Form 2015 R3.0: Juvenile Myelomoncytic Leukemia (JMML/JCML) Pre-HCT Data

Center: CRID:

Key Fields

Sequence Number: _____

Date Received: __ __ __ __ - __ __- __ __

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Date of HCT for which this form is being completed: __ __ __ __ - __ __- __ __

HCT Type: (check all that apply)

- Autologous
- Allogeneic, unrelated
- Allogeneic, related

Product type: (check all that apply)

- Bone marrow
- PBSC
- Single cord blood unit
- Multiple cord blood units
- Other product

Specify: _____

Subsequent Transplant

Is this the report of a second or subsequent transplant for the same disease?

yes no

Clinical Features at Diagnosis

Questions: 1 - 6

1 What was the date of diagnosis? __ __ __ __ - __ __- __ __

Specify whether the recipient expressed the following clinical features at diagnosis:

2 Adenopathy

yes no

3 Hepatomegaly

(liver edge palpable > 3 cm below right costal margin)

yes no

4 Neurofibromatosis

yes no

5 Skin involvement

yes no

6 Splenomegaly

(spleen palpable > 3 cm below left coastal margin)

yes no

Laboratory Studies at Diagnosis

Questions: 7 - 48

Report findings prior to any first treatment of the primary disease for which the HCT is being performed.

7 WBC

Known Unknown

8 _____ x 10^9/L (x 10^3/mm^3)

x 10^6/L

9 Hemoglobin

Known Unknown

10 _____ g/dL g/L mmol/L

11 Was RBC transfused < 30 days before date of test?

yes no

12 Platelets

Known Unknown

13 _____ x 10^9/L (x 10^3/mm^3)

x 10^6/L

14 Were platelets transfused < 7 days before date of test?

yes no

15 Monocytes

Known Unknown

16 _____ %

17 Absolute monocyte count

Known Unknown

18 _____ x 10^9/L (x 10^3/mm^3)

x 10^6/L

19 Blasts in blood

Known Unknown

20 _____ %

21 LDH

Known Unknown

22 _____ U/L µkat/L

23 Upper limit of normal for LDH: _____ U/L µkat/L

24 Fetal hemoglobin **(HbF)**

Known Unknown

25 _____ %

26 Was testing performed for hypersensitivity to GM-CSF?

yes no Unknown

Specify test results:

27 Specify result

Positive Negative

28 Was a bone marrow examination performed?

yes no Unknown

29 Blasts in bone marrow: _____ %

30 Monocytes in bone marrow: _____ %

31 Was documentation submitted to the CIBMTR?
(e.g. examination report)

yes no

32 Were cytogenetics tested (conventional or FISH)?

yes no Unknown

33 Results of tests

Abnormalities identified

No evaluable metaphases

No abnormalities

Specify cytogentic abnormalities identified at diagnosis:

Monosomy

34 -7

yes no

Trisomy

35 +8

yes no

36 +21

yes no

Translocation

37 t(2;8)

yes no

38 t(9;22)

yes no

Other

39 Other abnormality

yes no

40 Specify other abnormality: _____

41 Was documentation submitted to the CIBMTR?
(e.g. cytogentic or FISH report)
yes no

42 Were tests for molecular markers performed (e.g. PCR)?
yes no Unknown

43 BCR / ABL
Positive Negative Not Done

44 CBL
Positive Negative Not Done

45 KRAS
Positive Negative Not Done

46 NRAS
Positive Negative Not Done

47 PTNP11
Positive Negative Not Done

48 Was documentation submitted to the CIBMTR?
yes no

Pre-HCT Therapy
Questions: 49 - 62

49 Was therapy given?
yes no

Specify therapy given:

50 6-Mercaptopurine
yes no

51 13-cis-retinoic acid (RA)
yes no

52 Cytarabine (Ara-C)
yes no

53 Fludarabine
yes no

54 Ruxolitinib (Jakafi)
yes no

55 Did the recipient have a splenectomy?
yes no Unknown

56 Did the recipient receive splenic irradiation?
yes no Unknown

57 Other therapy

yes no

58 Specify other therapy: _____

59 Was a complete remission achieved?

yes no

60 Date of complete remission: __ __ __ __ - __ __- __ __

61 Was there disease relapse?

yes no

62 Date of relapse: __ __ __ __ - __ __- __ __

Transformation

Questions: 63 - 64

63 Did transformation to acute myelogenous leukemia (AML) occur?

yes **Also complete CIBMTR Form 2010-AML**

no

64 Date of transformation: __ __ __ __ - __ __- __ __

Laboratory Studies at Last Evaluation Prior to the Start of the Preparative Regimen (Conditioning)

Questions: 65 - 91

65 Fetal hemoglobin **(HbF)**

Known Unknown

66 _____ %

67 Monocytes

Known Unknown

68 _____ %

69 Absolute monocyte count

Known Unknown

70 _____ x 10^9/L (x 10^3/mm^3)

x 10^6/L

71 Blasts in blood

Known Unknown

72 _____ %

73 Were cytogenetics tested (conventional or FISH)?

yes no Unknown

74 Results of tests

Abnormalities identified

No evaluable metaphases

No abnormalities

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

Monosomy

75 -7

yes no

Trisomy

76 +8

yes no

77 +21

yes no

Translocation

78 t(2;8)

yes no

79 t(9;22)

yes no

Other

80 Other abnormality

yes no

81 Specify other abnormality: _____

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

yes no Unknown

83 BCR / ABL

Positive Negative Not Done

84 CBL

Positive Negative Not Done

85 KRAS

Positive Negative Not Done

86 NRAS

Positive Negative Not Done

87 PTNP11

Positive Negative Not Done

88 Was a bone marrow examination performed?

yes no Unknown

89 Date sample collected: __ __ __ __ - __ __- __ __

90 Blasts in bone marrow: _____ %

91 Monocytes in bone marrow: _____ %

Disease Status at Last Evaluation Prior to the Start of the Preparative Regimen (Conditioning)

Questions: 92 - 93

92 What was the disease status?

(based on international JMML diagnostic criteria)

- Complete remission (CR) - normalization of WBC and organomegaly
- Partial remission (PR) - ≥ 50% reduction in WBC and/or organomegaly
- Marginal response - between 25% and 50% reduction in WBC and organomegaly ~ or ~ partial response in WBC but no change in organomegaly ~ or ~ partial response in organomegaly but no change in WBC
- Stable disease (SD) - ≤ 25% reduction in WBC and/or organomegaly
- Progressive disease (PD) - increase in WBC and/or organomegaly
- Relapse - ≥ 20% blasts in the bone marrow
- Not assessed

93 Date assessed: __ __ __ __ - __ __- __ __

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ - __ __- __ __