|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pre -HSCT** | | | | | | | | | | | | | | | | | | |
| **No** | | | | | **Question** | | | **CIBMTR** | | | | **EBMT** | | | **CVR** | | **Accept/ Reject** | |
| **Center Identification** | | | | | | | | | | | | | | | | | | |
| 1 | | | | | Hospital | | |  | | | | ✔ | | | 1 | | Accept | |
| 2 | | | | | Unit | | |  | | | | ✔ | | | 1 | | Accept | |
| 3 | | | | | Contact person | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 4 | | | | | Contact person -Email | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 5 | | | | | country | | | ✔ | | | |  | | | 1 | | Accept | |
| 6 | | | | | Center code | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| **General Recipient Information** | | | | | | | | | | | | | | | | | | |
| 7 | | | | | Date of this report | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 8 | | | | | Unique patient Number (National code) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 9 | | | | | First Name | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 10 | | | | | Last Name | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 11 | | | | | Father’s name | | |  | | | |  | | | 1 | | Accept | |
| 12 | | | | | Date of Birth | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 13 | | | | | Sex (at birth) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 14 | | | | | Insurance type | | |  | | | |  | | | 1 | | Accept | |
| 15 | | | | | Insurance Number | | |  | | | |  | | | 1 | | Accept | |
| 16 | | | | | Medical Record Number | | |  | | | |  | | | 0.6 | | Reject | |
| 17 | | | | | Registry patient number | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 18 | | | | | Ethnicity | | | ✔ | | | |  | | | 1 | | Accept | |
| 19 | | | | | Race | | | ✔ | | | |  | | | 1 | | Accept | |
| 20 | | | | | Country of residence | | | ✔ | | | |  | | | 1 | | Accept | |
| 21 | | | | | Phone number – Home / Work | | | ✔ | | | |  | | | 1 | | Accept | |
| 22 | | | | | Phone number – Cell phone | | | ✔ | | | |  | | | 1 | | Accept | |
| 23 | | | | | Email | | |  | | | |  | | | 1 | | Accept | |
| 24 | | | | | Residence address | | | ✔ | | | |  | | | 1 | | Accept | |
| 25 | | | | | Postal code/Zip code | | | ✔ | | | |  | | | 1 | | Accept | |
| 26 | | | | | Blood type (for allogeneic HCTs only) | | | ✔ | | | |  | | | 1 | | Accept | |
| 27 | | | | | Rh factor (for allogeneic HCTs only) | | | ✔ | | | |  | | | 1 | | Accept | |
| 28 | | | | | Is the recipient participating in a clinical trial? If yes, specify the name of study/trial | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 29 | | | | | Is a subsequent HCT planned as part of the overall treatment protocol or planned multiple (sequential) graft protocol? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| **Pre- transplantation** | | | | | | | | | | | | | | | | | | |
| 30 | | | | | First transplant for this patient? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 31 | | | | | number of prior HSCTs | | | ✔ | | | |  | | | 1 | | Accept | |
| 32 | | | | | type of prior HSCT | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 33 | | | | | date of prior HSCT | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 34 | | | | | Was the prior HCT performed at a different institution? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 35 | | | | | Has patient or partner become pregnant after prior transplant? If yes, go to next question | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 36 | | | | | Did the pregnancy result in a live birth? | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 37 | | | | | Was the patient or partner pregnant at any time in this reporting period? | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 38 | | | | | Reason: Graft failure/insufficient hematopoietic recovery | | | ✔ | | | |  | | | 1 | | Accept | |
| 39 | | | | | Reason: Persistent primary disease | | | ✔ | | | |  | | | 1 | | Accept | |
| 40 | | | | | Reason: Recurrent primary disease | | | ✔ | | | |  | | | 1 | | Accept | |
| 41 | | | | | Reason: Planned subsequent HCT, per protocol | | | ✔ | | | |  | | | 1 | | Accept | |
| 42 | | | | | Reason: New malignancy (including PTLD and EBV lymphoma) | | | ✔ | | | |  | | | 1 | | Accept | |
| 43 | | | | | Reason: Insufficient chimerism | | | ✔ | | | |  | | | 1 | | Accept | |
| 44 | | | | | Reason: Other | | | ✔ | | | |  | | | 1 | | Accept | |
| 45 | | | | | Date of Graft failure/rejection | | | ✔ | | | |  | | | 1 | | Accept | |
| 46 | | | | | Date of relapse | | | ✔ | | | |  | | | 1 | | Accept | |
| 47 | | | | | Date of secondary malignancy | | | ✔ | | | |  | | | 1 | | Accept | |
| 48 | | | | | Specify other reason | | | ✔ | | | |  | | | 1 | | Accept | |
| 49 | | | | | Has the recipient ever had a prior cellular therapy? | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 50 | | | | | Date of the prior cellular therapy | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 51 | | | | | Source for the prior cellular therapy | | | ✔ | | | |  | | | 0.6 | | Reject | |
| **Donor Information** | | | | | | | | | | | | | | | | | | |
| 52 | | | | | Multiple donors? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 53 | | | | | Specify number of multiple donors | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| Specify donor type for the product | | | | | | | | | | | | | | | | | | |
| 54 | | | | | Product donor type: Autologous | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 55 | | | | | Product donor type: Allogeneic, unrelated | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 56 | | | | | Product donor type: Allogeneic, related | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| Specify product type | | | | | | | | | | | | | | | | | | |
| 57 | | | | | Product type: Bone marrow | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 58 | | | | | Product type: PBSC | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 59 | | | | | Product type: Single cord blood unit | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 60 | | | | | Product type: Other product (go to question 61) | | | ✔ | | | | ✔ | | | -1 | | Reject | |
| 61 | | | | | Specify other product | | | ✔ | | | | ✔ | | | -1 | | Reject | |
| 62 | | | | | Was the product manipulated prior to infusion? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 63 | | | | | Is the product genetically modified? | | | ✔ | | | | ✔ | | | 0.2 | | Reject | |
| Specify the HLA match type | | | | | | | | | | | | | | | | | | |
| 64 | | | | | HLA match type: Syngeneic (monozygotic twin) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 65 | | | | | HLA match type: HLA-identical sibling (may include non-monozygotic twin) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 66 | | | | | HLA match type: HLA-matched other relative | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 67 | | | | | HLA match type: HLA-mismatched relative | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 68 | | | | | HLA match type: Unrelated donor | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 69 | | | | | Degree of mismatch: 1 HLA locus mismatch | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 70 | | | | | Degree of mismatch: >=2 HLA loci mismatch | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 71 | | | | | Specify the biological relationship of the donor to the recipient | | | ✔ | | | |  | | | 1 | | Accept | |
| Specify HLA mismatches between donor and patient (0=match; 1=one mismatch;2=2 mismatches; N/E=not  evaluated) | | | | | | | | | | | | | | | | | | |
| 72 | | | | | Antigenic HLA-A | | |  | | | | ✔ | | | 1 | | Accept | |
| 73 | | | | | Antigenic HLA-B | | |  | | | | ✔ | | | 1 | | Accept | |
| 74 | | | | | Antigenic HLA-C | | |  | | | | ✔ | | | 1 | | Accept | |
| 75 | | | | | Antigenic HLA-DRB1 | | |  | | | | ✔ | | | 1 | | Accept | |
| 76 | | | | | Antigenic HLA-DQB1 | | |  | | | | ✔ | | | 1 | | Accept | |
| 77 | | | | | Antigenic HLA-DPB1 | | |  | | | | ✔ | | | 1 | | Accept | |
| 78 | | | | | Allelic HLA-A | | |  | | | | ✔ | | | 1 | | Accept | |
| 79 | | | | | Allelic HLA-B | | |  | | | | ✔ | | | 1 | | Accept | |
| 80 | | | | | Allelic HLA-C | | |  | | | | ✔ | | | 1 | | Accept | |
| 81 | | | | | Allelic HLA-DRB1 | | |  | | | | ✔ | | | 1 | | Accept | |
| 82 | | | | | Allelic HLA-DQB1 | | |  | | | | ✔ | | | 1 | | Accept | |
| 83 | | | | | Allelic HLA- DPB1 | | |  | | | | ✔ | | | 1 | | Accept | |
| 84 | | | | | Was this donor used for any prior HCTs? (for this recipient) | | | ✔ | | | |  | | | 1 | | Accept | |
| 85 | | | | | Code of Donor Registry/ CB Bank | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 86 | | | | | Specify the donor code type (ION, BMDW, NMDP) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 87 | | | | | Name of Donor Registry/ CB Bank | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 88 | | | | | Donor ID (ID given by the Donor Registry or the CB Bank listed above) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 89 | | | | | Patient ID (ID given by the Donor Registry or the CB Bank listed above) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 90 | | | | | Donor Date of birth | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 91 | | | | | Donor Sex (at birth) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 92 | | | | | Donor CMV status (for Allogeneic) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 93 | | | | | Donor blood type | | | ✔ | | | |  | | | 1 | | Accept | |
| 94 | | | | | Donor Rh factor | | | ✔ | | | |  | | | 1 | | Accept | |
| 95 | | | | | Did this donor provide more than one stem cell product | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 96 | | | | | Specify number of products infused from this donor | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 97 | | | | | Specify the number of these products intended to achieve hematopoietic engraftment | | | ✔ | | | |  | | | 1 | | Accept | |
| 98 | | | | | What agents were used to mobilize the autologous recipient for this HCT? (Autologous only) | | | ✔ | | | |  | | | 1 | | Accept | |
| 99 | | | | | Name of product (gene therapy recipients) (Autologous only) | | | ✔ | | | |  | | | 0.2 | | Reject | |
| **HSCT** | | | | | | | | | | | | | | | | | | |
| 100 | | | | | Date of diagnosis for primary disease | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 101 | | | | | What was the primary disease for which the HCT was performed? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 102 | | | | | What scale was used to determine the recipient’s functional status? | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 103 | | | | | Performance score | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 104 | | | | | Weight | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 105 | | | | | Height | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 106 | | | | | Was there any co-existing disease or organ impairment at time of patient assessment just prior to the preparative regimen? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 107 | | | | | Comorbidity- Solid tumor, previously present | | |  | | | | ✔ | | | 1 | | Accept | |
| 108 | | | | | Comorbidity- Inflammatory bowel disease | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 109 | | | | | Comorbidity-Rheumatologic | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 110 | | | | | Comorbidity-Infection | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 111 | | | | | Comorbidity-Diabetes | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 112 | | | | | Comorbidity-Renal | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 113 | | | | | Comorbidity- Hepatic | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 114 | | | | | Comorbidity- Arrhythmia | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 115 | | | | | Comorbidity- Cardiac | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 116 | | | | | Comorbidity- Cerebrovascular disease | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 117 | | | | | Comorbidity- Heart valve disease | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 118 | | | | | Comorbidity- Pulmonary | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 119 | | | | | Comorbidity- Obesity | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 120 | | | | | Comorbidity- Peptic ulcer | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 121 | | | | | Comorbidity- Psychiatric disturbance | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 122 | | | | | Comorbidity- invasive fungal infection | | | ✔ | | | |  | | | 1 | | Accept | |
| 123 | | | | | Comorbidity- skin malignancy | | | ✔ | | | |  | | | 1 | | Accept | |
| 124 | | | | | Comorbidity- hematologic malignancy | | | ✔ | | | |  | | | 1 | | Accept | |
| 125 | | | | | Comorbidity- Prior malignancy | | | ✔ | | | |  | | | 1 | | Accept | |
| 126 | | | | | Specify prior malignancy | | | ✔ | | | |  | | | 1 | | Accept | |
| 127 | | | | | Were there any other major clinical abnormalities prior to the preparative regimen? | | |  | | | | ✔ | | | 1 | | Accept | |
| 128 | | | | | Specify the major clinical abnormality | | |  | | | | ✔ | | | 1 | | Accept | |
| 129 | | | | | Was the recipient on dialysis immediately prior to start of preparative regimen? | | | ✔ | | | |  | | | 1 | | Accept | |
| 130 | | | | | Glomerular filtration rate (GFR) before start of the preparative regiment (pediatric only) | | | ✔ | | | |  | | | -1 | | Reject | |
| 131 | | | | | Does the recipient have known complex congenital heart disease? (Pediatric only) | | | ✔ | | | |  | | | -1 | | Reject | |
| 132 | | | | | Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen / infusion? | | | ✔ | | | |  | | | 1 | | Accept | |
| 133 | | | | | Did the patient require hospitalization for management of COVID-19 infection? | | | ✔ | | | |  | | | 1 | | Accept | |
| 134 | | | | | Is there a history of mechanical ventilation | | | ✔ | | | |  | | | 1 | | Accept | |
| 135 | | | | | Source of the Stem cells (for Autologous) | | |  | | | | ✔ | | | 1 | | Accept | |
| 136 | | | | | Graft manipulation ex-vivo (other than for RBC removal or volume reduction) (for Autologous) | | |  | | | | ✔ | | | 1 | | Accept | |
| 137 | | | | | Genetic manipulation of the graft (for Autologous) | | |  | | | | ✔ | | | -1 | | Reject | |
| 138 | | | | | Patient CMV status (for Allogeneic) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 139 | | | | | Lab value- Serum ferritin | | | ✔ | | | |  | | | 1 | | Accept | |
| 140 | | | | | Lab value- Serum albumin | | | ✔ | | | |  | | | 1 | | Accept | |
| 141 | | | | | Lab value- Platelets | | | ✔ | | | |  | | | 1 | | Accept | |
| 142 | | | | | Were platelets transfused <= 7 days before date of test? | | | ✔ | | | |  | | | 1 | | Accept | |
| 143 | | | | | Did the recipient have a prior solid organ transplant? (If yes go to next question) | | | ✔ | | | |  | | | 1 | | Accept | |
| 144 | | | | | Specify organ | | | ✔ | | | |  | | | 1 | | Accept | |
| 145 | | | | | Year of prior solid organ transplant | | | ✔ | | | |  | | | 1 | | Accept | |
| 146 | | | | | Preparative(conditioning) regimen given? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 147 | | | | | Classify the recipient’s prescribed preparative regimen (Allogeneic only) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 148 | | | | | Reason for not being myeloablative | | |  | | | | ✔ | | | 1 | | Accept | |
| 149 | | | | | Was irradiation planned as part of the pre-HSCT preparative regimen? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 150 | | | | | What was the prescribed radiation field? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 151 | | | | | Total prescribed radiation dose as per protocol | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 152 | | | | | Date started | | | ✔ | | | |  | | | 1 | | Accept | |
| 153 | | | | | Was the radiation fractionated? | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 154 | | | | | Total number of fractions | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| Indicate total prescribed cumulative dose for preparative regimen (given before day 0) | | | | | | | | | | | | | | | | | | |
| 155 | | | | | Ara-C (cytarabine) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 156 | | | | | ALG, ATG (ALS/ ATS) | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 157 | | | | | Bleomycin | | |  | | | | ✔ | | | 1 | | Accept | |
| 158 | | | | | Busulfan | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 159 | | | | | BCNU | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 160 | | | | | Bexxar(Tositumomab) (radio labelled MoAB) | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 161 | | | | | Bendamustine | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 162 | | | | | CCNU | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 163 | | | | | Campath (AntiCD 52) | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 164 | | | | | Carboplatin | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 165 | | | | | Cisplatin | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 166 | | | | | Clofarabine | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 167 | | | | | Corticosteroids | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 168 | | | | | Cyclophosphamide | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 169 | | | | | Daunorubicin | | |  | | | | ✔ | | | 1 | | Accept | |
| 170 | | | | | Doxorubicin (adriamycine) | | |  | | | | ✔ | | | 1 | | Accept | |
| 171 | | | | | Epirubicin | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 172 | | | | | Etoposide (VP16) | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 173 | | | | | Fludarabine | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 174 | | | | | Gemcitabine | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 175 | | | | | Gemtuzumab | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 176 | | | | | Idarubicin | | |  | | | | ✔ | | | 1 | | Accept | |
| 177 | | | | | Ifosfamide | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 178 | | | | | Imatinib mesylate | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 179 | | | | | Melphalan | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 180 | | | | | Methylprednisolone (solu-Medrol) | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 181 | | | | | Mitoxantrone | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 182 | | | | | Paclitaxel | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 183 | | | | | Pentostatin | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 184 | | | | | Propylen glycol-free melphalan (Evomela) | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 185 | | | | | Rituximab (mabthera, antiCD20) | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 186 | | | | | Teniposide | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 187 | | | | | Thiotepa | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 188 | | | | | Treosulphan | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 189 | | | | | Zevalin (radiolabelled MoAB) | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 190 | | | | | Other radiolabelled MoAB, specify | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 191 | | | | | Other MoAB, specify | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 192 | | | | | Other, specify | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 193 | | | | | Indicate prescribed dose units (mg/m2 , mg/Kg, mg× h/L, ,CSS) | | | ✔ | | | |  | | | 1 | | Accept | |
| 194 | | | | | Specify administration (Busulfan only) (Oral,IV, both) | | | ✔ | | | |  | | | 1 | | Accept | |
| GvHD prophylaxis | | | | | | | | | | | | | | | | | | |
| 195 | | | | | Was GVHD prophylaxis planned? (Allografts only) (If yes go to next question) | | |  | | | | ✔ | | | 1 | | Accept | |
| Additional Drugs/ Intervention Given in the pre-transplant Period | | | | | | | | | | | | | | | | | | |
| 196 | | | | | ALG (Anti-Lymphocyte Globulin), ALS (Anti-Lymphocyte Serum), ATG (Anti-Thymocyte Globulin, ATS (Anti-Thymocyte Serum) (if yes go to next question otherwise go to question 202) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 197 | | | | | Specify animal origin (horse, rabbit, other) | | | ✔ | | | | ✔ | | | 1 | | Accept | |
| 198 | | | | | Total prescribed dose | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 199 | | | | | Abatacept | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 200 | | | | | Anti CD25 (MoAB in ivo) | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 201 | | | | | Bortezomib | | | ✔ | | | |  | | | 1 | | Accept | |
| 202 | | | | | Campath (MoAB in vivo; can be "in the bag") | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 203 | | | | | CD 34 enriched (CD34+ selection) | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 204 | | | | | Systemic corticosteroids | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 205 | | | | | Cyclosporine | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 206 | | | | | Cyclophosphamide | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 207 | | | | | Defibrotide | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 208 | | | | | Etanercept | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 209 | | | | | Filgotinib | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 210 | | | | | Tacrolimus (FK 506) | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 211 | | | | | Infliximab | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 212 | | | | | KGF | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 213 | | | | | Maraviroc | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 214 | | | | | Methotrexate (MTX) (Amethopterin) | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 215 | | | | | Mycophenolate | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 216 | | | | | Ruxolotinib | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 217 | | | | | Sirolimus | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 218 | | | | | Tocilizumab | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 219 | | | | | Ursodiol | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 220 | | | | | Other monoclonal antibody, specify | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 221 | | | | | Other agent (in vivo), specify | | |  | | | | ✔ | | | 0.6 | | Reject | |
| 222 | | | | | Extra-corporeal photopheresis (ECP) | | | ✔ | | | | ✔ | | | 0.6 | | Reject | |
| 223 | | | | | Ex-vivo T-cell depletion | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 224 | | | | | Blinded randomized trial | | | ✔ | | | |  | | | 0.6 | | Reject | |
| 225 | | | | | Is additional post-HCT therapy planned? | | | ✔ | | | |  | | | 0.6 | | Reject | |
| **Acute Myelogenous Leukemia / Acute Myeloid Leukemia (AML)** | | | | | | | | | | | | | | | | | | | |
| **No** | | **Question** | | | | **CIBMTR** | | | | | **EBMT** | | | **CVR** | | | | **Accept/ Reject** | |
| 1 | | AML classification | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| AML classification: AML with recurrent genetic abnormalities | | | | | | | | | | |  | | | | | | | | |
| 2 | | AML with t (8;21) (q22; q22); RUNX1-RUNX1T1 | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 3 | | AML with inv (16) (p13.1;q22) or t(16;16)(p13.1;q22); CBFB-MYH11 | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 4 | | Acute promyelocytic leukemia with t(15;17)(q22;q12); PML/RARA | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 5 | | AML with t (9;11) (p22; q23); MLLT3-MLL | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 6 | | AML with t (6;9) (p23; q24); DEK-NUP214 | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 7 | | AML with inv (3) (q21; q26.2) or t(3;3) (q21;q26.2); RPN1-EVI1 | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 8 | | AML (megakaryoblastic) with t(1;22) (p13;q13); RBM15-MKL1 | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 9 | | AML with myelodysplasia related changes | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| AML classification: AML not otherwise categorized (NOS) | | | | | | | | | | |  | | | | | | | | |
| 10 | | AML with minimal differentiation (FAB M0) | | | |  | | | | | ✔ | | | 0.2 | | | | Reject | |
| 11 | | AML without maturation (FAB M1) | | | |  | | | | | ✔ | | | 0.2 | | | | Reject | |
| 12 | | AML with maturation (FAB M2) | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 13 | | Acute myelomonocytic leukemia (FAB M4) | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 14 | | Acute monoblastic and monocytic leukemia (FAB M5) | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 15 | | Acute erythroid leukemia (FAB M6) | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 16 | | Acute megakaryoblastic leukemia (FAB M7) | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 17 | | Acute basophilic leukemia | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 18 | | Acute panmyelosis with myelofibrosis | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 19 | | Myeloid sarcoma (Granulocytic sarcoma) | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 20 | | Myeloid proliferations related to Down syndrome | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 21 | | Blastic plasmacytoid dendritic cell neoplasm (BPDCN) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 22 | | Therapy related myeloid neoplasia (old "Secondary Acute Leukemia") Related to prior treatment but NOT after a previous diagnosis of MDS or MDS/MPN | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 23 | | Did AML transform from MDS or MPN? | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 24 | | Is the disease (AML) therapy related? | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 25 | | Did the recipient have a predisposing condition? | | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 26 | | Is this a donor cell leukemia? (If the patient has received an allograft prior to the diagnosis of acute leukemia) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 27 | | predisposing condition: Aplastic anemia | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 28 | | predisposing condition: Fanconi anemia | | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 29 | | predisposing condition: Bloom syndrome | | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 30 | | predisposing condition: Down syndrome | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 31 | | predisposing condition: Dyskeratosis congenita | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 32 | | predisposing condition: unknown | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 33 | | predisposing condition: other condition | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 34 | | Specify other condition | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 35 | | Was cytogenetics tested at diagnosis? (Karyotyping or FISH) | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 36 | | Were cytogenetics tested via FISH? | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 37 | | Was cytogenetics tested via karyotyping? | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 38 | | If cytogenetics test is abnormal:  Is Karyotype complex? | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 39 | | If cytogenetics test is abnormal:  Is Karyotype monosomal? | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 40 | | Specify number of distinct cytogenetics abnormalities | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 41 | | Transcribe the complete karyotype | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 42 | | Result of cytogenetics test | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| Specify cytogenetics abnormalities: | | | | | | | | | | |  | | | | | | | | |
| 43 | | -5 | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 44 | | -7 | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 45 | | -17 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 46 | | -18 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 47 | | -X | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 48 | | -Y | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 49 | | +4 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 50 | | +8 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 51 | | +11 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 52 | | +13 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 53 | | +14 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 54 | | +21 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 55 | | +22 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 56 | | t (6;9) | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 57 | | t (8;21) | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 58 | | t (9;22) | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 59 | | t (15;17) and variants | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 60 | | t (16;16) | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 61 | | t (1;22) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 62 | | trisomy 8 | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 63 | | inv (16) | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 64 | | del (3q)/ 3q- | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 65 | | del (9q)/ 9q- | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 66 | | del (11q)/ 11q- | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 67 | | del (16q)/ 16q- | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 68 | | del (17q)/ 17q- | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 69 | | del (20q)/ 20q- | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 70 | | del (21q)/ 21q- | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 71 | | 12p any abnormality | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 72 | | (11q23) any abnormality | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 73 | | (11q23) abnormality: t (9;11) | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 74 | | (11q23) abnormality: t (10;11) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 75 | | (11q23) abnormality: t (11;19) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 76 | | (11q23) abnormality: t (6;11) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 77 | | Other (11q23) abnormality | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 78 | | (3q26) (EVI1) any abnormality | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 79 | | (3q26) abnormality: inv (3) | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 80 | | (3q26) abnormality: t (3;3) | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 81 | | (3q26) abnormality: t (2;3) (p21; q26) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 82 | | Other (3q26) abnormality | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 83 | | abn 5 type | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 84 | | abn 5 type: del (5q)/ 5q- | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 85 | | abn 5 type: add (5q) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 86 | | abn 5 type: monosomy 5 | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 87 | | abn 5 type: other abn (5q) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 88 | | abn 7 type | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 89 | | abn 7 type: del (7q)/ 7q- | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 90 | | abn 7 type: monosomy 7 | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 91 | | abn 7 type: add (7q) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 92 | | abn 7 type: other abn (7q) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 93 | | abn (17p) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 94 | | Specify other abnormality | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| Molecular markers | | | | | | | | | | | | | | | | | | | |
| 95 | | Were tests for molecular markers performed (e.g., PCR, NGS) at diagnosis? | | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| Select each molecular marker as “Positive”, “negative” or “Not done” | | | | | | | | | | | | | | | | | | | |
| 96 | | AML1-ETO (RUNX1/RUNXT1) | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 97 | | CBFB-MYH11 | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 98 | | PML-RARα | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| MLL- rearrangement/mutation: | | | | | | | | | | | | | | | | | | | |
| 99 | | MLLT3(AF9)-MLL | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 100 | | MLL-PTD (partial tandem duplication) | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 101 | | MLLT4(AF6)-MLL | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 102 | | ELL-MLL | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 103 | | MLLT1(ENL)-MLL | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 104 | | MLLT10(AF10)-MLL | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 105 | | Other MLL-rearrangement | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 106 | | Specify Other MLL-rearrangement | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 107 | | DEK-NUP214(CAN) | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 108 | | RPN1-EVI1 | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 109 | | RBM15-MKL1 | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 110 | | NPM1 mutation | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 111 | | CEBPA mutation | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 112 | | Specify CEBPA mutation | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 113 | | FLT3- TKD | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 114 | | FLT3-ITD (internal tandem duplication) | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 115 | | FLT3-ITD mutation | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 116 | | FLT3-ITD allelic ratio | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 117 | | Specify FLT3-ITD allelic ratio | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 118 | | DNMT3A | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 119 | | ASXL1 | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 120 | | TP53 | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 121 | | RUNX1 | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 122 | | c-KIT | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 123 | | IDH1 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 124 | | IDH2 | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 125 | | KIT | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 126 | | NPM1 | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 127 | | Another molecular marker | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 128 | | Specify another molecular marker | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 129 | | Other | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 130 | | Specify other | | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 131 | | Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion? (Only CNS leukemia) | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| Involvement at diagnosis | | | | | | | | | | | | | | | | | | | |
| 132 | | Bone marrow | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 133 | | CNS | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 134 | | Testis/ovary | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 135 | | other | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| What was the disease status? | | | | | | | | | | | | | | | | | | | |
| 136 | | Primary induction failure | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 137 | | 1st Complete remission | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 138 | | 2nd Complete remission | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 139 | | >=3rd Complete remission | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 140 | | 1st relapse | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 141 | | 2nd relapse | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 142 | | >=3rd relapse | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 143 | | No treatment | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 144 | | How many cycles of inclusion therapy were required to achieve 1st complete remission? | | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 145 | | Was the recipient in remission by flow cytometry? | | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 146 | | Was the recipient in remission by cytogenetics? | | | |  | | | | |  | | | 1 | | | | Accept | |
| 147 | | Was the recipient in remission by molecular? | | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 148 | | Date of last relapse before this HSCT | | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 149 | | Date assessed | | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| **Acute Lymphoblastic Leukemia (ALL)** | | | | | | | | | | | | | | | | | | | |
| 150 | | | Specify ALL classification | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| ALL classification | | | | | | | | | | | | | | | | | | | |
| 151 | | | B lymphoblastic leukemia /lymphoma- with t (9;22) (q34; q11.2); BCR-ABL1 | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 152 | | | B lymphoblastic leukemia /lymphoma- with t(v;11q23); MLL rearranged | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 153 | | | B lymphoblastic leukemia/lymphoma- with h t(1;19)(q23;p13.3); E2A-PBX1 | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 154 | | | B lymphoblastic leukemia /lymphoma -with t(12;21)(p13;q22); TEL-AML1 (ETV-RUNX1) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 155 | | | B lymphoblastic leukemia /lymphoma- with hyperdiploidy | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 156 | | | B lymphoblastic leukemia /lymphoma- with hypodiploidy | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 157 | | | B lymphoblastic leukemia /lymphoma- with t(5;14) (q31;q32); IL3-IGH | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 158 | | | B lymphoblastic leukemia /lymphoma- Not otherwise specified (NOS) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 159 | | | Other B lymphoblastic leukemia /lymphoma | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 160 | | | T lymphoblastic leukemia/lymphoma | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 161 | | | Did the recipient have a predisposing condition? | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| Specify condition: | | | | | | | | | | | | | | | | | | | |
| 162 | | | Condition: Aplastic Anemia | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 163 | | | Condition: Bloom syndrome | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 164 | | | Condition: Down syndrome | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 165 | | | Condition: Fanconi anemia | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 166 | | | Condition: other condition | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 167 | | | Secondary origin: related to prior exposure to therapeutic or radiation | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 168 | | | If the patient has received an allograft prior to the diagnosis of acute leukemia: Is this a donor cell leukemia? | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 169 | | | Were tyrosine kinase inhibitors (i.e., imatinib mesylate) given for pre-HCT therapy at any time prior to the start of the preparative regimen? | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| Laboratory studies | | | | | | | | | | | | | | | | | | | |
| 170 | | | Was cytogenetics tested? (Karyotyping or FISH) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 171 | | | Was cytogenetics tested via FISH? | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 172 | | | Was cytogenetics tested via karyotyping? | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 173 | | | Complex karyotype | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 174 | | | Transcribe the complete karyotype | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 175 | | | Results of tests | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 176 | | | Specify number of distinct cytogenetics abnormalities | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| Specify abnormalities: | | | | | | | | | | | | | | | | | | | |
| 177 | | | -7 | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 178 | | | +4 | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 179 | | | +8 | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 180 | | | +17 | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 181 | | | +21 | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 182 | | | t (1;19) | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 183 | | | t (2;8) | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 184 | | | t (4;11) | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 185 | | | t (5;14) | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 186 | | | t (5;14) (q31; q32) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 187 | | | t (8;14) | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 188 | | | t (8;22) | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 189 | | | t (9;22) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 190 | | | t (10;14) | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 191 | | | t (11;14) | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 192 | | | t (12;21) | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 193 | | | del (6q)/ 6q- | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 194 | | | del (9p)/9p- | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 195 | | | del (12p)/ 12p- | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 196 | | | add (14q) | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 197 | | | (11q23) any abnormality | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 198 | | | 9p any abnormality | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 199 | | | 12p any abnormality | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 200 | | | Hyperdiploidy (>46) | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 201 | | | Hyperdiploidy (>46) :50-66 chromosome | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 202 | | | Hyperdiploidy (>46): Trisomy | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 203 | | | Hyperdiploidy (>46): specify extra chromosome | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 204 | | | Hyperdiploidy (>46): other hyperdiploid karyotype (if select go to next question otherwise go to question 436) | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 205 | | | Hyperdiploidy (>46): number of chromosomes | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 206 | | | Hyperdiploid (>50) | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 207 | | | Hypodiploid (<46) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 208 | | | Hypodiploid (<46): low hypodiploid, 32-39 chromosomes | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 209 | | | Hypodiploid (<46): Near haploid, 24-31 chromosomes | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 210 | | | Hypodiploid (<46): monosomy (if select go to next question otherwise go to question 442) | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 211 | | | Hypodiploid (<46): specify | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 212 | | | Hypodiploid (<46): other (if select go to next question otherwise go to question 444) | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 213 | | | Hypodiploid (<46): number of chromosomes | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 214 | | | iAMP21 | | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 215 | | | Trisomy8 | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 216 | | | Other abnormality | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 217 | | | Were tests for molecular markers performed (e.g., PCR, NGS) at diagnosis? | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| Specify molecular markers | | | | | | | | | | | | | | | | | | | |
| 218 | | | BCR-ABL molecular product of t (9;22) (q34; q11.2) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 219 | | | MLL-rearrangement/mutation (if not present go to question 502) | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 220 | | | MLL-rearrangement/mutation: AFF1(AF4)-MLL molecular product of t(4;11)(q21;q23) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 221 | | | MLL-rearrangement/mutation: MLLT1(ENL)-MLL molecular product of t(11;19)(q23;p13.3) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 222 | | | MLL-rearrangement/mutation: MLLT3(AF9)-MLL molecular product of t(9;11)(p22;q23) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 223 | | | MLL-rearrangement/mutation: Other MLL-rearrangement (if not present go to question b) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 224 | | | MLL-rearrangement/mutation: specify other MLL-rearrangement | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 225 | | | TEL(ETV6)-AML1(RUNX1) molecular product of t(12;21) (p13;q22) | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 226 | | | IL3-IGH molecular product of translocation t(5;14) (q31;q32) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 227 | | | TCF3-PBX1 Molecular product of translocation (1;19) (q23; p13.3) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 228 | | | IKZF1 (IKAROS) | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 229 | | | NOTCH1 & FBXW7 | | |  | | | | | ✔ | | | 0.6 | | | | Reject | |
| 230 | | | Other (if not present go to question c) | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| 231 | | | Specify other | | | ✔ | | | | | ✔ | | | 0.6 | | | | Reject | |
| Status at HSCT | | | | | | | | | | | | | | | | | | | |
| What was the disease status? | | | | | | | | | | | | | | | | | | | |
| 232 | | | Primary induction failure | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 233 | | | 1st complete hematological remission (CR) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 234 | | | 2nd complete hematological remission (CR) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 235 | | | ≥ 3rd complete hematological remission (CR) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 236 | | | 1st relapse | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 237 | | | 2nd relapse | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 238 | | | ≥3rd relapse | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 239 | | | No treatment | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| Type of remission: | | | | | | | | | | | | | | | | | | | |
| 240 | | | Cytogenetic remission | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 241 | | | Molecular remission | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 242 | | | How many cycles of induction therapy were required to achieve 1st complete remission? | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 243 | | | Was the recipient in remission by flow cytometry? | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 244 | | | Date of most recent relapse | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 245 | | | Date assessed | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 246 | | | Date of this HSCT | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| **Other Acute Leukemia** | | | | | | | | | | | | | | | | | | | |
| 247 | | | Date of initial diagnosis | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 248 | | | Specify acute leukemia of ambiguous lineage and other myeloid neoplasm classification | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| Classification: acute leukemia of ambiguous lineage | | | | | | | | | | | | | | | | | | | |
| 249 | | | Acute undifferentiated leukemia | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 250 | | | Mixed phenotype NOS: Mixed phenotype B/ myeloid, NOS | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 251 | | | Mixed phenotype NOS: Mixed phenotype T/ myeloid, NOS | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 252 | | | Natural killer (NK)- cell lymphoblastic leukemia/lymphoma | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 253 | | | Other | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 254 | | | Specify other | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 255 | | | Secondary origin? Related to prior exposure to therapeutic drugs or radiation | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 256 | | | If the patient has received an allograft prior to the diagnosis of acute leukemia: Is this a donor cell leukemia? | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| Status at HSCT | | | | | | | | | | | | | | | | | | | |
| What was the disease status? | | | | | | | | | | | | | | | | | | | |
| 257 | | | Primary induction failure | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 258 | | | 1st complete hematological remission (CR) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 259 | | | 2nd complete hematological remission (CR) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 260 | | | ≥ 3rd complete hematological remission (CR) | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 261 | | | 1st relapse | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 262 | | | 2nd relapse | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 263 | | | ≥3rd relapse | | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 264 | | | No treatment | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| Type of remission: | | | | | | | | | | | | | | | | | | | |
| 265 | | | Cytogenetic remission | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 266 | | | Molecular remission | | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 267 | | | Date assessed | | | ✔ | | | | |  | | | 1 | | | | Accept | |
| **Chronic Myelogenous Leukemia (CML)** | | | | | | | | | | | | | | | | | | | |
| 268 | | | | Date of initial diagnosis | |  | | | | | ✔ | | | 1 | | | | Accept | |
| CML classification | | | | | | | | | | | | | | | | | | | |
| 269 | | | | Translocation (9;22) | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 270 | | | | bcr-abl | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 271 | | | | Was therapy given prior to this HCT? | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 272 | | | | Date treatment started | |  | | | | | ✔ | | | 1 | | | | Accept | |
| Treatment pre-HSCT | | | | | | | | | | | | | | | | | | | |
| 273 | | | | Combination chemotherapy | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 274 | | | | Hydroxyurea (Droxia, Hydrea) | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 275 | | | | Tyrosine kinase inhibitor | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 276 | | | | Tyrosine kinase inhibitor: Imatinib mesylate | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 277 | | | | Tyrosine kinase inhibitor: Nilotinib | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 278 | | | | Tyrosine kinase inhibitor: Dasatinib | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 279 | | | | Tyrosine kinase inhibitor: Bosutinib | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 280 | | | | Tyrosine kinase inhibitor: Ponatinib | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 281 | | | | Tyrosine kinase inhibitor: Other TKI (if no go to question 688) | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 282 | | | | Tyrosine kinase inhibitor: specify other TKI | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 283 | | | | Other chemotherapy ( if no go to question 690) | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 284 | | | | Specify Other chemotherapy | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 285 | | | | Interferon-α (Intron, Roferon) (include PEG) | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 286 | | | | Other therapy | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 287 | | | | Specify other therapy | | ✔ | | | | |  | | | 1 | | | | Accept | |
| Status at HSCT | | | | | | | | | | | | | | | | | | | |
| 288 | | | | Date of this HSCT | |  | | | | | ✔ | | | 1 | | | | Accept | |
| What was the disease status? | | | | | | | | | | | | | | | | | | | |
| 289 | | | | Complete hematologic response (CHR) preceded only by chronic phase | | ✔ | | | | |  | | | 1 | | | | Accept | |
| 290 | | | | Complete hematologic response (CHR) preceded by accelerated phase and/or blast phase | | ✔ | | | | |  | | | 0.6 | | | | Reject | |
| 291 | | | | Chronic phase (CP) | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 292 | | | | Accelerated phase | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 293 | | | | Blast crisis | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 294 | | | | What is the number of Chronic phase (CP)? | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 295 | | | | What is the number of Accelerated phase? | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 296 | | | | What is the number of Blast crisis? | | ✔ | | | | | ✔ | | | 1 | | | | Accept | |
| 297 | | | | Specify level of response | | ✔ | | | | |  | | | 1 | | | | Accept | |
| Type of remission in chronic phase (CP) | | | | | | | | | | | | | | | | | | | |
| 298 | | | | Hematological | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 299 | | | | Cytogenetic | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 300 | | | | Molecular | |  | | | | | ✔ | | | 1 | | | | Accept | |
| 301 | | | | Date assessed | | ✔ | | | | |  | | | 1 | | | | Accept | |
| **Chronic Lymphocytic Leukemia (CLL)** | | | | | | | | | | | | | | | | | | | |
| 302 | | | | Date of initial diagnosis | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 303 | | | | Specify other leukemia classification | | ✔ | | |  | | | | | 1 | | | Accept | | |
| 304 | | | | Chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 305 | | | | Richter’s syndrome (if no go question a) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 306 | | | | Transformed from a previous known CLL? | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 307 | | | | Date of original CLL diagnosis | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 308 | | | | What is Chromosome analysis? | |  | | | ✔ | | | | | 1 | | | Accept | | |
| Specify Chromosome analysis | | | | | | | | | | | | | | | | | | | |
| 309 | | | | Trisomy 12 | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 310 | | | | Del 13q14 | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 311 | | | | Del 11q22-23 | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 312 | | | | del (17p) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 313 | | | | Other (if no go to question 721) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 314 | | | | Specify other | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 315 | | | | Was any 17p abnormality detected? | | ✔ | | |  | | | | | 1 | | | Accept | | |
| Molecular marker | | | | | | | | | | | | | | | | | | | |
| 316 | | | | TP53 mutations | |  | | | ✔ | | | | | 1 | | | Accept | | |
| Treatment pre-HSCT | | | | | | | | | | | | | | | | | | | |
| 317 | | | | What is treatment pre-HSCT (primary treatment)? (If no go to question 726) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 318 | | | | Date Treatment started | |  | | | ✔ | | | | | 0.6 | | | Reject | | |
| 319 | | | | Specify Regimen details | |  | | | ✔ | | | | | 0.6 | | | Reject | | |
| 320 | | | | Date treatment ended | |  | | | ✔ | | | | | 0.6 | | | Reject | | |
| Status at HSCT | | | | | | | | | | | | | | | | | | | |
| What is status at HSCT? | | | | | | | | | | | | | | | | | | | |
| 321 | | | | Complete remission (CR) | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 322 | | | | Partial remission (PR) | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 323 | | | | Stable disease (SD) | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 324 | | | | Progressive disease (PD) | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 325 | | | | untreated | | ✔ | | |  | | | | | 1 | | | Accept | | |
| 326 | | | | Untreated relapse | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 327 | | | | Never treated | |  | | | ✔ | | | | | 0.2 | | | Reject | | |
| 328 | | | | Not assessed | | ✔ | | |  | | | | | 0.2 | | | Reject | | |
| 329 | | | | Date assessed | | ✔ | | |  | | | | | 1 | | | Accept | | |
| **Chronic Prolymphocytic Leukemia (PLL and other)** | | | | | | | | | | | | | | | | | | | |
| 330 | | | | Date of initial diagnosis | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 331 | | | | Specify the other leukemia classification | | ✔ | | |  | | | | | 1 | | | Accept | | |
| 332 | | | | Prolymphocytic Leukemia (PLL): B-cell | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 333 | | | | Prolymphocytic Leukemia (PLL): T-cell | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 334 | | | | Hairy Cell Leukemia | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 335 | | | | Other (if no go to question a) | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 336 | | | | Specify other | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| Specify Chromosome analysis (PLL only) | | | | | | | | | | | | | | | | | | | |
| 337 | | | | inv (14)/ t (14:14) (q11q32) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 338 | | | | del (14) (q12) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 339 | | | | t (11:14) (q23; q11) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 340 | | | | t (7:14) (q35: q32.1) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 341 | | | | t(X:14) (q35: q11) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 342 | | | | idic(8) (p11) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 343 | | | | Other(specify) | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 344 | | | | Specify other | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 345 | | | | Was any 17p abnormality detected? | | ✔ | | |  | | | | | 1 | | | Accept | | |
| Immunophenotyping of T-cells (T-cell PLL only) | | | | | | | | | | | | | | | | | | | |
| 346 | | | | CD4+ | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 347 | | | | CD8+ | |  | | | ✔ | | | | | 1 | | | Accept | | |
| 348 | | | | Lymphocyte count | |  | | | ✔ | | | | | 1 | | | Accept | | |
| Status at HSCT | | | | | | | | | | | | | | | | | | | |
| 349 | | | | Date of this HSCT | |  | | | ✔ | | | | | 1 | | | Accept | | |
| What was the disease status? | | | | | | | | | | | | | | | | | | | |
| 350 | | | | Complete remission (CR) | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 351 | | | | Partial remission (PR) | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 352 | | | | Stable disease (SD) | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 353 | | | | Progressive disease (PD) | | ✔ | | | ✔ | | | | | 1 | | | Accept | | |
| 354 | | | | Untreated Relapse | |  | | | ✔ | | | | | 0.6 | | | Reject | | |
| 355 | | | | untreated | | ✔ | | |  | | | | | 0.2 | | | Reject | | |
| 356 | | | | Never treated | |  | | | ✔ | | | | | 0.2 | | | Reject | | |
| 357 | | | | Not assessed | | ✔ | | |  | | | | | 0.2 | | | Reject | | |
| 358 | | | | Date assessed | | ✔ | | |  | | | | | 1 | | | Accept | | |
| **Lymphomas** | | | | | | | | | | | | | | | | | | |
| **N0** | **Question** | | | | | | **CIBMTR** | | | **EBMT** | | | **CVR** | | | **Accept/ Reject** | | |
| **B-cell Non-Hodgkin Lymphomas (NHL)** | | | | | | | | | | | | | | | | | | |
| 1 | Date of initial diagnosis | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 2 | Specify the lymphoma histology (at infusion) | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 3 | Specify other lymphoma histology | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| B-cell neoplasms | | | | | | | | | | | | | | | | | | |
| 4 | Splenic marginal zone lymphoma (if select go to question 35) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 5 | Extranodal marginal zone lymphoma of mucosa associated lymphoid tissue (MALT) (if select go to question 35) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 6 | Nodal marginal zone lymphoma (if select go to question 35) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 7 | Lymphoplasmacytic lymphoma (LPL) : Waldenstrom macroglobulinemia (LPL with monoclonal IgM) (if select go to next question otherwise question 9) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 8 | International Prognostic Scoring System for Waldenström’s Macroglobulinemia (ISSWM) ( go to question 35) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 9 | Follicular lymphoma (if select go to next question otherwise question 12) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 10 | Grading | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 11 | Prognostic score (FLIPI) ( go to question 35) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 12 | Primary cutaneous follicle center lymphoma (if select go to question 35) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 13 | Mantle cell lymphoma (if select go to next question otherwise question 16) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 14 | Grading | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 15 | Prognostic score (MIPI) (go to question 35) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 16 | Diffuse large B-cell lymphoma (DLBCL), (NOS) : T-cell/histiocyte rich large B cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 17 | Diffuse large B-cell lymphoma (DLBCL), (NOS) : Primary DLBCL of the CNS | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 18 | Diffuse large B-cell lymphoma (DLBCL), (NOS) : Primary cutaneous DLBCL, leg type | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 19 | Diffuse large B-cell lymphoma (DLBCL), (NOS) : EBV positive DLBCL of the elderly | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 20 | DLBCL associated with chronic inflammation | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 21 | Lymphomatoid granulomatosis | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 22 | Primary mediastinal (thymic) large B-cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 23 | Intravascular large B-cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 24 | ALK positive large B-cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 25 | Plasmablastic lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 26 | Large B-cell lymphoma arising in HHV8- associated multicentric Castleman disease | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 27 | Primary effusion lymphoma (PEL) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 28 | Burkitt lymphoma (BL) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 29 | B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma (Intermediate DLCBL/BL) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 30 | B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma (Intermediate DLCBL/HD) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 31 | Other B-cell (if no go to question 32) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 32 | Specify Other B-cell | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 33 | International Prognostic Index (IPI) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 34 | KI-67 (Proliferation index) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 35 | Is the lymphoma histology reported at transplant a transformation from CLL? | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 36 | Was any 17p abnormality detected? | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 37 | Transformed from another type of lymphoma? (if yes go to next question otherwise question 41) | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| 38 | Date of original diagnosis | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| 39 | Indicate the type of the original lymphoma | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| 40 | Specify other lymphoma histology | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| Assignment of DLBCL subtype was based on: | | | | | | | | | | | | | | | | | | |
| 41 | Immunohistochemistry | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 42 | Gene expression profile | | | | | | ✔ | | |  | | | -1 | | | Reject | | |
| 43 | Unknown method | | | | | | ✔ | | |  | | | -1 | | | Reject | | |
| Selected B-cell Non-Hodgkin Lymphomas (NHL)   * Mantle cell lymphoma * Waldenstrom macroglobulinaemia * Burkitt lymphoma OR "Intermediate DLBCL/ Burkitt Lymphoma" | | | | | | | | | | | | | | | | | | |
| 44 | Date of this HSCT | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 45 | Chromosome Analysis at any time before HSCT | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| Indicate chromosome analysis as ‘present’, ‘Absent’ and ‘Not evaluated’ | | | | | | | | | | | | | | | | | | |
| 46 | del 17p (Mantle cell lymphoma or Waldenstrom macroglobulinaemia only) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 47 | t(2;8) (BL or "Intermediate DLCBL/Burkitt Lymphoma" only) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 48 | t(8;14) (BL or "Intermediate DLCBL/Burkitt Lymphoma" only) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 49 | t(8;22) (BL or "Intermediate DLCBL/Burkitt Lymphoma" only) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 50 | t(14;18) (BL or "Intermediate DLCBL/Burkitt Lymphoma" only) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 51 | myc rearrangement (BL or "Intermediate DLCBL/Burkitt Lymphoma" only) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 52 | BCL-2 rearrangement (BL or "Intermediate DLCBL/Burkitt Lymphoma" only) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 53 | BCL-6 rearrangement (BL or "Intermediate DLCBL/Burkitt Lymphoma" only) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 54 | Immunophenotyping at any time before HSCT done? | | | | | |  | | | ✔ | | | -1 | | | Reject | | |
| Indicate Immunophenotype / immunochemistry analysis as ‘present’, ‘Absent’ and ‘Not evaluated’ | | | | | | | | | | | | | | | | | | |
| 55 | SOX 11 (Mantle cell lymphoma) | | | | | |  | | | ✔ | | | -1 | | | Reject | | |
| 56 | MYC (Burkitt Lymphoma or "Intermediate DLCBL/Burkitt Lymphoma") | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 57 | BCL-2/IgH (Intermediate DLCBL/Burkitt Lymphoma)  BCL-6 | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 58 | BCL-6 (Intermediate DLCBL/Burkitt Lymphoma) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 59 | Molecular Markers analysis (i.e. PCR) at any time before HSCT done? | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| Indicate Molecular Markers analysis as ‘present’, ‘Absent’ and ‘Not evaluated’ | | | | | | | | | | | | | | | | | | |
| 60 | TP53 mutation (Mantle cell lymphoma) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 61 | myc rearrangement (Burkitt Lymphoma or "Intermediate DLCBL/Burkitt Lymphoma) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 62 | BCL-2 rearrangement (Intermediate DLCBL/Burkitt Lymphoma) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 63 | BCL-6 rearrangement (Intermediate DLCBL/Burkitt Lymphoma) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
|  | **T-cell Non Hodgkin Lymphomas (NHL)** | | | | | | | | | | | | | | | | | |
| 64 | Date of initial diagnosis | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 65 | Specify the lymphoma histology (at infusion) | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 66 | Specify other lymphoma histology | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| Mature T-cell and NK-cell neoplasms classification | | | | | | | | | | | | | | | | | | |
| 67 | T-cell large granular lymphocytic leukemia (if select go to question 91) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 68 | Aggressive NK-cell leukemia | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 69 | Systemic EBV positive T-cell lymphoproliferative disease of childhood | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 70 | Hydroa vacciniforme-like lymphoma | | | | | |  | | | ✔ | | | 0.6 | | | Reject | | |
| 71 | Adult T-cell leukemia/lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 72 | Extranodal NK/T-cell lymphoma, nasal type | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 73 | Enteropathy-associated T-cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 74 | Hepatosplenic T-cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 75 | Subcutaneous panniculitis-like T-cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 76 | Mycosis fungoides (MF) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 77 | Sézary syndrome | | | | | |  | | | ✔ | | | 0.6 | | | Reject | | |
| 78 | Lymphomatoid papulosis | | | | | |  | | | ✔ | | | 0.6 | | | Reject | | |
| 79 | Primary cutaneous anaplastic large cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 80 | Primary cutaneous gamma-delta T-cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 81 | Primary cutaneous CD8 positive aggressive epidermotropic cytotoxic T-cell lymphoma | | | | | |  | | | ✔ | | | 0.6 | | | Reject | | |
| 82 | Primary cutaneous CD4 positive small/medium T-cell lymphoma | | | | | |  | | | ✔ | | | 0.6 | | | Reject | | |
| 83 | Peripheral T-cell lymphoma NOS (PTCL) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 84 | Angioimmunoblastic T-cell lymphoma | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 85 | Anaplastic large-cell lymphoma (ALCL), ALK-positive | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 86 | Anaplastic large-cell lymphoma (ALCL), ALK-negative | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 87 | Other T-cell | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 88 | Specify Other T-cell | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 89 | International Prognostic Index (IPI) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 90 | ISCL/ EORTC (only for Mycosis fungoides and Sezary syndrome) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 91 | Is the lymphoma histology reported at transplant a transformation from CLL? | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 92 | Was any 17p abnormality detected? | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 93 | Transformed from another type of lymphoma? (if yes go to next question otherwise question f) | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| 94 | Date of original diagnosis | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| 95 | Indicate the type of the original lymphoma | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| 96 | Specify other lymphoma histology | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| Assignment of DLBCL subtype was based on: | | | | | | | | | | | | | | | | | | |
| 97 | Immunohistochemistry | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 98 | Gene expression profile | | | | | | ✔ | | |  | | | -1 | | | Reject | | |
| 99 | Unknown method | | | | | | ✔ | | |  | | | -1 | | | Reject | | |
| **Hodgkin Lymphomas** | | | | | | | | | | | | | | | | | | |
| 100 | Date of initial diagnosis | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 101 | Specify the lymphoma histology (at infusion) | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 102 | Classification | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 103 | Is the lymphoma histology reported at transplant a transformation from CLL? | | | | | | ✔ | | |  | | | -0.2 | | | Reject | | |
| 104 | Was any 17p abnormality detected? | | | | | | ✔ | | |  | | | -0.2 | | | Reject | | |
| 105 | Transformed from another type of lymphoma? | | | | | | ✔ | | | ✔ | | | -0.2 | | | Reject | | |
| 106 | Date of original diagnosis | | | | | | ✔ | | | ✔ | | | -0.2 | | | Reject | | |
| 107 | Indicate the type of the original lymphoma | | | | | | ✔ | | | ✔ | | | -0.2 | | | Reject | | |
| Assignment of DLBCL subtype was based on: | | | | | | | | | | | | | | | | | | |
| 108 | Immunohistochemistry | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 109 | Gene expression profile | | | | | | ✔ | | |  | | | -1 | | | Reject | | |
| 110 | Unknown method | | | | | | ✔ | | |  | | | -1 | | | Reject | | |
| **All Lymphomas** | | | | | | | | | | | | | | | | | | |
| 111 | Treatment pre-HSCT (if yes go to next question) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 112 | Date of treatment | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| Drugs given: Antibodies | | | | | | | | | | | | | | | | | | |
| 113 | Alemtuzumab (MabCampath) (CD52) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 114 | Brentuximab (Adcetris) (CD30) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 115 | Obinutuzumab (Gyzeva) (CD20) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 116 | Ofatumumab (Azerra) (CD20) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 117 | Rituximab (Mabthera) (CD20) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 118 | other antibody | | | | | |  | | | ✔ | | | -0.2 | | | Reject | | |
| 119 | Specify other antibody | | | | | |  | | | ✔ | | | -0.2 | | | Reject | | |
| Drugs given: Radioimmunotherapy | | | | | | | | | | | | | | | | | | |
| 120 | Bexxar (CD20) (radiolabelled MoAB) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 121 | Zevalin (CD20) (radiolabelled MoAB) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| Drugs given: Specific inhibitors | | | | | | | | | | | | | | | | | | |
| 122 | ABT-199 (BCL2-Inhibitor) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 123 | Crizotinib (ALK-Inhibitor) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 124 | CC-292 (B cell receptor kinase inhibitor) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 125 | Ibrutinib (B cell receptor kinase inhibitor) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 126 | Idelalisib (B cell receptor kinase inhibitor) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 127 | other inhibitor | | | | | |  | | | ✔ | | | 0.6 | | | Reject | | |
| 128 | Specify other inhibitor | | | | | |  | | | ✔ | | | 0.6 | | | Reject | | |
| 129 | Relapse/progression under this drug | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| Drugs given: Other | | | | | | | | | | | | | | | | | | |
| 130 | Bortezomib (Velcade) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 131 | Lenalidomide (Revlimid) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 132 | Other | | | | | |  | | | ✔ | | | 0.6 | | | Reject | | |
| 133 | Specify other | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 134 | Date of this HSCT | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 135 | Number of prior lines of treatment | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| Technique used for disease assessment | | | | | | | | | | | | | | | | | | |
| 136 | CT scan done | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| 137 | PET | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| 138 | Was the PET (or PET / CT) scan positive for lymphoma involvement at any disease site? | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 139 | Date of PET scan | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 140 | Deauville (five-point) score of the PET (or PET/CT) scan | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 141 | Deauville Scale 1: No uptake or no residual uptake | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 142 | Deauville Scale 2: Slight uptake, but below blood pool (mediastinum) | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 143 | Deauville Scale3: uptake above mediastinal, but below or equal to uptake in the liver | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 144 | Deauville Scale 4: uptake slightly to moderately higher than liver | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| 145 | Deauville Scale 5: markedly increased uptake or any new lesion | | | | | | ✔ | | |  | | | 1 | | | Accept | | |
| Status at HSCT | | | | | | | | | | | | | | | | | | |
| 146 | What was the disease status? | | | | | | ✔ | | | ✔ | | | 1 | | | Accept | | |
| 147 | Never treated | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 148 | Complete remission (CR): Unconfirmed (CRU\*) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 149 | Complete remission (CR): Confirmed | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 150 | Partial response (PR) – (with or without a prior CR) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 151 | Stable disease | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 152 | Untreated relapse (from a previous CR) / untreated progression (from a previous PR) | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 153 | Chemo refractory relapse or progression, including primary refractory disease | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 154 | Disease status unknown | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 155 | Was this patient refractory to any line of chemotherapy before this HSCT? | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 156 | Number of Complete (CR, CRU) achieved by the patient prior to this HSCT | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 157 | Number of Partial remissions (PR) achieved by the patient prior to this HSCT | | | | | |  | | | ✔ | | | 1 | | | Accept | | |
| 158 | Date assessed | | | | | | ✔ | | |  | | | 1 | | | Accept | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Myelodysplastic syndrome (MDS)** | | | | | | | | | | | | | |
| **No** | | **Question** | | | **CIBMTR** | | | | | **EBMT** | | | | **CVR** | **Accept/ Reject** |
| 1 | | Date of initial diagnosis | | |  | | | | | ✔ | | | | 1 | Accept |
| 2 | | What was the MDS subtype at diagnosis? | | | ✔ | | | | |  | | | | 1 | Accept |
| WHO classification of MDS at diagnosis | | | | | | | | | | | | | | | |
| 3 | | Refractory anemia (RA) (without ring sideroblasts) | | |  | | | | | ✔ | | | | 1 | Accept |
| 4 | | RA with ring sideroblasts (RARS) | | |  | | | | | ✔ | | | | 1 | Accept |
| 5 | | MDS associated with isolated del(5q) | | |  | | | | | ✔ | | | | 1 | Accept |
| 6 | | Refractory cytopenia with multilineage dysplasia (RCMD) | | |  | | | | | ✔ | | | | 1 | Accept |
| 7 | | RCMD with ringed sideroblasts (RCMD-RS) | | |  | | | | | ✔ | | | | 1 | Accept |
| 8 | | RA with excess of blasts-1 (RAEB-1) | | |  | | | | | ✔ | | | | 1 | Accept |
| 9 | | RA with excess of blasts-2 (RAEB-2) | | |  | | | | | ✔ | | | | 1 | Accept |
| 10 | | Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) | | |  | | | | | ✔ | | | | 1 | Accept |
| 11 | | MDS Unclassifiable (MDS-U) | | |  | | | | | ✔ | | | | 1 | Accept |
| Specify MDS Unclassifiable (MDS-U) | | | | | | | | | | | | | | | |
| 12 | | MDS-U with 1% blood blasts | | | ✔ | | | | |  | | | | 1 | Accept |
| 13 | | MDS-U with single lineage dysplasia and pancytopenia | | | ✔ | | | | |  | | | | 1 | Accept |
| 14 | | MDS-U based on defining cytogenetic abnormality | | | ✔ | | | | |  | | | | 1 | Accept |
| 15 | | Was the disease (MDS) therapy-related? | | | ✔ | | | | |  | | | | 1 | Accept |
| 16 | | Did the recipient have a predisposing condition? | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 17 | | If the patient has received an allograft prior to the diagnosis of MDS, Is this a donor cell leukemia? | | |  | | | | | ✔ | | | | 1 | Accept |
| Specify condition | | | | | | | | | | | | | | | |
| 18 | | Aplastic anemia | | | ✔ | | | | |  | | | | 1 | Accept |
| 19 | | DDX41- associated familial MDS | | | ✔ | | | | |  | | | | 1 | Accept |
| 20 | | Diamond-Blackfan Anemia | | | ✔ | | | | |  | | | | 1 | Accept |
| 21 | | Fanconi anemia | | | ✔ | | | | |  | | | | 1 | Accept |
| 22 | | GATA2 deficiency (including Emberger syndrome, MonoMac syndrome, DCML deficiency) | | | ✔ | | | | |  | | | | 1 | Accept |
| 23 | | Li-Fraumeni syndrome | | | ✔ | | | | |  | | | | -1 | Reject |
| 24 | | Paroxysmal nocturnal hemoglobinuria | | | ✔ | | | | |  | | | | 1 | Accept |
| 25 | | RUNX1 deficiency (previously “familial platelet disorder with propensity to myeloid malignancies”) | | | ✔ | | | | |  | | | | -1 | Reject |
| 26 | | SAMD9- or SAMD9L – associated familial MDS | | | ✔ | | | | |  | | | | -1 | Reject |
| 27 | | Shwachman-Diamond syndrome | | | ✔ | | | | |  | | | | -1 | Reject |
| 28 | | Telomere biology disorder (including dyskeratosis congenita) | | | ✔ | | | | |  | | | | 1 | Accept |
| 29 | | Other condition | | | ✔ | | | | |  | | | | 1 | Accept |
| 30 | | Specify other condition | | | ✔ | | | | |  | | | | 1 | Accept |
| Laboratory studies | | | | | | | | | | | | | | | |
| 31 | | Marker analysis at diagnosis? | | |  | | | | | ✔ | | | | 1 | Accept |
| 32 | | Date CBC drawn | | | ✔ | | | | |  | | | | 1 | Accept |
| 33 | | WBC | | | ✔ | | | | |  | | | | 1 | Accept |
| 34 | | Neutrophils | | | ✔ | | | | |  | | | | 1 | Accept |
| 35 | | Blasts in the blood | | | ✔ | | | | |  | | | | 1 | Accept |
| 36 | | Hemoglobin | | | ✔ | | | | |  | | | | 1 | Accept |
| 37 | | Were RBCs transfused ≤ 30 days before the date the CBC was drawn? | | | ✔ | | | | |  | | | | 1 | Accept |
| 38 | | Platelets | | | ✔ | | | | |  | | | | 1 | Accept |
| 39 | | Were platelets transfused ≤ 7 days before date the CBC was drawn? | | | ✔ | | | | |  | | | | 1 | Accept |
| 40 | | Blasts in bone marrow | | | ✔ | | | | |  | | | | 1 | Accept |
| 41 | | Were cytogenetics tested (karyotyping or FISH)? | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 42 | | Were cytogenetics tested via FISH? | | | ✔ | | | | |  | | | | -0.2 | Reject |
| 43 | | Were cytogenetics tested via karyotyping? | | | ✔ | | | | |  | | | | 1 | Accept |
| 44 | | Sample source | | | ✔ | | | | |  | | | | 1 | Accept |
| 45 | | Results of tests | | | ✔ | | | | |  | | | | 1 | Accept |
| 46 | | Specify number of distinct cytogenetic abnormalities | | | ✔ | | | | |  | | | | 1 | Accept |
| 47 | | If abnormal was karyotype complex? (≥ abnormalities) | | |  | | | | | ✔ | | | | 1 | Accept |
| 48 | | Transcribe the complete karyotype | | |  | | | | | ✔ | | | | 1 | Accept |
| 49 | | -5 | | | ✔ | | | | |  | | | | 1 | Accept |
| 50 | | -7 | | | ✔ | | | | |  | | | | 1 | Accept |
| 51 | | -13 | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 52 | | -20 | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 53 | | -Y | | | ✔ | | | | |  | | | | 1 | Accept |
| 54 | | del Y (-Y) | | |  | | | | | ✔ | | | | 1 | Accept |
| 55 | | +8 | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 56 | | +19 | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 57 | | t (1;3) | | | ✔ | | | | |  | | | | 1 | Accept |
| 58 | | t (2;11) | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 59 | | t (3; 21) | | | ✔ | | | | |  | | | | 1 | Accept |
| 60 | | t (6;9) | | | ✔ | | | | |  | | | | 1 | Accept |
| 61 | | t (11;16) | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 62 | | abn 3 type (if present go to next question otherwise question 67) | | |  | | | | | ✔ | | | | 1 | Accept |
| 63 | | inv (3) | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 64 | | t (3;3) | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 65 | | del (3q) /3q- | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 66 | | Other abn 3 | | |  | | | | | ✔ | | | | 1 | Accept |
| 67 | | Specify other abn 3 | | |  | | | | | ✔ | | | | 1 | Accept |
| 68 | | abn 5 type (if present go to next question otherwise question 71) | | |  | | | | | ✔ | | | | 1 | Accept |
| 69 | | del (5q) /5q- | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 70 | | Other abn 5 | | |  | | | | | ✔ | | | | 1 | Accept |
| 71 | | Specify other abn 5 | | |  | | | | | ✔ | | | | 1 | Accept |
| 72 | | abn 7 type (if present go to next question otherwise question 75) | | |  | | | | | ✔ | | | | 1 | Accept |
| 73 | | del (7q) /7q- | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 74 | | Other abn 7 | | |  | | | | | ✔ | | | | 1 | Accept |
| 75 | | Specify other abn 7 | | |  | | | | | ✔ | | | | 1 | Accept |
| 76 | | del (9q)/ 9q- | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 77 | | del (11q)/ 11q- | | | ✔ | | | | | ✔ | | | | 0.2 | Reject |
| 78 | | del (12p)/ 12p- | | | ✔ | | | | |  | | | | 0.2 | Reject |
| 79 | | del (13q)/13q- | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 80 | | del (20q)/20q- | | | ✔ | | | | | ✔ | | | | 0.2 | Reject |
| 81 | | trisomy 8 | | |  | | | | | ✔ | | | | 0.2 | Reject |
| 82 | | trisomy 19 | | |  | | | | | ✔ | | | | 0.2 | Reject |
| 83 | | i17q | | | ✔ | | | | | ✔ | | | | -0.2 | Reject |
| 84 | | Other abnormality | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 85 | | Specify other abnormality | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 86 | | Did the recipient progress or transform to a different MDS subtype or AML between diagnosis and the start of the preparative regimen / infusion? | | | ✔ | | | | |  | | | | 1 | Accept |
| 87 | | Specify the MDS subtype after transformation | | | ✔ | | | | |  | | | | 1 | Accept |
| Specify MDS, unclassifiable (MDS-U) | | | | | | | | | | | | | | | |
| 88 | | MDS-U with 1% blood blasts | | | ✔ | | | | |  | | | | 1 | Accept |
| 89 | | MDS-U with single lineage dysplasia and pancytopenia | | | ✔ | | | | |  | | | | 1 | Accept |
| 90 | | MDS-U based on defining cytogenetic abnormality | | | ✔ | | | | |  | | | | 1 | Accept |
| 91 | | Specify the date of the most recent transformation | | | ✔ | | | | |  | | | | 1 | Accept |
| 92 | | Date of MDS diagnosis | | | ✔ | | | | |  | | | | 1 | Accept |
| Status at HSCT | | | | | | | | | | | | | | | |
| 93 | | Date of this HSCT | | |  | | | | | ✔ | | | | 1 | Accept |
| WHO classification at HSCT | | | | | | | | | | | | | | | |
| 94 | | Refractory anemia (RA) (without ring sideroblasts) | | |  | | | | | ✔ | | | | 1 | Accept |
| 95 | | RA with ring sideroblasts (RARS) | | |  | | | | | ✔ | | | | 1 | Accept |
| 96 | | MDS associated with isolated del(5q) | | |  | | | | | ✔ | | | | 1 | Accept |
| 97 | | Refractory cytopenia with multilineage dysplasia (RCMD) | | |  | | | | | ✔ | | | | 1 | Accept |
| 98 | | RCMD with ringed sideroblasts (RCMD-RS) | | |  | | | | | ✔ | | | | 1 | Accept |
| 99 | | RA with excess of blasts-1 (RAEB-1) | | |  | | | | | ✔ | | | | 1 | Accept |
| 100 | | RA with excess of blasts-2 (RAEB-2) | | |  | | | | | ✔ | | | | 1 | Accept |
| 101 | | Childhood myelodysplastic syndrome (Refractory cytopenia of childhood (RCC)) | | |  | | | | | ✔ | | | | 1 | Accept |
| 102 | | MDS Unclassifiable (MDS-U) | | |  | | | | | ✔ | | | | 1 | Accept |
| What was the disease status? | | | | | | | | | | | | | | | |
| 103 | | Primary refractory phase (no change) | | |  | | | | | ✔ | | | | 0.6 | Reject |
| 104 | | Complete remission (CR) | | | ✔ | | | | | ✔ | | | | 0.6 | Reject |
| 105 | | Improvement but no CR | | |  | | | | | ✔ | | | | 0.6 | Reject |
| 106 | | Hematological Improvement (HI) | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 107 | | No response (NR) / stable disease (SD) | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 108 | | Relapse (after CR) | | | ✔ | | | | | ✔ | | | | 0.6 | Reject |
| 109 | | Progression/worse | | | ✔ | | | | | ✔ | | | | 1 | Accept |
| 110 | | Never treated (Supportive care or treatment without chemotherapy) | | |  | | | | | ✔ | | | | 0.6 | Reject |
| 111 | | Not assessed | | | ✔ | | | | |  | | | | 1 | Accept |
| Specify the cell-line examined to determine Hematological Improvement (HI) status | | | | | | | | | | | | | | | |
| 112 | | HI-E | | | ✔ | | | | |  | | | | 0.6 | Reject |
| 113 | | HI-P | | | ✔ | | | | |  | | | | 1 | Accept |
| 114 | | HI-N | | | ✔ | | | | |  | | | | 0.6 | Reject |
| Specify transfusion dependence | | | | | | | | | | | | | | | |
| 115 | | Non- transfused (NTD) | | | ✔ | | | | |  | | | | 1 | Accept |
| 116 | | Low- transfusion burden (LTB) | | | ✔ | | | | |  | | | | 1 | Accept |
| 117 | | Number of relapse (after CR) | | |  | | | | | ✔ | | | | 0.6 | Reject |
| 118 | | Number of complete remission (CR) | | |  | | | | | ✔ | | | | 0.6 | Reject |
| 119 | | Date assessed | | | ✔ | | | | |  | | | | 1 | Accept |
|  | **Myeloproliferative Neoplasms (MPN)** | | | | | | | | | | | | | | |
| **N0** | **Question** | | | | **CIBMTR** | | | | **EBMT** | | | | **CVR** | **Accept/ Reject** | |
| 1 | Date of initial diagnosis | | | | ✔ | | | | ✔ | | | | 1 | Accept | |
| What was the MPN subtype at diagnosis? | | | | | | | | | | | | | | | |
| 2 | Chronic neutrophilic leukemia | | | | ✔ | | | | ✔ | | | | 1 | Accept | |
| 3 | Chronic eosinophilic leukemia (CEL) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 4 | Chronic eosinophilic leukemia, not otherwise specified (NOS) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 5 | Essential thrombocythemia | | | | ✔ | | | | ✔ | | | | 1 | Accept | |
| 6 | Myeloproliferative neoplasm (MPN), unclassifiable | | | | ✔ | | | |  | | | | 1 | Accept | |
| 7 | Myeloid/ lymphoid neoplasms with PDGFRA rearrangement | | | | ✔ | | | |  | | | | 1 | Accept | |
| 8 | Myeloid/ lymphoid neoplasms with PDGFRB rearrangement | | | | ✔ | | | |  | | | | 1 | Accept | |
| 9 | Myeloid/ lymphoid neoplasms with FGFR1 rearrangement | | | | ✔ | | | | ✔ | | | | 1 | Accept | |
| 10 | Myeloid/ lymphoid neoplasms with PCM1- JAK2 | | | | ✔ | | | |  | | | | 1 | Accept | |
| 11 | Polycythemia vera (PCV) | | | | ✔ | | | | ✔ | | | | 1 | Accept | |
| 12 | Primary myelofibrosis (PMF) | | | | ✔ | | | | ✔ | | | | 1 | Accept | |
| 13 | Cutaneous mastocytosis (CM) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 14 | Systemic mastocytosis | | | | ✔ | | | | ✔ | | | | 1 | Accept | |
| 15 | Mast cell sarcoma (MCS) | | | | ✔ | | | | ✔ | | | | 1 | Accept | |
| 16 | Mast cell leukemia | | | |  | | | | ✔ | | | | 1 | Accept | |
| 17 | MPN not otherwise specified | | | |  | | | | ✔ | | | | 1 | Accept | |
| 18 | Hyper eosinophilic syndrome | | | |  | | | | ✔ | | | | 1 | Accept | |
| 19 | Other | | | |  | | | | ✔ | | | | -0.2 | Reject | |
| 20 | Specify other | | | |  | | | | ✔ | | | | -0.2 | Reject | |
| Specify systemic mastocytosis | | | | | | | | | | | | | | | |
| 21 | Indolent systemic mastocytosis (ISM) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 22 | Smoldering systemic mastocytosis (SSM) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 23 | systemic mastocytosis with an associated hematologicalneoplasm (SM-AHN) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 24 | Aggressive systemic mastocytosis (ASM) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 25 | Mast cell leukemia (MCL) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 26 | Secondary origin? (Disease related to prior exposure to therapeutic drugs or radiation) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 27 | IPSS risk score for Myelofibrosis | | | |  | | | | ✔ | | | | 1 | Accept | |
| **Assessment** | | | | | | | | | | | | | | | |
| 28 | Did the recipient have constitutional symptoms in six months before assessment? (Symptoms are > 10% weight loss in six months, night sweats, unexplained fever higher than 37.5°C) | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| Chromosome analysis | | | | | | | | | | | | | | | |
| 29 | Was Chromosome analysis done? | | | | ✔ | | | | ✔ | | | | 0.6 | Reject | |
| 30 | Were cytogenetics tested via FISH? | | | | ✔ | | | |  | | | | 1 | Accept | |
| 31 | Were cytogenetics tested via karyotyping? | | | | ✔ | | | |  | | | | 1 | Reject | |
| 32 | If abnormal: Complex karyotype? (3 or more abnormalities) | | | |  | | | | ✔ | | | | 0.6 | Reject | |
| 33 | Transcribe the complete karyotype | | | |  | | | | ✔ | | | | 1 | Accept | |
| 34 | Specify number of distinct cytogenetic abnormalities | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| Specify abnormalities | | | | | | | | | | | | | | | |
| 35 | Abn 1 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 36 | Abn 5 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 37 | Abn 7 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 38 | trisomy 8 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 39 | trisomy 9 | | | |  | | | | ✔ | | | | 1 | Accept | |
| 40 | Del 20 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 41 | Del 13 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 42 | -5 | | | | ✔ | | | |  | | | | 1 | Accept | |
| 43 | -7 | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 44 | +8 | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 45 | +9 | | | | ✔ | | | |  | | | | 1 | Accept | |
| 46 | -Y | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 47 | t (1; any) | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 48 | t (3q21; any) | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 49 | t (11q23; any) | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 50 | t (12p11.2; any) | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 51 | t (6;9) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 52 | del (5q)/5q- | | | | ✔ | | | |  | | | | 1 | Accept | |
| 53 | del (7q)/7q- | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 54 | del (11q)/11q- | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 55 | del (12p)/12p- | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 56 | del (13q)/13q- | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 57 | del (20q)/20q- | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 58 | dup (1) | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 59 | inv (3) | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 60 | i17q | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 61 | Other | | | | ✔ | | | | ✔ | | | | 0.2 | Reject | |
| 62 | Specify other | | | | ✔ | | | | ✔ | | | | 0.2 | Reject | |
| Molecular markers | | | | | | | | | | | | | | | |
| 63 | Were Molecular markers evaluated? | | | |  | | | | ✔ | | | | 1 | Accept | |
| Indicate abnormalities | | | | | | | | | | | | | | | |
| 64 | BCR-ABL | | | |  | | | | ✔ | | | | 1 | Accept | |
| 65 | JAK2 mutation | | | |  | | | | ✔ | | | | 1 | Accept | |
| 66 | If JAK2 mutation is present, what percentage is Allele burden? | | | |  | | | | ✔ | | | | -1 | Reject | |
| 67 | cMPL mutation | | | |  | | | | ✔ | | | | 1 | Accept | |
| 68 | Cal Reticulin mutation | | | |  | | | | ✔ | | | | 1 | Accept | |
| 69 | FIP1L1-PDGFR | | | |  | | | | ✔ | | | | 1 | Accept | |
| 70 | Other | | | |  | | | | ✔ | | | | -1 | Reject | |
| 71 | Specify Other | | | |  | | | | ✔ | | | | -1 | Reject | |
| Laboratory studies | | | | | | | | | | | | | | | |
| 72 | Date CBC drawn | | | | ✔ | | | |  | | | | 1 | Accept | |
| 73 | WBC | | | | ✔ | | | |  | | | | 1 | Accept | |
| 74 | Neutrophils | | | | ✔ | | | |  | | | | 1 | Accept | |
| 75 | Blasts in blood | | | | ✔ | | | |  | | | | 1 | Accept | |
| 76 | Hemoglobin | | | | ✔ | | | |  | | | | 1 | Accept | |
| 77 | Were RBCs transfused ≤ 30 days before the CBC sample date? | | | | ✔ | | | |  | | | | 1 | Accept | |
| 78 | Platelets | | | | ✔ | | | |  | | | | 1 | Accept | |
| 79 | Were platelets transfused ≤ 7 days before the CBC sample date? | | | | ✔ | | | |  | | | | 1 | Accept | |
| 80 | Blasts in bone marrow | | | | ✔ | | | |  | | | | 1 | Accept | |
| 81 | Were tests for driver mutations performed? | | | | ✔ | | | |  | | | | 1 | Accept | |
| 82 | JAK2 | | | | ✔ | | | |  | | | | 1 | Accept | |
| 83 | JAK2: JAK2 V617F | | | | ✔ | | | |  | | | | 1 | Accept | |
| 84 | JAK2: JAK2 Exon 12 | | | | ✔ | | | |  | | | | 1 | Accept | |
| 85 | CALR | | | | ✔ | | | |  | | | | -1 | Reject | |
| 86 | CALR: CALR type 1 | | | | ✔ | | | |  | | | | -1 | Reject | |
| 87 | CALR: CALR type2 | | | | ✔ | | | |  | | | | -1 | Reject | |
| 88 | CALR: Not defined | | | | ✔ | | | |  | | | | -1 | Reject | |
| 89 | MPL | | | | ✔ | | | |  | | | | -1 | Reject | |
| 90 | CSF3R | | | | ✔ | | | |  | | | | -1 | Reject | |
| 91 | Did the recipient progress or transform to a different MPN subtype or AML between diagnosis and the start of the preparative regimen / infusion? | | | | ✔ | | | |  | | | | 1 | Accept | |
| 92 | Post-essential thrombocythemic myelofibrosis | | | | ✔ | | | |  | | | | 1 | Accept | |
| 93 | Post- polycythemic myelofibrosis | | | | ✔ | | | |  | | | | 1 | Accept | |
| 94 | Transformed to AML | | | | ✔ | | | |  | | | | 1 | Accept | |
| 95 | Specify the date of the most recent transformation | | | | ✔ | | | |  | | | | 1 | Accept | |
| Specify transfusion dependence at the last evaluation prior to the start of the preparative regimen / infusion | | | | | | | | | | | | | | | |
| 96 | Non- transfused (NTD) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 97 | Low- transfusion burden (LTB) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 98 | High - transfusion burden (HTB) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 99 | Did the recipient have splenomegaly? | | | | ✔ | | | |  | | | | 1 | Accept | |
| Specify the method used to measure spleen size | | | | | | | | | | | | | | | |
| 100 | Physical assessment | | | | ✔ | | | |  | | | | 1 | Accept | |
| 101 | Ultrasound | | | | ✔ | | | |  | | | | 1 | Accept | |
| 102 | CT/MRI | | | | ✔ | | | |  | | | | -1 | Reject | |
| 103 | Specify the spleen size below the left coastal margin | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 104 | Specify the spleen size in centimeters | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 105 | Did the recipient have hepatomegaly? | | | | ✔ | | | |  | | | | 1 | Accept | |
| Specify the method used to measure liver size | | | | | | | | | | | | | | | |
| 106 | Physical assessment | | | | ✔ | | | |  | | | | 1 | Accept | |
| 107 | Ultrasound | | | | ✔ | | | |  | | | | -0.2 | Reject | |
| 108 | CT/MRI | | | | ✔ | | | |  | | | | 1 | Accept | |
| 109 | Specify the liver size below the right coastal margin | | | | ✔ | | | |  | | | | -0.2 | Reject | |
| 110 | Specify the liver size in centimeters | | | | ✔ | | | |  | | | | -0.2 | Reject | |
| Status at HSCT | | | | | | | | | | | | | | | |
| 111 | Date of this HSCT | | | |  | | | | ✔ | | | | 1 | Accept | |
| WHO classification at HSCT | | | | | | | | | | | | | | | |
| 112 | Primary myelofibrosis (Chronic idiopathic myelofibrosis; fibrosis with myeloid metaplasia) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 113 | Polycythaemia vera | | | |  | | | | ✔ | | | | 1 | Accept | |
| 114 | Essential or primary thrombocythaemia | | | |  | | | | ✔ | | | | 1 | Accept | |
| 115 | Hyper eosinophilic syndrome (HES) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 116 | Chronic eosinophilic leukemia (CEL) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 117 | Chronic neutrophilic leukemia | | | |  | | | | ✔ | | | | 1 | Accept | |
| 118 | Systemic mastocytosis | | | |  | | | | ✔ | | | | 1 | Accept | |
| 119 | Mast cell leukemia | | | |  | | | | ✔ | | | | 1 | Accept | |
| 120 | Mast cell sarcoma | | | |  | | | | ✔ | | | | 1 | Accept | |
| 121 | Myeloid and lymphoid neoplasms with FGFR1 abnormalities (Stem cell leukemia-lymphoma syndrome, 8p11 syndrome) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 122 | Transformed to myelofibrosis from PV/ET | | | |  | | | | ✔ | | | | 1 | Accept | |
| 123 | Transformed to AML | | | |  | | | | ✔ | | | | 1 | Accept | |
| 124 | Date of transformation | | | |  | | | | ✔ | | | | 1 | Accept | |
| What was the disease status? | | | | | | | | | | | | | | | |
| 125 | Complete clinical remission (CR) | | | | ✔ | | | | ✔ | | | | 0.6 | Reject | |
| 126 | Partial clinical remission (PR) | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 127 | Clinical improvement (CI) | | | | ✔ | | | |  | | | | 1 | Accept | |
| 128 | Stable disease (SD) | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 129 | Progressive disease | | | | ✔ | | | | ✔ | | | | 1 | Accept | |
| 130 | Relapse | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 131 | Not assessed | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 132 | Primary refractory phase | | | |  | | | | ✔ | | | | 0.6 | Reject | |
| 133 | Improvement but no CR | | | |  | | | | ✔ | | | | 1 | Accept | |
| 134 | Relapse (after CR) | | | |  | | | | ✔ | | | | -0.2 | Reject | |
| 135 | Never treated | | | |  | | | | ✔ | | | | 1 | Accept | |
| 136 | What is DIPSS Risk score for Myelofibrosis? | | | |  | | | | ✔ | | | | 1 | Accept | |
| 137 | Number of complete remissions? | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 138 | Number of relapses? | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 139 | Was an anemia response achieved? | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 140 | Was a spleen response achieved? | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| 141 | Was a symptom response achieved? | | | | ✔ | | | |  | | | | 0.2 | Reject | |
| Specify the cytogenetic response | | | | | | | | | | | | | | | |
| 142 | Complete response (CR): Eradication of pre-existing abnormality | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 143 | Partial response (PR): ≥50% reduction in abnormal metaphases | | | | ✔ | | | |  | | | | 1 | Accept | |
| 144 | Re- emergence of pre-existing cytogenetic abnormality | | | | ✔ | | | |  | | | | 1 | Accept | |
| 145 | Not assessed | | | | ✔ | | | |  | | | | 1 | Accept | |
| 146 | Not applicable | | | | ✔ | | | |  | | | | 1 | Accept | |
| 147 | None of the above: does not meet the CR or PR criteria | | | | ✔ | | | |  | | | | 1 | Accept | |
| Specify the molecular response | | | | | | | | | | | | | | | |
| 148 | Complete response (CR): Eradication of pre-existing abnormality | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 149 | Partial response (PR): ≥50% decrease in allele burden | | | | ✔ | | | |  | | | | 1 | Accept | |
| 150 | Re- emergence of pre-existing molecular abnormality | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 151 | Not assessed | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 152 | Not applicable | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 153 | None of the above: does not meet the CR or PR criteria | | | | ✔ | | | |  | | | | 0.6 | Reject | |
| 154 | Date assessed | | | | ✔ | | | |  | | | | 1 | Accept | |
| **Combined Myelodysplastic syndrome/ Myelodysplastic neoplasm (MDS/MPN)** | | | | | | | | | | | | | | | |
| **No** | **Question** | | | | **CIBMTR** | | | | **EBMT** | | | | **CVR** | **Accept/ Reject** | |
| 1 | Date of initial diagnosis | | | |  | | | | ✔ | | | | 1 | Accept | |
| MDS/MPN classification | | | | | | | | | | | | | | | |
| 2 | Chronic myelomonocytic leukemia (CMMoL, CMML) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 3 | Juvenile myelomonocytic leukemia (JCMMoL, JMML, JCML, JCMML) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 4 | Atypical CML ((t (9;22) negative and BCR-ABL1 negative) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 5 | Therapy related MDS/MPN (Is disease related to prior exposure to therapeutic drugs or radiation?) | | | |  | | | | ✔ | | | | 1 | Accept | |
| Chromosome analysis at diagnosis | | | | | | | | | | | | | | | |
| 6 | Were Chromosome analysis done? | | | |  | | | | ✔ | | | | 1 | Accept | |
| 7 | If abnormal was karyotype complex? (≥ abnormalities) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 8 | Transcribe the complete karyotype | | | |  | | | | ✔ | | | | 1 | Accept | |
| Indicate abnormalities | | | | | | | | | | | | | | | |
| 9 | Abn 1 | | | |  | | | | ✔ | | | | 1 | Accept | |
| 10 | Specify Abn 1 | | | |  | | | | ✔ | | | | 1 | Accept | |
| 11 | Abn 5 | | | |  | | | | ✔ | | | | 1 | Accept | |
| 12 | Specify Abn 5 | | | |  | | | | ✔ | | | | 1 | Accept | |
| 13 | Abn 7 | | | |  | | | | ✔ | | | | 1 | Accept | |
| 14 | Specify Abn 7 | | | |  | | | | ✔ | | | | 1 | Accept | |
| 15 | trisomy 8 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 16 | trisomy 9 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 17 | Del 20 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 18 | Del 13 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 19 | other | | | |  | | | | ✔ | | | | 1 | Accept | |
| 20 | Specify other | | | |  | | | | ✔ | | | | 1 | Accept | |
| Molecular Markers at Diagnosis | | | | | | | | | | | | | | | |
| 21 | Were Molecular Markers evaluated? | | | |  | | | | ✔ | | | | 1 | Accept | |
| Indicate abnormalities | | | | | | | | | | | | | | | |
| 22 | BCR-ABL; molecular product of t (9;22) (q34; q11.2) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 23 | JAK2 mutation | | | |  | | | | ✔ | | | | 1 | Accept | |
| 24 | FIP1L1-PDGFR | | | |  | | | | ✔ | | | | 1 | Accept | |
| 25 | PTPN-11 | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 26 | K-RAS | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 27 | N-RAS | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 28 | CBL | | | |  | | | | ✔ | | | | 0.2 | Reject | |
| 29 | Other | | | |  | | | | ✔ | | | | 1 | Accept | |
| 30 | Specify other | | | |  | | | | ✔ | | | | 1 | Accept | |
| Status at HSCT | | | | | | | | | | | | | | | |
| 31 | Date of this HSCT | | | |  | | | | ✔ | | | | 1 | Accept | |
| WHO classification at HSCT | | | | | | | | | | | | | | | |
| 32 | Chronic myelomonocytic leukemia (CMMoL, CMML) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 33 | Juvenile myelomonocytic leukemia (JCMMoL, JMML, JCML, JCMML) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 34 | Atypical CML ((t (9;22) negative and BCR-ABL1 negative) | | | |  | | | | ✔ | | | | 1 | Accept | |
| What was the disease status? (CMML / Atypical CML) | | | | | | | | | | | | | | | |
| 35 | Primary refractory phase (no change) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 36 | Complete remission (CR) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 37 | Improvement but no CR | | | |  | | | | ✔ | | | | 1 | Accept | |
| 38 | Relapse (after CR) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 39 | Progression/worse | | | |  | | | | ✔ | | | | 1 | Accept | |
| 40 | Never treated (Supportive care or treatment without chemotherapy) | | | |  | | | | ✔ | | | | 1 | Accept | |
| 41 | What is DIPSS Risk score for Myelofibrosis? | | | |  | | | | ✔ | | | | 1 | Accept | |
| 42 | What is the number of complete remissions? | | | |  | | | | ✔ | | | | 1 | Accept | |
| 43 | What is the number of relapses? | | | |  | | | | ✔ | | | | 1 | Accept | |
|  | **Plasma cell disorders including Multiple Myeloma (PCD)** | | | | | | | | | | | | | | |
| **No** | **Question** | | **CIBMTR** | | | | | **EBMT** | | | | **CVR** | | **Accept/ Reject** | |
| 1 | Date of initial diagnosis | |  | | | | | ✔ | | | | 1 | | Accept | |
| Specify the multiple myeloma/plasma cell disorder (PCD) classification | | | | | | | | | | | | | | | |
| 2 | Multiple myeloma (MM): heavy chain and light chain | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 3 | Multiple myeloma (MM): light chain | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 4 | Multiple myeloma (MM): non-secretory | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 5 | Plasma cell leukemia | |  | | | | | ✔ | | | | 1 | | Accept | |
| 6 | Solitary plasmacytoma of bone | |  | | | | | ✔ | | | | 1 | | Accept | |
| 7 | Smoldering myeloma | | ✔ | | | | |  | | | | 1 | | Accept | |
| 8 | Amyloidosis | | ✔ | | | | |  | | | | 1 | | Accept | |
| 9 | Primary amyloidosis | |  | | | | | ✔ | | | | 1 | | Accept | |
| 10 | POEMS | |  | | | | | ✔ | | | | 1 | | Accept | |
| 11 | Osteosclerotic myeloma /POEMs syndrome | | ✔ | | | | |  | | | | 1 | | Accept | |
| 12 | Monoclonal light and heavy chain deposition disease (LCDD/HCDD) | |  | | | | | ✔ | | | | 1 | | Accept | |
| 13 | Monoclonal gammopathy of renal significance (MGRS) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 14 | Other | | ✔ | | | | | ✔ | | | | -0.2 | | Reject | |
| 15 | Specify other | | ✔ | | | | | ✔ | | | | -0.2 | | Reject | |
| Specify heavy chain type | | | | | | | | | | | | | | | |
| 16 | IgG | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 17 | IgA | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 18 | IgD | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 19 | IgE | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 20 | IgM | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| Specify Light Chain Type | | | | | | | | | | | | | | | |
| 21 | Lambda | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 22 | Kappa | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| What was (SALMON & DURIE STAGE staging for Multiple myeloma only? (optional) | | | | | | | | | | | | | | | |
| 23 | Stage I | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 24 | Stage II | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 25 | Stage III | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| What was SALMON & DURIE sub-classification? | | | | | | | | | | | | | | | |
| 26 | 1. Relatively normal renal function (serum creatinine <2 mg/dL) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 27 | 1. Abnormal renal function (serum creatinine ≥ 2 mg/dL) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| Specify ISS STAGE | | | | | | | | | | | | | | | |
| 28 | Stage: I (β2-μglob (mg/L)<3.5 , Albumin(g/L) >35) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 29 | Stage: II (β2-μglob mg/L<3.5 , Albumin(g/L)<35) OR (3.5< β2-μglob (mg/L)<5.5 , Albumin(g/L):any) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 30 | Stage: III (β2-μglob (mg/L)>5.5 , Albumin(g/L):any) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| Specify Amyloidosis classification | | | | | | | | | | | | | | | |
| 31 | AL amyloidosis | | ✔ | | | | |  | | | | 1 | | Accept | |
| 32 | AH amyloidosis | | ✔ | | | | |  | | | | 1 | | Accept | |
| 33 | AHL amyloidosis | | ✔ | | | | |  | | | | 1 | | Accept | |
| 34 | Select monoclonal gammopathy of renal significance (MGRS) classification | | ✔ | | | | |  | | | | 1 | | Accept | |
| Select monoclonal immunoglobulin deposition disease (MIDD) subtype | | | | | | | | | | | | | | | |
| 35 | Light chain deposition disease (LCDD) | | ✔ | | | | |  | | | | 1 | | Accept | |
| 36 | Light and heavy chain deposition disease (LHCDD) | | ✔ | | | | |  | | | | 1 | | Accept | |
| 37 | Heavy chain deposition disease (HCDD) | | ✔ | | | | |  | | | | 1 | | Accept | |
| Solitary plasmacytoma was | | | | | | | | | | | | | | | |
| 38 | Extramedullary | | ✔ | | | | |  | | | | 1 | | Accept | |
| 39 | Bone derived | | ✔ | | | | |  | | | | 1 | | Accept | |
| 40 | Did the recipient have a preceding or concurrent plasma cell disorder? | | ✔ | | | | |  | | | | 1 | | Accept | |
| 41 | Specify preceding / concurrent disorder | | ✔ | | | | |  | | | | 1 | | Accept | |
| 42 | Specify other preceding / concurrent disorder | | ✔ | | | | |  | | | | 1 | | Accept | |
| 43 | Date of diagnosis of preceding / concurrent disorder | | ✔ | | | | |  | | | | 1 | | Accept | |
| 44 | Serum β2 microglobulin | | ✔ | | | | |  | | | | 0.6 | | Reject | |
| 45 | Serum albumin | | ✔ | | | | |  | | | | 1 | | Accept | |
| 46 | Plasma cells in blood by flow cytometry | | ✔ | | | | |  | | | | 0.6 | | Reject | |
| 47 | Plasma cells in blood by morphologic assessment | | ✔ | | | | |  | | | | 0.6 | | Reject | |
| 48 | LDH (lactate dehydrogenase) | | ✔ | | | | |  | | | | 1 | | Accept | |
| 49 | Upper limit of normal for LDH | | ✔ | | | | |  | | | | 1 | | Accept | |
| Labs at diagnosis | | | | | | | | | | | | | | | |
| 50 | Was Chromosome analysis at diagnosis done (All methods including FISH)? | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 51 | Was cytogenetics tested via FISH? | | ✔ | | | | |  | | | | 1 | | Accept | |
| 52 | Was cytogenetics tested via karyotyping? | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 53 | If abnormal was Karyotype complex? | |  | | | | | ✔ | | | | 1 | | Accept | |
| 54 | Transcribe the complete karyotype | |  | | | | | ✔ | | | | 1 | | Accept | |
| 55 | Results of tests | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| Specify abnormalities | | | | | | | | | | | | | | | |
| 56 | Del 13q14 | | 1 | | | | | ✔ | | | | 1 | | Accept | |
| 57 | t (11;14) | | ✔ | | | | | ✔ | | | | 0.2 | | Reject | |
| 58 | abn 17q | |  | | | | | ✔ | | | | 1 | | Accept | |
| 59 | del 17p | |  | | | | | ✔ | | | | 1 | | Accept | |
| 60 | t (4;14) | | ✔ | | | | | ✔ | | | | 0.2 | | Reject | |
| 61 | t (14;16) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 62 | 1q amplification | |  | | | | | ✔ | | | | 1 | | Accept | |
| 63 | myc rearrangement | |  | | | | | ✔ | | | | 0.2 | | Reject | |
| 64 | +3 | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 65 | +5 | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 66 | +7 | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 67 | +9 | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 68 | +11 | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 69 | +15 | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 70 | +19 | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 71 | t (6 ;14) | | ✔ | | | | |  | | | | 1 | | Accept | |
| 72 | t (14;20) | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 73 | Del (13q)/ 13q- | | ✔ | | | | |  | | | | 1 | | Accept | |
| 74 | Del (17p) /17 p- | | ✔ | | | | |  | | | | 1 | | Accept | |
| 75 | -13 | | ✔ | | | | |  | | | | 1 | | Accept | |
| 76 | -17 | | ✔ | | | | |  | | | | 1 | | Accept | |
| 77 | Hyperdiploid (>50) | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 78 | Hypodiploid (<46) | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 79 | MYC rearrangement | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 80 | Any abnormality at 1q | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 81 | Any abnormality at 1p | | ✔ | | | | |  | | | | 0.2 | | Reject | |
| 82 | other | | ✔ | | | | | ✔ | | | | -0.2 | | Reject | |
| 83 | Specify other | | ✔ | | | | | ✔ | | | | -0.2 | | Reject | |
| Marker analysis at diagnosis | | | | | | | | | | | | | | | |
| 84 | Was Marker analysis at diagnosis evaluated? | |  | | | | | ✔ | | | | 1 | | Accept | |
| Status at HSCT | | | | | | | | | | | | | | | |
| 85 | Date of this HSCT | |  | | | | | ✔ | | | | 1 | | Accept | |
| What was the disease status? | | | | | | | | | | | | | | | |
| 86 | Stringent complete remission (sCR) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 87 | Complete remission (CR) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 88 | Very good partial remission (VGPR) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 89 | Partial remission (PR) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 90 | Relapse from CR (untreated) | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 91 | progression | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 92 | No response (NR) /stable disease | | ✔ | | | | | ✔ | | | | 1 | | Accept | |
| 93 | Never treated | |  | | | | | ✔ | | | | -0.6 | | Reject | |
| 94 | unknown | | ✔ | | | | |  | | | | -0.2 | | Reject | |
| 95 | Number of Stringent complete remission (sCR) | |  | | | | | ✔ | | | | 1 | | Accept | |
| 96 | Number of Complete remission (CR) | |  | | | | | ✔ | | | | 1 | | Accept | |
| 97 | Number of Very good partial remission (VGPR) | |  | | | | | ✔ | | | | 1 | | Accept | |
| 98 | Number of Partial remission (PR) | |  | | | | | ✔ | | | | 1 | | Accept | |
| 99 | Number of Relapse from CR (untreated) | |  | | | | | ✔ | | | | 0.6 | | Reject | |
| 100 | Date assessed | | ✔ | | | | |  | | | | 1 | | Accept | |
| Specify amyloidosis hematologic response (for Amyloid patients only) | | | | | | | | | | | | | | | |
| 101 | Complete response (CR) | | ✔ | | | | |  | | | | 1 | | Accept | |
| 102 | Very good partial response (VGPR) | | ✔ | | | | |  | | | | 1 | | Accept | |
| 103 | Partial response (PR) | | ✔ | | | | |  | | | | 1 | | Accept | |
| 104 | No response (NR)/ stable disease (SD) | | ✔ | | | | |  | | | | 1 | | Accept | |
| 105 | Progressive disease (PD) | | ✔ | | | | |  | | | | 1 | | Accept | |
| 106 | Relapse from CR (Rel) (untreated) | | ✔ | | | | |  | | | | 0.6 | | Reject | |
| 107 | Unknown | | ✔ | | | | |  | | | | -0.2 | | Reject | |
| 108 | Date assessed | | ✔ | | | | |  | | | | 1 | | Accept | |
| **Hemoglobinopathy** | | | | | | | | | | | | | | | |
| **No** | **Question** | **CIBMTR** | | | | | **EBMT** | | | | **CVR** | | | **Accept/ Reject** | |
| 1 | Date of this HSCT |  | | | | | ✔ | | | | 1 | | | Accept | |
| Hemoglobinopathy Classification | | | | | | | | | | | | | | | |
| 2 | Thalassemia |  | | | | | ✔ | | | | 1 | | | Accept | |
| 3 | Transfusion dependent Thalassemia | ✔ | | | | |  | | | | 1 | | | Accept | |
| 4 | Sickle cell disease (if select go to question 13) | ✔ | | | | | ✔ | | | | 1 | | | Accept | |
| 5 | Other haemoglobinopathy | ✔ | | | | | ✔ | | | | 1 | | | Accept | |
| 6 | Specify Other hemoglobinopathy | ✔ | | | | | ✔ | | | | 1 | | | Accept | |
| Thalassemia sub-classification | | | | | | | | | | | | | | | |
| 7 | Beta 0 |  | | | | | ✔ | | | | 1 | | | Accept | |
| 8 | Beta + |  | | | | | ✔ | | | | 1 | | | Accept | |
| 9 | Beta E |  | | | | | ✔ | | | | 1 | | | Accept | |
| 10 | Beta S (sickle cell + thalassemia) |  | | | | | ✔ | | | | 1 | | | Accept | |
| Specify transfusion dependent thalassemia | | | | | | | | | | | | | | | |
| 11 | Transfusion dependent beta thalassemia | ✔ | | | | |  | | | | 1 | | | Accept | |
| 12 | Other transfusion dependent thalassemia | ✔ | | | | |  | | | | 1 | | | Accept | |
| 13 | What is Sickle cell percentage? (%sickle cell) |  | | | | | ✔ | | | | 1 | | | Accept | |
| 14 | Did the recipient receive gene therapy to treat the hemoglobinopathy? | ✔ | | | | |  | | | | -1 | | | Reject | |
| 15 | Was tricuspid regurgitant jet velocity (TRJV) measured by echocardiography? | ✔ | | | | |  | | | | 1 | | | Accept | |
| 16 | TRJV measurement | ✔ | | | | |  | | | | 1 | | | Accept | |
| 17 | Was liver iron content (LIC) tested within 6 months prior to infusion? | ✔ | | | | |  | | | | 1 | | | Accept | |
| 18 | Liver iron content | ✔ | | | | |  | | | | 1 | | | Accept | |
| Method used to estimate LIC? | | | | | | | | | | | | | | | |
| 19 | T2 \* MRI | ✔ | | | | |  | | | | 1 | | | Accept | |
| 20 | SQUID MRI | ✔ | | | | |  | | | | 1 | | | Accept | |
| 21 | FerriScan | ✔ | | | | |  | | | | 0.2 | | | Reject | |
| 22 | Liver biopsy | ✔ | | | | |  | | | | 1 | | | Accept | |
| 23 | Other | ✔ | | | | |  | | | | 0.2 | | | Reject | |
| 24 | Is the recipient red blood cell transfusion dependent? | ✔ | | | | |  | | | | 1 | | | Accept | |
| 25 | Year of first transfusion (since diagnosis) | ✔ | | | | |  | | | | 1 | | | Accept | |
| 26 | Was iron chelation therapy given at any time since diagnosis? | ✔ | | | | |  | | | | 1 | | | Accept | |
| 27 | Did iron chelation therapy meet the following criteria: initiated within 18 months of the first transfusion and administered for at least 5 days / week (either oral or parenteral iron chelation medication) | ✔ | | | | |  | | | | 0.2 | | | Reject | |
| 28 | Specify reason criteria chelation therapy not met | ✔ | | | | |  | | | | 0.2 | | | Reject | |
| 29 | Year iron chelation therapy started | ✔ | | | | |  | | | | 1 | | | Accept | |
| 30 | Did the recipient have hepatomegaly? (> 2 cm below costal margin) | ✔ | | | | |  | | | | 1 | | | Accept | |
| 31 | Liver size as measured below the costal margin at most recent evaluation | ✔ | | | | |  | | | | 1 | | | Accept | |
| 32 | Was a liver biopsy performed at any time since diagnosis? | ✔ | | | | |  | | | | 0.2 | | | Reject | |
| 33 | Was there evidence of liver cirrhosis? | ✔ | | | | |  | | | | 1 | | | Accept | |
| 34 | Was there evidence of liver fibrosis? | ✔ | | | | |  | | | | 1 | | | Accept | |
| Type of fibrosis | | | | | | | | | | | | | | | |
| 35 | Bridging | ✔ | | | | |  | | | | 0.6 | | | Reject | |
| 36 | Periportal | ✔ | | | | |  | | | | 1 | | | Accept | |
| 37 | Other | ✔ | | | | |  | | | | 0.6 | | | Reject | |
| 38 | unknown | ✔ | | | | |  | | | | 0.6 | | | Reject | |
| 39 | Was there evidence of chronic hepatitis? | ✔ | | | | |  | | | | 0.6 | | | Reject | |
| 40 | Is there evidence of abnormal cardiac iron deposition based on an MRI of the heart at time of infusion? | ✔ | | | | |  | | | | 1 | | | Accept | |
| 41 | Did the recipient have a splenectomy at any time prior to infusion? | ✔ | | | | |  | | | | 1 | | | Accept | |
| Laboratory studies at last evaluation prior to start of preparative regimen | | | | | | | | | | | | | | | |
| 42 | Serum iron | ✔ | | | | |  | | | | 1 | | | Accept | |
| 43 | Total iron binding capacity (TIBC) | ✔ | | | | |  | | | | 1 | | | Accept | |
| 44 | Total Serum bilirubin | ✔ | | | | |  | | | | 1 | | | Accept | |
| 45 | Upper limit of normal for total serum bilirubin | ✔ | | | | |  | | | | 1 | | | Accept | |
| **Post-TED** | | | | | | | | | | | | | | | |
| **No** | **Question** | | | | | **CIBMTR** | | | | **EBMT** | | | **CVR** | **Accept/ Reject** | |
| **Survival** | | | | | | | | | | | | | | | |
| 1 | Date of actual contact with the recipient | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 2 | Survival Status on date of HSCT: Alive | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 3 | Survival Status on date of HSCT: Dead | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 4 | Survival Status on date of HSCT: patient died between administration of the preparative regimen and date of HSCT | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| Primary/Main cause of death | | | | | | | | | | | | | | | |
| 5 | Relapse or Progression/Persistent disease | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 6 | HSCR related cause | | | | |  | | | | ✔ | | | 1 | Accept | |
| 7 | Unknown | | | | |  | | | | ✔ | | | 1 | Accept | |
| 8 | Acute GVHD | | | | | ✔ | | | |  | | | 1 | Accept | |
| 9 | Chronic GVHD | | | | | ✔ | | | |  | | | 1 | Accept | |
| 10 | Graft rejection or failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 11 | Cytokine release syndrome | | | | | ✔ | | | |  | | | 1 | Accept | |
| 12 | Infection, organism not defined | | | | | ✔ | | | |  | | | 1 | Accept | |
| 13 | Bacterial infection | | | | | ✔ | | | |  | | | 1 | Accept | |
| 14 | Fungal infection | | | | | ✔ | | | |  | | | 1 | Accept | |
| 15 | Viral infection | | | | | ✔ | | | |  | | | 1 | Accept | |
| 16 | COVID-19 | | | | | ✔ | | | |  | | | 1 | Accept | |
| 17 | Protozoal infection | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 18 | Other infection | | | | | ✔ | | | |  | | | 1 | Accept | |
| 19 | Idiopathic pneumonia syndrome (IPS) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 20 | Pneumonia due to cytomegalovirus | | | | | ✔ | | | |  | | | 1 | Accept | |
| 21 | Pneumonia due to other virus | | | | | ✔ | | | |  | | | 1 | Accept | |
| 22 | Other pulmonary syndrome (excluding pulmonary hemorrhage) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 23 | Liver failure (not VOD) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 24 | Veno-occlusive disease (VOD)/ sinusoidal obstruction syndrome (SOS) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 25 | Cardiac failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 26 | Pulmonary failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 27 | Central nervous system | | | | | ✔ | | | |  | | | 1 | Accept | |
| 28 | Renal failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 29 | Gastrointestinal (GI) failure (not liver) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 30 | Multiple organ failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 31 | Other organ failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 32 | New malignancy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 33 | Prior malignancy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 34 | Pulmonary hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 35 | Diffuse alveolar hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 36 | Intracranial hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 37 | Gastrointestinal (GI) hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 38 | Hemorrhagic cystitis | | | | | ✔ | | | |  | | | 1 | Accept | |
| 39 | Other hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 40 | Thromboembolic | | | | | ✔ | | | |  | | | 1 | Accept | |
| 41 | Disseminated intravascular coagulation | | | | | ✔ | | | |  | | | 1 | Accept | |
| 42 | Thrombotic microangiopathy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 43 | Other vascular | | | | | ✔ | | | |  | | | 1 | Accept | |
| 44 | Accidental death | | | | | ✔ | | | |  | | | 1 | Accept | |
| 45 | Suicide | | | | | ✔ | | | |  | | | 1 | Accept | |
| 46 | Other cause | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| Contributing cause of death | | | | | | | | | | | | | | | |
| 47 | History of severe Veno occlusive disorder (VOD) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 48 | Interstitial pneumonitis Pulmonary toxicity | | | | |  | | | | ✔ | | | 1 | Accept | |
| 49 | Recurrence/ Persistent / Progression of disease | | | | | ✔ | | | |  | | | 1 | Accept | |
| 50 | Rejection/Poor graft function | | | | |  | | | | ✔ | | | 1 | Accept | |
| 51 | Acute GVHD | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 52 | Chronic GVHD | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 53 | Graft rejection or failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 54 | Cytokine release syndrome | | | | | ✔ | | | |  | | | 1 | Accept | |
| 55 | Infection, organism not defined | | | | | ✔ | | | |  | | | 1 | Accept | |
| 56 | Bacterial infection | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 57 | Fungal infection | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 58 | Viral infection | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 59 | COVID-19 | | | | | ✔ | | | |  | | | 1 | Accept | |
| 60 | Protozoal infection | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 61 | Other infection | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 62 | Idiopathic pneumonia syndrome (IPS) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 63 | Pneumonia due to cytomegalovirus | | | | | ✔ | | | |  | | | 1 | Accept | |
| 64 | Pneumonia due to other virus | | | | | ✔ | | | |  | | | 1 | Accept | |
| 65 | Other pulmonary syndrome (excluding pulmonary hemorrhage) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 66 | Diffuse alveolar damage (without hemorrhage) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 67 | Acute respiratory distress syndrome (ARDS) (other than IPS) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 68 | Liver failure (not VOD) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 69 | Veno-occlusive disease (VOD)/ sinusoidal obstruction syndrome (SOS) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 70 | Cardiac toxicity | | | | |  | | | | ✔ | | | 1 | Accept | |
| 71 | Cardiac failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 72 | Pulmonary failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 73 | Central nervous system | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 74 | Renal failure | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 75 | Gastrointestinal (GI) toxicity | | | | |  | | | | ✔ | | | 1 | Accept | |
| 76 | Gastrointestinal (GI) failure (not liver) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 77 | Multiple organ failure | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 78 | Other organ failure | | | | | ✔ | | | |  | | | 1 | Accept | |
| 79 | New malignancy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 80 | Prior malignancy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 81 | hemorrhage | | | | |  | | | | ✔ | | | 1 | Accept | |
| 82 | Pulmonary hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 83 | Diffuse alveolar hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 84 | Intracranial hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 85 | Gastrointestinal (GI) hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 86 | Hemorrhagic cystitis | | | | | ✔ | | | |  | | | 1 | Accept | |
| 87 | Other hemorrhage | | | | | ✔ | | | |  | | | 1 | Accept | |
| 88 | Thromboembolic | | | | | ✔ | | | |  | | | 1 | Accept | |
| 89 | Disseminated intravascular coagulation | | | | | ✔ | | | |  | | | 1 | Accept | |
| 90 | Thrombotic microangiopathy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 91 | Other vascular | | | | | ✔ | | | |  | | | 1 | Accept | |
| 92 | Skin toxicity | | | | |  | | | | ✔ | | | 1 | Accept | |
| 93 | Accidental death | | | | | ✔ | | | |  | | | 1 | Accept | |
| 94 | Suicide | | | | | ✔ | | | |  | | | 1 | Accept | |
| 95 | Other cause | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 96 | Specify other Contributing cause of death | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 97 | Did the recipient receive a subsequent HCT since the date of last report? | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 98 | Date of subsequent HCT | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| What was the indication for subsequent HCT? | | | | | | | | | | | | | | | |
| 99 | Graft failure / insufficient hematopoietic recovery | | | | | ✔ | | | |  | | | 1 | Accept | |
| 100 | Persistent primary disease | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 101 | Recurrent primary disease | | | | | ✔ | | | |  | | | 1 | Accept | |
| 102 | Planned subsequent HCT, per protocol | | | | | ✔ | | | |  | | | 1 | Accept | |
| 103 | New malignancy (including PTLD and EBV lymphoma) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 104 | Insufficient chimerism | | | | | ✔ | | | |  | | | 1 | Accept | |
| 105 | Relapse or progression after HSCT | | | | |  | | | | ✔ | | | 1 | Accept | |
| 106 | Other indication | | | | | ✔ | | | |  | | | 1 | Accept | |
| 107 | Specify other indication | | | | | ✔ | | | |  | | | 1 | Accept | |
| 108 | Source of HSCs: Allo, related | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 109 | Source of HSCs: Allo, unrelated | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 110 | Source of HSCs: Auto | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 111 | Has the recipient received Additional cell infusions? (Excluding a new HSCT) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 112 | Is this cell infusion an allogeneic boost? (If the cell infusion is not a boost fill in the cell therapy) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 113 | s this cell infusion an autologous boost? (If the cell infusion is not a boost fill in the cell therapy) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 114 | Has the recipient received a cellular therapy since the date of last report? (e.g. DCI) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 115 | Date of cellular therapy | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 116 | Type of cell(s): Lymphocyte (DLI) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 117 | Type of cell(s): Mesenchymal | | | | |  | | | | ✔ | | | 1 | Accept | |
| 118 | Type of cell(s): Fibroblasts | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| 119 | Type of cell(s): Dendritic cells | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| 120 | Type of cell(s): NK cells | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| 121 | Type of cell(s): Regulatory T-cells | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| 122 | Type of cell(s): Gamma/delta cells | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| 123 | Type of cell(s): Other | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| 124 | Specify other type of cell(s) | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| 125 | Chronological number of the cell infusion episode for this patient | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| What was the indication for Cell therapy? | | | | | | | | | | | | | | | |
| 126 | Cell therapy indication: Planned/protocol | | | | |  | | | | ✔ | | | 0.2 | Reject | |
| 127 | Cell therapy indication: Prophylactic | | | | |  | | | | ✔ | | | 0.2 | Reject | |
| 128 | Cell therapy indication: Treatment of GvHD | | | | |  | | | | ✔ | | | 0.2 | Reject | |
| 129 | Cell therapy indication: Loss/decreased chimaerism | | | | |  | | | | ✔ | | | 1 | Accept | |
| 130 | Cell therapy indication: Treatment PTLD, EBV lymphoma | | | | |  | | | | ✔ | | | 1 | Accept | |
| 131 | Cell therapy indication: Treatment for disease | | | | |  | | | | ✔ | | | 1 | Accept | |
| 132 | Cell therapy indication: Mixed chimaerism | | | | |  | | | | ✔ | | | 1 | Accept | |
| 133 | Cell therapy indication: Treatment viral infection | | | | |  | | | | ✔ | | | 0.2 | Reject | |
| 134 | Cell therapy indication: Other | | | | |  | | | | ✔ | | | 1 | Accept | |
| 135 | Specify other cell therapy indication | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| 136 | Number of infusions within 10 weeks | | | | |  | | | | ✔ | | | 0.6 | Reject | |
| **Recovery** | | | | | | | | | | | | | | | |
| 137 | Was there evidence of Absolute neutrophil count (ANC) recovery? | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 138 | Date of last assessment | | | | |  | | | | ✔ | | | 1 | Accept | |
| 139 | Date of ANC recovery | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 140 | Did early graft loss? (Loss of graft within the first 100 days) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 141 | Did late graft failure occur? | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 142 | Was there evidence of Platelet reconstitution? | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 143 | Date Platelets ≥ 20 x 109 /l | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| **Additional disease treatment** | | | | | | | | | | | | | | | |
| 144 | Was additional disease treatment given? (Excluding cell infusion) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 145 | Reason for this additional treatment: Prophylaxis / prevention (planned before the transplant took place) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 146 | Reason for this additional treatment: For relapse / progression or persistent disease | | | | |  | | | | ✔ | | | 1 | Accept | |
| 147 | Was therapy given since the date of last report for reasons other than relapse, persistence, or progressive disease? (If yes go to next question) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 148 | Therapy: blinded randomized trial | | | | | ✔ | | | |  | | | 0.2 | Reject | |
| 149 | Therapy: cellular therapy | | | | | ✔ | | | | ✔ | | | 0.2 | Reject | |
| 150 | Therapy: Radiation | | | | | ✔ | | | | ✔ | | | 0.2 | Reject | |
| 151 | Therapy: systemic therapy /Chemo therapy | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 152 | Therapy: other therapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 153 | Specify other therapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 154 | Date started | | | | |  | | | | ✔ | | | 1 | Accept | |
| 155 | Systemic therapy: Alemtuzumab (Campath) | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 156 | Systemic therapy: Azacytidine (Vidaza) | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 157 | Systemic therapy: Blinatumomab | | | | | ✔ | | | |  | | | 1 | Accept | |
| 158 | Systemic therapy: Bortezomib (Velcade) | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 159 | Systemic therapy: Bosutinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 160 | Systemic therapy: Carfilzomib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 161 | Systemic therapy: Chemotherapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 162 | Systemic therapy: Dasatinib (sprycel) | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 163 | Systemic therapy: Decitabine (Dacogen) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 164 | Systemic therapy: Gemtuzumab (Mylotarg, anti-CD33) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 165 | Systemic therapy: Gilteritinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 166 | Systemic therapy: Ibrutinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 167 | Systemic therapy: Imatinib mesylate (Gleevec) | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 168 | Systemic therapy: Ixazomib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 169 | Systemic therapy: Lenalidomide (Revlimid) | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 170 | Systemic therapy: Lestaurtinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 171 | Systemic therapy: Midostaurin | | | | | ✔ | | | |  | | | 1 | Accept | |
| 172 | Systemic therapy: Nilotinib | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 173 | Systemic therapy: Nivolumab | | | | | ✔ | | | |  | | | 1 | Accept | |
| 174 | Systemic therapy: Pembrolizumab | | | | | ✔ | | | |  | | | 1 | Accept | |
| 175 | Systemic therapy: Pomalidomide | | | | | ✔ | | | |  | | | 1 | Accept | |
| 176 | Systemic therapy: Quizartinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 177 | Systemic therapy: Rituximab (Rituxan, Mab Thera) | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 178 | Systemic therapy: Sorafenib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 179 | Systemic therapy: Sunitinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 180 | Systemic therapy: Thalidomide (Thalomid) | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 181 | Systemic therapy: Velafermin (FGF) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 182 | Systemic therapy: Kepivance (KGF, palifermin) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 183 | Systemic therapy: Eculizumab (Soliris) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 184 | Systemic therapy: Other systemic therapy, specify | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 185 | Intrathecal? | | | | |  | | | | ✔ | | | 1 | Accept | |
| **GVHD (Allografts only)** | | | | | | | | | | | | | | | |
| 186 | Did acute GVHD develop since the date of last report? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 187 | Date of GVHD diagnosis | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 188 | Did acute GVHD persist since the date of last report? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 189 | Maximum grade of GVHD at diagnosis: | | | | | ✔ | | | |  | | | 1 | Accept | |
| 190 | Stage for skin of acute GVHD at diagnosis: | | | | | ✔ | | | |  | | | 1 | Accept | |
| 191 | Stage for liver of acute GVHD at diagnosis: | | | | | ✔ | | | |  | | | 1 | Accept | |
| 192 | Stage for lower GI tract of acute GVHD at diagnosis: | | | | | ✔ | | | |  | | | 1 | Accept | |
| 193 | Stage for upper GI tract of acute GVHD at diagnosis: | | | | | ✔ | | | |  | | | 1 | Accept | |
| 194 | Other site affected with acute GVHD at diagnosis? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 195 | Specify other site(s) affected with acute GVHD at diagnosis | | | | | ✔ | | | |  | | | 1 | Accept | |
| 196 | Maximum grade of GVHD since the date of last report: | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 197 | Stage for skin of acute GVHD since the date of last report: | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 198 | Stage for liver of acute GVHD since the date of last report: | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 199 | Stage for lower GI tract of acute GVHD since the date of last report: | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 200 | Stage for upper GI tract of acute GVHD since the date of last report: | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 201 | Other site affected with acute GVHD since the date of last report? | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 202 | Specify other site(s) affected with acute GVHD since the date of last report | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 203 | Did chronic GVHD develop since the date of last report? | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 204 | Date of chronic GVHD diagnosis | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 205 | Did chronic GVHD recurrence since the date of last report? | | | | |  | | | | ✔ | | | 1 | Accept | |
| 206 | Date of first evidence of chronic GVHD during this period | | | | |  | | | | ✔ | | | 1 | Accept | |
| 207 | Did chronic GVHD continuous since the date of last report? | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 208 | Maximum extent of cGVHD during this period | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 209 | Maximum NIH score of cGVHD during this period | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 210 | Is the recipient still taking systemic steroids? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 211 | Is the recipient still taking (not- steroid) immunosuppressive agents (including PUVA) for GVHD? | | | | | ✔ | | | |  | | | 1 | Accept | |
| **New malignancy** | | | | | | | | | | | | | | | |
| 212 | Did a new malignancy, myelodysplastic, myeloproliferative or lymphoproliferative disorder occur? | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 213 | Date of diagnosis | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 214 | Specify the new malignancy | | | | |  | | | | ✔ | | | 1 | Accept | |
| 215 | new malignancy: Acute Myeloid Leukemia (AML/ANLL) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 216 | new malignancy: other leukemia | | | | | ✔ | | | |  | | | 1 | Accept | |
| 217 | new malignancy: Myelodysplastic syndrome (MDS) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 218 | new malignancy: Myeloproliferative neoplasm (MPN) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 219 | new malignancy: Myelodysplasia / Myeloproliferative neoplasm (MDS/MPN) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 220 | new malignancy: Hodgkin lymphoma | | | | | ✔ | | | |  | | | 1 | Accept | |
| 221 | new malignancy: non- Hodgkin lymphoma | | | | | ✔ | | | |  | | | 1 | Accept | |
| 222 | new malignancy: post-transplant lymphoproliferative disorder (PTLD) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 223 | new malignancy: clonal cytogenetic abnormality without leukemia or MDS | | | | | ✔ | | | |  | | | 1 | Accept | |
| 224 | new malignancy: uncontrolled proliferation of donor cells without malignant transformation | | | | | ✔ | | | |  | | | 1 | Accept | |
| 225 | new malignancy: breast cancer | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 226 | new malignancy: central nervous system (CNS) malignancy | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 227 | new malignancy: Gastrointestinal malignancy | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 228 | new malignancy: Genitourinary malignancy | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 229 | new malignancy: Lung cancer | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 230 | new malignancy: Melanoma | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 231 | new malignancy: Basal cell skin malignancy | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 232 | new malignancy: squamous cell skin malignancy | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 233 | new malignancy: oropharyngeal cancer | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 234 | new malignancy: sarcoma | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 235 | new malignancy: Thyroid cancer | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 236 | Other new malignancy | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 237 | Specify other new malignancy | | | | | ✔ | | | |  | | | 0.6 | Reject | |
| 238 | Is the tumor EBV positive? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 239 | Is this secondary malignancy a donor cell leukemia? (If the patient has received an allograft prior to the diagnosis of acute leukemia, answer This question) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 240 | Was the new malignancy donor/cell product derived? | | | | | ✔ | | | |  | | | 1 | Accept | |
| **Liver toxicity prophylaxis** | | | | | | | | | | | | | | | |
| 241 | Was specific therapy used to prevent liver toxicity? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 242 | therapy: Defibrotide | | | | | ✔ | | | |  | | | 1 | Accept | |
| 243 | therapy: N-acetylcysteine | | | | | ✔ | | | |  | | | 1 | Accept | |
| 244 | therapy: Tissue plasminogen activator (TPA) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 245 | therapy: Ursodiol | | | | | ✔ | | | |  | | | 1 | Accept | |
| 246 | therapy: other therapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 247 | Specify other therapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| **Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS)** | | | | | | | | | | | | | | | |
| 248 | Veno-occlusive disease (VOD) / sinusoidal obstruction syndrome (SOS) develop since the date of last report? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 249 | Date of diagnosis | | | | | ✔ | | | |  | | | 1 | Accept | |
| **Infection** | | | | | | | | | | | | | | | |
| 250 | Did the recipient develop COVID-19 (SARS-COV-2) since the date of last report? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 251 | Date of diagnosis | | | | | ✔ | | | |  | | | 1 | Accept | |
| **Chimerism studies (cord blood units, Beta thalassemia, and sickle cell disease only)** | | | | | | | | | | | | | | | |
| 252 | Was the chimerism studies performed since the date of last report? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 253 | Were chimerism studies assessed for more than one donor/multiple donors? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 254 | Global registration identifiers for donors (GRID) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 255 | Date of birth (donor/infant) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 256 | Sex (donor/ infant) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 257 | Date sample collected | | | | | ✔ | | | |  | | | 1 | Accept | |
| 258 | Method: Karyotyping for XX/XY | | | | | ✔ | | | |  | | | 1 | Accept | |
| 259 | Method: Fluorescent in situ hybridization (FISH) for XX/XY | | | | | ✔ | | | |  | | | 1 | Accept | |
| 260 | Method: Restriction fragment-length polymorphisms (RFLP) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 261 | Method: VNTR or STR, micro or mini satellite (Also include AFLP) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 262 | Other method | | | | | ✔ | | | |  | | | 1 | Accept | |
| 263 | Specify other method | | | | | ✔ | | | |  | | | 1 | Accept | |
| 264 | Cell source: Bone marrow | | | | | ✔ | | | |  | | | 1 | Accept | |
| 265 | Cell source: Peripheral blood | | | | | ✔ | | | |  | | | 1 | Accept | |
| 266 | Cell type: Unsorted/ whole | | | | | ✔ | | | |  | | | 1 | Accept | |
| 267 | Cell type: Red blood cells | | | | | ✔ | | | |  | | | 1 | Accept | |
| 268 | Cell type: Hematopoietic progenitor cells (CD34+ cells) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 269 | Cell type: total mononuclear cells (lymphs & monos) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 270 | Cell type: T-cells (includes CD3+, CD4+, and/or CD8+) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 271 | Cell type: B-cells (includes CD19+ or CD20+) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 272 | Cell type: Granulocytes (include CD33+ myeloid cells) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 273 | Cell type: NK cells (CD56+) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 274 | Cell type: other | | | | | ✔ | | | |  | | | 1 | Accept | |
| 275 | Total cells examined | | | | | ✔ | | | |  | | | 1 | Accept | |
| 276 | Number of donor cells | | | | | ✔ | | | |  | | | 1 | Accept | |
| 277 | Were donor cells detected? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 278 | Percent donor cells | | | | | ✔ | | | |  | | | 1 | Accept | |
| **Last disease status** | | | | | | | | | | | | | | | |
| 279 | Best disease status (response) after HSCT | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 280 | Date achieved CR | | | | |  | | | | ✔ | | | 1 | Accept | |
| 281 | Date assessed | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 282 | Specify the disease status if not in complete remission | | | | | ✔ | | | |  | | | 1 | Accept | |
| 283 | Was the disease status assessed by molecular testing? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 284 | Was disease detected by molecular method when the patients were last assessed or date of death? (Only for Leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 285 | Was disease detected? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 286 | Date assessed | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 287 | Was the presence of disease considered relapse/progression since HSCT? (Only for Leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 288 | Was the disease status assessed via flow cytometry? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 289 | Was disease detected? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 290 | Date assessed | | | | | ✔ | | | |  | | | 1 | Accept | |
| 291 | Was the disease status assessed by cytogenetic testing? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 292 | Was disease detected by cytogenetic/FISH method when the patients were last assessed or date of death? (Only for Leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 293 | Date assessed | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 294 | Was the presence of disease considered relapse/progression since HSCT? (Only for Leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 295 | Was the disease status assessed via FISH? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 296 | Was disease detected? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 297 | Date assessed | | | | | ✔ | | | |  | | | 1 | Accept | |
| 298 | Was the disease status assessed via Karyotyping? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 299 | Was disease detected? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 300 | Date assessed | | | | | ✔ | | | |  | | | 1 | Accept | |
| 301 | Was the disease status assessed by radiological assessment? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 302 | Was disease detected? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 303 | Date assessed | | | | | ✔ | | | |  | | | 1 | Accept | |
| 304 | Was the disease status assessed by clinical/hematological assessment? | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 305 | Was disease detected? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 306 | Date assessed | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| **Relapse/Progression** | | | | | | | | | | | | | | | |
| 307 | Did the recipient experience first relapse or progression after HSCT? | | | | |  | | | | ✔ | | | 1 | Accept | |
| 308 | Did the recipient experience a clinical/hematologic relapse or progression post-HSCT? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 309 | Was the date of the first clinical/hematologic relapse or progression previously report? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 310 | Date first seen | | | | | ✔ | | | | ✔ | | | 1 | Accept | |
| 311 | Did the recipient experience first relapse or progression post-HSCT detected by clinical/hematologic method? (Only leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 312 | Date assessed (Only leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 313 | Date first seen (Only leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 314 | Did the recipient experience first relapse or progression post-HSCT detected by cytogenetic method? (Only leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 315 | Date assessed (Only leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 316 | Date first seen (Only leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 317 | Did the recipient experience first relapse or progression post-HSCT detected by molecular method? (Only leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 318 | Date assessed (Only leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 319 | Date first seen (Only leukemias) | | | | |  | | | | ✔ | | | 1 | Accept | |
| 320 | Was intervention given for relapsed, persistent or progressive disease since the date of last report? | | | | | ✔ | | | |  | | | 1 | Accept | |
| Specify reason for which intervention was given: | | | | | | | | | | | | | | | |
| 321 | Persistent disease | | | | | ✔ | | | |  | | | 1 | Accept | |
| 322 | Relapsed/ Progressive disease | | | | | ✔ | | | |  | | | 1 | Accept | |
| Specify the method of detection for which intervention was given: | | | | | | | | | | | | | | | |
| 323 | Clinical/ Hematologic | | | | | ✔ | | | |  | | | 1 | Accept | |
| 324 | Radiological | | | | | ✔ | | | |  | | | 1 | Accept | |
| 325 | Cytogenetic | | | | | ✔ | | | |  | | | 1 | Accept | |
| 326 | Flow cytometry | | | | | ✔ | | | |  | | | 1 | Accept | |
| 327 | Disease specific molecular marker | | | | | ✔ | | | |  | | | 1 | Accept | |
| 328 | Date intervention started | | | | | ✔ | | | |  | | | 1 | Accept | |
| 329 | Therapy: blinded randomized trial | | | | | ✔ | | | |  | | | 1 | Accept | |
| 330 | Therapy: cellular therapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 331 | Therapy: Radiation | | | | | ✔ | | | |  | | | 1 | Accept | |
| 332 | Therapy: systemic therapy /Chemo therapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 333 | Therapy: other therapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 334 | Specify other therapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 335 | Systemic therapy: Alemtuzumab (Campath) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 336 | Systemic therapy: Azacytidine (Vidaza) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 337 | Systemic therapy: Blinatumomab | | | | | ✔ | | | |  | | | 1 | Accept | |
| 338 | Systemic therapy: Bortezomib (Velcade) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 339 | Systemic therapy: Bosutinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 340 | Systemic therapy: Carfilzomib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 341 | Systemic therapy: Chemotherapy | | | | | ✔ | | | |  | | | 1 | Accept | |
| 342 | Systemic therapy: Dasatinib (sprycel) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 343 | Systemic therapy: Decitabine (Dacogen) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 344 | Systemic therapy: Gemtuzumab (Mylotarg, anti-CD33) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 345 | Systemic therapy: Gilteritinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 346 | Systemic therapy: Ibrutinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 347 | Systemic therapy: Imatinib mesylate (Gleevec) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 348 | Systemic therapy: Ixazomib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 349 | Systemic therapy: Lenalidomide (Revlimid) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 350 | Systemic therapy: Lestaurtinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 351 | Systemic therapy: Midostaurin | | | | | ✔ | | | |  | | | 1 | Accept | |
| 352 | Systemic therapy: Nilotinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 353 | Systemic therapy: Nivolumab | | | | | ✔ | | | |  | | | 1 | Accept | |
| 354 | Systemic therapy: Pembrolizumab | | | | | ✔ | | | |  | | | 1 | Accept | |
| 355 | Systemic therapy: Pomalidomide | | | | | ✔ | | | |  | | | 1 | Accept | |
| 356 | Systemic therapy: Quizartinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 357 | Systemic therapy: Rituximab (Rituxan, Mab Thera) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 358 | Systemic therapy: Sorafenib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 359 | Systemic therapy: Sunitinib | | | | | ✔ | | | |  | | | 1 | Accept | |
| 360 | Systemic therapy: Thalidomide (Thalomid) | | | | | ✔ | | | |  | | | 1 | Accept | |
| 361 | Systemic therapy: Other systemic therapy, specify | | | | | ✔ | | | |  | | | 1 | Accept | |
| 362 | What was the current disease status? | | | | | ✔ | | | |  | | | 1 | Accept | |
| 363 | Specify disease status if not in complete remission | | | | | ✔ | | | |  | | | 1 | Accept | |
| 364 | Date of most recent disease assessment | | | | | ✔ | | | |  | | | 1 | Accept | |
| **Pregnancy** | | | | | | | | | | | | | | | |
| 365 | Has patient or partner become pregnant after this transplant? | | | | |  | | | | ✔ | | | 1 | Accept | |
| 366 | Did the pregnancy result in a live birth? | | | | |  | | | | ✔ | | | 1 | Accept | |