

Form 2010 R4.0: Acute Myelogenous Leukemia (AML) 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 or cellular therapy for the same disease?

☐ Yes ☐ No

Disease Assessment at Diagnosis

Questions: 1 - 13

1 Is the disease (AML) therapy related? (not MDS / MPN)

☐ yes ☐ no ☐ Unknown

2 Specify prior disease

- ☐ Breast cancer
☐ Hodgkin lymphoma
☐ Non-Hodgkin lymphoma
☐ Other disease (malignant or nonmalignant)

3 Specify other prior disease: _____

4 Date of diagnosis of prior disease

☐ Known ☐ Unknown

5 Date of diagnosis of prior disease: ____ - ____ - ____

Specify therapy for prior disease:

6 Cytotoxic therapy

☐ Yes ☐ No ☐ Unknown

7 Radiation

☐ yes ☐ no ☐ Unknown

8 Other therapy (e.g. immunotherapy, cellular therapy, etc.)

☐ yes ☐ no ☐ Unknown

9 Specify other therapy: _____

10 Did the recipient have a documented antecedent hematologic disorder? (myelodysplastic syndrome or myeloproliferative neoplasm)

☐ yes ☐ no ☐ Unknown

11 What was the date of diagnosis of antecedent hematologic disorder? ____ - ____ - ____

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12 What was the classification of the antecedent hematologic disorder at diagnosis?

- ☐ Refractory cytopenia with unilineage dysplasia (RCUD) (includes refractory anemia (RA)) (51)
- ☐ Refractory anemia with ringed sideroblasts (RARS) (55)
- ☐ Refractory anemia with excess blasts-1 (RAEB-1) (61)
- ☐ Refractory anemia with excess blasts-2 (RAEB-2) (62)
- ☐ Refractory cytopenia with multilineage dysplasia (RCMD) (64)
- ☐ Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) (68)
- ☐ Myelodysplastic syndrome with isolated del(5q) (5q- syndrome) (66)
- ☐ Myelodysplastic syndrome (MDS), unclassifiable (50)
- ☐ Chronic neutrophilic leukemia (165)
- ☐ Chronic eosinophilic leukemia, NOS (166)
- ☐ Essential thrombocythemia (includes primary thrombocytosis, idiopathic thrombocytosis, hemorrhagic thrombocythemia) (58)
- ☐ Polycythemia vera (PCV) (57)
- ☐ Primary myelofibrosis (includes chronic idiopathic myelofibrosis (CIMF), angiogenic myeloid metaplasia (AMM), myelofibrosis/sclerosis with myeloid metaplasia (MMM), idiopathic myelofibrosis) (167)
- ☐ Myeloproliferative neoplasm (MPN), unclassifiable (60)
- ☐ Chronic myelomonocytic leukemia (CMML) (54)
- ☐ Juvenile myelomonocytic leukemia (JMML, JCML, JCMML) (no evidence of Ph1 or BCR/ABL) (36) **Also complete CIBMTR Form 2015 - JMML**
- ☐ Atypical chronic myeloid leukemia, Ph-/bcr/abl- (CML, NOS) (45)
- ☐ Atypical chronic myeloid leukemia, Ph-/bcr unknown (CML, NOS) (46)
- ☐ Atypical chronic myeloid leukemia, Ph unknown/bcr- (CML, NOS) (48)
- ☐ Atypical chronic myeloid leukemia, Ph unknown/bcr unknown (CML, NOS) (49)
- ☐ Myelodysplastic / myeloproliferative neoplasm, unclassifiable (69) **Also complete CIBMTR Form 2014 - MDS/MPN**
- ☐ Aplastic anemia (300) **Also complete CIBMTR Form 2028 - APL**
- ☐ Fanconi anemia (311) **Also complete CIBMTR Form 2029 - FA**
- ☐ Shwachman-Diamond (305)
- ☐ Diamond-Blackfan anemia (pure red cell aplasia) (312)
- ☐ Dyskeratosis congenita (307)
- ☐ Other antecedent hematologic disorder

13 Specify other antecedent hematologic disorder: _____

Laboratory Studies at Diagnosis

Questions: 14 - 31

14 WBC

☐ Known ☐ Unknown

15 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

16 Date sample collected: ____ - ____ - ____

17 Blasts in blood

☐ Known ☐ Unknown

18 _____ %

19 Date sample collected: ____ - ____ - ____

20 Blasts in bone marrow

☐ Known ☐ Unknown

21 _____ %

22 Date sample collected: ____ - ____ - ____

23 Was extramedullary disease present?

☐ yes ☐ no ☐ Unknown

Specify site(s) of disease:

24 Central nervous system

☐ yes ☐ no

25 Cerebrospinal fluid (CSF)

☐ Yes ☐ No

26 Parenchyma (brain)

☐ Yes ☐ No

27 Skin

☐ yes ☐ no

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28 Soft tissue (soft tissue mass / granulocytic sarcoma)

☐ yes ☐ no

29 Testes / ovaries

☐ Yes ☐ No

30 Other site

☐ yes ☐ no

31 Specify other site: _____

Pre-HCT or Pre-Infusion Therapy

Questions: 32 - 68

32 Was therapy given?

☐ yes ☐ no

Line of Therapy (1)

Questions: 33 - 68

33 Purpose of therapy

- ☐ Induction
☐ Consolidation
☐ Maintenance
☐ treatment for disease relapse

34 Intrathecal therapy

☐ yes ☐ no

35 Systemic therapy

☐ yes ☐ no

36 Date therapy started

☐ Known ☐ Unknown

37 Date started: ____ - ____ - ____

38 Date therapy stopped

☐ Known ☐ Unknown

39 Date stopped: ____ - ____ - ____

40 Number of cycles

☐ Known ☐ Unknown ☐ Not Applicable

41 Number of cycles: _____

42 Specify systemic therapy: (check all that apply for this line of therapy)

- ☐ Azacytidine (Vidaza)
☐ All-trans retinoic acid (Tretinoin)
☐ Arsenic
☐ Cladribine (2-CDA, Leustatin)
☐ Clofarabine
☐ Cytarabine (Ara - C) ≤ 10 g/m2/cycle
☐ cytarabine (Ara - C) > 10 g/m2/cycle
☐ Daunorubicin (Cerubidine)
☐ Decitabine (Dacogen)
☐ Etoposide (VP-16, VePesid)
☐ Fludarabine (Fludara)
☐ Gemtuzumab (Mylotarg)
☐ Idarubicin (Idamycin)
☐ Midostaurin
☐ Mitoxantrone (Novantrone)
☐ Sorafenib
☐ Thioguanine (6-TG)
☐ Other systemic therapy

43 Specify months of therapy: _____ (Azacytidine (Vidaza))

44 Specify months of therapy: _____ (Decitabine (Dacogen))

45 Specify months of therapy: _____ (Sorafenib)

46 Specify other systemic therapy: _____

47 Radiation therapy

☐ yes ☐ no

48 Date therapy started

☐ Known ☐ Unknown

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49 Date started: ____ - ____ - ____

50 Date therapy stopped

☐ Known ☐ Unknown

51 Date stopped: ____ - ____ - ____

Specify site(s) of radiation therapy:

52 Central nervous system

☐ yes ☐ no

53 Other site

☐ yes ☐ no

54 Specify other site: _____

55 Cellular therapy

☐ yes - **Also complete Pre-CTED Form 4000**

☐ no

56 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 $\geq 1,000/\mu\text{L}$, 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

57 Date assessed: ____ - ____ - ____

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

☐ Yes ☐ No

59 Did the recipient relapse following this line of therapy?

☐ yes ☐ no

60 Date of relapse: ____ - ____ - ____

Specify site(s) of disease relapse:

61 Central nervous system

☐ yes ☐ no

62 Cerebrospinal fluid (CSF)

☐ Yes ☐ No

63 Parenchyma (brain)

☐ Yes ☐ No

64 Skin

☐ yes ☐ no

65 Soft tissue (soft tissue mass / granulocytic sarcoma)

☐ yes ☐ no

66 Testes / ovaries

☐ Yes ☐ No

67 Other site

☐ yes ☐ no

68 Specify other site: _____

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

Questions: 69 - 96

69 WBC

☐ Known ☐ Unknown

70 _____ ☐ $\times 10^9/\text{L}$ ($\times 10^3/\text{mm}^3$)

☐ $\times 10^6/\text{L}$

71 Date sample collected: ____ - ____ - ____

72 Blasts in blood

☐ Known ☐ Unknown

73 _____ %

74 Date sample collected: ____ - ____ - ____

75 Blasts in bone marrow

☐ Known ☐ Unknown

76 _____ %

77 Date sample collected: ____ - ____ - ____

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78 Specify method of assessment

☐ Flow cytometry ☐ Morphology

79 Was flow cytometry performed?

☐ yes ☐ no ☐ Unknown

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

80 Blood

☐ yes ☐ no

81 Date sample collected: ____ - ____ - ____

82 Was disease detected?

☐ yes ☐ no

83 Specify percent disease detected: _____ %

84 Bone marrow

☐ yes ☐ no

85 Date sample collected: ____ - ____ - ____

86 Was disease detected?

☐ yes ☐ no

87 Specify percent disease detected: _____ %

88 Was extramedullary disease present?

☐ yes ☐ no ☐ Unknown

Specify site(s) of disease:

89 Central nervous system

☐ yes ☐ no

90 Cerebrospinal fluid (CSF)

☐ Yes ☐ No

91 Parenchyma (brain)

☐ Yes ☐ No

92 Skin

☐ yes ☐ no

93 Soft tissue (soft tissue mass / granulocytic sarcoma)

☐ yes ☐ no

94 Testes / ovaries

☐ Yes ☐ No

95 Other site

☐ yes ☐ no

96 Specify other site: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____