

Form 2115 R3.0: Juvenile Myelomonocytic Leukemia (JMML/JCML) Post-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:

Visit

- 100 day
6 months
1 year
2 years
> 2 years,

Specify:

Disease Assessment at the Time of Best Response to HCT

Questions: 1 - 3

- 1 Compared to the disease status prior to the preparative regimen, what was the best response to HCT since the date of the last report?
(Include response to any therapy given for post-HCT maintenance or consolidation, but exclude any therapy given for relapsed, persistent, or progressive disease.)
Continued complete remission (CCR) - for patients transplanted in CR
Complete remission (CR) - normalization of WBC and organomegaly
Partial remission (PR) - ≥50% reduction in WBC and/or organomegaly
Marginal response (MR) - between 25% and 50% reduction in WBC and organomegaly~ or ~partial response in organomegaly 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
Progression to AML - ≥ 20% blasts in the bone marrow
2 Was the date of best response previously reported?
yes no
3 Date assessed:

Disease Relapse or Progression Post-HCT

Questions: 4 - 10

- 4 Has the disease relapsed or progressed since the date of last report?
yes no

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5 Date of relapse/progression: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Specify site(s) of disease relapse / progression:

6 Bone marrow

☐ yes ☐ no

7 Skin

☐ yes ☐ no

8 Spleen

☐ yes ☐ no

9 Other site

☐ yes ☐ no

10 Specify other site: \_\_\_\_\_

## Post-HCT Therapy

Questions: 11 - 20

11 Was any therapy given for relapsed, persistent, or progressive disease since the date of last report?

☐ yes ☐ no

12 Systemic therapy

☐ yes ☐ no

13 13-cis-retinoic acid (RA)

☐ yes ☐ no

14 Ruxolitinib (Jakafi)

☐ yes ☐ no

15 Other systemic therapy

☐ yes ☐ no

16 Specify other systemic therapy: \_\_\_\_\_

17 Donor cellular infusions

☐ yes ☐ no

18 Subsequent HCT

☐ yes ☐ no

19 Other therapy

☐ yes ☐ no

20 Specify other therapy: \_\_\_\_\_

## Disease Status at the Time of Evaluation for this Reporting Period

Questions: 21 - 22

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## 21 What was the disease status?

- ☐ Complete remission (CR) - normalization of WBC and organomegaly
- ☐ Partial remission (PR) -  $\geq 50\%$  reduction in WBC and/or organomegaly
- ☐ Marginal response (MR) - 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) -  $\leq 25\%$  reduction in WBC and/or organomegaly
- ☐ Progressive disease (PD) - increase in WBC and/or organomegaly
- ☐ Relapse
- ☐ Progression to AML -  $\geq 20\%$  blasts in the bone marrow
- ☐ Not assessed

22 Date assessed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_