



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 10³/ μL (x 10⁹/L) (x 10³/mm³)
 x 10⁶/ μL (x 10¹²/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)* _____

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

CIBMTR Center Number: _____

CIBMTR Research ID: _____

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

μ mol/L

DRAFT