



OMB No: 0915-0310

Expiration Date: 10-31-2010

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CIBMTR Center #:

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**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 <sup>2</sup>
<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 <sub>1</sub> 66-80% or dyspnea on slight activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary, severe	DLco and/or FEV <sub>1</sub> ≤ 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

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**ACUTE LEUKEMIAS**

**Select most specific W.H.O. classification:**

177.  Acute Myelogenous Leukemia (AML) (10) **177.**  Acute Lymphoblastic Leukemia (ALL) (20) **177.**  Acute Leukemias of ambiguous lineage (80)
- AML with recurrent genetic abnormalities **190.**  Precursor B-cell ALL {L1/L2} (191) **197.**  Acute undifferentiated leukemia (31)
- 178.**  AML with t(8;21)(q22;q22), (AML1/ETO) (281) **197.**  Biphenotypic, bilineage or hybrid leukemia (32)
- AML with abnormal BM eosinophils and inv(16)(p13q22) or t(16;16)(p13;q22), (CBFβ/MYH11) (282)  t(9;22)(q34;q11); BCR/ABL+ (192)
- APL with t(15;17)(q22;q12), (PML/RARα) and variants/{M3} (283)  t(v;11q23); MLL rearranged (193)
- AML with 11q23 (MLL) abnormalities (284)  t(1;19)(q23;p13) E2A/PBX1 (194)
- AML with multilineage dysplasia (285)  t(12;21)(p12;q22) ETV/CBF-α (195) **198.** specify: \_\_\_\_\_
- Precursor T-cell ALL (196)  ALL, NOS (190)
- 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)

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) — **AML 184, ALL 191, acLK 199**
- Relapse
- Number **AML 188, ALL 195, acLK 203**
- 1st  2nd  3rd or higher

- Number **AML 189, ALL 196, acLK 204**
- 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**

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**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

- 1<sup>st</sup>  
 2<sup>nd</sup>  
 3<sup>rd</sup> 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)

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**

WHO: Chronic Myeloproliferative Diseases {MPS}

At diagnosis At transplantation

- 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

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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:
  - 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 (+/- monocytoïd 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:** \_\_\_\_\_

**Status at Transplantation:**

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

Without prior CR

with prior CR

Number

1st

2nd

3rd or higher

**Sensitivity to Chemotherapy:**

**HL 243.**

**NHL 252.**

- Sensitive
- Resistant
- Untreated
- Unknown

**HL 241. NHL 250.**

CR confirmed

CR unconfirmed (CRU)\*

Rel

**HL 242. NHL 251.**

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

HL  
239.  
NHL  
248.

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**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  $\beta_2$ -microglobulin:

**257.**    .    1   $\mu$ g/dL 2  mg/L 3  nmol/L

Serum albumin:

**258.**    .  1  g/dl 2  g/l

**259.**

Stage	$\beta_2$ -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)**

**263. Classification:**

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

**264. Stage at Diagnosis**

- 0
- I
- II
- III

**265. Metastases**

- No distant metastases
- Metastatic

**266. Status at Transplantation:**

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

**268.**  
Number  
 1st  
 2nd  
 3rd or higher

**271.**  
Sensitivity to Chemotherapy  
 Sensitive  
 Resistant  
 Untreated  
 Unknown

- 269.**  Local
- Metastatic

\* 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)
- 1<sup>st</sup>
- 2<sup>nd</sup>
- 3<sup>rd</sup> 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<sup>(300)</sup> / 177.  HEMOGLOBINOPATHY<sup>(310)</sup> *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)                            | <b>293.</b> 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.** \_\_\_\_\_

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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"/> <b>Connective Tissue Disease</b>			
<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"/> 301. <input type="checkbox"/> 303. <input type="checkbox"/> 305. <input type="checkbox"/> 307. <input type="checkbox"/> 309. <input type="checkbox"/> 312. <input type="checkbox"/> 314. <input type="checkbox"/> 316. <input type="checkbox"/> 318. <input type="checkbox"/> 320. <input type="checkbox"/>	Antibodies: Scl 70 positive 322. <input type="checkbox"/> ACA positive 323. <input type="checkbox"/> ANA 324. <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"/> 329. <input type="checkbox"/> 332. <input type="checkbox"/> 335. <input type="checkbox"/> 337. <input type="checkbox"/> 339. <input type="checkbox"/> 341. <input type="checkbox"/> 344. <input type="checkbox"/> 347. <input type="checkbox"/> 350. <input type="checkbox"/>	ANA 352. <input type="checkbox"/> ds DNA 353. <input type="checkbox"/> C3 354. <input type="checkbox"/> C4 355. <input type="checkbox"/> total complement 356. <input type="checkbox"/> other, 357. <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"/> 362. <input type="checkbox"/> 364. <input type="checkbox"/> 366. <input type="checkbox"/> 368. <input type="checkbox"/> 370. <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"/> 375. <input type="checkbox"/> 377. <input type="checkbox"/> 379. <input type="checkbox"/> 382. <input type="checkbox"/> 385. <input type="checkbox"/>	CPK 387. <input type="checkbox"/> typical biopsy 388. <input type="checkbox"/> typical EMG 389. <input type="checkbox"/> typical rash (DM) 390. <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"/> 395. <input type="checkbox"/> 398. <input type="checkbox"/> 400. <input type="checkbox"/> 402. <input type="checkbox"/> 405. <input type="checkbox"/>	anticardiolipin IgG <input type="checkbox"/> 407. <input type="checkbox"/> anticardiolipin IgM <input type="checkbox"/> 408. <input type="checkbox"/> lupus anticoagulant <input type="checkbox"/> 409. <input type="checkbox"/>
297. <input type="checkbox"/> Other connective tissue disease, specify (634): 410. _____			
<b>Vasculitis</b>		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"/> 414. <input type="checkbox"/> 416. <input type="checkbox"/> 419. <input type="checkbox"/> 421. <input type="checkbox"/>	c-ANCA positive 423. <input type="checkbox"/> anti Pr3 424. <input type="checkbox"/> anti MPO 425. <input type="checkbox"/> c-ANCA IFA 426. <input type="checkbox"/> p-ANCA IFA 427. <input type="checkbox"/>
297. <input type="checkbox"/> Polyarteritis nodosa	428. <input type="checkbox"/> renal (type: 430. _____)	429. <input type="checkbox"/>	
<input type="checkbox"/> Classical (631)	431. <input type="checkbox"/> mononeuritis multiplex	432. <input type="checkbox"/>	p-ANCA positive 442. <input type="checkbox"/>
<input type="checkbox"/> Microscopic (632)	433. <input type="checkbox"/> pulmonary hemorrhage 435. <input type="checkbox"/> skin 437. <input type="checkbox"/> GI Tract 439. <input type="checkbox"/> other, specify: 441. _____	434. <input type="checkbox"/> 436. <input type="checkbox"/> 438. <input type="checkbox"/> 440. <input type="checkbox"/>	c-ANCA positive 443. <input type="checkbox"/> hepatitis serology 444. <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) | 446. <input type="checkbox"/> destructive arthritis                   | 447. <input type="checkbox"/> | 448. <input type="checkbox"/> |
|  | 448. <input type="checkbox"/> necrotizing vasculitis                  | 449. <input type="checkbox"/> | 450. <input type="checkbox"/> |
|  | 450. <input type="checkbox"/> eye (type: <u>452.</u> )                | 451. <input type="checkbox"/> | 452. <input type="checkbox"/> |
|  | 453. <input type="checkbox"/> pulmonary                               | 453. <input type="checkbox"/> | 454. <input type="checkbox"/> |
|  | 455. <input type="checkbox"/> extra-articular (specify: <u>457.</u> ) | 455. <input type="checkbox"/> | 456. <input type="checkbox"/> |
|  | 458. <input type="checkbox"/> other, specify: <u>460.</u>             | 459. <input type="checkbox"/> | 460. <input type="checkbox"/> |

- |   |   |                               |                               |
|---|---|-------------------------------|-------------------------------|
| 297. <input type="checkbox"/> Psoriatic arthritis/psoriasis (604) | 461. <input type="checkbox"/> destructive arthritis       | 462. <input type="checkbox"/> | 463. <input type="checkbox"/> |
|   | 463. <input type="checkbox"/> psoriasis                   | 464. <input type="checkbox"/> | 465. <input type="checkbox"/> |
|   | 465. <input type="checkbox"/> other, specify: <u>467.</u> | 466. <input type="checkbox"/> | 467. <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) | 470. <input type="checkbox"/> primary progressive        | 471. <input type="checkbox"/> | 472. <input type="checkbox"/> |
|   | 472. <input type="checkbox"/> secondary progressive      | 473. <input type="checkbox"/> | 474. <input type="checkbox"/> |
|   | 474. <input type="checkbox"/> relapsing/remitting        | 475. <input type="checkbox"/> | 476. <input type="checkbox"/> |
|   | 476. <input type="checkbox"/> other specify: <u>478.</u> | 477. <input type="checkbox"/> | 478. <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.