



Pre-Transplant Essential Data



CENTER IDENTIFICATION

930. CIBMTR Center # _____ EBMT Code (CIC) **931.** _____

932. Hospital: _____

933. Unit (circle one)*: **A H O P** Other, specify: **933a.** _____
*Abbreviations, see next page

934. Contact person (first name): _____

935. (last name): _____

938. Date of This Report ____ YY YY ____ - ____ MM ____ - ____ DD ____

CIBMTR USE ONLY

901. Report Form due? Yes No Reg only
Date Received: _____ DE: _____

RECIPIENT IDENTIFICATION

940. CIBMTR recipient ID#: _____

951. ID assigned by: CIBMTR EBMT Other **952.** _____

954. BMT-CTN, St ID # **953.** _____ RCI-BMT, St ID #: _____ NMDP SCTOD

955. Consented for Research? Yes No

956. Consented for CIBMTR Related Specimen Repository? Yes No

942. Gender: Male Female DOB: **941.** ____ YY YY ____ - ____ MM ____ - ____ DD ____

Optional for non-US centers:

957. Ethnicity: Hispanic or Latino Not Hispanic or Latino

958. Race (check all that apply): White Black/African American Asian
 American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

DISEASE CLASSIFICATION

Complete and attach **only** the relevant Disease Classification Sheet with date and status at transplantation:

1. Indicate broad disease for which HSCT was performed: (see Q.177)

<input type="checkbox"/> AML {10}	<input type="checkbox"/> Other disease {900}
<input type="checkbox"/> ALL {20}	<input type="checkbox"/> Other malignancy {200}
<input type="checkbox"/> Other Acute Leukemia {80}	<input type="checkbox"/> SAA {300}
<input type="checkbox"/> CML {40}	<input type="checkbox"/> Inherited Abnormalities of Erythrocyte Diff or Function {310}
<input type="checkbox"/> MDS/MPS {50}	<input type="checkbox"/> Platelet Disorder {500}
<input type="checkbox"/> Other Leukemia {30}	<input type="checkbox"/> Hodgkin Lymphoma {150}
<input type="checkbox"/> Non-hodgkin Lymphoma {100}	<input type="checkbox"/> Histiocytic Disorders {570}
<input type="checkbox"/> Plasma Cell Disorders {170}	<input type="checkbox"/> IDOM/Osteopetrosis {520}
<input type="checkbox"/> Breast Cancer {250}	<input type="checkbox"/> Immune Deficiency {400}
	<input type="checkbox"/> Autoimmune {600}

2. Date of diagnosis of primary disease for HSCT: ____ YY YY ____ - ____ MM ____ - ____ DD ____

HEMATOPOIETIC STEM CELL TRANSPLANT (HSCT)

3. Date of this HSCT: ____ YY YY ____ - ____ MM ____ - ____ DD ____

4. Chronological number of this HSCT: _____
If >1, most recent previous HSCT:
5. Date: ____ YY YY ____ - ____ MM ____ - ____ DD ____

6. Type: Auto Allo

Institution where previous HSCT was performed if different from current:
7. Name: _____
8. City: _____ 9. State: _____
10. Country: _____

Cell source for this HSCT (check all that apply): 11. BM, 12. PBSC, 13. UCB 14. multiple CB units 15. Other: _____ 16. Specify cell source: _____

Donor Type: A series of collections should be considered a single product when they are all from the same donor & use the same collection method & technique (& mobilization, if applicable), even if the collections are performed on different days.

Yes No

17. Autologous (self), # of products: **18.** _____

19. Multiple donors, # of donors: **20.** _____

Donor Gender: To report more than one donor, copy Qs 21-28 and complete for each donor. Check here if additional pages are attached.

21. Male 22. Female

23. Allogeneic: Syngeneic (monozygotic twin) HLA-identical sibling (may include non-monozygotic twin) HLA-matched other relative HLA-mismatched relative

24. Degree of mismatch: 1 HLA antigen mismatch ≥ 2 HLA antigen mismatch (full Haploidentical) Unrelated donor (complete # of mismatches on HLA lines)

Registry or UCB Bank (BMDW code): _____ Other, specify: _____

25. A _____ B _____ C _____ DRB1 _____ DQB1 _____ DPB1 _____

27. _____ Antigenic (2 digits)
28. _____ Allelic (4 digits)

0=matched; 1=one mismatch; 2=2 mismatches; ND=not done

HSCT (continued)

29. Was there **Ex vivo Graft Manipulation** other than for RBC removal or volume reduction? Yes No
(Check all that apply) Optional for non-U.S. Centers

30. T-cell depletion

31. Tumor purging

32. Other negative selection, specify: **33.** _____

34. CD34 selection

35. ex vivo expansion

36. Other, specify: **37.** _____

38. **Performance Score pre-Preparative Regimen:** Karnofsky Lansky

39. 10 20 30 40 50 60 70 80 90 100

CMV-antibodies (IgG or Total) (Multiple donors: report any positive CMV test as reactive)
reactive non-reactive unknown not done

40. Recipient:

41. Donor (allo only):

PREPARATIVE REGIMEN

42. Was a preparative regimen given? Yes No – skip to page 2
What was the total prescribed cumulative dose for the preparative regimen (per the protocol)?

	RAD unit	Total Prescribed Dose
	cGy	Gy mg/m ² mg/kg
43. <input type="checkbox"/> TBI	_____	<input type="checkbox"/> <input type="checkbox"/>
45. <input type="checkbox"/> TLI, TNI, TAI	_____	<input type="checkbox"/> <input type="checkbox"/>
47. <input type="checkbox"/> ALG, ALS, ATG, ATS (before d0)	_____	<input type="checkbox"/> <input type="checkbox"/>
49. <input type="checkbox"/> Horse <input type="checkbox"/> Rabbit <input type="checkbox"/> Other, specify: 50. _____		
51. <input type="checkbox"/> anthracycline		
52. <input type="checkbox"/> daunorubicin	_____	<input type="checkbox"/> <input type="checkbox"/>
54. <input type="checkbox"/> doxorubicin	_____	<input type="checkbox"/> <input type="checkbox"/>
56. <input type="checkbox"/> idarubicin	_____	<input type="checkbox"/> <input type="checkbox"/>
58. <input type="checkbox"/> bleomycin	_____	<input type="checkbox"/> <input type="checkbox"/>
60. <input type="checkbox"/> busulfan	_____	<input type="checkbox"/> <input type="checkbox"/>
62. <input type="checkbox"/> Oral <input type="checkbox"/> IV <input type="checkbox"/> Both		
63. <input type="checkbox"/> carboplatin	_____	<input type="checkbox"/> <input type="checkbox"/>
65. <input type="checkbox"/> carmustine (BCNU)	_____	<input type="checkbox"/> <input type="checkbox"/>
67. <input type="checkbox"/> cisplatin	_____	<input type="checkbox"/> <input type="checkbox"/>
69. <input type="checkbox"/> corticosteroids	_____	<input type="checkbox"/> <input type="checkbox"/>
71. <input type="checkbox"/> cyclophosphamide	_____	<input type="checkbox"/> <input type="checkbox"/>
73. <input type="checkbox"/> cytarabine (Ara-C)	_____	<input type="checkbox"/> <input type="checkbox"/>
75. <input type="checkbox"/> etoposide (VP-16)	_____	<input type="checkbox"/> <input type="checkbox"/>
77. <input type="checkbox"/> fludarabine	_____	<input type="checkbox"/> <input type="checkbox"/>
79. <input type="checkbox"/> ifosfamide	_____	<input type="checkbox"/> <input type="checkbox"/>
81. <input type="checkbox"/> imatinib mesylate (Gleevec, Glivec)	_____	<input type="checkbox"/> <input type="checkbox"/>
83. <input type="checkbox"/> lomustine (CCNU)	_____	<input type="checkbox"/> <input type="checkbox"/>
85. <input type="checkbox"/> melphalan (L-PAM)	_____	<input type="checkbox"/> <input type="checkbox"/>
87. <input type="checkbox"/> mitoxantrone	_____	<input type="checkbox"/> <input type="checkbox"/>
89. <input type="checkbox"/> monoclonal antibody (MAb)		
90. <input type="checkbox"/> Campath	_____	<input type="checkbox"/> <input type="checkbox"/>
92. <input type="checkbox"/> Rituximab (Rituxan, anti-CD20)	_____	<input type="checkbox"/> <input type="checkbox"/>
94. <input type="checkbox"/> Gemtuzumab (Mylotarg, anti-CD33)	_____	<input type="checkbox"/> <input type="checkbox"/>
96. <input type="checkbox"/> Other MAb	_____	<input type="checkbox"/> <input type="checkbox"/>
98. specify: _____		
99. <input type="checkbox"/> paclitaxel (Taxol, Xyotax)	_____	<input type="checkbox"/> <input type="checkbox"/>
101. <input type="checkbox"/> teniposide (VM26)	_____	<input type="checkbox"/> <input type="checkbox"/>
103. <input type="checkbox"/> thiotepa	_____	<input type="checkbox"/> <input type="checkbox"/>
105. <input type="checkbox"/> other, specify 107. _____		<input type="checkbox"/> <input type="checkbox"/>
108. <input type="checkbox"/> radiolabeled MAb _____ units <input type="checkbox"/> mCi <input type="checkbox"/> MBq		
109. <input type="checkbox"/> Tositumomab (Bexxar)	_____	<input type="checkbox"/> <input type="checkbox"/>
111. <input type="checkbox"/> Ibritumomab (Zevalin)	_____	<input type="checkbox"/> <input type="checkbox"/>
113. <input type="checkbox"/> Other rMab	_____	<input type="checkbox"/> <input type="checkbox"/>
115. specify: _____		

116. Is the **INTENT of the preparative regimen MYELOABLATIVE (allo only)**? Yes No, reason for NST/RIC (check all that apply):

117. Age of recipient

118. Comorbid conditions

119. Prior HSCT

120. Protocol-driven

121. Other, specify: **122.** _____

OMB No: 0915-0310

Expiration Date: 10-31-2010

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 0.85 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 10-33, Rockville, Maryland, 20857.

CIBMTR Center #:

CIBMTR Recipient ID#:

This section is optional for non-U.S. Centers
COMORBID CONDITIONS

123. Is there a history of mechanical ventilation? Yes No
124. Is there a history of proven invasive fungal infection? Yes No

Were there **clinically significant** co-existing disease or organ impairment at time of patient assessment prior to preparative regimen?

125. Yes No 'Allo' continue with Q145 below, 'auto' continue with Q163 below

Yes	No	NotDone	Comorbidity	Definitions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmia	Atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac	Coronary artery disease §, congestive heart failure, myocardial infarction, or EF ≤ 50%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerebrovascular disease	Transient ischemic attack or cerebrovascular accident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Requiring treatment with insulin or oral hypoglycemics but not diet alone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart valve disease	Except mitral valve prolapse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatic, mild	Chronic hepatitis, bilirubin > ULN to 1.5 x ULN, or AST/ALT > ULN to 2.5 x ULN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatic, moderate/severe	Liver cirrhosis, bilirubin > 1.5 x ULN, or AST/ALT > 2.5 x ULN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infection	Requiring continuation of antimicrobial treatment after day 0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inflammatory bowel disease	Crohn's disease or ulcerative colitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obesity	Patients with a body mass index > 35 kg/m ²
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peptic ulcer	Requiring treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric disturbance	Depression or anxiety requiring psychiatric consult or treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary, moderate	DLco and/or FEV ₁ 66-80% or dyspnea on slight activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary, severe	DLco and/or FEV ₁ ≤ 65% or dyspnea at rest or requiring oxygen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal, moderate/severe	Serum creatinine > 2 mg/dL or >177 μmol/L, on dialysis, or prior renal transplantation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatologic	SLE, RA, polymyositis, mixed CTD, or polymyalgia rheumatica
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solid tumor, prior	Treated at any time point in the patient's past history, excluding nonmelanoma skin cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	144. Specify: _____

§ One or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft.

EF indicates ejection fraction; ULN, upper limit of normal; SLE, systemic lupus erythematosis; RA, rheumatoid arthritis; CTD, connective tissue disease; DLco, diffusion capacity of carbon monoxide.

Source: Blood, 2005 Oct 15;106(8):2912-2919

Box A GVHD PROPHYLAXIS (ALLO ONLY)

145. Was GVHD prophylaxis planned/given? Yes No
(Check all that apply)

146. ALG, ALS, ATG, ATS (after d0)
147. Corticosteroids
148. Cyclosporine (CSA)
149. ECP (extra-corporeal photopheresis)
150. FK 506 (Tacrolimus, Prograf)
151. Methotrexate (MTX)
152. in vivo monoclonal antibody (MAB)
153. Anti CD25 (Zenapax, Daclizumab, AntiTAC)
154. Campath
155. Etanercept (Enbrel)
156. Infliximab (Remicade)
157. Other, specify: 158. _____

159. Mycophenolate (MMF, Cellcept)
160. Sirolimus (Rapamycin, Rapamune)
161. Other drug, specify: 162. _____

*** Abbreviations**

YYYY = 4 digit year	DCI = Donor Cellular Infusion	NST = Non-myeloablative Stem Cell Transplant
MM = 2 digit month	DF = Differentiation or function	PBSC = Peripheral Blood Stem Cells
DD = 2 digit day	DLI = Donor Lymphocyte Infusion	PTLD = Posttransplant lymphoproliferative disorder
AHOP = Adult, Hematology, Oncology or Pediatric Unit	DOB = Date of Birth	RBC = Red Blood Cell
ALLO = Allogeneic	EBMT = European Group for Blood & Marrow Transplantation	RCI-BMT = Resource for Clinical Investigations in Blood & Marrow Transplant
ANC = Absolute Neutrophil Count	EBV = Epstein Barr Virus	RIC = Reduced Intensity Conditioning
AUTO = Autologous	FACT = Foundation for the Accreditation of Cellular Therapy	SAA = Severe Aplastic Anemia
BM = Bone Marrow	FGF = Fibroblast Growth Factor	SCOD = Stem Cell Therapeutic Outcomes Database
BMT-CTN = Blood & Marrow Transplant Clinical Trials Network	FISH = Fluorescent In-situ Hybridization	TBI, TLI, TNI = Total (Body, Lymphoid, Nodal) Irradiation
CIBMTR = Center for International Blood & Marrow Transplant Research	GVHD = Graft versus Host Disease	U = Unclassifiable
CIC = Center Identification Code	HSCT = Hematopoietic Stem Cell Transplant	UCB = Umbilical Cord Blood
CMV = Cytomegalovirus	IA = Inherited Abnormalities	Unit = Adult, Hematology, Oncology, Pediatric (AHOP)
CR = Complete Remission	IDOM = Inherited Disorders of Metabolism	VOD = Veno-occlusive disease
D = Disorders	KGF = Keratinocyte Growth Factor	
	NMDP = National Marrow Donor Program	
	NOS = Not Otherwise Specified	

Box B POST-HSCT DISEASE THERAPY PLANNED AS OF DAY 0

163. Is this HSCT part of a **planned multiple** (sequential) graft/HSCT protocol? Yes No

164. Is additional **post-HSCT therapy** planned?
 Yes No

(Check all that apply) Optional for non-U.S. centers

165. bortezomib (Velcade)
166. Cellular therapy (e.g. DCI, DLI)
167. Intrathecal Chemotherapy
168. imatinib mesylate (Gleevec, Glivec)
169. lenalidomide (Revlimid)
170. Local radiotherapy
171. rituximab (Rituxan, Mabthera)
172. thalidomide (Thalomid)
173. Other, specify: 174. _____

OTHER TOXICITY MODIFYING REGIMEN

Optional for non-U.S. Centers

175. Was KGF (palifermin, Kevivance) started or is there a plan to use it?
 Yes No Masked trial
176. Was FGF (velofermin) started or is there a plan to use it?
 Yes No Masked trial

CIBMTR Center #:

CIBMTR Recipient ID#:

ACUTE LEUKEMIAS

Select most specific W.H.O. classification:

177. Acute Myelogenous Leukemia (AML) (10)
- AML with recurrent genetic abnormalities
178. AML with t(8;21)(q22;q22), (AML1/ETO) (281)
- AML with abnormal BM eosinophils and inv(16)(p13q22) or t(16;16)(p13;q22), (CBFβ/MYH11) (282)
- APL with t(15;17)(q22;q12), (PML/RARα) and variants/{M3} (283)
- AML with 11q23 (MLL) abnormalities (284)
- AML with multilineage dysplasia (285)
- AML, not otherwise categorized/{NOS}
- AML, minimally differentiated/{M0} (286)
- AML without maturation/{M1} (287)
- AML with maturation/{M2} (288)
- Acute Myelomonocytic Leukemia/{M4} (289)
- Acute Monoblastic/Acute Monocytic Leukemia/{M5} (290)
- Acute Erythroid Leukemia (erythroid/myeloid and pure erythroleukemia)/{M6} (291)
- Acute Megakaryoblastic Leukemia/{M7} (292)
- Acute Basophilic Leukemia (293)
- Acute Panmyelosis with Myelofibrosis (294)
- Myeloid Sarcoma (295)
- AML, NOS (280)
177. Acute Lymphoblastic Leukemia (ALL) (20)
- Precursor B-cell ALL {L1/L2} (191)
- If known, indicate subtype:
- t(9;22)(q34;q11); BCR/ABL+ (192)
- t(v;11q23); MLL rearranged (193)
- t(1;19)(q23;p13) E2A/PBX1 (194)
- t(12;21)(p12;q22) ETV/CBF-α (195)
- Precursor T-cell ALL (196)
- ALL, NOS (190)
177. Acute Leukemias of ambiguous lineage (80)
197. Acute undifferentiated leukemia (31)
- Biphenotypic, bilineage or hybrid leukemia (32)
- Acute mast cell leukemia (33)
- Other acute leukemia, (89)
198. specify: _____

179. Did AML transform from MDS or MPS? Yes No

Complete entire MDS Section on Disease Classification page 4 and entire AML Section

180. Was AML therapy related? Yes No Unknown

AML, therapy related (check all that apply)

181. Alkylating agent/radiation-related
182. Topoisomerase II inhibitor-related
183. Unknown

AML 184, ALL 191, acLK 199

Was imatinib mesylate given for pretransplant therapy anytime prior to start of prep regimen? Yes No Unknown

AML 185, ALL 192, acLK 200

Status at Transplantation:

- Never treated
- Primary Induction Failure (PIF)

- Complete Remission (CR)
- Relapse

Number AML 189, ALL 196, acLK 204

1st 2nd 3rd or higher

AML 184, ALL 191, acLK 199

Number AML 188, ALL 195, acLK 203

1st 2nd 3rd or higher

For hematologic CR

- Y N Unk AML 186, ALL 193, acLK 201
- Cytogenetic remission
- Molecular remission

AML 187, ALL 194, acLK 202

CIBMTR Center #:

CIBMTR Recipient ID#:

177. CHRONIC MYELOGENOUS LEUKEMIA (CML) (40)

Philadelphia chromosome+, Ph+, t(9;22)(q34;q11), or variant OR bcr/abl+

206. Did recipient receive treatment prior to this HSCT? Yes No
(check all that apply) **Mandatory for CIBMTR comprehensive Report Form Teams:**

- 205. Ph+/bcr+ (41)
- Ph+/bcr- (42)
- Ph+/bcr unknown (43)
- Ph-/bcr+ (44)
- Ph unknown/bcr+ (47)
- 207. Combination chemotherapy
- 208. Dasatinib (Sprycel)
- 209. Hydroxyurea (HU)
- 210. Imatinib mesylate (Gleevec, Glivec)
- 211. Interferon
- 221. Nilotinib (Tasigna)
- 213. Other, specify: 214.

Status at Transplantation:

215 Phase

Hematologic CR

216. (Q.216 is not required for EBMT)
CML disease status before treatment that achieved this CR:
 Chronic phase
 Accelerated phase
 Blast phase

- Chronic phase
- Accelerated phase
- Blast crisis

221. Number

- 1st
- 2nd
- 3rd or higher

For Chronic Phase and CR Only:

217/219. Cytogenetic remission:

- Complete
- No
- Cytogenetics unknown

218./220. Molecular remission (bcr/abl):

- Yes
- No
- bcr/abl unknown

CR=complete remission

177. MYELODYSPLASTIC OR MYELOPROLIFERATIVE DISEASES (50)

Classification:

WHO: Myelodysplastic Syndromes (MDS)

WHO: Chronic Myeloproliferative Diseases (MPS)

At diagnosis At transplantation

At diagnosis At transplantation

- 222. RA (51)
- RARS (55)
- RAEB-1 (61)
- RAEB-2 (62)
- RCMD (64)
- RCMD/RS (65)
- Isolated 5q-syndrome (66)
- AML
- MDS Unclassifiable/ {NOS} (50)

If transformed to AML, indicate AML as primary disease; also complete Disease Classification page 3

- Chronic Neutrophilic Leukemia (165)
- Chronic Eosinophilic Leukemia (hypereosinophilic syndrome) (166)
- Chronic Idiopathic myelofibrosis (with extra-medullary hematopoiesis) {Myelofibrosis with myeloid metaplasia} {Acute myelofibrosis or myelosclerosis} (167)
- Chronic Myeloproliferative Disease, unclassifiable {MPS, NOS} (60)
- Essential thrombocythemia (ET) (58)
- Polycythemia vera (PCV) (57)

224. Date of MDS Dx: ____ Y Y Y Y ____ M M ____ D D

Was Janus kinase 2 (jak2) gene mutation positive?
225. Yes No Not Done

Other

- At diagnosis At transplantation
- Chronic myelomonocytic leukemia (CMML, CMML) (54)
- Juvenile myelomonocytic leukemia (JMML, JCML, JCMML) (36)

MDS, therapy related (check all that apply)

- 227. Alkylating agent/radiation-related
- 228. Topoisomerase II inhibitor-related
- 229. Unknown

226 Was MDS/MPS therapy related? Yes No Unknown

MDS/MPS/CMML

230 **Status at Transplantation:**

- Supportive care or treatment without chemotherapy
- Treated with chemotherapy
- Relapse after CR

231 CR
 Improvement, but no CR
 NR – no response
 Prog/worse

233 Number: 1st
 2nd
 3rd or higher

JMML

Status at Transplantation: 234.

- CCR – Continued Complete Response
- CR – Complete Response
- PR – Partial Response
- MR – Minimal Response
- SD – Stable Disease
- PD – Progressive Disease
- Not assessed

CIBMTR Center #:

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177. OTHER LEUKEMIAS (30)

Classification:

235. Atypical chronic myeloid leukemia {CML, NOS}

- Ph-/bcr/abl- (45)
- Ph-/bcr unknown (46)
- Ph unknown/bcr- (48)
- Ph unknown/bcr unknown (49)

- Chronic Lymphocytic Leukemia (CLL), NOS (34)
- Chronic Lymphocytic Leukemia (CLL), B-cell/
Small Lymphocytic Lymphoma (SLL) (71)
- Hairy Cell Leukemia (35)
- Prolymphocytic Leukemia (PLL), NOS (37)
 - PLL, B-cell (73)
 - PLL, T-cell (74)
- Other leukemia (39),

236. specify: _____

- Other leukemia, NOS (30)

237. Status at Transplantation:

- Never treated
- Complete Remission (CR)
- nodular Partial Remission (nPR)
- Partial Remission (PR)
- No Response/Stable (NR/SD)
- Progression
- Relapse (untreated)

LYMPHOMAS

Classification:

177. Hodgkin Lymphoma (150)

238. Nodular lymphocyte predominant Hodgkin lymphoma (155)
- Lymphocyte-rich (151)
 - Nodular sclerosis (152)
 - Mixed cellularity (153)
 - Lymphoma depleted (154)
 - Hodgkin lymphoma, NOS (150)

244. B-cell Neoplasms

- Burkitt's lymphoma/Burkitt cell leukemia {ALL L3} (111)
 - High-grade B-cell lymphoma, Burkitt-like (provisional entity) (135)
- Diffuse large B-cell lymphoma (107)
 - If known, indicate subtype:
 - 245. Intravascular large B-cell lymphoma (136)
 - Mediastinal large B cell lymphoma (125)
 - Primary effusion lymphoma (138)
- Extranodal marginal zone B-cell lymphoma of MALT type (122)
- Follicular lymphoma (includes variants)
- Lymphoplasmacytic lymphoma (121)
- Mantle cell lymphoma (115)
- Nodal marginal zone B-cell lymphoma (+/- monocytoid B cells) (123)
- Primary CNS lymphoma (118)
- Splenic marginal zone B-cell lymphoma (124)
- Waldenstrom macroglobulinemia (173)
- Other B-cell lymphoma (129),

- Grade I (102)
- Grade II (103)
- Grade III (104)
- Unknown (164)

177. Non-Hodgkin's Lymphoma

244. (continued) T-cell and NK-cell Neoplasms

- Adult T-cell lymphoma/leukemia (HTLV1+) (134)
- Aggressive NK-cell leukemia (27)
- Anaplastic large-cell lymphoma, T/null cell, primary cutaneous type (147)
- Anaplastic large-cell lymphoma, T/null cell, primary systemic type (148)
- Angioimmunoblastic T-cell lymphoma (AILD) (131)
- Enteropathy-type T-cell lymphoma (133)
- Extranodal NK/T-cell lymphoma, nasal type (137)
- Hepatosplenic gamma-delta T-cell lymphoma (145)
- Mycosis fungoides (141)
- Peripheral T-cell lymphoma {NOS} (130)
- Subcutaneous panniculitis-like T-cell lymphoma (146)
- Sezary syndrome (142)
- Large T-cell granular lymphocytic leukemia (126)
- Other T/NK cell lymphoma (139),

247. specify: _____

246. specify: _____

239. Status at Transplantation:

- Never treated
- Primary refractory (less than PR to initial therapy)/PIF res
- Partial response (PR)

HL 240. Without prior CR

NHL 249. with prior CR

Number

- 1st
- 2nd
- 3rd or higher

Sensitivity to Chemotherapy:

HL 243.

NHL 252.

- Sensitive
- Resistant
- Untreated
- Unknown

HL 241. NHL 250. NHL 249.

CR confirmed

CR unconfirmed (CRU)*

Rel

HL 242. NHL 251.

* CRU – complete response with persistent scan abnormalities of unknown significance

HL
239.
NHL
248.

CIBMTR Center #:

CIBMTR Recipient ID#:

177. PLASMA CELL DISORDERS (170)

253. Classification:

- Multiple myeloma-IgG (181) _____
- Multiple myeloma-IgA (182) _____
- Multiple myeloma-IgD (183) _____
- Multiple myeloma-IgE (184) _____
- Multiple myeloma-IgM (not Waldenstrom macroglobulinemia) (185) _____
- Multiple myeloma-light chain only (186) _____
- Multiple myeloma-non-secretory (187) _____
- Plasma cell leukemia (172)
- Solitary plasmacytoma (no evidence of myeloma) (175)
- Primary Amyloidosis (174)
- Other Plasma Cell Disorder (179), specify: 260. _____

254.

Light Chain STAGE AT DIAGNOSIS

- Kappa **255.** Salmon & Durie: **256.**
- Lambda
- 1 and A
- 2 B
- 3

OR

I.S.S.:

Serum β_2 -microglobulin:

257. . 1 μ g/dL 2 mg/L 3 nmol/L

Serum albumin:

258. . 1 g/dl 2 g/l

259.

Stage	β_2 -mic	S. albumin
<input type="checkbox"/> 1	<3.5	>3.5
<input type="checkbox"/> 2	<3.5 3.5-<5.5	<3.5
<input type="checkbox"/> 3	\geq 5.5	—

261. Status at Transplantation:

- Never treated
- Complete Remission (CR) _____
- Stringent Complete Remission (sCR) _____
- Very Good Partial Response (VGPR) _____
- Partial Response (PR) _____
- Stable Disease (SD)
- Progression _____
- Relapse from CR (untreated) _____

262.
Number

- 1st
- 2nd
- 3rd or higher

177. BREAST CANCER (250)

Classification:

263. Breast Cancer

- Inflammatory (251)
- Non-inflammatory (252)

264. Stage at Diagnosis

- 0
- I
- II
- III

265. Metastases

- No distant metastases
- Metastatic

Status at Transplantation:

- 266.**
- Adjuvant (Stage II, III only)
 - Never treated
 - Primary refractory
 - Complete remission (CR)
 - CR confirmed _____
 - CR unconfirmed (CRU) _____
 - 1st partial response (PR1)
 - Relapse _____

Number

- 1st
- 2nd
- 3rd or higher

268.

Sensitivity to Chemotherapy

- Sensitive
- Resistant
- Untreated
- Unknown

271.

- 269.**
- Local
 - Metastatic

270.

* CRU – complete response with persistent scan abnormalities of unknown significance

177. "OTHER" DISEASE (900)

Specify (900): 272.

Before using this category, check with transplant physician whether diagnosis can be classified among options on Disease Classification Pages 3-10.

274. Alternative HCT:

- Cardiac regeneration
- Neurologic regeneration
- Tolerance Induction Pre-solid Organ Transplant
- Other, specify: 275. _____

273. For any "other" disease: Is a pathology report attached to this form?

- Yes
- No

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177. OTHER MALIGNANCIES (200)

276. **Classification:**

- | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Bone sarcoma (excluding Ewing family tumors) (273) | <input type="checkbox"/> Ovary (214) |
| <input type="checkbox"/> Central nervous system tumors (include CNS PNET) (220) | <input type="checkbox"/> Pancreas (206) |
| <input type="checkbox"/> Colorectal (228) | <input type="checkbox"/> Prostate (209) |
| <input type="checkbox"/> Ewing family tumors extra-osseous (includes PNET) (276) | <input type="checkbox"/> Renal cell (208) |
| <input type="checkbox"/> Ewing family tumors of bone (includes PNET) (275) | <input type="checkbox"/> Retinoblastoma (223) |
| <input type="checkbox"/> Germ cell tumor, extragonadal only (225) | <input type="checkbox"/> Rhabdomyosarcoma (232) |
| <input type="checkbox"/> Hepatobiliary (207) | <input type="checkbox"/> Soft tissue sarcoma (274) |
| <input type="checkbox"/> Lung cancer, non-small cell (203) | <input type="checkbox"/> Testicular (210) |
| <input type="checkbox"/> Lung cancer, small cell (202) | <input type="checkbox"/> Thymoma (231) |
| <input type="checkbox"/> Medulloblastoma (226) | <input type="checkbox"/> Wilm tumor (221) |
| <input type="checkbox"/> Melanoma (219) | <input type="checkbox"/> Other solid tumor (269), specify: <u>277.</u> |
| <input type="checkbox"/> Neuroblastoma (222) | |

280. Response Evaluation Criteria in Solid Tumors (RECIST) was used for this status evaluation: Yes No

- 1 Complete response (CR) – Disappearance of all target lesions for a period of at least one month
- 2 Complete response with persistent imaging abnormalities of unknown significance (CRU)
- 3 Partial response (PR) – At least **30% decrease** in the sum of the longest diameter of measured lesions (target lesions) taking as reference the baseline sum of longest diameters
- 4 Stable disease (NR/SD) – Neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for PD taking as reference the smallest sum of the longest diameters since the treatment started
- 5 Progressive disease (PD) – At least a 20% increase in the sum of the longest diameter of measured lesions (target lesions), taking as reference the smallest sum of the longest diameters recorded since the treatment started of the appearance of one or more new lesions

278. **Status at Transplantation:**

- Adjuvant
- Never treated
- CR
- CRU 279.
- PR Without prior CR
- NR/SD with prior CR
- PD
- Relapse (untreated)

281. Number

- (complete for CR, CRU or relapse)
- 1st
- 2nd
- 3rd or higher

282. Sensitivity to Chemotherapy

- (complete only for relapse)
- Sensitive (PR)
- Resistant (SD, PD)
- Untreated
- Unknown

283. **Severe aplastic anemia Classification:**

- Acquired Severe Aplastic Anemia (SAA), NOS (301)
- Acquired SAA, secondary to hepatitis (302)
- Acquired SAA, secondary to toxin/other drug (303)
- Acquired Amegakaryocytosis (not congenital) (304)
- Acquired Pure Red Cell Aplasia (PRCA) (not congenital) (306)
- Other acquired cytopenic syndrome (309),
284. specify: _____
- Paroxysmal nocturnal hemoglobinuria (PNH) (56)

177. ANEMIA⁽³⁰⁰⁾ / 177. HEMOGLOBINOPATHY⁽³¹⁰⁾ *Inherited abnormalities of erythrocyte differentiation or function*

285. Fanconi anemia (311)
- Diamond-Blackfan anemia (congenital PRCA) (312)
- Shwachman-Diamond (305)
- Other constitutional anemia (319),
286. specify: _____
- Sickle cell disease (356)
- Sickle thalassemia (355)
- Thalassemia NOS (350)
- Other hemoglobinopathy (359),
287. specify: _____

177. PLATELET DISORDERS (500)

288. **Classification:**

- Congenital amegakaryocytosis/congenital thrombocytopenia (501)
- Glanzmann thrombasthenia (502)
- Other inherited platelet abnormalities (509), specify: 289.

177. HISTIOCYTIC DISORDERS (570)

290. **Classification:**

- Histiocytic disorders, NOS (570)
- Familial erythro/hemophagocytic lymphohistiocytosis (FELH) (571)
- Langerhans Cell Histiocytosis (Histiocytosis-X) (572)
- Hemophagocytosis (reactive or viral associated) (573)
- Malignant histiocytosis (574)
- Other histiocytic disorder (579), specify: 291.

CR=complete remission

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177. INHERITED DISORDERS OF METABOLISM/OSTEOPETROSIS (520)

292. Classification:

- | | |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Adrenoleukodystrophy (ALD) (543) | <input type="checkbox"/> Morquio (IV) (535) |
| <input type="checkbox"/> Aspartyl glucosaminuria (561) | <input type="checkbox"/> Mucopolidoses, NOS (540) |
| <input type="checkbox"/> B-glucuronidase deficiency (VII) (537) | <input type="checkbox"/> Mucopolysaccharidosis (V) (538) |
| <input type="checkbox"/> Fucosidosis (562) | <input type="checkbox"/> Mucopolysaccharidosis, NOS (530) |
| <input type="checkbox"/> Gaucher disease (541) | <input type="checkbox"/> Neimann-Pick disease (545) |
| <input type="checkbox"/> Glucose storage disease (548) | <input type="checkbox"/> Neuronal ceroid – lipofuscinosis (Batten disease) (523) |
| <input type="checkbox"/> Hunter syndrome (II) (533) | <input type="checkbox"/> Osteopetrosis (malignant infantile osteopetrosis) (521) |
| <input type="checkbox"/> Hurler syndrome (IH) (531) | <input type="checkbox"/> Sanfilippo (III) (534) |
| <input type="checkbox"/> I-cell disease (546) | <input type="checkbox"/> Scheie syndrome (IS) (532) |
| <input type="checkbox"/> Krabbe disease (globoid leukodystrophy) (544) | <input type="checkbox"/> Wolman disease (547) |
| <input type="checkbox"/> Lesch-Nyhan (HGPRT deficiency) (522) | <input type="checkbox"/> Other inherited disorder of metabolism (529), |
| <input type="checkbox"/> Mannosidosis (563) | 293. specify: _____ |
| <input type="checkbox"/> Maroteaux-Lamy (VI) (536) | <input type="checkbox"/> Inherited Disorders of Metabolism, NOS (520) |
| <input type="checkbox"/> Metachromatic leukodystrophy (MLD) (542) | |

177. IMMUNE DEFICIENCIES (400)

294. Classification:

- Ataxia telangiectasia (451)
- Bare lymphocyte syndrome (406)
- DiGeorge anomaly (454)
- CD 40 Ligand deficiency (464)
- Cartilage hair hypoplasia (462)
- Chediak-Higashi syndrome (456)
- Chronic granulomatous disease (455)
- Common variable immunodeficiency (457)
- HIV infection (452)
- Immune Deficiencies, NOS (400)
- Leukocyte adhesion deficiencies (459)
- Kostmann syndrome-congenital neutropenia (460)
- Neutrophil actin deficiency (461)
- Omenn syndrome (404)
- Reticular dysgenesis (405)
- SCID, ADA deficiency severe combined immune deficiency (401)
- SCID, Absence of T and B cells (402)
- SCID, Absence of T, normal B cell (403)
- SCID, NOS (410)
- SCID other (419), specify: **295.** _____
- Wiskott Aldrich syndrome (453)
- X-linked lymphoproliferative syndrome (458)
- Other immune deficiency (479), specify: **296.** _____



Pre-Transplant Essential Data Disease Classification Sheet



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177. AUTOIMMUNE DISORDERS (600)

Classification	Involved Organs/Clinical Problem(s) (Check all that apply)	Primary Reason(s) for Transplant	Miscellaneous Labs @ Original Diagnosis
		Yes No	Antibodies: normal elevated not done
297. <input type="checkbox"/> Connective Tissue Disease			
<input type="checkbox"/> Systemic sclerosis (607)	298. <input type="checkbox"/> diffuse cutaneous 300. <input type="checkbox"/> limited cutaneous 302. <input type="checkbox"/> lung parenchyma 304. <input type="checkbox"/> pulmonary hypertension 306. <input type="checkbox"/> systemic hypertension 308. <input type="checkbox"/> renal (biopsy type: 310. _____) 311. <input type="checkbox"/> esophagus 313. <input type="checkbox"/> other GI Tract 315. <input type="checkbox"/> Raynaud 317. <input type="checkbox"/> CREST 319. <input type="checkbox"/> other, specify: 321. _____	299. <input type="checkbox"/> <input type="checkbox"/> 301. <input type="checkbox"/> <input type="checkbox"/> 303. <input type="checkbox"/> <input type="checkbox"/> 305. <input type="checkbox"/> <input type="checkbox"/> 307. <input type="checkbox"/> <input type="checkbox"/> 309. <input type="checkbox"/> <input type="checkbox"/> 312. <input type="checkbox"/> <input type="checkbox"/> 314. <input type="checkbox"/> <input type="checkbox"/> 316. <input type="checkbox"/> <input type="checkbox"/> 318. <input type="checkbox"/> <input type="checkbox"/> 320. <input type="checkbox"/> <input type="checkbox"/>	Antibodies: Scl 70 positive 322. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ACA positive 323. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ANA 324. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
297. <input type="checkbox"/> Systemic lupus erythematosus (605)	325. <input type="checkbox"/> renal (biopsy type: 327. _____) 328. <input type="checkbox"/> CNS (type: 330. _____) 331. <input type="checkbox"/> PNS (type: 333. _____) 334. <input type="checkbox"/> lung 336. <input type="checkbox"/> serositis 338. <input type="checkbox"/> arthritis 340. <input type="checkbox"/> skin (type: 342. _____) 343. <input type="checkbox"/> hematological (type: 345. _____) 346. <input type="checkbox"/> vasculitis (type: 348. _____) 349. <input type="checkbox"/> other, specify: 351. _____	326. <input type="checkbox"/> <input type="checkbox"/> 329. <input type="checkbox"/> <input type="checkbox"/> 332. <input type="checkbox"/> <input type="checkbox"/> 335. <input type="checkbox"/> <input type="checkbox"/> 337. <input type="checkbox"/> <input type="checkbox"/> 339. <input type="checkbox"/> <input type="checkbox"/> 341. <input type="checkbox"/> <input type="checkbox"/> 344. <input type="checkbox"/> <input type="checkbox"/> 347. <input type="checkbox"/> <input type="checkbox"/> 350. <input type="checkbox"/> <input type="checkbox"/>	ANA 352. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ds DNA 353. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C3 354. <input type="checkbox"/> <input type="checkbox"/> low <input type="checkbox"/> C4 355. <input type="checkbox"/> <input type="checkbox"/> low <input type="checkbox"/> total complement 356. <input type="checkbox"/> <input type="checkbox"/> low <input type="checkbox"/> other, 357. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> specify: 358. _____
297. <input type="checkbox"/> Sjögren syndrome (608)	359. <input type="checkbox"/> SICCA 361. <input type="checkbox"/> exocrine gland swelling 363. <input type="checkbox"/> other organ lymphocytic infiltration 365. <input type="checkbox"/> lymphoma, paraproteinemia 367. <input type="checkbox"/> vasculitis 369. <input type="checkbox"/> other, specify: 371. _____	360. <input type="checkbox"/> <input type="checkbox"/> 362. <input type="checkbox"/> <input type="checkbox"/> 364. <input type="checkbox"/> <input type="checkbox"/> 366. <input type="checkbox"/> <input type="checkbox"/> 368. <input type="checkbox"/> <input type="checkbox"/> 370. <input type="checkbox"/> <input type="checkbox"/>	
297. <input type="checkbox"/> Polymyositis-dermatomyositis (606)	372. <input type="checkbox"/> proximal weakness 374. <input type="checkbox"/> generalized weakness (including bulbar) 376. <input type="checkbox"/> pulmonary fibrosis 378. <input type="checkbox"/> vasculitis (type: 380. _____) 381. <input type="checkbox"/> malignancy (type: 383. _____) 384. <input type="checkbox"/> other, specify: 386. _____	373. <input type="checkbox"/> <input type="checkbox"/> 375. <input type="checkbox"/> <input type="checkbox"/> 377. <input type="checkbox"/> <input type="checkbox"/> 379. <input type="checkbox"/> <input type="checkbox"/> 382. <input type="checkbox"/> <input type="checkbox"/> 385. <input type="checkbox"/> <input type="checkbox"/>	CPK 387. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> typical biopsy 388. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> typical EMG 389. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> typical rash (DM) 390. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
297. <input type="checkbox"/> Antiphospholipid syndrome (610)	391. <input type="checkbox"/> thrombosis (type: 393. _____) 394. <input type="checkbox"/> CNS (type: 396. _____) 397. <input type="checkbox"/> abortion 399. <input type="checkbox"/> skin (livedo, vasculitis) 401. <input type="checkbox"/> hematological (type: 403. _____) 404. <input type="checkbox"/> other, specify: 406. _____	392. <input type="checkbox"/> <input type="checkbox"/> 395. <input type="checkbox"/> <input type="checkbox"/> 398. <input type="checkbox"/> <input type="checkbox"/> 400. <input type="checkbox"/> <input type="checkbox"/> 402. <input type="checkbox"/> <input type="checkbox"/> 405. <input type="checkbox"/> <input type="checkbox"/>	anticardiolipin IgG <input type="checkbox"/> 407. <input type="checkbox"/> <input type="checkbox"/> anticardiolipin IgM <input type="checkbox"/> 408. <input type="checkbox"/> <input type="checkbox"/> lupus anticoagulant <input type="checkbox"/> 409. <input type="checkbox"/> <input type="checkbox"/>
297. <input type="checkbox"/> Other connective tissue disease, specify (634): 410. _____			
Vasculitis		Yes No	Antibodies: normal elevated not done
297. <input type="checkbox"/> Wegener granulomatosis (610)	411. <input type="checkbox"/> upper respiratory tract 413. <input type="checkbox"/> pulmonary 415. <input type="checkbox"/> renal (biopsy type: 417. _____) 418. <input type="checkbox"/> skin 420. <input type="checkbox"/> other, specify: 422. _____	412. <input type="checkbox"/> <input type="checkbox"/> 414. <input type="checkbox"/> <input type="checkbox"/> 416. <input type="checkbox"/> <input type="checkbox"/> 419. <input type="checkbox"/> <input type="checkbox"/> 421. <input type="checkbox"/> <input type="checkbox"/>	c-ANCA positive 423. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti Pr3 424. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti MPO 425. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c-ANCA IFA 426. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> p-ANCA IFA 427. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
297. <input type="checkbox"/> Polyarteritis nodosa	428. <input type="checkbox"/> renal (type: 430. _____) 431. <input type="checkbox"/> mononeuritis multiplex 433. <input type="checkbox"/> pulmonary hemorrhage 435. <input type="checkbox"/> skin 437. <input type="checkbox"/> GI Tract 439. <input type="checkbox"/> other, specify: 441. _____	429. <input type="checkbox"/> <input type="checkbox"/> 432. <input type="checkbox"/> <input type="checkbox"/> 434. <input type="checkbox"/> <input type="checkbox"/> 436. <input type="checkbox"/> <input type="checkbox"/> 438. <input type="checkbox"/> <input type="checkbox"/> 440. <input type="checkbox"/> <input type="checkbox"/>	p-ANCA positive 442. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c-ANCA positive 443. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hepatitis serology 444. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NOTE: Transplant Essential Data should be submitted at time of mobilization for all patients with autoimmune disease



Pre-Transplant Essential Data Disease Classification Sheet



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continued

177. AUTOIMMUNE DISORDERS

297. Classification Involved Organs/Clinical Problem(s) Primary Reason(s) for Transplant Miscellaneous Labs
(Check all that apply) (Check all that apply)

297. Other vasculitis

- Churg-Strauss (635)
- Giant cell arteritis (636)
- Takayasu (637)
- Behçet's Syndrome (638)
- overlap necrotizing arteritis (639)
- other vasculitis, specify (611): 445.

Arthritis

- | | | Yes | No |
|----------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| 297. <input type="checkbox"/> Rheumatoid arthritis (603) | <u>446.</u> <input type="checkbox"/> destructive arthritis | <u>447.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>448.</u> <input type="checkbox"/> necrotizing vasculitis | <u>449.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>450.</u> <input type="checkbox"/> eye (type: <u>452.</u>) | <u>451.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>453.</u> <input type="checkbox"/> pulmonary | <u>454.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>455.</u> <input type="checkbox"/> extra-articular (specify: <u>457.</u>) | <u>456.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>458.</u> <input type="checkbox"/> other, specify: <u>460.</u> | <u>459.</u> <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|-------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------|--------------------------|
| 297. <input type="checkbox"/> Psoriatic arthritis/psoriasis (604) | <u>461.</u> <input type="checkbox"/> destructive arthritis | <u>462.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>463.</u> <input type="checkbox"/> psoriasis | <u>464.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>465.</u> <input type="checkbox"/> other, specify: <u>467.</u> | <u>466.</u> <input type="checkbox"/> | <input type="checkbox"/> |

297. Juvenile idiopathic arthritis: systemic (Stills disease) (640)
- Juvenile idiopathic arthritis: Oligoarticular (641)
- Juvenile idiopathic arthritis: Polyarticular (642)
- Juvenile idiopathic arthritis: Other, specify (643): 468.
- Other, arthritis, specify (633): 469.

Multiple sclerosis

- | | | Yes | No |
|-------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------|--------------------------|
| 297. <input type="checkbox"/> Multiple sclerosis (MS) (602) | <u>470.</u> <input type="checkbox"/> primary progressive | <u>471.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>472.</u> <input type="checkbox"/> secondary progressive | <u>473.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>474.</u> <input type="checkbox"/> relapsing/remitting | <u>475.</u> <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>476.</u> <input type="checkbox"/> other specify: <u>478.</u> | <u>477.</u> <input type="checkbox"/> | <input type="checkbox"/> |

Other Neurological Autoimmune Disease

297. Myasthenia gravis (601)
- Other autoimmune neurological disorder, specify (644): 479.

Hematological Autoimmune Disease

297. Idiopathic thrombocytopenic purpura (ITP) (645)
- Hemolytic anemia (646)
- Evan syndrome (647)
- other autoimmune cytopenia, specify (648): 480.

Bowel Disease

297. Crohn's disease (649)
- Ulcerative colitis (650)
- Other autoimmune bowel disorder, specify (651): 481.