Form 2011 R5.0: Acute Lymphoblastic Leukemia (ALL) Pre-Infusion Data

Center: CRID:

Key Fields

Sequence Number: _____

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

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ __ __ - __ __- __ __

Subsequent Transplant or Cellular Therapy

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

○ yes ○ no

Laboratory Studies at Diagnosis

Questions: 1 - 19

1 WBC

○ Known ○ Unknown

2 _____ ○ x 10^9/L (x 10^3/mm^3)

○ x 10^6/L

3 Date sample collected: __ __ __ __ - __ __- __ __

4 Blasts in blood

○ Known ○ Unknown

5 _____ %

6 Date sample collected: __ __ __ __ - __ __- __ __

7 Blasts in bone marrow

○ Known ○ Unknown

8 _____ %

9 Date sample collected: __ __ __ __ - __ __- __ __

10 Was extramedullary disease present?

○ yes ○ no ○ Unknown

Specify site(s) of disease:

11 Central nervous system

○ yes ○ no

12 Cerebrospinal fluid (CSF)

○ Yes ○ No

13 Parenchyma (brain)

○ Yes ○ No

14 Mediastinum

○ yes ○ no

15 Skin

○ yes ○ no

16 Soft tissue (soft tissue mass / granulocytic sarcoma)

○ yes ○ no

17 Testes / ovaries

○ Yes ○ No

18 Other site

○ yes ○ no

19 Specify other site: _____

Pre-HCT or Pre-Infusion Therapy

Questions: 20 - 63

20 Was central nervous system prophylaxis given?

○ yes ○ no ○ Unknown

Specify prophylaxis:

21 Cranial irradiation

○ yes ○ no

22 Craniospinal irradiation

○ Yes ○ No

23 High-dose methotrexate

○ yes ○ no

24 Intrathecal therapy (chemotherapy)
- yes
- no

25 Other prophylaxis
- yes
- no

26 Specify prophylaxis: _____

27 Was therapy given?
- yes
- no

Line of Therapy (1) **Questions: 28 - 63**

28 Purpose of therapy
- Induction
- Consolidation
- Maintenance
- treatment for disease relapse

29 Intrathecal therapy
- yes
- no

30 Systemic therapy
- yes
- no

31 Date therapy started
- Known
- Unknown

32 Date started: __ __ __ __ - __ __- __ __

33 Date therapy stopped
- Known
- Unknown

34 Date stopped: __ __ __ __ - __ __- __ __

35 Number of cycles
- Known
- Unknown

36 Number of cycles: _____

37 Specify systemic therapy: (check all that apply for this line of therapy)
- [ ] Blinatumomab (Blincyto)
- [ ] Chemotherapy
- [ ] Dasatinib (Sprycel)
- [ ] Imatinib (Gleevec)
- [ ] Inotuzumab
- [ ] Nilotinib (AMN107, Tasigna)
- [ ] Ponatinib (Iclusig)
- [ ] Rituximab (Rituxan, MabThera)
- [ ] Other systemic therapy

38 Specify other systemic therapy: _____

39 Radiation therapy
- yes
- no

40 Date therapy started
- Known
- Unknown

41 Date started: __ __ __ __ - __ __- __ __

42 Date therapy stopped
- Known
- Unknown

43 Date stopped: __ __ __ __ - __ __- __ __

Specify site(s) of radiation therapy:

44 Central nervous system
- yes
- no

Specify CNS irradiation:

45 Cranial
- yes
- no

46 Craniospinal
- Yes
- No

47 Other site
- yes
- no

48 Specify other site: _____

49 Cellular therapy (e.g. CAR T-cell)

yes no

50 Best response to line of therapy

- Complete remission (CR) – All of the following response criteria without progression for at least four weeks: < 5% blasts in the bone marrow, no blasts with Auer rods, no extramedullary disease (e.g., central nervous system or soft tissue involvement), ANC of ≥ 1,000/µL, Platelets ≥ 100,000/ µL
- Complete remission with incomplete hematologic recovery (CRi) - All CR criteria except for residual neutropenia (<1000/µl) and/or thrombocytopenia (<100,000/µl)
- No complete remission

51 Date assessed: __ __ __ __ - __ __- __ __

52 Was the recipient MRD negative following this line of therapy?

Yes No

53 Did the recipient relapse following this line of therapy?

yes no

54 Date of relapse: __ __ __ __ - __ __- __ __

Specify sites of disease relapse:

55 Central nervous system

yes no

56 Cerebrospinal fluid (CSF)

Yes No

57 Parenchyma (brain)

Yes No

58 Mediastinum

Yes No

59 Skin

yes no

60 Soft tissue (soft tissue mass / granulocytic sarcoma)

yes no

61 Testes / ovaries

Yes No

62 Other site

yes no

63 Specify other site: _____

Laboratory Studies at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

Questions: 64 - 91

64 WBC

Known Unknown

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

x 10^6/L

66 Date sample collected: __ __ __ __ - __ __- __ __

67 Blasts in blood

Known Unknown

68 _____ %

69 Date sample collected: __ __ __ __ - __ __- __ __

70 Blasts in bone marrow

Known Unknown

71 _____ %

72 Date sample collected: __ __ __ __ - __ __- __ __

73 Was flow cytometry performed?

yes no Unknown

Specify tissue and results at last evaluation prior to the start of the preparative regimen:

74 Blood

yes no

75 Date sample collected: __ __ __ __ - __ __- __ __

76 Was disease detected?

yes no

77 Specify percent disease detected: _____ %

78 Bone marrow
yes no

79 Date sample collected: __ __ __ __ - __ __- __ __

80 Was disease detected?
yes no

81 Specify percent disease detected: _____ %

82 Was extramedullary disease present?
yes no Unknown

Specify site(s) of disease:

83 Central nervous system
yes no

84 Cerebrospinal fluid (CSF)
Yes No

85 Parenchyma (brain)
Yes No

86 Mediastinum
yes no

87 Skin
yes no

88 Soft tissue (soft tissue mass / granulocytic sarcoma)
yes no

89 Testes / ovaries
Yes No

90 Other site
yes no

91 Specify other site: _____

First Name: _____

Last Name: _____

E-mail address: _____

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