2013: CLL Pre-Infusion

The Chronic Lymphocytic Leukemia Pre-Infusion Data Form is one of the Comprehensive Report Forms. This form captures CLL-specific pre-infusion data such as: disease assessment at diagnosis, laboratory studies at diagnosis, pre-infusion treatment for CLL, most recent disease assessment prior to the start of the preparative regimen, laboratory studies prior to the preparative regimen or cellular therapy, and disease status at the last assessment prior to the preparative regimen or cellular therapy.

This form must be completed for all recipients assigned to the CRF track whose disease, reported on Pre-TED Disease Classification Form (Form 2402), is chronic lymphocytic leukemia (CLL), B-cell/small lymphocytic leukemia (SLL), or prolymphocytic leukemia (PLL). Both Form 2013 (Chronic Lymphocytic Leukemia Pre-Infusion Data) and Form 2018 (Hodgkin and Non-Hodgkin Lymphoma Pre-Infusion Data), must be completed if the recipient had a Richter's transformation from CLL to diffuse large B-cell lymphoma prior to transplant or cellular therapy.

Subsequent Transplant

If this is a report of a second or subsequent transplant for the same disease subtype and **this baseline disease insert was not completed for the previous transplant** (e.g., patient was on TED track for the prior HCT, prior HCT was autologous with no consent, etc.), begin at question 1.

If this is a report of a second or subsequent transplant for a **different disease** (e.g., patient was previously transplanted for a disease other than CLL), begin the form at question 1.

If this is a report of a second or subsequent transplant for the **same disease and this baseline disease insert has previously been completed**, check the indicator box and continue with question 149.

Q1-21: Disease Assessment at Diagnosis
Q22-73: Laboratory Studies at Diagnosis
Q74-148: Pre-HCT or Pre-Infusion Therapy
Q149-191: Disease Assessment at Last Evaluation Prior to the Start of the Preparative Regimen
Q192-193: Disease Status at the Last Assessment Prior to the Preparative Regimen

Manual Updates:
Sections of the Forms Instruction Manual are frequently updated. The most recent updates to the manual can be found below. For additional information, select the manual section and review the updated text.

If you need to reference the historical Manual Change History for this form, please click here or reference the retired manual section on the Retired Forms Manuals webpage.

Date	Manual Section	Add/ Remove/ Modify	Description

2/28/2022	2013: CLL Pre-Infusion	Modify	Instructions updated for question 52 to clarify timepoint: *Flow cytometry (immunophenotyping) is a technique that can be performed on blood, bone marrow, or tissue preparations where cell surface markers can be detected on cellular material. If flow cytometry (immunophenotyping) was performed at the time of diagnosis or prior to the start of therapy, report "yes" and continue with question 53. If not, report "no" and skip questions 53-60.*
2/28/2022	2013: CLL Pre-Infusion	Modify	Instructions for question 40 updated to clarify timepoint: *Indicate the leukemic cell type as either B-cell or T-cell. Cell type can be determined using immunophenotyping techniques such as flow cytometry and ~~The cell type~~ may be determined at ~~any time after~~ diagnosis ~~and~~ prior to ~~HCT or cellular therapy~~ or prior to the initiation of therapy. If the leukemic cell type was not determined at diagnosis or prior to the start of therapy, ~~is unknown,~~ select "unknown" and continue with question 41.*
10/7/2020	2013: CLL Pre-Infusion	Add	Clarification added to question 74 to explain how to report lines of therapy for a subsequent infusion: ***Lines of Therapy and Subsequent Infusions*** *If this is a subsequent infusion and a 2013 was completed for the previous infusion, lines of therapy do not need to be reported in duplication on the subsequent 2013. Please report from post previous infusion to time of preparative regimen / infusion for the current infusion. If a 2013 was not previously completed, all lines of therapy from diagnosis to the current preparative regimen / infusion must be completed.*
2/24/17	Comprehensive Disease-Specific Manuals	Modify	Updated explanations of triggers for disease inserts to refer to the primary disease reported on the Pre-TED Disease Classification Form (Form 2402) instead of the Pre-TED Form (Form 2400)
12/12/2016	2013: CLL Pre-Infusion	Modify	Instructions for Revision 2 of the CLL Pre- and Post-HCT Forms were retired and instructions for Revision 3 of the CLL Pre- and Post-Infusion Forms were released.

Last modified: Feb 28, 2022

Q1-21: Disease Assessment at Diagnosis

Subsequent Infusion
If this is a report of a second or subsequent transplant or cellular therapy, check “yes” under the Subsequent Transplant or Cellular Therapy section of the form and continue with question 149.

Questions 1-2: What was the date of diagnosis of Chronic Lymphocytic Leukemia?

Report the date of the first pathologic diagnosis (e.g., bone marrow biopsy or flow cytometric analysis of the peripheral blood) of CLL, SLL, or PLL. Enter the date the sample was collected for examination. If the diagnosis was determined at an outside center and no documentation of a pathologic or laboratory assessment is available, the dictated date of diagnosis within a physician’s note may be reported. Do not report the date symptoms first appeared. The date of diagnosis is important because the interval between diagnosis and HCT or cellular therapy is often a significant indicator for the recipient’s prognosis post-infusion.

If the exact pathologic diagnosis date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

Indicate if documentation (e.g., pathology report) was submitted to the CIBMTR in question 2. For further instructions on how to attach documents in FormsNet3^{SM}, refer to the Training Guide.

Question 3: Did a histologic transformation occur at any time after CLL diagnosis?

Histologic transformation may occur after CLL diagnosis. Indicate if CLL transformed into another disease, such as diffuse large B-cell lymphoma (known as Richter’s transformation or Richter’s syndrome). If CLL transformed, report “yes” and continue with question 4. If CLL did not transform, report “no” and continue with question 8.

Question 4: Date of transformation:

Report the date of assessment that determined the disease transformation. Use the date of the pathologic evaluation (e.g., lymph node biopsy) and enter the date the sample was collected.

If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

Questions 5-7: Specify the disease classification after transformation:

Indicate if the new disease classification is diffuse large B-cell lymphoma (Richter syndrome) or other histology.

Richter’s Syndrome occurs when CLL transforms into diffuse large B-cell lymphoma. If the recipient

transforms to diffuse large cell lymphoma, report Non-Hodgkin Lymphoma (NHL) on question 357 of Form 2400 (Revision 4) as the primary disease for HCT. In addition to this form, Form 2018 (Hodgkin and Non-Hodgkin Lymphoma Pre-HCT Data) must be completed.

In rare cases, CLL may transform into another disease such as Hodgkin Lymphoma or a T-cell lymphoma. Evolution to a component of B-cell prolymphocytic leukemia (B-PLL) during the natural history of relapsed CLL/SLL is also common. If CLL transforms into another histology, specify using question 6.

Indicate whether documentation (pathology report) was submitted to the CIBMTR in question 7. For further instructions on how to attach documents in FormsNet3^{SM}, refer to the Training Guide.

Question 8-11: Autoimmune disorder(s) at diagnosis:

Autoimmune cytopenias appear in 5-10% of patients with CLL[1]. Treatment for these disorders may include corticosteroids or even splenectomy if unresponsive. Indicate whether any of the following autoimmune disorders were present at diagnosis:

> **Immune Hemolytic Anemia:** the destruction of red blood cells by the immune system. This disorder is typically diagnosed using a Direct Antiglobulin Test (DAT) also known as the Coombs Test. This assay will determine whether the body is producing antibodies which will target red blood cells.
>
> **Immune Thrombocytopenia:** the destruction of platelets by the immune system. This is typically a clinical diagnosis and platelet specific antibodies are not routinely ordered due to their low sensitivity and specificity. However, if platelet specific antibodies were tested for and found to be present this would support a diagnosis of immune thrombocytopenia. A clinical diagnosis should be confirmed if the provider notes are unclear.

If the recipient had an autoimmune disorder at diagnosis which is not listed above (e.g., pure red cell aplasia), report “other” and specify the other autoimmune disorder in question 11.

Questions 12-13: Rai stage (at diagnosis):

Using the criteria in Table 1 below, indicate the Rai stage at diagnosis. If the Rai stage at diagnosis is not clear from the available documentation, consult with a physician and have them document the stage. If the Rai stage at diagnosis is unknown, select “unknown” for question 12 and skip question 13.

Table 1. Rai Stage

Stage	Risk	Description
Stage 0	*Low Risk*	Lymphocytosis (> 15,000 × 10^9/L) in blood or bone marrow **only** without adenopathy, hepatosplenomegaly, anemia or thrombocytopenia
Stage I	*Intermediate Risk*	Lymphocytosis plus enlarged lymph nodes (lymphadenopathy) without hepatosplenomegaly, anemia, or thrombocytopenia

Stage II	*Intermediate Risk*	Lymphocytosis plus enlarged liver or spleen with or without lymphadenopathy
Stage III	*High Risk*	Lymphocytosis plus anemia (hemoglobin < 11 g/dL) with or without enlarged liver, spleen, or lymph nodes
Stage IV	*High Risk*	Lymphocytosis plus thrombocytopenia (platelet count < 100 × 10^9/L) with or without anemia or enlarged liver, spleen, or lymph nodes

Question 14-15: What was the Binet stage at diagnosis?

Using the criteria in Table 2 below, indicate the Binet stage at diagnosis. If the Binet stage at diagnosis is not clear from the available documentation, consult with a physician and have them document the stage. If the Binet stage at diagnosis is unknown, report “unknown” and skip question 15.

The Binet staging focuses on lymphoid bearing areas: axillary, cervical, inguino-femoral, liver, and spleen.

Table 2. Binet Stage

Stage	Description
Stage A	Two or fewer lymphoid bearing areas enlarged, without anemia thrombocytopenia
Stage B	Three or more lymphoid bearing areas enlarged, without anemia or thrombocytopenia
Stage C	Presence of anemia (hemoglobin < 10.0 g/dL) or thrombocytopenia (platelet count < 100 × 10^9/L or 100,000/µL)

Question 16: Were systemic symptoms (B symptoms) present?

Using the criteria below, indicate if the recipient had “B symptoms” (also known as systemic or constitutional symptoms) at the time of diagnosis. If the symptoms at diagnosis are not clear from the available documentation, consult with a physician and have them document the presence or absence of “B” symptoms. If the symptomology at diagnosis is unknown, select “unknown” for question 16 and continue with question 17.

Table 3. Systemic Symptoms

Symptoms	Description
A	None of the symptoms listed in B below
B	• Unexplained fever > 38° C (100.4° F); • Night sweats; or,

	• Unexplained weight loss of > 10% of body weight in six months before treatment

Question 17: Was extranodal disease present at diagnosis?

Extranodal disease involves sites other than the lymph nodes, spleen and thymus. Common areas of extranodal involvement include the bone marrow, central nervous system, liver, and lungs. Extranodal involvement is most often detected utilizing imaging techniques or pathologic findings.

If there was extranodal involvement at diagnosis, indicate “yes” and complete questions 18-21.

If there was no evidence of extranodal involvement, select “no” and skip questions 18-21.

Questions 18-21: Specify site(s) of extranodal involvement

Specify the site(s) of extranodal involvement. If “other site” is reported, specify any other sites of involvement in question 21.

[1] Hodgson K, Ferrer G, Pereira A, et al. Autoimmune cytopenia in chronic lymphocytic leukaemia: Diagnosis and treatment. Br J Haematol 2011;154:14–22.

Section Updates:

Question Number	Date of Change	Add/Remove/Modify	Description	Reasoning (If applicable)
.	.	.	.	.

Last modified: Dec 22, 2020

Q22-73: Laboratory Studies at Diagnosis

All values reported in questions 22-73 must reflect testing performed prior to any treatment of CLL/SLL/PLL. If testing was not performed near the time of diagnosis and prior to the initiation of treatment, the center should report unknown for that value. An exception is question 40, leukemia cell type, which may not be confirmed until after treatment is started. Centers should report the cell type if confirmed at any time prior to HCT or cellular therapy.

Question 22-23: WBC

Indicate whether the white blood count (WBC) in the peripheral blood is “known” or “unknown” at the time of diagnosis. If “known,” report the laboratory value and unit of measure documented on the laboratory report. If “unknown,” skip question 23 and continue with question 24.

Question 24-25: Hemoglobin (untransfused):

Indicate whether the hemoglobin is “known” or “unknown” at the time of diagnosis. If the recipient is receiving red blood cell (RBC) transfusions, ensure no RBC transfusions have been given within 30 days of the value reported. If “known,” report the laboratory value and unit of measure documented on the laboratory report. If “unknown,” skip question 25 and continue with question 26.

Report “unknown” if no testing was performed at least 30 days after any RBC transfusions were being given at the time of diagnosis.

Question 26-27: Platelets (untransfused):

Indicate whether the platelet count is “known” or “unknown” at the time of diagnosis. If the recipient is receiving platelet transfusions, ensure no platelet transfusions have been given within 7 days of the value reported. If “known,” report the laboratory value and unit of measure documented on the laboratory report. If “unknown,” skip question 27 and continue with question 28.

Report “unknown” if no testing was performed at least 7 days after any platelet transfusions being given at the time of diagnosis.

Question 28-29: Lymphocytes:

Indicate whether the percentage of lymphocytes is “known” or “unknown” at the time of diagnosis. If “known,” report the laboratory value documented on the laboratory report. If “unknown,” skip question 29 and continue with question 30.

Question 30-31: Prolymphocytes

Indicate whether the percentage of prolymphocytes in the peripheral blood is “known” or “unknown” at the time of diagnosis. If “known,” report the laboratory value documented on the laboratory report. If “unknown,” skip question 31 and continue with question 32.

Question 32-34: LDH:

Indicate whether the lactate dehydrogenase (LDH) value is “known” or “unknown” at the time of diagnosis. If “known,” report the laboratory value and unit of measure documented on the laboratory report. If “unknown,” skip question 33-34 and continue with question 35.

If known, indicate the upper limit of normal for LDH at the institution where testing was performed.

Question 35-37: Serum β2 microglobulin

Indicate whether the serum β_2 microglobulin is “known” or “unknown” at the time of diagnosis. If “known,” report the laboratory value and unit of measure documented on the laboratory report. If “unknown,” skip question 36-37 and continue with question 38.

If known, indicate the upper limit of normal for the serum β_2 at the institution where testing was performed.

Question 38-39: Lymphocytes in bone marrow:

Indicate whether the percentage of lymphocytes in the bone marrow is “known” or “unknown” at the time of diagnosis. If “known,” report the laboratory value documented on the laboratory report. If “unknown,” skip question 39 and continue with question 40.

Question 40: Leukemia cell type

Indicate the leukemic cell type as either B-cell or T-cell. Cell type can be determined using immunophenotyping techniques such as flow cytometry and may be determined at diagnosis or prior to the initiation of therapy. If the leukemic cell type was not determined at diagnosis or prior to the start of therapy, select “unknown” and continue with question 41.

Question 41-42: Were tests for molecular markers performed (e.g. PCR) at the time of diagnosis?

Molecular markers for disease refer to specific genetic sequences which are believed to be associated with the recipient’s primary disease. Testing for these sequences is often performed using PCR based methods; however, lower sensitivity testing, including FISH, may also be used to detect molecular markers. Once a marker has been identified, these methods can be repeated to detect minimal residual disease (MRD) in the recipient’s blood, marrow, or tissue.

If testing for molecular markers was performed at the time of CLL diagnosis, report “yes” and indicate the sample collection date in question 42. If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

If no molecular marker testing was performed or it is unknown if testing was done, report “no” or “unknown” respectively and skip questions 42-51.

Question 43-51: Specify results

For each molecular marker in questions 43-50, report whether testing was “positive,” “negative,” or “not

done." If tests identified a molecular marker other than those listed in questions 43-48, report the result in question 49 and specify the marker in question 50.

If multiple "other molecular markers" were tested at diagnosis, report "see attachment" in question 50 and attach the final reports for any other markers which were tested. In this scenario, report "positive" in question 49 if any of the "other molecular markers" were detected.

Indicate if documentation was submitted to the CIBMTR (e.g., pathology report) in question 51. For further instructions on how to attach documents in FormsNet3^{SM}, refer to the Training Guide.

Question 52: Was flow cytometry (immunophenotyping) performed at the time of diagnosis?

Flow cytometry (immunophenotyping) is a technique that can be performed on blood, bone marrow, or tissue preparations where cell surface markers can be detected on cellular material.

If flow cytometry (immunophenotyping) was performed at the time of diagnosis or prior to the start of therapy, report "yes" and continue with question 53. If not, report "no" and skip questions 53-60.

Question 53-60: Specify flow cytometry results performed at the time of diagnosis

For each cell surface marker in questions 53-60, report whether testing was "positive," "negative," or "not done." If flow cytometry was not performed for a given marker, report "not done."

Question 61: Were cytogenetics tested (karyotyping or FISH) at the time of diagnosis?

Cytogenetic analysis is the study of chromosomes. Cytogenetic assessment involves testing blood or bone marrow for the presence of a known chromosomal abnormality that reflects the recipient's disease. Testing methods you may see include conventional chromosome analysis (karyotyping) or fluorescence *in situ* hybridization (FISH). For more information about cytogenetic testing and terminology, see Appendix C.

Karyotyping is performed by culturing cells (growing cells under controlled conditions) until they reach the dividing phase. Techniques are then performed to visualize the chromosomes during cell division so that various bands and reconfigurations can be seen. Banding pattern differentiation and chromosomal reconfiguration demonstrate evidence of disease.

FISH is a sensitive technique that assesses a large number of cells. This technique uses special probes that recognize and bind to fragments of DNA commonly found in CLL. These probes are mixed with cells from the recipient's blood. A fluorescent "tag" is then used to visualize the binding of the probe to the diseased cells. FISH may be used as surveillance for changes associated with post-therapy malignancy.

If cytogenetic studies were obtained at diagnosis, report "yes" and continue with question 62.

If cytogenetic studies were attempted, but there were not adequate cells (metaphases), report "yes," and specify "no evaluable metaphases" in question 62; skip questions 63-73.

If no cytogenetic studies were obtained or it is unknown if chromosome studies were performed, report "no"

or “unknown” respectively in question 63 and skip questions 63-73.

Question 62: Results of test

Indicate if cytogenetic studies identified any clonal abnormalities (any karyotype other than 46XX or 46XY) at the time of diagnosis. For karyotype studies, a clonal abnormality is defined as an abnormality detected in two or more cells. For FISH studies, the level of detection should be above the upper limit of normal as specified in the report. If an upper limit is not specified and the FISH result indicates an abnormality was present, consult a physician to determine whether the abnormality ought to be reported.

If chromosomal abnormalities were detected, indicate “abnormalities identified,” continue with question 63.

If cytogenetic studies yielded “no evaluable metaphases” or there were “no abnormalities” identified, skip questions 63-73.

Questions 63-73: Specify results

For each cytogenetic abnormality, report whether testing was positive (yes) or negative (no). Refer to question 62 for further information on how to determine if a testing is positive or negative for a clonal abnormality. If an abnormality was detected, but cannot be reported in question 63-70, report “yes” for question 71 and specify any abnormalities detected and not already reported above in question 72.

For more information regarding cytogenetic terminology and nomenclature, see Appendix C.

Indicate whether documentation (cytogenetic or FISH report) was submitted to the CIBMTR in question 73. For further instructions on how to attach documents in FormsNet3^{SM}, refer to the Training Guide.

Section Updates:

Question Number	Date of Change	Add/ Remove/ Modify	Description	Reasoning (If applicable)
Q40	2/28/ 2022	Modify	Instructions updated to clarify timepoint: *Indicate the leukemic cell type as either B-cell or T-cell. Cell type can be determined using immunophenotyping techniques such as flow cytometry and ~~The cell type~~ may be determined at ~~any time after~~ diagnosis ~~and~~ prior to ~~HCT or cellular therapy~~ or prior to the initiation of therapy. If the leukemic cell type was not determined at diagnosis or prior to the start of therapy, ~~is unknown,~~ select “unknown” and continue with question 41.*	Updated to clarify timepoint.
Q52	2/28/ 2022	Modify	Instructions updated to clarify timepoint: *Flow cytometry (immunophenotyping) is a technique that can be performed on blood, bone marrow, or tissue preparations where cell surface markers can be detected on cellular material. If flow cytometry*	Updated to clarify timepoint.

			(immunophenotyping) was performed at the time of diagnosis or prior to the start of therapy, report "yes" and continue with question 53. If not, report "no" and skip questions 53-60.	

Last modified: Feb 28, 2022

Q74-148: Pre-HCT or Pre-Infusion Therapy

Richter's Transformation
If completing this form for a recipient whose disease has undergone Richter's transformation prior to HCT, only report therapy administered prior to transformation on the CLL Pre-Infusion Data Form. Any therapy given post-transformation will be reported on the Lymphoma Pre-Infusion Data Form and should not be duplicated on this form.

The FormsNet3^{SM} application allows questions 75-148 to be reported multiple times. Complete these questions for each line of therapy administered prior to the start of the preparative regimen (or prior to infusion if no preparative regimen was given). When submitting the paper version of the form for more than two lines of therapy, copy the "Pre-HCT or Pre-Infusion Therapy for Chronic Lymphocytic Leukemia" section and complete a "Line of Therapy" section for each line of therapy administered.

Lines of Therapy and Subsequent Infusions
If this is a subsequent infusion and a 2013 was completed for the previous infusion, lines of therapy do not need to be reported in duplication on the subsequent 2013. Please report from post previous infusion to time of preparative regimen / infusion for the current infusion. If a 2013 was not previously completed, all lines of therapy from diagnosis to the current preparative regimen / infusion must be completed.

A single line of therapy refers to any agents administered during the same time period with the same intent (induction, consolidation, etc.). If a recipient's disease status changes resulting in a change to treatment, a new line of therapy should be reported. Additionally, if therapy is changed because a favorable disease response was not achieved, a new line of therapy should be reported.

Question 74: Was therapy given between diagnosis and the start of the preparative regimen?

Indicate if the recipient received treatment for their primary disease between diagnosis and the start of the preparative regimen. If "yes," continue with question 75. If "no" or "unknown," skip questions 75-148.

Question 75: Systemic therapy

Systemic therapy is delivered via the blood stream and distributed throughout the body. Therapy may be injected into a vein or given orally. Common systemic therapies used to treat CLL include chemotherapy and monoclonal antibodies.

If systemic therapy was administered, report "yes" and continue with question 76. If not, report "no" and skip questions 76-108.

Question 76-77: Date therapy started

Indicate whether the therapy start date is "known" or "unknown." If the therapy start date is known, report

the date the recipient began this line of therapy in question 77. If the start date is partially known (e.g., the recipient started in mid-July 2010), use the process for reporting partial or unknown dates as described in the General Instructions, General Guidelines for Completing Forms.

Question 78-79: Date therapy stopped

Indicate if therapy stop date is “known” or “unknown.” If the therapy is being given in cycles, report the date the recipient started the last cycle for this line of therapy in question 79. Otherwise, report the final administration date for the therapy being reported. If the stop date is partially known, use the process for reporting partial or unknown dates as described in the General Instructions, General Guidelines for Completing Forms.

If the date therapy stopped is “unknown,” skip question 79.

Question 80-81: Number of cycles

Systemic therapy (e.g., chemotherapy, monoclonal Abs) is usually administered in cycles with rest periods in-between. This enables cancer cells to be attacked at vulnerable times and provides healthy cells adequate time to recover from the damage sustained during therapy. A cycle can last one or more days and can repeat weekly, bi-weekly, or monthly. A single systemic therapy course may consist of multiple cycles.

Indicate whether the number of cycles is “known” or “unknown.” If known, enter the number of cycles the recipient received in question 81. If “unknown,” continue with question 82.

If therapy is not being administered in cycles (e.g., daily chemotherapy), report “unknown” for question 80 and skip question 81.

Questions 82-107: Specify therapy given

Treatments vary based on protocol and in most cases are administered in the outpatient setting. A treatment may consist of a single drug or a combination of drugs. Additionally, the drugs may be administered on one day, over consecutive days, or continuously. For the line of therapy being reported, report “yes” for any drug administered. Report “no” for any drug(s) not given. Do not leave any responses blank. If the recipient received a systemic therapy which is not listed, report “yes” for “other treatment” and specify the treatment in question 107. Report the generic name of the agent, not the name brand.

Question 108: Was this line of therapy given for stem cell mobilization (priming)?

The release of stem cells from the bone marrow into the peripheral blood is called stem cell mobilization (priming). Chemotherapy agents (e.g., cyclophosphamide) may be used to stimulate the mobilization of these stem cells for future collections.

If this line of therapy was given for stem cell mobilization, report “yes.” If not, report “no.”

Question 109: Radiation therapy

Radiation therapy utilizes high-energy x-rays, gamma rays, electron beams, or proton beams to kill cancer cells. For CLL, radiation therapy may be used to kill cells that have invaded other tissues and lymph nodes. Radiation therapy may be given in conjunction with systemic chemotherapy or as a separate line of therapy.

If radiation therapy was given during or adjacent to administration of systemic therapy, report them together as single line of therapy on the form (i.e., one copy of questions 75-148). Otherwise, capture the radiation treatment as a separate line of therapy.

If the recipient received radiation therapy between the time of diagnosis and the start of the preparative regimen, report “yes” and continue with question 110. If not, report “no” and skip questions 110-116.

Question 110-111: Date therapy started

Indicate whether the start date for radiation therapy is “known” or “unknown.” If known, enter the date radiation therapy began in question 111. If the start date is partially known (e.g., the recipient started in mid-July 2010), use the process for reporting partial or unknown dates as described in the General Instructions, General Guidelines for Completing Forms.

Questions 112-113: Date therapy stopped

Indicate if the stop date for radiation therapy is “known” or “unknown.” If known, enter the final date radiation was administered in question 113. If the stop date is partially known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

Question 114-116: Specify site(s) of radiation therapy

Report all sites of radiation therapy administered between the start and stop dates reported in questions 110-113. If “yes” is reported for “Other site,” specify all other sites in question 116.

Question 117: Surgery

If surgery was performed during or adjacent to administration of systemic therapy or a period of radiation therapy report them together as single line of therapy on the form (i.e., one copy of questions 75-148). Otherwise, capture the surgery as a separate line of therapy.

If the recipient underwent surgical treatment for their primary disease, report “yes,” continue with question 118. If not, report “no” and skip questions 118-121.

Question 118: Date of surgery

Enter the date the surgery occurred. If the date of surgery is partially known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

Question 119-121: Specify surgery

Report all sites of surgery performed on the date reported in question 118. If “yes” is reported for “Other site,” specify all other sites in question 121.

Question 122: Best response to line of therapy

Nodular Partial Response
Nodular partial response (nPR) is a listed disease status option on the Pre-TED Form (Form 2400 Revision 4), but not on the CLL Pre- and Post-Infusion Data Forms (Form 2013 and 2113). If the disease status meets the criteria for nPR, report the disease status as partial response (PR) on Forms 2013 (Revision 3) and 2113 (Revision 3).

Indicate the best response to the line of therapy using the international working group criteria provided in CLL Response Criteria section of the Forms Instructions Manual. The best response is determined by a disease assessment, such as hematologic testing, pathology study, and/or physician assessment.

If the best response to the line of therapy was not evaluated, report “not assessed (NA)” and skip question 123-148.

If the best response to the line of therapy is unknown, report “unknown” and skip question 123-148.

Question 123: Date best response established

Report the date the best response to the line therapy was established. This should be the earliest date all international working group criteria were met for the response reported in question 122. Enter the date the sample was collected for pathologic evaluation (e.g., bone marrow biopsy) or blood/serum assessment (e.g., CBC, peripheral blood smear). If no pathologic, radiographic, or laboratory assessment was performed to establish the best response to the line of therapy, report the office visit in which the physician clinically evaluated the recipient’s response.

If the best response was achieved prior to starting the line of therapy being reported, indicate the date of the first assessment which was performed after initiating the current line of therapy and confirms the sustained response.

If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

Question 124-125: Were tests for molecular markers performed (e.g. PCR)?

Indicate whether testing for molecular markers was performed between the time the best response was achieved and starting a new line of therapy or the preparative regimen. If multiple tests were performed during this time period, report the testing performed closest to the date of best response (question 123). For further instructions on reporting testing for molecular markers, refer to questions 41-42.

If testing for molecular markers was done during this time period, report “yes” and indicate the sample collection date in question 125. If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

If testing for molecular markers was not during this time period, report “no” and skip questions 126-133.

Question 126-133: Specify results

For each molecular marker in questions 126-132, report whether testing was “positive,” “negative,” or “not done.” If tests identified a molecular marker other than those listed in questions 126-131, report the result in question 132 and specify the marker in question 133.

If multiple “other molecular markers” were tested at the time of best response, report “see attachment” in question 133 and attach the final reports for any other markers which were tested. For further instructions on how to attach documents in FormsNet3^{SM}, refer to the Training Guide. In this scenario, report “positive” in question 132 if any of the “other molecular markers” were detected.

Question 134-135: Was the disease status assessed via flow cytometry (minimum 4-color flow) (immunophenotyping)?

Indicate whether flow cytometry (immunophenotyping) was performed between the time the best response was achieved and starting a new line of therapy or the preparative regimen. If multiple tests were performed during this time period, report the testing performed closest to the date of best response (question 123).

If flow cytometry was done during this time period, report “yes” and indicate the sample collection date in question 135. If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

If flow cytometry was not during this time period, report “no” and skip questions 135-136.

Question 136: Was disease detected?

Indicate whether disease was detected by flow cytometry. If the findings are unclear, consult with a physician and have them document whether evidence of disease is present.

Question 137: Was the disease status assessed via cytogenetic testing (karyotyping or FISH)?

Indicate whether karyotyping or FISH assessments were performed between the time the best response was achieved and starting a new line of therapy or the preparative regimen. If multiple tests were performed during this time period, report the testing performed closest to the date of best response (question 123).

If karyotyping or FISH assessments were done during this time period, report “yes” and continue with question 138. If not, report “no” and skip questions 138-143.

Question 138-139: Was the disease status assessed via FISH?

Indicate whether FISH testing was performed between the time the best response was achieved and starting a new line of therapy or the preparative regimen. If multiple tests were performed during this time period, report the testing performed closest to the date of best response (question 123).

If FISH testing was done during this time period, report “yes” and indicate the sample collection date in question 139. If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

If FISH testing was not done during this time period, report “no” and skip questions 139-140. Examples of this include: no FISH study performed or FISH sample was inadequate.

Question 140: Was disease detected?

Indicate whether disease was detected by FISH. If the findings are unclear, consult with a physician and have them document whether evidence of disease is present.

Question 141-142: Was the disease status assessed via conventional cytogenetics (karyotyping)?

Indicate whether karyotyping was performed between the time the best response was achieved and starting a new line of therapy or the preparative regimen. If multiple tests were performed during this time period, report the testing performed closest to the date of best response (question 123).

If karyotyping was done during this time period, report “yes” and indicate the sample collection date in question 142. If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

If karyotyping was not done during this time period, report “no” and skip questions 135-136. Examples of this include: no conventional cytogenetics performed or conventional cytogenetic culture failed.

Question 143: Was disease detected?

Indicate if disease was detected by karyotyping. If the findings are unclear, consult with a physician and have them document whether evidence of disease is present.

Question 144-145: Was the disease status assessed by clinical/hematologic assessment?

Clinical and hematologic assessments are the least sensitive methods of establishing a patient’s disease status. Examples include: pathologic evaluation (e.g., bone marrow biopsy), radiographic examination (e.g., X-ray, CT scan, MRI scan, PET scan), and laboratory assessment (e.g., CBC, peripheral blood smear), in addition to clinician evaluation and physical examination.

Indicate whether clinical and/or hematologic assessments were performed between the time the best response was achieved and starting a new line of therapy or the preparative regimen. If “yes,” report the date of assessment in question 145. The date reported should be that of the most-disease specific assessment performed at the time of best response (question 123). When determining the most disease-

specific assessment, only consider studies which have previously shown or currently show evidence of disease. If all assessments are negative, report the date of the most sensitive test performed (e.g., report a bone marrow biopsy rather than a CBC) within the appropriate time period. If assessments are positive for disease, report the first assessment confirming the best response (question 122). If the exact date is not known, use the process for reporting partial or unknown dates as described in the General Instructions, General Guidelines for Completing Forms.

If no clinical and/or hematologic assessments were performed during this time period, report “no” and skip questions 145-146. This option should rarely be reported given the inclusion of physician assessments.

Question 146: Was disease detected?

Indicate if disease was detected by clinical/hematologic assessment. If the findings are unclear, consult with a physician and have them document whether evidence of disease is present.

Question 147: Did disease relapse/progress following this line of therapy?

Refer to the international working group criteria provided in CLL Response Criteria section of the Forms Instructions Manual for more information on how to determine recurrence or progression of disease. Report “yes” if the recipient met the criteria for relapse or progression after starting this line of therapy and prior to starting a subsequent line of therapy.

Report “no” if the recipient never relapsed or progressed following this line of therapy. Also, report “no” if the recipient relapsed or progressed *after* beginning a subsequent line of therapy. This episode of relapse / progression will be captured in the instance (i.e., copy) of questions 75-148 completed for the subsequent line of therapy.

If this is the last line of therapy administered prior to HCT, only report “yes” if relapse or progression occurred prior to infusion. Relapse or progression occurring after the infusion date will be reported on the CLL Post-HCT Data Form (Form 2113).

Question 148: Date of relapse/progression

Enter the assessment date that relapse or progression was established following initiation of this line of therapy. Report the date of the pathologic evaluation (e.g., bone marrow) or blood/serum assessment (e.g., CBC, peripheral blood smear). Enter the date the sample was collected for pathologic and laboratory evaluations. If extranodal disease is detected upon radiographic examination (e.g., X-rays, CT scans, MRI scans, PET scans), enter the date the imaging took place. If the physician determines evidence of relapse following a clinical assessment during an office visit, report the date of assessment.

If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

Section Updates:

Question Number	Date of Change	Add/Remove/Modify	Description	Reasoning (If applicable)
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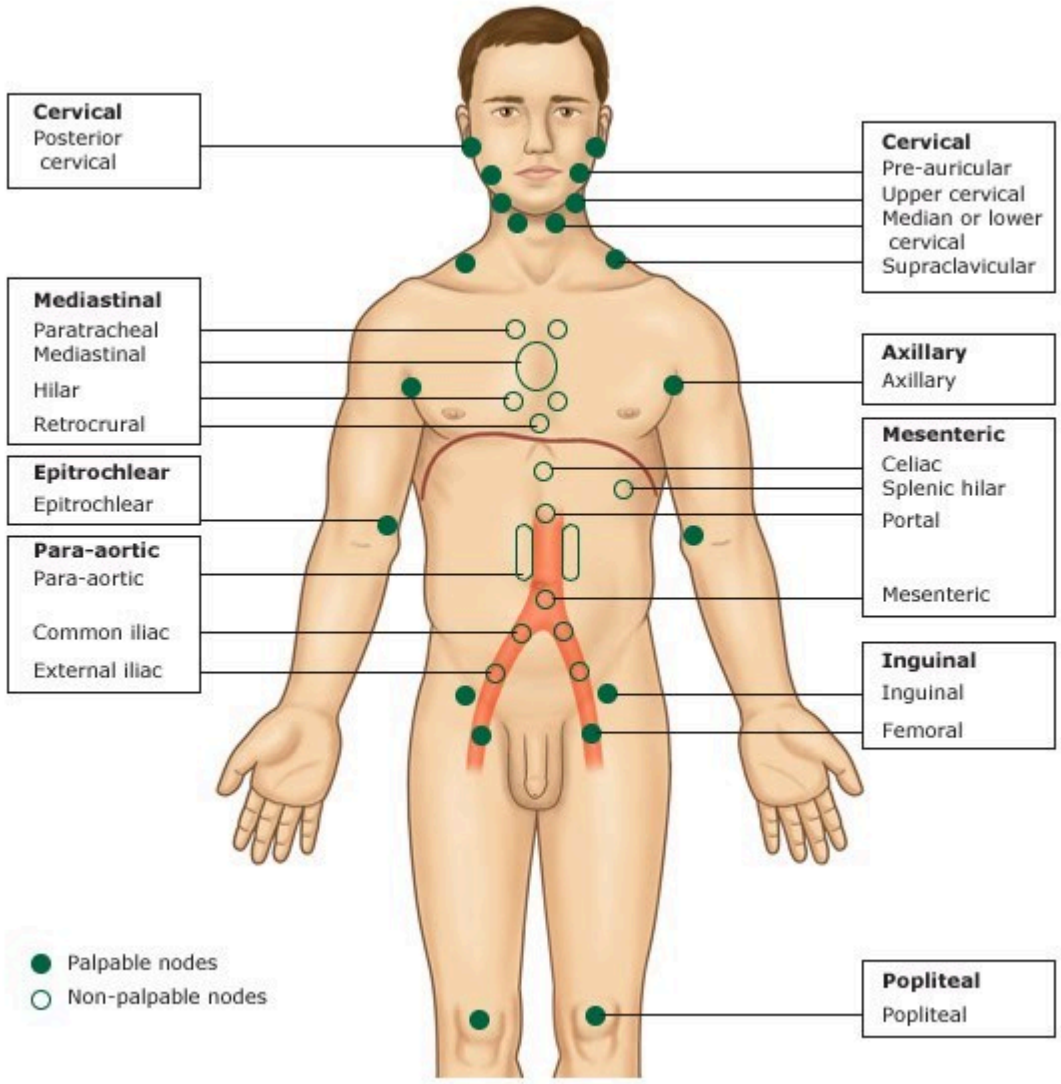
Last modified: Dec 22, 2020

Q149-191: Disease Assessment at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

Question 149: Did the recipient have known nodal involvement?

Refer to Graphic 1 for identification of nodal areas. Nodal involvement may be assessed by a physician palpating lymph nodes, pathology from a lymph node biopsy, or radiological assessment (e.g., PET or CT imaging). If evidence of nodal involvement is indicated prior to the start of the preparative regimen/infusion, report “yes,” and continue with Question 150. If not, report “no,” and skip question 150.

Graphic 1. Nodal Regions[1]



[1] “Lymphadenopathy.” Web log post. *Horses and Zebras*. Morning Report at Toronto General Hospital, 20 July 2010. Web. 2 May 2012. http://morningreporttgh.blogspot.com/2010/07/lymphadenopathy.html

Question 150: Specify the size of the largest nodal mass

Report the size (measured in centimeters) of the largest known nodal mass. If the size of the largest nodal mass cannot be determined, leave question 150 blank and override the validation error using the code "Unknown."

Question 151: Was extranodal disease present?

If extranodal involvement was identified at the last evaluation prior to the start of the preparative regimen, indicate "yes" and continue with question 152. If not, report "no" and skip questions 152-155.

For further information on reporting extranodal disease, refer to question 17.

Question 152-155: Specify the site(s) of extranodal involvement

For questions 152-154, indicate whether extranodal involvement was identified for each site. Do not leave any question unanswered. If there was extranodal involvement at a site other than those listed in questions 152-153, report "yes" for question 154 and specify all other sites of involvement in question 155.

Questions 156-157: Prolymphocytes

Indicate whether the percentage of prolymphocytes in the peripheral blood is "known" or "unknown" prior to the start of the preparative regimen (or prior to infusion if no preparative regimen given). If "known," report the laboratory value documented on the laboratory report. If "unknown," skip question 157 and continue with question 158.

Question 158-160 Serum β2 microglobulin?

Indicate whether the β2 microglobulin is "known" or "not known" prior to the start of the preparative regimen (or prior to infusion if no preparative regimen given). If "known," report the laboratory value and unit of measure documented on the laboratory report. If "unknown," skip questions 159-160.

If known, indicate the upper limit of normal for the serum β2 at the institution where testing was performed.

Indicate the upper limit of normal for β2 microglobulin at the institution where testing was performed.

Questions 161-162: Lymphocytes in bone marrow

Indicate whether the percentage of lymphocytes in the bone marrow is "known" or "not known" prior to the start of the preparative regimen (or prior to infusion if no preparative regimen given). If "known," report the laboratory value documented on the laboratory report. If "unknown," skip question 162 and continue with question 163.

Question 163-164: Were tests for molecular markers performed (e.g. PCR)?

Indicate whether molecular testing was done prior to the start of the preparative regimen (or prior to infusion if no preparative regimen given). For further instructions on reporting testing for molecular markers, refer to

question 41-42.

If molecular testing was done, report “yes” and indicate the sample collection date in question 164. If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

If no molecular testing was performed or it is unknown if testing was done, report “no” or “unknown” respectively and skip questions 165-173.

Questions 165-173: Specify results

For each molecular marker in questions 165-172, report whether testing was “positive,” “negative,” or “not done.” If tests identified a molecular marker other than those listed in questions 165-170, report the result in question 171 and specify the marker in question 172.

If multiple “other molecular markers” were tested at the time of best response, report “see attachment” in question 172 and attach the final reports for any other markers which were tested. In this scenario, report “positive” in question 171 if any of the “other molecular markers” were detected.

Indicate if documentation was submitted to the CIBMTR (e.g., pathology report) in question 173. For further instructions on how to attach documents in FormsNet3^{SM}, refer to the Training Guide.

Question 174-175: Was disease assessed via flow cytometry (4-minimum color) (immunophenotyping)?

Indicate whether flow cytometry (immunophenotyping) was performed prior to the start of the preparative regimen (or prior to infusion if no preparative regimen given). If “yes,” report the sample collection date in question 175. If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

If flow cytometry was not performed during this time period, report “no” and skip question 176.

Question 176: Was disease detected?

Indicate if disease was detected by flow cytometry. If the findings are unclear, consult with a physician and have them document whether evidence of disease is present.

Question 177: Were cytogenetics tested (karyotyping of FISH)?

Indicate if karyotyping or FISH studies were obtained prior to the start of the preparative regimen (or prior to infusion if no preparative regimen given). For further information on reporting karyotyping and FISH assessments, refer to questions 61-62.

If “yes,” continue with question 178. If “no,” skip questions 178-188.

Question 178: Results of tests

If chromosomal abnormalities were detected, indicate “abnormalities identified,” and continue with question 179. If cytogenetic studies yielded “no evaluable metaphases” or there were “no abnormalities” identified, continue with question 189 and leave questions 179-188 blank.

Questions 179-188: Specify results

For each cytogenetic abnormality, report whether testing was positive (yes) or negative (no). Refer to question 62 for further information on how to determine if a testing is positive or negative for a clonal abnormality. If an abnormality was detected, but cannot be reported in question 179-186, report “yes” for question 187 and specify any abnormalities detected and not already reported above in question 188.

Question 189-190: Was the disease assessed by clinical/hematologic assessment?

Clinical and hematologic assessments are the least sensitive methods of establish a patient’s disease status. Examples of those include: pathologic evaluation (e.g., bone marrow biopsy), radiographic examination (e.g., X-ray, CT scan, MRI scan, PET scan), and laboratory assessment (e.g., CBC, peripheral blood smear), in addition to clinician evaluation and physical examination.

If clinical and/or hematologic assessment were performed at the time of disease assessment prior to the start of the preparative regimen (or prior to infusion if no preparative regimen given), report “yes” and report the date of assessment in question 90. For further information on reporting the date of clinical/hematologic assessment, refer to questions 144-145.

If no clinical and/or hematologic assessments were performed at the time of disease assessment prior to the start of the preparative regimen (or prior to infusion if no preparative regimen given), report “no” and skip question 191.

Question 191: Was disease detected?

Indicate if disease was detected by clinical/hematologic assessment. If the findings are unclear, consult with a physician and have them document whether evidence of disease is present.

Section Updates:

Question Number	Date of Change	Add/Remove/Modify	Description	Reasoning (If applicable)
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Last modified: Dec 22, 2020

Q192-193: Disease Status at the Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

Question 192: What was the disease status at the last evaluation prior to the start of the preparative regimen?

Nodular Partial Response
Nodular partial response (nPR) is a listed disease status option on the Pre-TED Form (Form 2400), but not on the CLL Pre- and Post-HCT Data Forms (Form 2013 and 2113). If the disease status meets the criteria for nPR, report the disease status as partial response (PR) on Forms 2013 and 2113.

Indicate the disease status using the international working group criteria provided in CLL Response Criteria section of the Forms Instructions Manual. The pre-HCT disease status is determined by a disease assessment, such as hematologic testing, pathology study, and/or physician assessment.

If no chemotherapy was given within 6 months of the start of the preparative regimen, report “Untreated.”

If the best response to the line of therapy was not evaluated, report “not assessed (NA)” and skip question 193.

If the best response to the line of therapy is unknown, report “unknown” and skip question 193.

Question 193: Date of the most recent assessment for disease status prior to the preparative regimen

Enter the date of the most recent assessment of disease status prior to the start of the preparative regimen. Report the date of the pathologic evaluation (e.g., bone marrow biopsy), radiographic examination (e.g., X-rays, CT scans, MRI scans, PET scans), or blood/serum assessment (e.g., CBC, peripheral blood smear). Enter the date the sample was collected for pathologic and laboratory evaluations; enter the date the imaging took place for radiographic assessments. If no pathologic, radiographic, or laboratory assessment was performed within the pre-transplant work-up time period, report the most recent office visit in which the physician assessed the recipient’s disease status.

If the exact date is not known, use the process described for reporting partial or unknown dates in General Instructions, General Guidelines for Completing Forms.

Section Updates:

Question Number	Date of Change	Add/Remove/Modify	Description	Reasoning (If applicable)
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Last modified: Dec 22, 2020