Legend: addition 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 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 6 months post-transplant, 0.64 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. Send comments regarding this burden estimate or any other aspect of this collection of information. including suggestions for reducing
CIBMTR Center Number:	
CIBMTR Research ID:	
Event date:	
YYYY MM DD	
Visit:	
☐ 100 day	
☐ 6 months	
☐ 1 year	
2 years	
☐ >2 years,	
Specify:	

Survival

1. Date of actual contact with the recipient to determine medical status for this follow-up report: CIBMTR Form 2450 R6 (page 1 of 24). Form released October, 2021. Last updated October, 2021. Copyright © 2021 National Marrow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved.

CIBMTR Center Number:				CIBMTR Research ID:
2.	Specify the reci	pient's survival	status at th	ne date of last contact:
		- Answers to su		questions should reflect clinical status since the date of last report - Go
		- Answers to s ately prior to de	-	questions should reflect clinical status between the date of last report o question 3.
	3. Primary c	ause of death		
	□ perfo	Recurrence rmed – Go to q	-	ice / progression of disease for which the HCT or cellular therapy was
		Acute GVH	D – Go to	question 5.
		Chronic G\	/HD – Go	to question 5.
		Graft rejecti	on or failur	e – Go to question 5 .
		Cytokine rel	ease syndı	rome – Go to question 5.
	Infection			
		Infection, or	ganism n	ot identified – Go to question 5.
		Bacterial inf	ection – G o	o to question 5.
		Fungal infec	tion – Go t	to question 5.
		Viral infection	n – Go to	question 5.
		Protozoal in	fection – G	Go to question 5.
		Other infect	ion – Go to	o question 4.
	Pulmonary			
				syndrome (IPS) – <i>Go to question 5</i>
			•	rtomegalovirus (CMV) – Go to question 5
				ner virus – Go to question 5
		·		rome (excluding pulmonary hemorrhage) – Go to question 4.
				ge (without hemorrhage) – Go to question 5.
		Acute respir	atory distre	ess syndrome (ARDS) (other than IPS) – Go to question 5 .
	Organ failure (ı			ction) – Go to question 5.
		Veno-occlus	sive diseas	e (VOD) / sinusoidal obstruction syndrome (SOS) – Go to question 5.
		Cardiac fai	lure – Go	to question 5.
		Pulmonary f	ailure– Go	to question 5.

CIBMT	TR Center	Number	: CIBMTR Research ID:
			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 – Go to question 4.
			Other organ failure – <i>Go to question 4.</i>
	Malignar	псу	New malignancy (post-HCT or post-cellular therapy) – <i>Go to question 5.</i>
		□ the mal	Prior malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other than ignancy for which the HCT or cellular therapy was performed) – <i>Go to question 5.</i>
	Hemorrh	age	
			Pulmonary hemorrhage – <i>Go to question 5.</i>
			Diffuse alveolar hemorrhage (DAH) – Go to question 5.
			Intracranial hemorrhage – Go to question 5.
			Gastrointestinal hemorrhage – <i>Go to question 5.</i>
			Hemorrhagic cystitis – Go to question 5.
			Other hemorrhage – <i>Go to question 4.</i>
	Vascular		
			Thromboembolic – Go to question 5.
			Disseminated intravascular coagulation (DIC) – <i>Go to question 5.</i>
		□ Uremic	Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Syndrome (HUS))– $\textbf{\textit{Go to question 5}}.$
			Other vascular - Go to question 4.
	Other		
			Accidental death – Go to question 5.
			Suicide – Go to question 5.
			Other cause - Go to question 4.
	4.	Spe	cify:
	5. Co	ntributing	cause of death (check all that apply)
		□ perform	Recurrence / persistence / progression of disease for which the HCT or cellular therapy was ned – <i>Go to question 7.</i>
			Acute GVHD – Go to question 7.
			Chronic GVHD – Go to question 7.

CIBMTR Center N	Number:	CIBMTR Research ID:					
[Graft rejection or failure – <i>Go to question 7.</i>					
1		Cytokine release syndrome – Go to question 7 .					
Infection							
Ι		Infection, organism not identified – Go to question 7.					
Ι		Bacterial infection – <i>Go to question 7.</i>					
[Fungal infection – Go to question 7.					
[Viral infection – Go to question 7.					
1		Protozoal infection – <i>Go to question 7.</i>					
[Other infection – <i>Go to question 6.</i>					
Pulmonary	,						
[Idiopathic pneumonia syndrome (IPS) – <i>Go to question 7.</i>					
[Pneumonitis due to Cytomegalovirus (CMV) – <i>Go to question 7.</i>					
[Pneumonitis due to other virus – <i>Go to question 7.</i>					
[Other pulmonary syndrome (excluding pulmonary hemorrhage) – <i>Go to question 6.</i>					
Ι		Diffuse alveolar damage (without hemorrhage) – Go to question 7.					
[Acute respiratory distress syndrome (ARDS) (other than IPS) – <i>Go to question 7.</i>					
	_	due to GVHD or infection) Liver failure (not VOD) – Go to question 7.					
Ι		Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) – <i>Go to question 7.</i>					
[Cardiac failure – Go to question 7.					
1		Pulmonary failure— <i>Go to question 7.</i>					
1		Central nervous system (CNS) failure – <i>Go to question 7.</i>					
[Renal failure – Go to question 7.					
1		Gastrointestinal (GI) failure (not liver) – Go to question 7.					
[⊐	Multiple organ failure – Go to question 6.					
ו		Other organ failure – <i>Go to question 6.</i>					
Malignanc _:	y	New malignancy (post-HCT or post-cellular therapy) – <i>Go to question 7.</i>					
_	⊐ :he mali	Prior malignancy (malignancy initially diagnosed prior to HCT or cellular therapy, other than gnancy for which the HCT or cellular therapy was performed) – <i>Go to question 7.</i>					
Hemorrhag		Dulan and beautiful and the same of the sa					
	_	Pulmonary hemorrhage – <i>Go to question 7</i> .					
[Diffuse alveolar hemorrhage (DAH) – <i>Go to question 7.</i>					

СІВМТ	ΓR Center	Number:	CIBMTR Research ID:
			Intracranial hemorrhage – <i>Go to question 7.</i>
			Gastrointestinal hemorrhage – Go to question 7.
			Hemorrhagic cystitis – Go to question 7.
			Other hemorrhage – Go to question 6.
	Vascular		
			Thromboembolic – Go to question 7.
			Disseminated intravascular coagulation (DIC) – Go to question 7.
		□ Uremic	Thrombotic microangiopathy (TMA) (Thrombotic thrombocytopenic purpura (TTP)/Hemolytic Syndrome (HUS)) – <i>Go to question 7.</i>
			Other vascular - Go to question 6.
	Other		
	Other		Accidental death – Go to question 7.
			Suicide – Go to question 7.
			Other cause - Go to question 6.
	6.	Spec	ify:
Subse	equent Tra	ınsplant	
	1		
7.	Did the re	cipient re	eceive a subsequent HCT since the date of last report?
		Yes – G	o to question 8.
		No - Go	to question 12.
	8. Dat	e of sub	sequent HCT:
			YYYY MM DD
	9. Wh	at was th	e indication for subsequent HCT?
			Graft failure / insufficient hematopoietic recovery - Allogeneic HCTs Complete a Pre-TED 400 for the subsequent HCT – Go to question 11.
		□ 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.

CIBM	TR Cent	er Numb	er: CIBMTR Research ID:
		□ ques	Insufficient chimerism – Complete a Pre-TED Form 2400 for the subsequent HCT – Go to ion 11.
			Other – Complete a Pre-TED Form 2400 for the subsequent HCT – Go to question 10.
	1	.0. Sp	ecify other indication:
	11. S	Source of	HSCs (check all that apply):
			Allogeneic, related
			Allogeneic, unrelated
			Autologous
12.	Has the	e recipier	t received a cellular therapy since the date of last report? (e.g. CAR-T, DCI)
	□ 400	Yes -	Go to question 13. – Also complete Cellular Therapy Essential Data Pre-Infusion Form
		No –	Go to question 14.
	13. D	ate of ce	llular therapy:
			YYYY MM DD
Initial	ANC R	ecovery	
14.	Was th	ere evide	nce of initial hematopoietic recovery?
14.			ANC \geq 500/mm ³ achieved and sustained for 3 lab values) – Go to question 15.
	_	,	NC \geq 500/mm ³ was not achieved) – Go to question 16.
		Not a	oplicable (ANC never dropped below 500/mm³ at any time after the start of the preparative Go to question 16.
	□ to 0	Previ questio n	ously reported (recipient's initial hematopoietic recovery was recorded on a previous report) – Go 16.
	15. D	ate ANC	≥ 500/mm³ (first of 3 lab values):
			TITI WIN DD
16.	Did late	e graft fai	ure occur?
		Yes	
		No	
Initial	Platelet	t Recove	ry

(Optional for Non-U.S. Centers)

CIBM	TR Center	Number: CIBMTR Research ID:									
17.	. Was an initial platelet count ≥ 20×10^9 /L achieved?										
		Yes – Go to question 18.									
		No – Go to question 19.									
	□	Not applicable - Platelet count never dropped below $20 \times 10^9/L$ – Go to question 19.									
		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 ⁹ /L:									
		YYYY MM DD									
Graft	vs. Host [visease									
occui	rring in thi tion 45	donor was used for the recipient's HCT or cellular therapy, report all graft-versus-host disease is reporting period. If an allogeneic donor was not used, continue to Liver Toxicity Prophylaxis, GVHD develop since the date of last report?									
13.		Yes- Go to question 20.									
		No – Go to question 21.									
	_	Unknown – Go to question 21.									
	_										
	20. Dat	e of acute GVHD diagnosis: Go to question 22.									
		YYYY MM DD									
21.	Did acute	GVHD persist since the date of last report?									
		Yes- Go to question 29.									
		No – Go to question 37.									
		Unknown – Go to question 37.									
	22. Ove	erall grade of acute GVHD at diagnosis:									
		□ I - Rash on \leq 50% of skin, no liver or gut involvement									
		\square II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 $-$ 1000 mL/day or persistent nausea or vomiting									
		\square III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pain with or without 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 for each organ at diagnosis of acute GVHD:

ITR C	enter Numb	per: CIBMTR Research ID:		
23.	Skin:			
		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.	Lower inte	estinal tract: (use mL/day for adult recipients and mL/kg/day for pediatric recipients)		
	□ (adult	Stage 0 – no diarrhea, no diarrhea attributable to acute GVHD / diarrhea < 500 mL/dayt), 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.	Upper intestinal tract:			
		Stage 0 – no persistent nausea or vomiting		
		Stage 1 – persistent nausea or vomiting		
26.	Liver:			
		Stage 0 – No liver acute GVHD / bilirubin < 2.0 mg/dL (< 34 μ 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)		
		Stage 4 – bilirubin > 15.0 mg/dL (> 256 µmol/L)		
27.	Other site	e(s) involved with acute GVHD		
		Yes – Go to question 28.		
		No – Go to question 29.		
	28. Sp	pecify other site(s):		
Spec	cify the ma	ximum overall grade and organ staging of acute GVHD since the date of last report		
29.	Maximum	overall grade of acute GVHD:		
		I - Rash on ≤ 50% of skin, no liver or gut involvement		

CIBMTR C	enter Numb	per: CIBMTR Research ID:
		II - Rash on > 50% of skin, bilirubin 2-3 mg/dL, or diarrhea 500 – 1000 mL/day or persistent
	nause	ea or vomiting
	□ with o	III - Bilirubin 3-15 mg/dL, or gut stage 2-4 diarrhea > 1000 mL/day or severe abdominal pair or without ileus
		IV - Generalized erythroderma with bullous formation, or bilirubin >15 mg/dL
		Not applicable (acute GVHD present but cannot be graded)
	30. Da	ate maximum overall grade of acute GVHD:
31.	Skin:	
		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.	Lower inte	estinal tract: (use mL/day for adult recipients and mL/kg/day for pediatric recipients)
	□ (adult	Stage 0 – no diarrhea, no diarrhea attributable to acute GVHD / diarrhea $<$ 500 mL/day t), 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.	Upper inte	estinal tract:
		Stage 0 – no persistent nausea or vomiting
		Stage 1 – persistent nausea or vomiting
34.	Liver:	
		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. Other site(s) involved with acute GVHD

CIBMTR Center Number:			per: CIBMTR Research ID:	CIBMTR Research ID:					
			Yes – Go to question 36 .						
			No – Go to question 37.						
	;	36. S _l	pecify other site(s):						
37.	Did ch	ronic GV	HD develop since the date of last report?						
		Yes -	- Go to questions 38.						
		No -	Go to question 39.						
		Unkn	nown – Go to question 39.						
		Date of c	hronic GVHD diagnosis: Date estimated – Go to as 40 .						
			YYYY MM DD						
			IVIIVI						
39.	Did ch	ronic GV	HD persist since the date of last report?						
		Yes -	- Go to questions 40.						
		No -	No - Go to question 43.						
		Unkn	Unknown – Go to question 43.						
	Spec	cify the n	naximum grade of chronic GVHD since the date of last report:						
	40. I	Maximum	n grade of chronic GVHD: (according to best clinical judgment)						
			Mild						
			Moderate						
			Severe						
			Unknown						
	41.	Specify if	chronic CVUD was limited or extensive:						
	41. ,		chronic GVHD was limited or extensive: Limited - localized skin involvement and/or liver dysfunction						
			Extensive – one or more of the following:						
			neralized skin involvement; or,						
		_	er histology showing chronic aggressive hepatitis, bridging necrosis or cirrhosis; or,						
			olvement of eye: Schirmer's test with < 5 mm wetting; or						
			olvement of minor salivary glands or oral mucosa demonstrated on labial biopsy; or						
			olvement of any other target organ						

CIBM	TR C	Center	Numbe	r:		CIBMT	R Research	ID:			
		40	5.				# ID				
		42.	Dat	e of maximun	n grade of c	chronic GV	/HD:		 MM	 DD	
									IVIIVI	DD	
43.			-	ill taking syste , <0.1 mg/kg/			ot report ster	oids for adre	enal insuff	iciency, o	or steroid dose ≤10
			Yes								
			No								
			Not ap	plicable							
			Unknow	wn							
44.	Is t	he rec	ipient st	ill taking (non	-steroid) im	munosup	pressive age	nts (includir	ng PUVA)	for GVHI)?
			Yes								
			No								
			Not ap	plicable							
			Unknow	wn							
Liver	Tox	icity F	Prophyla	axis							
45.	\\/a	s sner	rific ther	apy used to p	revent liver	tovicity?					
40.	vva			Go to questi		toxiony.					
		_		o to questio							
				•							
	46. Specify		ecify the	rapy: (check		• •					
				Defibrotide	-						
				N-acetylcys	teine – Go	to questi	on 48.				
				Tissue plas	minogen ac	tivator (TI	PA) – Go to	question 4	8.		
				Urosodiol –	-						
				Other – <i>Go</i>	to questio	n 47.					
		47.	Spe	ecify other the	rapy:						
Veno-	-occ	lusive	diseas	e (VOD) / Sir	usoidal ok	ostruction	n syndrome	(SOS)			

Specify if the recipient developed VOD / SOS since the date of last report:

CIBM	TR C	enter	Number:	CIBMTR Research ID:				
48.	48. Did veno-occlusive disease (VOD) / sinusoic report?			dal obstruction syndrome (SOS) develop since the date of last				
			Yes – Go to question 49.					
			No – Go to question 57.					
	49.	Dat	e of diagnosis:					
			YYYY	MM DD				
Infect	ion							
Сору	and	comp	olete questions 5051. to report r	more than one infection.				
50.	Did	the re	ecipient develop COVID-19 (SARS-	-CoV-2) since the date of last report?				
			Yes – Go to question 51.	·				
			No – Go to question 52.					
	51.	Dat	e of diagnosis:					
			YYYY	MM DD				
52.	Was	a vac	ccine for COVID-19 (SARS-CoV-2)	received?				
		'es – (Go to question 53					
		lo – G	o to question 57.					
		Jnknov	wn – <mark>Go to question 5</mark> 7.					
	Copy	and	complete questions 5356. to re	port all vaccine doses received.				
	53.	Spe	ecify vaccine brand					
			☐ AstraZeneca – Go to que	estion 55.				
			□ Johnson & Johnson's / Ja	anssen – Go to question 55 .				
			□ Moderna – Go to questic	<mark>on 5</mark> 5.				
			□ Novavax – Go to questic	o <mark>n 5</mark> 5.				
			□ Pfizer-BioNTECH – Go to	<mark>o question 5</mark> 5.				
			☐ Other type – Go to quest	tion 54.				
				_				
		54.	Specify other type:					

CIBN	/ITR C	enter Numb	per: CIBMTR Research ID:
	55.		se(s) received
			One dose (without planned second dose)
			First dose (with planned second dose)
			Second dose
			Third dose
			Booster dose
	56.	Date receiv	ved: — — □Date estimated
			YYYY MM DD
New	Malig	ınancy, Lyn	nphoproliferative or Myeloproliferative Disease / Disorder
		, , ,	h sh s s m s s As sh s s m s s s s s s
			ncies that are different than the disease / disorder for which HCT was performed. Do not pression or transformation of the same disease subtype.
57.	diffe	erent from th	gnancy, myelodysplastic, myeloproliferative, or lymphoproliferative disease / disorder occur that is ne disease / disorder for which the HCT or cellular therapy was performed? (include clonal normalities, and post-transplant lymphoproliferative disorders)
		□ Yes -	- Go to question 58.
		□ No –	Go to question 65.
	repo	ort. The sub	plete questions 5864. to report each new malignancy diagnosed since the date of last omission of a pathology report or other supportive documentation for each reported new strongly recommended.
	58.	Specify th	ne new malignancy:
		□	Acute myeloid leukemia (AML / ANLL) – Go to question 61.
		□	Other leukemia – Go to question 61.
		□	Myelodysplastic syndrome (MDS) – <i>Go to question 61.</i>
		□	Myeloproliferative neoplasm (MPN) – <i>Go to question 61.</i>
			Myelodysplasia / myeloproliferative neoplasm (MDS / MPN)– Go to question 61.
			Hodgkin lymphoma – Go to question 60.
		□	Non-Hodgkin lymphoma – <i>Go to question 60.</i>
			Post-transplant lymphoproliferative disorder (PTLD)— Go to question 60.
		□	Clonal cytogenetic abnormality without leukemia or MDS – <i>Go to question 61</i> .
		□ <i>61.</i>	Uncontrolled proliferation of donor cells without malignant transformation – <i>Go to question</i>

CIBMTR Cen	ter Num	ber:		CIBMTR R	esearch ID:			
	□	Droot	oonoor Co.to	avostica C1				
			cancer – Go to o		nancy (e.a. ali	ioblastoma, astrocytoma) – Go to questio i		
	61.	Central	nervous system	r (Crvo) mang	riancy (e.g. gii	osiasioma, astrocytomay Co to question		
	□ que	Gastroii stion 61.	ntestinal maligna	ancy (e.g. col	on, rectum, sto	omach, pancreas, intestine) – <i>Go to</i>		
	□ to q	Genitou uestion 61 .		cy (e.g. kidne	y, bladder, ov	ary, testicle, genitalia, uterus, cervix) – Go		
		Lung ca	ancer – Go to q ı	uestion 61.				
		Melano	1elanoma – Go to question 61 .					
		Basal c	ell skin malignar	ncy – Go to q	uestion 61.			
		Squamo	ous cell skin ma	lignancy – G o	to question	61.		
		Oropha	ryngeal cancer	(e.g. tongue, l	ouccal mucosa	a) – Go to question 61 .		
		Sarcom	na – Go to ques	tion 61.				
		Thyroid	cancer – Go to	question 61				
		Other n	ew malignancy	– Go to ques	tion 59.			
Ę	59. S	Specify other	r new malignand	cy:		Go to question 61.		
6	60. I	s the tumor I	EBV positive?					
	I	□ Yes						
	I	□ No						
61.	Date of o	diagnosis:						
			YYYY	MM	DD			
62. V	Was dod	umentation	submitted to the	e CIBMTR? (e	e.g. pathology	/ autopsy report or other documentation)		
		Yes						
		No						
63. V	Vas the	new malign	ancy donor / cel	II product deri	ved?			
		Yes – G	Go to question (64.				
		No – G o	o to question 6	4.				
		Not don	ne – Go to ques	tion 65.				
6		Vas docume -ISH))	entation submitte	ed to the CIBN	/ITR? (e.g. cel	l origin evaluation (VNTR, cytogenetics,		
	I	□ Yes						
	I	□ No						

CIBM	ITR Cent	er Numb	er:		СІВМТ	ΓR Research	h ID:	
Chim	erism S	tudies (C	Cord Blood Unit	ts, Beta Th	nalassen	nia, and Sic	ckle Cell Disease Only)	
prima	ary disea	ase is be	ta thalassemia	or sickle	cell dise	ase. If this	using cord blood units or twas an autologous HCT, or ease, continue to disease	or an allogeneic HCT
65.	Were c	himerism	n studies perform	ned since tl	ne date d	of last report	?	
		Yes –	Go to question	n 66.				
		No –	Go to question	<i>85.</i>				
	66. V	Vas docu	mentation subm	itted to the	CIBMTE	R? (e.g. chin	nerism laboratory reports)	
			Yes					
			No					
	67. V	Vere chin	nerism studies a	ssessed fo	r more tl	han one dor	nor / multiple donors?	
			Yes					
			No					
Prov repo		(s), meth	od(s) and othe	r informat	ion for a	ll chimerisi	m studies performed sinc	e the date of last
Геро							Note that this field is hidd	on in FormsNot2, as the
68.	NMDP	donor ID	:				GRID in Q72 should be u	
69.	NMDP	cord blod	od unit ID:					
70.	Dogietr	v donor l	D:					
70.	Registi	y donor i	D:					
71.	Non-N	MDP core	d blood unit ID: _					
72.	. Global Registration Identifiers for Donors (GRID):							
73. Date of birth: (donor / infant)						 OR - Age: (dono	or/infant)	
				YYYY	MM	DD		☐ Months
								☐ Years
	74. S	Sex (Don	or / infant)					
	•		Male					
			Female					

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CIBM	TR Center	Number: CIBMTR Research ID:					
75.	Date sam	nple collected:					
		YYYY MM DD					
76.	Method						
		Karyotyping for XX/XY- Go to question 78.					
		Fluorescent in situ hybridization (FISH) for XX/XY – Go to question 78.					
		Restriction fragment-length polymorphisms (RFLP) – Go to question 78.					
		VNTR or STR, micro or mini satellite (also include AFLP) – <i>Go to question 78.</i>					
		Other – Go to question 77.					
	77. Spe	ecify:					
78.	Cell sour	ce					
		Bone marrow					
		Peripheral blood					
79.	Cell type						
		Unsorted / whole – Go to question 81.					
		Red blood cells – Go to question 83.					
		Hematopoietic progenitor cells (CD34+ cells) – <i>Go to question 83.</i>					
		Total mononuclear cells (lymphs & monos) – Go to question 83.					
		T-cells (includes CD3+, CD4+, and/or CD8+) - Go to question 83.					
		B-cells (includes CD19+ or CD20+) – Go to question 83.					
		Granulocytes (includes CD33+ myeloid cells) – Go to question 83. NK cells (CD56+) – Go to question 83.					
		Other – Go to question 80.					
	80. Spe	ecify:					
81.	L. Total cells examined:						
82.	Number of	of donor cells: Go to question 85.					
83.	Were dor	nor cells detected?					
		Yes - Go to question 84.					
		No – Go to question 85.					

CIBM	ITR Ce	nter	Numbe	r: CIBMTR Research ID:						
	84.	Per	cent do	nor cells: %						
Сору	duest	tions	s 68. – 8	34. if needed for multiple chimerism studies.						
Disea	ase As	sess	sment a	t the Time of Best Response to HCT						
85.	date	of the	e last re	disease status prior to the preparative regimen, what was the best response to HCT since the eport? (Include response to any therapy given for post-HCT maintenance or consolidation, but apy given for relapsed, persistent, or progressive disease)						
]	Continu	ued complete remission (CCR) - For patients transplanted in CR- Go to question 108.						
]	Comple	ete remission (CR) - Go to question 87.						
]	Not in	complete remission - Go to question 86.						
]	Not eva	aluated - Go to question 108.						
	86.	Spe	ecify dis	ease status if not in complete remission:						
				Disease detected - Go to question 89.						
				No disease detected but incomplete evaluation to establish CR - Go to question 89.						
	87.	Was	s the da	te of best response previously reported?						
				Yes - Go to question 108.						
				No - Go to question 88.						
		88.	Dat	e assessed: — — —						
				YYYY MM DD						
	Spe	ecify	the me	ethod(s) used to assess the disease status at the time of best response:						
		89.	Was	s the disease status assessed by molecular testing (e.g. PCR)?						
				Yes - Go to questions 90.						
			□	No - Go to question 92.						
				Not applicable - Go to question 92.						
			90.	Date assessed:						
				YYYY MM DD						
			91.	Was disease detected?						
				□ Yes						

CIBMTR Center Number:	CIBMTR Research ID:
	□ No
92. Was the	he disease status assessed via flow cytometry?
	Yes - Go to question 93.
	No - Go to question 95.
	Not applicable - Go to question 95.
93.	Date assessed:
	YYYY MM DD
94.	Was disease detected?
	□ Yes
	□ No
95. Was the	he disease status assessed by cytogenetic testing (karyotyping or FISH)?
	Yes - Go to question 96.
	No - Go to question 102.
	Not applicable - Go to question 102.
96.	Was the disease status assessed via FISH?
	☐ Yes - Go to questions 97.
	□ No - Go to question 99.
	□ Not applicable - <i>Go to question 99.</i>
	97. Date assessed:
	YYYY MM DD
	98. Was disease detected?
	□ Yes
	□ No
99.	Was the disease status assessed via karyotyping?
	☐ Yes - Go to question 100.
	□ No - Go to question 102.
	□ Not applicable - <i>Go to question 102.</i>
	100. Date assessed:
	YYYY MM DD

CIBMTR Center Number:	CIBMTR Research ID:
	101. Was disease detected?
	□ Yes
	□ No
102. Was	the disease status assessed by radiological assessment? (e.g. PET, MRI, CT)
	Yes - Go to question 103.
	No - Go to question 105.
	Not applicable - Go to question 105.
103.	Date assessed:
104.	Was disease detected?
	□ Yes
	□ No
105. Was	the disease status assessed by clinical/hematologic assessment?
	Yes - Go to question 106.
	No - Go to question 108.
106.	Date assessed:
	YYYY MM DD
107.	Was disease detected?
	□ Yes
	□ No
Post-HCT Therapy	
	nce the date of last report to prevent relapse or progressive disease. This may include plidation therapy. Do not report any therapy given for relapsed, persistent, or
progressive disease.	
	since the date of the last report for reasons other than relapse, persistent, or progressive any maintenance and consolidation therapy.)
□ Yes - G e	o to question 109.
□ No - Go	to question 113.
, ,	apy: (check all that apply)
CIBMTR Form 2450 R6 (page 1 Copyright © 2021 National Marro	Blinded randomized trial - <i>Go to question 113.</i> 9 of 24). OMB No:0915-0310. Expiration Date: 10/31/2022. Form released October, 2021. Last updated October, 2021. ow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved.

CIBMTR Center Number:	CIBMTR Research ID:				
	Cellular therapy - Go to question 113.				
	Radiation - Go to question 113.				
	Systemic therapy - Go to question 110.				
	Other therapy - <i>Go to question 112.</i>				
110. Spec	eify systemic therapy: (check all that apply)				
	Alemtuzumab (Campath)				
	Azacytidine (Vidaza)				
	Blinatumomab				
	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				
	Pembrolizumab				
	Pomalidomide				
	Quizartinib				
	Rituximab (Rituxan, MabThera)				
	Sorafenib				
	Sunitinib				
	Thalidomide (Thalomid)				
	Other systemic therapy- Go to question 111.				
111.	Specify other systemic therapy:				

CIBMTR Center Number: CIBMTR Research ID:							
		112	. Spe	cify other therapy:			
Relap	se or	Prog	gressio	n Post-HCT			
progr	essio al/her	n wa nato	s detec logic re	has experienced a clinical/hematologic relapse or progression post-HCT. If the relapse or ted in a previous reporting period indicate that and continue on. If the first lapse occurred since the date of last report, indicate the date it was first detected in this			
113.	Did t	he re	cipient e	experience a clinical/hematologic relapse or progression post-HCT?			
]	Yes - G	to to question 114.			
	[]	No - G o	o to question 116.			
	114.	Wa	s the da	te of the first clinical/hematologic relapse or progression previously reported?			
				Yes - Go to question 124. (only valid >day 100)			
				No - Go to question 115.			
		445					
		115	. Date	e first seen:			
Interv	/entio	n for	relapse	ed disease, persistent disease, or progressive disease			
116.	Was	inter	vention	given for relapsed, persistent or progressive disease since the date of last report?			
]	Yes - G	to to question 117.			
	L	7	No - G o	to question 124.			
	117.	Spe	cify reas	son for which intervention was given:			
				Persistent disease			
				Relapsed / progressive disease			
	118.	Sne	cify the	method(s) of detection for which intervention was given: (check all that apply)			
		- 40		Clinical/hematologic			
				Cytogenetic			
				Disease specific molecular marker			
				Flow cytometry			

CIBMTR Ce	nter Numb	er: C	CIBMTR Research	ID:	 _
		Radiological (e.g. PET, MR	RI, CT)		
119.	Date inter	rention started:		·	
		YYYY	MM	DD	
120.	Specify the	erapy: (check all that apply)			
		Blinded randomized trial - (Go to question 12	24.	
		Cellular therapy - Go to qu	estion 124.		
		Radiation - Go to question	1 124.		
		Systemic therapy - Go to q	uestion 121.		
		Other therapy - Go to ques	stion 123.		
	121. Sp	ecify systemic therapy: (checl	k all that apply)		
		Alemtuzumab (Campath)			
		Azacytidine (Vidaza)			
		Blinatumomab			
		Bortezomib (Velcade)			
		Bosutinib			
		Carfilzomib			
		Chemotherapy			
		Dasatinib (Sprycel)			
		Decitabine (Dacogen)			
		Gemtuzumab (Mylotarg, a	anti-CD33)		
		Gilteritinib			
		Ibrutinib			
		Imatinib mesylate (Gleeve	ec)		
		Ixazomib			
		Lenalidomide (Revlimid)			
		Lestaurtinib			
		Midostaurin			
		Nilotinib (AMN107, Tasigr	na)		
		Nivolumab			
		Pembrolizumab			
		Pomalidomide			
		Quizartinib			

CIBMTR Ce	enter N	umber:	CIBMTR Research ID:						
			Rituximab (Rituxan, MabThera)						
			Sorafenib						
			Sunitinib						
			Thalidomide (Thalomid)						
			Other systemic therapy- Go to question 122.						
		122.	Specify other systemic therapy:						
	123.	Speci	fy other therapy:						
Current Dis	sease S	Status							
124. What	t is the	current	disease status?						
) C	omplete	e remission (CR) - Go to question 126.						
	J N	ot in co	mplete remission - Go to question 125.						
Ľ	7 N	ot evalı	uated - Go to First Name						
125.	Speci	fy disea	se status if not in complete remission:						
]	Disease detected						
		1	No disease detected but incomplete evaluation to establish CR						
126.	Date (of most	recent disease assessment						
	L	7	Known – Go to question 127.						
]	Jnknown – Go to First Name						
	127.	Date	of most recent disease assessment:						
			YYYY MM DD						
First Name:									
Last Name:									
E-mail addr	ess:								
Date:									
	YYY		 MM						

CIBMTR Center Number:	CIBMTR Research ID: