### Subsequent Transplant or Cellular Therapy

If this is a report of a second or subsequent transplant or cellular therapy for the same disease subtype and this baseline disease insert has not been completed for the previous transplant (e.g. patient was on TED track for the prior HCT, prior HCT was autologous with no consent, prior cellular therapy was not reported to the CIBMTR), mark “No” and begin the form at question one.

If this is a report of a second or subsequent transplant or cellular therapy for a different disease, mark “no” and begin the form at question one.

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

- Yes - Go to question 32
- No - Go to question 1

### Disease Assessment at Diagnosis

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: __ __ __ __ / __ __ / __ __
   - YYYY
   - MM
   - DD

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? __ __ __ __ / __ __ / __ __
    - YYYY
    - MM
    - DD

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)
14. WBC:

- Known
- Unknown

15. _ _ _ _ _ _ _ _ _ _ • _ _ _ _ _ _ x 10^9/L (x 10^9/mm^3) _ _ _ _ _ _ x 10^9/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

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

32. Was therapy given?
- Yes
- No

#### Line of Therapy:

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
   - Not applicable

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) - Go to question 43
   - 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) - Go to question 44
   - Etoposide (VP-16, VePesid)
   - Fludarabine (Fludara)
   - Gemtuzumab (Mylotarg)
   - Idarubicin (Idamycin)
   - Midostaurin
   - Mitoxantrone (Novantrone)
   - Sorafenib - Go to question 45
   - Thioguanine (6-TG)
   - Other systemic therapy - Go to question 46

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

49. Date started:
   __ __ __ __ / __ __ / __ __

50. Date therapy stopped:
   ☐ Known
   ☐ Unknown

51. Date stopped:
   __ __ __ __ / __ __ / __ __
55. Cellular therapy

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 ≥ 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

57. Date assessed: __ __ __ __ / __ __ / __ __ YYYY MM DD

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: __ __ __ __ / __ __ / __ __ YYYY MM DD

Specify site(s) of disease relapse:

- Central nervous system
- Cerebrospinal fluid (CSF)
- Parenchyma (brain)
- Skin
- Soft tissue (soft tissue mass / granulocytic sarcoma)
- Testes / ovaries
- Other site

61. Central nervous system

62. Cerebrospinal fluid (CSF)

63. Parenchyma (brain)

64. Skin

65. Soft tissue (soft tissue mass / granulocytic sarcoma)

66. Testes / ovaries

67. Other site

68. Specify other site: __________

Copy questions 33-68 if needed for multiple lines of therapy.
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>69. WBC:</td>
<td>☐ Known ☐ Unknown</td>
<td><img src="https://example.com/wbc.png" alt="Image" /></td>
</tr>
<tr>
<td>70. Date sample collected:</td>
<td>☐ x 10^9/L (x 10^6/mm^3) ☐ x 10^6/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>71. Blasts in blood:</td>
<td>☐ Known ☐ Unknown</td>
<td><img src="https://example.com/blastsinblood.png" alt="Image" /></td>
</tr>
<tr>
<td>72. Date sample collected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>73. Blasts in bone marrow:</td>
<td>☐ Known ☐ Unknown</td>
<td>![Image](<a href="https://example.com/blastsinbone">https://example.com/blastsinbone</a> marrow.png)</td>
</tr>
<tr>
<td>74. Date sample collected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>75. Was flow cytometry performed?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td><img src="https://example.com/flowcytometry.png" alt="Image" /></td>
</tr>
<tr>
<td>76. Date sample collected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>77. Specify method of assessment</td>
<td>☐ Flow cytometry ☐ Morphology</td>
<td><img src="https://example.com/assessment.png" alt="Image" /></td>
</tr>
<tr>
<td>78. Date sample collected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>Specify tissue and results at last evaluation prior to the start of the preparative regimen / infusion:</td>
<td></td>
<td><img src="https://example.com/tissueandresults.png" alt="Image" /></td>
</tr>
<tr>
<td>Blood</td>
<td>☐ Yes ☐ No</td>
<td><img src="https://example.com/blood.png" alt="Image" /></td>
</tr>
<tr>
<td>80. Date sample collected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>81. Was disease detected?</td>
<td>☐ yes ☐ No</td>
<td><img src="https://example.com/disease.png" alt="Image" /></td>
</tr>
<tr>
<td>82. Date sample collected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>83. Specify percent disease detected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>Bone marrow</td>
<td>☐ Yes ☐ No</td>
<td>![Image](<a href="https://example.com/bone">https://example.com/bone</a> marrow.png)</td>
</tr>
<tr>
<td>84. Date sample collected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>85. Was disease detected?</td>
<td>☐ yes ☐ No</td>
<td><img src="https://example.com/disease.png" alt="Image" /></td>
</tr>
<tr>
<td>86. Date sample collected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
<tr>
<td>87. Specify percent disease detected:</td>
<td>☐ x 10^6/L ☐ x 10^9/L</td>
<td><img src="https://example.com/datesample.png" alt="Image" /></td>
</tr>
</tbody>
</table>
88. Was extramedullary disease present?
☐ Yes
☐ No
☐ Unknown

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 - Go to First Name

96. Specify other site: ____________________________

First Name: ____________________________________

Last Name: ____________________________________

E-mail address: _________________________________

Date: __ __ __ __ / __ __ __ __