



Exagamglogene autotemcel (Casgevy®) Post-Infusion Supplemental Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: _____
 YYYY MM DD

Visit

☐ 100 day

☐ 6 months

☐ 1 year

☐ 2 years

☐ >2 years, Specify: _____

CIBMTR Center Number: _____ CIBMTR Research ID: _____

Report all findings SINCE DATE OF LAST REPORT unless otherwise specified.

Exagamglogene autotemcel (Casgevy®)

1. Did the recipient experience any infection event?
☐ Yes
☐ No
☐ Unknown
2. Did the recipient experience a grade 3 or higher bleeding event?
☐ Yes – **Go to question 3**
☐ No – **Go to question 8**

Copy and complete questions 3 – 7 to report all bleeding events.

3. Specify the bleeding event
☐ Epistaxis – **Go to question 5**
☐ Hematuria – **Go to question 5**
☐ Intracranial hemorrhage – **Go to question 5**
☐ Lower GI hemorrhage or rectal bleeding – **Go to question 5**
☐ Menorrhagia – **Go to question 5**
☐ Upper GI hemorrhage – **Go to question 5**
☐ Other bleeding event – **Go to question 4**

4. Specify other bleeding event: _____

5. Date of bleeding event
☐ Known – **Go to question 6**
☐ Unknown – **Go to question 7**

6. Date of bleeding event: _____ - _____ - _____
YYYY MM DD

7. Was the recipient hospitalized (or in hospital) for this event?
☐ Yes
☐ No
☐ Unknown

Copy and complete questions 3 – 7 to report all bleeding events.

Hepatic Assessments

8. Did the recipient have hepatomegaly? (*sickle cell disease only*)

- ☐ Yes
☐ No

Splenic Assessments

9. Complete red blood cell count (RBC): (*transfusion-dependent thalassemia only*) _____

____ ☐ $\times 10^3/\mu\text{L}$ ($\times 10^9/\text{L}$) ($\times 10^3/\text{mm}^3$)

☐ $\times 10^6/\mu\text{L}$ ($\times 10^{12}/\text{L}$)

10. Date sample drawn: _____ - _____ - _____
 YYYY MM DD

11. Did the recipient have splenomegaly? (*sickle cell disease only*)

- ☐ Yes
☐ No

Pain

12. Were non-narcotic analgesics administered? (*sickle cell disease only*)

- ☐ Yes
☐ No
☐ Unknown

Other Symptoms

13. Did the recipient experience a hemoglobin level <8 g/dL lasting for more than three months? (*occurring after Day +100*)

- ☐ Yes
☐ No
☐ Previously reported
☐ Unknown

New non-malignant hematologic disorder

14. Did autoimmune hemolytic anemia develop or persist?

- ☐ Yes – **Go to question 15**
☐ No – **Go to question 18**

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☐ Unknown – **Go to question 18**

15. Was the date of onset previously reported?

☐ Yes– **Go to question 17**

☐ No– **Go to question 16**

16. Date of autoimmune hemolytic anemia onset: _____ - _____ - _____
YYYY MM DD

17. Status

☐ Ongoing

☐ Resolved

18. Did aplastic anemia develop or persist?

☐ Yes – **Go to question 19**

☐ No – **Go to question 22**

☐ Unknown – **Go to question 22**

19. Was the date of onset previously reported?

☐ Yes – **Go to question 21**

☐ No – **Go to question 20**

20. Date of aplastic anemia onset: _____ - _____ - _____
YYYY MM DD

21. Status

☐ Ongoing

☐ Resolved

22. Did immune thrombocytopenia develop or persist?

☐ Yes – **Go to question 23**

☐ No – **Go to question 26**

☐ Unknown – **Go to question 26**

23. Was the date of onset previously reported?

☐ Yes– **Go to question 25**

☐ No– **Go to question 24**

CIBMTR Center Number: _____ CIBMTR Research ID: _____

24. Date of immune thrombocytopenia onset: _____ - _____ - _____
YYYY MM DD

25. Status

☐ Ongoing

☐ Resolved

26. Did another new non-malignant hematologic disorder develop or persist?

☐ Yes – **Go to question 27**

☐ No – **Go to question 31**

☐ Unknown – **Go to question 31**

27. Specify other: _____

28. Was the date of onset previously reported?

☐ Yes – **Go to question 30**

☐ No – **Go to question 29**

29. Date of other new non-malignant hematologic onset: _____ - _____ - _____
YYYY DD MM

30. Status

☐ Ongoing

☐ Resolved

Solid tumor TNM classification

31. Did the recipient develop a solid tumor new malignancy? (*also complete Subsequent Neoplasms Form 3500*)

☐ Yes – **Go to question 32**

☐ No – **Go to End of Form**

32. Solid tumor – (T) tumor

☐ TX

☐ T0

☐ T1a

☐ T1b

☐ T2a

☐ T2b

☐ T3a

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- ☐ T3b
- ☐ T4a
- ☐ T4b
- ☐ Unknown

33. Solid tumor – (N) lymph node

- ☐ NX
- ☐ N0
- ☐ N1
- ☐ N1a
- ☐ N1b
- ☐ N1c
- ☐ N2
- ☐ N2a
- ☐ N2b
- ☐ N2c
- ☐ N3
- ☐ Unknown

34. Solid tumor – (M) metastasis

- ☐ M0
- ☐ M1
- ☐ M1a
- ☐ M1b
- ☐ M1c
- ☐ Unknown