CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Disease Classification

CIBMTR Use Only
Sequence Number:

Date Received:

OMB No: 0915-0310
Expiration Date: 1/31/2020

CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Event date: __ __ __ __ / __ __ / __ __
YYYY MM DD

Primary Disease for HCT / Cellular Therapy

1. Date of diagnosis of primary disease for HCT / cellular therapy: __ __ __ __ / __ __ / __ __
   YYYY MM DD

2. What was the primary disease for which the HCT / cellular therapy was performed?

- ☐ Acute myelogenous leukemia (AML or ANLL) (10) ***- Go to question 3***
- ☐ Acute lymphoblastic leukemia (ALL) (20) ***- Go to question 96***
- ☐ Acute leukemia of ambiguous lineage and other myeloid neoplasms (80) ***- Go to question 164***
- ☐ Chronic myelogenous leukemia (CML) (40) ***- Go to question 168***
- ☐ 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 179***
- ☐ Other leukemia (30) (includes CLL) ***- Go to question 229***
- ☐ Hodgkin lymphoma (150) ***- Go to question 236***
- ☐ Non-Hodgkin lymphoma (100) ***- Go to question 236***
- ☐ Multiple myeloma / plasma cell disorder (PCD) (170) ***- Go to question 254***
- ☐ Solid tumors (200) ***- Go to question 269***
- ☐ Severe aplastic anemia (300) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease) ***- Go to question 271***
- ☐ Inherited abnormalities of erythrocyte differentiation or function (310) ***- Go to question 273***
- ☐ Disorders of the immune system (400) ***- Go to question 307***
- ☐ Inherited abnormalities of platelets (500) ***- Go to question 314***
- ☐ Inherited disorders of metabolism (520) ***- Go to question 316***
- ☐ Histiocytic disorders (570) ***- Go to question 319***
- ☐ Autoimmune diseases (600) ***- Go to question 324***
- ☐ Tolerance induction associated with solid organ transplant ***- Go to question 327***
- ☐ Recessive Dystrophic Epidermolysis Bullosa ***- Go to signature line***
- ☐ Other disease (900) ***- Go to question 329***

Acute Myelogenous Leukemia (AML)

3. Specify the AML classification:

AML with recurrent genetic abnormalities

- ☐ AML with t(9;11) (p22.3;q23.3); MLLT3-KMT2A (5)
- ☐ AML with t(6;9) (p23;q34.1); DEK-NUP214 (6)
- ☐ AML with inv(3) (q21.3;q26.2) or t(3;3) (q21.3;q26.2); GATA2, MECOM (7)
- ☐ AML (megakaryoblastic) with t(1;22) (p13.3;q13.3); RBM15-MKL1 (8)
- ☐ AML with t(8;21); (q22; q22.1); RUNX1-RUNX1T1 (281)
- ☐ AML with inv(16)(p13.1;1q22) or t(16;16)(p13.1; q22); CBFB-MYH11 (282)
- ☐ APL with PML-RARA (283)
- ☐ AML with BCR-ABL1 (provisional entity) (3)
- ☐ AML with mutated NPM1 (4)
- ☐ AML with biallelic mutations of CEBPA (297)
- ☐ AML with mutated RUNX1 (provisional entity) (298)
- ☐ 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)

AML, not otherwise specified

- ☐ AML, not otherwise specified (280)
- ☐ AML, minimally differentiated (286)
- ☐ AML without maturation (287)
- ☐ AML with maturation (288)
- ☐ Acute myelomonocytic leukemia (289)
- ☐ Acute monoblastic / acute monocytic leukemia (290)
- ☐ Acute erythroid leukemia (erythroid / myeloid and pure erythroleukemia) (291)
- ☐ Acute megakaryoblastic leukemia (292)
- ☐ Acute basophilic leukemia (293)
- ☐ Acute panmyelosis with myelofibrosis (294)
- ☐ Myeloid sarcoma (295)
- ☐ Myeloid leukemia associated with Down syndrome (299)

4. Did AML transform from MDS or MPN? ☐ Yes **– Also complete MDS Disease Classification questions** ☐ No

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

6. Did the recipient have a predisposing condition?

- ☐ Yes →
- ☐ No
- ☐ Unknown

7. Specify condition:

- ☐ Bloom syndrome
- ☐ Down syndrome
- ☐ Fanconi anemia **– Also complete CIBMTR Form 2029**
- ☐ Dyskeratosis congenita
- ☐ Other condition →

8. Specify other condition: _____

Labs at diagnosis

9. Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)
   - ☐ Yes →
   - ☐ No
   - ☐ Unknown

10. Were cytogenetics tested via FISH?
    - ☐ Yes →
    - ☐ No

11. Results of tests:
    - ☐ Abnormalities identified →
    - ☐ No abnormalities

Specify cytogenetic abnormalities identified at diagnosis:

12. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

13. Specify number of distinct cytogenetic abnormalities:
    - ☐ One (1)
    - ☐ Two (2)
    - ☐ Three (3)
    - ☐ Four or more (4 or more)

14. Specify abnormalities (check all that apply)
    - ☐ -5
    - ☐ -7
    - ☐ -17
    - ☐ -18
    - ☐ -X
    - ☐ -Y
    - ☐ +4
    - ☐ +8
    - ☐ +11
    - ☐ +13
    - ☐ +14
    - ☐ +21
    - ☐ +22
    - ☐ t(3;3)
    - ☐ t(6;9)
    - ☐ t(8;21)
    - ☐ t(9;11)
    - ☐ t(9;22)
    - ☐ t(15;17) and variants
    - ☐ t(16;16)
    - ☐ del(3q) / 3q–
    - ☐ del(5q) / 5q–
    - ☐ del(7q) / 7q–
    - ☐ del(9q) / 9q–
    - ☐ del(11q) / 11q–
    - ☐ del(16q) / 16q–

- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality →

15. Specify other abnormality: _____

16. Were cytogenetics tested via karyotyping?

- ☐ Yes →
- ☐ No

17. Results of tests:

- ☐ Abnormalities identified →
- ☐ No evaluable metaphases
- ☐ No abnormalities

Specify cytogenetic abnormalities identified at diagnosis:

18. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

19. Specify number of distinct cytogenetic abnormalities:

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

20. Specify abnormalities: (check all that apply)

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21

- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality →

21. Specify other abnormality: _____

22. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) ☐ Yes ☐ No

23. Were tests for molecular markers performed (e.g. PCR, NGS)? (at diagnosis)

- ☐ Yes →
- ☐ No
- ☐ Unknown

Specify molecular markers identified at diagnosis:

24. CEBPA
- ☐ Positive →
- ☐ Negative
- ☐ Not done

25. Specify CEBPA mutation
- ☐ Biallelic (homozygous)
- ☐ Monoallelic (heterozygous)
- ☐ Unknown

26. FLT3 – D835 point mutation ☐ Positive ☐ Negative ☐ Not done

27. FLT3 – ITD mutation
- ☐ Positive →
- ☐ Negative
- ☐ Not done

28. FLT3 – ITD allelic ratio
- ☐ Known →
- ☐ Unknown

29. Specify FLT3 - ITD allelic ratio: ___ • ___

30. IDH1	☐ Positive	☐ Negative	☐ Not done
31. IDH2	☐ Positive	☐ Negative	☐ Not done
32. KIT	☐ Positive	☐ Negative	☐ Not done
33. NPM1	☐ Positive	☐ Negative	☐ Not done

34. Other molecular marker

☐ Positive → 35. Specify other molecular marker: _____

☐ Negative →

☐ Not done

Copy and complete questions 34-35 for multiple molecular markers.

Labs between diagnosis and last evaluation:

36. Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)

☐ Yes →

☐ No

☐ Unknown

37. Were cytogenetics tested via FISH?

☐ Yes →

☐ No

38. Results of tests:

☐ Abnormalities identified →

☐ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

39. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

40. Specify number of distinct cytogenetic abnormalities:

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

41. Specify abnormalities (check all that apply)

☐ -5

☐ -7

☐ -17

☐ -18

☐ -X

☐ -Y

☐ +4

☐ +8

☐ +11

☐ +13

☐ +14

☐ +21

☐ +22

☐ t(3;3)

- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality →

42. Specify other abnormality:

_____

43. Were cytogenetics tested via karyotyping?

- ☐ Yes →
- ☐ No

44. Results of tests:

- ☐ Abnormalities identified →
- ☐ No evaluable metaphases
- ☐ No abnormalities

Specify cytogenetic abnormalities identified between diagnosis and last evaluation:

45. International System for Human Cytogenetic Nomenclature (ISCN) compatible string:_____

46. Specify number of distinct cytogenetic abnormalities:

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

47. Specify abnormalities (check all that apply)

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–

- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality →

48. Specify other abnormality: _____

49. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) ☐ Yes ☐ No

50. Were tests for molecular markers performed (e.g. PCR, NGS)? (between diagnosis and last evaluation)

- ☐ Yes →
- ☐ No
- ☐ Unknown

Specify molecular markers identified between diagnosis:

51. CEBPA
- ☐ Positive →
- ☐ Negative
- ☐ Not done

52. Specify CEBPA mutation
- ☐ Biallelic (homozygous)
- ☐ Monoallelic (heterozygous)
- ☐ Unknown

53. FLT3 – D835 point mutation ☐ Positive ☐ Negative ☐ Not done

54. FLT3 – ITD mutation
- ☐ Positive →
- ☐ Negative
- ☐ Not done

55. FLT3 – ITD allelic ratio
- ☐ Known →
- ☐ Unknown

56. Specify FLT3 - ITD allelic ratio: ___ • ___

57. IDH1 ☐ Positive ☐ Negative ☐ Not done

58. IDH2 ☐ Positive ☐ Negative ☐ Not done

59. KIT ☐ Positive ☐ Negative ☐ Not done

60. NPM1 ☐ Positive ☐ Negative ☐ Not done

61. Other molecular marker
- ☐ Positive →
- ☐ Negative →
- ☐ Not done

62. Specify other molecular marker: _____

Copy and complete questions 61-62 to report multiple other molecular markers.

Labs at last evaluation:

63. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)
- ☐ Yes →
- ☐ No
- ☐ Unknown

64. Were cytogenetics tested via FISH?
- ☐ Yes →
- ☐ No

65. Results of tests:
- ☐ Abnormalities identified →
- ☐ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation:

66. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

67. Specify number of distinct cytogenetic abnormalities:
- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

68. Specify abnormalities (check all that apply)
- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22
- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–

- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality →

69. Specify other abnormality: _____

70. Were cytogenetics tested via karyotyping?

- ☐ Yes →
- ☐ No

71. Results of tests:

- ☐ Abnormalities identified →
- ☐ No evaluable metaphases
- ☐ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation:

72. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

73. Specify number of distinct cytogenetic abnormalities:

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

74. Specify abnormalities (check all that apply)

- ☐ -5
- ☐ -7
- ☐ -17
- ☐ -18
- ☐ -X
- ☐ -Y
- ☐ +4
- ☐ +8
- ☐ +11
- ☐ +13
- ☐ +14
- ☐ +21
- ☐ +22

- ☐ t(3;3)
- ☐ t(6;9)
- ☐ t(8;21)
- ☐ t(9;11)
- ☐ t(9;22)
- ☐ t(15;17) and variants
- ☐ t(16;16)
- ☐ del(3q) / 3q–
- ☐ del(5q) / 5q–
- ☐ del(7q) / 7q–
- ☐ del(9q) / 9q–
- ☐ del(11q) / 11q–
- ☐ del(16q) / 16q–
- ☐ del(17q) / 17q–
- ☐ del(20q) / 20q–
- ☐ del(21q) / 21q–
- ☐ inv(3)
- ☐ inv(16)
- ☐ (11q23) any abnormality
- ☐ 12p any abnormality
- ☐ Other abnormality →

75. Specify other abnormality: _____

76. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) ☐ Yes ☐ No

77. Were tests for molecular markers performed (e.g. PCR, NGS)? (at last evaluation)

- ☐ Yes →
- ☐ No
- ☐ Unknown

Specify molecular markers identified at last evaluation:

78. CEBPA
- ☐ Positive →
- ☐ Negative
- ☐ Not done

79. Specify CEBPA mutation
- ☐ Biallelic (homozygous)
- ☐ Monoallelic (heterozygous)
- ☐ Unknown

80. FLT3 – D835 point mutation ☐ Positive ☐ Negative ☐ Not done

81. FLT3 – ITD mutation
- ☐ Positive →
- ☐ Negative
- ☐ Not done

82. FLT3 – ITD allelic ratio
- ☐ Known →
- ☐ Unknown

83. Specify FLT3 - ITD allelic ratio: ___ • ___

84.	IDH1	☐ Positive	☐ Negative	☐ Not done
85.	IDH2	☐ Positive	☐ Negative	☐ Not done
86.	KIT	☐ Positive	☐ Negative	☐ Not done
87.	NPM1	☐ Positive	☐ Negative	☐ Not done

88. Other molecular marker

☐ Positive
☐ Negative →
☐ Not done →

89. Specify other molecular marker:_____

Copy and complete questions 88-89 to report multiple other molecular markers.

CNS Leukemia

90. Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?

☐ Yes ☐ No ☐ Unknown

Status at transplantation:

91. What was the disease status (based on hematological test results)?

☐ Primary induction failure ***- Go to question 95***
☐ 1st complete remission (no previous bone marrow or extramedullary relapse) (include CRi) ***- Go to question 92*** →
☐ 2nd complete remission ***- Go to question 92*** →
☐ ≥ 3rd complete remission ***- Go to question 92*** →

92. How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRi)

☐ 1 ☐ 2 ☐ ≥ 3

93. Was the recipient in remission by flow cytometry?

☐ Yes ☐ No ☐ Unknown ☐ Not applicable

- Go to question 95

☐ 1st relapse ***- Go to question 94*** →
☐ 2nd relapse ***- Go to question 94*** →
☐ ≥ 3rd relapse ***- Go to question 94*** →
☐ No treatment ***- Go to question 95***

94. Date of most recent relapse:__ __ __ __ / __ __ / __ __
YYYY MM DD

95. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to signature line***
YYYY MM DD

Acute Lymphoblastic Leukemia (ALL)

96. Specify ALL classification:

B-lymphoblastic leukemia / lymphoma

- ☐ B-lymphoblastic leukemia / lymphoma, NOS (B-cell ALL, NOS) (191)
- ☐ B-lymphoblastic leukemia / lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1 (192)
- ☐ B-lymphoblastic leukemia / lymphoma with t(v;11q23.3); KMT2A rearranged (193)
- ☐ B-lymphoblastic leukemia / lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1 (194)
- ☐ B-lymphoblastic leukemia / lymphoma with t(12;21) (p13.2;q22.1); ETV6-RUNX1 (195)
- ☐ B-lymphoblastic leukemia / lymphoma with t(5;14) (q31.1;q32.3); IL3-IGH (81)
- ☐ B-lymphoblastic leukemia / lymphoma with Hyperdiploidy (51-65 chromosomes) (82)
- ☐ B-lymphoblastic leukemia / lymphoma with hypodiploidy (<46 chromosomes) (83)
- ☐ B-lymphoblastic leukemia / lymphoma, BCR-ABL1-like (provisional entity) (94)
- ☐ B-lymphoblastic leukemia / lymphoma, with iAMP21 (95)

T-cell lymphoblastic leukemia / lymphoma

- ☐ T-cell lymphoblastic leukemia/lymphoma (Precursor T-cell ALL) (196)
- ☐ Early T-cell precursor lymphoblastic leukemia (96)

NK cell lympoblastic leukemia/lymphoma

- ☐ Natural killer (NK)- cell lymphoblastic leukemia / lymphoma (97)

97. Did the recipient have a predisposing condition?

- ☐ Yes →
- ☐ No
- ☐ Unknown

98. Specify condition:

- ☐ Aplastic anemia **– Also complete CIBMTR Form 2028 — APL**
- ☐ Bloom syndrome
- ☐ Down syndrome
- ☐ Fanconi anemia **– Also complete CIBMTR Form 2029 — FAN**
- ☐ Other condition →

99. Specify other condition: _____

100. Were tyrosine kinase inhibitors given for therapy at any time prior to start of the preparative regimen / infusion? (e.g. imatinib mesylate, dasatinib, etc.) ☐ Yes ☐ No

Laboratory studies at diagnosis:

101. Were cytogenetics tested (karyotyping or FISH)? (at diagnosis)
- ☐ Yes →
- ☐ No
- ☐ Unknown

102. Were cytogenetics tested via FISH? (at diagnosis)
- ☐ Yes →
- ☐ No

103. Results of tests: (at diagnosis)
- ☐ Abnormalities identified →
- ☐ No abnormalities

Specify cytogenetic abnormalities identified:

104. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

105. Specify number of distinct cytogenetic abnormalities:
- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

106. Specify abnormalities: (check all that apply)
- ☐ -7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q–
- ☐ del(9p) / 9p–
- ☐ del(12p) / 12p–
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality →

107. Specify other abnormality: _____

108. Were cytogenetics tested via karyotyping? (at diagnosis)

☐ Yes →
☐ No

109. Results of tests: (at diagnosis)

☐ Abnormalities identified →
☐ No evaluable metaphases
☐ No abnormalities

Specify cytogenetic abnormalities identified:

110. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

111. Specify number of distinct cytogenetic abnormalities:

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

112. Specify abnormalities: (check all that apply)

☐ -7
☐ +4
☐ +8
☐ +17
☐ +21
☐ t(1;19)
☐ t(2;8)
☐ t(4;11)
☐ t(5;14)
☐ t(8;14)
☐ t(8;22)
☐ t(9;22)
☐ t(10;14)
☐ t(11;14)
☐ t(12;21)
☐ del(6q) / 6q–
☐ del(9p) / 9p–
☐ del(12p) / 12p–
☐ add(14q)
☐ (11q23) any abnormality
☐ 9p any abnormality
☐ 12p any abnormality
☐ Hyperdiploid (> 50)
☐ Hypodiploid (< 46)
☐ iAMP21
☐ Other abnormality →

113. Specify other abnormality: _____

114. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) ☐ Yes ☐ No

115. Were tests for molecular markers performed (e.g. PCR, NGS)? (at diagnosis)

☐ Yes → **Specify molecular markers identified at diagnosis:**

☐ No

☐ Unknown

116. BCR / ABL ☐ Positive ☐ Negative ☐ Not done

117. TEL-AML / AML1 ☐ Positive ☐ Negative ☐ Not done

118. Other molecular marker

☐ Positive →

☐ Negative →

☐ Not done

119. Specify other molecular marker: _____

Copy and complete questions 118-119 for additional molecular markers

Laboratory studies between diagnosis and last evaluation:

120. Were cytogenetics tested (karyotyping or FISH)? (between diagnosis and last evaluation)

☐ Yes →

☐ No

☐ Unknown

121. Were cytogenetics tested via FISH? (between diagnosis and the last evaluation)

☐ Yes →

☐ No

122. Results of tests: (between diagnosis and the last evaluation)

☐ Abnormalities identified →

☐ No abnormalities

Specify cytogenetic abnormalities identified:

123. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

124. Specify number of distinct cytogenetic abnormalities:

☐ One (1)

☐ Two (2)

☐ Three (3)

☐ Four or more (4 or more)

125. Specify abnormalities: (check all that apply)

☐ -7

☐ +4

☐ +8

☐ +17

☐ +21

☐ t(1;19)

☐ t(2;8)

☐ t(4;11)

☐ t(5;14)

☐ t(8;14)

☐ t(8;22)

☐ t(9;22)

☐ t(10;14)

☐ t(11;14)

☐ t(12;21)

- ☐ del(6q) / 6q–
- ☐ del(9p) / 9p–
- ☐ del(12p) / 12p–
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality →

126. Specify other abnormality: _____

127. Were cytogenetics tested via karyotyping? (between diagnosis and the last evaluation)

- ☐ Yes →
- ☐ No

128. Results of tests: (between diagnosis and the last evaluation)

- ☐ Abnormalities identified ↓
- ☐ No evaluable metaphases
- ☐ No abnormalities

Specify cytogenetic abnormalities identified:

129. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

130. Specify number of distinct cytogenetic abnormalities:

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

131. Specify abnormalities: (check all that apply)

- ☐ -7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)

- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q–
- ☐ del(9p) / 9p–
- ☐ del(12p) / 12p–
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality →

132. Specify other abnormality: _____

133. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) ☐ Yes ☐ No

134. Were tests for molecular markers performed (e.g. PCR, NGS)? (between diagnosis and last evaluation)

- ☐ Yes →
- ☐ No
- ☐ Unknown

Specify molecular markers identified between diagnosis and last evaluation:

135. BCR / ABL	☐ Positive	☐ Negative	☐ Not done
136. TEL-AML / AML1	☐ Positive	☐ Negative	☐ Not done

137. Other molecular marker

- ☐ Positive →
- ☐ Negative →
- ☐ Not done

138. Specify other molecular marker: _____

Copy and complete questions 137-138 for additional molecular markers

Laboratory studies at last evaluation:

139. Were cytogenetics tested (karyotyping or FISH)? (at last evaluation)
- ☐ Yes →
- ☐ No
- ☐ Unknown

140. Were cytogenetics tested via FISH?
- ☐ Yes →
- ☐ No

141. Results of tests:
- ☐ Abnormalities identified →
- ☐ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation:

142. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

143. Specify number of distinct cytogenetic abnormalities:
- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four or more (4 or more)

144. Specify abnormalities: (check all that apply)
- ☐ -7
- ☐ +4
- ☐ +8
- ☐ +17
- ☐ +21
- ☐ t(1;19)
- ☐ t(2;8)
- ☐ t(4;11)
- ☐ t(5;14)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(9;22)
- ☐ t(10;14)
- ☐ t(11;14)
- ☐ t(12;21)
- ☐ del(6q) / 6q–
- ☐ del(9p) / 9p–
- ☐ del(12p) / 12p–
- ☐ add(14q)
- ☐ (11q23) any abnormality
- ☐ 9p any abnormality
- ☐ 12p any abnormality
- ☐ Hyperdiploid (> 50)
- ☐ Hypodiploid (< 46)
- ☐ iAMP21
- ☐ Other abnormality →

145. Specify other abnormality: _____

146. Were cytogenetics tested via karyotyping? (at last evaluation)

☐ Yes →
☐ No

147. Results of tests:

☐ Abnormalities identified →
☐ No evaluable metaphases
☐ No abnormalities

Specify cytogenetic abnormalities identified at last evaluation:

148. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

149. Specify number of distinct cytogenetic abnormalities:

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

150. Specify abnormalities: (check all that apply)

☐ -7
☐ +4
☐ +8
☐ +17
☐ +21
☐ t(1;19)
☐ t(2;8)
☐ t(4;11)
☐ t(5;14)
☐ t(8;14)
☐ t(8;22)
☐ t(9;22)
☐ t(10;14)
☐ t(11;14)
☐ t(12;21)
☐ del(6q) / 6q–
☐ del(9p) / 9p–
☐ del(12p) / 12p–
☐ add(14q)
☐ (11q23) any abnormality
☐ 9p any abnormality
☐ 12p any abnormality
☐ Hyperdiploid (> 50)
☐ Hypodiploid (< 46)
☐ iAMP21
☐ Other abnormality →

151. Specify other abnormality: _____

152. Was documentation submitted to the CIBMTR? (e.g. cytogenetic or FISH report) ☐ Yes ☐ No

153. Were tests for molecular markers performed (e.g. PCR, NGS)? (at last evaluation)

☐ Yes → **Specify molecular markers identified at last evaluation:**

☐ No

☐ Unknown

154. BCR / ABL ☐ Positive ☐ Negative ☐ Not done

155. TEL-AML / AML1 ☐ Positive ☐ Negative ☐ Not done

156. Other molecular marker

☐ Positive →

☐ Negative →

☐ Not done

157. Specify other molecular marker: _____

Copy and complete questions 156-157 for additional molecular markers

CNS Leukemia

158. Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion?

☐ Yes ☐ No ☐ Unknown

Status at transplantation:

159. What was the disease status (based on hematological test results)?

☐ Primary induction failure ***- Go to question 163***

☐ 1st complete remission (no previous marrow or extramedullary relapse) (include CRi) ***- Go to question 160*** →

☐ 2nd complete remission ***- Go to question 160*** →

☐ ≥ 3rd complete remission ***- Go to question 160*** →

160. How many cycles of induction therapy were required to achieve 1st complete remission? (includes CRi) ***- Go to question 163***

☐ 1 ☐ 2 ☐ ≥ 3

161. Was the recipient in remission by flow cytometry?

☐ Yes ☐ No ☐ Unknown ☐ Not applicable

- Go to question 163

☐ 1st relapse ***- Go to question 162*** →

☐ 2nd relapse ***- Go to question 162*** →

☐ ≥ 3rd relapse ***- Go to question 162*** →

☐ No treatment ***- Go to question 163***

162. Date of most recent relapse: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

163. Date assessed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) ***- Go to signature line***

Acute Leukemias of Ambiguous Lineage and Other Myeloid Neoplasms

164. Specify acute leukemias of ambiguous lineage and other myeloid neoplasm classification:

☐ Blastic plasmacytoid dendritic cell neoplasm (296)

☐ Acute undifferentiated leukemia (31)

☐ Mixed phenotype acute leukemia (MPAL) with t(9;22)(q34.1;q11.2); BCR-ABL1 (84)

☐ Mixed phenotype acute leukemia with t(v; 11q23.3); KMT2A rearranged (85)

☐ Mixed phenotype acute leukemia, B/myeloid, NOS (86)

☐ Mixed phenotype acute leukemia, T/myeloid, NOS (87)

☐ Other acute leukemia of ambiguous lineage or myeloid neoplasm (88) →

165. Specify other acute leukemia of ambiguous lineage or myeloid neoplasm:

_____

Status at transplantation:

166. What was the disease status (based on hematological test results)?

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

167. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to signature line***
YYYY MM DD

Chronic Myelogenous Leukemia (CML)

168. Was therapy given prior to this HCT?

- ☐ Yes →
- ☐ No

169. Combination chemotherapy	☐ Yes	☐ No
170. Hydroxyurea (Droxia, Hydrea)	☐ Yes	☐ No
171. Tyrosine kinase inhibitor (e.g.imatinib mesylate, dasatinib, nilotinib)	☐ Yes	☐ No
172. Interferon-α (Intron, Roferon) (includes PEG)	☐ Yes	☐ No

173. Other therapy

- ☐ Yes →
- ☐ No

174. Specify other therapy: _____

175. What was the disease status?

- ☐ Complete hematologic response (CHR) preceded only by chronic phase →
- ☐ Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase →
- ☐ Chronic phase →
- ☐ Accelerated phase ***- Go to question 177***
- ☐ Blast phase ***- Go to question 177***

176. Specify level of response

- ☐ No cytogenetic response (No CyR)
- ☐ Minimal cytogenetic response
- ☐ Minor cytogenetic response
- ☐ Partial cytogenetic response (PCyR)
- ☐ Complete cytogenetic response (CCyR)
- ☐ Major molecular remission (MMR)
- ☐ Complete molecular remission (CMR)

177. Number ☐ 1st ☐ 2nd ☐ 3rd or higher

178. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to signature line***
YYYY MM DD

Myelodysplastic (MDS) / Myeloproliferative (MPN) Diseases

179. What was the MDS / MPN subtype at diagnosis? **– If transformed to AML, indicate AML as primary disease; also complete AML Disease Classification questions**

- ☐ 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)
- ☐ Mastocytosis (1451)
- ☐ Myeloproliferative neoplasm (MPN), unclassifiable (60)
- ☐ Myeloid / lymphoid neoplasms with PDGFRA rearrangement (1461)
- ☐ Myeloid / lymphoid neoplasms with PDGFRB rearrangement (1462)
- ☐ Myeloid / lymphoid neoplasms with FGFR1 rearrangement (1463)
- ☐ Myeloid / lymphoid neoplasms with PCM1-JAK2 (1464)
- ☐ Chronic myelomonocytic leukemia (CMMoL) (54)
- ☐ Juvenile myelomonocytic leukemia (JMML / JCML) (no evidence of Ph^1 or BCR / ABL) (36) ***- Go to question 202***
- ☐ Atypical chronic myeloid leukemia (aCML), BCR-ABL1- (1440) ***- Go to question 202***
- ☐ MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN–RS–T) (1452)
- ☐ Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69)

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

181. Did the recipient have a predisposing condition?

- ☐ Yes → 182. Specify condition
  - ☐ Aplastic anemia
  - ☐ Bloom syndrome
  - ☐ Down syndrome
  - ☐ Fanconi anemia
  - ☐ Other condition → 183. Specify other condition: _____
- ☐ No
- ☐ Unknown

Laboratory Studies at Diagnosis of MDS:

184. WBC

- ☐ Known → 185. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L
- ☐ Unknown

186. Hemoglobin
- ☐ Known →
  - 187. ___ ___ ___ ___ • ___ ___ ☐ g/dL ☐ g/L ☐ mmol/L
  - 188. Was RBC transfused ≤ 30 days before date of test? ☐ Yes ☐ No
- ☐ Unknown

189. Platelets
- ☐ Known →
  - 190. ___ ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L
  - 191. Were platelets transfused ≤ 7 days before date of test? ☐ Yes ☐ No
- ☐ Unknown

192. Neutrophils
- ☐ Known →
  - 193. ___ ___%
- ☐ Unknown

194. Blasts in bone marrow
- ☐ Known →
  - 195. ___ ___ ___ %
- ☐ Unknown

196. Were cytogenetics tested (karyotyping or FISH)?
- ☐ Yes →
  - 197. Results of tests:
    - ☐ Abnormalities identified →
      - **Specify abnormalities identified at diagnosis:**
      - 198. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____
      - 199. Specify number of distinct cytogenetic abnormalities:
        - ☐ One (1)
        - ☐ Two (2)
        - ☐ Three (3)
        - ☐ Four or more (4 or more)
      - 200. Specify abnormalities: (check all that apply)

        Monosomy
        - ☐ –5
        - ☐ –7
        - ☐ –13
        - ☐ –20
        - ☐ –Y

        Trisomy
        - ☐ +8
        - ☐ +19

        Translocation
        - ☐ t(1;3)
        - ☐ t(2;11)
    - ☐ No evaluable metaphases
    - ☐ No abnormalities
- ☐ No
- ☐ Unknown

☐ t(3;3)
☐ t(3;21)
☐ t(6;9)
☐ t(11;16)

Deletion

☐ del(3q) / 3q-
☐ del(5q) / 5q-
☐ del(7q) / 7q-
☐ del(9q) / 9q-
☐ del(11q) / 11q-
☐ del(12p) / 12p-
☐ del(13q) / 13q-
☐ del(20q) / 20q-

Inversion

☐ inv(3)

Other

☐ i17q
☐ Other abnormality → 201. Specify other abnormality: _____

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

☐ Yes →
☐ No

203. Specify the MDS / MPN subtype after transformation:

☐ Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51) ***- Go to question 204***
☐ Refractory anemia with ringed sideroblasts (RARS) (55) ***- Go to question 204***
☐ Refractory anemia with excess blasts-1 (RAEB-1) (61) ***- Go to question 204***
☐ Refractory anemia with excess blasts-2 (RAEB-2) (62) ***- Go to question 204***
☐ Refractory cytopenia with multilineage dysplasia (RCMD) (64) ***- Go to question 204***
☐ Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68) ***- Go to question 204***
☐ Myelodysplastic syndrome with isolated del(5q) (5q– syndrome) (66) ***- Go to question 204***
☐ Myelodysplastic syndrome (MDS), unclassifiable (50) ***- Go to question 204***
☐ Chronic neutrophilic leukemia (165) ***- Go to question 204***
☐ Chronic eosinophilic leukemia, NOS (166) ***- Go to question 204***
☐ Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58) ***- Go to question 204***
☐ Polycythemia vera (PCV) (57) ***- Go to question 204***
☐ Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis / sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167) ***- Go to question 204***
☐ Mastocytosis (1451) ***- Go to question 204***
☐ Myeloproliferative neoplasm (MPN), unclassifiable (60) ***- Go to question 204***
☐ Myeloid / lymphoid neoplasms with PDGFRA rearrangement (1461) ***- Go to question 204***
☐ Myeloid / lymphoid neoplasms with PDGFRB rearrangement (1462) ***- Go to question 204***

☐ Myeloid / lymphoid neoplasms with FGFR1 rearrangement (1463) ***- Go to question 204***

☐ Myeloid / lymphoid neoplasms with PCM1-JAK2 (1464) ***- Go to question 204***

☐ Chronic myelomonocytic leukemia (CMMoL) (54) ***- Go to question 204***

☐ Atypical chronic myeloid leukemia (aCML), BCR-ABL1- (1440) ***- Go to question 233***

☐ MDS / MPN with ring sideroblasts and thrombocytosis (MDS / MPN–RS–T) (1452) ***- Go to question 204***

☐ Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69) ***- Go to question 204***

☐ Transformed to AML (70) ***- Go to question 205***

204. Specify the date of the most recent transformation:

___ ___ ___ ___/ ___ ___ / ___ ___ ***- Go to question 206***
YYYY MM DD

205. Date of MDS diagnosis:___ ___ ___ ___/ ___ ___ / ___ ___ ***- Go to signature line***
YYYY MM DD

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

206. WBC

☐ Known →

☐ Unknown

207. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

208. Hemoglobin

☐ Known →

☐ Unknown

209. ___ ___ ___ ___ • ___ ___ ☐ g/dL ☐ g/L ☐ mmol/L

210. Was RBC transfused ≤ 30 days before date of test? ☐ Yes ☐ No

211. Platelets

☐ Known →

☐ Unknown

212. ___ ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

213. Were platelets transfused ≤ 7 days before date of test? ☐ Yes ☐ No

214. Neutrophils

☐ Known →

☐ Unknown

215. ___ ___%

216. Blasts in bone marrow

☐ Known →

☐ Unknown

217. ___ ___ ___ %

218. Were cytogenetics tested (karyotyping or FISH)?

- ☐ Yes →
- ☐ No
- ☐ Unknown

219. Results of tests:

- ☐ Abnormalities identified →
- ☐ No evaluable metaphases
- ☐ No abnormalities

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

220. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

221. Specify number of distinct cytogenetic abnormalities:

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

222. Specify abnormalities: (check all that apply)

Monosomy

- ☐ –5
- ☐ –7
- ☐ –13
- ☐ –20
- ☐ –Y

Trisomy

- ☐ +8
- ☐ +19

Translocation

- ☐ t(1;3)
- ☐ t(2;11)
- ☐ t(3;3)
- ☐ t(3;21)
- ☐ t(6;9)
- ☐ t(11;16)

Deletion

- ☐ del(3q) / 3q-
- ☐ del(5q) / 5q-
- ☐ del(7q) / 7q-
- ☐ del(9q) / 9q-
- ☐ del(11q) / 11q-
- ☐ del(12p) / 12p-
- ☐ del(13q) / 13q-
- ☐ del(20q) / 20q-

Inversion

- ☐ inv(3)

Other

- ☐ i17q
- ☐ Other abnormality →

223. Specify other abnormality: _____

Status at Transplantation:

224. 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^3 without myeloid growth factor support; platelets ≥ 100 x 10^9/L without thrombopoietic support; 0% blasts** ***- Go to question 228***
- ☐ 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 10^9/L, platelet absolute increase of ≥ 30 x 10^9/L; for pre-treatment platelet count of < 20 x 10^9/L, platelet absolute increase of ≥ 20 x 10^9/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^3** ***- Go to question 225***
- ☐ No response (NR)/stable disease (SD) **– does not meet the criteria for at least HI, but no evidence of disease progression** ***- Go to question 228***
- ☐ 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 226***
- ☐ 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 227***
- ☐ Not assessed ***- Go to signature line***

225. 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 228***
- ☐ HI-P **– for pre-treatment platelet count of > 20 x 10^9/L, platelet absolute increase of ≥ 30 x 10^9/L; for pre-treatment platelet count of < 20 x 10^9/L, platelet absolute increase of ≥ 20 x 10^9/L and ≥ 100% from pre-treatment level** ***- Go to question 228***
- ☐ HI-N **– neutrophil count increase of ≥ 100% from pre-treatment level and an absolute increase of ≥ 500/mm^3** ***- Go to question 228***

226. Date of progression: ___ ___ ___ ___/ ___ ___ / ___ ___ ***- Go to question 228***
YYYY MM DD

227. Date of relapse: ___ ___ ___ ___ / ___ ___ / ___ ___ ***- Go to question 228***
YYYY MM DD

228. Date assessed: ___ ___ ___ ___ / ___ ___ / ___ ___ ***- Go to signature line***
YYYY MM DD

Other Leukemia (OL)

229. Specify the other leukemia classification:

- ☐ Chronic lymphocytic leukemia (CLL), NOS (34) ***- Go to question 231***
- ☐ Chronic lymphocytic leukemia (CLL), B-cell / small lymphocytic lymphoma (SLL) (71) ***- Go to question 231***
- ☐ Hairy cell leukemia (35) ***- Go to question 234***
- ☐ Hairy cell leukemia variant (75) ***- Go to question 234***
- ☐ Monoclonal B-cell lymphocytosis (76) ***- Go to signature line***
- ☐ Prolymphocytic leukemia (PLL), NOS (37) ***- Go to question 231***
- ☐ PLL, B-cell (73) ***- Go to question 231***
- ☐ PLL, T-cell (74) ***- Go to question 231***
- ☐ Other leukemia, NOS (30) ***- Go to question 233***
- ☐ Other leukemia (39) ***- Go to question 230***

230. Specify other leukemia:_____ ***- Go to question 233***

231. Was any 17p abnormality detected?

- ☐ Yes ***- If disease classification is CLL, go to question 232. If PLL, go to question 234.***
- ☐ No

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

- ☐ Yes ***- Go to question 236 – Also complete NHL Disease Classification questions***
- ☐ No ***- Go to question 234***

Status at transplantation:

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

- ☐ Primary induction failure ***- Go to question 235***
- ☐ 1st complete remission (no previous bone marrow or extramedullary relapse) ***- Go to question 235***
- ☐ 2nd complete remission ***- Go to question 235***
- ☐ ≥ 3rd complete remission ***- Go to question 235***
- ☐ 1st relapse ***- Go to question 235***
- ☐ 2nd relapse ***- Go to question 235***
- ☐ ≥ 3rd relapse ***- Go to question 235***
- ☐ No treatment ***- Go to signature line***

234. What was the disease status? (CLL, PLL, Hairy cell leukemia)

- ☐ Complete remission (CR) ***- Go to question 235***
- ☐ Partial remission (PR) ***- Go to question 235***
- ☐ Stable disease (SD) ***- Go to question 235***
- ☐ Progressive disease (Prog) ***- Go to question 235***
- ☐ Untreated ***- Go to question 235***
- ☐ Not assessed ***- Go to signature line***

235. Date assessed: __ __ __ __ / __ __ / __ __ ***- Go to signature line***
YYYY MM DD

Hodgkin and Non-Hodgkin Lymphoma

236. Specify the lymphoma histology: (at infusion)

Hodgkin Lymphoma Codes

- ☐ Hodgkin lymphoma, not otherwise specified (150)
- ☐ Lymphocyte depleted (154)
- ☐ Lymphocyte-rich (151)
- ☐ Mixed cellularity (153)
- ☐ Nodular lymphocyte predominant Hodgkin lymphoma (155)
- ☐ Nodular sclerosis (152)

Non-Hodgkin Lymphoma Codes

B-cell Neoplasms

- ☐ ALK+ large B-cell lymphoma (1833)
- ☐ B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma (149)
- ☐ Burkitt lymphoma (111)
- ☐ Burkitt-like lymphoma with 11q aberration (1834)
- ☐ Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821) ***- Go to question 238***
- ☐ Diffuse, large B-cell lymphoma- Germinal center B-cell type (1820) ***- Go to question 238***
- ☐ Diffuse large B-cell Lymphoma (cell of origin unknown) (107)
- ☐ DLBCL associated with chronic inflammation (1825)
- ☐ Duodenal-type follicular lymphoma (1815)
- ☐ EBV+ DLBCL, NOS (1823)
- ☐ EBV+ mucocutaneous ulcer (1824)
- ☐ Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)
- ☐ 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, predominantly large cell (Grade IIIA vs IIIB not specified) (1814)
- ☐ Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
- ☐ Follicular (grade unknown) (164)
- ☐ HHV8+ DLBCL, NOS (1826)
- ☐ High-grade B-cell lymphoma, with MYC and BCL2 and/or BCL6 rearrangements (1831)
- ☐ High-grade B-cell lymphoma, NOS (1830)
- ☐ Intravascular large B-cell lymphoma (136)
- ☐ Large B-cell lymphoma with IRF4 rearrangement (1832)
- ☐ Lymphomatoid granulomatosis (1835)
- ☐ Mantle cell lymphoma (115)
- ☐ Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)
- ☐ Pediatric nodal marginal zone lymphoma (1813)
- ☐ Pediatric-type follicular lymphoma (1816)
- ☐ Plasmablastic lymphoma (1836)
- ☐ Primary cutaneous DLBCL, leg type (1822)
- ☐ Primary cutaneous follicle center lymphoma (1817)
- ☐ Primary diffuse, large B-cell lymphoma of the CNS (118)
- ☐ Primary effusion lymphoma (138)
- ☐ Primary mediastinal (thymic) large B-cell lymphoma (125)

- ☐ Splenic B-cell lymphoma/leukemia, unclassifiable (1811)
- ☐ Splenic diffuse red pulp small B-cell lymphoma (1812)
- ☐ Splenic marginal zone B-cell lymphoma (124)
- ☐ T-cell / histiocytic rich large B-cell lymphoma (120)
- ☐ Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma (173)
- ☐ Other B-cell lymphoma (129) ***- Go to question 237***

T-cell and NK-cell Neoplasms

- ☐ Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)
- ☐ Aggressive NK-cell leukemia (27)
- ☐ Anaplastic large-cell lymphoma (ALCL), ALK positive (143)
- ☐ Anaplastic large-cell lymphoma (ALCL), ALK negative (144)
- ☐ Angioimmunoblastic T-cell lymphoma (131)
- ☐ Breast implant–associated anaplastic large-cell lymphoma (1861)
- ☐ Chronic lymphoproliferative disorder of NK cells (1856)
- ☐ Enteropathy-type T-cell lymphoma (133)
- ☐ Extranodal NK / T-cell lymphoma, nasal type (137)
- ☐ Follicular T-cell lymphoma (1859)
- ☐ Hepatosplenic T-cell lymphoma (145)
- ☐ Indolent T-cell lymphoproliferative disorder of the GI tract (1858)
- ☐ Monomorphic epitheliotropic intestinal T-cell lymphoma (1857)
- ☐ Mycosis fungoides (141)
- ☐ Nodal peripheral T-cell lymphoma with TFH phenotype (1860)
- ☐ Peripheral T-cell lymphoma (PTCL), NOS (130)
- ☐ Primary cutaneous acral CD8+ T-cell lymphoma (1853)
- ☐ Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (1854)
- ☐ Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma (1852)
- ☐ Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147)
- ☐ Primary cutaneous γδ T-cell lymphoma (1851)
- ☐ Sezary syndrome (142)
- ☐ Subcutaneous panniculitis-like T-cell lymphoma (146)
- ☐ Systemic EBV+ T-cell lymphoma of childhood (1855)
- ☐ T-cell large granular lymphocytic leukemia (126)
- ☐ Other T-cell / NK-cell lymphoma (139) - ***Go to question 237***

Posttransplant lymphoproliferative disorders (PTLD)

- ☐ Classical Hodgkin lymphoma PTLD (1876)
- ☐ Florid follicular hyperplasia PTLD (1873)
- ☐ Infectious mononucleosis PTLD (1872)
- ☐ Monomorphic PTLD (B- and T-/NK-cell types) (1875)
- ☐ Plasmacytic hyperplasia PTLD (1871)
- ☐ Polymorphic PTLD (1874)

237. Specify other lymphoma histology: _____ ***- Go to question 239***

238. Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on:
☐ Immunohistochemistry (e.g. Han's algorithm) ☐ Gene expression profile ☐ Unknown method

239. Is the lymphoma histology reported at transplant a transformation from CLL?

☐ Yes → 240. Was any 17p abnormality detected? ☐ Yes ☐ No

☐ No

241. Is the lymphoma histology reported at transplant a transformation from a different lymphoma histology? (Not CLL)

☐ Yes →

☐ No

242. Specify the original lymphoma histology: (prior to transformation)

Hodgkin Lymphoma Codes

- ☐ Hodgkin lymphoma, not otherwise specified (150)
- ☐ Lymphocyte depleted (154)
- ☐ Lymphocyte-rich (151)
- ☐ Mixed cellularity (153)
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- ☐ Nodular sclerosis (152)

Non-Hodgkin Lymphoma Codes

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- ☐ Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821) ***- Go to question 238***
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- ☐ T-cell / histiocytic rich large B-cell lymphoma (120)
- ☐ Waldenstrom macroglobulinemia / Lymphoplasmacytic lymphoma (173)
- ☐ Other B-cell lymphoma (129) ***- Go to question 243***

T-cell and NK-cell Neoplasms

- ☐ Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)
- ☐ Aggressive NK-cell leukemia (27)
- ☐ Anaplastic large-cell lymphoma (ALCL), ALK positive (143)
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- ☐ Follicular T-cell lymphoma (1859)
- ☐ Hepatosplenic T-cell lymphoma (145)
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- ☐ Mycosis fungoides (141)
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- ☐ Subcutaneous panniculitis-like T-cell lymphoma (146)
- ☐ Systemic EBV+ T-cell lymphoma of childhood (1855)
- ☐ T-cell large granular lymphocytic leukemia (126)
- ☐ Other T-cell / NK-cell lymphoma (139) ***- Go to question 243***

Posttransplant lymphoproliferative disorders (PTLD)

- ☐ Classical Hodgkin lymphoma PTLD (1876)
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☐ Infectious mononucleosis PTLD (1872)
☐ Monomorphic PTLD (B- and T-/NK-cell types) (1875)
☐ Plasmacytic hyperplasia PTLD (1871)
☐ Polymorphic PTLD (1874)

243. Specify other lymphoma histology: _____

244. Date of original lymphoma diagnosis: __ __ __ __ / __ __ / __ __
YYYY MM DD

(report the date of diagnosis of original lymphoma subtype)

245. Was a PET (or PET/CT) scan performed? (at last evaluation prior to the start of the preparative regimen / infusion)
☐ Yes →
☐ No

246. Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?
☐ Yes ☐ No

247. Date of PET scan
☐ Known →
☐ Unknown

248. Date of PET (or PET/CT) scan : __ __ __ __ / __ __ / __ __
YYYY MM DD

249. Deauville (five-point) score of the PET (or PET/CT) scan
☐ Known →
☐ Unknown

250. Scale
☐ 1- no uptake or no residual uptake
☐ 2- slight uptake, but below blood pool (mediastinum)
☐ 3- uptake above mediastinal, but below or equal to uptake in the liver
☐ 4- uptake slightly to moderately higher than liver
☐ 5- markedly increased uptake or any new lesion

Status at transplantation / infusion:

251. What was the disease status?
☐ Disease untreated ***- Go to signature line***
☐ PIF res - Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment. ***- Go to question 252***
☐ PIF sen / PR1 - Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment. ***- Go to question 252***
☐ PIF unk - Primary induction failure – sensitivity unknown ***- Go to question 252***
☐ CR1 - 1st complete remission: no bone marrow or extramedullary relapse prior to transplant ***- Go to question 252***
☐ CR2 - 2nd complete remission ***- Go to question 252***
☐ CR3+ - 3rd or subsequent complete remission ***- Go to question 252***
☐ REL1 unt - 1st relapse – untreated; includes either bone marrow or extramedullary relapse ***- Go to question 252***
☐ REL1 res - 1st relapse – resistant: stable or progressive disease with treatment ***- Go to question 252***
☐ REL1 sen - 1st relapse – sensitive: partial remission (if complete remission was achieved, classify as CR2) ***- Go to question 252***
☐ REL1 unk - 1st relapse – sensitivity unknown ***- Go to question 252***
☐ REL2 unt - 2nd relapse – untreated: includes either bone marrow or extramedullary relapse ***- Go to question 252***

☐ REL2 res - 2nd relapse – resistant: stable or progressive disease with treatment ***- Go to question 252***

☐ REL2 sen - 2nd relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+) ***- Go to question 252***

☐ REL2 unk - 2nd relapse – sensitivity unknown ***- Go to question 252***

☐ REL3+ unt - 3rd or subsequent relapse – untreated; includes either bone marrow or extramedullary relapse ***- Go to question 252***

☐ REL3+ res - 3rd or subsequent relapse – resistant: stable or progressive disease with treatment ***- Go to question 252***

☐ REL3+ sen - 3rd or subsequent relapse – sensitive: partial remission (if complete remission achieved, classify as CR3+) ***- Go to question 252***

☐ REL3+ unk - 3rd relapse or greater – sensitivity unknown ***- Go to question 252***

252. Total number of lines of therapy received: (between diagnosis and HCT / infusion)
☐ 1 line ☐ 2 lines ☐ 3+ lines

253. Date assessed : __ __ __ __ / __ __ / __ __ ***- Go to signature line***
YYYY MM DD

Multiple Myeloma / Plasma Cell Disorder (PCD)

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

- ☐ Multiple myeloma (178) ***- Go to questions 256***
- ☐ Multiple myeloma-light chain only (186) ***- Go to questions 256***
- ☐ Multiple myeloma-non-secretory (187) ***- Go to questions 262***
- ☐ Plasma cell leukemia (172) ***- Go to questions 264***
- ☐ Solitary plasmacytoma (no evidence of myeloma) (175) ***- Go to questions 261***
- ☐ Smoldering myeloma (180) ***- Go to questions 264***
- ☐ Amyloidosis (174) ***- Go to questions 257***
- ☐ Osteosclerotic myeloma (176) ***- Go to question 264***
- ☐ Monoclonal gammopathy of renal significance (MGRS) (1611) ***- Go to question 258***
- ☐ Other plasma cell disorder (179) ***- Go to question 255***

255. Specify other plasma cell disorder:_____ ***- Go to question 264***

256. Specify heavy and/or light chain type: (check all that apply)

- ☐ IgG kappa
- ☐ IgA kappa
- ☐ IgM kappa
- ☐ IgD kappa
- ☐ IgE kappa
- ☐ IgG lambda
- ☐ IgA lambda
- ☐ IgM lambda
- ☐ IgD lambda
- ☐ IgE lambda
- ☐ IgG (heavy chain only)
- ☐ IgA (heavy chain only)
- ☐ IgM (heavy chain only)
- ☐ IgD (heavy chain only)
- ☐ IgE (heavy chain only)
- ☐ Kappa (light chain only)
- ☐ Lambda (light chain only)

- Go to question 262

257. Specify Amyloidosis classification

☐ AL amyloidosis ☐ AH amyloidosis ☐ AHL amyloidosis

- Go to question 264

258. Select monoclonal gammopathy of renal significance (MGRS) classification:

- ☐ Light chain fanconi syndrome ***- Go to question 260***
- ☐ Proximal tubulopathy without crystals ***- Go to question 260***
- ☐ Crystal-storing histiocytosis ***- Go to question 260***
- ☐ Non-amyloid fibrillary glomerulonephritis ***- Go to question 260***
- ☐ Immunotactoid glomerulopathy (ITGN)/ Glomerulonephritis with organized monoclonal microtubular immunoglobulin deposits (GOMMID) ***- Go to question 260***
- ☐ Type 1 cryoglobulinemic glomerulonephritis ***- Go to question 260***
- ☐ Monoclonal immunoglobulin deposition disease (MIDD) ***- Go to question 259***

☐ Proliferative glomerulonephritis with monoclonal immunoglobulin G deposits (PGNMID) ***- Go to question 260***

☐ C3 glomerulopathy with monoclonal gammopathy ***- Go to question 260***

☐ Unknown ***- Go to question 260***

259. Select monoclonal immunoglobulin deposition disease (MIDD) subtype:

☐ Light chain deposition disease (LCDD)

☐ Light and heavy chain deposition disease (LHCDD)

☐ Heavy chain deposition disease (HCDD)

260. Was documentation submitted to the CIBMTR? (e.g. pathology report)

☐ Yes - ***Go to question 264*** ☐ No ***- Go to question 264***

261. Solitary plasmacytoma was:

☐ Extramedullary ***- Go to question 264*** ☐ Bone derived ***- Go to question 264***

262. 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 question 263***

☐ Stage II (Fitting neither Stage I or Stage III) ***- Go to question 263***

☐ 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 question 263***

☐ Unknown ***- Go to question 264***

263. 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)

264. Did the recipient have a preceding or concurrent plasma cell disorder?

☐ Yes →

☐ No

265. Specify preceding / concurrent disorder:

☐ Multiple myeloma

☐ Multiple myeloma-light chain only

☐ Multiple myeloma-non-secretory

☐ Plasma cell leukemia

☐ Solitary plasmacytoma (no evidence of myeloma)

☐ Smoldering myeloma

☐ Amyloidosis

☐ Osteosclerotic myeloma / POEMS syndrome

☐ Monoclonal gammopathy of unknown significance (MGUS)

☐ Monoclonal gammopathy of renal significance (MGRS)

☐ Other plasma cell disorder (PCD)

266. Specify other preceding/concurrent disorder: _____

267. Date of diagnosis of preceding / concurrent disorder: __ __ __ __ / __ __ / __ __
YYYY MM DD

Copy questions 264- 267 to report more than one concurrent or preceding disorder.

268. Serum β2-microglobulin:

☐ Known →
☐ Unknown

269. Serum β2-microglobulin: ___ ___ ___ • ___ ___ ___ ☐ µg/dL ☐ mg/L ☐ nmol/L

270. Serum albumin:

☐ Known →
☐ Unknown

271. Serum albumin: ___ ___ • ___ ☐ g/dL ☐ g/L

I.S.S. at diagnosis:

272. Stage

☐ Known →
☐ Unknown

273. Stage
- ☐ 1 (β2-mic < 3.5, S. albumin ≥ 3.5)
- ☐ 2 (not fitting stage 1 or 3)
- ☐ 3 (β2-mic ≥ 5.5; S. albumin —)

R - I.S.S. at diagnosis:

274. Stage

☐ Known →
☐ Unknown

275. Stage
- ☐ 1 (ISS stage I and standard-risk chromosomal abnormalities by iFISH and normal LDH)
- ☐ 2 (Not R-ISS stage I or III)
- ☐ 3 (ISS stage III and either high-risk chromosomal abnormalities by iFISH or high LDH)

276. Plasma cells in blood by flow cytometry

☐ Known →
☐ Unknown

277. ___ ___%

278. ___ ___ ___ ___ ___ • ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

279. Plasma cells in blood by morphologic assessment

☐ Known →
☐ Unknown

280. ___ ___%

281. ___ ___ ___ ___ ___ • ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

282. LDH

☐ Known →
☐ Unknown

283. ___ ___ ___ ___ ___ • ___ ___ ☐ U/L ☐ µkat/L

284. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___

285. Were cytogenetics tested (karyotyping or FISH)?

- ☐ Yes →
- ☐ No
- ☐ Unknown

286. Were cytogenetics tested via FISH?

- ☐ Yes →
- ☐ No

287. Results of tests:

- ☐ Abnormalities identified →
- ☐ No abnormalities

Specify cytogenetic abnormalities identified via FISH at diagnosis:

288. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

289. Specify abnormalities (check all that apply)

Trisomy

- ☐ +3
- ☐ +5
- ☐ +7
- ☐ +9
- ☐ +11
- ☐ +15
- ☐ +19

Translocation

- ☐ t(4;14)
- ☐ t(6;14)
- ☐ t(11;14)
- ☐ t(14;16)
- ☐ t(14;20)

Deletion

- ☐ del (13)/13q-
- ☐ del (17)/17p-

Monosomy

- ☐ - 13
- ☐ - 17

Other

- ☐ Hyperdiploid (>50)
- ☐ Hypodiploid (<46)
- ☐ MYC rearrangement
- ☐ Any abnormality at 1q
- ☐ Any abnormality at 1p
- ☐ Other abnormality →

290. Specify other abnormality:

_____

291. Was documentation submitted to the CIBMTR? (e.g. FISH report) ☐ Yes ☐ No

292. Were cytogenetics tested via karyotyping?

☐ Yes →
☐ No

293. Results of tests:

☐ Abnormalities identified →
☐ No evaluable metaphases
☐ No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at diagnosis:

294. International System for Human Cytogenetic Nomenclature (ISCN) compatible string: _____

295. Specify abnormalities (check all that apply)

Trisomy

☐ +3
☐ +5
☐ +7
☐ +9
☐ +11
☐ +15
☐ +19

Translocation

☐ t(4;14)
☐ t(6;14)
☐ t(11;14)
☐ t(14;16)
☐ t(14;20)

Deletion

☐ del (13)/13q-
☐ del (17)/17p-

Monosomy

☐ - 13
☐ - 17

Other

☐ Hyperdiploid (>50)
☐ Hypodiploid (<46)
☐ MYC rearrangement
☐ Any abnormality at 1q
☐ Any abnormality at 1p
☐ Other abnormality →

296. Specify other abnormality:

_____

297. Was documentation submitted to the CIBMTR? (e.g. karyotyping report)
☐ Yes ☐ No

298. What was the disease status?

☐ Stringent complete remission (sCR)
☐ Complete remission (CR)
☐ Very good partial remission (VGPR)
☐ Partial remission (PR)
☐ Stable disease (SD)
☐ Progressive disease (PD)
☐ Relapse from CR (Rel) (untreated)
☐ Unknown

299. Date assessed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) ***- Go to signature line***

300. Specify amyloidosis hematologic response? (for Amyloid patients only)

☐ Complete remission
☐ Very good partial response
☐ Partial response
☐ Stable disease
☐ Progression
☐ Relapse from CR
☐ Untreated

301. Date assessed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD) ***- Go to signature line***

Solid Tumors

302. Specify the solid tumor classification:

- ☐ Bone sarcoma (excluding Ewing family tumors) (273)
- ☐ Breast cancer (250)
- ☐ Central nervous system tumor, including CNS PNET (220)
- ☐ Cervical (212)
- ☐ Colorectal (228)
- ☐ Ewing family tumors of bone (including PNET) (275)
- ☐ Ewing family tumors, extraosseous (including PNET) (276)
- ☐ External genitalia (211)
- ☐ Fibrosarcoma (244)
- ☐ Gastric (229)
- ☐ Germ cell tumor, extragonadal (225)
- ☐ Head / neck (201)
- ☐ Hemangiosarcoma (246)
- ☐ Hepatobiliary (207)
- ☐ Leiomyosarcoma (242)
- ☐ Liposarcoma (243)
- ☐ Lung, non-small cell (203)
- ☐ Lung, not otherwise specified (230)
- ☐ Lung, small cell (202)
- ☐ Lymphangio sarcoma (247)
- ☐ Mediastinal neoplasm (204)
- ☐ Medulloblastoma (226)
- ☐ Melanoma (219)
- ☐ Neuroblastoma (222)
- ☐ Neurogenic sarcoma (248)
- ☐ Ovarian (epithelial) (214)
- ☐ Pancreatic (206)
- ☐ Prostate (209)
- ☐ Renal cell (208)
- ☐ Retinoblastoma (223)
- ☐ Rhabdomyosarcoma (232)
- ☐ Soft tissue sarcoma (excluding Ewing family tumors) (274)
- ☐ Synovial sarcoma (245)
- ☐ Testicular (210)
- ☐ Thymoma (231)
- ☐ Uterine (213)
- ☐ Vaginal (215)
- ☐ Wilm tumor (221)
- ☐ Solid tumor, not otherwise specified (200)
- ☐ Other solid tumor (269) →

303. Specify other solid tumor: _____

- Go to signature line

Severe Aplastic Anemia

304. 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) →

305. Specify other acquired cytopenic syndrome: _____

- Go to signature line

Inherited Abnormalities of Erythrocyte Differentiation or Function

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

- ☐ Paroxysmal nocturnal hemoglobinuria (PNH) (56) ***- Go to signature line***
- ☐ Shwachman-Diamond (305) ***- Go to question 309***
- ☐ Diamond-Blackfan anemia (pure red cell aplasia) (312) ***- Go to question 309***
- ☐ Other constitutional anemia (319) ***- Go to question 307***
- ☐ Fanconi anemia (311) (If the recipient developed MDS or AML, indicate MDS or AML as the primary disease) ***- Go to question 309***
- ☐ Sickle thalassemia (355) ***- Go to question 309***
- ☐ Sickle cell disease (356) ***- Go to question 309***
- ☐ Beta thalassemia major (357) ***- Go to question 309***
- ☐ Other hemoglobinopathy (359)

307. Specify other constitutional anemia:_____ ***- Go to question 309***

308. Specify other hemoglobinopathy:_____ ***- Go to question 309***

309. Did the recipient receive gene therapy to treat the inherited abnormalities of erythrocyte differentiation or function?

- ☐ Yes **– Also complete Cellular Therapy Product and Infusion forms 4003 and 4006.** ***If sickle cell or sickle thalassemia, go to question 310. If beta thalassemia, go to question 313, else go to signature line***
- ☐ No ***- If sickle cell or sickle thalassemia, go to question 310. If beta thalassemia, go to question 313, else go to signature line***

310. Was tricuspid regurgitant jet velocity (TRJV) measured by Echocardiography pre-HCT? **(sickle cell, sickle thalassemia and beta thalassemia major only)**

- ☐ Yes →
- ☐ No
- ☐ Unknown

311. TRJV measurement:

- ☐ Known →
- ☐ Unknown

312. TRJV measurement: __ __ m/sec

313. Was liver iron content (LIC) tested within 6 months prior to infusion? **(sickle cell, sickle thalassemia, beta thalassemia major only)**

- ☐ Yes →
- ☐ No

314. Liver iron content ___ ___ ___ mg iron / g liver dry weight

315. Method used to estimate LIC?

☐ T2*MRI ☐ SQUID MRI ☐ FerriScan ☐ Liver biopsy ☐ Other

Beta thalassemia major

316. Is the patient red blood cell dependent? (requiring transfusion to maintain HGB >7g/dL)

☐ Yes →
☐ No

317. Year of first transfusion (since diagnosis): ___ ___ ___ ___ (YYYY)

318. Was iron chelation therapy given at any time since diagnosis?

☐ Yes →
☐ No
☐ Unkown

319. Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication)?

☐ Yes, iron chelation therapy given as specified above ***- Go to question 322***

☐ No, iron chelation therapy given, but not meeting criteria listed ***- Go to question 320***

☐ Iron chelation therapy given, but details of administration unknown ***- Go to question 322***

320. Specify reason criteria not met:

☐ Non-adherance ***- Go to question 322***

☐ Toxicity due to iron chelation therapy ***- Go to question 322***

☐ Other, specify →

321. Specify other reason criteria not met: _____

322. Year iron chelation therapy started:

☐ Known →
☐ Unknown

323. Year started: ___ ___ ___ ___ (YYYY)

324. Did the recipient have hepatomegaly? (> 2 cm below costal margin)

☐ Yes →
☐ No
☐ Unknown

325. Liver size as measured below the costal margin at most recent evaluation prior to infusion: ___ ___ cm

326. Was a liver biopsy performed at any time since diagnosis?

☐ Yes →
☐ No

327. Date assessed:

☐ Known →
☐ Unknown

328. Date assessed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

329. Liver cirrhosis	☐ Present	☐ Absent	☐ Unknown
330. Bridging fibrosis	☐ Present	☐ Absent	☐ Unknown
331. Chronic hepatitis	☐ Present	☐ Absent	☐ Unknown

332. Was documentation submitted to the CIBMTR? (e.g., liver biopsy) ☐ Yes ☐ No

333. Is there evidence of abnormal cardiac iron deposition based on MRI of the heart at time of infusion?
☐ Yes ☐ No

334. Did patient have a splenectomy at any time prior to infusion? ☐ Yes ☐ No ☐ Unknown

Laboratory studies at last evaluation prior to start of preparative regimen

335. Serum Iron
☐ Known → 336. ___ ___ ___ ☐ µg / dL ☐ µmol / L
☐ Unknown

337. Total iron binding capacity (TIBC)
☐ Known → 338. ___ ___ ___ ☐ µg / dL ☐ µmol / L
☐ Unknown

339. Was serum bilirubin less than two times the upper limit of normal? ☐ Yes ☐ No ☐ Unknown

Disorders of the Immune System

340. Specify disorder of immune system classification

- ☐ Adenosine deaminase (ADA) deficiency / severe combined immunodeficiency (SCID) (401) ***- Go to question 343***
- ☐ Absence of T and B cells SCID (402) ***- Go to question 343***
- ☐ Absence of T, normal B cell SCID (403) ***- Go to question 343***
- ☐ Omenn syndrome (404) ***- Go to question 343***
- ☐ Reticular dysgenesis (405) ***- Go to question 343***
- ☐ Bare lymphocyte syndrome (406) ***- Go to question 343***
- ☐ Other SCID (419) ***- Go to question 341***
- ☐ SCID, not otherwise specified (410) ***- Go to question 343***
- ☐ Ataxia telangiectasia (451) ***- Go to question 343***
- ☐ HIV infection (452) ***- Go to question 343***
- ☐ DiGeorge anomaly (454) ***- Go to question 343***
- ☐ Common variable immunodeficiency (457) ***- Go to question 343***
- ☐ Leukocyte adhesion deficiencies, including GP180, CD-18, LFA and WBC adhesion deficiencies (459) ***- Go to question 343***
- ☐ Kostmann agranulocytosis (congenital neutropenia) (460) ***- Go to question 343***
- ☐ Neutrophil actin deficiency (461) ***- Go to question 343***
- ☐ Cartilage-hair hypoplasia (462) ***- Go to question 343***
- ☐ CD40 ligand deficiency (464) ***- Go to question 343***
- ☐ Other immunodeficiencies (479) ***- Go to question 342***
- ☐ Immune deficiency, not otherwise specified (400) ***- Go to question 343***
- ☐ Chediak-Higashi syndrome (456) **– Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** ***- Go to question 343***
- ☐ Griscelli syndrome type 2 (465) **– Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** ***- Go to question 343***
- ☐ Hermansky-Pudlak syndrome type 2 (466) **– Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** ***- Go to question 343***
- ☐ Other pigmentary dilution disorder (469) **– Also complete Pigmentary Dilution Disorder (PDD) Pre-HCT Data Form** ***- Go to question 343***
- ☐ Chronic granulomatous disease (455) ***- Go to question 343***
- ☐ Wiskott-Aldrich syndrome (453) ***- Go to question 343***
- ☐ X-linked lymphoproliferative syndrome (458) ***- Go to question 343***

341. Specify other SCID: _____ ***- Go to question 344***

342. Specify other immunodeficiency: _____ ***- Go to question 344***

343. Specify other pigmentary dilution disorder: _____ ***- Go to question 344***

344. Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?

- ☐ Yes →
- ☐ No

345. Specify viral pathogen (check all that apply)

- ☐ 304 Adenovirus
- ☐ 341 BK Virus
- ☐ 344 Coronavirus
- ☐ 303 Cytomegalovirus (CMV)
- ☐ 347 Chikaugunya Virus
- ☐ 346 Dengue Virus
- ☐ 325 Enterovirus (ECHO, Coxsackie)
- ☐ 327 Enterovirus D68 (EV-D68)

- ☐ 326 Enterovirus (polio)
- ☐ 328 Enterovirus NOS
- ☐ 318 Epstein-Barr Virus (EBV)
- ☐ 306 Hepatitis A Virus
- ☐ 307 Hepatitis B Virus
- ☐ 308 Hepatitis C Virus
- ☐ 340 Hepatitis E
- ☐ 301 Herpes Simplex Virus (HSV)
- ☐ 317 Human herpesvirus 6 (HHV-6)
- ☐ 309 Human Immunodeficiency Virus 1 or 2
- ☐ 343 Human metapneumovirus
- ☐ 322 Human Papillomavirus (HPV)
- ☐ 349 Human T-lymphotropic Virus 1 or 2
- ☐ 310 Influenza, NOS
- ☐ 323 Influenza A Virus
- ☐ 324 Influenza B Virus
- ☐ 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
- ☐ 311 Measles Virus (Rubeola)
- ☐ 312 Mumps Virus
- ☐ 345 Norovirus
- ☐ 316 Human Parainfluenza Virus (all species)
- ☐ 314 Respiratory Syncytial Virus (RSV)
- ☐ 321 Rhinovirus (all species)
- ☐ 320 Rotavirus (all species)
- ☐ 315 Rubella Virus
- ☐ 302 Varicella Virus
- ☐ 348 West Nile Virus (WNV)

346. Has the recipient ever been infected with PCP/PJB? ☐ Yes ☐ No

347. Does the recipient have GVHD due to maternal cell engraftment pre-HCT? (SCID only) ☐ Yes ☐ No

Inherited Abnormalities of Platelets

348. Specify inherited abnormalities of platelets classification

- ☐ Congenital amegakaryocytosis / congenital thrombocytopenia (501)
- ☐ Glanzmann thrombasthenia (502)
- ☐ Other inherited platelet abnormality (509) → 349. Specify other inherited platelet abnormality: _____

- Go to signature line

Inherited Disorders of Metabolism

350. Specify inherited disorders of metabolism classification

- ☐ Osteopetrosis (malignant infantile osteopetrosis) (521)

Leukodystrophies

- ☐ Metachromatic leukodystrophy (MLD) (542)
- ☐ Adrenoleukodystrophy (ALD) (543) → 352. Loes composite score: __ __ Adrenoleukodystrophy (ALD) only ***- Go to signature line***
- ☐ 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)
- ☐ β-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) → 351. Specify other inherited metabolic disorder: _____ ***- Go to signature line***
- ☐ Inherited metabolic disorder, not otherwise specified (520)

Histiocytic disorders

353. Specify histiocytic disorder classification

- ☐ Hemophagocytic lymphohistiocytosis (HLH) (571) ***- Go to question 355***
- ☐ Langerhans cell histiocytosis (histiocytosis-X) (572)
- ☐ Hemophagocytosis (reactive or viral associated) (573)
- ☐ Malignant histiocytosis (574)
- ☐ Other histiocytic disorder (579) ***- Go to question 354***
- ☐ Histiocytic disorder, not otherwise specified (570)

354. Specify other histiocytic disorder: _____ ***- Go to signature line***

355. Did the recipient have an active or recent infection with a viral pathogen within 60 days of HCT?
Hemophagocytic lymphohistiocytosis (HLH) only

- ☐ Yes →
- ☐ No

356. Specify viral pathogen (check all that apply)

- ☐ 304 Adenovirus
- ☐ 341 BK Virus
- ☐ 344 Coronavirus
- ☐ 303 Cytomegalovirus (CMV)
- ☐ 347 Chikaugunya Virus
- ☐ 346 Dengue Virus
- ☐ 325 Enterovirus (ECHO, Coxsackie)
- ☐ 327 Enterovirus D68 (EV-D68)
- ☐ 326 Enterovirus (polio)
- ☐ 328 Enterovirus NOS
- ☐ 318 Epstein-Barr Virus (EBV)
- ☐ 306 Hepatitis A Virus
- ☐ 307 Hepatitis B Virus
- ☐ 308 Hepatitis C Virus
- ☐ 340 Hepatitis E
- ☐ 301 Herpes Simplex Virus (HSV)
- ☐ 317 Human herpesvirus 6 (HHV-6)
- ☐ 309 Human Immunodeficiency Virus 1 or 2
- ☐ 343 Human metapneumovirus
- ☐ 322 Human Papillomavirus (HPV)
- ☐ 349 Human T-lymphotropic Virus 1 or 2
- ☐ 310 Influenza, NOS
- ☐ 323 Influenza A Virus
- ☐ 324 Influenza B Virus
- ☐ 342 JC Virus (Progressive Multifocal Leukoencephalopathy (PML))
- ☐ 311 Measles Virus (Rubeola)
- ☐ 312 Mumps Virus
- ☐ 345 Norovirus
- ☐ 316 Human Parainfluenza Virus (all species)
- ☐ 314 Respiratory Syncytial Virus (RSV)
- ☐ 321 Rhinovirus (all species)

- ☐ 320 Rotavirus (all species)
- ☐ 315 Rubella Virus
- ☐ 302 Varicella Virus
- ☐ 348 West Nile Virus (WNV)

357. Has the recipient ever been infected with PCP/PJB? ☐ Yes ☐ No
- Go to signature line

Autoimmune Diseases

358. Specify autoimmune disease classification:

Arthritis

- ☐ Rheumatoid arthritis (603)
- ☐ Psoriatic arthritis/psoriasis (604)
- ☐ Juvenile idiopathic arthritis (JIA): systemic (Stills disease) (640)
- ☐ Juvenile idiopathic arthritis (JIA): oligoarticular (641)
- ☐ Juvenile idiopathic arthritis (JIA): polyarticular (642)
- ☐ Juvenile idiopathic arthritis (JIA): other (643)
- ☐ Other arthritis (633)

Multiple sclerosis

- ☐ Multiple sclerosis (602)

Connective tissue diseases

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

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)

Other neurological autoimmune diseases

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

Hematological autoimmune diseases

- ☐ Idiopathic thrombocytopenic purpura (ITP) (645)
- ☐ Hemolytic anemia (646)
- ☐ Evan syndrome (647)
- ☐ Other autoimmune cytopenia (648) ***- Go to question 359***

Bowel diseases

- ☐ Crohn's disease (649)
- ☐ Ulcerative colitis (650)
- ☐ Other autoimmune bowel disorder (651) ***- Go to question 360***

Metabolic

☐ Diabetes mellitus type 1 (660)

Other

☐ Other autoimmune disease (629) ***- Go to question 361***

359. Specify other autoimmune cytopenia:_____

360. Specify other autoimmune bowel disorder:_____

361. Specify other autoimmune disease: _____
- Go to signature line

Tolerance Induction Associated with Solid Organ Transplant

362. Specify transplanted organ: (check all that apply)

☐ Kidney

☐ Liver

☐ Pancreas

☐ Other organ →

363. Other organ, specify:_____
- Go to signature line

Other Disease

364. Specify other disease:_____ ***- Go to signature line***

First Name: _____

Last Name:_____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD