Form 2035 R2.0: Congenital Amegakaryocytic Thrombocytopenia Pre-HSCT Data

Center: _____   CRID: _____

Key Fields

Sequence Number: _____

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

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Today's Date: __ __ __ __ - __ __- __ __

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

HSCT type (check all that apply):

☐ Autologous

☐ Allogeneic, unrelated

☐ Allogeneic, related

☐ Syngeneic (identical twin)

Product type (check all that apply):

☐ Marrow

☐ PBSC

☐ Cord blood

☐ Other product

   Specify: _____

Congenital Amegakaryocytic Thrombocytopenia Pre-HSCT Data   Questions: 1 - 2

☐ If this is a report of a second or subsequent transplant, check here and continue with question 29.

1 What was the date abnormal platelet counts were first observed? __ __ __ __ - __ __- __ __

2 What was the date of diagnosis of Congenital Amegakaryocytic Thrombocytopenia? __ __ __ __ - __ __- __ __

Hemotologic Findings at Diagnosis   Questions: 3 - 17

3 WBC:

☐ Known   ☐ Not known

4 _____   Unit: ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

5 Hemoglobin (untransfused):

☐ Known   ☐ Not known

6 _____   Unit: ☐ g/dL   ☐ g/L   ☐ mmol/L

7 Platelets (untransfused):

☐ Known   ☐ Not known

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

☐ x 10^6/L

9 Neutrophils:

☐ Known   ☐ Not known

10 _____ %

11 Was the bone marrow examined at diagnosis?

☐ yes   ☐ no

12 Specify the date the bone marrow was examined: __ __ __ __ - __ __- __ __

13 What was the cellularity of the bone marrow at diagnosis?

☐ Decreased   ☐ Normal   Increased

14 What was the megakaryocyte level in the bone marrow at diagnosis?

☐ Decreased   ☐ Absent

15 Were radiographs of radii performed at diagnosis?

☐ yes   ☐ no   ☐ Unknown

16 Were the radii present?

☐ yes   ☐ no

17 Did the radii appear normally developed?

☐ yes   ☐ no

Family History of Thrombocytopenia	Questions: 18 - 28

18 Did the recipient's mother develop thrombocytopenia while pregnant with the recipient?

☐ yes   ☐ no   ☐ Unknown

19 Was the mother tested for the presence of GPIIIA platelet antigen?

☐ yes   ☐ no

20 Specify results:

☐ GPIIIA platelet antigen present

☐ GPIIIA platelet antigen absent

21 Have any of the recipient's family members been diagnosed with thrombocytopenia?

☐ yes   ☐ no   ☐ Unknown

Specify relationship to recipient:

22 Aunt / uncle

☐ yes   ☐ no

23 Cousin

☐ yes   ☐ no

24 Parent

☐ yes   ☐ no

25 Sibling

☐ yes   ☐ no

26 Other blood relative

☐ yes   ☐ no

27 Specify relationship: _____

28 Do the recipient's parents share a close degree of consanguinity (descent from common ancestors / interfamilial marriage)?

☐ yes   ☐ no

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Disease Treatment Prior to the Preparative Regimen	Questions: 29 - 119

29 Did the recipient receive any treatment(s) for CAT at any time prior to the preparative regimen?

☐ yes ☐ no

Specify treatment(s) given:

30 Androgens

☐ yes ☐ no

31 Growth factors

☐ yes ☐ no

Specify growth factors given:

32 Erythropoietin (all formulations)

☐ yes ☐ no

33 G-CSF (all formulations)

☐ yes ☐ no

34 GM-CSF

☐ yes ☐ no

35 Neumega (oprelvekin, IL-11)

☐ yes ☐ no

36 Thrombopoietin

☐ yes ☐ no

37 Other

☐ yes ☐ no

38 Specify: _____

39 Steroids

☐ yes ☐ no

40 Transfusions

☐ yes ☐ no

41 Specify the number of red blood cell transfusions given (best estimate): _____ units

42 Were single donor platelet transfusions given?

☐ yes ☐ no ☐ Unknown

43 Specify the total number of aphereses: _____

44 Were random donor platelet transfusions given?

☐ yes ☐ no ☐ Unknown

45 Specify the total number of donors: _____

46 Other treatment

☐ yes ☐ no

47 Specify: _____

48 Did the recipient undergo a splenectomy at any time prior to the preparative regimen?

☐ yes ☐ no

49 Was there any evidence of allosensitization at any time prior to the preparative regimen?

☐ yes ☐ no ☐ Unknown

50 Specify the method of allosensitization identification:

☐   inadequate rise in platelet count to transfusion

☐   anti-platelet antibodies developed

☐   antibodies to HLA antigens

51 Did the recipient develop myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML) at any time prior to the preparative regimen?

☐ yes   ☐ no   ☐ Unknown

    52 Is a completed MDS or AML insert attached to this report?

    ☐ yes   ☐ no

53 Was a bone marrow karyotype examination performed at any time prior to the preparative regimen?

☐ yes   ☐ no   ☐ Unknown

    54 Were any karyotype abnormalities identified?

    ☐ yes   ☐ no

      Specify the abnormalities identified when tested at diagnosis:

    55 -5

      ☐ yes   ☐ no

    56 -7

      ☐ yes   ☐ no

    57 -17

      ☐ yes   ☐ no

    58 -18

      ☐ yes   ☐ no

    59 -20

      ☐ yes   ☐ no

    60 -X

      ☐ yes   ☐ no

    61 -Y

      ☐ yes   ☐ no

    62 +4

      ☐ yes   ☐ no

    63 +8

      ☐ yes   ☐ no

    64 +11

      ☐ yes   ☐ no

    65 +13

      ☐ yes   ☐ no

    66 +14

      ☐ yes   ☐ no

67 +21

☐ yes ☐ no

68 +22

☐ yes ☐ no

69 del(5q) / 5q-

☐ yes ☐ no

70 del(7q) / 7q-

☐ yes ☐ no

71 del(9q) / 9q-

☐ yes ☐ no

72 del(11q) / 11q-

☐ yes ☐ no

73 del(17q) / 17q-

☐ yes ☐ no

74 del(20q) / 20q-

☐ yes ☐ no

75 inv(3)

☐ yes ☐ no

76 inv(16)

☐ yes ☐ no

77 t(3;3)

☐ yes ☐ no

78 t(6;9)

☐ yes ☐ no

79 t(8;21)

☐ yes ☐ no

80 t(15;17) and variants

☐ yes ☐ no

81 t(16;16)

☐ yes ☐ no

82 (11q23) balanced abnormality

☐ yes ☐ no

83 12p any abnormality

☐ yes ☐ no

84 complex (≥ 3 distinct abnormalities)

☐ yes ☐ no

85 other abnormality

☐ yes ☐ no

86 Specify: _____

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Center: CRID:

Specify the abnormalities identified when tested prior to preparative regimen

87 -5

☐ yes ☐ no

88 -7

☐ yes ☐ no

89 -17

☐ yes ☐ no

90 -18

☐ yes ☐ no

91 -20

☐ yes ☐ no

92 -X

☐ yes ☐ no

93 -Y

☐ yes ☐ no

94 +4

☐ yes ☐ no

95 +8

☐ yes ☐ no

96 +11

☐ yes ☐ no

97 +13

☐ yes ☐ no

98 +14

☐ yes ☐ no

99 +21

☐ yes ☐ no

100 +22

☐ yes ☐ no

101 del(5q) / 5q-

☐ yes ☐ no

102 del(7q) / 7q-

☐ yes ☐ no

103 del(9q) / 9q-

☐ yes ☐ no

104 del(11q) / 11q-

☐ yes ☐ no

105 del(17q) / 17q-

☐ yes ☐ no

106 del(20q) / 20q-

☐ yes   ☐ no

107 inv(3)

☐ yes   ☐ no

108 inv(16)

☐ yes   ☐ no

109 t(3;3)

☐ yes   ☐ no

110 t(6;9)

☐ yes   ☐ no

111 t(8;21)

☐ yes   ☐ no

112 t(15;17) and variants

☐ yes   ☐ no

113 t(16;16)

☐ yes   ☐ no

114 (11q23) balanced abnormality

☐ yes   ☐ no

115 12p any abnormality

☐ yes   ☐ no

116 complex (≥ 3 distinct abnormalities)

☐ yes   ☐ no

117 other abnormality

☐ yes   ☐ no

118 Specify: _____

119 Is a copy of the cytogenetic report attached?

☐ yes   ☐ no

First Name: _____   Last Name: _____

Phone number: _____   Fax number: _____

E-mail address: _____