## **Post-Transplant Essential Data**



Registry Use Only	OMB No: 0915-0310
Sequence Number:	Expiration Date: 10/31/2022
Date Received:	Public Burden Statement: The purpose of the data collection is to fulfill the legislative mandate to establish and maintain a standardized database of allogeneic marrow and cord blood transplants performed in the United States or using a donor from the United States. The data collected also meets the C.W. Bill Young Cell Transplantation Program requirements to provide relevant scientific information not containing individually identifiable information available to the public in the form of summaries and data sets. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0310 and it is valid until 10/31/2022. This information collection is voluntary under The Stem Cell Therapeutic and Research Act of 2005, Public Law (Pub. L.) 109–129, as amended by the Stem Cell Therapeutic and Research Reauthorization Act of 2010, Public Law 111–264 (the Act) and the Stem Cell Therapeutic and Research Reauthorization Act of 2015, Public Law 111–264 (the Act) and the Stem Cell Therapeutic and Research Reauthorization Act of 2015, Public Law 111–264 (the Act) and the Stem Cell Therapeutic and Research Reauthorization Act of 2015, Public Law 114–104, Public reporting burden for this collection of information is estimated to average 0.85 hours per response when collected at 100 days post-transplant, 0.85 hours per response when collected at 1 and 2 years post-transplant, and 0.52 hours per response annually thereafter, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information, including suggestions for reducing this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.
CIBMTR Center Number:	
CIBMTR Research ID:	
Event date:	
YYYY MM DD	
Visit:	
☐ 100 day	
☐ 6 months	
☐ 1 year	
2 years	
☐ >2 years,	
Specify:	

CIB	MTR Cente	r Numb	er: CIBMTR Research ID:	
Sur	vival			
Sui	vivai			
1.	Date of a	actual co	ontact with the recipient to determine medical status for this follow-up report:	
	MM	DD		
2.	Specify t	the recip	pient's survival status at the date of last contact:	
	□ to q	Alive - uestion	- Answers to subsequent questions should reflect clinical status since the date of last report - 7.	Go
	□ and		- Answers to subsequent questions should reflect clinical status between the date of last repo ately prior to death - <i>Go to question 3.</i>	ort
	3. Pr	imary ca	ause of death	
		□ perfor	Recurrence / persistence / progression of disease for which the HCT or cellular therapy warmed – <i>Go to question 5.</i>	as
			Acute GVHD – Go to question 5.	
			Chronic GVHD – Go to question 5.	
			Graft rejection or failure – <i>Go to question 5.</i>	
			Cytokine release syndrome – <b>Go to question 5.</b>	
	Infection			
	mection	' <sub>□</sub>	Infection, organism not identified – Go to question 5.	
			Bacterial infection – <b>Go to question 5</b> .	
			Fungal infection – Go to question 5.	
			Viral infection – Go to question 5.	
		COVII	D-19 (SARS-CoV-2) – <i>Go to question 5.</i>	
			Protozoal infection – <i>Go to question 5.</i>	
			Other infection – Go to question 4.	
	Pulmona	ary	Idiopathic pneumonia syndrome (IPS) – <i>Go to question 5</i>	
			Pneumonitis due to Cytomegalovirus (CMV) – <i>Go to question 5</i>	
			Pneumonitis due to other virus – <b>Go to question 5</b>	
			Other pulmonary syndrome (excluding pulmonary hemorrhage) – <b>Go to question 4.</b>	
			Diffuse alveolar damage (without hemorrhage) – <i>Go to question 5.</i>	
			Acute respiratory distress syndrome (ARDS) (other than IPS) – <b>Go to question 5.</b>	

_	due to GVHD or infection) Liver failure (not VOD) – Go to question 5.
]	Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) $-$ <b>Go to question 5</b>
]	Cardiac failure – <b>Go to question 5.</b>
]	Pulmonary failure– <b>Go to question 5.</b>
]	Central nervous system (CNS) failure – <b>Go to question 5.</b>
]	Renal failure – <b>Go to question 5.</b>
]	Gastrointestinal (GI) failure (not liver) – <i>Go to question 5.</i>
]	Multiple organ failure – <b>Go to question 4</b> .
]	Other organ failure – <b>Go to question 4.</b>
/	
	New malignancy (post-HCT or post-cellular therapy) – <i>Go to question 5.</i>
	Prior malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other than gnancy for which the HCT or cellular therapy was performed) – <b>Go to question 5.</b>
je J	Pulmonary hemorrhage – <i>Go to question 5.</i>
	Diffuse alveolar hemorrhage (DAH) – <b>Go to question 5.</b>
	Intracranial hemorrhage – <b>Go to question 5</b> .
	Gastrointestinal hemorrhage – <i>Go to question 5.</i>
	Hemorrhagic cystitis – <b>Go to question 5.</b>
	Other hemorrhage – <i>Go to question 4.</i>
	Thromboembolic – <b>Go to question 5.</b>
	Disseminated intravascular coagulation (DIC) – <b>Go to question 5.</b>
	Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Syndrome (HUS))– <i>Go to question 5.</i>
]	Other vascular - Go to question 4.
] .	Accidental death – <b>Go to question 5.</b>
]	Suicide – <i>Go to question 5.</i>
]	Other cause - Go to question 4.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

CIBMTR Center	Number:	CIBMTR Research ID:
5. Con	ntributing	cause of death (check all that apply)
		Recurrence / persistence / progression of disease for which the HCT or cellular therapy was ed – <i>Go to question 7.</i>
		Acute GVHD – Go to question 7.
		Chronic GVHD – Go to question 7.
		Graft rejection or failure – <i>Go to question 7.</i>
		Cytokine release syndrome – <i>Go to question 7.</i>
Infontion		
Infection		Infection, organism not identified – <b>Go to question 7.</b>
		Bacterial infection – <i>Go to question 7.</i>
		Fungal infection – <i>Go to question 7.</i>
		Viral infection – <i>Go to question 7.</i>
	COVID-	19 (SARS-CoV-2) – <b>Go to question 7</b> .
		Protozoal infection – <b>Go to question 7.</b>
		Other infection – <i>Go to question 6.</i>
Pulmonar	24	
Fullional		Idiopathic pneumonia syndrome (IPS) – <i>Go to question 7.</i>
		Pneumonitis due to Cytomegalovirus (CMV) – Go to question 7.
		Pneumonitis due to other virus – <i>Go to question 7.</i>
		Other pulmonary syndrome (excluding pulmonary hemorrhage) – <i>Go to question 6.</i>
		Diffuse alveolar damage (without hemorrhage) – Go to question 7.
		Acute respiratory distress syndrome (ARDS) (other than IPS) – <i>Go to question 7.</i>
Organ fail	lure (not	due to GVHD or infection) Liver failure (not VOD) – Go to question 7.
		Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) – Go to question 7.
		Cardiac failure – Go to question 7.
		Pulmonary failure— Go to question 7.
		Central nervous system (CNS) failure – Go to question 7.
		Renal failure – <i>Go to question 7.</i>
		Gastrointestinal (GI) failure (not liver) – Go to question 7.
		Multiple organ failure – <b>Go to question 6.</b>
	П	Other organ failure – <b>Go to question 6</b> .

CIBM <sup>-</sup>	TR Center	Number	:	CIBMTR	Research	ID:			
	Malignan	су							
			New malignancy (	post-HCT or pos	t-cellular th	erapy) – <b>Go</b>	to question	7.	
		□ the mali	Prior malignancy ( gnancy for which th						.n
	Hemorrha	age							
			Pulmonary hemor	rhage – <b>Go to q</b> u	uestion 7.				
			Diffuse alveolar he	emorrhage (DAH	) – <b>Go to q</b>	uestion 7.			
			Intracranial hemor	rhage – <b>Go to q</b>	uestion 7.				
			Gastrointestinal he	emorrhage – <b>Go</b>	to questio	n 7.			
			Hemorrhagic cysti	tis – <b>Go to ques</b>	tion 7.				
			Other hemorrhage	– Go to questic	on 6.				
	Vascular	_	Thursushasushalis	On to averation	7				
			Thromboembolic -	-			=		
			Disseminated intra						
		□ Uremic	Thrombotic microa Syndrome (HUS))			tic thromboo	cytopenic purp	oura (TTP)/Hemoly	tic
			Other vascular - G	o to question 6					
	Other		Accidental death -	- Go to question	7.				
			Suicide – <b>Go to q</b>						
			Other cause - <b>Go</b>						
		7	other eduse of	to question o.					
	6.	Spec	cify:						
Subse	equent Tra	ansplant	:						
7.			eceive a subseque	nt HCT since the	date of las	t report?			
			to question 8.						
		No - <b>Go</b>	to question 12.						
	8. Dat	e of sub	sequent HCT:		_	_			
	o. Bac	01 348		YYYY	MM	DD DD			
	9. Wh	_	ne indication for sub	•				–	
		Form 2	Graft failure / insur	•		-	eic HCTs <b>Coi</b>	mplete a Pre-TED	

СІВМТ	R Ce	enter	Number	: CIBMTR Research ID:
			□ Go to q	Persistent primary disease – Complete a Pre-TED Form 2400 for the subsequent HCT – uestion 11.
			□ Go to q	Recurrent primary disease – Complete a Pre-TED Form 2400 for the subsequent HCT – uestion 11.
			□ subseq	Planned subsequent HCT, per protocol – Complete a Pre-TED Form 2400 for the uent HCT – Go to question 11.
			☐ for the	New malignancy (including PTLD and EBV lymphoma) – Complete a Pre-TED Form 2400 subsequent HCT– Go to question 11.
			□ questio	Insufficient chimerism – Complete a Pre-TED Form 2400 for the subsequent HCT – Go to on 11.
				Other – Complete a Pre-TED Form 2400 for the subsequent HCT – Go to question 10.
		10.	Spec	cify other indication:
<u>.</u>	11.	Sou	ırce of H	SCs (check all that apply):
				Allogeneic, related
				Allogeneic, unrelated
				Autologous
12.	Has	the r	ecipient ı	received a cellular therapy since the date of last report? (e.g. CAR-T, DCI)
		000	Yes – <b>G</b>	to to question 13. – Also complete Cellular Therapy Essential Data Pre-Infusion Form
		]	No – <b>G</b> o	o to question 14.
-	13.	Dat	e of cellu	ular therapy:
-	-0.	- (.)	0.00	YYYY MM DD
Initial <i>i</i>	ANC	Rec	overy	
14.	Was	there	e evidend	ce of initial hematopoietic recovery?
	ل ا			$NC \ge 500/\text{mm}^3$ achieved and sustained for 3 lab values) – <b>Go to question 15.</b>
		- ]	•	$C \ge 500/\text{mm}^3$ was not achieved) – <b>Go to question 16.</b>
	L	7	Not app	licable (ANC never dropped below 500/mm³ at any time after the start of the preparative to question 16.
	L	J	,	sly reported (recipient's initial hematopoietic recovery was recorded on a previous report) – <b>Go</b>
	15.	Dat	e ANC >	500/mm³ (first of 3 lab values):
-	_0.	Jui	<u>-</u>	YYYY MM DD

CIBM	TR Center	Number: CIBMTR Research ID:
16.	Did late g	raft failure occur?
		Yes
		No
Initia	Platelet F	Recovery
(Opti	onal for No	on-U.S. Centers)
17.	Was an ir	nitial platelet count ≥ 20 x 10°/L achieved?
		Yes – Go to question 18.
		No – Go to question 19.
		Not applicable - Platelet count never dropped below $20 \times 10^9/L$ – <b>Go to question 19.</b>
		Previously reported - $\geq$ 20 x 10 $^{9}$ /L was achieved and reported previously – <i>Go to question 19</i> .
	18. Dat	e platelets ≥ 20 x 10 <sup>9</sup> /L:
		YYYY MM DD
Graft	vs. Host [	Disease
	section is tion 45	for allogeneic HCTs only. If this was an autologous HCT, continue to Liver Toxicity Prophylaxis,
	tion 45	for allogeneic HCTs only. If this was an autologous HCT, continue to Liver Toxicity Prophylaxis,  GVHD develop since the date of last report?
ques	tion 45	
ques	tion 45  Did acute	GVHD develop since the date of last report?
ques	tion 45  Did acute	GVHD develop since the date of last report?  Yes- <i>Go to question 20.</i>
ques	Did acute	GVHD develop since the date of last report?  Yes- Go to question 20.  No - Go to question 21.  Unknown - Go to question 21.  e of acute GVHD diagnosis: Go to question 22.
ques	Did acute	GVHD develop since the date of last report?  Yes- Go to question 20.  No - Go to question 21.  Unknown - Go to question 21.
ques	Did acute	GVHD develop since the date of last report?  Yes- Go to question 20.  No - Go to question 21.  Unknown - Go to question 21.  e of acute GVHD diagnosis: Go to question 22.
ques	Did acute	GVHD develop since the date of last report?  Yes- Go to question 20.  No - Go to question 21.  Unknown - Go to question 21.  e of acute GVHD diagnosis: Go to question 22.
ques	Did acute	GVHD develop since the date of last report?  Yes- Go to question 20.  No - Go to question 21.  Unknown - Go to question 21.  e of acute GVHD diagnosis: Go to question 22.  YYYY MM DD  GVHD persist since the date of last report?
ques	Did acute	GVHD develop since the date of last report?  Yes— Go to question 20.  No — Go to question 21.  Unknown — Go to question 21.  e of acute GVHD diagnosis: — — — Go to question 22.  YYYY MM DD  GVHD persist since the date of last report?  Yes— Go to question 29.
ques	Did acute	GVHD develop since the date of last report?  Yes— Go to question 20.  No — Go to question 21.  Unknown — Go to question 21.  e of acute GVHD diagnosis: — — — Go to question 22.  YYYY MM DD  GVHD persist since the date of last report?  Yes— Go to question 29.  No — Go to question 37.

CIBMTR Center	Number:	CIBMTR Research ID:
	□ nausea	II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea $500 - 1000$ mL/day or persistent or vomiting
	□ with or v	III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain vithout ileus
		IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL
		Not applicable (acute GVHD present but grade is not applicable)
List the	stage fo	or each organ at diagnosis of acute GVHD:
23. Skir	n:	
		Stage 0 – no rash, no rash attributable to acute GVHD
		Stage 1 – maculopapular rash, < 25% of body surface
		Stage 2 – maculopapular rash, 25–50% of body surface
		Stage 3 – generalized erythroderma, > 50% of body surface
		Stage 4 – generalized erythroderma with bullae formation and/or desquamation
24. Low	ver intest	inal tract: (use mL/day for adult recipients and mL/kg/day for pediatric recipients)
	□ (adult), d	Stage 0 – no diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day or < 10 mL/kg/day (pediatric)
		Stage 1 - diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric)
		Stage 2 - diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric)
		Stage 3 - diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric)
		Stage 4 – severe abdominal pain, with or without ileus, and/or grossly bloody stool
25. Upr	oer intest	inal tract:
25. Opp		Stage 0 – no persistent nausea or vomiting
		Stage 1 – persistent nausea or vomiting
26. Live	er:	
		Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 $\mu$ mol/L)
		Stage 1 – bilirubin 2.0–3.0 mg/dL (34–52 μmol/L)
		Stage 2 – bilirubin 3.1–6.0 mg/dL (53–103 μmol/L)
		Stage 3 – bilirubin 6.1–15.0 mg/dL (104–256 µmol/L)
	П	Stage $A = \text{biliruhin} > 15.0 \text{ mg/dL} (> 256 \text{ µmg/dL})$

CIBM <sup>*</sup>	TR Ce	enter Nu	umber:	CIBMTR Research ID:
				Yes. Os to reservice 20
				Yes – Go to question 28.
				No – Go to question 29.
		28.	Spec	ify other site(s):
	Spec	ify the	maxin	num overall grade and organ staging of acute GVHD since the date of last report
	29.	Maxim	num ov	verall grade of acute GVHD:
			l	I - Rash on ≤ 50% of skin, no liver or gut involvement
		□ na		II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea $500 - 1000$ mL/day or persistent or vomiting
		W		III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pair vithout ileus
			l	IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL
			I	Not applicable (acute GVHD present but cannot be graded)
		30.	Date	maximum overall grade of acute GVHD:
	31.	Skin:		
	01.		I	Stage 0 – no rash, no rash attributable to acute GVHD
				Stage 1 – maculopapular rash, < 25% of body surface
				Stage 2 – maculopapular rash, 25–50% of body surface
				Stage 3 – generalized erythroderma, > 50% of body surface
				Stage 4 – generalized crythroderma with bullae formation and/or desquamation
				Stage 4 generalized crysmodernia with bullact formation and/or desiquamation
	32.	Lower	intesti	inal tract: (use mL/day for adult recipients and mL/kg/day for pediatric recipients)
		□ (a		Stage 0 – no diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/day or < 10 mL/kg/day (pediatric)
			ı	Stage 1 – diarrhea 500 - 1000 mL/day (adult), or 10 - 19.9 mL/kg/day (pediatric)
			I	Stage 2 – diarrhea 1001 - 1500 mL/day (adult), or 20 - 30 mL/kg/day (pediatric)
			I	Stage 3 – diarrhea > 1500 mL/day (adult), or > 30 mL/kg/day (pediatric)
			I	Stage 4 – severe abdominal pain, with or without ileus, and/or grossly bloody stool
	33.	Upper	intesti	inal tract:
			l	Stage 0 – no persistent nausea or vomiting
				Stage 1 – persistent nausea or vomiting

CIBM	ITR C	Center Number:		.: CIBMTR Research ID:
	34.	Live	r:	
				Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L)
				Stage 1 – bilirubin 2.0–3.0 mg/dL (34–52 μmol/L)
				Stage 2 – bilirubin 3.1–6.0 mg/dL (53–103 µmol/L)
				Stage 3 – bilirubin 6.1–15.0 mg/dL (104–256 µmol/L)
				Stage 4 – bilirubin > 15.0 mg/dL (> 256 µmol/L)
	35.	Othe	er site(s	) involved with acute GVHD
				Yes – <b>Go to question 36.</b>
				No – Go to question 37.
		26	Cno	sifu other site(s).
		36.	Spe	cify other site(s):
37.	Did o	chroni	c GVHI	D develop since the date of last report?
	[	<b>_</b>	Yes – C	Go to questions 38.
	[	<b>J</b>	No - <b>G</b> o	o to question 39.
	[	<b>J</b>	Unknov	vn – <b>Go to question 39.</b>
	38.		e of chro stions	onic GVHD diagnosis: Date estimated – <b>Go to</b>
		que	3110113	YYYY
				MM DD
39.	Did o	chroni	c GVHI	D persist since the date of last report?
				Go to questions 40.
				o to question 43.
	[			vn – <b>Go to question 43.</b>
	Sp	ecify	the ma	ximum grade of chronic GVHD since the date of last report:
	40.	Max	imum g	rade of chronic GVHD: (according to best clinical judgment)
				Mild
				Moderate
				Severe
				Unknown

CIBM	ITR Cei	nter N	Number: CIBMTR Research ID:
	41.	Spec	cify if chronic GVHD was limited or extensive:
			☐ Limited - localized skin involvement and/or liver dysfunction
			☐ Extensive – one or more of the following:
			– generalized skin involvement; or,
			<ul> <li>liver histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,</li> </ul>
			<ul><li>involvement of eye: Schirmer's test with &lt; 5 mm wetting; or</li></ul>
			– involvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or
			– involvement of any other target organ
		42.	Date of maximum grade of chronic GVHD:
			YYYY MM DD
43.			pient still taking systemic steroids? (Do not report steroids for adrenal insufficiency, or steroid dose ≤10 r adults, <0.1 mg/kg/day for children)
		1	Yes
		l	No
		l	Not applicable
		]	Unknown
44.	Is the	recip	pient still taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?
		1	Yes
		]	No
		1	Not applicable
		1	Unknown
Livor	Tovici	ity Dr	rophylaxis
Livei	TOXICI	ity Pi	υμιγιαχίο
45.	Was	speci	fic therapy used to prevent liver toxicity?
		1	Yes – Go to question 46.
		7	No – <b>Go to question 48.</b>
	46.	Spec	cify therapy: (check all that apply)
			□ Defibrotide – Go to question 48.
			□ N-acetylcysteine – <b>Go to question 48.</b>
			☐ Tissue plasminogen activator (TPA) – <i>Go to question 48.</i>

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			<ul> <li>□ Urosodiol – Go to question 48.</li> <li>□ Other – Go to question 47.</li> </ul>						
		47.	Specify other therapy:						
Veno-	occlu	ısive	disease (VOD) / Sinusoidal obstruction syndrome (SOS)						
Speci	fy if t	he re	cipient developed VOD / SOS since the date of last report:						
48.	Did v		occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last						
		]	Yes – Go to question 49.						
		]	No – Go to question 50.						
	49.	Date	e of diagnosis: DD						
Infect	ion								
50.	[	<b>-</b>	cipient develop COVID-19 (SARS-CoV-2) since the date of last report? Yes No						
	51.	Date	e of diagnosis:						
			YYYY MM DD						
New N	/laligi	nancy	y, Lymphoproliferative or Myeloproliferative Disease / Disorder						
includ	le rel	apse,	ignancies that are different than the disease / disorder for which HCT was performed. Do not progression or transformation of the same disease subtype.						
52.	diffe	ent fr	malignancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is rom the disease / disorder for which the HCT or cellular therapy was performed? (include clonal ic abnormalities, and post-transplant lymphoproliferative disorders)						
	[	]	Yes – Go to question 53.						
		]	No – Go to question 60.						

CIBN	MTR C	enter Nun	nber: CIBMTR Research ID:
	repo	rt. The s	mplete questions 5359. to report each new malignancy diagnosed since the date of last ubmission of a pathology report or other supportive documentation for each reported new s strongly recommended.
	53.	Specify	the new malignancy:
			Acute myeloid leukemia (AML / ANLL) – <b>Go to question 56.</b>
			Other leukemia – <i>Go to question 56.</i>
		□	Myelodysplastic syndrome (MDS) – <i>Go to question 56.</i>
		□	Myeloproliferative neoplasm (MPN) – Go to question 56.
			Myelodysplasia / myeloproliferative neoplasm (MDS / MPN)– Go to question 56.
		□	Hodgkin lymphoma – <i>Go to question 55.</i>
		□	Non-Hodgkin lymphoma – <i>Go to question 55.</i>
			Post-transplant lymphoproliferative disorder (PTLD)— Go to question 55.
		□	Clonal cytogenetic abnormality without leukemia or MDS – Go to question 56.
		□ 56.	Uncontrolled proliferation of donor cells without malignant transformation – <i>Go to question</i>
		□	Breast cancer – Go to question 56.
		<i>□</i> 56.	Central nervous system (CNS) malignancy (e.g. glioblastoma, astrocytoma) – <i>Go to question</i>
		□ que	Gastrointestinal malignancy (e.g. colon, rectum, stomach, pancreas, intestine) – <b>Go to</b> estion 56.
		□ to ¢	Genitourinary malignancy (e.g. kidney, bladder, ovary, testicle, genitalia, uterus, cervix) – <b>Go</b> question 56.
			Lung cancer – Go to question 56.
			Melanoma – Go to question 56.
			Basal cell skin malignancy – <i>Go to question 56.</i>
		□	Squamous cell skin malignancy – <i>Go to question 56.</i>
			Oropharyngeal cancer (e.g. tongue, buccal mucosa) – Go to question 56.
			Sarcoma – Go to question 56.
			Thyroid cancer – Go to question 56.
			Other new malignancy – <i>Go to question 54.</i>
		54.	Specify other new malignancy: Go to question 56.
		55.	Is the tumor EBV positive?
			□ Yes

No

CIBMTR Center Number:						CIBMTR Re	CIBMTR Research ID:				
	56.	Date o	f diag	nosis:							
	57.	Was d	ocum	entation :	submitted to th	e CIBMTR? (e.	g. pathology / autopsy report or other documentation)				
				Yes							
				No							
	58.	Was th	ne nev	w maligna	ancy donor / ce	ell product deriv	red?				
				Yes – <b>G</b>	o to question	59.					
				No – <b>G</b> o	to question :	59 <i>.</i>					
				Not don	e – <b>Go to que</b>	stion 60.					
		59.	Was FISI		ntation submitt	ed to the CIBM	TR? (e.g. cell origin evaluation (VNTR, cytogenetics,				
				Yes							
				No	4						
him	oriem	Studio	c (Co	rd Place	I Unite Pota I	-balassamia a	nd Sickle Cell Disease Only)				
	iciisiii	Studies	3 (CO	па віоос	onits, beta i	maiasseima, a	ind Sickle Cell Disease Only)				
orima	ary dis	ease is	beta	thalass	emia or sickle	cell disease.	HCTs using cord blood units or for recipients whose If this was an autologous HCT, or an allogeneic HCT ary disease, continue to disease assessment.				
60.	Were	chimer	rism s	tudies pe	erformed since	the date of last	report?				
		Υe	es – <b>C</b>	So to que	estion 61.						
		] No	) – <b>G</b>	o to ques	stion 80.						
	61.	Was d	ocum	entation :	submitted to th	e CIBMTR? (e.	g. chimerism laboratory reports)				
				Yes							
				No							
	62.	Were (	chime	rism stuc	lies assessed t	for more than o	ne donor / multiple donors?				
	~ <b>-</b> .			Yes							
		_		No							
		Ц		INU							

Provide date(s), method(s) and other information for all chimerism studies performed since the date of last report.

CIBMTR Center Number:						TR Res	earch ID:			
63.	NMDP do	onor ID:			<del></del>					
64.	NMDP cord blood unit ID:									
65.	Non-NMDP unrelated donor ID:									
66.	Non-NM	OP cord	blood unit I	D:						
67.	Global Re	egistratio	on Identifiers	s for Donors (	GRID): _				. <u> </u>	
68.	Date of h	irth: (dor	nor / infant)		_			- OR - A	\ae. (donor/ir	nfant)
00.	Date of b	iiii. (doi	ioi / iiiidiity	YYYY		DD			ige. (donoi/ii	☐ Months
										_   Years
	69. Sex	x (Donor	/ infant)							
	00. 00.		Male							
			Female							
70.	Date sam	nple colle	ected:							
					ММ		DD			
71.	Method									
		Karyoty	ping for XX	/XY– Go to q	uestion	73.				
		Fluores	scent in situ	hybridization	(FISH) fo	or XX/X	Y – Go to qu	estion 7	3.	
				nt-length polyr	-					
				ro or mini sate	ellite (als	o includ	de AFLP) – <b>G</b>	o to que:	stion 73.	
		Other -	- Go to que	stion 72.						
	72. Spe	ecify:								
73.	Cell sour									
		Bone m								
		Periphe	eral blood							
74.	Cell type									
		Unsorte	ed / whole –	Go to questi	ion 76.					
		Red blo	ood cells – <b>C</b>	Go to questio	n 78.					
		Hemato	opoietic prog	genitor cells (0	CD34+ c	ells) – (	Go to questic	on 78.		

CIBM	ITR Cente	er Number: CIBMTR Research ID:	
		Total mononuclear cells (lymphs & monos) – <b>Go to question 78.</b>	
		T-cells (includes CD3+, CD4+, and/or CD8+) – Go to question 78.	
		B-cells (includes CD19+ or CD20+) – <i>Go to question 78.</i>	
		Granulocytes (includes CD33+ myeloid cells) – Go to question 78.	
		NK cells (CD56+) – Go to question 78.	
		Other – Go to question 75.	
	75. Sp	pecify:	
76	Total col	lle evernine du	
76.	rotal cei	Ils examined:	
77.	Number	of donor cells: Go to question 80.	
78.	Were do	onor cells detected?	
		Yes - Go to question 79.	
		No – <b>Go to question 80.</b>	
	79. Pe	ercent donor cells: %	
Copy	/ question	ns 63. – 79. if needed for multiple chimerism studies.	
Dise	ase Asses	ssment at the Time of Best Response to HCT	
80.	date of the	ed to the disease status prior to the preparative regimen, what was the best response to HCT since the last report? (Include response to any therapy given for post-HCT maintenance or consolidation, buany therapy given for relapsed, persistent, or progressive disease)	
		Continued complete remission (CCR) - For patients transplanted in CR- Go to question 103.	
		Complete remission (CR) - Go to question 82.	
		Not in complete remission - Go to question 81.	
		Not evaluated - Go to question 103.	
	81. Sp	pecify disease status if not in complete remission:	
	<b> -</b> -	□ Disease detected - <i>Go to question 84.</i>	
		□ No disease detected but incomplete evaluation to establish CR - <i>Go to question 84.</i>	

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82. Was the date of best response previously reported?

CIBMTR Center	Number	: CIBMTR Research ID:
	_	Vac. Co to supplier 102
		Yes - Go to question 103.
		No - Go to question 83.
83.	Date	assessed:
		YYYY MM DD
Specify	the met	thod(s) used to assess the disease status at the time of best response:
Opeciny	the met	anou(s) used to assess the disease status at the time of best response.
84.	Was	the disease status assessed by molecular testing (e.g. PCR)?
		Yes - Go to questions 85.
	□	No - Go to question 87.
		Not applicable - Go to question 87.
	85.	Date assessed: — — —
	05.	YYYY MM DD
	86.	Was disease detected?
		□ Yes
		□ No
87.	Was	the disease status assessed via flow cytometry?
		Yes - Go to question 88.
		No - Go to question 90.
		Not applicable - <i>Go to question 90.</i>
	88.	Date assessed:
		YYYY MM DD
	89.	Was disease detected?
		□ Yes
		□ No
90.	Was	the disease status assessed by cytogenetic testing (karyotyping or FISH)?
		Yes - Go to question 91.
		No - Go to question 97.
		Not applicable - Go to question 97.

CIBMTR Center Number:		CIBMTR Research	ID:	
_	Yes - Go to question			
	7			
	Not applicable - <b>Go</b>	to question 94.		
92.	Date assessed: _	_		
		YYYY	MM	DD
00	\\\!:	-4- dO		
93.	Was disease dete	ctea?		
	□ Yes			
	□ No			
94. Wa	s the disease status	assessed via karyo	typing?	
	Yes - Go to question	on 95.		
	No - Go to question	1 97.		
	Not applicable - <b>Go</b>	to question 97.		
0.5				
95.	Date assessed: _	YYYY		 DD
		1111	IVIIVI	DD
96.	Was disease dete	cted?		
	□ Yes			
	□ No			
07 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		al buyun din la win al a		) (a a DET MDI CT)
			ssessment?	P (e.g. PET, MRI, CT)
	- Go to question 98. Go to question 100			
	applicable - <b>Go to qu</b>			
L Not	applicable - Go to qu	estion 100.		
98. Da	te assessed:			
	s disease detected?			
	Yes			
	No			
100. Was the di	sease status assesse	ed by clinical/hema	tologic asse	ssment?
	- Go to question 10.		<b>0</b>	
	Go to question 103			

CIBM	ITR Cente	r Number	:	CIBMTR F	CIBMTR Research ID:				
		101.	Date assessed:	 		 DD			
		102.	Was disease detecte	ed?					
			□ Yes						
			□ No						
Post-	HCT The	rapy							
main		nd conso	ince the date of last re olidation therapy. Do r	-	_		lisease. This may include I, persistent, or		
103.			n since the date of the la any maintenance and c			than relapse, pe	ersistent, or progressive		
		Yes - <b>G</b>	o to question 104.						
		No - <b>Go</b>	to question 108.				<b>V</b>		
	104. Sp	ecify ther	apy: (check all that appl	ly)					
			Blinded randomized tri	al - <b>Go to que</b>	estion 108.				
			Cellular therapy - Go to	o question 10	08.				
			Radiation - Go to ques	stion 108.					
			Systemic therapy - <b>Go</b>	to question .	105.				
			Other therapy - Go to	question 107					
	10	5 Snec	cify systemic therapy: (c	heck all that a	annly)				
	10		Alemtuzumab (Campa		, , , , , , , , , , , , , , , , , , ,				
			Azacytidine (Vidaza)						
			Blinatumomab						
			Bortezomib (Velcade)	)					
			Bosutinib						
			Carfilzomib						
			Chemotherapy						
			Dasatinib (Sprycel)						
			Decitabine (Dacogen)	)					
			Gemtuzumab (Mylota		)				

Gilteritinib

CIBMTR Center Nun	per: CIBMTR Research ID:
	1 Ibrutinib
	I Imatinib mesylate (Gleevec)
	1 Ixazomib
	1 Lenalidomide (Revlimid)
	l Lestaurtinib
	1 Midostaurin
	Nilotinib (AMN107, Tasigna)
	1 Nivolumab
	1 Pembrolizumab
	1 Pomalidomide
	1 Quizartinib
	1 Rituximab (Rituxan, MabThera)
	1 Sorafenib
	1 Sunitinib
	1 Thalidomide (Thalomid)
	Other systemic therapy- <i>Go to question 106.</i>
<u>:</u>	06. Specify other systemic therapy:
107.	pecify other therapy:
Relapse or Progres	ion Post-HCT
progression was de	It has experienced a clinical/hematologic relapse or progression post-HCT. If the relapse or ected in a previous reporting period indicate that and continue on. If the first relapse occurred since the date of last report, indicate the date it was first detected in this
108. Did the recipie	nt experience a clinical/hematologic relapse or progression post-HCT?
□ Yes	Go to question 109.
□ No	Go to question 111.
109 Was the	date of the first clinical/hematologic relapse or progression previously reported?

Yes - Go to question 119. (only valid >day 100)

CIBM	TR C	enter N	lumber	: CIBMTR Research ID:
		г	<b>_</b>	No - <b>Go to question 110.</b>
			_	No - Go to question 110.
		110.	Date	e first seen:
				YYYY MM DD
Interv	/entio	n for r	elapse	ed disease, persistent disease, or progressive disease
111.	Was	interve	ention (	given for relapsed, persistent or progressive disease since the date of last report?
	[	ے ا	⁄es - <b>G</b>	o to question 112.
	1	<b>7</b> 1	No - <b>G</b> o	to question 119.
	112	Snoo	ify room	son for which intervention was given:
	112.	•	ily reas	Persistent disease
		_	_ 	Relapsed / progressive disease
		-	_	Treatpool / progressive disease
	113.	Spec	ify the	method(s) of detection for which intervention was given: (check all that apply)
		[		Clinical/hematologic
		[	]	Cytogenetic
		[		Disease specific molecular marker
		[		Flow cytometry
		[		Radiological (e.g. PET, MRI, CT)
	114.	Date	interve	ention started:
				YYYY MM DD
	115.	Snec	ify ther	apy: (check all that apply)
	110.	•		Blinded randomized trial - <i>Go to question 119.</i>
			- ]	Cellular therapy - <i>Go to question 119.</i>
			<b>_</b>	Radiation - Go to question 119.
		[	]	Systemic therapy - <i>Go to question 116.</i>
		[	<b>-</b>	Other therapy - Go to question 118.
		116.	Spe	cify systemic therapy: (check all that apply)
				Alemtuzumab (Campath)
				Azacytidine (Vidaza)
				Blinatumomab

CIBMTR Center Numb	per: CIBMTR Research ID:
	Bortezomib (Velcade)
	l Bosutinib
	l Carfilzomib
	I Chemotherapy
	Dasatinib (Sprycel)
	Decitabine (Dacogen)
	Gemtuzumab (Mylotarg, anti-CD33)
	I Gilteritinib
	l Ibrutinib
	I Imatinib mesylate (Gleevec)
	l Ixazomib
	Lenalidomide (Revlimid)
	Lestaurtinib
	Midostaurin Midostaurin
	Nilotinib (AMN107, Tasigna)
	l Nivolumab
	Other systemic therapy- <b>Go to question 117.</b>
11	7. Specify other systemic therapy:
118. S <sub>I</sub>	pecify other therapy:

## **Current Disease Status**

119.	What is	the	current	disease	status?

□ Complete remission (CR) - *Go to question 121.* 

CIBMTR Ce	enter	Numb	er: CIBMTR Research ID:
[	<b>_</b>	Not in	complete remission - <i>Go to question 120.</i>
		Not ev	valuated - <b>Go to First Name</b>
120.	Spe	ecify dis	sease status if not in complete remission:
			Disease detected
			No disease detected but incomplete evaluation to establish CR
121.	Dat	e of mo	ost recent disease assessment
			Known – Go to question 122.
			Unknown – <i>Go to First Name</i>
	122	2. Da	ate of most recent disease assessment:
First Name:			
Last Name:			
E-mail addr	ess:		
Date:			
Y	YYY		MM DD