

CENTER IDENTIFICATION
930. CIBMTR Ctr # \_\_\_\_\_ EBMT Code (CIC) 931. \_\_\_\_\_
932. Hospital: \_\_\_\_\_
933. Unit (circle one)\*: A H O P Other, specify: 933a. \_\_\_\_\_

REGISTRY USE ONLY
901. Date Received: \_\_\_\_\_ DE: \_\_\_\_\_

RECIPIENT IDENTIFICATION
940. CIBMTR recipient ID#: \_\_\_\_\_
941. Date of Birth: \_\_\_\_\_
942. Gender:  Male  Female
943. Disease: \_\_\_\_\_

HSCT
Donor Type: 944.  Allogeneic 945.  Autologous
Chronological # of this: 946. HSCT#: \_\_\_\_\_ 947. DCI#: \_\_\_\_\_
948. Date of HSCT for this follow-up: \_\_\_\_\_
949. Did the recipient receive a subsequent HSCT since the date of contact from the last report?  Yes  No
950. Specify date: \_\_\_\_\_
951. Was the subsequent HSCT indication autologous rescue?  Yes  No

100 Day Report Only
1.   Is 'Date of HSCT' same as date given on Pre-TED?
2.   Was HSCT Infusion given? If Yes—skip to Q.8, if No:
3.   At least 1 dose of the prep regimen was given?
4.   Patient died during prep regimen? If Yes—skip to Q.62
5.   This HSCT is cancelled? If Yes—skip to Q.62
6.   This HSCT is postponed? If Yes—complete Qs.62-74, submit form
7. New estimated date: \_\_\_\_\_

INITIAL ANC RECOVERY
8. Was >=0.5 x 10^9/L achieved for 3 consecutive labs?
 Yes, first date of 3 labs: 9. \_\_\_\_\_
 No, last assessment: 10. \_\_\_\_\_
 Never below  Previously reported >d100  Unknown
11. Did graft failure occur?  Yes  No

INITIAL PLATELET RECOVERY (Optional for Non-U.S. Centers)
 Yes, date Platelet >20 x 10^9/L: 13. \_\_\_\_\_
 No, last assessment: 14. \_\_\_\_\_
 Never below  Previously reported >d100  Unknown

GRAFT VERSUS HOST DISEASE (Alo only)
15. Maximum Grade of Acute GVHD
 0  I  II  III  IV  Present, grade unknown
Maximum extent of Chronic GVHD during this period:
16.  None  Limited >d100  Extensive >d100  Unknown
Date of diagnosis of chronic GVHD:
17. \_\_\_\_\_ 18.  Continued from last report

All Abbreviations on Pre-TED, pg 2

19. DID A NEW MALIGNANCY, LYMPHOPROLIFERATIVE OR MYELOPROLIFERATIVE DISORDER OCCUR?
Different from the disease for which HSCT performed (not recurrence or transformation).
 Yes  No  Unknown
20. For all new malignancies except for "other skin malignancy (basal cell, squamous)", was testing performed to determine the cell of origin?
 Yes  No  the only new malignancy in this reporting period was "other skin malignancy (basal cell, squamous)"
21. If yes, specify the cell origin of the new malignancy:
 Recipient (host)  Donor  Origin unknown
22. If yes, is a copy of the cell origin evaluation (VNTR, cytogenetics, FISH) attached?  Yes  No
If yes, attach a copy of the report with all identifiers removed, except for birth date and ID numbers (reference Q22 on the report)
Specify New Diseases Date of diagnosis: YYYY MM DD
23.  Acute myeloid leukemia (AML/ANLL)
24. Date of diagnosis: \_\_\_\_\_
25.  Other leukemia (including ALL), specify: 27. \_\_\_\_\_
26. Date of diagnosis: \_\_\_\_\_
28.  Breast cancer
29. Date of diagnosis: \_\_\_\_\_
30.  Central nervous system (CNS) malignancy (glioblastoma, astrocytoma) 31. Date of diagnosis: \_\_\_\_\_
32.  Clonal cytogenetic abnormality without leukemia or MDS
33. Date of diagnosis: \_\_\_\_\_
34.  Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine) 35. Date of diagnosis: \_\_\_\_\_
36.  Genitourinary malignancy (kidney, bladder, ovary, testicle, genitalia, uterus, cervix)
37. Date of diagnosis: \_\_\_\_\_
38.  Hodgkin disease
39. Date of diagnosis: \_\_\_\_\_
40.  Lung cancer
41. Date of diagnosis: \_\_\_\_\_
42.  Lymphoma or lymphoproliferative disease
43. Date of diagnosis: \_\_\_\_\_
44. Is the tumor EBV positive?  Yes  No  Unknown
45.  Melanoma 46. Date of diagnosis: \_\_\_\_\_
47.  Other skin malignancy (basal cell, squamous), specify: 49. \_\_\_\_\_
48. Date of diagnosis: \_\_\_\_\_
50.  Myelodysplasia (MDS)/myeloproliferative (MPS) disorder
51. Date of diagnosis: \_\_\_\_\_
52.  Oropharyngeal cancer (tongue, buccal mucosa)
53. Date of diagnosis: \_\_\_\_\_
54.  Sarcoma 55. Date of diagnosis: \_\_\_\_\_
56.  Thyroid cancer
57. Date of diagnosis: \_\_\_\_\_
58.  Other malignancy, specify: 60. \_\_\_\_\_
59. Date of diagnosis: \_\_\_\_\_
61. Copy of pathology report/documentation attached?  Yes  No
Attach copy of report w/all identifiers removed, except birth date & ID numbers.
>1 new malignancy in this reporting period – copy page and repeat Qs.20-61

SURVIVAL
62. Survival status at latest follow-up:
 Alive  Dead
Latest follow-up: 63. [64.] \_\_\_\_\_  Date of death
65. Main cause of death (check only one main cause):
 Relapse/Progression/Persistent disease
 HSCT related causes (check as many as appropriate):
66.  GVHD 69.  Pulmonary toxicity
67.  Cardiac toxicity 70.  Rejection/Poor graft function
68.  Infection 71.  VOD
72.  Other: 73. \_\_\_\_\_
 New malignancy
 Other: 74. \_\_\_\_\_
 Unknown

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.



# Post-Transplant Essential Data

Note: ">100 Days Report" answer *since last report*  
○ = symbol for answer that is only valid on >d100 evaluation.



CIBMTR Center #: [ ] [ ] [ ] [ ] [ ] [ ] CIBMTR Recipient ID#: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Report represents:  Day 100  6 months  Annual

## POST-HSCT THERAPY (Optional for Non-U.S. Centers)

	Yes	Masked Trial	No	Unk
75. FGF (velaferrin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Imatinib mesylate (Gleevec, Glivec)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. KGF (palifermin, Kevivance)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HSCT FOR NON-MALIGNANT DISEASE ONLY

78. DCI given in this period?  
 Yes, **also complete 'DCI' section on pg 2: starting at Q.110**  
 No, **send only pg 1**

## MALIGNANT DISEASE EVALUATION FOR THIS HSCT (non-malignant disease skip disease evaluation)

79. **WAS A CR EVER ACHIEVED IN RESPONSE TO HSCT (including any therapy planned as of Day 0, excluding any change in therapy in response to disease assessment)?**

- Recipient already in CR at start of preparative regimen (N/Apl)  
 Yes, post-HSCT CR achieved, date:

80. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

First CR date reported previously

- No, never in CR >d100 from HSCT, date assessed:

81. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

Date of best response was previously reported

- Not evaluated

## FIRST RELAPSE OR PROGRESSION AFTER HSCT (in this period, any type, not persistent disease)

- Yes, answer all 3 methods. If used, give the date used and the results.  
 No—(skip to 'Additional Treatment' below)

83. Relapse/progression detected by **molecular method**:

- Yes, Date first seen: 84. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

- No, Date of Assessment: 85. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

Previously reported >d100  Not evaluated

86. Relapse/progression detected by **cytogenetic/FISH method**:

- Yes, Date first seen: 87. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

- No, Date of Assessment: 88. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

Previously reported >d100  Not evaluated

89. Relapse/progression detected by **clinical/hematological method**:

- Yes, Date first seen: 90. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

- No, Date of Assessment: 91. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

Previously reported >d100  Not evaluated

## ADDITIONAL TREATMENT?

92.  Yes  No—(skip to 'Method' Q.97 below)

93.  Yes  No  
 DCI (allo only)  
(also complete 'DCI' section)

94.   **Planned** (given regardless of disease status/assessment post-HSCT)

95.   **Not planned** (given for relapse, progression, or persistent disease)

## METHOD OF LATEST DISEASE ASSESSMENT (record most recent of each)

\* In some circumstances, disease may be detected by molecular or cytogenetic testing, but may not be considered a relapse or progression. It should still be reported.

Method	Disease detected?		
	No	Yes	Not evaluated
Molecular*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

96. [96.] 97. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D  
98. If yes, was the status considered a disease relapse or progression?  Yes  No

## METHOD OF LATEST DISEASE ASSESSMENT/continued

Disease detected? No Yes Not evaluated

Method \_\_\_\_\_  
Date latest assessed: 99. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

Cytogenetic/FISH\*101.     
[100.] 102. If yes, was the status considered a disease relapse or progression?  Yes  No

Date latest assessed: 103. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

Clinical/Hematologic 105.     
[104.] Date latest assessed: 106. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

[107.] If a previous HSCT was performed for a different disease than this HSCT, give status of original disease and date determined:

108.  CR  Not in CR Date: 109. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

## DONOR CELLULAR INFUSION (DCI)

110. Date of **first** DCI: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

111. Total # DCI in 10 weeks \_\_\_\_\_  
Type of cell(s) (check all that apply):

112.  Lymphocytes 113.  Fibroblasts 114.  Dendritic cells

115.  Mesenchymal 116.  Other, specify: 117. \_\_\_\_\_

118. **Indication:**  Treat GVHD  
 Planned  Mixed Chimerism  
 Treat disease  Loss/Decreased Chimerism  
 Treat PTLD, EBV-Lym  Other, specify:  
 Treat viral 119. \_\_\_\_\_

120. Maximum Grade of Acute Graft Versus Host Disease (GVHD):  0  I  II  III  IV  Unknown

121. If another DCI was received in this reporting period, disease status before next DCI:  CR  Not in CR  Not assessed

122. Date of **second** DCI: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Y Y Y Y M M D D

123. Total # DCI in 10 weeks \_\_\_\_\_  
Type of cell(s) (check all that apply):  
124.  Lymphocytes 125.  Fibroblasts 126.  Dendritic cells  
127.  Mesenchymal 128.  Other, specify: 129. \_\_\_\_\_

130. **Indication:**  Treat GVHD  
 Planned  Mixed Chimerism  
 Treat disease  Loss/Decreased Chimerism  
 Treat PTLD, EBV-Lym  Other, specify:  
 Treat viral 131. \_\_\_\_\_

132. Maximum Grade of Acute Graft Versus Host Disease (GVHD):  0  I  II  III  IV  Unknown

133. If another DCI was received in this reporting period, disease status before next DCI:  CR  Not in CR  Not assessed

146. Were there more than 2 instances of DCI infusions in this reporting period?  Yes  No  
If yes, copy this page and continue numbering third, fourth, etc.