



## Pre-Transplant Essential Data

<b>CIBMTR Use Only</b> Sequence Number:  Date Received:
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OMB No: 0915-0310

Expiration Date: 1/31/2017

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<b>Center Identification</b> CIBMTR Center Number: _____  EBMT Code (CIC): _____  Hospital: _____  Unit: (check only one) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric  <b>Recipient Identification</b> CIBMTR Recipient ID (CRID): _____
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**Recipient Data**

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

2. Sex:  Male  Female

3. Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Not applicable (not a resident of the USA)  Unknown

4. 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.**

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

6. Is the recipient participating in a clinical trial?

Yes  No

7. Study Sponsor:

BMT-CTN  RCI-BMT  USIDNET  COG  Other sponsor

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

8. Specify other sponsor: \_\_\_\_\_

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

12. Was this the first HCT for this recipient?

Yes  No

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  No

14. Specify subsequent HCT planned:  
 Autologous  Allogeneic

No

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

20. Date of the last HCT (just before current HCT): \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD



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  
 No → 37. Specify the ISBT DIN number: \_\_\_\_\_

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

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 →

42. Date of birth: (donor/infant): \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

Unknown →

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

45. Sex: (donor/infant)     Male     Female

**Specify product type:**

46. Bone marrow:     Yes     No

47. PBSC:             Yes     No

48. Single cord blood unit:  Yes     No

49. Other product:     Yes →     No

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.**

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

**Questions 52 – 59 are for autologous HCT recipients only. If other than autologous skip to question 60**

52. Did the recipient have more than one mobilization event to acquire cells for HCT?  
 Yes →       No

53. 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:**

- 54. G-CSF  Yes  No
- 55. GM-CSF  Yes  No
- 56. Pegylated G-CSF  Yes  No
- 57. Plerixafor (Mozobil)  Yes  No
- 58. Other CXCR4 inhibitor  Yes  No
- 59. Combined with chemotherapy:  Yes  No
- 60. Was this donor used for any prior HCTs?  Yes  No
- 61. Donor CMV-antibodies (IgG or Total) (**Allogeneic HCTs only**)  
 Reactive  Non-reactive  Not done  Not applicable (cord blood unit)
- 62. Was plerixafor (Mozobil) given at any time prior to the preparative regimen? (**Related HCTs only**)  Yes  No  Unknown

**Consent**

- 63. Has the recipient signed an IRB-approved consent form for submitting research data to the NMDP/CIBMTR?  
 Yes (patient consented) →  No (patient declined)  Not approached
64. Date form was signed: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_  
 YYYYY MM DD
- 65. Did the recipient give permission to be directly contacted for future research?  
 Yes (patient provided permission) →  No (patient declined)  Not approached
66. Date form was signed: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_  
 YYYYY MM DD
- 67. Has the recipient signed an IRB-approved consent form to donate research blood samples to the NMDP/CIBMTR?  
 Yes (patient consented) →  No (patient declined)  Not approached  Not applicable (center not participating)
68. Date form was signed: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_  
 YYYYY MM DD
- 69. Has the donor signed an IRB-approved consent form to donate research blood samples to the NMDP/CIBMTR? (**Related donors only**)  
 Yes (donor consented) →  No (donor declined)  Not approached  Not applicable (center not participating)
70. Date form was signed: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_  
 YYYYY MM DD

**Product Processing/Manipulation**

- 71. Was the product manipulated prior to infusion?  
 Yes →  No
72. Specify portion manipulated:  Entire product  Portion of product

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

  - 73. Washed  Yes  No
  - 74. Diluted  Yes  No
  - 75. Buffy coat enriched (buffy coat preparation)  Yes  No

76. B-cell reduced	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77. CD8 reduced	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78. Plasma reduced (removal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79. RBC reduced	<input type="checkbox"/> Yes	<input type="checkbox"/> No
80. Cultured (ex-vivo expansion)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
81. Genetic manipulation (gene transfer/transduction)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
82. PUVA treated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
83. CD34 enriched (CD34+ selection)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84. CD133 enriched	<input type="checkbox"/> Yes	<input type="checkbox"/> No
85. Monocyte enriched	<input type="checkbox"/> Yes	<input type="checkbox"/> No
86. Mononuclear cells enriched	<input type="checkbox"/> Yes	<input type="checkbox"/> No
87. T-cell depletion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
88. Other cell manipulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes → 89. Specify other cell manipulation: _____		
<input type="checkbox"/> No		

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

90. What scale was used to determine the recipients functional status?

Karnofsky (recipient age ≥ 16 years) →

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

91. Karnofsky Scale (recipient age ≥ 16 years):

- 100 Normal; no complaints; no evidence of disease
- 90 Able to carry on normal activity
- 80 Normal activity with effort
- 70 Cares for self; unable to carry on normal activity or to do active work
- 60 Requires occasional assistance but is able to care for most needs
- 50 Requires considerable assistance and frequent medical care
- 40 Disabled; requires special care and assistance
- 30 Severely disabled; hospitalization indicated, although death not imminent
- 20 Very sick; hospitalization necessary
- 10 Moribund; fatal process progressing rapidly.

Lansky (recipient age < 16 years) →

92. 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

93. Recipient CMV-antibodies (IgG or Total):  Reactive  Non-reactive  Not done

#### Co-morbid Conditions

94. Is there a history of mechanical ventilation?  Yes  No

95. Is there a history of proven invasive fungal infection?  Yes  No

96. 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 

No

97. Arrhythmia - **For example, any history of atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias requiring treatment**

Yes  No  Unknown

98. 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

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

Yes  No  Unknown

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

Yes  No  Unknown

101. Heart valve disease - **Except asymptomatic mitral valve prolapse**

Yes  No  Unknown

102. 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

103. 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

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

Yes  No  Unknown

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

Yes  No  Unknown

106. Obesity - **Patients with a body mass index  $>$  35 kg/m<sup>2</sup> at time of transplant**

Yes  No  Unknown

107. Peptic ulcer - **Any history of peptic ulcer confirmed by endoscopy and requiring treatment**

Yes  No  Unknown

108. Psychiatric disturbance - **For example, depression, anxiety, bipolar disorder or schizophrenia requiring psychiatric consult or treatment in the last 4 weeks**

Yes  No  Unknown

109. 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
110. 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
111. Renal, moderate/severe - **Serum creatinine > 2 mg/dL or > 177 μmol/L or on dialysis at transplant, OR prior renal transplantation**  
 Yes    No    Unknown
112. Rheumatologic - **For example, any history of systemic lupus erythmatosis, rheumatoid arthritis, polymyositis, mixed connective tissue disease, or polymyalgia rheumatica requiring treatment (do NOT include degenerative joint disease, osteoarthritis)**  
 Yes    No    Unknown
113. 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 → 114. Breast cancer  
 No                       Yes → 115. Year of diagnosis: \_\_\_\_\_  
 Unknown                 No
116. Central nervous system (CNS) malignancy (glioblastoma, astrocytoma)  
 Yes → 117. Year of diagnosis: \_\_\_\_\_  
 No
118. Gastrointestinal malignancy (colon, rectum, stomach, pancreas, intestine)  
 Yes → 119. Year of diagnosis: \_\_\_\_\_  
 No
120. Genitourinary malignancy (kidney, bladder, ovary, testicle, genitalia, uterus, cervix)  
 Yes → 121. Year of diagnosis: \_\_\_\_\_  
 No
122. Lung cancer  
 Yes → 123. Year of diagnosis: \_\_\_\_\_  
 No
124. Melanoma  
 Yes → 125. Year of diagnosis: \_\_\_\_\_  
 No
126. Oropharyngeal cancer (tongue, buccal mucosa)  
 Yes → 127. Year of diagnosis: \_\_\_\_\_  
 No
128. Sarcoma  
 Yes → 129. Year of diagnosis: \_\_\_\_\_  
 No



130. Thyroid cancer  
 Yes → 131. Year of diagnosis: \_\_\_\_\_  
 No

132. Other co-morbid condition  
 Yes → 133. Specify other co-morbid condition: \_\_\_\_\_  
 No  
 Unknown

134. 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 →
- No

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

135. Acute myeloid leukemia (AML/ANLL)  
 Yes → 136. Year of diagnosis: \_\_\_\_\_  
 No

137. Other leukemia, including ALL  
 Yes → 138. Year of diagnosis: \_\_\_\_\_  
 No 139. Specify leukemia: \_\_\_\_\_

140. Clonal cytogenetic abnormality without leukemia or MDS  
 Yes → 141. Year of diagnosis: \_\_\_\_\_  
 No

142. Hodgkin disease  
 Yes → 143. Year of diagnosis: \_\_\_\_\_  
 No

144. Lymphoma or lymphoproliferative disease  
 Yes → 145. Year of diagnosis: \_\_\_\_\_  
 No 146. Was the tumor EBV positive?  Yes  No

147. Other skin malignancy (basal cell, squamous)  
 Yes → 148. Year of diagnosis: \_\_\_\_\_  
 No 149. Specify other skin malignancy: \_\_\_\_\_

150. Myelodysplasia (MDS)/myeloproliferative (MPN) disorder  
 Yes → 151. Year of diagnosis: \_\_\_\_\_  
 No

152. Other prior malignancy  
 Yes → 153. Year of diagnosis: \_\_\_\_\_  
 No 154. Specify other prior malignancy: \_\_\_\_\_

**Pre-HCT Preparative Regimen (Conditioning)**

155. Height at initiation of pre-HCT preparative regimen: \_\_\_\_\_  inches  centimeters
156. Actual weight at initiation of pre-HCT preparative regimen: \_\_\_\_\_  pounds  kilograms

157. Was a pre-HCT preparative regimen prescribed?

- Yes →  
 No

158. Classify the recipient's prescribed preparative regimen: **(Allogeneic HCTs only)**

- Myeloablative  
 Non-myeloablative (NST)  
 Reduced intensity (RIC)

159. Date pre-HCT preparative regimen began (irradiation or drugs):

\_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

**(Use earliest date from questions 163, or 168-315)**

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

- Yes → 161. What was the prescribed radiation field?  
 No  Total body  
 Total body by tomotherapy  
 Total lymphoid or nodal regions  
 Thoracoabdominal region

162. Total prescribed dose: (dose per fraction x total number of fractions)

\_\_\_\_\_  Gy  cGy

163. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

164. Was the radiation fractionated?

- Yes → 165. Prescribed dose per fraction:  
 No \_\_\_\_\_  Gy  cGy

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

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

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

168. ALG, ALS, ATG, ATS

- Yes → 169. Total prescribed dose \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

170. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

171. Specify source:

- Horse  
 Rabbit  
 Other source → 172. Specify other source:  
 \_\_\_\_\_

173. Anthracycline

- Yes → 174. Daunorubicin  
 No  Yes → 175. Total prescribed dose:  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

176. Date started: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

177. Doxorubicin (Adriamycin)  
 Yes → 178. Total prescribed dose: \_\_\_\_\_  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

179. Date started: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

180. Idarubicin  
 Yes → 181. Total prescribed dose: \_\_\_\_\_  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

182. Date started: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

183. Rubidazone  
 Yes → 184. Total prescribed dose: \_\_\_\_\_  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

185. Date started: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

186. Other anthracycline  
 Yes → 187. Total prescribed dose: \_\_\_\_\_  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

188. Date started: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

189. Specify other anthracycline: \_\_\_\_\_  
 \_\_\_\_\_

190. Bleomycin (BLM, Blenoxane)  
 Yes → 191. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

192. Date started: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

193. Busulfan (Myleran)  
 Yes → 194. Total prescribed dose: \_\_\_\_\_  
 No  mg/m<sup>2</sup>  mg/kg  Target total AUC (μmol x min/L)

195. Date started: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

196. Specify administration:  Oral  IV  Both

197. Carboplatin  
 Yes → 198. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

199. Date started: \_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

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

- Yes → 201. Specify the target AUC:  
 No \_\_\_\_\_ mg/mL/minute

202. Cisplatin (Platinol, CDDP)

- Yes → 203. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

204. Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YYYY MM DD

205. Cladribine (2-CdA, Leustatin)

- Yes → 206. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

207. Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YYYY MM DD

208. Corticosteroids (excluding anti-nausea medication)

- Yes → 209. Methylprednisolone (Solu-Medrol)  
 No  Yes → 210. Total prescribed dose:  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

211. Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YYYY MM DD

212. Prednisone

- Yes → 213. Total prescribed dose:  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

214. Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YYYY MM DD

215. Dexamethasone

- Yes → 216. Total prescribed dose:  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

217. Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YYYY MM DD

218. Other corticosteroid

- Yes → 219. Total prescribed dose:  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

220. Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YYYY MM DD

221. Specify other corticosteroid:  
 \_\_\_\_\_

222. Cyclophosphamide (Cytoxan)

- Yes → 223. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

224. Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YYYY MM DD

## 225. Cytarabine (Ara-C)

Yes → 226. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

227. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

## 228. Etoposide (VP-16, VePesid)

Yes → 229. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

230. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

## 231. Fludarabine

Yes → 232. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

233. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

## 234. Ifosfamide

Yes → 235. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

236. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

## 237. Intrathecal therapy (chemotherapy)

Yes → 238. Intrathecal cytarabine (IT Ara-C)

No  Yes → 239. Total prescribed dose:  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

240. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

## 241. Intrathecal methotrexate (IT MTX)

Yes → 242. Total prescribed dose:  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

243. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

## 244. Intrathecal thiotepa

Yes → 245. Total prescribed dose:  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

246. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

## 247. Other intrathecal drug

Yes → 248. Total prescribed dose:  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

249. Date started: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
 YYYY MM DD

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

251. Melphalan (L-Pam)

Yes → 252. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

253. Date started: \_\_\_/\_\_\_/\_\_\_  
                                  YYYY      MM      DD

254. Specify administration:  Oral  IV  Both

255. Mitoxantrone

Yes → 256. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

257. Date started: \_\_\_/\_\_\_/\_\_\_  
                                  YYYY      MM      DD

258. Monoclonal antibody

Yes → 259. Radio labeled mAb

No  Yes → 260. Total prescribed dose of radioactive component: \_\_\_\_\_ • \_\_\_\_\_  
 No  mCi  MBq

261. Date started: \_\_\_/\_\_\_/\_\_\_  
                                  YYYY      MM      DD

**Specify radio labeled mAb:**

262. Tositumomab (Bexxar)  Yes  No

263. Ibritumomab tiuxetan (Zevalin)  
 Yes  No

264. Other radio labeled mAb  
 Yes → 265. Specify radio labeled mAb:  
 No \_\_\_\_\_

266. Alemtuzumab (Campath)

Yes → 267. Total prescribed dose: \_\_\_\_\_  
 No  mg/m<sup>2</sup>  mg/kg

268. Date started: \_\_\_/\_\_\_/\_\_\_  
                                  YYYY      MM      DD

269. Rituximab (Rituxan, anti CD20)

Yes → 270. Total prescribed dose: \_\_\_\_\_  
 No  mg/m<sup>2</sup>  mg/kg

271. Date started: \_\_\_/\_\_\_/\_\_\_  
                                  YYYY      MM      DD

272. Gemtuzumab (Mylotarg, anti CD33)

Yes → 273. Total prescribed dose: \_\_\_\_\_  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

274. Date started: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

275. Other mAb  
 Yes → 276. Total prescribed dose: \_\_\_\_\_  
 No \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg

277. Date started: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

278. Specify other mAb: \_\_\_\_\_

279. Nitrosourea  
 Yes → 280. Carmustine (BCNU)  
 No  Yes → 281. Total prescribed dose: \_\_\_\_\_  
 No  mg/m<sup>2</sup>  mg/kg

282. Date started: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

283. CCNU (Lomustine)  
 Yes → 284. Total prescribed dose: \_\_\_\_\_  
 No  mg/m<sup>2</sup>  mg/kg

285. Date started: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

286. Other nitrosourea  
 Yes → 287. Total prescribed dose: \_\_\_\_\_  
 No  mg/m<sup>2</sup>  mg/kg

288. Date started: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

289. Specify other nitrosourea:  
 \_\_\_\_\_

290. Paclitaxel (Taxol, Xyotax)  
 Yes → 291. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

292. Date started: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

293. Teniposide (VM26)  
 Yes → 294. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

295. Date started: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

296. Thiotepa  
 Yes → 297. Total prescribed dose: \_\_\_\_\_  mg/m<sup>2</sup>  mg/kg  
 No

298. Date started: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
YYYY MM DD

299. Treosulfan  
 Yes →  No

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

301. Date started: \_\_\_/\_\_\_/\_\_\_  
 YYYY MM DD

302. Tyrosine kinase inhibitors  
 Yes →  No

303. Dasatinib (Sprycel)  
 Yes →  No

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

305. Date started: \_\_\_/\_\_\_/\_\_\_  
 YYYY MM DD

306. Imatinib mesylate (STI571, Gleevec)  
 Yes →  No

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

308. Date started: \_\_\_/\_\_\_/\_\_\_  
 YYYY MM DD

309. Nilotinib  
 Yes →  No

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

311. Date started: \_\_\_/\_\_\_/\_\_\_  
 YYYY MM DD

312. Other drug  
 Yes →  No

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

314. Date started: \_\_\_/\_\_\_/\_\_\_  
 YYYY MM DD

315. Specify other drug: \_\_\_\_\_

**GVHD Prophylaxis**

**This section is to be completed for allogeneic HCTs only; autologous HCTs continue with question 342.**

316. Was GVHD prophylaxis planned/given?  
 Yes →  No

**Specify:**

317. ALG, ALS, ATG, ATS  
 Yes →  No

318. Specify source:  
 Horse  
 Rabbit  
 Other source → 319. Specify other source: \_\_\_\_\_

320. Corticosteroids (systemic)  Yes  No

321. Cyclosporine (CSA, Neoral, Sandimmune)  Yes  No



322. Cyclophosphamide (Cytoxan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
323. Extra-corporeal photopheresis (ECP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
324. FK 506 (Tacrolimus, Prograf)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
325. In vivo monoclonal antibody		
<input type="checkbox"/> Yes → <b>Specify in vivo monoclonal antibody:</b>		
<input type="checkbox"/> No	326. Alemtuzumab (Campath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	327. Anti CD 25 (Zenapax, Daclizumab, AntiTAC)	
	<input type="checkbox"/> Yes → 328. Specify: _____	
	<input type="checkbox"/> No	
	329. Etanercept (Enbrel)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	330. Infliximab (Remicade)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	331. Other in vivo monoclonal antibody	
	<input type="checkbox"/> Yes → 332. Specify antibody: _____	
	<input type="checkbox"/> No _____	
333. In vivo immunotoxin		
<input type="checkbox"/> Yes → 334. Specify immunotoxin: _____		
<input type="checkbox"/> No		
335. Methotrexate (MTX) (Amethopterin)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
336. Mycophenolate mofetil (MMF) (CellCept)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
337. Sirolimus (Rapamycin, Rapamune)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
338. Blinded randomized trial		
<input type="checkbox"/> Yes → 339. Specify trial agent: _____		
<input type="checkbox"/> No		
340. Other agent		
<input type="checkbox"/> Yes → 341. Specify other agent: _____		
<input type="checkbox"/> No		

**Other Toxicity Modifying Regimen**

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

342. Was KGF (palifermin, Kevivance) started or is there a plan to use it?  Yes  No  Masked trial

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

343. Is this HCT part of a planned multiple (sequential) graft/HCT protocol?  Yes  No

344. Is additional post-HCT therapy planned?

Yes →

No

**Questions 345 – 355 are optional for non-U.S. centers**

345. Bortezomib (Velcade)  Yes  No

346. Cellular therapy (e.g. DCI, DLI)  Yes  No

347. Dexamethosone  Yes  No

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| 348. Intrathecal therapy (chemotherapy)                 | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| 349. Tyrosine kinase inhibitor (e.g. imatinib mesylate) | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| 350. Lenalidomide (Revlimid)                            | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| 351. Local radiotherapy                                 | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| 352. Rituximab (Rituxan, Mabthera)                      | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| 353. Thalidomide (Thalomid)                             | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| 354. Other therapy                                      |                                     |                             |
| <input type="checkbox"/> Yes                            | → 355. Specify other therapy: _____ |                             |
| <input type="checkbox"/> No                             |                                     |                             |

### Primary Disease for HCT

356. Date of diagnosis of primary disease for HCT: \_\_\_ / \_\_\_ / \_\_\_  
 YYYY MM DD

357. What was the primary disease for which the HCT was performed?

- Acute myelogenous leukemia(AML or ANLL) (10) - **Go to question 358**
- Acute lymphoblastic leukemia (ALL) (20) - **Go to question 419**
- Other acute leukemia (80) - **Go to question 462**
- Chronic myelogenous leukemia (CML) (40) - **Go to question 466**
- Myelodysplastic (MDS) / myeloproliferative (MPN) diseases (50) (Please classify all pre-leukemias) (If recipient has transformed to AML, indicate AML as the primary disease) - **Go to question 480**
- Other leukemia (30) (includes CLL) - **Go to question 573**
- Hodgkin lymphoma (150) - **Go to question 580**
- Non-Hodgkin lymphoma (100) - **Go to question 583**
- Multiple myeloma/plasma cell disorder (PCD) (170) - **Go to question 589**
- Solid tumors (200) - **Go to question 621**
- Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease) - **Go to question 623**
- Inherited abnormalities of erythrocyte differentiation or function (310) - **Go to question 625**
- Disorders of the immune system (400) - **Go to question 628**
- Inherited abnormalities of platelets (500) - **Go to question 631**
- Inherited disorders of metabolism (520) - **Go to question 633**
- Histiocytic disorders (570) - **Go to question 635**
- Autoimmune diseases (600) - **Go to question 637**
- Other disease (900) - **Go to question 645**

**Acute Myelogenous Leukemia (AML)**

358. Specify the AML classification:

- AML with t(9;11) (p22;q23); MLLT 3-MLL (5)
- AML with t(6;9) (p23;q24); DEK-NUP214 (6)
- AML with inv(3) (q21;q26.2) or t(3;3) (q21;q26.2); RPN1-EVI1 (7)
- AML (megakaryoblastic) with t(1;22) (p13;q13); RBM15-MKL1 (8)
- AML with t(8;21); (q22; q22); RUNX1/RUNX1T1 (281)
- AML with inv(16); (p13;1q22) or t(16;16) (p13.1; q22); CBFβ/MYH11(282)
- APL with t(15;17); (q22;q12); RARA;PML (283)
- AML with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19)) (284)
- AML with myelodysplasia – related changes (285)
- Therapy related AML (t-AML) (9)
- Myeloid sarcoma (295)
- Blastic plasmacytoid dendritic cell neoplasm (296)
- AML or ANLL, not otherwise specified (280)
- AML, minimally differentiated (M0) (286)
- AML without maturation (M1) (287)
- AML with maturation (M2) (288)
- Acute myelomonocytic leukemia (M4) (289)
- Acute monoblastic/acute monocytic leukemia (M5) (290)
- Acute erythroid leukemia (erythroid/myeloid and pure erythroleukemia) (M6) (291)
- Acute megakaryoblastic leukemia (M7) (292)
- Acute basophilic leukemia (293)
- Acute panmyelosis with myelofibrosis (294)

359. Did AML transform from MDS or MPN?

- Yes - **Also complete Disease Classification questions 480-527**       No

360. Is the disease (AML) therapy related?     Yes     No     Unknown

361. Did the recipient have a predisposing condition?

- Yes → 362. Specify condition:
- No                       Bloom syndrome
  - Unknown                 Down syndrome
  - Fanconi anemia
  - Neurofibromatosis type 1
  - Other condition → 363. Specify other condition: \_\_\_\_\_

364. Were cytogenetics tested (conventional or FISH)?

- Yes → 365. Results of tests:
- No                       Abnormalities identified
  - Unknown                 No evaluable metaphases
  - No abnormalities

**Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:**  
**Monosomy**

No

366. -5

- Yes

367. -7  Yes  No  
 368. -17  Yes  No  
 369. -18  Yes  No  
 370. -X  Yes  No  
 371. -Y  Yes  No

**Trisomy**

372. +4  Yes  No  
 373. +8  Yes  No  
 374. +11  Yes  No  
 375. +13  Yes  No  
 376. +14  Yes  No  
 377. +21  Yes  No  
 378. +22  Yes  No

**Translocation**

379. t(3;3)  Yes  No  
 380. t(6;9)  Yes  No  
 381. t(8;21)  Yes  No  
 382. t(9;11)  Yes  No  
 383. t(9;22)  Yes  No  
 384. t(15;17) and variants  Yes  No  
 385. t(16;16)  Yes  No

**Deletion**

386. del(3q)/3q-  Yes  No  
 387. del(5q)/5q-  Yes  No  
 388. del(7q)/7q-  Yes  No  
 389. del(9q)/9q-  Yes  No  
 390. del(11q)/11q-  Yes  No  
 391. del(16q)/16q-  Yes  No  
 392. del(17q)/17q-  Yes  No  
 393. del(20q)/20q-  Yes  No  
 394. del(21q)/21q-  Yes  No

**Inversion**

395. inv(3)  Yes  No  
 396. inv(16)  Yes  No

**Other**

397. (11q23) any abnormality  Yes  No  
 398. 12p any abnormality  Yes  No  
 399. Complex - ≥ 3 distinct abnormalities  Yes  No  
 400. Other abnormality  
 Yes → 401. Specify other abnormality:  
 No \_\_\_\_\_

402. Were tests for molecular markers performed (e.g. PCR)?

Yes → **Specify molecular markers identified at any time prior to the start of the preparative regimen:**

No

Unknown

403. CEBPA

Positive

Negative

Not done

404. FLT3 – D835 point mutation

Positive

Negative

Not done

405. FLT3 – ITD mutation

Positive

Negative

Not done

406. IDH1

Positive

Negative

Not done

407. IDH2

Positive

Negative

Not done

408. KIT

Positive

Negative

Not done

409. NPM1

Positive

Negative

Not done

410. Other molecular marker

Positive →

Negative →

Not done

411. Specify other molecular marker:

\_\_\_\_\_

**Status at transplantation**

412. What was the disease status (based on hematologic test results)?

Primary induction failure (PIF)

1st complete remission (no previous bone marrow or extramedullary relapse)

2nd complete remission

≥ 3rd complete remission

413. How many cycles of induction therapy were required to achieve CR?

1

2

≥ 3

414. Was the recipient in molecular remission?

Yes

No

Unknown

Not applicable

415. Was the recipient in remission by flow cytometry?

Yes

No

Unknown

Not applicable

416. Was the recipient in cytogenetic remission?

Yes

No

Unknown

Not applicable

1st relapse →

2nd relapse →

≥ 3rd relapse →

No treatment

417. Date of most recent relapse:

\_\_\_/\_\_\_/\_\_\_  
YYYY MM DD

418. Date assessed: \_\_\_/\_\_\_/\_\_\_ - **Go to First Name**  
YYYY MM DD

**Acute Lymphoblastic Leukemia (ALL)**

419. Specify ALL classification:

- t(9;22)(q34;q11); BCR/ABL1 (192)
- t(v;11q23); MLL rearranged (193)
- t(1;19)(q23;p13.3) E2A-PBX1 (194)
- t(12;21)(p12;q22); TEL-AML1 (195)
- t(5;14)(q31;q32); IL3-IGH (81)
- Hyperdiploidy (51-65 chromosomes) (82)
- Hypodiploidy (<45 chromosomes) (83)
- B-cell ALL, NOS {L1/L2} (191)
- T-cell lymphoblastic leukemia/lymphoma (Precursor T-cell ALL) (196)
- ALL, NOS (190)

420. Were tyrosine kinase inhibitors (i.e. imatinib mesylate) given for pre-HCT therapy at any time prior to start of the preparative regimen?  Yes  No

421. Were cytogenetics tested (conventional or FISH)?

- Yes → 422. Results of tests:
- No
- Unknown
- Abnormalities identified
- No evaluable metaphases
- No abnormalities

**Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:**

**Monosomy**

423. -7  Yes  No

**Trisomy**

424. +4  Yes  No

425. +8  Yes  No

426. +17  Yes  No

427. +21  Yes  No

**Translocation**

428. t(1;19)  Yes  No

429. t(2;8)  Yes  No

430. t(4;11)  Yes  No

431. t(5;14)  Yes  No

432. t(8;14)  Yes  No

433. t(8;22)  Yes  No

434. t(9;22)  Yes  No

435. t(10;14)  Yes  No

436. t(11;14)  Yes  No

437. t(12;21)  Yes  No

**Deletion**

438. del(6q)/6q-  Yes  No

439. del(9p)/9p-  Yes  No

440. del(12p)/12p-  Yes  No

**Addition**

441. add(14q)  Yes  No

**Other**

442. (11q23) any abnormality  Yes  No

443. 9p any abnormality  Yes  No

444. 12p any abnormality  Yes  No

445. Hyperdiploid (> 50)  Yes  No

446. Hypodiploid (< 46)  Yes  No

447. Complex - ≥ 3 distinct abnormalities  Yes  No

448. Other abnormality  
 Yes → 449. Specify other abnormality:  
 No \_\_\_\_\_

450. Were tests for molecular markers performed (e.g. PCR)?

Yes → **Specify molecular markers identified at any time prior to the start of the preparative**

No **regimen:**

Unknown 451. BCR/ABL  Positive  Negative  Not done

452. TEL-AML/AML1  Positive  Negative  Not done

453. Other molecular marker

Positive →

Negative →

Not done

454. Specify other molecular marker:  
 \_\_\_\_\_

**Status at Transplantation:**

455. What was the disease status (based on hematologic test results)?

Primary induction failure

1st complete remission →  
 (no previous bone marrow or extramedullary relapse)

2nd complete remission →

≥ 3rd complete remission →

456. How many cycles of induction therapy were required to achieve CR?  
 1  2  ≥ 3

457. Was the recipient in molecular remission?  
 Yes  
 No  
 Unknown  
 Not applicable

458. Was the recipient in remission by flow cytometry?  
 Yes  
 No  
 Unknown  
 Not applicable

<p><input type="checkbox"/> 1st relapse →</p> <p><input type="checkbox"/> 2nd relapse →</p> <p><input type="checkbox"/> ≥ 3rd relapse →</p> <p><input type="checkbox"/> No treatment</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>459. Was the recipient in cytogenetic remission?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Not applicable</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>460. Date of most recent relapse:</p> <p style="text-align: center;">_ _ / _ _ / _ _</p> <p style="text-align: center;">    YYYY    MM    DD</p> </div>
<p>461. Date assessed: _ _ / _ _ / _ _ - <b>Go to First Name</b></p> <p style="text-align: center;">          YYYY    MM    DD</p>	

**Other Acute Leukemia**

462. Specify other acute leukemia classification:

Acute undifferentiated leukemia (31)

Biphenotypic, bilineage or hybrid leukemia (32)

Acute mast cell leukemia (33)

Other acute leukemia (89) → 463. Specify other acute leukemia: \_\_\_\_\_

**Status at Transplantation:**

464. What was the disease status (based on hematologic test results)?

Primary induction failure

1st complete remission (no previous marrow or extramedullary relapse)

2nd complete remission

≥ 3rd complete remission

1st relapse

2nd relapse

≥ 3rd relapse

No treatment

465. Date assessed: \_ \_ / \_ \_ / \_ \_ - **Go to First Name**

          YYYY    MM    DD



**Chronic Myelogenous Leukemia (CML) Philadelphia chromosome+, Ph+, t(9;22) (q34;q11), or variant OR bcr/abl+**

466. Specify CML classification:

- Ph+/bcr+ (41)
- Ph+/bcr- (42)
- Ph+/bcr unknown (43)
- Ph-/bcr+ (44)
- Ph unknown/bcr+ (47)

467. Was therapy given prior to this HCT?

- |                              |   |   |                              |                             |
|------------------------------|---|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | → | 468. Combination chemotherapy   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> No  |   | 469. Hydroxyurea (HU)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                              |   | 470. Tyrosine kinase inhibitor (e.g. imatinib mesylate, dasatinib, nilotinib) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                              |   | 471. Interferon-α (Intron, Roferon) (includes PEG)                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                              |   | 472. Other therapy  |                              |                             |
| <input type="checkbox"/> Yes | → | 473. Specify other therapy: _____   |                              |                             |
| <input type="checkbox"/> No  |   |   |                              |                             |

474. What was the disease status at last evaluation prior to the start of the preparative regimen?

- Complete hematologic remission →
- First chronic phase

**Specify remission:**

475. Cytogenetic complete remission (Ph negative)

- Yes
- No
- Unknown

476. Molecular complete remission (BCR/ABL negative)

- Yes
- No
- Unknown

477. CML disease status before treatment that achieved this CR:

- Chronic phase
- Accelerated phase
- Blast phase

**- Go to question 478**



- Second or greater chronic phase →
- Accelerated phase →
- Blast crisis →

478. Number

- 1st
- 2nd
- 3rd or higher

479. Date assessed: \_\_\_/\_\_\_/\_\_\_ - **Go to First Name**  
 YYY Y / MM / DD

**Myelodysplastic (MDS)/Myeloproliferative (MPN) Diseases**

480. What was the MDS/MPN classification at diagnosis? - **If transformed to AML, indicate AML as primary disease; also complete Disease Classification questions 358-418**

- Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51)
- Refractory anemia with ringed sideroblasts (RARS) (55)
- Refractory anemia with excess blasts-1 (RAEB-1) (61)
- Refractory anemia with excess blasts-2 (RAEB-2) (62)
- Refractory cytopenia with multilineage dysplasia (RCMD) (64)
- Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68)
- Myelodysplastic syndrome with isolated del(5q) (5q- syndrome) (66)
- Myelodysplastic syndrome (MDS), unclassifiable (50)
- Chronic neutrophilic leukemia (165)
- Chronic eosinophilic leukemia, NOS (166)
- Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58)
- Polycythemia vera (PCV) (57)
- Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167)
- Myeloproliferative neoplasm (MPN), unclassifiable (60)
- Chronic myelomonocytic leukemia (CMML) (54)
- Juvenile myelomonocytic leukemia (JMML/JCML) (no evidence of Ph<sup>1</sup> or BCR/ABL) (36)
- Go to question 525**
- Atypical chronic myeloid leukemia, Ph-/bcr/abl- {CML, NOS} (45) - **Go to question 577**
- Atypical chronic myeloid leukemia, Ph-/bcr unknown {CML, NOS} (46) - **Go to question 577**
- Atypical chronic myeloid leukemia, Ph unknown/bcr- {CML, NOS} (48) - **Go to question 577**
- Atypical chronic myeloid leukemia, Ph unknown/bcr unknown {CML, NOS} (49) - **Go to question 577**
- Myelodysplastic/myeloproliferative neoplasm, unclassifiable (69)

481. Was the disease (MDS/MPN) therapy related?  Yes  No  Unknown

482. Did the recipient have a predisposing condition?

- Yes → 483. Specify condition:
- No  Aplastic anemia
- Unknown  Bloom syndrome
- Down syndrome
- Fanconi anemia
- Other condition → 484. Specify other condition: \_\_\_\_\_

**Laboratory Studies at Diagnosis of MDS**

485. WBC

- Known → 486. \_\_\_\_\_ • \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  x 10<sup>6</sup>/L
- Unknown

487. Hemoglobin

- Known → 488. \_\_\_\_\_ • \_\_\_\_\_  g/dL  g/L  mmol/L
- Unknown 489. Was RBC transfused < 30 days before date of test?  Yes  No

490. Platelets

- Known → 491. \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  x 10<sup>6</sup>/L
- Unknown 492. Were platelets transfused < 7 days before date of test?  Yes  No

493. Neutrophils

- Known → 494. \_\_\_\_\_ %  
 Unknown

495. Blasts in bone marrow

- Known → 496. \_\_\_\_\_ %  
 Unknown

497. Were cytogenetics tested (conventional or FISH)?

- Yes → 498. Results of tests:  
 No  
 Unknown

- Abnormalities identified  
 No evaluable metaphases  
 No abnormalities

**Specify abnormalities identified at diagnosis:**

499. Specify number of distinct cytogenetic abnormalities:

- One (1)  
 Two (2)  
 Three (3)  
 Four or more (4 or more)

**Monosomy**

- |          |                              |                             |
|----------|------------------------------|-----------------------------|
| 500. -5  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 501. -7  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 502. -13 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 503. -20 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 504. -Y  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Trisomy**

- |          |                              |                             |
|----------|------------------------------|-----------------------------|
| 505. +8  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 506. +19 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Translocation**

- |               |                              |                             |
|---------------|------------------------------|-----------------------------|
| 507. t(1;3)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 508. t(2;11)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 509. t(3;3)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 510. t(3;21)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 511. t(6;9)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 512. t(11;16) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Deletion**

- |                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| 513. del(3q)/3q-   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 514. del(5q)/5q-   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 515. del(7q)/7q-   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 516. del(9q)/9q-   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 517. del(11q)/11q- | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 518. del(12p)/12p- | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 519. del(13q)/13q- | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 520. del(20q)/20q- | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Inversion**521. inv(3)  Yes  No**Other**522. i17q  Yes  No

523. Other abnormality

 Yes → 524. Specify other abnormality: No \_\_\_\_\_

525. Did the recipient progress or transform to a different MDS/MPN subtype between diagnosis and the start of the preparative regimen?

 Yes → 526. Specify the date of the most recent transformation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YYYY MM DD No

527. Specify the MDS/MPN classification after transformation:

- Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51)
- Refractory anemia with ringed sideroblasts (RARS) (55)
- Refractory anemia with excess blasts-1 (RAEB-1) (61)
- Refractory anemia with excess blasts-2 (RAEB-2) (62)
- Refractory cytopenia with multilineage dysplasia (RCMD) (64)
- Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68)
- Myelodysplastic syndrome with isolated del(5q) (5q- syndrome) (66)
- Myelodysplastic syndrome (MDS), unclassifiable (50)
- Chronic neutrophilic leukemia (165)
- Chronic eosinophilic leukemia, NOS (166)
- Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocytosis) (58)
- Polycythemia vera (PCV) (57)
- Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167)
- Myeloproliferative neoplasm (MPN), unclassifiable (60)
- Chronic myelomonocytic leukemia (CMMoL) (54)
- Myelodysplastic/myeloproliferative neoplasm, unclassifiable (69)
- Transformed to AML (70) - **Go to First Name.**

**Laboratory studies at last evaluation prior to the start of the preparative regimen:**

528. WBC

 Known → 529. \_\_\_\_\_ • \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  x 10<sup>6</sup>/L  
 Unknown

530. Hemoglobin

 Known → 531. \_\_\_\_\_ • \_\_\_\_\_  g/dL  g/L  mmol/L Unknown 532. Was RBC transfused < 30 days before date of test?  Yes  No

533. Platelets

 Known → 534. \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  x 10<sup>6</sup>/L Unknown 535. Were platelets transfused < 7 days before date of test?  Yes  No

536. Neutrophils

Known → 537. \_\_\_\_\_%

Unknown

538. Blasts in bone marrow

Known → 539. \_\_\_\_\_%

Unknown

540. Were cytogenetics tested (conventional or FISH)?

Yes → 541. Results of tests:

No

Unknown

Abnormalities identified

No evaluable metaphases

No abnormalities

**Specify cytogenetic abnormalities identified at last evaluation prior to the start of the preparative regimen:**

542. Specify number of distinct cytogenetic abnormalities:

One (1)

Two (2)

Three (3)

Four or more (4 or more)

**Monosomy**

543. -5

Yes  No

544. -7

Yes  No

545. -13

Yes  No

546. -20

Yes  No

547. -Y

Yes  No

**Trisomy**

548. +8

Yes  No

549. +19

Yes  No

**Translocation**

550. t(1;3)

Yes  No

551. t(2;11)

Yes  No

552. t(3;3)

Yes  No

553. t(3;21)

Yes  No

554. t(6;9)

Yes  No

555. t(11;16)

Yes  No

**Deletion**

556. del(3q)/3q-

Yes  No

557. del(5q)/5q-

Yes  No

558. del(7q)/7q-

Yes  No

559. del(9q)/9q-

Yes  No

560. del(11q)/11q-

Yes  No

561. del(12p)/12p-

Yes  No

562. del(13q)/13q-

Yes  No

563. del(20q)/20q-

Yes  No

**Inversion**

564. inv(3)  Yes  No

**Other**

565. i17q  Yes  No

566. Other abnormality

Yes → 567. Specify other abnormality:

No \_\_\_\_\_

**Status at Transplantation**

568. What was the disease status?

- Complete remission (CR) - **requires all of the following, maintained for ≥ 4 weeks:** \* bone marrow evaluation: < 5% myeloblasts with normal maturation of all cell lines \* peripheral blood evaluation: hemoglobin ≥ 11 g/dL untransfused and without erythropoietin support; ANC ≥ 1000/mm<sup>3</sup> without myeloid growth factor support; platelets ≥ 100 x 10<sup>9</sup>/L without thrombopoietic support; 0% blasts - **Go to question 572**
- Hematologic improvement (HI) - **requires one measurement of the following, maintained for ≥ 8 weeks without ongoing cytotoxic therapy; specify which cell line was measured to determine HI response:** \* HI-E – hemoglobin increase of ≥ 1.5 g/dL untransfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks \* HI-P – for pre-treatment platelet count of > 20 x 10<sup>9</sup>/L, platelet absolute increase of ≥ 30 x 10<sup>9</sup>/L; for pre-treatment platelet count of < 20 x 10<sup>9</sup>/L, platelet absolute increase of ≥ 20 x 10<sup>9</sup>/L and ≥ 100% from pre-treatment level \* HI-N – neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm<sup>3</sup> - **Go to question 569**
- No response (NR)/stable disease (SD) - **does not meet the criteria for at least HI, but no evidence of disease progression - Go to question 572**
- Progression from hematologic improvement (Prog from HI) – **requires at least one of the following, in the absence of another explanation (e.g., infection, bleeding, ongoing chemotherapy, etc.):** \* ≥ 50% reduction from maximum response levels in granulocytes or platelets \* reduction in hemoglobin by ≥ 1.5 g/dL \*transfusion dependence - **Go to question 570**
- Relapse from complete remission (Rel from CR) - **requires at least one of the following:** \* return to pre-treatment bone marrow blast percentage \* decrease of ≥ 50% from maximum response levels in granulocytes or platelets \* transfusion dependence, or hemoglobin level ≥ 1.5 g/dL lower than prior to therapy - **Go to question 571**
- Not assessed - **Go to First Name.**

569. Specify the cell line examined to determine HI status:

- HI-E - **hemoglobin increase of ≥ 1.5 g/dL untransfused; for RBC transfusions performed for Hgb ≤ 9.0, reduction in RBC units transfused in 8 weeks by ≥ 4 units compared to the pre-treatment transfusion number in 8 weeks - Go to question 572**
- HI-P - **for pre-treatment platelet count of > 20 x 10<sup>9</sup>/L, platelet absolute increase of ≥ 30 x 10<sup>9</sup>/L; for pre-treatment platelet count of < 20 x 10<sup>9</sup>/L, platelet absolute increase of ≥ 20 x 10<sup>9</sup>/L and ≥ 100% from pre-treatment level - Go to question 572**
- HI-N - **neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm<sup>3</sup> - Go to question 572**

570. Date of progression: \_\_\_\_/\_\_\_\_/\_\_\_\_ - **Go to question 572**  
YYYY MM DD

571. Date of relapse: \_\_\_\_/\_\_\_\_/\_\_\_\_ - **Go to question 572**  
YYYY MM DD

572. Date assessed: \_\_\_\_/\_\_\_\_/\_\_\_\_ - **Go to First Name**  
YYYY MM DD

**Other Leukemia (OL)**

573. Specify the other leukemia classification:

- Chronic lymphocytic leukemia (CLL), NOS (34) - **Go to question 575**
- Chronic lymphocytic leukemia (CLL), B-cell/small lymphocytic lymphoma (SLL) (71) - **Go to question 575**
- Hairy cell leukemia (35) - **Go to question 578**
- Prolymphocytic leukemia (PLL), NOS (37) - **Go to question 575**
- PLL, B-cell (73) - **Go to question 575**
- PLL, T-cell (74) - **Go to question 575**
- Other leukemia, NOS (30) - **Go to question 577**
- Other leukemia (39) → 574. Specify other leukemia: \_\_\_\_\_  
- **Go to question 577**

575. Was any 17p abnormality detected?  Yes  No

**If disease classification is CLL, go to question 576. If PLL, go to question 578.**

576. Did a histologic transformation to diffuse large B-cell lymphoma (Richter syndrome) occur at any time after CLL diagnosis?

- Yes - **Go to question 583 - Also complete disease classification questions 583-585**
- No - **Go to question 578**

**Status at transplantation:**

577. What was the disease status? (Atypical CML)

- Primary induction failure
- 1<sup>st</sup> complete remission (no previous bone marrow or extramedullary relapse)
- 2<sup>nd</sup> complete remission
- ≥ 3<sup>rd</sup> complete remission
- 1<sup>st</sup> relapse
- 2<sup>nd</sup> relapse
- ≥ 3<sup>rd</sup> relapse
- No treatment

- **Go to question 579**

**Status at transplantation:**

578. What was the disease status? (CLL, PLL, Hairy cell Leukemia)

- Never treated
- Complete remission (CR)
- Nodular partial remission (nPR)
- Partial remission (PR)
- No response/stable (NR/SD)
- Progression
- Relapse (untreated)

579. Date assessed: \_\_\_ / \_\_\_ / \_\_\_ - **Go to First Name**  
                                  YYYY           MM           DD

**Hodgkin Lymphoma**

580. Specify Hodgkin lymphoma classification:

- Nodular lymphocyte predominant Hodgkin lymphoma (155)
- Lymphocyte-rich (151)
- Nodular sclerosis (152)
- Mixed cellularity (153)
- Lymphocyte depleted (154)
- Hodgkin lymphoma, NOS (150)

**Status at transplantation:**

581. What was the disease status?

- Disease untreated
- PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.
- PIF sen/PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.
- PIF unk - Primary induction failure – sensitivity unknown
- CR1 - 1<sup>st</sup> complete remission: no bone marrow or extramedullary relapse prior to transplant
- CR2 - 2<sup>nd</sup> complete remission
- CR3+ - 3<sup>rd</sup> or subsequent complete remission
- REL1 unt - 1<sup>st</sup> relapse – untreated; includes either bone marrow or extramedullary relapse
- REL1 res - 1<sup>st</sup> relapse – resistant: stable or progressive disease with treatment
- REL1 sen - 1<sup>st</sup> relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2)
- REL1 unk - 1<sup>st</sup> relapse – sensitivity unknown
- REL2 unt - 2<sup>nd</sup> relapse – untreated: includes either bone marrow or extramedullary relapse
- REL2 res - 2<sup>nd</sup> relapse – resistant: stable or progressive disease with treatment
- REL2 sen - 2<sup>nd</sup> relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)
- REL2 unk - 2<sup>nd</sup> relapse – sensitivity unknown
- REL3+ unt - 3<sup>rd</sup> or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse
- REL3+ res - 3<sup>rd</sup> or subsequent relapse – resistant: stable or progressive disease with treatment
- REL3+ sen - 3<sup>rd</sup> or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)
- REL3+ unk - 3<sup>rd</sup> relapse or greater – sensitivity unknown

582. Date assessed: \_\_\_/\_\_\_/\_\_\_ - **Go to First Name**  
                                  YYYY      MM      DD



**Non-Hodgkin Lymphoma**

583. Specify Non-Hodgkin lymphoma classification:

- Splenic marginal zone B-cell lymphoma (124)
- Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)
- Nodal marginal zone B-cell lymphoma ( $\pm$  monocytoid B-cells) (123)
- Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
- Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)
- Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)
- Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)
- Follicular (grade unknown) (164)
- Mantle cell lymphoma (115)
- Intravascular large B-cell lymphoma (136)
- Primary mediastinal (thymic) large B-cell lymphoma (125)
- Primary effusion lymphoma (138)
- Diffuse, large B-cell lymphoma — NOS (107)
- Burkitt lymphoma (111)
- B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and Burkitt lymphoma (140)
- B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin Lymphoma (149)
- T-cell/histiocytic rich large B-cell lymphoma (120)
- Primary diffuse large B-cell lymphoma of the CNS (118)
- Waldenstrom macroglobulinemia/Lymphoplasmacytic lymphoma (173)
- Other B-cell lymphoma (129) – **Go to question 584**
- Extranodal NK/T-cell lymphoma, nasal type (137)
- Enteropathy-type T-cell lymphoma (133)
- Hepatosplenic T-cell lymphoma (145)
- Subcutaneous panniculitis-like T-cell lymphoma (146)
- Mycosis fungoides (141)
- Sezary syndrome (142)
- Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147)
- Peripheral T-cell lymphoma (PTCL), NOS (130)
- Angioimmunoblastic T-cell lymphoma (131)
- Anaplastic large-cell lymphoma (ALCL), ALK positive (143)
- Anaplastic large-cell lymphoma (ALCL), ALK negative (144)
- T-cell large granular lymphocytic leukemia (126)
- Aggressive NK-cell leukemia (27)
- Adult T-cell lymphoma/leukemia (HTLV1 associated) (134)
- Other T-cell/NK-cell lymphoma (139) - **Go to question 584**

584. Specify other lymphoma: \_\_\_\_\_

585. Is the non-Hodgkin lymphoma histology reported at diagnosis (question 583) a transformation from CLL?

Yes **(Also complete Disease Classification questions 573 - 576)**

No → 586. Is the non-Hodgkin lymphoma histology reported (in question 583) a transformation from, or was it diagnosed at the same time as another lymphoma (not CLL)?

Yes  No

#### Status at Transplantation

587. What was the disease status?

Disease untreated

PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment.

PIF sen/PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment.

PIF unk - Primary induction failure – sensitivity unknown

CR1 - 1<sup>st</sup> complete remission: no bone marrow or extramedullary relapse prior to transplant

CR2 - 2<sup>nd</sup> complete remission

CR3+ - 3<sup>rd</sup> or subsequent complete remission

REL1 unt - 1<sup>st</sup> relapse – untreated; includes either bone marrow or extramedullary relapse

REL1 res - 1<sup>st</sup> relapse – resistant: stable or progressive disease with treatment

REL1 sen - 1<sup>st</sup> relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2)

REL1 unk - 1<sup>st</sup> relapse – sensitivity unknown

REL2 unt - 2<sup>nd</sup> relapse – untreated: includes either bone marrow or extramedullary relapse

REL2 res - 2<sup>nd</sup> relapse – resistant: stable or progressive disease with treatment

REL2 sen - 2<sup>nd</sup> relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)

REL2 unk - 2<sup>nd</sup> relapse – sensitivity unknown

REL3+ unt - 3<sup>rd</sup> or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse

REL3+ res - 3<sup>rd</sup> or subsequent relapse – resistant: stable or progressive disease with treatment

REL3+ sen - 3<sup>rd</sup> or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+)

REL3+ unk - 3<sup>rd</sup> relapse or greater – sensitivity unknown

588. Date assessed: \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ - **Go to First Name**  
 YYY Y MM DD

**Multiple Myeloma/Plasma Cell Disorder (PCD)**

589. Specify the multiple myeloma/plasma cell disorder (PCD) classification:

- Multiple myeloma-IgG (181) - **Go to questions 591**
- Multiple myeloma-IgA (182) - **Go to questions 591**
- Multiple myeloma-IgD (183) - **Go to questions 591**
- Multiple myeloma-IgE (184) - **Go to questions 591**
- Multiple myeloma-IgM (not Waldenstrom macroglobulinemia) (185) - **Go to questions 591**
- Multiple myeloma-light chain only (186) - **Go to questions 591**
- Multiple myeloma-non-secretory (187) - **Go to questions 592**
- Plasma cell leukemia (172) - **Go to question 597**
- Solitary plasmacytoma (no evidence of myeloma) (175) - **Go to question 597**
- Amyloidosis (174) - **Go to question 597**
- Osteosclerotic myeloma/POEMS syndrome (176) - **Go to question 597**
- Light chain deposition disease (177) - **Go to question 597**
- Other plasma cell disorder (179) - **Go to question 590**

590. Specify other plasma cell disorder: \_\_\_\_\_  
- **Go to question 597**591. Light chain  kappa  lambda

592. What was the Durie-Salmon staging (at diagnosis)?

- Stage I (All of the following: Hgb > 10g/dL; serum calcium normal or <10.5 mg/dL; bone x-ray normal bone structure (scale 0), or solitary bone plasmacytoma only; low M-component production rates IgG < 5g/dL, IgA < 3g/dL; urine light chain M-component on electrophoresis <4g/24h) - **Go to questions 593**
- Stage II (Fitting neither Stage I or Stage III) - **Go to questions 593**
- Stage III (One of more of the following: Hgb <8.5 g/dL; serum calcium > 12 mg/dL; advanced lytic bone lesions (scale 3); high M-component production rates IgG >7g/dL, IgA > 5g/dL; Bence Jones protein >12g/24h)  
- **Go to questions 593**
- Unknown - **Go to questions 594**

593. What was the Durie-Salmon sub classification (at diagnosis)?

- A - relatively normal renal function (serum creatinine < 2.0 mg/dL)
- B - abnormal renal function (serum creatinine ≥ 2.0 mg/dL)

**I.S.S.:**594. Serum  $\beta$ 2-microglobulin:\_\_\_\_\_ • \_\_\_\_\_   $\mu$ g/dL  mg/L  nmol/L595. Serum albumin: \_\_\_\_\_ • \_\_\_\_\_  g/dL  g/L

596. Stage

- 1 ( $\beta_2$ -mic < 3.5, S. albumin > 3.5)
- 2 ( $\beta_2$ -mic 3.5- < 5.5, S. albumin —)
- 3 ( $\beta_2$ -mic ≥ 5.5; S. albumin —)

597. Were cytogenetics tested (conventional or FISH)?

- Yes
- No
- Unknown

598. Results of tests:

- Abnormalities identified
- No evaluable metaphases
- No abnormalities

**Specify cytogenetic abnormalities identified at any time prior to the start of the preparative regimen:**

**Trisomy**

- 599. +3  Yes  No
- 600. +5  Yes  No
- 601. +7  Yes  No
- 602. +9  Yes  No
- 603. +11  Yes  No
- 604. +15  Yes  No
- 605. +19  Yes  No

**Translocation**

- 606. t(4;14)  Yes  No
- 607. t(6;14)  Yes  No
- 608. t(11;14)  Yes  No
- 609. t(14;16)  Yes  No
- 610. t(14;20)  Yes  No

**Deletion**

- 611. del 13/13q-  Yes  No
- 612. del 17/17p-  Yes  No

**Other**

- 613. Hyperdiploid (>50)  Yes  No
- 614. Hypodiploid (<46)  Yes  No
- 615. Any abnormality at 1q  Yes  No
- 616. Any abnormality at 1p  Yes  No
- 617. Other abnormality

- Yes → 618. Specify other abnormality: \_\_\_\_\_
- No

**Status at transplantation:**

619. What was the disease status?

- Stringent complete remission (sCR) - **CR as defined, plus: normal free light chain ratio, and absence of clonal cells in the bone marrow by immunohistochemistry or immunofluorescence (confirmation with repeat bone marrow biopsy not needed). (Presence and/or absence of clonal cells is based upon the  $\kappa/\lambda$  ratio. An abnormal  $\kappa/\lambda$  ratio by immunohistochemistry and/or immunofluorescence requires a minimum of 100 plasma cells for analysis. An abnormal ratio reflecting the presence of an abnormal clone is  $\kappa/\lambda$  of > 4:1 or < 1:2.) sCR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy sCR requirements. - Go to questions 620**
- Complete remission (CR) - **negative immunofixation on serum and urine samples, and disappearance of any soft tissue plasmacytomas, and  $\leq$  5% plasma cells in the bone marrow (confirmation with repeat bone marrow biopsy not needed). CR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies**

are not required to satisfy CR requirements. - *Go to questions 620*

- Near complete remission (nCR) - serum & urine M-protein detectable by immunoelectrophoresis (IFE), but not on electrophoresis (negative SPEP & UPEP);  $\leq 5\%$  plasma cells in bone marrow. nCR requires two consecutive assessments made at any time before the initiation of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy nCR requirements. - *Go to questions 620*
- Very good partial remission (VGPR) - serum and urine M-protein detectable by immunofixation but not on electrophoresis, or  $\geq 90\%$  reduction in serum M-protein and urine M-protein level  $< 100$  mg/24 hours. VGPR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy VGPR requirements. - *Go to questions 620*
- Partial remission (PR) -  $\geq 50\%$  reduction in serum M-protein, and reduction in 24-hour urinary M-protein by  $\geq 90\%$  or to  $< 200$  mg/24 hours. If the serum and urine M-protein are unmeasurable (i.e., do not meet any of the following criteria: • serum M-protein  $\geq 1$  g/dL. Urine M-protein  $\geq 200$  mg/24 hours • serum free light chain assay shows involved level  $\geq 10$  mg/dL, provided serum free light chain ratio is abnormal), a  $\geq 50\%$  decrease in the difference between involved and uninvolved free light chain levels is required in place of the M-protein criteria. If serum and urine M-protein are unmeasurable, and serum free light assay is also unmeasurable, a  $\geq 50\%$  reduction in plasma cells is required in place of M-protein, provided the baseline bone marrow plasma cell percentage was  $\geq 30\%$ . In addition to the above listed criteria, a  $\geq 50\%$  reduction in the size of soft tissue plasmacytomas is also required, if present at baseline. PR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy PR requirements. - *Go to questions 620*
- Stable disease (SD) - not meeting the criteria for CR, VGPR, PR or PD. SD requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy SD requirements. - *Go to questions 620*
- Progressive disease (PD) - requires any one or more of the following: Increase of  $\geq 25\%$  from baseline in: serum M-component and/or (absolute increase  $\geq 0.5$  g/dL) (for progressive disease, serum M-component increases of  $\geq 1$  g/dL are sufficient to define relapse if the starting M-component is  $\geq 5$  g/dL). Urine M-component and/or (absolute increase  $\geq 200$  mg. 24 hours) for recipients without measurable serum and urine M-protein levels: the difference between involved and uninvolved free light chain levels (absolute increase  $> 10$  mg/dL). Bone marrow plasma cell percentage (absolute percentage  $\geq 10\%$ ) (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) definite development of new bone lesions or soft tissue plasmacytomas, or definite increase in the size of any existing bone lesions or soft tissue plasmacytomas. Development of hypercalcemia (corrected serum calcium  $> 11.5$  mg/dL or 2.65 mmol) that can be attributed solely to the plasma cell proliferative disorder PD requires two consecutive assessments made at any time before classification as disease progression, and/or the institution of any new therapy. - *Go to questions 620*
- Relapse from CR (Rel) (untreated) - requires one or more of the following: reappearance of serum or urine M-protein by immunofixation or electrophoresis development of  $\geq 5\%$  plasma cells in the bone marrow (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse) appearance of any other sign of progression (e.g., new plasmacytoma, lytic bone lesion, hypercalcemia) Rel requires two consecutive assessments made at any time before classification as relapse, and/or the institution of any new therapy. - *Go to questions 620*
- Unknown - *Go to First Name*
- Not applicable - (Amyloidosis with no evidence of myeloma) - *Go to First Name*

620. Date assessed: \_\_\_ / \_\_\_ / \_\_\_ - *Go to First Name*  
 YYYY MM DD

**Solid Tumors**

621. Specify the solid tumor classification:

- Breast cancer (250)
- Lung, small cell (202)
- Lung, non-small cell (203)
- Lung, not otherwise specified (230)
- Germ cell tumor, extragonadal (225)
- Testicular (210)
- Ovarian (epithelial) (214)
- Bone sarcoma (excluding Ewing family tumors) (273)
- Ewing family tumors of bone (including PNET) (275)
- Ewing family tumors, extrasosseous (including PNET) (276)
- Fibrosarcoma (244)
- Hemangiosarcoma (246)
- Leiomyosarcoma (242)
- Liposarcoma (243)
- Lymphangio sarcoma (247)
- Neurogenic sarcoma (248)
- Rhabdomyosarcoma (232)
- Synovial sarcoma (245)
- Soft tissue sarcoma (excluding Ewing family tumors) (274)
- Central nervous system tumor, including CNS PNET (220)
- Medulloblastoma (226)
- Neuroblastoma (222)
- Head/neck (201)
- Mediastinal neoplasm (204)
- Colorectal (228)
- Gastric (229)
- Pancreatic (206)
- Hepatobiliary (207)
- Prostate (209)
- External genitalia (211)
- Cervical (212)
- Uterine (213)
- Vaginal (215)
- Melanoma (219)
- Wilm tumor (221)
- Retinoblastoma (223)
- Thymoma (231)
- Renal cell (208)
- Other solid tumor (269)

Solid tumor, not otherwise specified (200)
   
 → 622. Specify other solid tumor: \_\_\_\_\_

**- Go to First Name**

**Severe Aplastic Anemia**

623. Specify the severe aplastic anemia classification:

- Acquired severe aplastic anemia, not otherwise specified (301)
- Acquired SAA secondary to hepatitis (302)
- Acquired SAA secondary to toxin / other drug (303)
- Acquired amegakaryocytosis (not congenital) (304)
- Acquired pure red cell aplasia (not congenital) (306)
- Dyskeratosis congenita (307)
- Other acquired cytopenic syndrome (309)

└─┬─> 624. Specify other acquired cytopenic syndrome: \_\_\_\_\_

**- Go to First Name****Inherited Abnormalities of Erythrocyte Differentiation or Function**

625. Specify the inherited abnormalities of erythrocyte differentiation or function classification:

- Paroxysmal nocturnal hemoglobinuria (PNH) (56)
  - Shwachman-Diamond (305)
  - Diamond-Blackfan anemia (pure red cell aplasia) (312)
  - Other constitutional anemia (319)
- └─┬─> 626. Specify other constitutional anemia: \_\_\_\_\_
- Fanconi anemia (311) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease).
  - Sickle thalassemia (355)
  - Sickle cell disease (356)
  - Beta thalassemia major (357)
  - Other hemoglobinopathy (359)

└─┬─> 627. Specify other hemoglobinopathy: \_\_\_\_\_

**- Go to First Name**

**Disorders of the immune system**

628. Specify disorder of immune system classification:

- Adenosine deaminase (ADA) deficiency/severe combined immunodeficiency (SCID) (401)
- Absence of T and B cells SCID (402)
- Absence of T, normal B cell SCID (403)
- Omenn syndrome (404)
- Reticular dysgenesis (405)
- Bare lymphocyte syndrome (406)
- Other SCID (419)

└─┬─> 629. Specify other SCID: \_\_\_\_\_

- SCID, not otherwise specified (410)
- Ataxia telangiectasia (451)
- HIV infection (452)
- DiGeorge anomaly (454)
- Common variable immunodeficiency (457)
- Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459)
- Kostmann agranulocytosis (congenital neutropenia) (460)
- Neutrophil actin deficiency (461)
- Cartilage-hair hypoplasia (462)
- CD40 ligand deficiency (464)
- Other immunodeficiencies (479)

└─┬─> 630. Specify other immunodeficiency: \_\_\_\_\_

- Immune deficiency, not otherwise specified (400)
- Chediak-Higashi syndrome (456)
- Griscelli syndrome type 2 (465)
- Hermansky-Pudlak syndrome type 2 (466)
- Chronic granulomatous disease (455)
- Wiskott-Aldrich syndrome (453)
- X-linked lymphoproliferative syndrome (458)

**- Go to First Name****Inherited abnormalities of platelets**

631. Specify inherited abnormalities of platelets classification:

- Congenital amegakaryocytosis/congenital thrombocytopenia (501)
- Glanzmann thrombasthenia (502)
- Other inherited platelet abnormality (509)

└─┬─> 632. Specify other inherited platelet abnormality: \_\_\_\_\_

**- Go to First Name**



**Inherited Disorders of Metabolism**

633. Specify inherited disorders of metabolism classification:

- Osteopetrosis (malignant infantile osteopetrosis) (521)

**Leukodystrophies**

- Metachromatic leukodystrophy (MLD) (542)  
 Adrenoleukodystrophy (ALD) (543)  
 Krabbe disease (globoid leukodystrophy) (544)  
 Lesch-Nyhan (HGPRT deficiency) (522)  
 Neuronal ceroid lipofuscinosis (Batten disease) (523)

**Mucopolysaccharidoses**


- Hurler syndrome (IH) (531)  
 Scheie syndrome (IS) (532)  
 Hunter syndrome (II) (533)  
 Sanfilippo (III) (534)  
 Morquio (IV) (535)  
 Maroteaux-Lamy (VI) (536)  
  $\beta$ -glucuronidase deficiency (VII) (537)  
 Mucopolysaccharidosis (V) (538)  
 Mucopolysaccharidosis, not otherwise specified (530)

**Mucolipidoses**

- Gaucher disease (541)  
 Niemann-Pick disease (545)  
 I-cell disease (546)  
 Wolman disease (547)  
 Glucose storage disease (548)  
 Mucolipidoses, not otherwise specified (540)

**Polysaccharide hydrolase abnormalities**

- Aspartyl glucosaminidase (561)  
 Fucosidosis (562)  
 Mannosidosis (563)  
 Polysaccharide hydrolase abnormality, not otherwise specified (560)  
 Other inherited metabolic disorder (529)

 634. Specify other inherited metabolic disorder: \_\_\_\_\_

- Inherited metabolic disorder, not otherwise specified (520)

**- Go to First Name**

**Histiocytic disorders**

635. Specify histiocytic disorder classification:

- Hemophagocytic lymphohistiocytosis (HLH) (571)
- Langerhans cell histiocytosis (histiocytosis-X) (572)
- Hemophagocytosis (reactive or viral associated) (573)
- Malignant histiocytosis (574)
- Other histiocytic disorder (579)

└───┬───> 636. Specify other histiocytic disorder: \_\_\_\_\_

- Histiocytic disorder, not otherwise specified (570)

**- Go to First Name**

**Autoimmune diseases**

637. Specify autoimmune disease classification:

**Arthritis**

- Rheumatoid arthritis (603)
- Psoriatic arthritis/psoriasis (604)
- Juvenile idiopathic arthritis (JIA): systemic (Stills disease) (640)
- JIA: oligoarticular (641)
- Juvenile idiopathic arthritis (JIA): other (643)

└─┬─> 639. Specify other juvenile idiopathic arthritis (JIA): \_\_\_\_\_

- Other arthritis (633)

└─┬─> 638. Specify other arthritis: \_\_\_\_\_

**Multiple sclerosis**

- Multiple sclerosis (602)

**Connective tissue diseases**

- Systemic sclerosis (scleroderma) (607)
- Systemic lupus erythematosus (SLE) (605)
- Sjögren syndrome (608)
- Polymyositis/dermatomyositis (606)
- Antiphospholipid syndrome (614)
- Other connective tissue disease (634)

└─┬─> 640. Specify other connective tissue disease: \_\_\_\_\_

**Vasculitis**

- Wegener granulomatosis (610)
- Classical polyarteritis nodosa (631)
- Microscopic polyarteritis nodosa (632)
- Churg-Strauss (635)
- Giant cell arteritis (636)
- Takayasu (637)
- Behcet syndrome (638)
- Overlap necrotizing arteritis (639)
- Other vasculitis (611)

└─┬─> 641. Specify other vasculitis: \_\_\_\_\_

**Other neurological autoimmune diseases**

- Myasthenia gravis (601)
- Other autoimmune neurological disorder (644)

└─┬─> 642. Specify other autoimmune neurological disorder: \_\_\_\_\_

**Hematological autoimmune diseases**

- Idiopathic thrombocytopenic purpura (ITP) (645)
- Hemolytic anemia (646)
- Evan syndrome (647)
- Other autoimmune cytopenia (648)

└─┬─> 643. Specify other autoimmune cytopenia: \_\_\_\_\_

**Bowel diseases**

- Crohn's disease (649)
- Ulcerative colitis (650)
- Other autoimmune bowel disorder (651)

└─┬─> 644. Specify other autoimmune bowel disorder: \_\_\_\_\_

**- Go to First Name**

**Other Disease**

645. Specify other disease: \_\_\_\_\_

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

CIBMTR Recipient ID: \_\_\_\_\_

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

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

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

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
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