

# Form 2541 R1.0: Inotuzumab Ozogamicin (Besponsa™) Supplemental Data Collection Form

Center:

CRID:

## Key Fields

Sequence Number: \_\_\_\_\_

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

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Event date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Inotuzumab Ozogamicin (Besponsa™)

Questions: 1 - 14

1 Did the recipient receive more than one cycle of Inotuzumab ozogamicin? (Besponsa™) (1 cycle = 3 doses)

☐ Yes ☐ No

2 Number of cycles: \_\_\_\_\_

## Cycle(s) (1)

Questions: 3 - 14

### Report the start / stop date of each cycle of Inotuzumab ozogamicin (Besponsa™)

3 Date of first dose for cycle

☐ Known ☐ Unknown

4 Date of first dose for cycle: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

5 Date of last dose for cycle

☐ Known ☐ Unknown

6 Date of last dose for cycle: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

7 Combined dose per cycle (e.g. if patient received 3 doses in cycle 1 at 0.8 mg in day 1, 0.5 in days 8 and 14 then total dose is 1.8 mg)

☐ Known ☐ Unknown

8 Dose: \_\_\_\_\_ mg/m<sup>2</sup>

9 Were three doses given in this cycle?

☐ Yes ☐ No

10 Best response to this cycle 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  $\geq 1,000/\mu\text{L}$ , Platelets  $\geq 100,000/\mu\text{L}$ .
- ☐ Complete remission with incomplete hematologic recovery (CRi) - All CR criteria except for residual neutropenia (< 1000/ $\mu\text{L}$ ) and/or thrombocytopenia (< 100,000/ $\mu\text{L}$ )
- ☐ No complete remission

11 Was recipient MRD negative following this cycle of therapy?

☐ Yes ☐ No ☐ Not done

12 MRD method of detection

☐ Known ☐ Unknown

13 Minimal residual disease (MRD) testing method

- ☐ Flow cytometry
- ☐ Next generation sequencing (NGS)
- ☐ Polymerase chain reaction (PCR)

14 MRD

☐ Positive ☐ Negative

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

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

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

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