

Post-Transplant Essential Data

Registry Use Only	OMB No: 0915-0310 Expiration Date:
Sequence Number: Date Received:	Public Burden Statement: An agency may not conduct or sponsor, and a person in 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 1.2 hours per response when collected at 100 days post-transplant, 1.15 hours per response when collected at 6 and 12 months post-transplant, and 1.15 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.
CIBMTR Center Number:	
CIBMTR Research ID:	
Event date:	
YYYY MM DD	
HCT type: (check all that apply)	
☐ Autologous	
☐ Allogeneic, unrelated	
☐ Allogeneic, related	
Product type: (check all that apply)	
☐ Bone marrow	
□ PBSC	
☐ Single cord blood unit	
☐ Multiple cord blood units	
☐ Other product	
Specify:	
Visit:	
☐ 100 day	
☐ 6 months	
□ 1 year	
□ 2 years	
□ >2 years,	
Specify:	

CIBMTR Center Number:		enter Number:	CIBMTR Research ID:			
Sur	vival					
Jui	vivai					
1.	Da	ate of actual contact with the recipient to	determine medical status for this follow-up report:			
2.	Sp	pecify the recipient's survival status at th	e date of last contact:			
		Alive - Answers to subsequent questions to question 7	ons should reflect clinical status since the date of last report			
		Dead - Answers to subsequent questi and immediately prior to death - Go to	ons should reflect clinical status between the date of last report question 3			
	3.	Primary cause of death				
		☐ Recurrence / persistence / prowas performed – <i>Go to question</i>	ogression of disease for which the HCT or cellular therapy on 5			
		☐ Acute GVHD – Go to question	5			
		☐ Chronic GVHD – Go to question	15			
		☐ Graft rejection or failure – Go to d	uestion 5			
		☐ Cytokine release syndrome –	Go to question 5			
		Infection				
		☐ Infection, organism not identifi	ed – Go to question 5			
		☐ Bacterial infection – Go to questi	on 5			
		☐ Fungal infection – Go to question	15			
		☐ Viral infection – Go to question 5				
		☐ Protozoal infection – Go to quest	ion 5			
		☐ Other infection – <i>Go to question</i>	4			
		Pulmonary				
		☐ Idiopathic pneumonia syndro	me (IPS) – Go to question 5			
		☐ Pneumonitis due to Cytomega	lovirus (CMV)– Go to question 5			
		\square Pneumonitis due to other virus –	Go to question 5			
		☐ Other pulmonary syndrome (excluding pulmonary hemorrhage) - Go to question 4			
		$\ \square$ Diffuse alveolar damage (with	out hemorrhage) – <i>Go to question 5</i>			
		☐ Adult respiratory distress syn	drome (ARDS) (other than IPS) – <i>Go to question 5</i>			
		Organ failure (not due to GV	HD or infection)			
		☐ Liver failure (not VOD) – Go to	question 5			

CIBMTR Center	Number: CIBMTR Research ID:
	Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) – <i>Go to question 5</i>
	Cardiac failure – Go to question 5
	Pulmonary failure- Go to question 5
	Central nervous system (CNS) failure – Go to question 5
	Renal failure – Go to question 5
	Gastrointestinal (GI) failure (not liver) – Go to question 5
	Multiple organ failure - Go to question 4
	Other organ failure - Go to question 4
M	alignancy
	New malignancy (post-HCT or post-cellular therapy) – Go to question 5
	Prior malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other than the malignancy for which the HCT or cellular therapy was performed) – <i>Go to question 5</i>
Не	emorrhage
	Pulmonary hemorrhage – Go to question 5
	Diffuse alveolar hemorrhage (DAH) – Go to question 5
	Intracranial hemorrhage – Go to question 5
	Gastrointestinal hemorrhage – Go to question 5
	Hemorrhagic cystitis – <i>Go to question 5</i>
	Other hemorrhage - Go to question 4
Va	ascular
	Thromboembolic – <i>Go to question 5</i>
	Disseminated intravascular coagulation (DIC) – Go to question 5
	Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Uremic Syndrome (HUS))– <i>Go to question 5</i>
	Other vascular - Go to question 4
Ot	her
	Accidental death – Go to question 5
	Suicide – Go to question 5
	Other cause - Go to question 4
4.	Specify:
5. Cor	ntributing cause of death
	Recurrence / persistence / progression of disease for which the HCT or cellular therapy was performed – <i>Go to question 7</i>
	Acute GVHD – Go to question 7
	Chronic GVHD – Go to question 7
	Graft rejection or failure – <i>Go to question 7</i>

CIBMTR Center Nur	mber: CIBMTR Research ID:
□ Су	tokine release syndrome – <i>Go to question 7</i>
Infec	etion
□ Infe	ection, organism not identified – <i>Go to question 7</i>
☐ Bac	cterial infection – <i>Go to question</i> 7
☐ Fun	ngal infection – Go to question 7
□ Vira	al infection – Go to question 7
□ Pro	tozoal infection – Go to question 7
☐ Oth	er infection – Go to question 6
Pulm	onary
□ Idio	ppathic pneumonia syndrome (IPS) – <i>Go to question 7</i>
□ Pne	eumonitis due to Cytomegalovirus (CMV) – <i>Go to question 7</i>
□ Pne	eumonitis due to other virus – Go to question 7
□ Ot	her pulmonary syndrome (excluding pulmonary hemorrhage) - Go to question 6
□ Dif	fuse alveolar damage (without hemorrhage) – <i>Go to question</i> 7
□ Adı	ult respiratory distress syndrome (ARDS) (other than IPS) – <i>Go to question 7</i>
Orga	n failure (not due to GVHD or infection)
□ Live	er failure (not VOD) – <i>Go to question 7</i>
□ Vend	o-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) – <i>Go to question</i> 7
☐ Card	diac failure – Go to question 7
☐ Puln	nonary failure– Go to question 7
☐ Cen	tral nervous system (CNS) failure – <i>Go to question 7</i>
□ Ren	al failure – Go to question 7
☐ Gas	trointestinal (GI) failure (not liver) – Go to question 7
☐ Mult	tiple organ failure - Go to question 6
□ Oth	er organ failure - Go to question 6
Malign	
□ New	malignancy (post-HCT or post-cellular therapy) – Go to question 7
	r malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other thar e malignancy for which the HCT or cellular therapy was performed) – Go to question 7
Hemor	rhage
□ Pulm	nonary hemorrhage – <i>Go to question 7</i>
□ Diffu	use alveolar hemorrhage (DAH) – Go to question 7
☐ Intra	acranial hemorrhage – Go to question 7
☐ Gast	rointestinal hemorrhage – <i>Go to question 7</i>
□ Hem	norrhagic cystitis – Go to question 7
□ Othe	er hemorrhage - Go to question 6

Vascular

CIBMTR Cent	nter Number: C	CIBMTR Research ID:
	Thromboembolic – <i>Go to question</i>	7
	Disseminated intravascular coag	ulation (DIC) – Go to question 7
	1 Thrombotic microangiopathy (TM Uremic Syndrome (HUS)) – Go t	A) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic to question 7
	Other vascular - Go to question	6
Ot	Other	
	Accidental death – Go to question	7
	Suicide – Go to question 7	
	Other cause - Go to question 6	
6.	. Specify:	
If reporting n cause.	more than one contributing cause of	death, copy questions 5-6 and complete for each contributing
Subsequent [*]	Transplant	
□ No -	s – Go to question 8 - Go to question 12 e of subsequent HCT:	
	YYYY	MM DD
9. What	t was the indication for subsequent HC7	
	☐ Graft failure / insufficient hematop 2400 for the subsequent HCT – Go to	oietic recovery - Allogeneic HCTs Complete a Pre-TED Form o question 11
	☐ Persistent primary disease – Comquestion 11	pplete a Pre-TED Form 2400 for the subsequent HCT – Go to
	☐ Recurrent primary disease – Comquestion 11	plete a Pre-TED Form 2400 for the subsequent HCT – Go to
	☐ Planned second HCT, per protoco Go to question 11	ol – Complete a Pre-TED Form 2400 for the subsequent HCT –
	☐ New malignancy (including PTLD subsequent HCT- Go to question 1	and EBV lymphoma) – Complete a Pre-TED Form 2400 for the 1
	☐ Insufficient chimerism – Complete question 11	e a Pre-TED Form 2400 for the subsequent HCT – <i>Go to</i>
	☐ Other – Complete a Pre-TED For	m 2400 for the subsequent HCT – Go to question 10
	10. Specify other indication:	

CIBM	/ITR Center Number:	CIBMTR Research ID:
	11.Source of HSCs:	
	☐ Allogeneic, related - A	llogeneic HCTs Complete a Pre-TED Form 2400 for the subsequent HCT
	☐ Allogeneic, unrelated	- Complete a Pre-TED Form 2400 for the subsequent HCT
	☐ Autologous	
12.	Has the recipient received a cell	ular therapy since the date of last report? (e.g. DCI)
	☐ Yes – Go to question 13–	Also complete Cellular Therapy Essential Data Pre-Infusion Form 4000
	□ No – Go to question 14	
	13. Date of cellular therapy:	
Initia	al ANC Recovery	
14.	Was there evidence of initial her	natopoietic recovery?
	☐ Yes (ANC ≥ 500/mm³ achieved	and sustained for 3 lab values) – <i>Go to question 15</i>
	□ No (ANC ≥ 500/mm³ was not a	chieved) – Go to question 16
	☐ Not applicable (ANC never dro Go to question 16	pped below 500/mm³ at any time after the start of the preparative regimen) –
	☐ Previously reported (recipient's question 16	s initial hematopoietic recovery was recorded on a previous report) – Go to
	15Date	ANC ≥ 500/mm³ (first of 3 lab values):
		YYYY MM DD
16.	Did late graft failure occur?	
	□ Yes	
	□ No	
Initia	al Platelet Recovery	
(Opti	ional for Non-U.S. Centers)	
17	Mag an initial platalet agunt > 20	v 10 ⁹ /L pakinyod2
17.	Was an initial platelet count ≥ 20	A 10 /L achieveu?
	☐ Yes – Go to question 18	
	□ No – Go to question 19	and the second helps 20 v 10 g/l . On the second in 10 g/l
	• •	never dropped below 20 x 10 ⁹ /L – Go to question 19
	Previously reported - ≥ 20 x 10	⁹ /L was achieved and reported previously – Go to question 19

CIBMTR Center Number:		enter Number: C	CIBMTR Research ID:						
		18	Date platele	ts ≥ 20 x	10 ⁹ /L:			· ·	
		YYYY	ı	ММ	DD				
Graft	vs. Ho	ost Disease							
This	section	n is for allogeneic HCTs only. If this w	as an auto	ologous I	НСТ, соі	ntinue to	Liver To	oxicity Pro	ophylaxis.
19.	Did	acute GVHD develop since the date of I	ast report?						
	□ Ye	es– Go to question 20							
		o – Go to question 21							
	□ Un	nknown – Go to question 21							
	20.	Date of acute GVHD diagnosis:				G	o to que	estion 22	
			YYYY	MM	1	DD			
21.	Did	acute GVHD persist since the date of la	st report?						
		es– Go to question 29							
		o – Go to question 31							
		nknown – Go to question 31							
	22.	Overall grade of acute GVHD at diagn							
		☐ I - Rash on ≤ 50% of skin, no liver	_						
		☐ II - Rash on > 50% of skin, bilirubi					_	-	
		☐ III - Bilirubin 3-15 mg/dL, or gut stawithout ileus	age 2-4 diai	rhea > 1	000 mL/d	day or se	vere abd	ominal pai	n with or
		☐ IV - Generalized erythroderma wit	h bullous fo	rmation,	or bilirub	in >15 m	g/dL		
		☐ Not applicable (acute GVHD prese	ent but grad	le is not a	applicabl	e)			
		List the stage for each organ at diag	nosis of a	cute GV	HD:				
	23.	Skin:							
		☐ Stage 0 – no rash, no rash attributa	able to acut	e GVHD					
		☐ Stage 1 – maculopapular rash, < 2!	5% of body	surface					
		☐ Stage 2 – maculopapular rash, 25–	-50% of boo	ly surface	е				
		☐ Stage 3 – generalized erythroderm	a, > 50% of	body su	rface				
		☐ Stage 4 – generalized erythroderma	a with bulla	e formati	on and/o	r desqua	mation		
	24.	Lower intestinal tract: (use mL/day for	adult recipi	ents and	mL/m²/d	ay for pe	diatric re	cipients)	

CIBMTR Ce	nter Number: CIBMTR Research ID:
	☐ Stage 0 – no diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day (adult), or < 10 mL/kg/day (pediatric)
	☐ Stage 1 – diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric)
	☐ Stage 2 – diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric)
	☐ Stage 3 – diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric)
	☐ Stage 4 – severe abdominal pain, with or without ileus, and/or grossly bloody stool
25.	Upper intestinal tract:
	☐ Stage 0 – no persistent nausea or vomiting
	☐ Stage 1 – persistent nausea or vomiting
26.	Liver:
	☐ Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L)
	□ Stage 1 – bilirubin 2.0–3.0 mg/dL (34–52 µmol/L)
	☐ Stage 2 – bilirubin 3.1–6.0 mg/dL (53–103 µmol/L)
	☐ Stage 3 – bilirubin 6.1–15.0 mg/dL (104–256 µmol/L)
	□ Stage 4 – bilirubin > 15.0 mg/dL (> 256 μmol/L)
27.	Other site(s) involved with acute GVHD
	☐ Yes – Go to question 28
	□ No – Go to question 29
Spec	fy other site(s):
Spec	fy the maximum overall grade of acute GVHD since the date of last report
29.	Maximum overall grade of acute GVHD:
	☐ I - Rash on ≤ 50% of skin, no liver or gut involvement
	☐ II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 – 1000 mL/day or persistent nausea
	☐ III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without ileus
	☐ IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL
	☐ Not applicable (acute GVHD present but cannot be graded)
	30. Date maximum overall grade of acute GVHD:
	YYYY MM DD

28.

CIBM	ITR Ce	enter Number:	CIBMTR Resea	rch ID:						
		res – Go to questions 32								
	□N	o - Go to question 33								
	□ U	Inknown – Go to question 33								
	32. ques	Date of chronic GVHD diagnosis: _ stions 34			□ Da	te estimated -	- Go to			
			YYYY	MM	DD					
33.	Did	Did chronic GVHD persist since the date of last report?								
	ΠY	es – Go to questions 34								
	□N	o - Go to question 37								
	□ L	Jnknown – Go to question 37								
	Specify the maximum grade of chronic GVHD since the date of last report:									
	34.	Maximum grade of chronic GVHD: (according to best clinical judgment)								
		Mild								
		□ Moderate								
		□ Severe								
		□ Unknown								
	35.	Specify if chronic GVHD was limit	ed or extensive:							
		☐ Limited - localized skin involvement and/or liver dysfunction								
		☐ Extensive – one or more of the	e following:							
		- generalized skin involvement	– generalized skin involvement; or,							
	- liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis									
		- involvement of eye: Schirme	r's test with < 5 mm	wetting; or						
		– involvement of minor salivary	glands or oral muc	cosa demonstr	ated on labia	al biopsy; or				
		 involvement of any other targ 	get organ							
		36. Date of maximum grade of	f chronic GVHD:							
				YYYY	MM	DD				
	37. for a	Is the recipient still taking systemiodults, <0.1 mg/kg/day for children)	c steroids? (Do not	report steroids	for adrenal	insufficiency, ≤	:10 mg/day			
		☐ Yes								
		□ No								
		☐ Not applicable								
		☐ Unknown								

CIBMTR Center Number:		nter Number: CIBMTR Research ID:
3	38.	Is the recipient still taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?
		□ Yes
		□ No
		☐ Not applicable
		☐ Unknown
Liver 1	Гохісі	ity Prophylaxis
39.		s specific therapy used to prevent liver toxicity?
		es – Go to question 40
	□ No	o – Go to question 46
	40.	Defibrotide
		□ Yes
		□ No
	41.	N-acetylcysteine
		□ Yes
		□ No
	42.	Tissue plasminogen activator (TPA)
		□ Yes
		□ No
	43.	Ursodiol
		□ Yes
		□ No
	44.	Other therapy
		☐ Yes – Go to question 45
		□ No – Go to question 46
		45. Specify other therapy:

Veno-occlusive disease (VOD) / Sinusoidal obstruction syndrome (SOS)

Specify if the recipient developed VOD / SOS since the date of last report:

CIBM	ITR C	enter N	Number: CIBMTR Research ID:
46. Did veno-occlusive dis report?			-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last
	ПΥ	es – G	Go to question 47
	□N	lo – G o	o to question 48
	47.	Date (of diagnosis: Go to question 49
	48.		eno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) persist or recur since the date st report?
		□ Y	es
		□ N	o
Name	N		Lawrence and life and in the Manager of the Advantage of
New	Maiig	nancy	, Lymphoproliferative or Myeloproliferative Disease /Disorder
inclu	de rel	lapse,	gnancies that are different than the disease/disorder for which HCT was performed. Do not progression or transformation of the same disease subtype.
49.	diff	erent f	malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease/disorder occur that is rom the disease/disorder for which the HCT or cellular therapy was performed? (include clonal tic abnormalities, and post-transplant lymphoproliferative disorders)
		res – C	Go to question 50
	□ 1	No – G	o to question 57
	repo	rt. The	complete questions 50-56 to report each new malignancy diagnosed since the date of last e submission of a pathology report or other supportive documentation for each reported new y is strongly recommended.
	ΕO	Cno	soif the new malignanes
	50.		ecify the new malignancy:
			Acute myeloid leukemia (AML / ANLL) – Go to question 53
			Other leukemia – <i>Go to question 53</i>
			Myelodysplastic syndrome (MDS) – <i>Go to question 53</i>
			Myeloproliferative neoplasm (MPN) – <i>Go to question 53</i>
			Myelodysplasia / myeloproliferative neoplasm (MDS / MPN)– <i>Go to question 53</i>
			Hodgkin lymphoma – Go to question 52
			Non-Hodgkin lymphoma – <i>Go to question 52</i>
			Post-transplant lymphoproliferative disorder (PTLD)– <i>Go to question 52</i> Clanal cytogonetic abnormality without loukemia or MDS. Go to question 53
			Clonal cytogenetic abnormality without leukemia or MDS – <i>Go to question 53</i>
			Uncontrolled proliferation of donor cells without malignant transformation – <i>Go to question 53</i>
			Breast cancer – <i>Go to question 53</i> Central nervous system (CNS) malignancy (e.g. glioblastoma, astrocytoma) – <i>Go to guestion 53</i>

CIBMTR Cen	er Numb	per: CIBMTR Research ID:
	□ Gast	rointestinal malignancy (e.g. colon, rectum, stomach, pancreas, intestine) – <i>Go to question 53</i>
	☐ Geni questio	tourinary malignancy (e.g. kidney, bladder, ovary, testicle, genitalia, uterus, cervix) – Go to
	☐ Lung	cancer – Go to question 53
	□ Mela	noma – Go to question 53
	□ Basa	l cell skin malignancy – Go to question 53
	□ Squa	mous cell skin malignancy – Go to question 53
	□ Orop	haryngeal cancer (e.g. tongue, buccal mucosa) – <i>Go to question 53</i>
	□ Sarce	oma – Go to question 53
	☐ Thyro	oid cancer – Go to question 53
	□ Othe	r new malignancy – <i>Go to question 51</i>
	51. \$	Specify other new malignancy: Go to question 53
	52. I	s the tumor EBV positive?
	[□ Yes
	[□ No
53.	Date of	diagnosis:
		YYYY MM DD
54.	Was dod	cumentation submitted to the CIBMTR? (e.g. pathology / autopsy report or other documentation)
	□ Yes	
	□ No	
55.	Was the	new malignancy donor / cell product derived?
	☐ Yes -	- Go to question 56
	□ No -	Go to question 57
	□ Not c	lone – Go to question 57
		Vas documentation submitted to the CIBMTR? (e.g. cell origin evaluation (VNTR, cytogenetics, FISH)
	[☐ Yes
	[□ No

Chimerism Studies (Cord Blood Units Only)

This section relates to chimerism studies from allogeneic HCTs using cord blood units only. If this was an autologous HCT, or an allogeneic HCT using a bone marrow or PBSC product, continue to disease assessment.

CIBMTR Center Number:		CIBMTF	Research	ID:		
57.	Were	chimerism studies performed s	since the date of	last report?	ı	
	☐ Yes – Go to question 58					
	No – Go to question 76					
	58.	Was documentation submitted ☐ Yes ☐ No	ed to the CIBMTR	? (e.g. chin	nerism laboratory	reports)
		L No				
	59.	Were chimerism studies asse ☐ Yes ☐ No	essed for more th	an one don	or / multiple dono	ors?
		— 110				
Provi repor		e(s), method(s) and other inf	formation for all	chimerism	studies perforr	ned since the date of last
60.	NMDF	o donor ID:				
61.	NMI	OP cord blood unit ID:				
62.	Non	-NMDP unrelated donor ID:				
63.	Non	-NMDP cord blood unit ID:				
64.	Date o	of birth: (donor / infant)				ge: (donor/infant)
			YYYY	MM	DD	☐ Months
						☐ Years
	65.	Sex (Donor / infant)				
		□ Male				
		☐ Female				
66.	Date	sample collected:			-	
67.	Metl	hod				
	□ Ka	aryotyping for XX/XY– Go to q	uestion 69			
	☐ Flu	orescent in situ hybridization ((FISH) for XX/XY	– Go to qu	iestion 69	
	□ Re	estriction fragment-length poly	morphisms (RFLI	P) – Go to (question 69	
		NTR or STR, micro or mini sate	ellite (also include	e AFLP) – C	30 to question 6	9
	☐ Other – Go to question 68					

CIBM	TR Center Number: CIBMTR Research ID:	
	68. Specify:	
69.	Cell source	
	☐ Bone marrow	
	☐ Peripheral blood	
70.	Cell type	
	☐ Unsorted / whole – Go to question 72	
	☐ Red blood cells – Go to question 74	
	☐ Hematopoietic progenitor cells (CD34+ cells) – Go to question 74	
	☐ Total mononuclear cells (lymphs & monos) – <i>Go to question 74</i>	
	☐ T-cells (includes CD3+, CD4+, and/or CD8+) – Go to question 74	
	☐ B-cells (includes CD19+ or CD20+) – <i>Go to question 74</i>	
	☐ Granulocytes (includes CD33+ myeloid cells) – <i>Go to question 74</i>	
	□ NK cells (CD56+) – Go to question 74	
	☐ Other – Go to question 71	
	71. Specify:	
72.	Total cells examined:	
73.	Number of donor cells: Go to question 76	
74.	Were donor cells detected?	
	☐ Yes - Go to question 75	
	□ No – Go to question 76	
	75. Percent donor cells: %	
Сору	questions 60 – 75 if needed for multiple chimerism studies.	
Disea	se Assessment at the Time of Best Response to HCT	
76.	Compared to the disease status prior to the preparative regimen, what was the best response date of the last report? (Include response to any therapy given for post-HCT maintenance or concept exclude any therapy given for relapsed, persistent, or progressive disease)	
	☐ Continued complete remission (CCR) - Go to question 78	
	☐ Complete remission (CR) - Go to question 78	
	□ Not in complete remission - <i>Go to question 77</i>	
	□ Not evaluated - <i>Go to question 99</i>	

CIBMTR Center Number:		mber: _	CIBMTR Research ID:
77.	Speci	fy disea	ase status if not in complete remission:
☐ Disease detected - Go			letected - Go to question 80
	□ No	diseas	e detected but incomplete evaluation to establish CR - Go to question 80
78.	Was t	he date	of best response previously reported?
	☐ Ye	s - Go t	to question 99
	□ No	- Go to	question 79
	79.	Dato	assessed: — —
	19.	Dale	YYYY MM DD
Spe	cify the	e metho	od(s) used to assess the disease status at the time of best response:
	80.	Was th	ne disease status assessed by molecular testing (e.g. PCR)?
		☐ Yes	- Go to questions 81
		□ No -	- Go to question 83
		□ Not	applicable - Go to question 83
		81.	Date assessed:
		YYYY	MM DD
		82.	Was disease detected?
			□Yes
			□ No
	83.		ne disease status assessed via flow cytometry?
			- Go to question 84
		□ No -	- Go to question 86
		□ Not	applicable - Go to question 86
		84.	Date assessed:
		04.	YYYY MM DD
		85.	Was disease detected?
			□ Yes
			□ No
	86.	Was th	ne disease status assessed by cytogenetic testing (karyotyping or FISH)?
		☐ Yes	- Go to question 87
		□ No -	- Go to question 93

CIBMTR Center Number:			CIBMTR Research ID:			
☐ Not applicab		able - Go to que	estion 93			
87. Was the disease			ne disease status	s assessed via F	ISH?	
		☐ Yes	- Go to questio	ons 81		
		□ No	- Go to question	n 83		
		☐ Not	applicable - Go	to question 83		
		88. Date assessed:				
			,	YYYY	ММ	DD
		89.	Was disease de	etected?		
			☐ Yes			
			□ No			
	90.	Was t	the disease statu	ıs assessed via	karyotyping	?
		☐ Yes	Yes - Go to question 91			
		□ No	- Go to question	n 93		
			applicable - Go	to question 93		
		91.	Date assessed:		-	
				YYYY	MM	DD
		92.	Was disease de	etected?		
			☐ Yes			
			□ No			
93.	Was t	the dise	ase status asses	ssed by radiolog	ical assessr	ment? (e.g. PET, MRI, CT)
	☐ Ye	s - Go 1	to question 94			
	□ No	- Go to	question 96			
	□ No	t applic	able - Go to que	estion 96		
	94.	Date	assessed:	_	_	
	0	Batto				
	95.	Was	disease detected	1?		
		☐ Ye	S			
		□ No)			
96.	Was t	the dise	ase status asses	ssed by clinical/h	hematologic	assessment?
	□ Ye	s - Go 1	to question 97			
	□ No	- Go to	question 99			

CIBMTR Center Number:			ber:	CIBMTR Research ID:
97.			97. Date	assessed:
98. W				disease detected?
			□ Ye	s
			□ No	
Post	-HCT T	herapy		
main	tenanc		nsolidation	date of last report to prevent relapse or progressive disease. This may include a therapy. Do not report any therapy given for relapsed, persistent, or
99.				the date of the last report for reasons other than relapse, persistent, or progressive intenance and consolidation therapy.)
	☐ Ye	s - Go to	question 1	.00
	□ No	- Go to	question 16	32
	100.	System	ic therapy	
		-	- Go to que	estion 101
		□ No –	Go to que	stion 156
				antibody (mAb)
				to question 102
			⊔ N0 - G 0	to question 111
			102. Alem	tuzumab (Campath)
			□ Ye	es
			□ No	
			L03. Bispe	ecific mAb
		-		es – Go to question 104
				o – Go to question 107
			104.	Blinatumomab
				□ Yes
				□ No
			105.	Other bispecific mAb
				□Yes
				□ No

CIBMTR Center Number:	CIBMTR Research ID:
	106. Specify other bispecific mAb:
107.	Gemtuzumab (Mylotarg, anti-CD33)
	□Yes
	□ No
108.	Rituximab (Rituxan, MabThera)
	□ Yes
	□ No
109.	Other mAb
	□ Yes
	□ No
	110. Specify other mAb:
111. Tyros	sine kinase inhibitors (TKI)
□ Ye	es – Go to question 112
	o – Go to question 118
112.	Bosutinib
	□Yes
	□ No
113.	Dasatinib (Sprycel)
	□ Yes
	□ No
114.	Imatinib mesylate (Gleevec)
	□Yes
	□ No
115.	Nilotinib (AMN107, Tasignal)
	□ Yes
	□ No
116.	Other TKI
	☐ Yes – Go to question 117
	□ No- Go to question 118

CIBMTR Center Number: _	CIBMTR Research ID:
	117. Specify other TKI:
118. FLT3	inhibitors
	es – Go to question 119
	o – Go to question 127
119.	Gilteritinib
	□ Yes
	□ No
100	Landa continuta
120.	Lestaurtinib
	□ Yes
	□ No
121.	Midostaurin
	□Yes
	□ No
122.	Quizartinib
	□ Yes
	□ No
122	Coreforile
123.	Sorafenib
	□ Yes
	□ No
124.	Sunitinib
	□Yes
	□ No
125.	Other FLT3 inhibitor
	☐ Yes – Go to question 126
	□ No- Go to question 127
	126. Specify other FLT3 inhibitor:
127. Нуро	methylating agents
□ Ye	es – Go to question 128
□ No	o – Go to question 132

CIBMTR Center Number:	CIBMTR Research ID:		
128.	Azacytidine (Vidaza)		
	□ Yes		
	□ No		
129.	Decitabine (Dacogen)		
129.	□ Yes		
	□ No		
130.	Other hypomethylating agent		
	☐ Yes – Go to question 131		
	□ No- Go to question 132		
	131. Specify other hypomethylating agent:		
132. Prote	easome inhibitors		
□ Ye	es – Go to question 133		
□ Ne	o – Go to question 138		
133.	Bortezomib (Velcade)		
	□ Yes		
	□No		
134.	Carfilzomib		
	□ Yes		
	□ No		
135.	Ixazomib		
	□ Yes		
	□ No		
136.	Other protesseme inhibitor		
130.	Other proteasome inhibitor ☐ Yes – <i>Go to question 137</i>		
	□ No - Go to question 138		
	137. Specify other proteasome inhibitor:		
138. Immi	une modulating agents		
	es – Go to question 139		
□ N	o – Go to question 144		

CIBMTR Center Number: _	r: CIBMTR Research ID:			
139.	Lenalidomide (Revlimid)			
	□Yes			
	□ No			
140.	Pomalidomide			
	□Yes			
	□ No			
141.	Thalidomide (Thalomid)			
	□ Yes			
	□ No			
142.	Other immune modulating agent			
	☐ Yes – Go to question 143			
	□ No – Go to question 144			
	143. Specify other immune modulating agent:			
144. PD1	inhibitor			
	Yes – Go to question 145			
	No – Go to question 149			
145.	Nivolumab			
143.	☐ Yes			
146.	Pembrolizumab			
	□ Yes			
	□ No			
147.	Other PD1 inhibitor			
	☐ Yes – Go to question 148			
	□ No – Go to question 149			
	148. Specify other PD1 inhibitor:			
149. BTK	inhibitors			
□ Ye	es – Go to question 150			
□ No	- Go to question 153			

CIBMTR Center Nur	CIBMTR Research ID:				
	150. Ibrutinib				
	☐ Yes				
	□ No				
	151. Other BTK inhibitor				
	☐ Yes – Go to question 152				
	□ No – Go to question 153				
	152. Specify other BTK inhibitor:				
153.	Chemotherapy				
	☐ Yes – Go to question 154				
	□ No – Go to question 155				
	154. Specify chemotherapy drugs:				
155.	Other systemic therapy				
	☐ Yes – Go to question 156				
	□ No – Go to question 157				
	156. Specify other systemic therapy:				
157. Radiat	tion				
☐ Yes					
□ No					
158. Cellula	ar therapy				
T36. Celidia					
□ No					
159. Blinde	d randomized trial				
☐ Yes					
□ No					
160. Other	therapy				
☐ Yes	☐ Yes – Go to question 161				
□ No	– Go to question 162				
161.	Specify other therapy:				

CIBM	TR Cei	nter Number:	CIBMTR Research ID:
Relap	se or l	Progression Post-HCT	
progr	essior	n was detected in a previous re natologic relapse occurred sind	clinical/hematologic relapse or progression post-HCT. If the relapse o eporting period indicate that and continue on. If the first ce the date of last report, indicate the date it was first detected in this
162.	Did	the recipient experience a clinica	al/hematologic relapse or progression post-HCT?
	☐ Ye	s - Go to question 163	
	□ No	- Go to question 165	
	163.	Was the date of clinical/hematol	logic relapse or progression previously reported?
		☐ Yes - Go to question 165 (only valid >day 100)
		☐ No - Go to question 164	
		164. Date first seen:	
			YYYY MM DD
Interv	ention	for relapsed disease, persiste	ent disease, progressive disease, or decreased/loss of chimerism
165.		s intervention given for relapsed, ate of last report?	persistent or progressive disease, or decreased/loss of chimerism since
		es - Go to question 166	
		- Go to question 236	
	166.	Specify reason for which interv	ention was given:
		☐ Persistent disease	
		☐ Relapsed / progressive dise	ease
		☐ Decrease / loss of chimerism	n
	Sneci	ify the method(s) of detection (for which intervention was given:
	Opcoi	Ty the method(s) of detection i	of which intervention was given.
	167.	Clinical/hematologic	
		☐ Yes	
		□ No	
	168.	Radiological (e.g. PET, MRI, C	T)
		☐ Yes	
		□ No	
	169.	Cytogenetic	

CIBMTR Cer	iter Number:	CIBMTR Research ID:
	☐ Yes	
	□ No	
170.	Flow cytometry	
	☐ Yes	
	□ No	
171.	Disease specific molecular marker	
	☐ Yes	
	□ No	
172.	Chimorism tosting	
172.	Chimerism testing ☐ Yes	
	□ No	
173.	Date intervention started:	
	YYYY	MM DD
Sneci	fy intervention(s):	
Эресі	iy intervention(s).	
174.	Systemic therapy	
	☐ Yes - Go to question 175	
	□ No – Go to question 231	
	475	
	175. Monoclonal antibody (mAb)	
	☐ Yes – Go to question 176	
	□ No – Go to question 185	
	176. Alemtuzumab (Campat	h)
	☐ Yes	
	□ No	
	177. Bispecific mAb	
	☐ Yes – Go to questio	
	□ No – Go to questio	n 181
	178. Blinatumomab	
	☐ Yes	
	□ No	

CIBMTR Center Number	.: CIBMTR Research ID:
	179. Other bispecific mAb
	□Yes
	□ No
	180. Specify other bispecific mAb:
181	Gemtuzumab (Mylotarg, anti-CD33)
	□ Yes
	□ No
182	
	□ Yes
	□ No
183.	Other mAb
	☐ Yes - Go to question 184
	□ No - Go to question 185
	184. Specify other mAb:
185. Tyi	rosine kinase inhibitors (TKI)
	Yes – Go to question 186
	No – Go to question 192
186	5. Bosutinib
	☐ Yes
	□ No
187	'. Dasatinib (Sprycel)
107	☐ Yes
	□ No
188	B. Imatinib mesylate (Gleevec)
	☐ Yes
	□ No
189). Nilotinib (AMN107, Tasignal)
	□ Yes
	□ No

CIBMTR Center Number:	CIBMTR Research ID:
190.	Other TKI
	☐ Yes - Go to question 191
	□ No – Go to question 192
	191. Specify other TKI:
100 51 70	
	3 inhibitors
	es – Go to question 193
LI IV	0 – Go to question 201
193.	Gilteritinib
	□ Yes
	□ No
194.	Lestaurtinib
	□ Yes
	□ No
195.	Midostaurin
	□ Yes
	□ No
196.	Quizartinib
	□ Yes
	□ No
197.	Sorafinib
	□ Yes
	□ No
198.	Sunitinib
	□ Yes
	□ No
199.	Other FLT3 inhibitor
	☐ Yes - Go to question 200
	□ No – Go to question 201
	200. Specify other FLT3 inhibitor:

CIBMTR Center Number:	CIBMTR Research ID:
201. Hyp	omethylating agents
	es – Go to question 202
	10 – Go to question 206
202.	Azacytidine (Vidaza)
	□ Yes
	□ No
203.	Decitabine (Dacogen)
	□Yes
	□ No
204.	Other hypomethylating agent
	☐ Yes – Go to question 205
	□ No – Go to question 206
	205. Specify other hypomethylating agent:
206. Prot	easome inhibitors
□ Y	es – Go to question 207
	o – Go to question 212
207.	
	☐ Yes
	□ No
208.	Carfilzomib
	□ Yes
	□ No
209.	Ixazomib
	□ Yes
	□ No
210.	Other proteasome inhibitor
	☐ Yes - Go to question 211
	□ No - Go to question 212
	211. Specify other proteasome inhibitor:

CIBMTR Center Number:	CIBMTR Research ID:
212. Immı	une modulating agents
	Yes – Go to question 213
	No – Go to question 218
213.	Lenalidomide (Revlimid)
	☐ Yes
	□ No
214.	Pomalidomide
	□ Yes
	□ No
215.	Thalidomide (Thalomid)
	□ Yes
	□ No
216.	Other immune modulating agent
	☐ Yes – Go to question 217
	□ No - Go to question 218
	217. Specify other immune modulating agent:
	inhibitor
	Yes – Go to question 219
	No – Go to question 223
219.	Nivolumab
	□Yes
	□ No
200	
220.	Pembrolizumab
	□ Yes
	□ No
221.	Other PD1 inhibitor
	☐ Yes – Go to question 222
	□ No – Go to question 223
	222. Specify other PD1 inhibitor:

CIBMTR Cen	iter Numl	per: CIBMTR Research ID:
	223. E	BTK inhibitors
	I	☐ Yes – Go to question 225
	I	□ No - Go to question 227
	2	24. Ibrutinib
		☐ Yes
		□ No
	2	25. Other BTK inhibitor
		☐ Yes – Go to question 226
		□ No – Go to question 227
		226. Specify other BTK inhibitor:
	227.	Chemotherapy
		☐ Yes - Go to question 228
		□ No – Go to question 229
		228. Specify chemotherapy drugs:
	229.	Other systemic therapy
		☐ Yes - Go to question 230
		□ No – Go to question 231
		230. Specify other systemic therapy:
231.	Radiatio	n
	☐ Yes	
	□ No	
232.	Cellular	therapy
	☐ Yes	
	□ No	
233.	Blinded	randomized trial
	☐ Yes	
	□ No	
234.	Other th	erapy
	☐ Yes -	Go to question 235

CIBMTR Center Number: CIBMTR Research ID:	
	□ No – Go to question 236
2	235. Specify other therapy:
Current Dise	ase Status
236. Wha	t is the current disease status?
	mplete remission (CR) - Go to question 238
	t in complete remission - Go to question 237
□ No	t evaluated - Go to First Name
237.	Specify disease status if not in complete remission:
	☐ Disease detected
	☐ No disease detected but incomplete evaluation to establish CR
238.	Date of most recent disease assessment
	☐ Known – Go to question 239
	☐ Unknown – Go to First Name
	239. Date of most recent disease assessment:
	YYYY MM DD
First Name:	
i iist ivaiiic.	
Last Name: _	
E-mail addres	SS:
Date:	
YYYY	