Acute Myelogenous Leukemia (AML) Pre-Infusion Data
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: _____ / _____ / _______.

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? _____ / _____ / _______.

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)
Report findings at diagnosis of AML, prior to any first treatment:

14. WBC:
   - Known
   - Unknown

15. ___ ___ ___ ___ ___ • ___ x 10^9/L (x 10^3/mm^3) □ x 10^6/L

16. Date sample collected: ___ ___ ___ / ___ ___ ___ YYY/MM/DD

17. Blasts in blood:
   - Known
   - Unknown

18. ___ ___ ___ %

19. Date sample collected: ___ ___ ___ / ___ ___ ___ YYY/MM/DD

20. Blasts in bone marrow:
   - Known
   - Unknown

21. ___ ___ ___ %

22. Date sample collected: ___ ___ ___ / ___ ___ ___ YYY/MM/DD

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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

      37. Date started: __ __ __ / __ / __

   38. Date therapy stopped:
      - Known
      - Unknown

      39. Date stopped: __ __ __ / __ / __

   40. Number of cycles:
      - Known
      - Unknown
      - Not applicable

      41. Number of cycles: ___ ___
### Radiation therapy

- **Yes**
- **No**

### Systemic therapy

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azacytidine (Vidaza)</td>
<td>Go to question 43</td>
</tr>
<tr>
<td>All-trans retinoic acid (Tretinoin)</td>
<td></td>
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<tr>
<td>Arsenic</td>
<td></td>
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<tr>
<td>Cladribine (2-CDA, Leustatin)</td>
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<tr>
<td>Clofarabine</td>
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<tr>
<td>Cytarabine (Ara-C) ≤ 10 g/m²/cycle</td>
<td></td>
</tr>
<tr>
<td>Cytarabine (Ara-C) &gt; 10 g/m²/cycle</td>
<td></td>
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<tr>
<td>Daunorubicin (Cerubidine)</td>
<td></td>
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<tr>
<td>Decitabine (Dacogen)</td>
<td>Go to question 44</td>
</tr>
<tr>
<td>Etoposide (VP-16, VePesid)</td>
<td></td>
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<tr>
<td>Fludarabine (Fludara)</td>
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<tr>
<td>Gemtuzumab (Mylotarg)</td>
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<tr>
<td>Idarubicin (Idamycin)</td>
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<tr>
<td>Midostaurin</td>
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<tr>
<td>Mitoxantrone (Novantrone)</td>
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<tr>
<td>Sorafenib</td>
<td>Go to question 45</td>
</tr>
<tr>
<td>Thioguanine (6-TG)</td>
<td></td>
</tr>
<tr>
<td>Other systemic therapy</td>
<td>Go to question 46</td>
</tr>
</tbody>
</table>

#### Specify months of therapy

- **Azacytidine (Vidaza)** ___ ___
- **Decitabine (Dacogen)** ___ ___
- **Sorafenib** ___ ___

#### Other systemic therapy

- **Other systemic therapy** _____________________

### Date therapy started/stopped

- **Known**
- **Unknown**

- **Date started:** ____/____/____
- **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: __  __  __  __ / __  __ / __  __

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: __  __  __  __ / __  __ / __  __

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: __________

Copy questions 33-68 if needed for multiple lines of therapy.
Laboratory Studies At Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

69. **WBC:**
   - ☐ Known
   - ☐ Unknown

72. **Blasts in blood:**
   - ☐ Known
   - ☐ Unknown

75. **Blasts in bone marrow:**
   - ☐ Known
   - ☐ Unknown

79. **Was flow cytometry performed?**
   - ☐ Yes
   - ☐ No
   - ☐ Unknown

70. ☐ x 10^9/L (x 10^6/mm^3) ☐ x 10^9/L

71. Date sample collected: __ __ __ __ / __ __ __ __

73. __ __ __ %

74. Date sample collected: __ __ __ __ / __ __ __ __

76. __ __ __ %

77. Date sample collected: __ __ __ __ / __ __ __ __

78. Specify method of assessment
   - ☐ Flow cytometry
   - ☐ Morphology

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 - Go to First Name

96. Specify other site: ________________________________

First Name: ______________________________________

Last Name: ______________________________________

E-mail address: __________________________________

Date: __ ___/ ___/ ___

YYYY  MM  DD