



2450: Post-Transplant Essential Data

Registry Use Only
 Sequence Number: _____

Date Received: _____

Key Fields

Abbreviations used throughout this form and their definitions can be found here: Appendix A

OMB No: 0915-0310
Expiration Date: 12/31/2013
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Sequence Number _____

ELSE GOTO Date Received

Date Received: ____ - ____ - ____
 YYYY MM DD

ELSE GOTO CIBMTR Center #

Center Identification
 CIBMTR Center Number: _____
ELSE GOTO EBMT Code (CIC)

EBMT Code (CIC) _____
ELSE GOTO Hospital

Hospital: _____
ELSE GOTO Unit

- Unit:
(check only one)
- adult
 - hematology
 - oncology
 - pediatric
 - other

IF Unit:= other
THEN GOTO Specify
ELSE GOTO First Name

Specify: _____
ELSE GOTO First Name

Contact person: First Name: _____

ELSE GOTO Last Name

Last Name: _____

ELSE GOTO Date of This Report

Date of This Report: ____-____-____
 YYYY MM DD

ELSE GOTO Follow-Up

Follow-Up:

- day 100
- 6 months
- 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: _____

ELSE GOTO Date of Birth:

Date of Birth: ____-____-____
 YYYY MM DD

ELSE GOTO Gender

Gender:

- male
- 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 #: _____

ELSE GOTO DCI #

DCI: _____

ELSE GOTO Date of HSCT for this follow-up:

Date of HSCT for this follow-up: ____-____-____
 YYYY MM DD

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 contact from the last report?

- yes
- no

IF Did the recipient receive a subsequent HSCT since the date of contact from the last report?:= no

THEN GOTO (1) Is 'Date of HSCT' same as date given on Pre-TED?

ELSE GOTO Date of subsequent HSCT

Date of subsequent HSCT: ____-____-____
 YYYY MM DD

ELSE GOTO Was the subsequent HSCT indication autologous rescue?

Was the subsequent HSCT indication autologous rescue?

- yes
- 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?

- yes
- no

ELSE GOTO (2) Was HSCT Infusion given?

2 Was HSCT Infusion given?

- yes
- 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 $\geq 0.5 \times 10^9/L$ achieved for 3 consecutive labs?

3 At least 1 dose of the prep regimen was given?

- yes
- no

ELSE GOTO (4) Patient died during prep regimen?

4 Patient died during prep regimen?

- yes
- 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?

- yes
- no

IF (5) This HSCT is cancelled?:= yes

THEN GOTO (62) Survival status at latest follow-up:

ELSE GOTO (6) This HSCT is postponed?

6 This HSCT is postponed?

- yes
- no

IF (6) This HSCT is postponed?:= yes

THEN GOTO (7) New estimated date:

ELSE GOTO (8) Was $\geq 0.5 \times 10^9/L$ achieved for 3 consecutive labs?

7 New estimated date: ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (8) Was $\geq 0.5 \times 10^9/L$ achieved for 3 consecutive labs?

Initial ANC Recovery	Questions: 8-11
Note: ">100 Days Report" answer since last report	
<p>8 Was $\geq 0.5 \times 10^9/L$ achieved for 3 consecutive labs? <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> never below <input type="radio"/> previously reported (answer is only valid on > d100 evaluation) <input type="radio"/> unknown</p> <p>IF (8) Was $\geq 0.5 \times 10^9/L$ achieved for 3 consecutive labs?:= yes THEN GOTO (9) First date of 3 consecutive labs: ELSE GOTO (11) Did graft failure occur?</p> <p>IF (8) Was $\geq 0.5 \times 10^9/L$ achieved for 3 consecutive labs?:= no THEN GOTO (10) Date of last assessment: ELSE GOTO (11) Did graft failure occur?</p> <p>9 First date of 3 consecutive labs: — — — — — — — YYYY — — — — MM — — DD</p> <p>ELSE GOTO (11) Did graft failure occur?</p> <p>10 Date of last assessment: — — — — — — — YYYY — — — — MM — — DD</p> <p>ELSE GOTO (11) Did graft failure occur?</p> <p>11 Did graft failure occur? <input type="radio"/> yes <input type="radio"/> no ELSE GOTO (12) Initial platelet recovery</p>	

Initial Platelet Recovery	Questions: 12-14
(Optional for Non-U.S. Centers)	
<p>12 Initial platelet recovery <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> never below <input type="radio"/> previously reported (answer is only valid on > d100 evaluation) <input type="radio"/> unknown</p> <p>IF (12) Initial platelet recovery:= yes THEN GOTO (13) Date Platelet > $20 \times 10^9/L$: ELSE GOTO (15) Maximum Grade of Acute GVHD</p> <p>IF (12) Initial platelet recovery:= no THEN GOTO (14) Date of last assessment: ELSE GOTO (15) Maximum Grade of Acute GVHD</p> <p>13 Date Platelet > $20 \times 10^9/L$: — — — — — — — YYYY — — — — MM — — DD</p> <p>IF (13) Date Platelet > $20 \times 10^9/L$::= EXISTS AND Autologous:= 1 THEN GOTO (19) New malignancy or disorder? ELSE GOTO (15) Maximum Grade of Acute GVHD</p> <p>14 Date of last assessment: — — — — — — — YYYY — — — — MM — — DD</p> <p>IF (14) Date of last assessment::= EXISTS AND Autologous:= 1 THEN GOTO (19) New malignancy or disorder? ELSE GOTO (15) Maximum Grade of Acute GVHD</p>	

Graft versus Host Disease (Allo only)	Questions: 15-18
<p>15 Maximum Grade of Acute GVHD</p> <ul style="list-style-type: none"> <input type="radio"/> 0 <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> Present, grade unknown <p>ELSE GOTO (16) Maximum extent of Chronic GVHD during this period:</p> <p>16 Maximum extent of Chronic GVHD during this period:</p> <ul style="list-style-type: none"> <input type="radio"/> none <input type="radio"/> limited <input type="radio"/> extensive <input type="radio"/> unknown <p>IF (16) Maximum extent of Chronic GVHD during this period::= limited THEN GOTO (17) Date of diagnosis of chronic GVHD: ELSE GOTO (19) New malignancy or disorder?</p> <p>IF (16) Maximum extent of Chronic GVHD during this period::= extensive THEN GOTO (17) Date of diagnosis of chronic GVHD: ELSE GOTO (19) New malignancy or disorder?</p> <p>17 Date of diagnosis of chronic GVHD: ___ ___ ___ - ___ ___ - ___ ___ YYYY MM DD</p> <p>ELSE GOTO (18) Continued from last report (answer is only valid on > d100 evaluation)</p> <p>18 Continued from last report (answer is only valid on > d100 evaluation)</p> <ul style="list-style-type: none"> <input type="radio"/> yes <input type="radio"/> no <p>ELSE GOTO (19) New malignancy or disorder?</p>	

New Malignancy, Lymphoproliferative or Myeloproliferative Disorder	Questions: 19-61
<p>19 Did a new malignancy, lymphoproliferative or myeloproliferative disorder appear that is different from the disease for which the H SCT was performed?</p> <ul style="list-style-type: none"> <input type="radio"/> yes <input type="radio"/> no <p>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 cell, squamous)," was testing performed to determine the cell of origin?</p> <p>20 For all new malignancies except for "other skin malignancy (basal cell, squamous)," was testing performed to determine the cell of origin?</p> <ul style="list-style-type: none"> <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> the only new malignancy in this reporting period was "other skin malignancy (basal cell, squamous)" <p>IF (20) For all new malignancies except for "other skin malignancy (basal cell, squamous)," was testing 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)</p> <p>21 Specify the cell origin of the new malignancy:</p> <ul style="list-style-type: none"> <input type="radio"/> recipient (host) <input type="radio"/> donor <input type="radio"/> origin unknown <p>ELSE GOTO (22) Is a copy of the cell origin evaluation (VNTR, cytogenetics, FISH) attached?</p>	

22 Is a copy of the cell origin evaluation (VNTR, cytogenetics, FISH) attached?

- yes
- no

ELSE GOTO (23) Acute myeloid leukemia (AML / ANLL)

Specify which new disease(s) occurred:

23 Acute myeloid leukemia (AML / ANLL)

- yes
- no

IF (23) Acute myeloid leukemia (AML / ANLL):= yes

THEN GOTO (24) Date of diagnosis

ELSE GOTO (25) Other leukemia, including ALL

24 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (25) Other leukemia, including ALL

25 Other leukemia, including ALL

- yes
- no

IF (25) Other leukemia, including ALL:= yes

THEN GOTO (26) Date of diagnosis

ELSE GOTO (28) Breast cancer

26 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (27) Specify other leukemia

27 Specify other leukemia: _____

ELSE GOTO (28) Breast cancer

28 Breast cancer

- yes
- no

IF (28) Breast cancer:= yes

THEN GOTO (29) Date of diagnosis

ELSE GOTO (30) CNS malignancy

29 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (30) CNS malignancy

30 Central nervous system (CNS) malignancy (glioblastoma, astrocytoma)

- yes
- no

IF (30) CNS malignancy:= yes

THEN GOTO (31) Date of diagnosis

ELSE GOTO (32) Clonal cytogenetic abnormality

31 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (32) Clonal cytogenetic abnormality

32 Clonal cytogenetic abnormality without leukemia or MDS

- yes
- no

IF (32) Clonal cytogenetic abnormality:= yes

THEN GOTO (33) Date of diagnosis

ELSE GOTO (34) Gastrointestinal malignancy

33 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (34) Gastrointestinal malignancy

34 Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine)

- yes
- no

IF (34) Gastrointestinal malignancy:= yes
THEN GOTO (35) Date of diagnosis
ELSE GOTO (36) Genitourinary malignancy

35 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (36) Genitourinary malignancy

36 Genitourinary malignancy (kidney, bladder, ovary, testicle, genitalia, uterus, cervix)

- yes
- no

IF (36) Genitourinary malignancy:= yes
THEN GOTO (37) Date of diagnosis
ELSE GOTO (38) Hodgkin disease

37 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (38) Hodgkin disease

38 Hodgkin disease

- yes
- no

IF (38) Hodgkin disease:= yes
THEN GOTO (39) Date of diagnosis
ELSE GOTO (40) Lung cancer

39 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (40) Lung cancer

40 Lung cancer

- yes
- no

IF (40) Lung cancer:= yes
THEN GOTO (41) Date of diagnosis
ELSE GOTO (42) Lymphoma or Lymphoproliferative disease

41 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (42) Lymphoma or Lymphoproliferative disease

42 Lymphoma or lymphoproliferative disease

- yes
- no

IF (42) Lymphoma or Lymphoproliferative disease:= yes
THEN GOTO (43) Date of diagnosis
ELSE GOTO (45) Melanoma

43 Date of diagnosis ___ ___ ___ ___ - ___ ___ - ___ ___
 YYYY MM DD

ELSE GOTO (44) Is the tumor EBV positive?

44 Is the tumor EBV positive?

- yes
- no
- unknown

ELSE GOTO (45) Melanoma

45 Melanoma

- yes
- no

IF (45) Melanoma:= yes
THEN GOTO (46) Date of diagnosis
ELSE GOTO (47) Other skin malignancy

46 Date of diagnosis __ __ __ __ - __ __ - __ __
 YYYY MM DD

ELSE GOTO (47) Other skin malignancy

47 Other skin malignancy (basal cell, squamous)

- yes
- no

IF (47) Other skin malignancy:= yes
THEN GOTO (48) Date of diagnosis
ELSE GOTO (50) MDS/MPS

48 Date of diagnosis __ __ __ __ - __ __ - __ __
 YYYY MM DD

ELSE GOTO (49) Specify other skin malignancy

49 Specify other skin malignancy: _____

ELSE GOTO (50) MDS/MPS

50 Myelodysplasia (MDS) / myeloproliferative (MPS) disorder

- yes
- no

IF (50) MDS/MPS:= yes
THEN GOTO (51) Date of diagnosis
ELSE GOTO (52) Oropharyngeal cancer

51 Date of diagnosis __ __ __ __ - __ __ - __ __
 YYYY MM DD

ELSE GOTO (52) Oropharyngeal cancer

52 Oropharyngeal cancer (tongue, buccal mucosa)

- yes
- no

IF (52) Oropharyngeal cancer:= yes
THEN GOTO (53) Date of diagnosis
ELSE GOTO (54) Sarcoma

53 Date of diagnosis __ __ __ __ - __ __ - __ __
 YYYY MM DD

ELSE GOTO (54) Sarcoma

54 Sarcoma

- yes
- no

IF (54) Sarcoma:= yes
THEN GOTO (55) Date of diagnosis
ELSE GOTO (56) Thyroid cancer

55 Date of diagnosis __ __ __ __ - __ __ - __ __
 YYYY MM DD

ELSE GOTO (56) Thyroid cancer

56 Thyroid cancer

- yes
- no

IF (56) Thyroid cancer:= yes
THEN GOTO (57) Date of diagnosis
ELSE GOTO (58) Other new malignancy

57 Date of diagnosis __ __ __ __ - __ __ - __ __
 YYYY MM DD
ELSE GOTO (58) Other new malignancy

58 Other new malignancy
 yes
 no
IF (58) Other new malignancy:= yes
THEN GOTO (59) Date of diagnosis
ELSE GOTO (61) Is a report attached?

59 Date of diagnosis __ __ __ __ - __ __ - __ __
 YYYY MM DD
ELSE GOTO (60) Specify other new malignancy

60 Specify other new malignancy: _____
ELSE GOTO (61) Is a report attached?

61 Is a pathology / autopsy report or other documentation attached?
 yes
 no
ELSE GOTO (62) Survival status at latest follow-up:

Survival	Questions: 62-74
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62 Survival status at latest follow-up:
 alive
 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: __ __ __ __ - __ __ - __ __
 YYYY MM DD
ELSE GOTO (75) FGF (velafermin)?

64 Date of death: __ __ __ __ - __ __ - __ __
 YYYY MM DD
ELSE GOTO (65) Main cause of death (check only one main cause):

65 Main cause of death (check only one main cause):
 Relapse/Progression/Persistent disease
 HSCT related causes
 new malignancy
 Other
 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
 yes
 no
ELSE GOTO (67) Cardiac toxicity

67 Cardiac toxicity

- yes
 no

ELSE GOTO (68) Infection

68 Infection

- yes
 no

ELSE GOTO (69) Pulmonary toxicity

69 Pulmonary toxicity

- yes
 no

ELSE GOTO (70) Rejection/Poor graft function

70 Rejection/Poor graft function

- yes
 no

ELSE GOTO (71) VOD

71 VOD

- yes
 no

ELSE GOTO (72) Other

72 Other

- yes
 no

IF (72) Other:= yes**THEN GOTO (73) Specify:****ELSE GOTO (75) FGF (velafermin)?**73 Specify: _____
ELSE GOTO (75) FGF (velafermin)?74 Specify: _____
ELSE GOTO (75) FGF (velafermin)?**Post-HSCT Therapy**

Questions: 75-77

(Optional for Non-U.S. Centers)

75 FGF (velafermin)?

- yes
 masked trial
 no
 unknown

ELSE GOTO (76) Imatinib mesylate (Gleevec, Glivec)?

76 Imatinib mesylate (Gleevec, Glivec)?

- yes
 masked trial
 no
 unknown

ELSE GOTO (77) KGF (palifermin, Kepivance)?

77 KGF (palifermin, Kepivance)?

- yes
 masked trial
 no
 unknown

ELSE GOTO (78) DCI given in this period?

HSCT for Non-Malignancy Disease Only	Questions: 78-78
<p>78 DCI given in this period? <input type="radio"/> yes <input type="radio"/> no IF (78) DCI given in this period?:= yes THEN GOTO (110) Date of DCI: ELSE GOTO End of Form</p>	

Malignant Disease Evaluation for this HSCT	Questions: 79-81
<p>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)? <input type="radio"/> Recipient already in CR at start of preparative regimen (N/Apl) <input type="radio"/> Yes, post-HSCT CR achieved <input type="radio"/> No, never in CR from HSCT <input type="radio"/> 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</p> <p>80 Date: ___ ___ ___ - ___ ___ - ___ ___ YYYY MM DD <input type="checkbox"/> First CR date reported previously (answer is only valid on > d100 evaluation) ELSE GOTO First CR date reported previously ELSE GOTO (82) First relapse or progression after HSCT (answer is only valid on > d100 evaluation)</p> <p>81 Date assessed: ___ ___ ___ - ___ ___ - ___ ___ <input type="checkbox"/> Date of best response was previously reported YYYY MM DD ELSE GOTO (82) First relapse or progression after HSCT ELSE GOTO best response previously reported</p>	

First Relapse or Progression After HSCT	Questions: 82-91
<p>(in this period, any type, not persistent disease) 82 First relapse or progression after HSCT <input type="radio"/> yes <input type="radio"/> no IF (82) First relapse or progression after HSCT:= yes THEN GOTO (83) Relapse/progression detected by molecular method: ELSE GOTO (92) Additional treatment</p> <p style="margin-left: 40px;">If yes, answer all 3 methods. If used, give the date used and the results.</p> <p>83 Relapse/progression detected by molecular method: <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> previously reported (answer is only valid on > d100 evaluation) <input type="radio"/> not evaluated IF (83) Relapse/progression detected by molecular method::= yes THEN GOTO (84) Date first seen: ELSE GOTO (86) Relapse/progression detected by cytogenetic/FISH method: IF (83) Relapse/progression detected by molecular method::= no THEN GOTO (85) Date of Assessment: ELSE GOTO (86) Relapse/progression detected by cytogenetic/FISH method:</p>	

84 Date first seen: ____-____-____
 YYYY MM DD
ELSE GOTO (86) Relapse/progression detected by cytogenetic/FISH method:

85 Date of Assessment: ____-____-____
 YYYY MM DD
ELSE GOTO (86) Relapse/progression detected by cytogenetic/FISH method:

86 Relapse/progression detected by cytogenetic/FISH method:
 yes
 no
 previously reported (answer is only valid on > d100 evaluation)
 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: ____-____-____
 YYYY MM DD
ELSE GOTO (89) Relapse/progression detected by clinical/hematological method:

88 Date of Assessment: ____-____-____
 YYYY MM DD
ELSE GOTO (89) Relapse/progression detected by clinical/hematological method:

89 Relapse/progression detected by clinical/hematological method:
 yes
 no
 previously reported (answer is only valid on > d100 evaluation)
 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: ____-____-____
 YYYY MM DD
ELSE GOTO (92) Additional treatment

91 Date of Assessment: ____-____-____
 YYYY MM DD
ELSE GOTO (92) Additional treatment

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

Specify:

93 DCI (allo only)
 yes **Go to DCI section questions 110-122**
 no
ELSE GOTO (94) Planned (given regardless of disease status/assessment post-HSCT)

94 Planned (given regardless of disease status/assessment post-HSCT)
 yes
 no
ELSE GOTO (95) Not planned (given for relapse, progression, or persistent disease)

95 Not planned (given for relapse, progression, or persistent disease)
 yes
 no
ELSE GOTO (96) Molecular *

Method of Latest Disease Assessment	Questions: 96-109
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(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.**

96 Molecular *
 yes
 no / not evaluated
IF (96) Molecular *:= yes
THEN GOTO (97) Disease detected?
ELSE GOTO (100) Cytogenetic/FISH *

97 Disease detected?
 yes
 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?
 yes
 no
ELSE GOTO (99) Date latest assessed:

99 Date latest assessed: ___ ___ ___ ___ - ___ ___ - ___ ___
YYYY MM DD
ELSE GOTO (100) Cytogenetic/FISH *

100 Cytogenetic/FISH *
 yes
 no / not evaluated
IF (100) Cytogenetic/FISH *:= yes
THEN GOTO (101) Disease detected?
ELSE GOTO (104) Clinical/Hematologic

101 Disease detected?
 yes
 no
IF (101) Disease detected?:= yes
THEN GOTO (102) If yes, was the status considered a disease relapse or progression?
ELSE GOTO (103) Date latest assessed:

102 If yes, was the status considered a disease relapse or progression?
 yes
 no
ELSE GOTO (103) Date latest assessed:

103 Date latest assessed: ____-____-____
YYYY MM DD
ELSE GOTO (104) Clinical/Hematologic

104 Clinical/Hematologic
 yes
 no / not evaluated
IF (104) Clinical/Hematologic:= yes
THEN GOTO (105) Disease detected?
ELSE GOTO (107) Previous transplant performed for another disease?

105 Disease detected?
 yes
 no
ELSE GOTO (106) Date latest assessed:

106 Date latest assessed: ____-____-____
YYYY MM DD
ELSE GOTO (107) Previous transplant performed for another disease?

107 Was a previous HSCT performed for a different disease than this HSCT?
 yes
 no
IF (107) Previous transplant performed for another disease?:= no AND (93) DCI (allo only):= yes
THEN GOTO (110) Date of DCI:
ELSE GOTO (108) Status of original disease
IF (107) Previous transplant performed for another disease?:= yes AND (93) DCI (allo only):= no
THEN GOTO (108) Status of original disease
ELSE GOTO End of Form

108 Give status of original disease
 CR
 Not in CR
ELSE GOTO (109) Date determined

109 Date determined ____-____-____
YYYY MM DD
IF (109) Date determined:= EXISTS AND (93) DCI (allo only):= Y
THEN GOTO (110) Date of DCI:
ELSE GOTO End of Form

Donor Cellular Infusion (DCI)	Questions: 110-122
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Donor Cellular Infusion (DCI)	Questions: 110-121
Post Ted DCI	
<p>110 Date of DCI: ____-____-____ <small>YYYY MM DD</small> IF (110) Date of DCI::= EXISTS THEN GOTO (111) Total #DCI in 10 weeks ELSE GOTO End of Form</p> <p>111 Total #DCI in 10 weeks _____ ELSE GOTO (112) Lymphocytes</p> <p>Type of cell(s) (check all that apply):</p> <p>112 Lymphocytes <input type="radio"/> yes <input type="radio"/> no ELSE GOTO (113) Fibroblasts</p>	

113 Fibroblasts

- yes
 no

ELSE GOTO (114) Dendritic cells

114 Dendritic cells

- yes
 no

ELSE GOTO (115) Mesenchymal

115 Mesenchymal

- yes
 no

ELSE GOTO (116) Other

116 Other

- yes
 no

IF (116) Other:= yes**THEN GOTO (117) Specify:****ELSE GOTO (118) Indication:**

117 Specify: _____

ELSE GOTO (118) Indication:

118 Indication:

- Planned
 Treat disease
 Treat PTLN, EBV-Lym
 Treat viral
 Treat GVHD
 Mixed Chimerism
 Loss/Decreased Chimerism
 Other

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):

- 0
 I
 II
 III
 IV
 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:

- CR
 Not in CR
 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?

- yes
 no

ELSE GOTO End of Form