



## Exagamglogene autotemcel (Casgevy®) Pre-Infusion Supplemental Data

### Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Event date: \_\_\_\_\_  
                    YYYY                    MM                    DD

**Exagamglogene autotemcel (Casgevy®)**

**Therapy for Iron Overload**

1. Date of last iron chelation therapy dose given pre-infusion
  - ☐ Known – **Go to question 2**
  - ☐ Unknown – **Go to question 3**
2. Date of last iron chelation therapy dose given pre-infusion: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  

YYYY      MM      DD
3. Has the recipient received phlebotomy for managing iron overload? *(in the 12 months prior to conditioning)*
  - ☐ Yes – **Go to question 4**
  - ☐ No – **Go to question 5**
4. Most recent date of phlebotomy for managing iron overload: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  

YYYY      MM      DD

**Splenic assessments**

5. Complete red blood cell count (RBC): *(most recent prior to collection of infusion product) (transfusion-dependent thalassemia only)*  
 \_\_\_\_\_ x 10<sup>3</sup>/ μL (x 10<sup>9</sup>/L) (x 10<sup>3</sup>/mm<sup>3</sup>)  
☐ x 10<sup>6</sup>/ μL (x 10<sup>12</sup>/L)
6. Date sample drawn: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  

YYYY      MM      DD
7. Did the recipient have splenomegaly? *(transfusion-dependent thalassemia only)*
  - ☐ Yes
  - ☐ No

**Acute Chest Syndrome**

8. Number of acute chest syndrome (ACS) episodes: *(in the 12 months prior to conditioning) (sickle cell disease only)* \_\_\_\_\_

**Pain**

9. Number of vaso-occlusive pain episodes: *(in the 12 months prior to conditioning) (sickle cell disease only)* \_\_\_\_\_

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10. Were narcotics / opioids administered? *(in the 12 months prior to conditioning) (sickle cell disease only)*
- ☐ Yes
- ☐ No
- ☐ Unknown
11. Were non-narcotic analgesics administered? *(in the 12 months prior to conditioning) (sickle cell disease only)*
- ☐ Yes
- ☐ No
- ☐ Unknown

### Central Nervous System

12. Was there a central nervous system (CNS) complication? *(transfusion-dependent thalassemia only)*
- ☐ Yes – **Go to question 13**
- ☐ No – **Go to question 14**
- ☐ Unknown – **Go to question 14**
13. Specify type of CNS complication *(check all that apply)*
- ☐ CNS hemorrhage
- ☐ Encephalopathy (non-infectious)
- ☐ Neuropathy
- ☐ Seizures
- ☐ Stroke / transient ischemic attack

### Other Symptoms

14. Number of priapism episodes: *(in the 12 months prior to conditioning) (sickle cell disease only)* \_\_\_\_
15. Specify vascular impairment / disorder *(transfusion-dependent thalassemia only) (check all that apply)*
- ☐ Deep vein thrombosis (DVT) *(excluding pulmonary embolism)*
- ☐ Pulmonary embolism (PE)
- ☐ None
16. Number of splenic sequestration events: *(in the 12 months prior to conditioning) (sickle cell disease only)* \_\_\_\_

### Other Laboratory Studies

17. Mean corpuscular volume (MCV): *(most recent prior to collection of infusion product) (sickle cell disease only)*
- \_\_\_\_ . \_\_\_\_ fL

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18. Indirect bilirubin: *(most recent prior to collection of infusion product)*

☐ Known – **Go to question 19**

☐ Unknown – **End of form**

19. Indirect bilirubin: \_\_\_\_\_ . \_\_\_\_\_ ☐ mg/dL

☐  $\mu\text{mol/L}$

DRAFT