

2450: Post-Transplant Essential Data

Registry Use Only Sequence Number:		
Date Received:		
Key Fiel	ds	
Abbreviations used throughout this form and the	ir definitions can be found here: Appendix A	
respond to, a collection of information control number for this project estimated to average 0.85 hours response when collected at 6 at thereafter, including the time for and reviewing the collection of aspect of this collection of information in the collection of information in the collection of information in the collection of informatical numbers.	gency may not conduct or sponsor, and a mation unless it displays a currently valid is 0915-0310. Public reporting burden for sper response when collected at 100 days and 12 months post-transplant, and 1.5 hour reviewing instructions, searching existing information. Send comments regarding the mation, including suggestions for reducis Lane, Room 10-33, Rockville, Maryland, 2 — — — — — — — — — — — — — — — — — —	d OMB control number. The OMB this collection of information is s post-transplant, 1.0 hours per urs per response annually ng data sources, and completing his burden estimate or any other ng this burden, to HRSA Reports

CIBMTR Center Number: CIBMTR Recip	DIENT ID:
Contact person: First Name: ELSE GOTO Last Name	
Last Name: ELSE GOTO Date of This Report	
Date of This Report:	
ELSE GOTO Follow-Up	
Follow-Up: O day 100	
O 6 months O annual	
IF Follow-Up:= annual	
THEN GOTO specify year ELSE GOTO CIBMTR Recipient ID #	
specify year ELSE GOTO CIBMTR Recipient ID #	
Recipient Identification CIBMTR Recipient ID:	-
Date of Birth:	
TYYYY MM DD ELSE GOTO Gender	
Gender: O male	
O female	
ELSE GOTO Disease	
Disease: ELSE GOTO Allogeneic	
(Check all that apply) Donor Type	
□ Allogeneic	
ELSE GOTO Autologous	
☐ Autologous ELSE GOTO Chronological # of this HSCT #	
Chronological number of this: HSCT #:	DCI:
Date of HSCT for this follow-up:	
ELSE GOTO Did the recipient receive a subsequent HSCT since	the date of contact from the last report?
Did the recipient receive a subsequent HSCT since the date of conta o yes	act from the last report?
O no IF Did the recipient receive a subsequent HSCT since the date of THEN GOTO (1) Is 'Date of HSCT' same as date given on Pre-TE ELSE GOTO Date of subsequent HSCT	
Date of subsequent HSCT:YYYY DD	
YYYY MM DD ELSE GOTO Was the subsequent HSCT indication autolo	

	Was the subsequent HSCT indication autologous rescue? O yes O no ELSE GOTO (1) Is 'Date of HSCT' same as date given on Pre-TED?	
	100 Day Report Only	Questions: 1-7
1	Is 'Date of HSCT' same as date given on Pre-TED? O yes O no ELSE GOTO (2) Was HSCT Infusion given?	
2	Was HSCT Infusion given? O yes O no IF (2) Was HSCT Infusion given?:= no THEN GOTO (3) At least 1 dose of the prep regimen was given? ELSE GOTO (8) Was ≥0.5 x 10 ⁹ /L achieved for 3 consecutive labs?	
	 3 At least 1 dose of the prep regimen was given? O yes O no ELSE GOTO (4) Patient died during prep regimen? 	
	4 Patient died during prep regimen? O yes O no IF (4) Patient died during prep regimen?:= yes THEN GOTO (62) Survival status at latest follow-up: ELSE GOTO (5) This HSCT is cancelled?	
	5 This HSCT is cancelled? O yes O no IF (5) This HSCT is cancelled?:= yes THEN GOTO (62) Survival status at latest follow-up:	

CIBMTR Recipient ID: ___ __ __ __ __ __ __ __ ___

ELSE GOTO (6) This HSCT is postponed?

IF (6) This HSCT is postponed?:= yes THEN GOTO (7) New estimated date:

7 New estimated date:

ELSE GOTO (8) Was ≥0.5 x 109/L achieved for 3 consecutive labs?

ELSE GOTO (8) Was ≥0.5 x 10⁹/L achieved for 3 consecutive labs?

6 This HSCT is postponed?

 \mathbf{O} yes O no

CIBMTR Center Number: ___ __ __ ___

CIBMTR Center Number:	CIBMTR Recipient ID:	
Initia	al ANC Recovery	Questions: 8-11
Note: ">100 Days Report" answer sind	ce last report	
8 Was ≥0.5 x 10 ⁹ /L achieved for 3 cons O yes O no O never below O previously reported (answer is O unknown IF (8) Was ≥0.5 x 10 ⁹ /L achieved for THEN GOTO (9) First date of 3 con ELSE GOTO (11) Did graft failure o IF (8) Was ≥0.5 x 10 ⁹ /L achieved for THEN GOTO (10) Date of last asses ELSE GOTO (11) Did graft failure o	only valid on > d100 evaluation) r 3 consecutive labs?:= yes secutive labs: occur? r 3 consecutive labs?:= no ssment:	
9 First date of 3 consecutive lab ELSE GOTO (11) Did graft for	YYYY MM DD	
10 Date of last assessment:	MM DD	
11 Did graft failure occur? O yes O no ELSE GOTO (12) Initial platelet re	covery	

Initial Platelet Recovery	Questions: 12-14
(Optional for Non-U.S. Centers)	
O yes O no O never below O previously reported (answer is only valid on > d100 evaluation) O unknown IF (12) Initial platelet recovery:= yes THEN GOTO (13) Date Platelet > 20 x 10 ⁹ /L: ELSE GOTO (15) Maximum Grade of Acute GVHD IF (12) Initial platelet recovery:= no THEN GOTO (14) Date of last assessment: ELSE GOTO (15) Maximum Grade of Acute GVHD	
13 Date Platelet > 20 x 10 ⁹ /L:	

CIBMTR Center Number:	CIBMTR Recipient ID:	
Graft versus	s Host Disease (Allo only)	Questions: 15-18
15 Maximum Grade of Acute GVHD O 0 O I O II O III O IV O Present, grade unknown ELSE GOTO (16) Maximum exten	nt of Chronic GVHD during this period:	
THEN GOTO (17) Date of diagnos ELSE GOTO (19) New malignanc	ic GVHD during this period::= limited sis of chronic GVHD: y or disorder? ic GVHD during this period::= extensivents of chronic GVHD:	e
	C GVHD: YYYY MM DD ed from last report (answer is only valid	l on > d100 evaluation)
18 Continued from last report (O yes O no ELSE GOTO (19) New mal	(answer is only valid on > d100 evaluation)	
New Malignancy, Lymphop	roliferative or Myeloproliferative Disord	ler Questions: 19-61
19 Did a new malignancy lymphoproli	ferative or myeloproliferative disorder app	ear that is different from the disease for which

New Malignancy, Lymphoproliferative or Myeloproliferative Disorder	Questions: 19-61
19 Did a new malignancy, lymphoproliferative or myeloproliferative disorder appear that is diff the HSCT was performed? O yes O no IF (19) New malignancy or disorder?:= no THEN GOTO (62) Survival status at latest follow-up: ELSE GOTO (20) For all new malignancies except for "other skin malignancy (basal operformed to determine the cell of origin?	
 For all new malignancies except for "other skin malignancy (basal cell, squamous), determine the cell of origin? O yes O no O the only new malignancy in this reporting period was "other skin malignancy IF (20) For all new malignancies except for "other skin malignancy (basal cell performed to determine the cell of origin?:= yes THEN GOTO (21) Specify the cell origin of the new malignancy: ELSE GOTO (23) Acute myeloid leukemia (AML / ANLL) 	(basal cell, squamous)"
 Specify the cell origin of the new malignancy: O recipient (host) O donor O origin unknown ELSE GOTO (22) Is a copy of the cell origin evaluation (VNTR, cytogen 	etics, FISH) attached?

O yes
O no
ELSE GOTO (23) Acute myeloid leukemia (AML / ANLL)
cify which new disease(s) occurred:
e myeloid leukemia (AML / ANLL)
yes
) no
3) Acute myeloid leukemia (AML / ANLL):= yes
N GOTO (24) Date of diagnosis
E GOTO (25) Other leukemia, including ALL
M. Dete of diameters
24 Date of diagnosis
ELSE GOTO (25) Other leukemia, including ALL
er leukemia, including ALL
O yes O no
5) Other leukemia, including ALL:= yes
N GOTO (26) Date of diagnosis
E GOTO (28) Breast cancer
E GOTO (20) Breast cancer
26 Date of diagnosis
YYYY MM DD ELSE GOTO (27) Specify other leukemia
LEGE GOTO (27) Opening other loakering
7 Specify other leukemia:
ELSE GOTO (28) Breast cancer
ast cancer
) yes
) no
8) Breast cancer:= yes
N GOTO (29) Date of diagnosis
E GOTO (30) CNS malignancy
29 Date of diagnosis YYYY
ELSE GOTO (30) CNS malignancy
tral nervous system (CNS) malignancy (glioblastoma, astrocytoma)
) yes
) no
0) CNS malignancy:= yes
N GOTO (31) Date of diagnosis
E GOTO (32) Clonal cytogenetic abnormality
81 Date of diagnosis
YYYY MM DD
ELSE GOTO (32) Clonal cytogenetic abnormality
al cytogenetic abnormality without leukemia or MDS
yes
) no
2) Clonal cytogenetic abnormality:= yes
N GOTO (33) Date of diagnosis
E GOTO (34) Gastrointestinal malignancy
12. Data of diagnosis
33 Date of diagnosis DD
ELSE GOTO (34) Gastrointestinal malignancy

CIBMTR Center Number:	CIBMTR Recipient ID:
O yes O no IF (34) Gastrointestin	
THEN GOTO (35) Dat ELSE GOTO (36) Gen	e of diagnosis itourinary malignancy
35 Date of diagno	sis
ELSE GOTO (36) Genitourinary malignancy
36 Genitourinary malignal O yes O no IF (36) Genitourinary THEN GOTO (37) Dat ELSE GOTO (38) Hod	e of diagnosis
37 Date of diagno	YYYY MM DD
•	38) Hodgkin disease
38 Hodgkin disease O yes O no IF (38) Hodgkin disea THEN GOTO (39) Dat ELSE GOTO (40) Lun	e of diagnosis
39 Date of diagno	sis
40 Lung cancer O yes O no IF (40) Lung cancer:= THEN GOTO (41) Dat ELSE GOTO (42) Lym	
41 Date of diagno	sis
ELSE GOTO (12) Lymphoma or Lymphoproliferative disease
42 Lymphoma or lymphop O yes O no IF (42) Lymphoma or THEN GOTO (43) Dat ELSE GOTO (45) Mel	Lymphoproliferative disease:= yes e of diagnosis
43 Date of diagno	sis YYYY
44 Is the tumor EE O yes O no O unknowr ELSE GOTO (4	1

CIBMTR Center Number:	CIBMTR Recipient ID:
45 Melanoma O yes O no IF (45) Melanoma:= yes THEN GOTO (46) Date of diagnosis ELSE GOTO (47) Other skin malignanc	y
46 Date of diagnosis <u>YYYY</u> ELSE GOTO (47) Other skin mal	
47 Other skin malignancy (basal cell, squam O yes O no IF (47) Other skin malignancy:= yes THEN GOTO (48) Date of diagnosis ELSE GOTO (50) MDS/MPS	ous)
48 Date of diagnosis	
ELSE GOTO (49) Specify other s	
49 Specify other skin malignancy:	
50 Myelodysplasia (MDS) / myeloproliferative O yes O no IF (50) MDS/MPS:= yes THEN GOTO (51) Date of diagnosis ELSE GOTO (52) Oropharyngeal cance	
51 Date of diagnosis <u> YYYY</u> ELSE GOTO (52) Oropharyngea	 MM DD I cancer
52 Oropharyngeal cancer (tongue, buccal mo O yes O no IF (52) Oropharyngeal cancer:= yes THEN GOTO (53) Date of diagnosis ELSE GOTO (54) Sarcoma	
53 Date of diagnosis	
54 Sarcoma O yes O no IF (54) Sarcoma:= yes THEN GOTO (55) Date of diagnosis ELSE GOTO (56) Thyroid cancer	
55 Date of diagnosis	
56 Thyroid cancer O yes O no IF (56) Thyroid cancer:= yes THEN GOTO (57) Date of diagnosis ELSE GOTO (58) Other new malignanc	y

CIBMTR Center Number:	CIBMTR Recipient ID:
57 Date of diagnosis	
ELSE GOTO (58) Other new mali	gnancy
O ther new malignancy O yes O no IF (58) Other new malignancy:= yes THEN GOTO (59) Date of diagnosis ELSE GOTO (61) Is a report attached?	
59 Date of diagnosis	MM DD
60 Specify other new malignancy:	
61 Is a pathology / autopsy report or other doc O yes O no ELSE GOTO (62) Survival status at lates	

Survival	Questions: 62-74
62 Survival status at latest follow-up: O alive O dead IF (62) Survival status at latest follow-up::= dead THEN GOTO (64) Date of death: ELSE GOTO (65) Main cause of death (check only one main cause): IF (62) Survival status at latest follow-up::= alive THEN GOTO (63) Latest follow-up: ELSE GOTO (65) Main cause of death (check only one main cause): 63 Latest follow-up:	
64 Date of death:	
O Other O unknown IF (65) Main cause of death (check only one main cause)::= HSCT related causes THEN GOTO (66) GVHD ELSE GOTO (75) FGF (velafermin)? IF (65) Main cause of death (check only one main cause)::= Other THEN GOTO (74) Other, specify ELSE GOTO (75) FGF (velafermin)?	
(Check as many as appropriate): 66 GVHD O yes O no ELSE GOTO (67) Cardiac toxicity	

Post-HSCT Therapy	Questions: 75-77
(Optional for Non-U.S. Centers)	
75 FGF (velafermin)? O yes O masked trial O no O unknown ELSE GOTO (76) Imatinib mesylate (Gleevec, Glivec)?	
76 Imatinib mesylate (Gleevec, Glivec)? O yes O masked trial O no O unknown ELSE GOTO (77) KGF (palifermin, Kepivance)?	
77 KGF (palifermin, Kepivance)? O yes O masked trial O no O unknown ELSE GOTO (78) DCI given in this period?	

74 Specify:

ELSE GOTO (75) FGF (velafermin)?

HSCT for Non-Malignancy Disease Only	Questions: 78-78
78 DCI given in this period? O yes O no IF (78) DCI given in this period?:= yes THEN GOTO (110) Date of DCI: ELSE GOTO End of Form	

CIBMTR Recipient ID:

Malignant Disease Evaluation for this HSCT Questions: 79-81 79 Was a CR ever achieved in response to HSCT (including any therapy as of Day 0, excluding any change in therapy in response to disease assessment)? O Recipient already in CR at start of preparative regimen (N/Apl) O Yes, post-HSCT CR achieved O No, never in CR from HSCT O not evaluated IF (79) Was a CR ever achieved in response to HSCT (including any therapy as of Day 0, excluding any change in therapy in response to disease assessment)?:= Yes, post-HSCT CR achieved THEN GOTO (80) Date post-HSCT CR achieved ELSE GOTO (82) First relapse or progression after HSCT IF (79) Was a CR ever achieved in response to HSCT (including any therapy as of Day 0, excluding any change in therapy in response to disease assessment)?:= No, never in CR from HSCT THEN GOTO (81) Date assessed: ELSE GOTO (82) First relapse or progression after HSCT ☐ First CR date reported previously (answer is only valid on > 80 Date: YYYY d100 evaluation) MM DD **ELSE GOTO First CR date reported** ELSE GOTO (82) First relapse or progression after HSCT previously (answer is only valid on > d100 evaluation)

81 Date assessed: DD ELSE GOTO best response previously reported	☐ Date of best response w ELSE GOTO (82) First rela	as previously reported apse or progression after HSCT
First Relapse or Progression After H	SCT	Questions: 82-91
(in this period, any type, not persistent disease) 82 First relapse or progression after HSCT O yes O no IF (82) First relapse or progression after HSCT:= yes THEN GOTO (83) Relapse/progression detected by mole ELSE GOTO (92) Additional treatment	cular method:	
If yes, answer all 3 methods. If used, give the da 83 Relapse/progression detected by molecular method: O yes O no O previously reported (answer is only valid on > O not evaluated IF (83) Relapse/progression detected by molecular	d100 evaluation)	
THEN GOTO (84) Date first seen: ELSE GOTO (86) Relapse/progression detected by IF (83) Relapse/progression detected by molecular THEN GOTO (85) Date of Assessment: ELSE GOTO (86) Relapse/progression detected by Molecular THEN GOTO (86) Relapse/progression detected by Molecular	y cytogenetic/FISH method ar method::= no y cytogenetic/FISH method	

CIBMTR Center Number:

CIBMTR Center Number: CIBMTR Recipient ID:	
84 Date first seen:	
ELSE GOTO (86) Relapse/progression detected by cytogenetic/FISH method:	
85 Date of Assessment:	
ELSE GOTO (86) Relapse/progression detected by cytogenetic/FISH method:	
 86 Relapse/progression detected by cytogenetic/FISH method: O yes O no 	
 O previously reported (answer is only valid on > d100 evaluation) O not evaluated 	
IF (86) Relapse/progression detected by cytogenetic/FISH method::= yes THEN GOTO (87) Date first seen: ELSE GOTO (89) Relapse/progression detected by clinical/hematological method:	
IF (86) Relapse/progression detected by cytogenetic/FISH method::= no THEN GOTO (88) Date of Assessment: ELSE GOTO (89) Relapse/progression detected by clinical/hematological method:	
87 Date first seen:	
ELSE GOTO (89) Relapse/progression detected by clinical/hematological method:	
88 Date of Assessment:	
88 Date of Assessment:	
89 Relapse/progression detected by clinical/hematological method: O yes	
 O no O previously reported (answer is only valid on > d100 evaluation) 	
O not evaluated IF (89) Relapse/progression detected by clinical/hematological method::= yes	
THEN GOTO (90) Date first seen:	
ELSE GOTO (92) Additional treatment IF (89) Relapse/progression detected by clinical/hematological method::= no	
THEN GOTO (91) Date of Assessment: ELSE GOTO (92) Additional treatment	
90 Date first seen:	
ELSE GOTO (92) Additional treatment	
91 Date of Assessment:	
ELSE GOTO (92) Additional treatment	

Additional Treatment	Questions: 92-95
92 Additional treatment O yes O no IF (92) Additional treatment:= yes THEN GOTO (93) DCI (allo only) ELSE GOTO (96) Molecular *	

CIBMTR C	enter Numb	er: CIBMTR Recipient ID:
	Specify: DCI (allo only	
30	O yes	Go to DCI section questions 110-122
I	O no ELSE GOTO	(94) Planned (given regardless of disease status/assessment post-HSCT)
94	O yes	en regardless of disease status/assessment post-HSCT)
1	O no ELSE GOTO	(95) Not planned (given for relapse, progression, or persistent disease)
95	O yes	(given for relapse, progression, or persistent disease)
ı	O no ELSE GOTO	(96) Molecular *

Method of Latest Disease Assessment	Questions: 96-109
(record most recent of each)	
* In some circumstances, disease may be detected by molecular or cytogenetic test relapse or progression. It should still be reported. 96 Molecular * O yes O no / not evaluated IF (96) Molecular *:= yes THEN GOTO (97) Disease detected? ELSE GOTO (100) Cytogenetic/FISH *	ing, but may not be considered a
97 Disease detected? O yes O no IF (97) Disease detected?:= yes THEN GOTO (98) Status considered disease relapse or progression? ELSE GOTO (99) Date latest assessed:	
 98 If yes, was the status considered a disease relapse or progression? O yes O no ELSE GOTO (99) Date latest assessed: 	
99 Date latest assessed:	
100 Cytogenetic/FISH * O yes O no / not evaluated IF (100) Cytogenetic/FISH *:= yes THEN GOTO (101) Disease detected? ELSE GOTO (104) Clinical/Hematologic 101 Disease detected? O yes O no	
IF (101) Disease detected?:= yes THEN GOTO (102) If yes, was the status considered a disease relapse or prog ELSE GOTO (103) Date latest assessed:	gression?
 102 If yes, was the status considered a disease relapse or progression? O yes O no ELSE GOTO (103) Date latest assessed: 	

CIBMTR Center Number: C	IBMTR Recipient ID:
103 Date latest assessed:	M DD
104 Clinical/Hematologic O yes O no / not evaluated IF (104) Clinical/Hematologic:= yes THEN GOTO (105) Disease detected? ELSE GOTO (107) Previous transplant performed	I for another disease?
105 Disease detected? O yes O no ELSE GOTO (106) Date latest assessed:	
106 Date latest assessed:	
107 Was a previous HSCT performed for a different O yes O no IF (107) Previous transplant performed for anoth THEN GOTO (110) Date of DCI: ELSE GOTO (108) Status of original disease IF (107) Previous transplant performed for anoth THEN GOTO (108) Status of original disease ELSE GOTO End of Form	er disease?:= no AND (93) DCI (allo only):= yes
108 Give status of original diseaseO CRO Not in CRELSE GOTO (109) Date determined	
109 Date determined	

Donor Cellular Infusion (DCI)	Questions: 110-122
Donor Cellular Infusion (DCI)	Questions: 110-121
Post Ted DCI	
110 Date of DCI: YYYY MM DD IF (110) Date of DCI::= EXISTS THEN GOTO (111) Total #DCI in 10 weeks ELSE GOTO End of Form 111 Total #DCI in 10 weeks ELSE GOTO (112) Lymphocytes	
Type of cell(s) (check all that apply):	
112 Lymphocytes O yes	
O no	
ELSE GOTO (113) Fibroblasts	

CIB	MTR Center Number: CIBMTR Recipient ID:
	113 Fibroblasts O yes O no ELSE GOTO (114) Dendritic cells
	114 Dendritic cells O yes O no ELSE GOTO (115) Mesenchymal
	115 Mesenchymal O yes O no ELSE GOTO (116) Other
	116 Other O yes O no IF (116) Other:= yes THEN GOTO (117) Specify: ELSE GOTO (118) Indication:
	117 Specify: ELSE GOTO (118) Indication:
	118 Indication: O Planned O Treat disease O Treat PTLD, EBV-Lym O Treat viral O Treat GVHD O Mixed Chimerism O Loss/Decreased Chimerism O ther IF (118) Indication::= Other THEN GOTO (119) Specify: ELSE GOTO (120) Maximum Grade of Acute Graft Versus Host Disease (GVHD):
	119 Specify: ELSE GOTO (120) Maximum Grade of Acute Graft Versus Host Disease (GVHD):
	120 Maximum Grade of Acute Graft Versus Host Disease (GVHD): O 0 O I O II O III O IV O unknown ELSE GOTO (121) If another DCI was received in this reporting period, disease status before next DCI:
	121 If another DCI was received in this reporting period, disease status before next DCI: O CR O Not in CR O Not assessed ELSE GOTO (122) Were there more than 3 instances of DCI infusions in this reporting period?
	Copy questions 110-121 if needed for Donor Cellular Infusion (DCI)
122	Were there more than 3 instances of DCI infusions in this reporting period?

- O yes O no

ELSE GOTO End of Form