



## 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**  
**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 when collected at 100 days post-transplant, 1.0 hours per response when collected at 6 and 12 months post-transplant, and 1.5 hours per response annually thereafter, 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. Expiration date: 12/31/2013

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**



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 <math>\geq 0.5 \times 10^9/L</math> achieved for 3 consecutive labs?</p> <p> <input type="radio"/> yes  <input type="radio"/> no  <input type="radio"/> never below  <input type="radio"/> previously reported (answer is only valid on &gt; d100 evaluation)  <input type="radio"/> unknown                 </p> <p><b>IF (8) Was <math>\geq 0.5 \times 10^9/L</math> achieved for 3 consecutive labs?:= yes</b>  <b>THEN GOTO (9) First date of 3 consecutive labs:</b>  <b>ELSE GOTO (11) Did graft failure occur?</b></p> <p><b>IF (8) Was <math>\geq 0.5 \times 10^9/L</math> achieved for 3 consecutive labs?:= no</b>  <b>THEN GOTO (10) Date of last assessment:</b>  <b>ELSE GOTO (11) Did graft failure occur?</b></p> <p>9 First date of 3 consecutive labs:    ___ ___ ___ ___ - ___ ___ - ___ ___  <span style="margin-left: 100px;">YYYY</span>                   <span style="margin-left: 40px;">MM</span>           <span style="margin-left: 40px;">DD</span></p> <p style="margin-left: 40px;"><b>ELSE GOTO (11) Did graft failure occur?</b></p> <p>10 Date of last assessment:    ___ ___ ___ ___ - ___ ___ - ___ ___  <span style="margin-left: 100px;">YYYY</span>                   <span style="margin-left: 40px;">MM</span>           <span style="margin-left: 40px;">DD</span></p> <p style="margin-left: 40px;"><b>ELSE GOTO (11) Did graft failure occur?</b></p> <p>11 Did <b>graft failure</b> occur?</p> <p> <input type="radio"/> yes  <input type="radio"/> no  <b>ELSE GOTO (12) Initial platelet recovery</b> </p>	

Initial Platelet Recovery	Questions: 12-14
(Optional for Non-U.S. Centers)	
<p>12 Initial platelet recovery</p> <p> <input type="radio"/> yes  <input type="radio"/> no  <input type="radio"/> never below  <input type="radio"/> previously reported (answer is only valid on &gt; d100 evaluation)  <input type="radio"/> unknown                 </p> <p><b>IF (12) Initial platelet recovery:= yes</b>  <b>THEN GOTO (13) Date Platelet &gt; <math>20 \times 10^9/L</math>:</b>  <b>ELSE GOTO (15) Maximum Grade of Acute GVHD</b></p> <p><b>IF (12) Initial platelet recovery:= no</b>  <b>THEN GOTO (14) Date of last assessment:</b>  <b>ELSE GOTO (15) Maximum Grade of Acute GVHD</b></p> <p>13 Date Platelet &gt; <math>20 \times 10^9/L</math>:    ___ ___ ___ ___ - ___ ___ - ___ ___  <span style="margin-left: 100px;">YYYY</span>                   <span style="margin-left: 40px;">MM</span>           <span style="margin-left: 40px;">DD</span></p> <p style="margin-left: 40px;"><b>IF (13) Date Platelet &gt; <math>20 \times 10^9/L</math>::= EXISTS AND Autologous:= 1</b>  <b>THEN GOTO (19) New malignancy or disorder?</b>  <b>ELSE GOTO (15) Maximum Grade of Acute GVHD</b></p> <p>14 Date of last assessment:    ___ ___ ___ ___ - ___ ___ - ___ ___  <span style="margin-left: 100px;">YYYY</span>                   <span style="margin-left: 40px;">MM</span>           <span style="margin-left: 40px;">DD</span></p> <p style="margin-left: 40px;"><b>IF (14) Date of last assessment::= EXISTS AND Autologous:= 1</b>  <b>THEN GOTO (19) New malignancy or disorder?</b>  <b>ELSE GOTO (15) Maximum Grade of Acute GVHD</b></p>	

Graft versus Host Disease (Allo only)	Questions: 15-18
<p>15 Maximum Grade of Acute GVHD</p> <ul style="list-style-type: none"> <li><input type="radio"/> 0</li> <li><input type="radio"/> I</li> <li><input type="radio"/> II</li> <li><input type="radio"/> III</li> <li><input type="radio"/> IV</li> <li><input type="radio"/> Present, grade unknown</li> </ul> <p><b>ELSE GOTO (16) Maximum extent of Chronic GVHD during this period:</b></p> <p>16 Maximum extent of Chronic GVHD during this period:</p> <ul style="list-style-type: none"> <li><input type="radio"/> none</li> <li><input type="radio"/> limited</li> <li><input type="radio"/> extensive</li> <li><input type="radio"/> unknown</li> </ul> <p><b>IF (16) Maximum extent of Chronic GVHD during this period::= limited</b>  <b>THEN GOTO (17) Date of diagnosis of chronic GVHD:</b>  <b>ELSE GOTO (19) New malignancy or disorder?</b></p> <p><b>IF (16) Maximum extent of Chronic GVHD during this period::= extensive</b>  <b>THEN GOTO (17) Date of diagnosis of chronic GVHD:</b>  <b>ELSE GOTO (19) New malignancy or disorder?</b></p> <p>17 Date of diagnosis of chronic GVHD:    ___ ___ ___ - ___ ___ - ___ ___  <span style="margin-left: 100px;">YYYY</span>       <span style="margin-left: 20px;">MM</span>       <span style="margin-left: 20px;">DD</span></p> <p><b>ELSE GOTO (18) Continued from last report (answer is only valid on &gt; d100 evaluation)</b></p> <p>18 Continued from last report (answer is only valid on &gt; d100 evaluation)</p> <ul style="list-style-type: none"> <li><input type="radio"/> yes</li> <li><input type="radio"/> no</li> </ul> <p><b>ELSE GOTO (19) New malignancy or disorder?</b></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"> <li><input type="radio"/> yes</li> <li><input type="radio"/> no</li> </ul> <p><b>IF (19) New malignancy or disorder?:= no</b>  <b>THEN GOTO (62) Survival status at latest follow-up:</b>  <b>ELSE GOTO (20) For all new malignancies except for "other skin malignancy (basal cell, squamous)," was testing performed to determine the cell of origin?</b></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"> <li><input type="radio"/> yes</li> <li><input type="radio"/> no</li> <li><input type="radio"/> the only new malignancy in this reporting period was "other skin malignancy (basal cell, squamous)"</li> </ul> <p><b>IF (20) For all new malignancies except for "other skin malignancy (basal cell, squamous)," was testing performed to determine the cell of origin?:= yes</b>  <b>THEN GOTO (21) Specify the cell origin of the new malignancy:</b>  <b>ELSE GOTO (23) Acute myeloid leukemia (AML / ANLL)</b></p> <p>21 Specify the cell origin of the new malignancy:</p> <ul style="list-style-type: none"> <li><input type="radio"/> recipient (host)</li> <li><input type="radio"/> donor</li> <li><input type="radio"/> origin unknown</li> </ul> <p><b>ELSE GOTO (22) Is a copy of the cell origin evaluation (VNTR, cytogenetics, FISH) attached?</b></p>	



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**





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?**





**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**

<b>Donor Cellular Infusion (DCI)</b>	Questions: 110-122
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Donor Cellular Infusion (DCI)	Questions: 110-121
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Post Ted DCI
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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  
 yes  
 no  
**ELSE GOTO (113) Fibroblasts**

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**