#### Questions: 271 - 273

- Unknown

#### Questions: 266 - 267

- Not applicable

#### Event date:

- __ __ __ __ - __ __- __ __

#### Center:

- __ __ __ __ - __ __- __ __

#### Date assessed:

- __ __ __ __ - __ __- __ __

#### Date of most recent relapse:

- __ __ __ __ - __ __- __ __

#### Date of progression:

- __ __ __ __ - __ __- __ __

#### What was the disease status (based on hematological test results):

- __ __ __ __ - __ __- __ __

#### Specify autoimmune disease classification:

- __ __ __ __ - __ __- __ __

#### Specify other connective tissue disease:

- __ __ __ __ - __ __- __ __

#### Specify other juvenile idiopathic arthritis (JIA):

- __ __ __ __ - __ __- __ __

#### Specify other arthritis:

- __ __ __ __ - __ __- __ __

#### Specify other immunodeficiency:

- __ __ __ __ - __ __- __ __

#### Specify other solid tumor:

- __ __ __ __ - __ __- __ __

#### Specify the cell line examined to determine HI status

- __ __ __ __ - __ __- __ __

#### Interferon-α (Intron, Roferon) (includes PEG)

- __ __ __ __ - __ __- __ __

#### Procedure:

- __ __ __ __ - __ __- __ __

#### Were tests for molecular markers performed (e.g. PCR)?

- __ __ __ __ - __ __- __ __

#### Other molecular marker

- __ __ __ __ - __ __- __ __

### Key Fields

| Event date:  __ __ __ __ - __ __- __ __ |
|-----------------|---------------------------------------------|
| Center:  __ __ __ __ - __ __- __ __ |
| Date assessed:  __ __ __ __ - __ __- __ __ |
| Date of most recent relapse:  __ __ __ __ - __ __- __ __ |
| Date of progression:  __ __ __ __ - __ __- __ __ |
| What was the disease status?  __ __ __ __ - __ __- __ __ |
| Specify autoimmune disease classification:  __ __ __ __ - __ __- __ __ |
| Specify other connective tissue disease:  __ __ __ __ - __ __- __ __ |
| Specify other juvenile idiopathic arthritis (JIA):  __ __ __ __ - __ __- __ __ |
| Specify other arthritis:  __ __ __ __ - __ __- __ __ |
| Specify other immunodeficiency:  __ __ __ __ - __ __- __ __ |
| Specify other solid tumor:  __ __ __ __ - __ __- __ __ |
| Specify the cell line examined to determine HI status:  __ __ __ __ - __ __- __ __ |
| Procedure:  __ __ __ __ - __ __- __ __ |
| Were tests for molecular markers performed (e.g. PCR)?  __ __ __ __ - __ __- __ __ |

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#### Other Molecular Marker (1)

<table>
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<th>Questions: 55 - 56</th>
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#### 55 Other molecular marker

- __ __ __ __ - __ __- __ __

#### 56 Specify other molecular marker:

- __ __ __ __ - __ __- __ __
### Status at transplantation:

57 What was the disease status (based on hematomal test results)?
- Primary induction failure
- 1st complete remission (no previous bone marrow or extramedullary relapse)
- 2nd complete remission
- ≥3rd complete remission
- 1st relapse
- 2nd relapse
- ≥3rd relapse
- No treatment

58 How many cycles of induction therapy were required to achieve CR?
- 1
- 2
- ≥3

59 Was the recipient in molecular remission?
- Yes
- No
- Unknown
- Not applicable

60 Was the recipient in remission by flow cytometry?
- Yes
- No
- Unknown
- Not applicable

61 Was the recipient in cytogenetic remission?
- Yes
- No
- Unknown
- Not applicable

### Acute Lymphoblastic Leukemia (ALL)

#### Questions: 64 - 106

64 Specify ALL classification

65 Were tyrosine kinase inhibitors (i.e. imatinib mesylate) given for pre-HCT therapy at any time prior to start of the preparative regimen?
- Yes
- No

66 Were cytogenetics tested (karyotyping or FISH)?
- Yes
- No
- Unknown

67 Results of tests

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

#### Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:

**Monosomy**

68 -7
- Yes
- No

**Trisomy**

69 +4
- Yes
- No

70 +8
- Yes
- No

71 +17
- Yes
- No

72 +21
- Yes
- No

**Translocation**

73 t(1;19)
- Yes
- No

74 t(2;8)
- Yes
- No

75 t(4;11)
- Yes
- No

76 t(5;14)
- Yes
- No

77 t(8;14)
- Yes
- No

78 t(8;22)
- Yes
- No
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**CIBMTR Center Number:**

**CIBMTR Research...**

**Status at transplantation:**

**Laboratory studies at last evaluation prior to the start of the preparative regimen:**

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<tr>
<td>Platelets</td>
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<td>Blast in bone marrow</td>
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**What was the primary disease for which the HCT was performed?**

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<tr>
<td>Acute lymphoblastic leukemia (ALL)</td>
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**Product type:** (check all that apply)

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**HCT type:** (check all that apply)

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**Specify inherited disorders of metabolism classification**

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**Specify other acquired cytopenic syndrome:**

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**Status at transplantation:**

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**Were cytogenetics tested (karyotyping or FISH)?**

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**Specify other leukemia:**

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**Stage**

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**Light chain**

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**Specify other molecular marker:**

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**Specify other abnormality:**

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**Specify other abnormality:**

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**Specify other abnormality:**

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**Specify other abnormality:**

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**Specify other abnormality:**

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**Specify other abnormality:**

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**Specify other abnormality:**

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**Other molecular marker:**

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**Specify other molecular marker:**

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**Specify molecular markers performed (e.g. PCR)?**

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<td>yes</td>
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**Specify molecular markers identified at any time prior to the start of the preparative regimen:**

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<tr>
<td>BCR / ABL</td>
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<tr>
<td>Positive</td>
<td>Negative</td>
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<td>TEL-AML / AML1</td>
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<tr>
<td>Positive</td>
<td>Negative</td>
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<td>Other molecular marker</td>
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<td>Positive</td>
<td>Negative</td>
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<td>Positive</td>
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**Questions: 98 - 99**
### Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms

#### Questions: 107 - 110

107 Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification:
- Blastic plasmacytid dendritic cell neoplasm (296)
- Acute undifferentiated leukemia (31)
- Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1 (84)
- Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged (85)
- Mixed phenotype acute leukemia, B/myeloid, NOS (86)
- Mixed phenotype acute leukemia, T/myeloid, NOS (87)
- Other acute leukemia of ambiguous lineage or myeloid neoplasm (88)

108 Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:

### Chronic Myelogenous Leukemia (CML)

#### Questions: 111 - 121

111 Was therapy given prior to this HCT?
- yes
- no

112 Combination chemotherapy
- yes
- no

113 Hydroxyurea (Droxia, Hydrea)
- yes
- no

114 Tyrosine kinase inhibitor (e.g. imatinib mesylate, dasatinib, nilotinib)
- yes
- no

115 Interferon-α (Intron, Roferon) (includes PEG)
- yes
- no

116 Other therapy
- yes
- no

117 Specify other therapy:
118 What was the disease status?
   - Complete hematologic response (CHR)
   - Chronic phase
   - Accelerated phase
   - Blast phase

119 Specify level of response
   - No cytogenetic response (No CyR)
   - Minimal cytogenetic response
   - Minor cytogenetic response
   - Partial cytogenetic response (PCyR)
   - Complete cytogenetic response (CCyR)
   - Major molecular remission (MMR)
   - Complete molecular remission (CMR)

120 Number
   - 1st
   - 2nd
   - 3rd or higher

121 Date assessed: __ __ __ __ - __ __- __ __

Myelodysplastic (MDS) / Myeloproliferative (MPN) Diseases

122 What was the MDS / MPN subtype at diagnosis? - If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions

123 Was the disease (MDS/MPN) therapy related?
   - yes
   - no
   - Unknown

124 Did the recipient have a predisposing condition?
   - yes
   - no
   - Unknown

125 Specify condition
   - Aplastic Anemia
   - Bloom syndrome
   - Down syndrome
   - Fanconi anemia
   - Other condition

126 Specify other condition:

Laboratory studies at diagnosis of MDS:

127 WBC
   - Known
   - Unknown

128 __________________________
   - x 10^9/L (x 10^3/mm^3)
   - x 10^6/L

129 Hemoglobin
   - Known
   - Unknown

130 __________________________
   - g/dL
   - g/L
   - mmol/L

131 Was RBC transfused ≤ 30 days before date of test?
   - Yes
   - No

132 Platelets
   - Known
   - Unknown

133 __________________________
   - x 10^9/L (x 10^3/mm^3)
   - x 10^6/L

134 Were platelets transfused ≤ 7 days before date of test?
   - Yes
   - No

135 Neutrophils
   - Known
   - Unknown

136 __________________________
   - %

137 Blasts in bone marrow
   - Known
   - Unknown

138 __________________________
   - %

139 Were cytogenetics tested (karyotyping or FISH)?
   - yes
   - no
   - Unknown

140 Results of tests
   - Abnormalities identified
   - No evaluable metaphases
   - No abnormalities
### Specify abnormalities identified at diagnosis:

- **Specify number of distinct cytogenetic abnormalities**
  - One (1)
  - Two (2)
  - Three (3)
  - Four or more (4 or more)

#### Monosomy

- **142** +5
  - yes
  - no

- **143** -7
  - yes
  - no

- **144** –13
  - yes
  - no

- **145** –20
  - yes
  - no

- **146** –Y
  - yes
  - no

#### Trisomy

- **147** +8
  - yes
  - no

- **148** +19
  - yes
  - no

#### Translocation

- **149** t(1;3)
  - yes
  - no

- **150** t(2;11)
  - yes
  - no

- **151** t(3;3)
  - yes
  - no

- **152** t(3;21)
  - yes
  - no

- **153** t(6;9)
  - yes
  - no

- **154** t(11;16)
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#### Deletion

- **155** del(3q)/3q–
  - yes
  - no

- **156** del(5q)/5q–
  - yes
  - no

- **157** del(7q)/7q–
  - yes
  - no

- **158** del(9q)/9q–
  - yes
  - no

- **159** del(11q)/11q–
  - yes
  - no

- **160** del(12p)/12p–
  - yes
  - no

- **161** del(13q)/13q–
  - yes
  - no

- **162** del(20q)/20q–
  - yes
  - no

#### Inversion

- **163** inv(3)
  - yes
  - no

#### Other

- **164** i(17q)
  - yes
  - no
## Form 2402 R1.0: Pre-Transplant Essential Data: Disease Classification

### Key Fields
- **Sequence Number:**
- **CIBMTR Center Number:**
- **CIBMTR Research Center Number:**
- **CIBMTR Transplant Number:**
- **CIBMTR Transplant Number (2nd number):**
- **CIBMTR Transplant Number (3rd number):**
- **CIBMTR Transplant Number (4th number):**
- **CIBMTR Transplant Number (5th number):**
- **Date of MDS diagnosis:**
- **Date of MDS diagnosis yes/no:**
- **Date of MDS diagnosis no/other:**
- **Laboratory studies at last evaluation prior to the start of the preparative regimen:**
- **WBC Known/Unknown:**
- **Hemoglobin Known/Unknown:**
- **Platelets Known/Unknown:**
- **Neutrophils Known/Unknown:**
- **Blasts in bone marrow Known/Unknown:**
- **Results of tests yes/no:**
- **Specify other abnormality:**
- **Specify the MDS / MPN subtype after transformation:**

### Questions
- **165** Other abnormality
  - **yes**
  - **no**
- **166** Specify other abnormality: ________
- **167** Did the recipient progress or transform to a different MDS / MPN subtype between diagnosis and the start of the preparative regimen?
  - **yes**
  - **no**
- **168** Specify the MDS / MPN subtype after transformation: ________
- **169** Specify the date of the most recent transformation: ________
- **170** Date of MDS diagnosis:
  - **known**
  - **unknown**
  - **no**
  - **other**
- **171** WBC
  - **known**
  - **unknown**
  - **x 10⁹/L (x 10³/mm³)
  - **x 10⁶/L**
- **172** Hemoglobin
  - **known**
  - **unknown**
  - **g/dL**
  - **g/L**
  - **mmol/L**
- **173** platelets
  - **known**
  - **unknown**
  - **x 10⁹/L (x 10³/mm³)
  - **x 10⁶/L**
- **174** Were platelets transfused ≤ 7 days before date of test?
  - **yes**
  - **no**
- **175** Were platelets transfused ≤ 30 days before date of test?
  - **yes**
  - **no**
- **176** Neutrophils
  - **known**
  - **unknown**
  - **%**
- **177** Blasts in bone marrow
  - **known**
  - **unknown**
  - **%**
- **178** Were cytogenetics tested (karyotyping or FISH)?
  - **yes**
  - **no**
  - **unknown**
- **179** Results of tests
  - Abnormalities identified
  - No evaluable metaphases
  - No abnormalities
- **180** Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:
  - **181** Specify number of distinct cytogenetic abnormalities
    - **182** One (1)
    - **183** Two (2)
    - **184** Three (3)
    - **185** Four or more (4 or more)
  - **186** Monosomy
    - **187** -5
      - **yes**
      - **no**
    - **188** -7
      - **yes**
      - **no**
    - **189** -13
      - **yes**
      - **no**
    - **190** -20
      - **yes**
      - **no**
    - **191** -Y
      - **yes**
      - **no**
    - **192** Trisomy
      - **yes**
      - **no**
  - **193** +8
    - **yes**
    - **no**
  - **194** +19
    - **yes**
    - **no**

---

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### Translocation

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</tbody>
</table>

### Status at transplantation:

#### 210 Specify other abnormality: ________________________

### What was the disease status?

- **Complete** — requires all of the following, maintained for ≥ 4 weeks: * bone marrow evaluation: < 5% myeloblasts with normal maturation of all cell lines * peripheral blood evaluation: hemoglobin ≥ 11 g/dL untransfused and without erythropoietin support; ANC ≥ 1000/mm³ without myeloid growth factor (CR) * support; platelets ≥ 100 x 10⁵/L without thrombopoietic support; 0% blasts
- **Hematologic** — requires one measurement of the following, maintained for ≥ 8 weeks without ongoing cytotoxic therapy; specify which cell line was measured to improvement determine HI response: * HI-E – hemoglobin increase of ≥ 1.5 g/dL untransfused, for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks * HI-P – for pre-treatment platelet count of > 20 x 10⁹/L, platelet absolute increase of ≥ 30 x 10⁹/L; for pre-treatment platelet count of < 20 x 10⁹/L, platelet absolute increase of ≥ 20 x 10⁹/L and ≥ 100% from pre-treatment level * HI-N – neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm³
- **No response** (NR) / stable disease (SD) – does not meet the criteria for at least HI, but no evidence of disease progression
- **Progression from remission** – requires at least one of the following, in the absence of another explanation (e.g., infection, bleeding, ongoing chemotherapy, etc): * ≥ 50% reduction from maximum response levels in granulocytes or platelets * reduction in hemoglobin by ≥ 1.5 g/dL *transfusion dependence
- **Relapse from complete** – requires at least one of the following: * return to pre-treatment bone marrow blast percentage * decrease of ≥ 50% from maximum remission (Ref from CR) * response levels in granulocytes or platelets * transfusion dependence, or hemoglobin level ≥ 1.5 g/dL lower than prior therapy
- **Not assessed**

### Specify the cell line examined to determine HI status

- **HI** — hemoglobin increase of ≥ 1.5 g/dL untransfused, for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks
- **HI** — for pre-treatment platelet count of > 20 x 10⁹/L, platelet absolute increase of ≥ 30 x 10⁹/L; for pre-treatment platelet count of < 20 x 10⁹/L, platelet absolute increase of ≥ 20 x 10⁹/L and ≥ 100% from pre-treatment level
- **HI-N** – neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm³

### Date of progression: ________________________

---

Form 2402 R1.0: Pre-Transplant Essential Data: Disease Classification

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214 Date of relapse: __ __ __ __ - __ __- __ __
215 Date assessed: __ __ __ __ - __ __- __ __

Other Leukemia (OL)
Questions: 216 - 222

216 Specify the other leukemia classification

217 Specify other leukemia:

218 Was any 17p abnormality detected?
   - yes
   - no

219 Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?
   - yes - Also complete NHL Disease Classification questions
   - no

Status at transplantation:

220 What was the disease status? (Atypical CML)
   - Primary induction failure
   - 1st complete remission (no previous bone marrow or extramedullary relapse)
   - 2nd complete remission
   - ≥3rd complete remission
   - 1st relapse
   - 2nd relapse
   - ≥3rd relapse
   - No treatment

221 What was the disease status? (CLL, PLL, Hairy cell leukemia)
   - Complete remission (CR)
   - Partial remission (PR)
   - Stable disease (SD)
   - Progressive disease (Prog)
   - Untreated
   - Not assessed

222 Date assessed: __ __ __ __ - __ __- __ __

Hodgkin Lymphoma
Questions: 223 - 225

223 Specify Hodgkin lymphoma classification

Status at transplantation:

224 What was the disease status?

225 Date assessed: __ __ __ __ - __ __- __ __

Non-Hodgkin Lymphoma
Questions: 226 - 231

226 Specify Non-Hodgkin lymphoma classification

227 Specify other lymphoma:
   - yes - Also complete CLL Disease Classification questions
   - no

228 Is the non-Hodgkin lymphoma histology reported at diagnosis a transformation from CLL?
   - yes
   - no

229 Is the non-Hodgkin lymphoma histology reported a transformation from, or was it diagnosed at the same time as another lymphoma (not CLL)?
   - yes
   - no

Status at transplantation:

230 What was the disease status?

231 Date assessed: __ __ __ __ - __ __- __ __

Multiple Myeloma / Plasma Cell Disorder (PCD)
Questions: 232 - 236

232 Specify the multiple myeloma/plasma cell disorder (PCD) classification

233 Specify other plasma cell disorder:

234 Light chain
   - kappa
   - lambda

235 What was the Durie-Salmon staging? (at diagnosis)
   - Stage (All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma)
   - Stage II (Filling neither Stage I or III)
   - Stage (One or more of the following: Hgb < 8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates)
   - III
   - Unknown
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<th>Description</th>
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<td>What was the Durie-Salmon sub classification? (at diagnosis)</td>
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<tr>
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<td>A - relatively normal renal function (serum creatinine &lt; 2.0 mg/dL)</td>
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<tr>
<td></td>
<td>B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)</td>
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<td>237</td>
<td>Serum β2-microglobulin: ________________ µg/dL mg/L nmol/L</td>
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<tr>
<td>238</td>
<td>Serum albumin: ________________ g/dL g/L</td>
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<td></td>
<td>2 (β2-mic 3.5 - &lt; 5.5, S. albumin -)</td>
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<td></td>
<td>3 (β2-mic ≥ 5.5, S. albumin -)</td>
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<td>Were cytogenetics tested (karyotyping or FISH)?</td>
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<td>Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:</td>
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<td>256 Hyperdiploid (&gt;50) yes no</td>
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<td>258 Any abnormality at 1q yes no</td>
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<td>259 Any abnormality at 1p yes no</td>
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</table>
260 Other abnormality
  yes ☐ no ☐ __________________________
261 Specify other abnormality: __________________________

**Status at transplantation:**

262 What was the disease status?

- Stringent - CR as defined, plus: normal free light chain ratio, and absence of clonal cells in the bone marrow by immunohistochemistry of immunofluorescence complete (confirmation with repeat bone marrow biopsy not needed). (Presence and/or absence of clonal cells is based upon the kA ratio. An abnormal kA ratio by remission immunohistochemistry and/or immunofluorescence requires a minimum of 100 plasma cells for analysis. An abnormal ratio reflecting the presence of an abnormal clone is kA of > 4.1 or < 1.2.) sCR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy sCR requirements.

- Complete - negative immunofluorescence on serum and urine samples, and disappearance of any soft tissue plasmacytomas, and < 5% plasma cells in the bone marrow remission (confirmation with repeat bone marrow biopsy not needed). CR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy CR requirements.

- Near complete remission (nCR) - serum and urine M-protein detectable by immunofluorescence (IFE), but not on electrophoresis (negative SPEP & UPEP); 5% plasma cells in bone marrow. nCR requires two consecutive assessments made at any time before the initiation of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy nCR requirements.

- Very good partial remission (VGPR) - serum and urine M-protein detectable by immunofluorescence but not on electrophoresis, or ≥ 90% reduction in serum M-protein and urine M-protein level < 100 mg/24 hours. VGPR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy VGPR requirements.

- Partial remission unmeasurable (i.e., does not meet any of the following criteria: serum M-protein ≥ 1 g/dL. Urine M-protein ≥ 200 mg/24 hours* serum free light chain assay shows involved level ≥ 10 mg/dL, provided serum free light chain ratio is abnormal), a ≥ 50% decrease in the difference between involved and uninvolved free light chain levels is required in place of the M-protein criteria. If serum and urine M-protein are unmeasurable, and serum free light assay is also unmeasurable, a ≥ 50% reduction in plasma cells in radiographic studies is required in place of M-protein, provided the baseline bone marrow plasma cell percentage was ≥ 30%. In addition to the above listed criteria, a ≥ 50% reduction in the size of soft tissue plasmacytomas is also required, if present at baseline. PR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy PR requirements.

- Stable disease (SD) - not meeting the criteria for CR, VGPR, PR or PD. SD requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy SD requirements.

- Progressive - requires any one or more of the following: Increase of ≥ 25% from baseline in: serum M-component and/or (absolute increase ≥ 0.5 g/dL) for progressive disease, serum M-component increases of ≥ 1 g/dL are sufficient to define relapse if the starting M-component is ≥ 5 g/dL. Urine M-component and/or (absolute increase ≥ 200 mg/24 hours) for recipients without measurable serum and urine M-protein levels: the difference between involved and uninvolved free light chain levels (absolute increase > 10 mg/dL). Bone marrow plasma cell percentage (absolute percentage ≥ 10%) (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) definite development of new bone lesions or soft tissue plasmacytomomas, Development of hypercalcemia (corrected serum calcium > 11.5 mg/dL or 2.65 mmol/l) that can be attributed solely to the plasma cell proliferative disorder. PD requires two consecutive assessments made at any time before classification as disease progression, and/or the institution of any new therapy.

- Relapse from CR - requires one or more of the following: reappearance of serum or urine M-protein by immunofluorescence or electrophoresis development of ≥ 5% plasma cells in the bone marrow (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) appearance of any other sign of progression (e.g., new plasmacytoma, lytic bone lesion, hypercalcemia). Rel requires two consecutive assessments made at any time before classification as relapse, and/or the institution of any new therapy.

- Unknown

- Not applicable (Amyloidosis with no evidence of myeloma)

263 Date assessed: __ __ __ __ - __ __- __ __

---

**Solid Tumors**

Questions: 264 - 265

264 Specify the solid tumor classification

265 Specify other solid tumor: __________________________

---

**Severe Aplastic Anemia**

Questions: 266 - 267

266 Specify the severe aplastic anemia classification

267 Specify other acquired cytopenic syndrome: __________________________

---

**Inherited Abnormalities of Erythrocyte Differentiation or Function**

Questions: 268 - 270

268 Specify the inherited abnormalities of erythrocyte differentiation or function classification

269 Specify other constitutional anemia: __________________________

270 Specify other hemoglobinopathy: __________________________

---

**Disorders of the Immune System**

Questions: 271 - 273

271 Specify disorder of immune system classification

272 Specify other SCID: __________________________

273 Specify other immunodeficiency: __________________________

---

**Inherited Abnormalities of Platelets**

Questions: 274 - 275
Questions: 276 - 277

Specify inherited abnormalities of platelets classification

- Congenital amegakaryocytosis / congenital thrombocytopenia (501)
- Glanzmann thrombasthenia (502)
- Other inherited platelet abnormality (509)

Specify other inherited platelet abnormality: ________________________________

Inherited Disorders of Metabolism

Questions: 276 - 277

Specify inherited disorders of metabolism classification

Specify other inherited metabolic disorder: ________________________________

Histioctytic Disorders

Questions: 278 - 279

Specify histiocytic disorder classification

Specify other histiocytic disorder: ________________________________

Autoimmune Diseases

Questions: 280 - 287

Specify autoimmune disease classification

Specify other arthritis: ________________________________

Specify other juvenile idiopathic arthritis (JIA): ________________________________

Specify other connective tissue disease: ________________________________

Specify other vasculitis: ________________________________

Specify other autoimmune neurological disorder: ________________________________

Specify other autoimmune cytopenia: ________________________________

Specify other autoimmune bowel disorder: ________________________________

Other Disease

Questions: 288 - 288

Specify other disease: ________________________________

First Name: ________________________________

Last Name: ________________________________

E-mail address: ________________________________

Date: __________ - - - __________