## **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:	

CIBI	MTR Cente	er Numb	er: CIBMTR Research ID:
Sur	vival		
1.	Date of	actual c	ontact with the recipient to determine medical status for this follow-up report:
			YYYY
	MM	DD	
2.	Specify	the recip	pient's survival status at the date of last contact:
	□ to q	Alive <b>uestion</b>	- Answers to subsequent questions should reflect clinical status since the date of last report - <b>G 7</b> .
	□ and		- Answers to subsequent questions should reflect clinical status between the date of last report ately prior to death - <i>Go to question 3.</i>
	3. Pr	imary ca	ause of death
		□ perfor	Recurrence / persistence / progression of disease for which the HCT or cellular therapy was rmed – <i>Go to question 5.</i>
			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	n 	Infection, organism not identified – Go to question 5.
			Bacterial infection – <b>Go to question 5.</b>
			Fungal infection – <i>Go to question 5.</i>
			Viral infection – Go to question 5.
		COVI	D-19 (SARS-CoV-2) – <b>Go to question 5</b> .
			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 – <i>Go to question 5</i>
			Other pulmonary syndrome (excluding pulmonary hemorrhage) – <i>Go to question 4.</i>
			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> .

(not due to GVHD or infection) Liver failure (not VOD) – Go to question 5.  Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) – Go to question 5
Liver failure (not VOD) – <b>Go to question 5.</b>
Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) – Go to question 5
Cardiac failure – <b>Go to question 5.</b>
Pulmonary failure— <b>Go to question 5.</b>
Central nervous system (CNS) failure – Go to question 5.
Renal failure – <i>Go to question 5.</i>
Gastrointestinal (GI) failure (not liver) – Go to question 5.
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 malignancy for which the HCT or cellular therapy was performed) – <b>Go to question 5.</b>
Pulmonary hemorrhage – <i>Go to question 5.</i>
Diffuse alveolar hemorrhage (DAH) – <i>Go to question 5.</i>
Intracranial hemorrhage – <i>Go to question 5.</i>
Gastrointestinal hemorrhage – <b>Go to question 5.</b>
Hemorrhagic cystitis – <i>Go to question 5.</i>
Other hemorrhage – <b>Go to question 4</b> .
Other Hemorinage – Go to question 4.
Thromboembolic – <i>Go to question 5.</i>
Disseminated intravascular coagulation (DIC) – <i>Go to question 5.</i>
Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic nic Syndrome (HUS))– <i>Go to question 5.</i>
Other vascular - Go to question 4.
Accidental death – <i>Go to question 5.</i>
Suicide – Go to question 5.
Other cause - Go to question 4.

CIBMTR Center Numb	er: CIBMTR Research ID:
5. Contributii	ng cause of death (check all that apply)
□ perfor	Recurrence / persistence / progression of disease for which the HCT or cellular therapy was med – <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>
Infection	
	Infection, organism not identified – <b>Go to question 7</b> .
	Bacterial infection – <i>Go to question 7.</i>
	Fungal infection – <b>Go to question 7</b> .
	Viral infection – <b>Go to question 7</b> .
□ covi	D-19 (SARS-CoV-2) – <b>Go to question 7.</b>
	Protozoal infection – <i>Go to question 7.</i>
	Other infection – Go to question 6.
Pulmonary	
	Idiopathic pneumonia syndrome (IPS) – <i>Go to question 7.</i>
	Pneumonitis due to Cytomegalovirus (CMV) – Go to question 7.
	Pneumonitis due to other virus – Go to question 7.
	Other pulmonary syndrome (excluding pulmonary hemorrhage) – Go to question 6.
	Diffuse alveolar damage (without hemorrhage) – Go to question 7.
	Acute respiratory distress syndrome (ARDS) (other than IPS) – <i>Go to question 7.</i>
Organ failure (n	tet due to CVUD ex infection)
	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>
	Other organ failure – <i>Go to question 6.</i>

CIBM <sup>-</sup>	TR Center	Number	:	CIBMTR	Research I	D:			- ——
	Malignan	су							
			New malignancy (	post-HCT or post	t-cellular th	erapy) – <b>Go</b>	to question	7.	
		□ the mali	Prior malignancy ( gnancy for which th						han
	Hemorrha	age							
			Pulmonary hemori	rhage – <b>Go to q</b> ı	uestion 7.				
			Diffuse alveolar he	emorrhage (DAH)	) – Go to q	uestion 7.			
			Intracranial hemor	rhage – <b>Go to q</b> ı	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	_	Thursus bas sus balis	On to avention	7				
			Thromboembolic -	•			=		
			Disseminated intra						
		□ Uremic	Thrombotic microa Syndrome (HUS)) -			tic thrombo	cytopenic pur <sub>l</sub>	pura (TTP)/Hemo	olytic
			Other vascular - <b>G</b>	o to question 6.					
	Other		Accidental death -	- Go to auestion	7.				
			Suicide – <b>Go to qu</b>						
			Other cause - <b>Go</b>						
		7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	6.	Spec	cify:						
Cuba	Tue								
Subse	equent Tra	anspiant							
7.	Did the re	oiniont r	eceive a subsequer	at LICT since the	data of last	t rapart?			
۱.				it HCT since the	uale of ias	report?			
			to to question 8.						
		NO - <b>GO</b>	to question 12.						
	8. Dat	e of sub	sequent HCT:	_	_	_			
				YYYY	MM	DD			
	0								
	9. Wh	_	e indication for sub	•					
		□ Form 24	Graft failure / insut	•		-	neic HCTs <b>Co</b>	mplete a Pre-TE	:D

CIBMTR	Cente	r Number	: CIBMTR Research ID:
		□ Go to q	Persistent primary disease – Complete a Pre-TED Form 2400 for the subsequent HCT – question 11.
		□ Go to q	Recurrent primary disease – Complete a Pre-TED Form 2400 for the subsequent HCT – <i>question 11.</i>
		□ subseq	Planned subsequent HCT, per protocol – Complete a Pre-TED Form 2400 for the quent 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.
		□ questic	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:
11	So	urce of H	SCs (check all that apply):
			Allogeneic, related
			Allogeneic, unrelated
			Autologous
12. H	as the	recipient ı	received a cellular therapy since the date of last report? (e.g. CAR-T, DCI)
	□ 4000		Go to question 13. – Also complete Cellular Therapy Essential Data Pre-Infusion Form
		No – <b>G</b> o	o to question 14.
13	B. Da	ite of cellu	ular therapy:
			YYYY MM DD
Initial Al	NC Red	covery	
14. W	lac thai	ro ovidon	ce of initial hematopoietic recovery?
14. VV			NC $\geq$ 500/mm <sup>3</sup> achieved and sustained for 3 lab values) – <b>Go to question 15.</b>
		`	$C \ge 500/mm^3$ was not achieved) – <b>Go to question 16.</b>
		`	olicable (ANC never dropped below 500/mm³ at any time after the start of the preparative
			to question 16.
	□ to qu	Previou <b>Jestion 1</b>	sly reported (recipient's initial hematopoietic recovery was recorded on a previous report) – <b>Go</b> <b>6.</b>
15	; Da	ite ΔNC >	500/mm³ (first of 3 lab values):
	50		YYYY MM DD

CIDIVI	TR Center	Number: CIBMTR Research ID:
16.	Did late o	raft failure occur?
10.		Yes
		No No
Initial	Platelet F	Recovery
(Optio	onal for N	on-U.S. Centers)
17.	Was an ii	nitial platelet count ≥ 20 x 10 <sup>9</sup> /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> .
	10 5-4	
	18. Dat	re platelets ≥ 20 x 10 <sup>9</sup> /L:
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?
quest	tion 45	
quest	tion 45 Did acute	GVHD develop since the date of last report?
quest	Did acute	GVHD develop since the date of last report?  Yes- <i>Go to question 20.</i>
quest	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.
quest	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.  te of acute GVHD diagnosis: Go to question 22.
quest	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.
quest	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.  te of acute GVHD diagnosis: Go to question 22.
19.	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.  te of acute GVHD diagnosis: Go to question 22.
19.	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.  YYYYY MM DD  GVHD persist since the date of last report?
19.	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.
19.	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. Skii	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. Lov	ver intesti	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 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)
	П	Stage 4 – hiliruhin > 15.0 mg/dl. (> 256 umol/L)

CIBM	TR Ce	enter N	umber:	CIBMTR Research ID:
		_	•	Vec. On to reportion 20
				Yes – Go to question 28.
			1	No – Go to question 29.
		28.	Spec	sify other site(s):
	Spec	ify the	maxin	num overall grade and organ staging of acute GVHD since the date of last report
	29.	Maxin	num ov	verall grade of acute GVHD:
			]	I - Rash on ≤ 50% of skin, no liver or gut involvement
		E n	_	II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea $500 - 1000$ mL/day or persistent or vomiting
		C W	_	III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pair vithout ileus
			]	IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL
			]	Not applicable (acute GVHD present but cannot be graded)
		30.	Date	maximum overall grade of acute GVHD:
	31.	Skin:		
	J1.		1	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
	32.	Lowe	r intesti	inal tract: (use mL/day for adult recipients and mL/kg/day for pediatric recipients)
		[ (á	_	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
	33.	Uppe	r intesti	inal tract:
				Stage 0 – no persistent nausea or vomiting
			]	Stage 1 – persistent nausea or vomiting

CIBMTR Center Number:			umber:	CIBMTR Research ID:
	34.	Liver:		
			1	Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 µmol/L)
			1	Stage 1 – bilirubin 2.0–3.0 mg/dL (34–52 μmol/L)
			1	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.	Other	site(s)	involved with acute GVHD
	00.			Yes – Go to question 36.
				No – Go to question 37.
		36.	Spec	ify other site(s):
37.	Did (	chronic	GVHD	develop since the date of last report?
	[	□ Y	es – <b>G</b>	o to questions 38.
	[	<b>□</b> N	o - <b>Go</b>	to question 39.
	Ι	⊐ U	nknow	n – Go to question 39.
	38.		of chro tions 4	nic GVHD diagnosis: Date estimated – <i>Go to</i> 0.
				MM DD YYYY
39.	Did (	chronic	GVHD	persist since the date of last report?
	[	□ Y	es – <b>G</b>	o to questions 40.
	Ι	□ N	o - <b>Go</b>	to question 43.
	Ι	⊐ U	nknow	n – Go to question 43.
	Sp	ecify tl	ne max	ximum grade of chronic GVHD since the date of last report:
	40.	Maxir	num gr	ade of chronic GVHD: (according to best clinical judgment)
			]	Mild
			]	Moderate
			]	Severe
			]	Unknown

CIBM	ITR Cen	ter Number:	CIBMTR Research ID:
	41.	Specify if ch	ronic GVHD was limited or extensive:
			Limited - localized skin involvement and/or liver dysfunction
			Extensive – one or more of the following:
		– genera	alized skin involvement; or,
		– liver h	istology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,
		– involve	ement of eye: Schirmer's test with < 5 mm wetting; or
		– involve	ement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or
		– involve	ement of any other target organ
	4	12. Date	of maximum grade of chronic GVHD:
			YYYY MM DD
43.			taking systemic steroids? (Do not report steroids for adrenal insufficiency, or steroid dose ≤10 <0.1 mg/kg/day for children)
		Yes	
		No	
		Not app	licable
		Unknow	n
44.	Is the r	ecipient still	taking (non-steroid) immunosuppressive agents (including PUVA) for GVHD?
		Yes	
		No	
		Not app	licable
		Unknow	n
_			
Liver	Toxicit	y Prophyla	dis .
45.	Was s	pecific thera	py used to prevent liver toxicity?
		Yes – <b>G</b>	o to question 46.
	□	No – <b>G</b> o	to question 48.
	46. 5	Specify thera	apy: (check all that apply)
		. ,	Defibrotide – Go to question 48.
			N-acetylcysteine – <i>Go to question 48.</i>
			Tissue plasminogen activator (TPA) – <i>Go to question 48.</i>

CIBM <sup>-</sup>	CIBMTR Center Number: CIBMTR Research ID:							
			☐ Urosodiol – Go to question 48. ☐ Other – Go to question 47.					
		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.					

BMTR C	enter Numb	er: CIBMTR Research ID:
repo	ort. The sub	plete questions 5359. to report each new malignancy diagnosed since the date of last emission of a pathology report or other supportive documentation for each reported new strongly recommended.
53.	Specify th	e new malignancy:
	□	Acute myeloid leukemia (AML / ANLL) – Go to question 56.
	□	Other leukemia – Go to question 56.
	□	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 – <b>Go to question 55</b> .
		Non-Hodgkin lymphoma – <b>Go to question 55</b> .
		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>
	<i>□</i> ques	Gastrointestinal malignancy (e.g. colon, rectum, stomach, pancreas, intestine) – <b>Go to</b> tion 56.
	□ to qu	Genitourinary malignancy (e.g. kidney, bladder, ovary, testicle, genitalia, uterus, cervix) – <b>Go</b> estion 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. Sp	pecify other new malignancy: <b>Go to question 56.</b>
	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	ed?				
				Yes – <b>G</b>	o to question	59.					
				No – <b>G</b> o	to question :	59.					
				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						
Chim	oriom	Ctudio	o (Co	rd Bloos	I Unita Bata I	'holooomio o	nd Siekle Cell Disease Only)				
	iensiii	Studies	S (C0	на Бюос	i Onits, Beta i	naiasseinia, a	nd Sickle Cell Disease Only)				
orim	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 ry 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 o	chime	rism stuc	lies assessed t	or more than o	ne donor / multiple donors?				
	~ <b>-</b> .			Yes		2 J 0					
		_		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:			CIBMTR Research ID:							
63.	NMDP d	lonor ID:			<del></del>					
64.	NMDP cord blood unit ID:									
65.	Non-NMDP unrelated donor ID:									
66.	Non-NMDP cord blood unit ID:									
67.	. Global Registration Identifiers for Donors (GRID):									
68.	Date of I	birth: (donoi	r / infant)					- OR -	Age: (donor	/infant)
				YYYY	MM	DD				☐ Months
										☐ Years
	69. Se	ex (Donor / i	nfant)							
			Male							
		□ F	emale							•
70.	Date sar	mple collect	ed:							
			YYY	Υ	ММ		DD			
71.	Method									
		Karyotypi	ng for XX/XY-	Go to qu	uestion	73.				
		Fluoresce	ent in situ hybr	idization (	(FISH) fo	or XX/X	Y – Go to q	uestion	73.	
		☐ Restriction fragment-length polymorphisms (RFLP) – <i>Go to question 73.</i>								
		VNTR or	STR, micro or	mini sate	ellite (als	o includ	de AFLP) – <b>(</b>	Go to qu	estion 73.	
		Other – G	So to question	1 72.						
	72. Sp	ecify:								
73.	Cell sou	rce								
		Bone mai	rrow							
		Periphera	ıl blood							
74.	Cell type	9								
		Unsorted	/ whole – <b>Go</b> :	to questi	on 76.					
		Red blood	d cells – <b>Go to</b>	questio	n 78.					
		Hematop	oietic progenit	or cells (C	CD34+ c	ells) – (	Go to quest	ion 78.		

CIBM	ITR Cente	r Number: CIBMTR Research ID:
		Total mononuclear cells (lymphs & monos) – <i>Go to question 78.</i>
		T-cells (includes CD3+, CD4+, and/or CD8+) – Go to question 78.
		B-cells (includes CD19+ or CD20+) – Go to question 78.
		Granulocytes (includes CD33+ myeloid cells) – <i>Go to question 78.</i>
		NK cells (CD56+) – Go to question 78.
		Other – Go to question 75.
	75. Sp	pecify:
76	Total col	la avamina di
76.	rotal cei	Is examined:
77.	Number	of donor cells: Go to question 80.
78.	Were do	nor cells detected?
		Yes - Go to question 79.
		No – <b>Go to question 80.</b>
	79. Pe	ercent donor cells: %
Copy	, question	s 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 he last report? (Include response to any therapy given for post-HCT maintenance or consolidation, but any 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:
	·	☐ Disease detected - <b>Go to question 84</b> .
		□ 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:	:	CIBMTF	R Research ID:	:	
	_					
		Yes - Go to quest				
		No - <b>Go to questi</b>	on 83.			
83.	Date	assessed:				
			YYYY	MM	DD	
Specify	the met	hod(s) used to as	eace the dices	co etatue at tl	he time of heet :	roenoneo:
Specify	the met	nou(s) used to as	sess the disea	se status at ti	ne time of best i	esponse.
84.	Was	the disease status	assessed by m	olecular testin	g (e.g. PCR)?	
		Yes - Go to ques	stions 85.			
		No - <b>Go to ques</b> t	tion 87.			
		Not applicable - <b>(</b>	Go to question	87.		
	O.E.	Data assessed:				
	85.	Date assessed:			DD DD	
	86.	Was disease de	tected?			
		□ Yes				
		□ No				
87.	Wac.	the disease status	accessed via fl	ow cytometry?		
07.	vvas	Yes - Go to ques		ow cytometry?		
		No - Go to quest				
		Not applicable - (		90		
		Not applicable - C	so to question	30.		
	88.	Date assessed:				
			YYYY	MM	DD	
	89.	Was disease de	tootod?			
	09.	□ Yes	iecieu?			
		□ No				
		L 110				
90.	Was	the disease status	assessed by cy	rtogenetic testi	ng (karyotyping o	or FISH)?
		Yes - Go to ques	stion 91.			
		No - Go to quest	tion 97.			
		Not applicable - <b>C</b>	Go to question	97.		

CIBMTR Center Number:	C	IBMTR Research	ID:	
_				
	Yes - Go to question			
	Not applicable - Go t	to question 94.		
92.	Date assessed:		· —	
		YYYY	ММ	DD
93.	Was disease detec	etod2		
93.	□ Yes	leu?		
	□ No			
	L NO			
94. Wa	s the disease status a	ssessed via karyo	typing?	
	Yes - Go to question	n 95.		
	No - Go to question	97.		
	Not applicable - <b>Go</b> t	to question 97.		
0.5	Data aggregati			
95.	Date assessed:	YYYY		 DD
96.	Was disease detec	cted?		
	□ Yes			
	□ No			
97. Was the di	sease status assesse	d by radiological a	ccoccmont?	(o a DET MDL CT)
	- Go to question 98.	u by radiological a	55622111611 <i>[</i>	(e.g. PE1, WRI, C1)
	Go to question 100.			
	applicable - <b>Go to qu</b> e			
	applicable Co to que	200.		
98. Da	te assessed:			_
00 111				
	s disease detected?			
	Yes			
Ц	No			
100. Was the di	sease status assesse	d by clinical/hema	tologic asses	ssment?
□ Yes	- Go to question 101			
□ No -	Go to question 103.			

CIBM	TR Cente	r Number:		CIBMTR R	esearch ID: _		
		101.	Date assessed:	 YYYY		 DD	
		102.	Was disease detected	l?			
			□ Yes				
			□ No				
Post-	HCT Thei	rapy					
nain	tenance a	and conso	olidation therapy. Do no	ot report any	therapy giv	en for relapsed	
L03.			since the date of the las any maintenance and co			than relapse, p	ersistent, or progressive
		Yes - Go	o to question 104.				
		No - <b>Go</b>	to question 108.				<b>V</b>
	104. Sp	ecify thera	apy: (check all that apply				
			Blinded randomized trial	- Go to que	estion 108.		
			Cellular therapy - Go to	question 10	08.		
			Radiation - Go to quest	ion 108.			
			Systemic therapy - Go to	o question :	105.		
			Other therapy - Go to qu	uestion 107			
	10	5 Snoo	ify systemic therapy: (ch	ock all that a	upply)		
	10	J. Spec	Alemtuzumab (Campat		црріу <i>)</i>		
			Azacytidine (Vidaza)	.11)			
			Blinatumomab				
			Bortezomib (Velcade)				
			Bosutinib				
			Carfilzomib				
			Chemotherapy				
			Dasatinib (Sprycel)				
			Decitabine (Dacogen)				
		_	Gemtuzumab (Mylotarg	g, anti-CD33`	)		
			( )	,	•		

Gilteritinib

CIBMTR Center Nu	mber:	CIBMTR Research ID:
		Ibrutinib
		Imatinib mesylate (Gleevec)
		Ixazomib
		Lenalidomide (Revlimid)
		Lestaurtinib
		Midostaurin
		Nilotinib (AMN107, Tasigna)
		Nivolumab
		Pembrolizumab
		Pomalidomide
		Quizartinib
		Rituximab (Rituxan, MabThera)
		Sorafenib
		Sunitinib
		Thalidomide (Thalomid)
		Other systemic therapy- Go to question 106.
	106.	Specify other systemic therapy:
107.	Speci	fy other therapy:
Relapse or Progres	ssion	Post-HCT
progression was d	letecte	as experienced a clinical/hematologic relapse or progression post-HCT. If the relapse or ed in a previous reporting period indicate that and continue on. If the first apse occurred since the date of last report, indicate the date it was first detected in this
108. Did the recipi	ient ex	perience a clinical/hematologic relapse or progression post-HCT?
□ Ye	s - <b>Go</b>	to question 109.
□ No	- <b>Go</b>	to question 111.
109 Was th	ie 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		No - <b>Go to question 110.</b>
			_	No - Go to question 110.
		110.	Date	e first seen:
				YYYY MM DD
Interv	entio/	n for ı	relapse	ed disease, persistent disease, or progressive disease
111.	Was	interv	ention (	given for relapsed, persistent or progressive disease since the date of last report?
				o to question 112.
	I	<b>7</b> 1	No - <b>G</b> o	to question 119.
		_		
	112.	•	-	son for which intervention was given:
		_		Persistent disease
		L		Relapsed / progressive disease
	113.	Spec	ify the	method(s) of detection for which intervention was given: (check all that apply)
		[	<b>_</b>	Clinical/hematologic
		[		Cytogenetic
		[	<b>-</b>	Disease specific molecular marker
		[	<b>-</b>	Flow cytometry
		[		Radiological (e.g. PET, MRI, CT)
	114.	Date	interve	ention started:
				YYYY MM DD
	115	Cnoo	ify than	conv. (check all that apply)
	115.	•	illy trier	apy: (check all that apply)  Blinded randomized trial - <b>Go to question 119.</b>
			- -	Cellular therapy - <b>Go to question 119</b> .
			_ _	Radiation - <i>Go to question 119.</i>
			_ 	Systemic therapy - <i>Go to question 116.</i>
			_ 	Other therapy - Go to question 118.
		_		17 4
		116.	Spec	cify systemic therapy: (check all that apply)
				Alemtuzumab (Campath)
				Azacytidine (Vidaza)
				Blinatumomab

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

## **Current Disease Status**

119.	What is	the	current	disease	status?

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

CIBMTR Ce	enter	Numbe	er: CIBMTR Research ID: CIBMTR Research ID:
☐ Not in c		Not in	complete remission - <i>Go to question 120.</i>
L	7	Not e	/aluated - <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 – <b>Go to First Name</b>
	122	2. Da	te of most recent disease assessment:
First Name:			
Last Name:			
E-mail addr	ess:		
Date:			
Y	YYY		MM DD