



Pre-Transplant Essential Data

**CIBMTR Use Only**

Sequence Number:

Date Received:

~~(Request for OMB approval will be submitted when form is complete)~~

OMB Placeholder

OMB No: 0915-0310  
Expiration Date:

**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.

**Center Identification**

CIBMTR Center Number: \_\_\_\_\_

EBMT Code (CIC): \_\_\_\_\_

Hospital: \_\_\_\_\_

Unit: (check only one)

- Adult
- Pediatric

**Recipient Identification**

CIBMTR Research ID (CRID): \_\_\_\_\_

**Recipient Data**

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

1. Date of birth: \_\_\_\_\_  
                                YYYY                MM                DD

Sex:

- Male
- Female

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Not applicable (not a resident of the USA)
- Unknown

Race:

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Not reported
- Unknown

**Copy question 4 to report more than one race.**

Zip or postal code for place of recipient's residence (USA recipients only): \_\_\_\_\_

Is the recipient participating in a clinical trial?

- Yes - **Go to question 7**
- No – **Go to question 11**

7. Study Sponsor:

- BMT-CTN – **Go to question 9**
- RCI-BMT – **Go to question 9**
- USIDNET – **Go to question 10**
- COG – **Go to question 10**
- Other sponsor – **Go to question 8**

8. Specify other sponsor: \_\_\_\_\_ - **Go to question 10**

9. Study ID Number: \_\_\_\_\_

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

10. Subject ID: \_\_\_\_\_

Copy questions 7-10 to report participation in more than one study.

### Hematopoietic Cellular Transplant (HCT)

11. Date of this HCT: \_\_\_\_\_  
                                YYYY                MM                DD

Was this the first HCT for this recipient?

- Yes – **Go to question 13**
- No – **Go to question 15**

13. Is a subsequent HCT planned as part of the overall treatment protocol (not as a reaction to post-HCT disease assessment)? **(For autologous HCTs only)**

- Yes – **Go to question 14**
- No – **Go to question 29**

14. \_\_\_\_\_ Specify subsequent HCT planned:

- Autologous – **Go to question 29**
- Allogeneic – **Go to question 29**

15. \_\_\_\_\_ Specify the number of prior HCTs: \_\_\_\_\_

**Specify the HSC source(s) for all prior HCTs:**

16. \_\_\_\_\_ Autologous

- Yes
- No

17. \_\_\_\_\_ Allogeneic, unrelated

- Yes
- No

18. \_\_\_\_\_ Allogeneic, related

- Yes
- No

19. \_\_\_\_\_ Syngeneic

- Yes
- No



CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

28. \_\_\_\_\_ Specify other reason:

**Donor Information**

Multiple donors?

- Yes – **Go to question 30**
- No - **Go to question 31**

30. Specify number of donors: \_\_\_\_\_

*To report more than one donor, copy questions 31- 63 and complete for each donor.*

Specify donor:

- Autologous - **Go to question 46**
- Autologous cord blood unit - **Go to question 35**
- NMDP unrelated cord blood unit - **Go to question 32**
- NMDP unrelated donor - **Go to question 33**
- Related donor - **Go to question 40**
- Related cord blood unit - **Go to question 35**
- Non-NMDP unrelated donor - **Go to question 34**
- Non-NMDP unrelated cord blood unit - **Go to question 35**

32. NMDP cord blood unit ID: \_\_\_\_\_ – **Go to question 46**

33. NMDP donor ID: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ **Go to question 46**

34. Non-NMDP unrelated donor ID: (not applicable for related donors)  
\_\_\_\_\_ - **Go to question 38**

35. Non-NMDP cord blood unit ID: (include related and autologous CBUs)  
\_\_\_\_\_

36. Is the CBU ID also the ISBT DIN number?

- Yes – **Go to question 38**
- No – **Go to question 37**

37. Specify the ISBT DIN number: \_\_\_\_\_

38. Registry or UCB Bank ID: \_\_\_\_\_ - **If 'Other registry' go to 39, otherwise go to question 41**

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

39. Specify other Registry or UCB Bank: \_\_\_\_\_ - **Go to question 41**

40. Specify the related donor type:

- Syngeneic (monozygotic twin)
- HLA-identical sibling (may include non-monozygotic twin)
- HLA-matched other relative
- HLA-mismatched relative

41. Date of birth: (donor / infant)

- Known – **Go to question 42**
- Unknown – **Go to question 43**

42. Date of birth: (donor / infant) \_\_\_\_\_ - **Go to question 45**  
  YYYY                                MM                                DD

43. Age: (donor / infant)

- Known – **Go to question 44**
- Unknown – **Go to question 45**

44. Age: (donor / infant) \_\_\_\_\_  Months (use only if less than 1 year old)  
   Years

45. Sex: (donor / infant)

- Male
- Female

**Specify product type:**

Bone marrow:

- Yes
- No

PBSC:

- Yes
- No

Single cord blood unit:

- Yes
- No

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

Other product:

Yes – **Go to question 50**

No – **Go to question 51**

50. Specify other product type: \_\_\_\_\_

**A series of collections should be considered a single product when they are all from the same donor and use the same collection method and technique (and mobilization, if applicable), even if the collections are performed on different days.**

Specify number of products infused from this donor: \_\_\_\_\_

Specify the number of these products intended to achieve hematopoietic engraftment: \_\_\_\_\_

**Questions 53 – 60 are for autologous HCT recipients only. If other than autologous skip to question 61**

Did the recipient have more than one mobilization event to acquire cells for HCT?

Yes – **Go to question 54**

No – **Go to question 55**

54. Specify the total number of mobilization events performed for this HCT (regardless of the number of collections or which collections were used for this HCT): \_\_\_\_\_

**Specify all agents used in the mobilization events reported above:**

G-CSF

Yes

No

GM-CSF

Yes

No

Pegylated G-CSF

Yes

No

Plerixafor (Mozobil)

Yes

No

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Other CXCR4 inhibitor

Yes

No

Combined with chemotherapy:

Yes

No

Was this donor used for any prior HCTs?

Yes

No

Donor CMV-antibodies (IgG or Total) **(Allogeneic HCTs only)**

Reactive

Non-reactive

Not done

Not applicable (cord blood unit)

Was plerixafor (Mozobil) given at any time prior to the preparative regimen? **(Related HCTs only)**

Yes

No

Unknown

## Consent

Has the recipient signed an IRB-approved consent form for submitting research data to the NMDP / CIBMTR?

Yes (patient consented) – **Go to question 65**

No (patient declined) – **Go to question 66**

Not approached – **Go to question 66**

65. Date form was signed: \_\_\_\_\_

YYYY

MM

DD

Did the recipient give permission to be directly contacted for future research?

Yes (patient provided permission) – **Go to question 67**

No (patient declined) – **Go to question 68**

Not approached - **Go to question 68**



CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

67. Date form was signed: \_\_\_\_\_  
YYYY MM DD

Has the recipient signed an IRB-approved consent form to donate research blood samples to the NMDP / CIBMTR?

- Yes (patient consented) – **Go to question 69**
- No (patient declined) - **Go to question 70**
- Not approached - **Go to question 70**
- Not applicable (center not participating) - **Go to question 70**

69. Date form was signed: \_\_\_\_\_  
YYYY MM DD

Has the donor signed an IRB-approved consent form to donate research blood samples to the NMDP / CIBMTR? **(Allogeneic donors only)**

- Yes (donor consented) – **Go to question 71**
- No (donor declined) - **Go to question 72**
- Not approached - **Go to question 72**
- Not applicable (center not participating) - **Go to question 72**

71. Date form was signed: \_\_\_\_\_  
YYYY MM DD

### Product Processing / Manipulation

Was the product manipulated prior to infusion?

- Yes - **Go to questions 73**
- No - **Go to question 91**

73. Specify portion manipulated:

- Entire product
- Portion of product

**Specify all methods used to manipulate the product:**

74. Washed

- Yes
- No

75. \_\_\_\_\_ Diluted

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Yes

No

76. \_\_\_\_\_ Buffy coat enriched (buffy coat preparation)

Yes

No

77. \_\_\_\_\_ B-cell reduced

Yes

No

78. \_\_\_\_\_ CD8 reduced

Yes

No

79. \_\_\_\_\_ Plasma reduced (removal)

Yes

No

80. \_\_\_\_\_ RBC reduced

Yes

No

81. \_\_\_\_\_ Cultured (ex-vivo expansion)

Yes

No

82. \_\_\_\_\_ Genetic manipulation (gene transfer / transduction)

Yes

No

83. \_\_\_\_\_ PUVA treated

Yes

No

84. \_\_\_\_\_ CD34 enriched (CD34+ selection)

Yes

No

85. \_\_\_\_\_ CD133 enriched

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Yes

No

86. \_\_\_\_\_ Monocyte enriched

Yes

No

87. \_\_\_\_\_ Mononuclear cells enriched

Yes

No

88. \_\_\_\_\_ T-cell depletion

Yes

No

89. \_\_\_\_\_ Other cell manipulation

Yes - **Go to question 90**

No - **Go to question 91**

90. \_\_\_\_\_ Specify other cell manipulation:

#### Clinical Status of Recipient Prior to the Preparative Regimen (Conditioning)

What scale was used to determine the recipient's functional status?

Karnofsky (recipient age  $\geq$  16 years) – **Go to question 92**

Lansky (recipient age < 16 years) – **Go to question 93**

#### Performance score prior to the preparative regimen:

92. Karnofsky Scale (recipient age  $\geq$  16 years):

100 Normal; no complaints; no evidence of disease - **Go to question 94**

90 Able to carry on normal activity - **Go to question 94**

80 Normal activity with effort - **Go to question 94**

70 Cares for self; unable to carry on normal activity or to do active work - **Go to question 94**

60 Requires occasional assistance but is able to care for most needs - **Go to question 94**

50 Requires considerable assistance and frequent medical care - **Go to question 94**

40 Disabled; requires special care and assistance - **Go to question 94**

30 Severely disabled; hospitalization indicated, although death not imminent - **Go to question 94**

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

- 20 Very sick; hospitalization necessary - **Go to question 94**
- 10 Moribund; fatal process progressing rapidly - **Go to question 94**

93. Lansky Scale (recipient age < 16 years):

- 100 Fully active
- 90 Minor restriction in physically strenuous play
- 80 Restricted in strenuous play, tires more easily, otherwise active
- 70 Both greater restrictions of, and less time spent in, active play
- 60 Ambulatory up to 50% of time, limited active play with assistance / supervision
- 50 Considerable assistance required for any active play; fully able to engage in quiet play
- 40 Able to initiate quiet activities
- 30 Needs considerable assistance for quiet activity
- 20 Limited to very passive activity initiated by others (e.g., TV)
- 10 Completely disabled, not even passive play

Recipient CMV-antibodies (IgG or Total) :

- Reactive
- Non-reactive
- Not done

#### Comorbid Conditions

Is there a history of mechanical ventilation?

- Yes
- No

Is there a history of proven invasive fungal infection?

- Yes
- No

97. Were there **clinically significant** co-existing diseases or organ impairment at time of patient assessment prior to preparative regimen? *Source: Blood, 2005 Oct 15;106(8):2912-2919*

- Yes - **Go to questions 98**
- No - **Go to question 135**

98. \_\_\_Arrhythmia — **For example, any history of atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment**

- Yes
- No

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Unknown

99. **Cardiac** — Any history of coronary artery disease (one or more vessel-coronary artery stenosis requiring medical treatment, stent, or bypass graft), congestive heart failure, myocardial infarction, OR ejection fraction  $\leq 50\%$  on the most recent test

Yes

No

Unknown

100. **Cerebrovascular disease** — Any history of transient ischemic attack, subarachnoid hemorrhage or cerebrovascular accident

Yes

No

Unknown

101. **Diabetes** — Requiring treatment with insulin or oral hypoglycemics in the last 4 weeks but not diet alone

Yes

No

Unknown

102. \_\_\_\_\_ Heart valve disease — Except asymptomatic mitral valve prolapse

Yes

No

Unknown

103. **Hepatic, mild** — Chronic hepatitis, bilirubin  $>$  upper limit of normal to  $1.5 \times$  upper limit of normal, or AST/ALT  $>$  upper limit of normal to  $2.5 \times$  upper limit of normal at the time of transplant OR any history of hepatitis B or hepatitis C infection

Yes

No

Unknown

104. **Hepatic, moderate / severe** — Liver cirrhosis, bilirubin  $>$   $1.5 \times$  upper limit of normal, or AST/ALT  $>$   $2.5 \times$  upper limit of normal

Yes

No

Unknown

105. **Infection** — For example, documented infection, fever of unknown origin, or pulmonary nodules requiring continuation of antimicrobial treatment after day 0

Yes

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

- No
- Unknown

106. Inflammatory bowel disease — **Any history of Crohn's disease or ulcerative colitis requiring treatment**

- Yes
- No
- Unknown

107. \_\_\_\_\_ Obesity — **Patients with a body mass index > 35 kg/m<sup>2</sup> at time of transplant**

- Yes
- No
- Unknown

108. \_\_\_\_\_ Peptic ulcer — **Any history of peptic ulcer confirmed by endoscopy and requiring treatment**

- Yes
- No
- Unknown

109. \_\_\_\_\_ Psychiatric disturbance — **For example, depression, anxiety, bipolar disorder or schizophrenia requiring psychiatric consult or treatment in the last 4 weeks**

- Yes
- No
- Unknown

110. \_\_\_\_\_ Pulmonary, moderate — **Corrected diffusion capacity of carbon monoxide and/or FEV<sub>1</sub> 66-80% or dyspnea on slight activity at transplant**

- Yes
- No
- Unknown

111. \_\_\_\_\_ Pulmonary, severe — **Corrected diffusion capacity of carbon monoxide and/or FEV<sub>1</sub> ≤ 65% or dyspnea at rest or requiring oxygen at transplant**

- Yes
- No
- Unknown

112. \_\_\_\_\_ Renal, moderate / severe — **Serum creatinine > 2 mg/dL or > 177 μmol/L or on dialysis at transplant, OR prior renal transplantation**

- Yes
- No

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Unknown

113. Rheumatologic — For example, any history of systemic lupus erythematosus, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia rheumatica requiring treatment (do NOT include degenerative joint disease, osteoarthritis)

Yes

No

Unknown

114. Solid tumor, prior — Treated at any time point in the patient's past history, excluding non-melanoma skin cancer, leukemia, lymphoma or multiple myeloma

Yes – **Go to question 115**

No – **Go to question 133**

Unknown – **Go to question 133**

115. Breast cancer

Yes – **Go to question 116**

No – **Go to question 117**

116. Year of diagnosis: \_\_\_\_\_

117. Central nervous system (CNS) malignancy (glioblastoma, astrocytoma)

Yes – **Go to question 118**

No – **Go to question 119**

118. Year of diagnosis: \_\_\_\_\_

119. Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine)

Yes – **Go to question 120**

No – **Go to question 121**

120. Year of diagnosis: \_\_\_\_\_

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

Yes – **Go to question 122**

No – **Go to question 123**

122. Year of diagnosis: \_\_\_\_\_

123. Lung cancer

Yes – **Go to question 124**

No – **Go to question 125**

124. Year of diagnosis: \_\_\_\_\_

125. Melanoma

Yes – **Go to question 126**

No – **Go to question 127**

126. Year of diagnosis: \_\_\_\_\_

127. Oropharyngeal cancer (tongue, buccal mucosa)

Yes – **Go to question 128**

No – **Go to question 129**

128. Year of diagnosis: \_\_\_\_\_

129. Sarcoma

Yes – **Go to question 130**

No – **Go to question 131**

130. Year of diagnosis: \_\_\_\_\_

131. Thyroid cancer

Yes – **Go to question 132**

No – **Go to question 133**

132. Year of diagnosis: \_\_\_\_\_

133. \_\_\_\_\_ Other co-morbid condition

Yes – **Go to question 134**

No – **Go to question 135**

Unknown – **Go to question 135**

134. \_\_\_\_\_ Specify other co-morbid condition:

135. Was there a history of malignancy (hematologic or non-melanoma skin cancer) other than the primary disease for which this HCT is being performed?

Yes – **Go to question 136**

No – **Go to question 156**



**Specify which malignancy(ies) occurred:**

136. \_\_\_\_\_ Acute myeloid leukemia (AML / ANLL)

Yes – **Go to question 137**

No – **Go to question 138**

137. Year of diagnosis: \_\_\_\_\_

138. \_\_\_\_\_ Other leukemia, including ALL

Yes – **Go to questions 139**

No – **Go to question 141**

139. \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

140. \_\_\_\_\_ Specify leukemia:

141. \_\_\_\_\_ Clonal cytogenetic abnormality without leukemia or MDS

Yes – **Go to question 142**

No – **Go to question 143**

142. \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

143. Hodgkin disease

Yes – **Go to question 144**

No – **Go to question 145**

144. \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

145. \_\_\_\_\_ Lymphoma or lymphoproliferative disease

Yes – **Go to questions 146**

No – **Go to question 148**

146. \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

147. \_\_\_\_\_ Was the tumor EBV positive?

Yes

No

148. \_\_\_\_\_ Other skin malignancy (basal cell, squamous)

Yes – **Go to questions 149**

No – **Go to question 151**

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

149. \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

150. \_\_\_\_\_ Specify other skin malignancy:

151. Myelodysplasia (MDS) / myeloproliferative (MPN) disorder

Yes – **Go to question 152**

No – **Go to question 153**

152. \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

153. \_\_\_\_\_ Other prior malignancy

Yes – **Go to questions 154**

No – **Go to question 155**

154. \_\_\_\_\_ Year of diagnosis: \_\_\_\_\_

155. \_\_\_\_\_ Specify other prior malignancy:

### Pre-HCT Preparative Regimen (Conditioning)

156. Height at initiation of pre-HCT preparative regimen: \_\_\_\_\_  inches

centimeters

7. Actual weight at initiation of pre-HCT preparative regimen: \_\_\_\_\_  pounds

kilograms

8. Was a pre-HCT preparative regimen prescribed?

Yes – **Go to questions 159**

No – **Go to question 317**

159. \_\_\_\_\_ Classify the recipient's prescribed preparative regimen:

Myeloablative

Non-myeloablative (NST)

Reduced intensity (RIC)

160. Date pre-HCT preparative regimen began (irradiation or drugs): \_\_\_\_\_

YYYY

MM

DD

**(Use earliest date from questions 164 radiation, or 169 – 316 chemotherapy)**

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

161. Was irradiation planned as part of the pre-HCT preparative regimen?

- Yes – **Go to question 162**
- No – **Go to question 169**

162. What was the prescribed radiation field?

- Total body
- Total body by tomotherapy
- Total lymphoid or nodal regions
- Thoracoabdominal region

163. Total prescribed dose: (dose per fraction x total number of fractions) \_\_\_\_\_  Gy  
 cGy

164. Date started: \_\_\_\_\_  
                                YYYY        MMDD

165. Was the radiation fractionated?

- Yes – **Go to questions 166**
- No – **Go to question 169**

166. Prescribed dose per fraction: \_\_\_\_\_  Gy  
 cGy

167. Number of days: (include "rest" days) \_\_\_\_\_

168. Total number of fractions: \_\_\_\_\_

**Indicate the total prescribed cumulative dose for the preparative regimen:**

169. ALG, ALS, ATG, ATS

- Yes – **Go to questions 170**
- No – **Go to question 174**

170. Total prescribed dose \_\_\_\_\_ mg/kg

171. \_\_\_\_\_ Date started: \_\_\_\_\_  
                                YYYY        MM        DD

172. \_\_\_\_\_ Specify source:

- ATGAM (horse) – **Go to question 174**

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

- ATG – Fresenius (rabbit) – **Go to question 174**
- Thymoglobulin (rabbit) – **Go to question 174**
- Other – **Go to question 173**

173. \_\_\_\_\_ Specify other source:

174. \_\_\_\_\_ Anthracycline

- Yes – **Go to question 175**
- No – **Go to question 191**

175. \_\_\_\_\_ Daunorubicin

- Yes – **Go to questions 176**
- No – **Go to question 178**

176. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

177. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

178. \_\_\_\_\_ Doxorubicin (Adriamycin)

- Yes – **Go to questions 179**
- No – **Go to question 181**

179. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

180. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

181. Idarubicin

- Yes – **Go to questions 182**
- No – **Go to question 184**

182. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

183. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

184. \_\_\_\_\_ Rubidazole

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

Yes – **Go to questions 185**

No – **Go to question 187**

185. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

186. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

187. \_\_\_\_\_ Other anthracycline

Yes – **Go to questions 188**

No – **Go to question 191**

188. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

189. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

190. \_\_\_\_\_ Specify other anthracycline:

191. \_\_\_\_\_ Bleomycin (BLM, Blenoxane)

Yes – **Go to questions 192**

No – **Go to question 194**

192. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

193. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

194. Busulfan (Myleran)

Yes – **Go to questions 195**

No – **Go to question 198**

195. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg  
 Target total AUC (μmol x min/L)

196. \_\_\_\_\_ Date started: \_\_\_\_\_

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

YYYY

MM

DD

197. \_\_\_\_\_ Specify administration:

Oral

IV

Both \_\_\_\_\_

198. Carboplatin

Yes – **Go to questions 199**

No – **Go to question 203**

199. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>

mg/kg

200. \_\_\_\_\_ Date started: \_\_\_\_\_

YYYY

MM

DD

201. Were pharmacokinetics performed to determine preparative regimen drug dosing?

Yes – **Go to question 202**

No – **Go to question 203**

202. Specify the target AUC: \_\_\_\_\_ mg/mL/minute

203. \_\_\_\_\_ Cisplatin (Platinol, CDDP)

Yes – **Go to questions 204**

No – **Go to question 206**

204. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>

mg/kg

205. \_\_\_\_\_ Date started: \_\_\_\_\_

YYYY

MM

DD

206. \_\_\_\_\_ Cladribine (2-CdA, Leustatin)

Yes – **Go to questions 207**

No – **Go to question 209**

207. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>

mg/kg

208. Date started: \_\_\_\_\_

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

YYYY

MM

DD

209. \_\_\_\_\_ Corticosteroids (excluding anti-nausea medication)

Yes – **Go to question 210**

No – **Go to question 223**

210. \_\_\_\_\_ Methylprednisolone (Solu-Medrol)

Yes – **Go to questions 211**

No – **Go to question 213**

211. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>

mg/kg

212. \_\_\_\_\_ Date started: \_\_\_\_\_

YYYY

MM

DD

213. \_\_\_\_\_ Prednisone

Yes – **Go to questions 214**

No – **Go to question 216**

214. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>

mg/kg

215. \_\_\_\_\_ Date started: \_\_\_\_\_

YYYY

MM

DD

216. \_\_\_\_\_ Dexamethasone

Yes – **Go to questions 217**

No – **Go to question 219**

217. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>

mg/kg

218. \_\_\_\_\_ Date started: \_\_\_\_\_

YYYY

MM

DD

219. Other corticosteroid

Yes – **Go to questions 220**

No – **Go to question 223**

220. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>







CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

No – **Go to question 248**

246. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

247. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

248. \_\_\_\_\_ Other intrathecal drug

Yes – **Go to questions 249**

No – **Go to question 252**

249. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

250. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

251. \_\_\_\_\_ Specify other intrathecal drug:

252. \_\_\_\_\_ Melphalan (L-Pam)

Yes – **Go to questions 253**

No – **Go to question 256**

253. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

254. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

255. Specify administration:

Oral

IV

Both

256. \_\_\_\_\_ Mitoxantrone (Novantrone)

Yes – **Go to questions 257**

No – **Go to question 259**

257. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

258. \_\_\_\_\_ Date started: \_\_\_\_\_  
  YYYY  MM  DD

259. \_\_\_\_\_ Monoclonal antibody

Yes – **Go to question 260**

No – **Go to question 280**

260. \_\_\_\_\_ Radio labeled mAb

Yes – **Go to questions 251**

No – **Go to question 267**

261. Total prescribed dose of radioactive  
component: \_\_\_\_\_ • \_\_\_\_\_  
 mCi  
 MBq

262. \_\_\_\_\_ Date started: \_\_\_\_\_  
  YYYY  MM  DD

**Specify radio labeled mAb:**

263. \_\_\_\_\_ Tositumomab (Bexxar)

Yes

No

264. \_\_\_\_\_ Ibritumomab tiuxetan (Zevalin)

Yes

No

265. Other radio labeled mAb

Yes – **Go to question 266**

No – **Go to question 267**

266. \_\_\_\_\_ Specify other radio labeled mAb:

267. \_\_\_\_\_ Alemtuzumab (Campath)

Yes – **Go to questions 268**

No – **Go to question 270**

268. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

269. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

270. \_\_\_\_\_ Rituximab (Rituxan, anti CD20)

Yes – ***Go to questions 271***

No – ***Go to question 273***

271. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

272. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

273. \_\_\_\_\_ Gemtuzumab (Mylotarg, anti CD33)

Yes – ***Go to questions 274***

No – ***Go to question 276***

274. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

275. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

276. \_\_\_\_\_ Other mAb

Yes – ***Go to questions 277***

No – ***Go to question 280***

277. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

278. Date started: \_\_\_\_\_  
YYYY MM DD

279. \_\_\_\_\_ Specify other mAb:

280. \_\_\_\_\_ Nitrosourea

Yes – ***Go to question 281***

No – ***Go to question 291***

281. \_\_\_\_\_ Carmustine (BCNU)

Yes – ***Go to questions 282***

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

No – **Go to question 284**

282. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

283. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

284. \_\_\_\_\_ CCNU (Lomustine)

Yes – **Go to questions 285**

No – **Go to question 287**

285. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

286. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

287. \_\_\_\_\_ Other nitrosourea

Yes – **Go to questions 288**

No – **Go to question 291**

288. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

289. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

290. \_\_\_\_\_ Specify other nitrosourea:

291. Paclitaxel (Taxol, Xyotax)

Yes – **Go to questions 292**

No – **Go to question 294**

292. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  
 mg/kg

293. \_\_\_\_\_ Date started: \_\_\_\_\_  
YYYY MM DD

294. \_\_\_\_\_ Teniposide (VM26)

Yes – **Go to questions 295**



CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

307. Imatinib mesylate (STI571, Gleevec)

Yes – **Go to questions 308**

No – **Go to question 310**

308. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>

mg/kg

309. Date started: \_\_\_\_\_

YYYY MM DD

310. Nilotinib

Yes – **Go to questions 311**

No – **Go to question 313**

311. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>

mg/kg

312. Date started: \_\_\_\_\_

YYYY MM DD

313. \_\_\_\_\_ Other drug

Yes – **Go to questions 314**

No – **Go to question 317**

314. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>

mg/kg

315. \_\_\_\_\_ Date started: \_\_\_\_\_

YYYY MM DD

316. \_\_\_\_\_ Specify other drug:

### GVHD Prophylaxis

This section is to be completed for allogeneic HCTs only; autologous HCTs continue with question 344.

7. Was **GVHD** prophylaxis planned / given?

Yes - **Go to questions 318**

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

No - **Go to question 344**

**Specify:**

318. ALG, ALS, ATG, ATS

Yes – **Go to question 319**

No – **Go to question 322**

319. Total dose: \_\_\_\_\_ mg/kg

320. \_\_\_\_\_ Specify source:

ATGAM (horse) – **Go to question 322**

ATG – Fresenius (rabbit) – **Go to question 3212**

Thymoglobulin (rabbit) – **Go to question 322**

Other – **Go to question 321**

321. \_\_\_\_\_ Specify other source:

322. \_\_\_\_\_ Corticosteroids (systemic)

Yes

No

323. \_\_\_\_\_ Cyclosporine (CSA, Neoral, Sandimmune)

Yes

No

324. \_\_\_\_\_ Cyclophosphamide (Cytoxan)

Yes

No

325. \_\_\_\_\_ Extra-corporeal photopheresis (ECP)

Yes

No

326. \_\_\_\_\_ FK 506 (Tacrolimus, Prograf)

Yes

No

327. In vivo monoclonal antibody

Yes – **Go to question 328**



CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

No – **Go to question 335**

**Specify in vivo monoclonal antibody:**

328. Alemtuzumab (Campath)

Yes

No

329. \_\_\_\_\_ Anti CD 25 (Zenapax, Daclizumab, AntiTAC)

Yes – **Go to question 330**

No – **Go to question 331**

330. \_\_\_\_\_ Specify:

331. \_\_\_\_\_ Etanercept (Enbrel)

Yes

No

332. \_\_\_\_\_ Infliximab (Remicade)

Yes

No

333. Other in vivo monoclonal antibody

Yes – **Go to question 334**

No – **Go to question 335**

334. \_\_\_\_\_ Specify antibody:

335. \_\_\_\_\_ In vivo immunotoxin

Yes – **Go to question 336**

No – **Go to question 337**

336. \_\_\_\_\_ Specify immunotoxin:

337. \_\_\_\_\_ Methotrexate (MTX) (Amehtopterin)

Yes

No

338. \_\_\_\_\_ Mycophenolate mofetil (MMF) (CellCept)

Yes

No

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

339. \_\_\_\_\_ Sirolimus (Rapamycin, Rapamune)

Yes

No

340. \_\_\_\_\_ Blinded randomized trial

Yes – **Go to question 341**

No – **Go to question 342**

341. \_\_\_\_\_ Specify trial agent:

342. \_\_\_\_\_ Other agent

Yes – **Go to question 343**

No – **Go to question 344**

343. \_\_\_\_\_ Specify other agent:

#### Other Toxicity Modifying Regimen

#### Optional for non-U.S. Centers

4. Was KGF (palifermin, Kepivance) started or is there a plan to use it?

Yes

No

Masked trial

#### Post-HCT Disease Therapy Planned as of Day 0

5. Is this HCT part of a planned multiple (sequential) graft / HCT protocol?

Yes

No

6. Is additional post-HCT therapy planned?

Yes - **Go to questions 347**

No - **Go to First Name**

#### Questions 347 – 357 are optional for non-U.S. centers

347. \_\_\_\_\_ Bortezomib (Velcade)

Yes

No

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

348. \_\_\_\_\_ Cellular therapy (e.g. DCI, DLI)

Yes

No

349. \_\_\_\_\_ Dexamethasone

Yes

No

350. \_\_\_\_\_ Intrathecal therapy (chemotherapy)

Yes

No

351. \_\_\_\_\_ Tyrosine kinase inhibitor (e.g. imatinib mesylate)

Yes

No

352. \_\_\_\_\_ Lenalidomide (Revlimid)

Yes

No

353. \_\_\_\_\_ Local radiotherapy

Yes

No

354. \_\_\_\_\_ Rituximab (Rituxan, MabThera)

Yes

No

355. \_\_\_\_\_ Thalidomide (Thalomid)

Yes

No

356. \_\_\_\_\_ Other therapy

Yes – **Go to question 357**

No – **Go to First Name**

357. \_\_\_\_\_ Specify other therapy:

CIBMTR Center Number: \_\_\_\_\_ CIBMTR Research ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_  
          YYYY          MM          DD