



Chronic Myelogenous Leukemia (CML) Pre-Infusion Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ / __ __ / __ __
 YYYY MM DD

HCT type: (check all that apply) Autologous Allogeneic, unrelated Allogeneic, related

Product type: (check all that apply) Bone marrow
 PBSC
 Single cord blood unit
 Multiple cord blood units
 Other product. Specify: _____

13. Was extramedullary disease present?

- Yes →
- No
- Unknown

Specify site(s) of disease:

- 14. Central nervous system Yes No
- 15. Granulocytic sarcoma Yes No
- 16. Other site
 - Yes → 17. Specify other site: _____
 - No

Laboratory Studies at Diagnosis

Report findings prior to any first treatment for CML:

18. WBC:

- Known →
- Unknown

19. _____ • _____ x 10⁹/L (x 10³/mm³) x 10⁶/L

20. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

21. Hemoglobin:

- Known →
- Unknown

22. _____ • _____ g/dL g/L mmol/L

23. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

24. Was RBC transfused ≤ 30 days before date of test? Yes No

25. Platelets:

- Known →
- Unknown

26. _____ x 10⁹/L (x 10³/mm³) x 10⁶/L

27. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

28. Were platelets transfused ≤ 7 days before date of test? Yes No

29. Eosinophils:

- Known →
- Unknown

30. _____ %

31. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

32. Basophils:

- Known →
- Unknown

33. _____ %

34. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

35. Blasts in blood:

- Known →
- Unknown

36. _____ %

37. Date sample collected: __ __ / __ __ / __ __
YYYY MM DD

56. Were tests for molecular markers performed (e.g. PCR)?

- Yes →
- No
- Unknown

57. Date sample collected: ___ / ___ / ___
YYYY MM DD

58. Was BCR / ABL detected?

- Yes →
- No

59. Specify BCR / ABL breakpoint

- p190
- p210
- p230
- Other breakpoint → 60. Specify other breakpoint: _____
- Unknown

61. Was BCR / ABL kinase domain mutation analysis performed?

- Yes →
- No
- Unknown
62. T315I
- Positive
- Negative
- Not done

63. WT
- Positive
- Negative
- Not done

64. L248V
- Positive
- Negative
- Not done

65. G250E
- Positive
- Negative
- Not done

66. Q252H
- Positive
- Negative
- Not done

67. Y253F
- Positive
- Negative
- Not done

68. E255K
- Positive
- Negative
- Not done

69. E255V
 Positive
 Negative
 Not done

70. D276G
 Positive
 Negative
 Not done

71. E279K
 Positive
 Negative
 Not done

72. V299L
 Positive
 Negative
 Not done

73. F317L
 Positive
 Negative
 Not done

74. M351T
 Positive
 Negative
 Not done

75. F359V
 Positive
 Negative
 Not done

76. L384M
 Positive
 Negative
 Not done

77. H396P
 Positive
 Negative
 Not done

78. H396R
 Positive
 Negative
 Not done

79. G398R
 Positive
 Negative
 Not done

80. F486S
 Positive
 Negative
 Not done

81. Other mutation
 Positive
 Negative
 Not done

82. Specify other mutation:

83. Was documentation submitted to the CIBMTR? (e.g. pathology report) Yes No

Pre-HCT or Pre-Infusion Therapy

84. Was therapy given?
 Yes → **Line of Therapy**
 No

85. Systemic therapy
 Yes →
 No

86. Date therapy started
 Known →
 Unknown

87. Date started: ___/___/___
 YYYY MM DD

88. Was therapy stopped?
 Yes →
 No

89. Date therapy stopped
 Known → 90. Date stopped:
 Unknown ___/___/___
 YYYY MM DD

91. Specify reason therapy stopped:
 Toxicity
 Not tolerable
 Lack of response
 Disease progression
 Other → 92. Specify other reason:
 Unknown _____

152. Was BCR/ABL level of detection reported on the standardized International Scale (IS)?

- Yes No

153. Were 2 consecutive tests performed? (quantitative and/or nested; of adequate quality [sensitivity >10⁴])

- Yes No

154. Specify BCR / ABL breakpoint

- p190
 p210
 p230
 Other breakpoint
 Unknown

155. Specify other breakpoint:

156. Was BCR / ABL kinase domain mutation analysis performed?

- Yes
 No
 Unknown

157. T315I

- Positive
 Negative
 Not done

158. WT

- Positive
 Negative
 Not done

159. L248V

- Positive
 Negative
 Not done

160. G250E

- Positive
 Negative
 Not done

161. Q252H

- Positive
- Negative
- Not done

162. Y253F

- Positive
- Negative
- Not done

163. E255K

- Positive
- Negative
- Not done

164. E255V

- Positive
- Negative
- Not done

165. D276G

- Positive
- Negative
- Not done

166. E279K

- Positive
- Negative
- Not done

167. V299L

- Positive
- Negative
- Not done

168. F317L

- Positive
- Negative
- Not done

169. M351T

- Positive
- Negative
- Not done

170. F359V

- Positive
- Negative
- Not done

171. L384M

- Positive
- Negative
- Not done

172. H396P

- Positive
- Negative
- Not done

173. H396R

- Positive
- Negative
- Not done

174. G398R

- Positive
- Negative
- Not done

175. F486S

- Positive
- Negative
- Not done

176. Other mutation

- Positive
- Negative
- Not done

177. Specify other mutation:

178. Was documentation submitted to the CIBMTR? (e.g. pathology report)

- Yes
- No

179. Specify the spleen size: _____ centimeters below left lower costal margin

180. Best response to line of therapy
- Complete hematologic response (CHR) - **Go to question 181**
 - Chronic phase - **Go to question 181**
 - Accelerated phase - **Go to question 183**
 - Blast phase - **Go to question 182**

181. Specify level of best response:
- No cytogenetic response (No CyR) - **Go to question 183**
 - Minimal cytogenetic response - **Go to question 183**
 - Minor cytogenetic response - **Go to question 183**
 - Partial cytogenetic response (PCyR) - **Go to question 183**
 - Complete cytogenetic response (CCyR) - **Go to question 183**
 - Major molecular remission (MMR) - **Go to question 183**
 - Complete molecular remission (CMR) - **Go to question 183**

182. Specify blast phase phenotype
- Lymphoid
 - Myeloid
 - Mixed phenotype
 - Unknown

183. Date assessed: ____/____/____
 YYYY MM DD

184. Did disease relapse/progress following this line of therapy?

- Yes →
- No

185. Date of relapse / progression: ____/____/____
 YYYY MM DD

Copy questions 85 - 185 if needed for multiple lines of therapy

Disease Assessment at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

186. Specify the spleen size: ____ centimeters below left lower costal margin

187. Was extramedullary disease present?

- Yes →
- No
- Unknown

Specify site(s) of disease:

- 188. Central nervous system Yes No
 - 189. Granulocytic sarcoma Yes No
 - 190. Other site
 - Yes →
 - No
191. Specify other site: _____

211. _____ % Ph+ metaphases (t(9;22) (q34;q11) and variants)

212. Other abnormality
 Yes → 213. Specify other
 No abnormality: _____

214. Was documentation submitted to the CIBMTR?
 Yes No

215. Were cytogenetics tested via FISH?

- Yes →
 No
 Unknown

216. Date sample collected: __ __ / __ __ / __ __
 YYYY MM DD

217. Results of test
 Abnormalities identified → **Specify cytogenetic abnormalities identified at last evaluation prior to preparative regimen / infusion:**
 No evaluable metaphases
 No abnormalities

218. _____ % Ph+ metaphases (t(9;22) (q34;q11) and variants)

219. Other abnormality
 Yes → 220. Specify other
 No abnormality: _____

221. Was documentation submitted to the CIBMTR?
 Yes No

222. Were tests for molecular markers performed (e.g. PCR)?

- Yes →
 No
 Unknown

223. Date sample collected: __ __ / __ __ / __ __
 YYYY MM DD

224. Was BCR / ABL detected:
 Yes
 No - **Go to question 227, then skip to question 252**

225. Specify level of detection:
 ≤ 0.1 %
 > 0.1 %
 ≥ 3-log reduction from standardized baseline
 < 3-log reduction from standardized baseline

226. Other abnormality Yes No

227. Were 2 consecutive tests performed? (quantitative and / or nested; of adequate quality [sensitivity >104])

Yes No

228. Specify BCR / ABL breakpoint

p190

p210

p230

Other breakpoint → 229. Specify other breakpoint: _____

Unknown

230. Was BCR / ABL kinase domain mutation analysis performed?

Yes →

No

Unknown

231. T315I

Positive

Negative

Not done

232. WT

Positive

Negative

Not done

233. L248V

Positive

Negative

Not done

234. G250E

Positive

Negative

Not done

235. Q252H

Positive

Negative

Not done

236. Y253F

Positive

Negative

Not done

237. E255K

Positive

Negative

Not done

238. E255V

- Positive
- Negative
- Not done

239. D276G

- Positive
- Negative
- Not done

240. E279K

- Positive
- Negative
- Not done

241. V299L

- Positive
- Negative
- Not done

242. F317L

- Positive
- Negative
- Not done

243. M351T

- Positive
- Negative
- Not done

244. F359V

- Positive
- Negative
- Not done

245. L384M

- Positive
- Negative
- Not done

246. H396P

- Positive
- Negative
- Not done

247. H396R

- Positive
- Negative
- Not done

	<p>248. G398R</p> <p><input type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Not done</p> <p>249. F486S</p> <p><input type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Not done</p> <p>250. Other mutation</p> <p><input type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Not done</p> <p style="text-align: right;">251. Specify other mutation: _____</p>
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252. Was documentation submitted to the CIBMTR? (e.g. pathology report) Yes No

Disease Status at the Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

253. What was the disease status?
- Complete hematologic response (CHR) - **Go to question 254**
 - Chronic phase - **Go to question 254**
 - Accelerated phase - **Go to question 256**
 - Blast phase - **Go to question 255**

<p>254. Specify level of response:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No cytogenetic response (No CyR) - Go to question 256 <input type="checkbox"/> Minimal cytogenetic response - Go to question 256 <input type="checkbox"/> Minor cytogenetic response - Go to question 256 <input type="checkbox"/> Partial cytogenetic response (PCyR) - Go to question 256 <input type="checkbox"/> Complete cytogenetic response (CCyR) - Go to question 256 <input type="checkbox"/> Major molecular remission (MMR) - Go to question 256 <input type="checkbox"/> Complete molecular remission (CMR) - Go to question 256 	<p>255. Specify blast phase phenotype</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lymphoid <input type="checkbox"/> Myeloid <input type="checkbox"/> Mixed phenotype <input type="checkbox"/> Unknown
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256. Date assessed: ___ / ___ / ___
 YYYY MM DD

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

First Name: _____

Last Name: _____

E-mail address: _____

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