

**Blood and Marrow Transplant Clinical  
Trials Network**

**Re-Admission/Hospitalization Form (ADM)**

Web Version: 1.0; 4.07; 10-16-15

**Segment (PROTSEG):**

**Date of Admission (ADMITDT):**

1. Date of discharge: (DISCHDT)

(mm/dd/yyyy)

2. Patient discharge status: (DISCPTST)

1 - Alive     2 - Dead

If Dead, a Death Form must be submitted.

3. Record PRIMARY discharge diagnosis: (PHSPREAS)

01 - GVHD  
02 - Relapse/Progression  
03 - Graft Failure  
04 - Infection  
05 - Fungal Infection  
\*Additional Options Listed Below

\*Specify organ: (ADM4SPEC)

\*\*Specify other: (ADM1SPEC)

4. Record secondary discharge diagnoses:

a. GVHD: (REASGVHD)

1 - Contributory     2 - Noncontributory   

b. Relapse/progression: (REASRLPS)

1 - Contributory     2 - Noncontributory

c. Graft failure: (REASGF)

1 - Contributory     2 - Noncontributory

d. Infection: (REASINF)

1 - Contributory     2 - Noncontributory

e. Fever: (REASFVR)

1 - Contributory     2 - Noncontributory

f. Seizure: (REASSZR)

1 - Contributory     2 - Noncontributory

g. Bleeding/hemorrhage: (REASGIBL)

1 - Contributory     2 - Noncontributory

h. Diarrhea: (REASDRH)

1 - Contributory     2 - Noncontributory

i. Nausea/vomiting: (REASNV)

1 - Contributory     2 - Noncontributory

j. Organ failure: (REASORGF)

1 - Contributory     2 - Noncontributory

Specify organ: (ADM3SPEC)

k. Trauma: (REASTRAM)

1 - Contributory     2 - Noncontributory

l. Psychiatric: (REASPSYC)

1 - Contributory     2 - Noncontributory

m. Secondary malignancy: (REASMALG)

1 - Contributory     2 - Noncontributory

n. Scheduled procedure/treatment: (REASPROC)

1 - Contributory     2 - Noncontributory

o. Thrombosis/thrombus/embolism: (REASTRMB)

1 - Contributory     2 - Noncontributory

p. Other: (REASOTHR)

1 - Contributory     2 - Noncontributory

Specify other: (ADM2SPEC)

5. Record re-admission institution: (ADMCENTR)

1 - Original Transplant Center  
2 - Other Transplant Center  
3 - Other Hospital

Comments: (ADMCOMM1)

## Additional Selection Options for ADM

### Record PRIMARY discharge diagnosis:

- 06 - Non-Fungal Infection
- 07 - Fever
- 08 - Seizure
- 09 - Bleeding/Hemorrhage
- 10 - Diarrhea
- 11 - Nausea/Vomiting
- 12 - Organ Failure (specify organ)\*
- 13 - Trauma
- 14 - Psychiatric
- 15 - Secondary Malignancy
- 16 - Transplant
- 17 - Scheduled Procedure/Treatment
- 18 - Thrombosis/Thrombus/Embolism
- 99 - Other (specify)\*\*

**Blood and Marrow Transplant Clinical  
Trials Network**

**Adverse Event Form (AE1)**

Web Version: 1.0; 4.00; 10-16-15

**Segment (PROTSEG):**  
**Date of Onset (ADVDATE):**  
**Event description (ADVENT):**

1. Report activation status:(AVSTATUS)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason



If Other, specify reason for deactivation:(AESPEC1)

2. Record date transplant center became aware of the event:(AVAWARDT)

(mm/dd/yyyy)

3. Indicate weight at time of the event:(AVWGHTKG)

(xxx.x) kg

4. Was this event expected or anticipated?(AVEXPECT)

1 - Yes  2 - No

5. Record the severity of event:(AVEVENT)

- 1 - Mild
- 2 - Moderate
- 3 - Severe
- 4 - Life Threatening
- 5 - Fatal



6. What is the relationship to study therapy/intervention:(AVRELAT)

- 1 - Unrelated
- 2 - Unlikely
- 3 - Possible
- 4 - Probable
- 5 - Definite

7. Is there an alternative etiology:(AVETIOL)

- 0 - None Apparent
- 1 - Study Disease
- 2 - Other Pre-Existing Disease or Condition
- 3 - Accident, Trauma, or External Factors
- 4 - Concurrent Illness/Condition (Not Pre-Existing)

8. What is the effect on study therapy/intervention schedule:(AVEFFECT)

- 1 - No Change - Completed
- 2 - No Change - Ongoing
- 3 - Dose Modified
- 4 - Temporarily Stopped
- 5 - Permanently Stopped

9. Record the most severe outcome of the event:(AVOUTCOM)

- 1 - Resolved, No Residual Effects
- 2 - Resolved with Sequelae
- 3 - Persistent Condition
- 4 - Resolved by Death



10. Record the date of resolution:(AVRESDT)

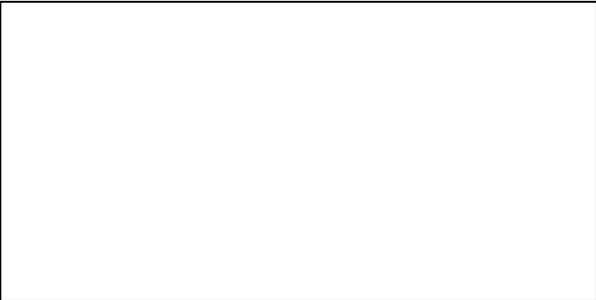
(mm/dd/yyyy)

11. Was this event associated with:(AVASSOCI)

- 0 - None of the Following
- 1 - Death
- 2 - Life-Threatening Event
- 3 - Disability
- 4 - Congenital Anomaly
- \*Additional Options Listed Below



Comments:(AE1COMM)



## **Additional Selection Options for AE1**

**Was this event associated with:**

5 - Required Intervention to Prevent Permanent Impairment or Damage

6 - Hospitalization (Initial or Prolonged)

9 - Other SAE

**Blood and Marrow Transplant Clinical  
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**AE Summary Form (AE2)**

Web Version: 1.0; 3.12; 10-16-15

**Segment (PROTSEG):**  
**Date of Onset (ADVDATE):**  
**Event description (ADVENT):**

1. Report activation status:(AVSTAT\_A)

1 - Keep report active
2 - Deactivate - Report filed in error
3 - Deactivate - Key field error
9 - Deactivate - Other reason

**Relevant Past Medical History**

2. Does the patient have any relevant history, including pre-existing medical conditions?(SEMEDHXS)

1 - Yes     2 - No

*If Yes, include any relevant history, including preexisting medical conditions below.*

(SEMEDHX)

**3. Event Summary**

Include clinical history of event, associated signs and symptoms, alternative etiologies being considered and medical management below.

(SESUMM)

4. Initial submitter:(SEISUBBY)

Name:  Date:(SEISUBDT)  (mm/dd/yyyy)

5. Authorized submitter:(SEASUBBY)

Name:  Date:(SEASUBDT)  (mm/dd/yyyy) 

**Blood and Marrow Transplant Clinical  
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**AE Therapy Form (AE3)**

Web Version: 1.0; 4.05; 10-16-15

**Segment (PROTSEG):**  
**Date of Onset (ADVDATE):**  
**Event description (ADVENT):**

1. Report activation status:(AVSTAT\_B)

1 - Keep report active 2 - Deactivate - Report filed in error 3 - Deactivate - Key field error 9 - Deactivate - Other reason
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**Study Product/Suspect Medication Data**

2. Was the patient receiving any study products/suspect medications?(RCVSP)  1 - Yes  2 - No

If Yes, list the study product/suspect medications the subject was taking in the grid below.

Study Product Name (Note: If blinded, indicate as such)	Dose of Study Product(s) at SAE Onset	Route of Study Product(s) at SAE Onset	Schedule of Study Product(s) at SAE Onset	Date Study Product First Started (mm/dd/yyyy)	Date Study Product Last Taken (mm/dd/yyyy)	Reason for Use
(SPNAME1)	(SP1DOSE)	(SP1ROUTE)	(SP1SCHED)	(SP1STDT)	(SP1SPDT)	(SP1REASO)
(SPNAME2)	(SP2DOSE)	(SP2ROUTE)	(SP2SCHED)	(SP2STDT)	(SP2SPDT)	(SP2REASO)
(SPNAME3)	(SP3DOSE)	(SP3ROUTE)	(SP3SCHED)	(SP3STDT)	(SP3SPDT)	(SP3REASO)
(SPNAME4)	(SP4DOSE)	(SP4ROUTE)	(SP4SCHED)	(SP4STDT)	(SP4SPDT)	(SP4REASO)
(SPNAME5)	(SP5DOSE)	(SP5ROUTE)	(SP5SCHED)	(SP5STDT)	(SP5SPDT)	(SP5REASO)

**Concomitant Medications**

3. Was the patient taking any concomitant medications?(RCVCONMD)  1 - Yes  2 - No

If Yes, list the concomitant medications the patient was taking up to 1 month prior to SAE onset in the grid below.

Medication	Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Dose, Route, Schedule	Indication
(CONMED1)	(CM1STDT)	(CM1SPDT)	(CM1DOSE)	(CM1INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED2)	(CM2STDT)	(CM2SPDT)	(CM2DOSE)	(CM2INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED3)	(CM3STDT)	(CM3SPDT)	(CM3DOSE)	(CM3INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED4)	(CM4STDT)	(CM4SPDT)	(CM4DOSE)	(CM4INDIC) 1 - Treatment of adverse event 9 - Other
(CONMED5)	(CM5STDT)	(CM5SPDT)	(CM5DOSE)	(CM5INDIC)

				<div style="border: 1px solid black; padding: 2px;"> 1 - Treatment of adverse event  9 - Other </div>
(CONMED6)	(CM6STDY)	(CM6SPDY)	(CM6DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM6INDIC  1 - Treatment of adverse event  9 - Other </div>
(CONMED7)	(CM7STDY)	(CM7SPDY)	(CM7DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM7INDIC  1 - Treatment of adverse event  9 - Other </div>
(CONMED8)	(CM8STDY)	(CM8SPDY)	(CM8DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM8INDIC  1 - Treatment of adverse event  9 - Other </div>
(CONMED9)	(CM9STDY)	(CM9SPDY)	(CM9DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM9INDIC  1 - Treatment of adverse event  9 - Other </div>
(CONMED10)	(CM10STDY)	(CM10SPDY)	(CM10DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM10INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED11)	(CM11STDY)	(CM11SPDY)	(CM11DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM11INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED12)	(CM12STDY)	(CM12SPDY)	(CM12DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM12INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED13)	(CM13STDY)	(CM13SPDY)	(CM13DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM13INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED14)	(CM14STDY)	(CM14SPDY)	(CM14DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM14INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED15)	(CM15STDY)	(CM15SPDY)	(CM15DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM15INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED16)	(CM16STDY)	(CM16SPDY)	(CM16DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM16INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED17)	(CM17STDY)	(CM17SPDY)	(CM17DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM17INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED18)	(CM18STDY)	(CM18SPDY)	(CM18DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM18INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED19)	(CM19STDY)	(CM19SPDY)	(CM19DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM19INDI  1 - Treatment of adverse event  9 - Other </div>
(CONMED20)	(CM20STDY)	(CM20SPDY)	(CM20DOSE)	<div style="border: 1px solid black; padding: 2px;"> CM20INDI  1 - Treatment of adverse event  9 - Other </div>



(CONMED21)	(CM21STDT)	(CM21SPDT)	(CM21DOSE)	(CM21INDI) 1 - Treatment of adverse event 9 - Other
(CONMED22)	(CM22STDT)	(CM22SPDT)	(CM22DOSE)	(CM22INDI) 1 - Treatment of adverse event 9 - Other
(CONMED23)	(CM23STDT)	(CM23SPDT)	(CM23DOSE)	(CM23INDI) 1 - Treatment of adverse event 9 - Other
(CONMED24)	(CM24STDT)	(CM24SPDT)	(CM24DOSE)	(CM24INDI) 1 - Treatment of adverse event 9 - Other
(CONMED25)	(CM25STDT)	(CM25SPDT)	(CM25DOSE)	(CM25INDI) 1 - Treatment of adverse event 9 - Other

Comments:(AE3COMM)

**Blood and Marrow Transplant Clinical  
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**AE Laboratory/Diagnostics Form (AE4)**

Web Version: 1.0; 3.11; 10-16-15

Segment (PROTSEG):  
Date of Onset (ADVDATE):  
Event description (ADVENT):

1. Report activation status:(AVSTAT\_C)

1 - Keep report active 2 - Deactivate - Report filed in error 3 - Deactivate - Key field error 9 - Deactivate - Other reason
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**Laboratory Test Results**

2. Were relevant laboratory tests performed?(LABTSTPF)

1 - Yes     2 - No

If Yes, record the relevant laboratory test results in the grid below.

Test	Collection Date (mm/dd/yyyy)	Result (Include units)	Site Normal Range (Include units)	Lab Value Previous to this SAE (Include units)	Collection Date for Previous Lab (mm/dd/yyyy)
(ADLTST1)	(ADL1CD)	(ADL1RES)	(ADL1NORG)	(ADL1PRVL)	(ADL1PCD)
(ADLTST2)	(ADL2CD)	(ADL2RES)	(ADL2NORG)	(ADL2PRVL)	(ADL2PCD)
(ADLTST3)	(ADL3CD)	(ADL3RES)	(ADL3NORG)	(ADL3PRVL)	(ADL3PCD)
(ADLTST4)	(ADL4CD)	(ADL4RES)	(ADL4NORG)	(ADL4PRVL)	(ADL4PCD)
(ADLTST5)	(ADL5CD)	(ADL5RES)	(ADL5NORG)	(ADL5PRVL)	(ADL5PCD)
(ADLTST6)	(ADL6CD)	(ADL6RES)	(ADL6NORG)	(ADL6PRVL)	(ADL6PCD)
(ADLTST7)	(ADL7CD)	(ADL7RES)	(ADL7NORG)	(ADL7PRVL)	(ADL7PCD)
(ADLTST8)	(ADL8CD)	(ADL8RES)	(ADL8NORG)	(ADL8PRVL)	(ADL8PCD)
(ADLTST9)	(ADL9CD)	(ADL9RES)	(ADL9NORG)	(ADL9PRVL)	(ADL9PCD)
(ADLTST10)	(ADL10CD)	(ADL10RES)	(ADL10NRG)	(ADL10PVL)	(ADL10PCD)

**Diagnostic Tests (EX: MR, CT Scan, Ultrasound)**

3. Were relevant diagnostic tests performed?(DXSTPF)

1 - Yes     2 - No

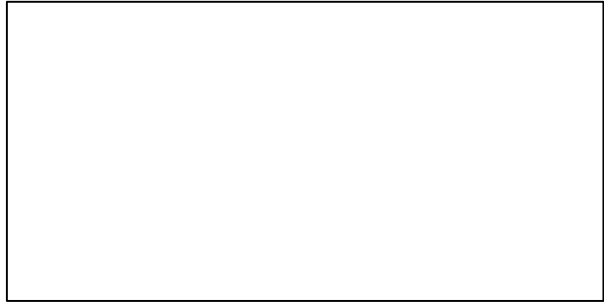
If Yes, record the relevant diagnostic test results in the grid below. Submit copies of the diagnostic test if available.

Test	Date Performed (mm/dd/yyyy)	Results/Comments

(ADDTS1) <input type="text"/>	(AD1D DAT) <input type="text"/>	<input type="text"/>
(ADDTS2) <input type="text"/>	(AD2D DAT) <input type="text"/>	(AD1DTRES) <input type="text"/>
(ADDTS3) <input type="text"/>	(AD3D DAT) <input type="text"/>	(AD2DTRES) <input type="text"/>
(ADDTS4) <input type="text"/>	(AD4D DAT) <input type="text"/>	(AD3DTRES) <input type="text"/>
(ADDTS5) <input type="text"/>	(AD5D DAT) <input type="text"/>	(AD4DTRES) <input type="text"/>
		(AD5DTRES) <input type="text"/>

(ADDTS6)   <input type="text"/>	(AD6DTDAT)   <input type="text"/>	<input type="text"/>	<input type="text"/>
(ADDTS7)   <input type="text"/>	(AD7DTDAT)   <input type="text"/>	<input type="text"/>	<input type="text"/>
(ADDTS8)   <input type="text"/>	(AD8DTDAT)   <input type="text"/>	<input type="text"/>	<input type="text"/>
(ADDTS9)   <input type="text"/>	(AD9DTDAT)   <input type="text"/>	<input type="text"/>	<input type="text"/>
(ADDTS10)   <input type="text"/>	(AD10DTDAT)   <input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:(AE4COMM)



**Blood and Marrow Transplant Clinical  
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**AE Review Form (AE5)**

Web Version: 1.0; 3.12; 10-16-15

**Segment (PROTSEG):**  
**Date of Onset (ADVDATE):**  
**Event description (ADVENT):**

1. Report activation status:(AVSTAT\_D)

1 - Keep report active
2 - Deactivate - Report filed in error
3 - Deactivate - Key field error
9 - Deactivate - Other reason

2. Reviewed:(AEREVIEW)

1 - Yes     2 - No

3. Reviewed by:(ARFREVBY)

4. Review date:(ARFREVDT)

 (mm/dd/yyyy)

5. Comment 1 - For Distribution:(ARCM1DIS)

6. Comment 2 - All Other Reviewers/Data Coordinating Center(ARCM2ALL)

**Blood and Marrow Transplant Clinical  
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**AE Medical Monitor Reviewer Form (AE6)**

Web Version: 1.0; 7.00; 10-16-15

**Segment (PROTSEG):**  
**Date of Onset (ADVDATE):**  
**Event description (ADVENT):**

1. Adverse event status:(AVSTAT\_E)

- 1 - Keep report active
- 2 - Deactivate - Report filed in error
- 3 - Deactivate - Key field error
- 9 - Deactivate - Other reason

2. Has this event been determined to be an unexpected, grade 3-5 adverse event?  
(AMDETER)  1 - Yes  2 - No

3. Does this require expedited reporting to the DSMB?(AMEXPDSM)  1 - Yes  2 - No

4. Do you recommend the patient be withdrawn from further protocol therapy?  
(AMWITHDR)  1 - Yes  2 - No

5. Is the review complete?(AMREVDNE)  1 - Yes  2 - No

6. If **No**, what additional information is required:(AMREVINF)

7. Medical Monitor event description:(AMMMEVDS)

8. Medical Monitor CTCAE grade of event:(CTCAEGRD)

- 1 - Grade 1
- 2 - Grade 2
- 3 - Grade 3
- 4 - Grade 4
- 5 - Grade 5

Comments:(AE6COMM)

**Blood and Marrow Transplant Clinical  
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**Follow Up GVHD Form (CGV)**

Web Version: 1.0; 7.04; 10-16-15

**Segment (PROTSEG):**

**Visit Number (VISNO):**

1. Start of assessment period:(DTPRVAST)  (mm/dd/yyyy)
2. End of assessment period:(DTASSESS)  (mm/dd/yyyy)

**Answer questions 3-9 relating to acute GVHD.**

3. Maximum overall grade of acute GVHD during this assessment period:(GRDAGVHD)
- 0 - No Symptoms of Acute GVHD  
1 - I  
2 - II  
3 - III  
4 - IV

4. Did clinical signs and/or symptoms of acute GVHD develop during this assessment period?(AGVDVLP)  1 - Yes  2 - No

5. Record method used to diagnose acute GVHD:(DGNSAGVH)
- 1 - Histologic Evidence  
2 - Clinical Evidence  
3 - Both

6. Date of diagnosis of acute GVHD:(DTDGNAGV)  (mm/dd/yyyy)

7. Was prophylaxis for GVHD given during this assessment period?(PROPHIMM)
- 1 - Yes  
2 - No  
3 - Discontinued During This Assessment Period

8. If yes, specify all immunosuppressants used for GVHD prophylaxis:
- a. Cyclosporine:(PROPHCY)  1 - Yes  2 - No
  - b. Tacrolimus:(PROPHAC)  1 - Yes  2 - No
  - c. Sirolimus:(PROPHSIR)  1 - Yes  2 - No
  - d. MMF:(PROPHMMF)  1 - Yes  2 - No
  - e. Prednisone:(PROPHPRD)  1 - Yes  2 - No
  - f. Other:(PROPHOTH)  1 - Yes  2 - No

Specify other agent used:(PRPHOTSP)

9. If GVHD prophylaxis was discontinued during this assessment, record the date:(PRPHDISC)  (mm/dd/yyyy)

**Answer questions 10-20 relating to chronic GVHD.**

10. Maximum overall severity of chronic GVHD during this assessment period:(SEVCGVHD)
- 0 - No Symptoms of Chronic GVHD  
1 - Mild  
2 - Moderate  
3 - Severe

11. Maximum overall grade of chronic GVHD during this assessment period:(GRDCGVHD)  1 - Limited  2 - Extensive

12. Did clinical signs and/or symptoms of chronic GVHD develop during this assessment period?(CGVDVLP)  1 - Yes  2 - No

13. Record method used to diagnose chronic GVHD:(DGNSCGVH)
- 1 - Histologic Evidence  
2 - Clinical Evidence  
3 - Both

14. Date of diagnosis of chronic GVHD:(DTGNCGV)  (mm/dd/yyyy)



15. Minimum Karnofsky/Lansky Score at time of diagnosis: (CGVKRNLN)

01 - 100 (Normal; No Complaints/Fully Active)  
02 - 90 (Normal Activity/Minor Restriction in Strenuous Play)  
03 - 80 (Normal Activity with Effort/Restricted in Strenuous Play)  
04 - 70 (Unable to Carry On Normal Activity/Less Time Spent in Play)  
05 - 60 (Requires Occasional Assistance/Minimal Active Play)  
\*Additional Options Listed Below

16. Minimum platelet count at time of diagnosis: (PLTLTCNT)

(xxx.x) x 10<sup>9</sup>/L

17. Alkaline phosphatase at time of diagnosis: (ALKP HOSP)

(xxx) U/L

18. Weight at time of diagnosis: (CGVWEIGH)

(xxx.x) kg

19. Total bilirubin at time of diagnosis: (BILIRUBN)

(xx.x) mg/dL

20. Body surface area involved with rash at time of diagnosis: (BSA)

(xxx) % ?

**Indicate the maximum severity of involvement for the following organ systems during this assessment period.**

**Skin/Hair**

21. Extent of skin involvement: (CGVRASH)

0 - No Rash  
1 - <25% of BSA Involvement  
2 - 25-50% of BSA Involvement  
3 - >50% of BSA Involvement  
4 - Generalized Involvement

?

If there is skin involvement, indicate the type of rash:

a. Lichenoid: (RASHLICH)

1 - Yes  2 - No

b. Maculopapular: (RASHMACU)

1 - Yes  2 - No

c. Sclerodermatous: (RASHSCLR)

1 - Yes  2 - No

**Ocular**

22. Xerophthalmia: (DRYEYES)

0 - No Symptoms  
1 - Dry Eyes but Not Requiring Therapy  
2 - Dryness of Eyes or Inflammation Requiring Therapy

**Oral**

23. Mucositis/ulcers (functional): (MUCOFXN)

0 - No Symptoms  
1 - Minimal Symptoms, Normal Diet  
2 - Symptomatic but Can Eat and Swallow Modified Diet  
3 - Symptomatic and Unable to Adequately Aliment or Hydrate Orally

**Pulmonary**

24. Dyspnea: (CGVDYSPN)

0 - Asymptomatic  
1 - Dyspnea with Exertion  
2 - Dyspnea with Normal Activities  
3 - Dyspnea at Rest

25. Pulmonary fibrosis: (PULMFIBR)

0 - None  
1 - Minimal Radiographic Findings  
2 - Patchy or Bi-basilar Radiographic Findings  
3 - Extensive Radiographic Findings  
9 - Not Done

26. Bronchiolitis obliterans: (BRNCOBLT)

1 - Yes, Histologic diagnosis  
2 - Yes, Clinical diagnosis  
3 - No  
4 - Unknown

27. FEV1: (CGVFEV1)

0 - 100-90%  
1 - <90-75%  
2 - <75-50%  
3 - <50-25%  
4 - <25%

28. Oxygen saturation:(O2SAT)

- 0 - No Symptoms
- 1 - Desaturation with Exercise
- 2 - Requires Supplemental Oxygen

**Gastrointestinal**

29. Esophagus:(ESOPHAGS)

- 0 - No Changes
- 1 - Symptomatic but Can Eat Regular Diet
- 2 - Dysphagia or Odynophagia Requiring Dietary Changes
- 3 - Need for Parenteral Nutrition

30. Nausea and vomiting:(NAUSVOMT)

- 0 - No Protracted Nausea and Vomiting
- 1 - Persistent Nausea, Vomiting or Anorexia

31. Diarrhea:(CGVDIARRH)

- 0 - None
- 1 - Persisting Less Than 2 Weeks
- 2 - Persisting More Than 2 Weeks

32. Was diarrhea measured as number of stools or volume of stools?(DIARRHMSR)

- 1 - Number of Stools
- 2 - Volume of Stools
- 3 - Both Number and Volume

33. Diarrhea (number of stools):(DIARRHEA1)

- 1 - Increase of <4 Stools/day Over Baseline; Mild Increase in Ostomy Output Compared to Baseline
- 2 - Increase of 4-6 stools/day; IV Fluids Indicated <24 Hrs; Moderate Increase in Ostomy Output
- 3 - Increase of 7 or More Stools/day, IV Fluids for 24 or More Hrs; Hospitalization
- 4 - Life-threatening Consequences (e.g. Hemodynamic Collapse)
- 5 - Death

34. Diarrhea (volume of stools):(DIARRHEA2)

Use mL/day for adult recipients and mL/m<sup>2</sup> for pediatric recipients.

- 1 - Diarrhea Less Than or Equal to 500 mL/day or <280 mL/m<sup>2</sup>
- 2 - Diarrhea > 500 but Less Than or Equal to 1000 mL/day or 280-555 mL/m<sup>2</sup>
- 3 - Diarrhea > 1000 but Less Than or Equal to 1500 mL/day or 556-833 mL/m<sup>2</sup>
- 4 - Diarrhea > 1500 mL/day or >833 mL/m<sup>2</sup>
- 5 - Severe Abdominal Pain with or without Ileus, or Stool with Frank Blood or Melena

35. Malabsorption:(MALABSRP)

- 0 - No Symptoms
- 2 - Altered Diet; Oral Therapies Indicated (e.g. Enzymes, Medications, Dietary Supplements)
- 3 - Inability to Aliment Adequately via GI Tract (e.g. TPN Indicated)
- 4 - Life-threatening Consequences
- 5 - Death

**Hepatic**

36. Bilirubin level:(LIVERBIL)

- 0 - Bilirubin <2.0 mg/dL
- 1 - Bilirubin 2.0-3.0 mg/dL
- 2 - Bilirubin 3.1-6.0 mg/dL
- 3 - Bilirubin 6.1-15.0 mg/dL
- 4 - Bilirubin >15.0 mg/dL

**Genitourinary**

37. Vaginitis:(VAGNITIS)

- 0 - No Symptoms or Not Applicable
- 1 - Mild, Intervention Not Indicated
- 2 - Moderate, Intervention Indicated
- 3 - Severe, Not Relieved with Treatment; Ulceration

**Musculoskeletal**

38. Contractures:(CONTRACTR)

- 0 - No Symptoms
- 2 - Mild Joint Contractures (Does not Affect ADL)
- 3 - Severe Joint Contractures (Interferes with ADL)

39. Myositis:(MYOSITIS)

- 1 - Yes
- 2 - No

**Hematologic**

40. Eosinophilia:(EOSINPHL)

- 1 - Yes
- 2 - No

**Other**

41. Serositis:(*SEROSITS*)  1 - Yes  2 - No
42. Fascitis:(*FASCITIS*)  1 - Yes  2 - No
43. Was there other organ involvement?(*ORGNO THR*)  1 - Yes  2 - No
- Specify other organ:(*ORG SPEC*) \_\_\_\_\_

**Answer questions 44-50 relating to biopsies performed during this assessment period.**

44. Were any biopsies performed during this assessment period for suspected GVHD?(*BIOPSY*)  1 - Yes  2 - No
- If yes, record the type, date, and result of any biopsies performed for suspected GVHD below.

Type of Biopsy:	If Other, Specify:	Date of Biopsy:	Result of Biopsy:
45. ( <i>BIOTYP1</i> ) 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	( <i>TYP1OSPE</i> ) <input type="text"/>	( <i>BIODT1</i> ) <input type="text"/> (mm/dd /yyyy)	( <i>BIORSLT1</i> ) 1 - Positive 2 - Negative 3 - Equivocal
46. ( <i>BIOTYP2</i> ) 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	( <i>TYP2OSPE</i> ) <input type="text"/>	( <i>BIODT2</i> ) <input type="text"/> (mm/dd /yyyy)	( <i>BIORSLT2</i> ) 1 - Positive 2 - Negative 3 - Equivocal
47. ( <i>BIOTYP3</i> ) 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	( <i>TYP3OSPE</i> ) <input type="text"/>	( <i>BIODT3</i> ) <input type="text"/> (mm/dd /yyyy)	( <i>BIORSLT3</i> ) 1 - Positive 2 - Negative 3 - Equivocal
48. ( <i>BIOTYP4</i> ) 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	( <i>TYP4OSPE</i> ) <input type="text"/>	( <i>BIODT4</i> ) <input type="text"/> (mm/dd /yyyy)	( <i>BIORSLT4</i> ) 1 - Positive 2 - Negative 3 - Equivocal
49. ( <i>BIOTYP5</i> ) 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	( <i>TYP5OSPE</i> ) <input type="text"/>	( <i>BIODT5</i> ) <input type="text"/> (mm/dd /yyyy)	( <i>BIORSLT5</i> ) 1 - Positive 2 - Negative 3 - Equivocal
50. ( <i>BIOTYP6</i> ) 1 - Skin Biopsy 2 - Oral Biopsy 3 - Upper GI Biopsy 4 - Lower GI Biopsy 5 - Liver Biopsy *Additional Options Listed Below	( <i>TYP6OSPE</i> ) <input type="text"/>	( <i>BIODT6</i> ) <input type="text"/> (mm/dd /yyyy)	( <i>BIORSLT6</i> ) 1 - Positive 2 - Negative 3 - Equivocal

**Answer questions 51-54 relating to GVHD therapy.**

51. Was a specific therapy used to **treat** GVHD during this assessment period?(*THRPYUSD*)

1 - Yes, Initiated this Assessment Period
2 - Yes, Continuing from Previous Assessment Period
3 - No



If yes, indicate whether or not the agents listed below were used to **treat** GVHD during this assessment period:

a. ALS, ALG, ATS, ATG:(*THRPYATG*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

b. Azathioprine:(*THRPYAZA*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

c. Cyclosporine:(*THRPYCYC*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

d. Systemic Corticosteroids:(*THRPYSCO*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

e. Topical Corticosteroids:(*THRPYTCO*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

f. Thalidomide:(*THRPYTHA*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

g. Tacrolimus (FK 506, Prograf):( *THRPYTAC*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

h. Mycophenolate Mofetil (MMF, Cellcept):( *THRPYMMF*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

i. PUVA (Psoralen and UVA):( *THRPYPUV*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

j. ECP (Extra-corporeal Photopheresis):( *THRPYECP*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

k. Sirolimus (Rapamycin):( *THRPYSIR*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

l. Etretnate:( *THRPYETR*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

m. Lamprone:( *THRPYLAM*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

n. Etanercept:( *THRPYETA*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

o. Zenapax (Daclizumab):( *THRPYZEN*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

p. Chloroquine Phosphate:( *THRPYCPH*)

1 - Yes, Still Taking Drug
2 - Yes, No Longer Taking Drug
3 - No, Drug Not Given

q. In Vivo Anti T-lymphocyte Monoclonal Antibody:  
(*THRPMAB*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

Specify in vivo anti T-lymphocyte monoclonal antibody used:(*MABAGNT*)

r. In Vivo Immunotoxin:(*THRPIIMM*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

Specify in vivo immunotoxin used:(*IMMAGNT*)

s. Other:(*THRPIYOTH*)

- 1 - Yes, Still Taking Drug
- 2 - Yes, No Longer Taking Drug
- 3 - No, Drug Not Given

Specify other agent used:(*OTHAGNT*)

52. Has treatment been discontinued?(*ONGTRT*)

- 1 - Yes     2 - No

53. If yes, enter date of discontinuation:(*TRTSTOP*)

(mm/dd/yyyy)

54. Indicate the best response to GVHD therapy during this assessment period:(*THRPYRSP*)

- 1 - Complete Resolution of S symptoms
- 2 - Partial Resolution of S symptoms
- 3 - Stable Symptoms
- 4 - Progression of S symptoms



**Answer questions 55-58 relating to current patient status.**

55. Are symptoms of GVHD still present?(*GVHDSYMP*)

- 1 - Yes     2 - No

56. Current Karnofsky/Lansky Score:(*CURKRNLN*)

- 01 - 100 (Normal; No Complaints/Fully Active)
- 02 - 90 (Normal Activity/Minor Restriction in Strenuous Play)
- 03 - 80 (Normal Activity with Effort Restricted in Strenuous Play)
- 04 - 70 (Unable to Carry On Normal Activity/Less Time Spent in Play)
- 05 - 60 (Requires Occasional Assistance/Minimal Active Play)
- \*Additional Options Listed Below

57. Current platelet count:(*CURPLTCT*)

(xxx.x) x 10<sup>9</sup>/L

58. Current weight:(*CURWGHT*)

(xxx.x) kg

Comments:(*CGVCOMM*)

## **Additional Selection Options for CGV**

### **Minimum Karnofsky/Lansky Score at time of diagnosis:**

- 06 - 50 (Requires Considerable Assistance/No Active Play)
- 07 - 40 (Disabled/Able to Initiate Quiet Activities)
- 08 - 30 (Severely Disabled/Needs Assistance for Quiet Play)
- 09 - 20 (Very Sick/Limited to Very Passive Activity)
- 10 - 10 (Moribund; Completely Disabled)

### **Biopsy Type 1**

- 6 - Lung Biopsy
- 7 - Other, Specify

### **Current Karnofsky/Lansky Score :**

- 06 - 50 (Requires Considerable Assistance/No Active Play)
- 07 - 40 (Disabled/Able to Initiate Quiet Activities)
- 08 - 30 (Severely Disabled/Needs Assistance for Quiet Play)
- 09 - 20 (Very Sick/Limited to Very Passive Activity)
- 10 - 10 (Moribund; Completely Disabled)
- 11 - 0 (Dead)

**Blood and Marrow Transplant Clinical  
Trials Network**

**Conditioning Regimen Form - 0603 (CR1)**

Web Version: 1.0; 1.01; 12-03-09

Segment (PROTSEG):

Visit Number (VISNO):

1. Record the patient's weight: (CR1WGT)  (xxx.x) kg
2. Record the date the weight was obtained: (CR1WGTD)  (mm/dd/yyyy)

**Pre-Transplant**

Record the dose and date of pre-transplant Cyclophosphamide administration:

	Dose:	Date Given:
3. Cyclophosphamide - Dose 1:	(CR1CY1DS) <input type="text"/> (xxxx) mg	(CR1CY1DT) <input type="text"/> (mm/dd/yyyy)
4. Cyclophosphamide - Dose 2:	(CR1CY2DS) <input type="text"/> (xxxx) mg	(CR1CY2DT) <input type="text"/> (mm/dd/yyyy)

Record the dose and date of Fludarabine administration:

	Dose:	Date Given:
5. Fludarabine - Dose 1:	(CR1FL1DS) <input type="text"/> (xxx) mg	(CR1FL1DT) <input type="text"/> (mm/dd/yyyy)
6. Fludarabine - Dose 2:	(CR1FL2DS) <input type="text"/> (xxx) mg	(CR1FL2DT) <input type="text"/> (mm/dd/yyyy)
7. Fludarabine - Dose 3:	(CR1FL3DS) <input type="text"/> (xxx) mg	(CR1FL3DT) <input type="text"/> (mm/dd/yyyy)
8. Fludarabine - Dose 4:	(CR1FL4DS) <input type="text"/> (xxx) mg	(CR1FL4DT) <input type="text"/> (mm/dd/yyyy)
9. Fludarabine - Dose 5:	(CR1FL5DS) <input type="text"/> (xxx) mg	(CR1FL5DT) <input type="text"/> (mm/dd/yyyy)

Record the dose and date of TBI administration:

	Dose:	Date Given:
10. TBI:	(CR1TB1DS) <input type="text"/> (xxxx) cGy	(CR1TB1DT) <input type="text"/> (mm/dd/yyyy)

**Post-Transplant**

Record the dose and date of post-transplant Cyclophosphamide administration:

	Dose:	Date Given:
11. Post-Transplant Cyclophosphamide - Dose 1:	(CR1CY3DS) <input type="text"/> (xxxx) mg	(CR1CY3DT) <input type="text"/> (mm/dd/yyyy)
12. Post-Transplant Cyclophosphamide - Dose 2:	(CR1CY4DS) <input type="text"/> (xxxx) mg	(CR1CY4DT) <input type="text"/> (mm/dd/yyyy)

13. Record the initiation date of T acrolimus/Cyclosporine: (CR1TACDT)  (mm/dd/yyyy)
14. Record the initiation date of MMF: (CR1MMFDT)  (mm/dd/yyyy)

Comments: (CR1COMM)

**Blood and Marrow Transplant Clinical  
Trials Network**

**Demographics (DEM)**

Web Version: 1.0; 6.02; 12-02-15

1. Name Code:(NAMECODE)

2. IUBMID # (if available):(IUBMID)

3. Gender:(GENDER)

4. Date of Birth:(DOB)

5. Ethnicity:(ETHNIC)

6. Race:(RACE)

Specify race:(RACESP)

7. Secondary Race:(RACE2)

Specify secondary race:(RACE2SP)

Comments:(DEMCOMM1)

1 - Male     2 - Female  
 (mm/dd/yyyy)

1- Hispanic or Latino  
2- Not Hispanic or Latino  
8- Unknown  
9- Not Answered

White  
10- White (Not Otherwise Specified)  
11 - European (Not Otherwise Specified)  
13 - Mediterranean  
14 - White North American  
\*Additional Options Listed Below

White  
10- White (Not Otherwise Specified)  
11 - European (Not Otherwise Specified)  
13 - Mediterranean  
14 - White North American  
\*Additional Options Listed Below



## Additional Selection Options for DEM

### Race:

15 - South or Central American

16 - Eastern European

17 - Northern European

18 - Western European

81 - White Caribbean

82 - North Coast of Africa

83 - Middle Eastern

### Black

20 - Black (Not Otherwise Specified)

21 - African American

22 - African Black (Both Parents Born in Africa)

23 - Caribbean Black

24 - South or Central American Black

29 - Black, Other Specify

### Asian

30 - Asian (Not Otherwise Specified)

31 - Indian/South Asian

32 - Filipino (Pilipino)

34 - Japanese

35 - Korean

36 - Chinese

37 - Other Southeast Asian

38 - Vietnamese

### American Indian or Alaska Native

50 - Native American (Not Otherwise Specified)

51 - Native Alaskan/Eskimo/Aleut

52 - American Indian (Not Otherwise Specified)

53 - North American Indian

54 - South or Central American Indian

55 - Caribbean Indian

### Native Hawaiian or Other Pacific Islander

60 - Native Pacific Islander (Not Otherwise Specified)

61 - Guamanian

62 - Hawaiian

63 - Samoan

### Other

88 - Unknown

90 - Other, Specify

99 - Not Answered

**Blood and Marrow Transplant Clinical  
Trials Network**

**Death Form (DTH)**

Web Version: 1.0; 4.14; 11-05-15

1. Record date of death: (DTHDT)

(mm/dd/yyyy)

2. Was an autopsy performed? (AUTPERF)

1 - Yes  2 - No

If yes, attach de-identified autopsy report or death summary to the form below.

**Enter appropriate cause of death code below. List in order of decreasing severity.**

3. Primary cause of death: (CZDTHPRM)

1.0 - Graft Rejection or Failure  
Infection (Other than Interstitial Pneumonia)  
1.1 - Autologous Recovery  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below



Specify other: (DTHSPEC1)

4. Secondary cause of death: (SCNDCZ1)

1.0 - Graft Rejection or Failure  
Infection (Other than Interstitial Pneumonia)  
1.1 - Autologous Recovery  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other: (DTHSPEC2)

5. Secondary cause of death: (SCNDCZ2)

1.0 - Graft Rejection or Failure  
Infection (Other than Interstitial Pneumonia)  
1.1 - Autologous Recovery  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other: (DTHSPEC3)

6. Secondary cause of death: (SCNDCZ3)

1.0 - Graft Rejection or Failure  
Infection (Other than Interstitial Pneumonia)  
1.1 - Autologous Recovery  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other: (DTHSPEC4)

7. Secondary cause of death: (SCNDCZ4)

1.0 - Graft Rejection or Failure  
Infection (Other than Interstitial Pneumonia)  
1.1 - Autologous Recovery  
1.2 - Rejection  
2.1 - Bacterial  
\*Additional Options Listed Below

Specify other: (DTHSPEC5)

Comments: (DTCMMNTS)

## Additional Selection Options for DTH

### Primary cause of death:

- 2.2 - Fungal
- 2.3 - Viral
- 2.4 - Protozoal
- 2.5 - Other, Specify Below
- 2.9 - Organism Not Identified
- Interstitial Pneumonia
- 3.1 - Viral, CMV
- 3.2 - Viral, Other
- 3.3 - Pneumocystis
- 3.4 - Other, Specify Below
- 3.9 - Idiopathic
- 4.0 - Adult Respiratory Distress Syndrome
- 5.0 - Acute GVHD
- 6.0 - Chronic GVHD
- 7.0 - Recurrence or Persistence of Leukemia/Malignancy/MDS
- 7.1 - Persistent Disease
- Organ Failure (Not Due to GVHD or Infection)
- 8.1 - Liver
- 8.2 - Cardiac (Cardiomyopathy)
- 8.3 - Pulmonary
- 8.4 - CNS
- 8.5 - Renal
- 8.6 - Other, Specify Below
- 8.7 - Multiple Organ Failure, Specify Below
- 8.8 - Secondary Graft Failure
- 9.0 - Secondary Malignancy
- 9.1 - EBV
- 9.2 - Other, Specify Below
- Hemorrhage
- 10.1 - Pulmonary
- 10.2 - Intracranial
- 10.3 - Gastrointestinal
- 10.4 - Hemorrhage Not Specified
- 10.5 - Other, Specify Below
- Vascular
- 11.1 - Thromboembolic
- 11.2 - Disseminated Intravascular Coagulation (DIC)
- 11.3 - Gastrointestinal
- 11.4 - Thrombotic Thrombocytopenic Purpura
- 11.5 - Vascular Not Specified
- 11.9 - Other, Specify Below
- 12.0 - Accidental Death
- 13.0 - Other, Specify Below

**Blood and Marrow Transplant Clinical  
Trials Network**

**0603A (ENR)**

Web Version: 1.0; 3.01; 06-14-12

1. Was a matched unrelated donor search conducted?(*MATUDOHP*)

1 - Yes  2 - No

2. If Yes, why was the search not completed?(*WHYMATHP*)

1 - No donor identified  
2 - Urgent transplant needed  
3 - Other, specify

If Other, specify:(*OTHERMHP*)

3. If No, why was a search not conducted?(*NOMATHP*)

1 - Urgent transplant needed  
2 - Other, specify

If Other, specify:(*NOMATHP*)

4. Record date patient informed consent form signed:(*CSTDTBHP*)

(mm/dd/yyyy)

5. Record patient's date of birth:(*PATAGEHP*)

(mm/dd/yyyy)

6. If patient is less than 21, is he/she eligible for BMT CTN #0501?(*PATINEHP*)

1 - Yes  2 - No

**Inclusion Criteria**

7. Is the donor an HLA-haploidentical first degree relative of patient?(*DONACRHP*)

1 - Yes  2 - No

*First degree relative defined as "biological parents, siblings, children, half-siblings"*

8. Record donor's age:(*DONRAGHP*)

(xx)

9. Has the patient received cytotoxic chemotherapy within 3 months of consent?  
(*CHEMOHP*)

1 - Yes  2 - No

10. Record the start date of cytotoxic chemotherapy:(*CHEMODHP*)

(mm/dd/yyyy)

11. Record the patient's primary disease:(*PRIMDIHP*)

1 - Acute Lymphoblastic Leukemia  
2 - Acute Myelogenous Leukemia  
3 - Biphenotypic/Undifferentiated Leukemia  
4 - Burkitt's Lymphoma  
5 - Hodgkins Lymphoma  
\*Additional Options Listed Below

12. If ALL, record disease stage:(*ALLSTGHP*)

1 - First Complete Remission  
2 - Second Complete Remission  
3 - Third or Subsequent Complete Remission

13. If the patient is in CR1, do they have at least one of the following high risk features?

14. Adverse cytogenetics such as t(9;22), t(1;19), t(4;11), MLL rearrangements?  
(*ALLACYHP*)

1 - Yes  2 - No  3 - Unknown

15. WBC count greater than 30,000 wbc/mcL?(*ALLWBCHP*)

1 - Yes  2 - No  3 - Unknown

16. Over 30 years of age?(*ALL30HP*)

1 - Yes  2 - No  3 - Unknown

17. Time to CR was greater than 4 weeks?(*ALL4WHP*)

1 - Yes  2 - No  3 - Unknown

18. If AML, record disease stage:(*AMLSTGHP*)

1 - First Complete Remission  
2 - Second Complete Remission  
3 - Third or Subsequent Complete Remission

19. If the patient is in CR1, do they have at least one of the following high risk features?

20. Greater than 1 cycle of induction to achieve remission?(*HIGHRCHP*)

1 - Yes  2 - No  3 - Unknown

21. Preceding myelodysplastic syndrome (MDS)?(*PREMDSHP*)

1 - Yes  2 - No  3 - Unknown

22. Flt3 abnormalities?(*PREFLTHP*)

1 - Yes  2 - No  3 - Unknown

23. FAB, M6 or M7 Leukemia(*ADVICYHP*)

1 - Yes  2 - No  3 - Unknown

24. Adverse cytogenetics for overall survival such as those associated with MDS?(*ADCYMDHP*)

1 - Yes  2 - No  3 - Unknown

25. Complex karyotype such as greater than or equal to 3 abnormalities, inv(3), or t(3;3), t(6;9), t(6;11), + 8 [alone or with other abnormalities except for t(8;21), t(9;11), inv(16), or t(16;16)], t(11;19)(q23;p13.1)]?  
(*COMPKAHP*)

1 - Yes  2 - No  3 - Unknown

26. If biphenotypic or undifferentiated leukemia, record disease stage:(*BIPHUNHP*)

1 - First Complete Remission  
2 - Second Complete Remission  
3 - Third or Subsequent Complete Remission

27. If T Lymphoblastic lymphoma, record disease stage: (TLYLYHP)

- 1 - First Complete Remission
- 2 - Second Complete Remission
- 3 - Third or Subsequent Complete Remission

28. If Burkitt's lymphoma, record disease stage: (BURLYMHP)

- 1 - Second Complete Remission
- 2 - Third or Subsequent Complete Remission

29. How many distinct prior regimens of chemotherapy (including induction and salvage chemotherapies, but not including single agent Rituxan) has the patient received? (CHEMREHP)

- 1 - One prior regimen
- 2 - Two prior regimens
- 3 - Three prior regimens
- 4 - Greater than 3 prior regimens

30. Does the patient have chemo-sensitive disease? (CHEMOSHP)

- 1 - Yes
- 2 - No

31. If Yes, then select disease stage: (CHDTYHP)

- 1 - Complete Remission
- 2 - Partial Response

32. Has the patient failed at least one prior regimen of multi-agent chemotherapy? (FREGCHEM)

1 - Yes  2 - No

33. Is this patient eligible for autologous transplant? (AUTOTRHP)

1 - Yes  2 - No

34. Has the patient failed at least 2 prior regimens of chemotherapy (excluding single agent Rituxan)? (MARGLYHP)

- 1 - Yes
- 2 - No

35. Record the type of fraction test performed: (TYPFRCHP)

- 1 - Left Ventricular Ejection Fraction (LVEF)
- 2 - Shortening Fraction

36. Record LVEF at rest: (RSTLVEHP)

(xxx) % Date ejection fraction performed: (DTLVEFHP)  (mm/dd/yyyy)

37. Record shortening fraction at rest: (SHFRCHP)

(xxx) % Date shortening fraction performed: (SHRFDHP)  (mm/dd/yyyy)

	Most Recent Value	LLN for Institution	ULN for Institution	Date Sample Obtained
38. Creatinine (mg/dL):	(CRTRVHP) <input type="text"/> (x.x)	(CRTLLNHP) <input type="text"/> (x.x)	(CRTULNHP) <input type="text"/> (x.x)	(CRTDATHP) <input type="text"/> (mm/dd/yyyy)
39. Creatinine Clearance (mL/min):	(CCLRRVHP) <input type="text"/> (xxx)	(CCLRLNHP) <input type="text"/> (xxx)	N/A	(CCLRDTHP) <input type="text"/> (mm/dd/yyyy)
40. ALT (Units/L):	(ALTRVHP) <input type="text"/> (xxx)		(ALTULNHP) <input type="text"/> (xxx)	(ALTDTHP) <input type="text"/> (mm/dd/yyyy)
41. AST (Units/L):	(ASTRVHP) <input type="text"/> (xxx)	N/A	(ASTULNHP) <input type="text"/> (xxx)	(ASTDTHP) <input type="text"/> (mm/dd/yyyy)
42. Alkaline Phosphatase (Units/L):	(ALPRVHP) <input type="text"/> (xxx)	N/A	(ALPULNHP) <input type="text"/> (xxx)	(ALPDTHP) <input type="text"/> (mm/dd/yyyy)
43. Bilirubin (mg/dL):	(BILIRVHP) <input type="text"/> (x.x)	N/A	N/A	(BILIDTHP) <input type="text"/> (mm/dd/yyyy)

44. Were pulmonary function tests performed? (PFT2TXHP)

- 1 - Yes
- 2 - No

	Most Recent Value Corrected for Hemoglobin	Date Sample Obtained
45. DLCO:	(DLCORVHP) <input type="text"/> (xxx) %	(DLCODTHP) <input type="text"/> (mm/d/yyyy)
46. FEV1:	(FEVRVHP) <input type="text"/> (xxx) %	(FEVDTHP) <input type="text"/> (mm/dd/yyyy)
47. FVC:	(FVCRVHP) <input type="text"/> (xxx) %	(FVCDTHP) <input type="text"/> (mm/dd/yyyy)

48. Oxygen saturation on room air: (OXSATHP)

(xxx) % Date oxygen saturation was obtained: (OXSTDTHP)  (mm/dd/yyyy)

49. Performance status scale used to evaluate patient (Lansky for patients < 16 years old; Karnofsky for patients ≥ 16 years old): (PRFSCLHP)

1 - Karnofsky  2 - Lansky

50. Performance status scale used to evaluate patient (Lansky for patients < 16 years old; Karnofsky for patients ≥ 16 years old): (PRFSCLHP)

1 - Karnofsky  2 - Lansky

51. Record patient's Karnofsky/ Lansky performance status: *(PRFSCOHP)*

O1 - 100 (Normal; No Complaints/ Fully Active)  
O2 - 90 (Normal Activity/ Minor Restriction in Strenuous Play)  
O3 - 80 (Normal Activity with Effort/ Restricted in Strenuous Play)  
O4 - 70 (Unable to Carry On Normal Activity/ Less Time Spent in Play)  
O5 - 60 (Requires Occasional Assistance/ Minimal Active Play)  
\*Additional Options Listed Below

**Exclusion Criteria**

52. Does the patient have an HLA-matched, related or 7 or 8/8 allele matched (HLA-A, -B, -Cw, -DRB1) related donor able to donate? *(HLMATSHP)*  1 - Yes  2 - No

53. Has the patient had a prior autologous transplant? *(PRIORHP)*  1 - Yes  2 - No

54. Date of transplant: *(AUTTRDHP)*  (mm/dd/yyyy)

55. Is the patient pregnant (positive B-HCG) or breastfeeding? *(PRGNTHP)*  1 - Yes  2 - No  3 - Not Applicable

56. Is the patient pregnant (positive B-HCG) or breastfeeding? *(PRGNTHP)*  1 - Yes  2 - No  3 - Not Applicable

57. Does the patient have evidence of HIV infection or have HIV positive serology? *(HIVPSTHP)*  1 - Yes  2 - No

58. Does the patient have a current uncontrolled bacterial, viral, or fungal infection (currently taking medication with evidence of progression of clinical symptoms or radiologic findings)? *(VFBA CIHP)*  1 - Yes  2 - No

59. Has the patient had a prior allogeneic hematopoietic stem cell transplant? *(PRIORAHHP)*  1 - Yes  2 - No

60. Does the patient have a positive anti-donor HLA antibody? *(POSAHLHP)*  1 - Yes  2 - No

61. Does the patient have a history of primary idiopathic myelofibrosis? *(IDM YELHP)*  1 - Yes  2 - No

Comments: *(COMMHP)*

## **Additional Selection Options for ENR**

### **Record the patient's primary disease:**

- 6 - Large Cell Lymphoma
- 7 - Marginal Zone B-cell Lymphoma
- 8 - Follicular Non-Hodgkins Lymphoma
- 9 - T Lymphoblastic Lymphoma
- 10 - Mantle Cell Lymphoma

### **Record patient's Karnofsky/ Lansky performance status:**

- 06 - 50 (Requires Considerable Assistance/No Active Play)
- 07 - 40 (Disabled/Able to Initiate Quiet Activities)
- 08 - 30 (Severely Disabled/Needs Assistance for Quiet Play)
- 09 - 20 (Very Sick/Limited to Very Passive Activity)
- 10 - 10 (Moribund; Completely Disabled)

**Blood and Marrow Transplant Clinical  
Trials Network**

**Follow Up Status Form - 0603 (FU1)**

Web Version: 1.0; 5.00; 12-03-09

Segment (PROTSEG):

Visit Number (VISNO):

1. Date of last contact:(FU1LTCDT)  (mm/dd/yyyy)

**Since the date of the last visit indicate if any of the following have occurred:**

2. Has the patient died?(FU1DIEDD)

1 - Yes  2 - No

*If Yes, a Death Form must be submitted.*

3. Date of patient death:(FU1DTHDT)  (mm/dd/yyyy)

4. Has the patient relapsed or experienced disease progression?(FU1RLPSE)

1 - Yes  2 - No

*If Yes, a Progression/Relapse Form must be submitted.*

5. Date of Relapse or progression:(FU1RPSDT)  (mm/dd/yyyy)

6. Has the patient experienced secondary graft failure?(FU1SGRFL)

1 - Yes  2 - No

*If Yes, a Secondary Graft Failure Form must be submitted.*

7. Date of secondary graft failure:(FU1SGFLD)  (mm/dd/yyyy)

8. Has the patient experienced any new clinically significant infections?  
(FU1NONFN)

1 - Yes  2 - No

*If Yes, an Infection Form must be submitted.*

9. Date of infection:(FU1IFDT)  (mm/dd/yyyy)

10. Has the patient been hospitalized (other than for transplant)?(FU1HSPTL)

1 - Yes  2 - No

11. Has the patient been hospitalized?(FU1HSPTL)

1 - Yes  2 - No

*If Yes, a Re-Admission Form must be submitted.*

12. Date of hospitalization:(FU1HPTLD)  (mm/dd/yyyy)

13. Has the patient experienced any Unexpected, Grade 3-5 Adverse Events?  
(FU1UAE)

1 - Yes  2 - No

*If Yes, an Unexpected, Grade 3-5 Adverse Event Form must be submitted.*

14. Date of onset of Unexpected, Grade 3-5 Adverse Event:(FU1UAEDT)  (mm/dd/yyyy)

15. Was Acute GVHD present during this assessment period?(FU1AGVHD)

1 - Yes  2 - No

16. Did Acute GVHD continue from a previous assessment period?(FU1GVHLP)

1 - Yes  2 - No

17. Did Acute GVHD develop during this assessment period?(FU1GVHTP)

1 - Yes  2 - No

18. Date of onset of Acute GVHD:(FU1GVHDT)  (mm/dd/yyyy)

19. Did Acute GVHD resolve during this assessment period?(FU1GVRES)

1 - Yes  2 - No

20. Date of resolution:(FU1GVRDT)  (mm/dd/yyyy)

21. Has the patient received a non-protocol specified transplant?(FU1TXTWO)

1 - Yes  2 - No

22. Date of non-protocol specified transplant:(FU1TX2DT)  (mm/dd/yyyy)

Comments:(FU1COMM)



## Blood and Marrow Transplant Clinical Trials Network

### Acute GVHD Form (GVH)

Web Version: 1.0; 10.11; 10-16-15

**Segment (PROTSEG):**

**Visit Number (VISNO):**

1. Date of staging:(STAGEDT)

(mm/dd/yyyy)

Start of GVHD Assessment Period:(GVASSTDT)

(mm/dd/yyyy)

End of GVHD Assessment Period:(GVASENDT)

(mm/dd/yyyy)

*The assessment for which you are entering data must have taken place within the above dates. If the patient was not seen during the assessment period specified above, please exit the form and request an exception for this form.*

2. Immunosuppressant (prophylaxis) received:(IMMUNORC)

0 - Prednisone  
1 - Cyclosporine  
2 - Tacrolimus  
3 - Not taken during assessment

3. Record most recent blood level of immunosuppressant (prophylaxis):  
(TROUGHLV)

(xxx.x) ng/mL

4. Record date blood sample obtained:(TROUGHDT)

(mm/dd/yyyy)

**Record the highest level of organ abnormalities, the etiologies contributing to the abnormalities and any biopsy results during the assessment period.**

5. Skin abnormalities:(GVHSKINA)

0 - No Rash  
1 - Maculopapular Rash, <25% of Body Surface  
2 - Maculopapular Rash, 25-50% of Body Surface  
3 - Generalized Erythroderma  
4 - Generalized Erythroderma with Bullus Formation and Desquamation

6. Skin etiologies:

GVHD	Drug Reaction	Conditioning Regimen Toxicity
(SETGVHD) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(SETDRGRX) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(SETCRTOX) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
Infection	Other	
(SETINFCT) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(SETOTHER) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

Specify other skin etiologies:(GVHSKNSP)

7. Skin biopsy for GVHD:(GVHSKINB)

1 - Positive  
2 - Negative  
3 - Equivocal  
4 - Not Done

8. Upper GI abnormalities:(GVHUPGIA)

0 - No Protracted Nausea and Vomiting  
1 - Persistent Nausea, Vomiting or Anorexia

9. Upper intestinal tract etiologies:

GVHD	Drug Reaction	Conditioning Regimen Toxicity
(UGIETGVH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(UGIETDRG) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(UGIETCON) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
TPN	Infection	Other
(UGIETTPN) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(UGIETINF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(UGIETOTH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Specify other upper intestinal tract etiologies:(UGIETSPC)

10. Upper intestinal tract biopsy for GVHD:(UGIBIORS)

- 1 - Positive
- 2 - Negative
- 3 - Equivocal
- 4 - Not Done

11. Lower GI abnormalities:(GVHINTA)

- 0 - No Diarrhea
- 1 - Diarrhea Less Than or Equal to 500 mL/day or <280 mL/m<sup>2</sup>
- 2 - Diarrhea >500 but Less Than or Equal to 1000 mL/day or 280-555 mL/m<sup>2</sup>
- 3 - Diarrhea >1000 but Less Than or Equal to 1500 mL/day or 556-833 mL/m<sup>2</sup>
- 4 - Diarrhea >1500 mL/day or >833 mL/m<sup>2</sup>
- \*Additional Options Listed Below

Use mL/day for adult patients and mL/m<sup>2</sup> for pediatric patients

12. Lower intestinal tract etiologies:

<b>GVHD</b>	<b>Drug Reaction</b>	<b>Conditioning Regimen Toxicity</b>
(LGIETGVH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LGIETDRG) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LGIETCON) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<b>TPN</b>	<b>Infection</b>	<b>Other</b>
(LGIETTPN) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LGIETINF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LGIETOTH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No

Specify other lower intestinal tract etiologies:(LGIETSPC)

---

13. Lower intestinal tract biopsy for GVHD:(LGIBIORS)

- 1 - Positive
- 2 - Negative
- 3 - Equivocal
- 4 - Not Done

14. Liver abnormalities:(GVHLIVRA)

- 0 - Bilirubin <2.0 mg/dL
- 1 - Bilirubin 2.0-3.0 mg/dL
- 2 - Bilirubin 3.1-6.0 mg/dL
- 3 - Bilirubin 6.1-15.0 mg/dL
- 4 - Bilirubin >15.0 mg/dL

15. Liver etiologies:

<b>GVHD</b>	<b>Drug Reaction</b>	<b>Conditioning Regimen Toxicity</b>	<b>TPN</b>
(LIVETGVH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETDRG) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETCND) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETTPN) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No
<b>Infection</b>	<b>VOD</b>	<b>Other</b>	
(LIVETINF) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETVOD) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(LIVETOTH) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	

Specify other liver etiologies:(GVHLIVRS)

---

16. Liver biopsy for GVHD:(GVHLIVRB)

- 1 - Positive
- 2 - Negative
- 3 - Equivocal
- 4 - Not Done

17. Was any treatment of GVHD modified during this assessment period?  
(GVHTHERP)

- 1 - Yes  2 - No

*This only applies to TREATMENT for GVHD. If GVHD prophylaxis was the only modification during this assessment period, this question should be answered "2 - No".*

18. If yes, specify agent name:(GVHAGENT)

- 1 - CSA
- 2 - FK 506
- 3 - Topical Steroids
- 4 - Prednisone
- 5 - ATG
- \*Additional Options Listed Below

Specify other agent:(GVHAGNSP)

---

19. Indicate treatment modification:(G *VHTRMOD*)

- 1 - Started
- 2 - Stopped
- 4 - Tapered
- 5 - Increased

Comments:(G *VHCOMM*)

## **Additional Selection Options for GVH**

### **Lower GI abnormalities:**

5 - Severe Abdominal Pain with or without Ileus, or Stool with Frank Blood or Melena

### **If yes, specify agent name:**

6 - MMF

7 - Daclizumab

8 - Methylprednisolone

9 - Other

**Blood and Marrow Transplant Clinical  
Trials Network**

**HLA Form - Page 1 (HT1)**

Web Version: 1.0; 2.01; 03-09-10

Segment (PROTSEG):

Visit Number (VISNO):

**HLA Typing**

Type of HLA Match required by this protocol: (HT1MATCH)

Loc i A , B : Low Level DNA , Locus DRB1 : High Level DNA  
Loc i A , B : S erologic, Locus DRB1 : High Level DNA  
Loc i A , B : S erologic, Locus DRB1 : Low Level DNA  
Loc i A , B , C : Low Level DNA , Locus DRB1 : High Level DNA  
Loc i A , B , C : S erologic, Locus DRB1 : High Level DNA  
\*Additional Options Listed Below

**1. Recipient HLA Typing**

**HLA-A**

Typing method: (HLAAMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided: (HLAANUM)

1 - One  
2 - Two

1st: (HLAA11X)  (HLAA12X) /  (HLAA13X) /  (HLAA14X) /   
(HLAA15X)  (HLAA16X) /  (HLAA17X) /  (HLAA18X) /   
2nd: (HLAA21X)  (HLAA22X) /  (HLAA23X) /  (HLAA24X) /   
(HLAA25X)  (HLAA26X) /  (HLAA27X) /  (HLAA28X) /

**HLA-B**

Typing method: (HLABMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided: (HLABNUM)

1 - One  
2 - Two

1st: (HLAB11X)  (HLAB12X) /  (HLAB13X) /  (HLAB14X) /   
(HLAB15X)  (HLAB16X) /  (HLAB17X) /  (HLAB18X) /   
2nd: (HLAB21X)  (HLAB22X) /  (HLAB23X) /  (HLAB24X) /   
(HLAB25X)  (HLAB26X) /  (HLAB27X) /  (HLAB28X) /

**HLA-Cw**

Typing method: (HLACMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided: (HLACNUM)

1 - One  
2 - Two

1st: (HLAC11X)  (HLAC12X) /  (HLAC13X) /  (HLAC14X) /   
(HLAC15X)  (HLAC16X) /  (HLAC17X) /  (HLAC18X) /   
2nd: (HLAC21X)  (HLAC22X) /  (HLAC23X) /  (HLAC24X) /   
(HLAC25X)  (HLAC26X) /  (HLAC27X) /  (HLAC28X) /

**HLA-DRB1**

Typing method: (HLADMET)

1 - DNA Technology  
2 - Serology

Antigen(s)/allele(s) provided: (HLADNUM)

1 - One  
2 - Two

1st:	(HLAD11X)   _____	(HLAD12X)   _____	(HLAD13X)   _____	(HLAD14X)   _____
	(HLAD15X)   _____	(HLAD16X)   _____	(HLAD17X)   _____	(HLAD18X)   _____
2nd:	(HLAD21X)   _____	(HLAD22X)   _____	(HLAD23X)   _____	(HLAD24X)   _____
	(HLAD25X)   _____	(HLAD26X)   _____	(HLAD27X)   _____	(HLAD28X)   _____

**HLA-DQ**

Typing method: (HLAQMET)

1 - DNA Technology  
2 - Serology

Antigen(s)/allele(s) provided: (HLAQNUM)

1 - One  
2 - Two

1st:	(HLAQ11X)   _____	(HLAQ12X)   _____	(HLAQ13X)   _____	(HLAQ14X)   _____
	(HLAQ15X)   _____	(HLAQ16X)   _____	(HLAQ17X)   _____	(HLAQ18X)   _____
2nd:	(HLAQ21X)   _____	(HLAQ22X)   _____	(HLAQ23X)   _____	(HLAQ24X)   _____
	(HLAQ25X)   _____	(HLAQ26X)   _____	(HLAQ27X)   _____	(HLAQ28X)   _____

Comments: (HT1COMM)

## **Additional Selection Options for HT1**

### **Type of HLA Match required by this protocol:**

Loci A, B, C, DQ: Low Level DNA, Locus DRB1: High Level DNA

High Level DNA

Low Level DNA

Serologic

**Blood and Marrow Transplant Clinical  
Trials Network**

**HLA Form - Page 2 (HT2)**

Web Version: 1.0; 2.01; 03-09-10

Segment (PROTSEG):

Visit Number (VISNO):

**HLA Typing**

Type of HLA Match required by this protocol: (HT2MATCH)

Loci A, B: LowLevelDNA, Locus DRB1: High Level DNA  
Loci A, B: Serologic, Locus DRB1: High Level DNA  
Loci A, B: Serologic, Locus DRB1: LowLevel DNA  
Loci A, B, C: LowLevelDNA, Locus DRB1: High Level DNA  
Loci A, B, C: Serologic, Locus DRB1: High Level DNA  
\*Additional Options Listed Below

**1. Donor HLA Typing**

**HLA-A**

Typing method: (HLAAMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided: (HLAANUM)

1 - One  
2 - Two

1st: (HLAA11X)  (HLAA12X) /  (HLAA13X) /  (HLAA14X) /   
 (HLAA15X)  (HLAA16X) /  (HLAA17X) /  (HLAA18X) /   
 2nd: (HLAA21X)  (HLAA22X) /  (HLAA23X) /  (HLAA24X) /   
 (HLAA25X)  (HLAA26X) /  (HLAA27X) /  (HLAA28X) /

**HLA-B**

Typing method: (HLABMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided: (HLABNUM)

1 - One  
2 - Two

1st: (HLAB11X)  (HLAB12X) /  (HLAB13X) /  (HLAB14X) /   
 (HLAB15X)  (HLAB16X) /  (HLAB17X) /  (HLAB18X) /   
 2nd: (HLAB21X)  (HLAB22X) /  (HLAB23X) /  (HLAB24X) /   
 (HLAB25X)  (HLAB26X) /  (HLAB27X) /  (HLAB28X) /

**HLA-Cw**

Typing method: (HLACMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided: (HLACNUM)

1 - One  
2 - Two

1st: (HLAC11X)  (HLAC12X) /  (HLAC13X) /  (HLAC14X) /   
 (HLAC15X)  (HLAC16X) /  (HLAC17X) /  (HLAC18X) /   
 2nd: (HLAC21X)  (HLAC22X) /  (HLAC23X) /  (HLAC24X) /   
 (HLAC25X)  (HLAC26X) /  (HLAC27X) /  (HLAC28X) /

**HLA-DRB1**

Typing method: (HLADMET)

1 - DNA Technology  
2 - Serology



Antigens/alleles provided: (HLADNUM)

1 - One  
2 - Two

1st: (HLAD11X) | | (HLAD12X) / | | (HLAD13X) / | | (HLAD14X) / | |  
 (HLAD15X) | | (HLAD16X) / | | (HLAD17X) / | | (HLAD18X) / | |  
 2nd: (HLAD21X) | | (HLAD22X) / | | (HLAD23X) / | | (HLAD24X) / | |  
 (HLAD25X) | | (HLAD26X) / | | (HLAD27X) / | | (HLAD28X) / | |

**HLA-DQ**

Typing method: (HLAQMET)

1 - DNA Technology  
2 - Serology

Antigens/alleles provided: (HLAQNUM)

1 - One  
2 - Two

1st: (HLAQ11X) | | (HLAQ12X) / | | (HLAQ13X) / | | (HLAQ14X) / | |  
 (HLAQ15X) | | (HLAQ16X) / | | (HLAQ17X) / | | (HLAQ18X) / | |  
 2nd: (HLAQ21X) | | (HLAQ22X) / | | (HLAQ23X) / | | (HLAQ24X) / | |  
 (HLAQ25X) | | (HLAQ26X) / | | (HLAQ27X) / | | (HLAQ28X) / | |

**Recipient-to-Donor HLA Match Scores**

Recipient-to-Donor HLA Match Score required by this protocol: (HT2HRQD)

| |

Recipient-to-Donor Locus A calculated HLA Match Score : (HT2SCRA)

| |

Recipient-to-Donor Locus B calculated HLA Match Score (HT2SCRB)

| |

Recipient-to-Donor Locus Cw calculated HLA Match Score (HT2SCRC)

| |

Recipient-to-Donor Locus DRB1 calculated HLA Match Score (HT2SCRD)

| |

Recipient-to-Donor Locus DQ calculated HLA Match Score (HT2SCRQ)

| |

Recipient-to-Donor total calculated HLA Match Score (HT2HLA)

| |

Indicate your institution's HLA Match Score for Recipient-to-Donor : (HT2SISC)

0/10  
 1/10  
 2/10  
 3/10  
 4/10  
 \*Additional Options Listed Below

Comments: (HT2COMM)

## Additional Selection Options for HT2

**Type of HLA Match required by this protocol:**

Loci A, B, C, DQ: Low Level DNA, Locus DRB1: High Level DNA

High Level DNA

Low Level DNA

Serologic

**Indicate your institution's HLA Match Score for Recipient-to-Donor :**

5/10

6/10

7/10

8/10

9/10

10/10

**Blood and Marrow Transplant Clinical  
Trials Network**

**Infection Form (INF)**

Web Version: 1.0; 4.01; 10-16-15

**Segment (PROTSEG):**  
**Infection Site (INFSITE):**  
**Infection Start Date (INFSTDY):**

**INFECTION I**

1. Type of infection:(*INFYP01*)

B - Bacteria  
V - Viral  
F - Fungal  
P - Protozoal  
O - Other

2. Organism I:(*ORGN01*)

BO1 - Acinetobacter (baumanii, calcoaceticus, Iwoffii, other species)  
BO2 - Agrobacterium radiobacter  
BO3 - Alcaligenes xylosoxidans  
BO4 - Anaerobic bacteria (NO S, except for Bacteroides, Clostridium)  
BO5 - Bacillus (cereus, other species)  
\*Additional Options Listed Below



If other specify:(*INFSPEC1*)

3. Record the level of certainty of the fungal infection diagnosis:(*CERTNTY1*)

1 - Proven Fungal Infection  
2 - Probable Fungal Infection  
3 - Possible Fungal Infection

4. Severity of infection:(*SVRTY01*)

1 - Moderate  
2 - Severe  
3 - Life-Threatening/Fatal

**INFECTION II**

5. Type of infection:(*INFYP02*)

B - Bacteria  
V - Viral  
F - Fungal  
P - Protozoal  
O - Other

6. Organism II:(*ORGN02*)

BO1 - Acinetobacter (baumanii, calcoaceticus, Iwoffii, other species)  
BO2 - Agrobacterium radiobacter  
BO3 - Alcaligenes xylosoxidans  
BO4 - Anaerobic bacteria (NO S, except for Bacteroides, Clostridium)  
BO5 - Bacillus (cereus, other species)  
\*Additional Options Listed Below

If other specify:(*INFSPEC2*)

7. Record the level of certainty of the fungal infection diagnosis:(*CERTNTY2*)

1 - Proven Fungal Infection  
2 - Probable Fungal Infection  
3 - Possible Fungal Infection

8. Severity of infection:(*SVRTY02*)

1 - Moderate  
2 - Severe  
3 - Life-Threatening/Fatal

**INFECTION III**

9. Type of infection:(*INFYP03*)

B - Bacteria  
V - Viral  
F - Fungal  
P - Protozoal  
O - Other

10. Organism III:(*ORGNO3*)

BO1 - Acinetobacter (baumanii, calcoaceticus, lwoffii, other species)  
BO2 - Agrobacterium radiobacter  
BO3 - Alcaligenes xylosoxidans  
BO4 - Anaerobic bacteria (NOS, except for Bacteroides, Clostridium)  
BO5 - Bacillus (cereus, other species)  
\*Additional Options Listed Below

If other specify:(*INFSPEC3*)

11. Record the level of certainty of the fungal infection diagnosis:(*CERTNTY3*)

1 - Proven Fungal Infection  
2 - Probable Fungal Infection  
3 - Possible Fungal Infection

12. Severity of infection:(*SVRTY03*)

1 - Moderate  
2 - Severe  
3 - Life-Threatening/Fatal

13. Was an agent(s) administered to treat the infection(s)?(*TRTINF*)

1 - Yes  2 - No

**Provide agent(s) administered for this infectious period:**

14. 1<sup>st</sup> agent:(*AGENT1*)

abacavir (Ziagen)  
acyclovir (Zovirax)  
albendazole (Albenza)  
amantadine (Symmetrel, Symadine)  
amikacin (Amikin)  
\*Additional Options Listed Below

If other specify:(*AGTSPEC1*)

15. 2<sup>nd</sup> agent:(*AGENT2*)

abacavir (Ziagen)  
acyclovir (Zovirax)  
albendazole (Albenza)  
amantadine (Symmetrel, Symadine)  
amikacin (Amikin)  
\*Additional Options Listed Below

If other specify:(*AGTSPEC2*)

16. 3<sup>rd</sup> agent:(*AGENT3*)

abacavir (Ziagen)  
acyclovir (Zovirax)  
albendazole (Albenza)  
amantadine (Symmetrel, Symadine)  
amikacin (Amikin)  
\*Additional Options Listed Below

If other specify:(*AGTSPEC3*)

17. Were additional agents administered for this infectious period?(*ADDAGENT*)

1 - Yes  2 - No

If yes, specify additional agents administered:(*INFSPEC4*)

Comments:(*INFCOM*)

## Additional Selection Options for INF

### Infection Site (*INFSITE*) (key field):

- 01 - Blood/Buffy Coat
- 02 - Disseminated - Generalized, Isolated at 2 or More Distinct Sites
- 03 - Brain
- 04 - Spinal Cord
- 05 - Meninges and CSF
- 06 - Central Nervous System Unspecified
- 07 - Lips
- 08 - Tongue, Oral Cavity, and Oro-Pharynx
- 09 - Esophagus
- 10 - Stomach
- 11 - Gallbladder and Biliary Tree (Not Hepatitis), Pancreas
- 12 - Small Intestine
- 13 - Large Intestine
- 14 - Feces/Stool
- 15 - Peritoneum
- 16 - Liver
- 17 - Gastrointestinal Tract Unspecified
- 18 - Upper Airway and Nasopharynx
- 19 - Larynx
- 20 - Lower Respiratory Tract (Lung)
- 21 - Pleural Cavity, Pleural Fluid
- 22 - Sinuses
- 23 - Respiratory Tract Unspecified
- 24 - Kidneys, Renal Pelvis, Ureters and Bladder
- 25 - Prostate
- 26 - Testes
- 27 - Fallopian Tubes, Uterus, Cervix
- 28 - Vagina
- 29 - Genito-Urinary Tract Unspecified
- 30 - Genital Area
- 31 - Rash, Pustules, or Abscesses Not Typical of Any of the Above
- 32 - Skin Unspecified
- 33 - Wound site
- 34 - Catheter Tip
- 35 - Eyes
- 36 - Ears
- 37 - Joints
- 38 - Bone Marrow
- 39 - Bone Cortex (Osteomyelitis)
- 40 - Muscle (Excluding Cardiac)
- 41 - Cardiac (Endocardium, Myocardium, Pericardium)
- 42 - Lymph Nodes
- 43 - Spleen
- 99 - Other Unspecified

### Organism I:

- B06 - Bacteroides (gracilis, uniformis, vulgaris, other species)
- B07 - Borrelia (Lyme disease)
- B08 - Branhamella or Moraxella catarrhalis (other species)
- B09 - Campylobacter (all species)
- B11 - Chlamydia
- B12 - Citrobacter (freundii, other species)
- B13 - Clostridium (all species except difficile)
- B14 - Clostridium difficile
- B15 - Corynebacterium (all non-diphtheria species)
- B16 - Coxiella
- B17 - Enterobacter
- B18 - Enterococcus (all species)
- B19 - Escherichia (also E. coli)
- B20 - Flavimonas oryzihabitans
- B21 - Flavobacterium
- B22 - Fusobacterium nucleatum
- B23 - Gram Negative Diplococci (NOS)
- B24 - Gram Negative Rod (NOS)
- B25 - Gram Positive Cocci (NOS)
- B26 - Gram Positive Rod (NOS)
- B27 - Haemophilus (all species including influenzae)
- B28 - Helicobacter pylori
- B29 - Klebsiella
- B30 - Lactobacillus (bulgaricus, acidophilus, other species)
- B31 - Legionella
- B32 - Leptospira
- B33 - Leptotrichia buccalis
- B34 - Leuconostoc (all species)
- B35 - Listeria
- B36 - Methylobacterium
- B37 - Micrococcus (NOS)
- B38 - Mycobacteria (avium, bovis, haemophilum, intercellulare)
- B39 - Mycoplasma
- B40 - Neisseria (gonorrhoea, meningitidis, other species)
- B41 - Nocardia
- B42 - Pharyngeal/Respiratory Flora
- B43 - Propionibacterium (acnes, avidum,

granulorum, other species)  
 B44 - Pseudomonas (all species except cepacia and maltophilia)  
 B45 - Pseudomonas or Burkholderia cepacia  
 B46 - Pseudomonas or Stenotrophomonas or Xanthomonas maltophilia  
 B47 - Rhodococcus  
 B48 - Rickettsia  
 B49 - Salmonella (all species)  
 B50 - Serratia marcescens  
 B51 - Shigella  
 B52 - Staphylococcus (coag -)  
 B53 - Staphylococcus (coag +)  
 B54 - Staphylococcus (NOS)  
 B55 - Stomatococcus mucilaginosus  
 B56 - Streptococcus (all species except Enterococcus)  
 B57 - Treponema (syphilis)  
 B58 - Tuberculosis (NOS, AFB, acid fast bacillus, Koch bacillus)  
 B59 - Typical Tuberculosis (TB, Tuberculosis)  
 B60 - Vibrio (all species)  
 B99 - Other Bacteria  
 V01 - Herpes Simplex (HSV1, HSV2)  
 V02 - Herpes Zoster (Chicken pox, Varicella)  
 V03 - Cytomegalovirus (CMV)  
 V04 - Adenovirus  
 V05 - Enterovirus (Coxsackie, Echo, Polio)  
 V06 - Hepatitis A (HAV)  
 V07 - Hepatitis B (HBV, Australian antigen)  
 V08 - Hepatitis C (includes non-A and non-B, HCV)  
 V09 - HIV-1, HTLV-III  
 V10 - Influenza (Flu)  
 V11 - Measles (Rubeola)  
 V12 - Mumps  
 V13 - Papovavirus  
 V14 - Respiratory Syncytial virus (RSV)  
 V15 - Rubella (German Measles)  
 V16 - Parainfluenza  
 V17 - HHV-6 (Human Herpes Virus)  
 V18 - Epstein-Barr Virus (EBV)  
 V19 - Polyomavirus  
 V20 - Rotavirus  
 V21 - Rhinovirus (Common Cold)  
 V22 - Other Viral  
 P1 - Pneumocystis (PCP)  
 P2 - Toxoplasma  
 P3 - Giardia  
 P4 - Cryptosporidium  
 P5 - Amebiasis  
 P6 - Echinococcal cyst  
 P7 - Trichomonas (either vaginal or gingivitis)  
 P8 - Other Protozoal (Parasite)  
 O1 - Mycobacterium Tuberculosis  
 O2 - Other Mycobacterium  
 O3 - Mycoplasma  
 O4 - Other Organism  
 F01 - Candida Albicans  
 F02 - Candida Krusei  
 F03 - Candida Parasitosis  
 F04 - Candida Tropicalis  
 F05 - Torulopsis Glabrata (a subspecies of Candida)  
 F06 - Candida (NOS)  
 F07 - Aspergillus Flavus  
 F08 - Aspergillus Fumigatus  
 F09 - Aspergillus Niger  
 F10 - Aspergillus (NOS)  
 F11 - Cryptococcus Species  
 F12 - Fusarium Species  
 F13 - Mucormycosis (Zygomycetes, Rhizopus)  
 F14 - Yeast (NOS)  
 F15 - Other Fungus

**1<sup>st</sup> agent:**

amoxicillin / clavulanate (Augmentin)  
 amphotericin b (Abelcet, Amphotec, Fungizone)  
 ampicillin (Omnipen, Polycillin)  
 ampicillin / sulbactam (Unasyn)  
 amprenavir (Agenerase)  
 atovaquone (Mepron)  
 azithromycin (Zithromax, Z-Pack)  
 cefaclor (Ceclor)  
 cefadroxil (Duricef, Ultracel)  
 cefazolin (Ancef, Kefzol)  
 cefdinir (Omnicef)  
 cefepime (Maxipime)  
 cefixime (Suprax)  
 cefoperazone (Cefobid)  
 cefotaxime (Claforan)  
 cefotetan (Cefotan)

cefoxitin (Mefoxin)  
cefepime (Vantin)  
cefprozil (Cefzil)  
ceftazidime (Fortaz, Tazicef)  
ceftriaxone (Rocephin)  
cefuroxime (Ceftin, Kefurox, Zinacef)  
cephalexin (Keflet, Keflex, Keftab)  
chloramphenicol (Chloromycetin)  
cidofovir (Vistide)  
ciprofloxacin (Cipro)  
clarithromycin (Biaxin)  
clindamycin (Cleocin)  
clotrimazole (Mycelex, Lotrimin)  
clotrimazole / betamethasone (Lotrisone)  
co-trimoxazole (Bactrim, Septra, Sulfamethoprim)  
dapsone (DDS)  
dicloxacillin (Dycill, Dynapen, Pathocil)  
didanosine (Videx, ddl)  
doxycycline (Vibramycin)  
efavirenz (Sustiva)  
erythromycin (Ery-Tab, Ilosone, Pediamycin)  
erythromycin ethylsuccinate (Pediazole)  
erythromycin topical (Akne-mycin, Eryderm)  
ethambutol (Myambutol)  
famciclovir (Famvir)  
fluconazole (Diflucan)  
flucytosine (Ancobon)  
foscarnet (Foscavir)  
ganciclovir (Cytovene)  
gatifloxacin (Tequin)  
gentamicin (Garamycin, Gentacidin)  
grepafloxacin (Raxar)  
hepatitis a vaccine (Havrix, Vaqta)  
hepatitis b vaccine (Recombivax HB, Engerix-B)  
hepatitis c vaccine  
imipenem / cilastatin (Primaxin)  
imiquimod (Aldara)  
indinavir (Crivivan)  
interferon alfacon-1 (Infergen)  
interferon beta-1a (Avonex)  
interferon beta-1b (Betaseron)  
isoniazid (INH, Lanizid, Nydrizid)  
itraconazole (Sporonox)  
ivermectin (Stromectol)  
kanamycin (Kantrex)  
ketoconazole (Nizoral)  
lamivudine (EpiVir, 3TC)  
levofloxacin (Levaquin)  
linezolid (Zyvox)  
lopinavir/ritonavir (Kaletra)  
mefloquine (Lariam)  
meropenem (Merrem I.V.)  
metronidazole (Flagyl, Protostat)  
minocycline (Arestin)  
moxifloxacin hydrochloride (Avelox)  
mupirocin (Bactroban)  
nafcillin (Nallpen, Unipen)  
nelfinavir (Viracept)  
neomycin (Mycifradin, Myciguent)  
neomycin / polymyxin / hydrocortisone (Cortisporin)  
nevirapine (Viramune)  
nitrofurantoin (Macrobid)  
nystatin (Mycostatin)  
oseltamivir (Tamiflu)  
oxacillin (Bactocill)  
palivizumab (Synagis)  
penicillin G (Bicillin)  
penicillin VK (V-Cillin K, Veetids)  
pentamidine (Pentam 300)  
piperacillin (Pipracil)  
piperacillin/tazobactam (Zosyn)  
podofilox (Condylox)  
polymyxin (Ak-Spore H.C., Cortisporin Ophthalmic Suspension)  
PPD skin test (Mantoux Test, Tine Test)  
pyrazinamide (Rifater)  
pyrimethamine (Daraprim)  
quinidine gluconate (Duraquin, Cardioquin)  
quinupristin/dalfopristin (Synercid)  
respiratory syncytial immune globulin (Respigam)  
ribavirin (Virazole)  
rifampin (Rifadin, Rimactane)  
rifampin/isoniazid (Rifamate, Rimactane/INH)  
rifampin/isoniazid/pyrazinamide (Rifater)  
rimantadine (Flumadine)  
ritonavir (Norvir)  
saquinavir mesylate (Fortovase, Invirase)  
stavudine (d4T, Zerit)

streptomycin (Streptomycin sulfate)  
sulfamethoxazole / trimethoprim (Bactrim)  
terbinafine (Lamisil)  
terconazole (Terazol)  
tetracycline (Achromycin)  
ticarcillin / clavulanate (Ticar, Timentin)  
tobramycin (Nebcin, Tobrex, TobraDex)  
trimethoprim / sulfamethoxazole (Bactrim, Septra, Co-trimoxazole)  
valacyclovir (Valtrex)  
valganciclovir (Valcyte)  
vancomycin (Vancocin)  
zidovudine (AZT, Retrovir)  
other



**Blood and Marrow Transplant Clinical  
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**NST Hematopoiesis Form (NHM)**

Web Version: 1.0; 7.00; 05-24-11

**Segment (PROTSEG):**

**Visit Number (VISNO):**

1. Did the patient achieve ANC recovery  $500/\text{mm}^3$  on three consecutive days? (ANC3REC)  1 - Yes  2 - No  3 - Previously Reported
2. Record neutrophil count and dates obtained:

<b>Day 1:</b>	(ANC1) <input type="text"/> (xxxx) /mm <sup>3</sup>	(ANCDT1) <input type="text"/> (mm/dd/yyyy)
<b>Day 2:</b>	(ANC2) <input type="text"/> (xxxx) /mm <sup>3</sup>	(ANCDT2) <input type="text"/> (mm/dd/yyyy)
<b>Day 3:</b>	(ANC3) <input type="text"/> (xxxx) /mm <sup>3</sup>	(ANCDT3) <input type="text"/> (mm/dd/yyyy)

3. Did the patient achieve a sustained platelet count  $>20,000/\text{mm}^3$  for three consecutive days? (SUS20PLT)  1 - Yes  2 - No  3 - Previously Reported
4. Record platelet count and dates obtained:

<b>Day 1:</b>	(PLT20CT1) <input type="text"/> (xxxxx) /mm <sup>3</sup>	(PLT201DT) <input type="text"/> (mm/dd/yyyy)
<b>Day 2:</b>	(PLT20CT2) <input type="text"/> (xxxxx) /mm <sup>3</sup>	(PLT202DT) <input type="text"/> (mm/dd/yyyy)
<b>Day 3:</b>	(PLT20CT3) <input type="text"/> (xxxxx) /mm <sup>3</sup>	(PLT203DT) <input type="text"/> (mm/dd/yyyy)

5. Did the patient achieve a sustained platelet count  $>50,000/\text{mm}^3$  for three consecutive days? (SUS50PLT)  1 - Yes  2 - No  3 - Previously Reported
6. Did the patient receive a platelet transfusion within seven days prior to achieving the sustained platelet count? (SUS50TRS)  1 - Yes  2 - No
7. Record the date of the last platelet infusion: (PLINFDT)  (mm/dd/yyyy)
8. Record platelet count and dates obtained:

<b>Day 1:</b>	(PLT50CT1) <input type="text"/> (xxxxx) /mm <sup>3</sup>	(PLT501DT) <input type="text"/> (mm/dd/yyyy)
<b>Day 2:</b>	(PLT50CT2) <input type="text"/> (xxxxx) /mm <sup>3</sup>	(PLT502DT) <input type="text"/> (mm/dd/yyyy)
<b>Day 3:</b>	(PLT50CT3) <input type="text"/> (xxxxx) /mm <sup>3</sup>	(PLT503DT) <input type="text"/> (mm/dd/yyyy)

**Record Chimerism Assay Data for Marrow and/or Blood**

Please upload source documents for all chimerism results during the assessment period.

**Marrow:**

9. Was a chimerism assay performed on a marrow sample during this assessment period? (MRWCHMRS)  1 - Yes  2 - No
10. Record date specimen collected: (MRWCOLDT)  (mm/dd/yyyy)
11. Record method of evaluation: (MRWEVALM)

- 1 - Standard Cytogenetics
- 2 - Fluorescent In Situ Hybridization (FISH)
- 3 - Restriction Fragment Length Polymorphisms (RFLP)
- 4 - Polymerase Chain Reaction (PCR) [VNTR, STR, micro or mini satellite]
- 5 - HLA Serotyping
- \*Additional Options Listed Below

Specify other method of evaluation: (NHMSPEC1)

12. Record marrow chimerism cell type: (CELLTYPE)  1 - Unmanipulated  2 - Granulocytes
13. Record marrow assay results: (ASSYRSLT)  %
14. Record % donor: (MDNRPACT)  (xx) %

**Blood:**

15. Was a chimerism assay performed on a blood sample during this assessment period?(*BLDCHMRS*)

1 - Yes  2 - No

16. Record date specimen collected:(*BLDCHMDT*)

(mm/dd/yyyy)

17. Record method of evaluation:(*BLDEVAlM*)

- 1 - Standard Cytogenetics
- 2 - Fluorescent In Situ Hybridization (FISH)
- 3 - Restriction Fragment-Length Polymorphisms (RFLP)
- 4 - Polymerase Chain Reaction (PCR) [VNTR, STR, micro or mini satellite]
- 5 - HLA Serotyping
- \*Additional Options Listed Below

Specify other method of evaluation:(*NHMSPEC2*)

18. Record blood chimerism cell type:(*BLDCLTYP*)

1 - Unmanipulated  2 - Granulocytes

19. Record blood assay results:(*BLDARSLT*)

- 1 - All Host Cells
- 2 - All Donor Cells
- 3 - Host and Donor

20. Record % donor:(*BDNRPRCT*)

(xx)

**T Cell:**

21. Was a chimerism assay performed on a T cell sample during this assessment period?(*TCLCHRSM*)

1 - Yes  2 - No

22. Record the type of T cell sample:(*SMPLOYEE*)

1 - Blood  2 - Marrow

23. Record date specimen collected:(*TCLSPCDT*)

(mm/dd/yyyy)

24. Record method of evaluation:(*TCLEVALM*)

- 1 - Standard Cytogenetics
- 2 - Fluorescent In Situ Hybridization (FISH)
- 3 - Restriction Fragment-Length Polymorphisms (RFLP)
- 4 - Polymerase Chain Reaction (PCR) [VNTR, STR, micro or mini satellite]
- 5 - HLA Serotyping
- \*Additional Options Listed Below

Specify other method of evaluation:(*NHMSPEC3*)

25. Record T cell assay results:(*TCLRSULTS*)

- 1 - All Host Cells
- 2 - All Donor Cells
- 3 - Host and Donor

26. Record % donor:(*TCLDNRPC*)

(xx)

Comments:(*NHMCOMM1*)

## Additional Selection Options for NHM

Record method of evaluation:

9 - Other, specify

**Blood and Marrow Transplant Clinical  
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**Progression and Relapse Form (PRP)**

Web Version: 1.0; 4.00; 10-16-15

**Segment (PROTSEG):**

1. Progression/Relapse date:(PRPLDATE)

(mm/dd/yyyy)

2. Disease:(PRPDISES)

1 - Acute Lymphoblastic Leukemia  
2 - Acute Myogenous Leukemia  
3 - Biphenotypic/Undifferentiated Leukemia  
4 - Burkitt's Lymphoma  
5 - Large Cell Lymphoma  
\*Additional Options Listed Below

*Please note that relapse of malignancy is defined by histological/morphological evidence rather than flow cytometry results.*

**Acute Leukemia**

3. Have leukemia blast cells reappeared in the peripheral blood?(PRPLBPB)

1 - Yes  2 - No

4. If Yes, specify the date of reappearance:(PRPBPBDT)

(mm/dd/yyyy)

5. Have new dysplastic changes appeared within the bone marrow?(PRPDYSBM)

1 - Yes  2 - No

6. If Yes, specify the date changes appeared:(PRPDYDDT)

(mm/dd/yyyy)

7. Were leukemia blasts documented in the bone marrow after transplantation?  
(PRPLABPF)

1 - Yes  2 - No

*If Yes, indicate the following:*

8. Date blasts documented:(PRPLAFDT)

(mm/dd/yyyy)

9. % Leukemia blasts documented:(PRPLAFPR)

(xxx)

10. Were the blasts attributed to another cause (e.g. bone marrow regeneration):(PRPLAATB)

1 - Yes  2 - No

11. If Yes, specify the other cause:(PRPLABOT)

12. Were leukemia blasts documented in the bone marrow after transplantation by a second biopsy?(PRPLABPS)

1 - Yes  2 - No

*If Yes, indicate the following:*

13. Date blasts documented in second biopsy:(PRPLASDT)

(mm/dd/yyyy)

14. % Leukemia blasts documented in second biopsy:(PRPLASPR)

(xxx)

15. Was leukemia detected at an extramedullary site?(PRPLAEXT)

1 - Yes  2 - No

16. If Yes, indicate the date disease first detected:(PRPDTEXT)

(mm/dd/yyyy)

17. Were leukemia cells detected in the cerebrospinal fluid?(PRPCSFDT)

1 - Yes  2 - No

18. If Yes, indicate date cells first detected:(PRPDTCSF)

(mm/dd/yyyy)

**Lymphoma**

19. Indicate whether the patient has progressed or relapsed:(PRPRSFRM)

1 - Progression  2 - Relapse

20. Indicate how progression or relapse was determined:

CT: (PRPCTDET)  1 - Yes  2 - No

MRi: (PRPMRIDT)  1 - Yes  2 - No

PET Scan: (PRPPETDT)  1 - Yes  2 - No

Ultrasound: (PRPULTSD)  1 - Yes  2 - No

Physical Exam: (PRPPHYDT)  1 - Yes  2 - No

Biopsy: (PRPBIOSP)  1 - Yes  2 - No

21. If biopsy was used, indicate the site(s) of biopsy:

Bone Marrow (PRPBNMRR)  1 - Yes  2 - No

Lymphoma Node (PRPLYMND)  1 - Yes  2 - No

Extra Nodal (PRPEXTND)  1 - Yes  2 - No

22. Were there any new lesions or sites of disease? (PRPAPPNL)  1 - Yes  2 - No

23. If Yes, record the date of the appearance of new lesions or sites of disease: (PRPDTAPP)  (mm/dd/yyyy)

**The questions below relate ONLY to patients who have progressed (that is patients who have, pre-transplant, been previously classified as Partial Remission or Stable Disease)**

24. Was there a >50% increase from nadir in the SPD of any previously identified abnormal node? (PRPINCSP)  1 - Yes  2 - No

25. If Yes, record the date of the occurrence: (PRPDTSPI)  (mm/dd/yyyy)

**The questions below relate ONLY to patients who have relapsed (that is patients who have, pre-transplant, been previously classified as Complete Remission)**

26. Was there a  $\geq$ 50% increase in the greatest diameter of any previously identified node > 1 cm in its short axis or in SPD of more than 1 node? (PRPINDIA)  1 - Yes  2 - No

27. If Yes, record the date of occurrence: (PRPDTDIA)  (mm/dd/yyyy)

28. Was there a  $\geq$ 50% increase in the size of any previously involved, extra-nodal lesions or sites? (PRPINCIN)  1 - Yes  2 - No

29. If Yes, record the date of occurrence: (PRPDTINC)  (mm/dd/yyyy)

Comments: (PRPCOMM)

## Additional Selection Options for PRP

### Disease:

- 6 - Marginal zone B cell Lymphoma
- 7 - Follicular Non-Hodgkins Lymphoma
- 8 - Hodgkins Lymphoma
- 9 - T Lymphoblastic Lymphoma
- 10 - Mantle Cell Lymphoma

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**Secondary Graft Failure (SGR)**

Web Version: 1.0; 3.02; 10-16-15

**Segment (PROTSEG):**

**Secondary Graft Fail Date (SGFDATE):**

1. Was there a decline in neutrophil counts to  $<500/\text{mm}^3$  for three consecutive measurements on different days after initial neutrophil engraftment? (DECLANC)  1 - Yes  2 - No

2. Record the first three consecutive neutrophil counts and specimen collection dates:

Day 1:	(DAY1ANC) <input type="text"/> (xxx) /mm <sup>3</sup>	(SG1ANCDT) <input type="text"/> (mm/d/yyyy)
Day 2:	(DAY2ANC) <input type="text"/> (xxx) /mm <sup>3</sup>	(SG2ANCDT) <input type="text"/> (mm/d/yyyy)
Day 3:	(DAY3ANC) <input type="text"/> (xxx) /mm <sup>3</sup>	(SG3ANCDT) <input type="text"/> (mm/d/yyyy)

3. Was growth factor administered following the decline in neutrophil counts? (GIVEGF)  1 - Yes  2 - No

4. Has the percent of donor chimerism decreased to  $<5\%$  donor? (DONDEC)  1 - Yes  2 - No

5. Record percent donor cell: (PERDONOR)  (x) %

Comments:(SGRCOMM)

**Blood and Marrow Transplant Clinical  
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**Toxicity Form - 0603 (T12)**

Web Version: 1.0; 2.00; 04-20-09

**Segment (PROTSEG):**

**Visit Number (VISNO):**

1. Record date of evaluation: (T12EVLDT)  (mm/dd/yyyy)

**Record the highest grade of toxicity diagnosed since the previous evaluation. If this is the first evaluation, record the highest toxicity diagnosed since Day 0. The toxicity grades are based on the NCI CTCAE Version 3.0.**

**GI Toxicity**

2. Mucositis/stomatitis (clinical exam): (T12MCSTS)

0 - Grades 0-2  
3 - Confluent Ulcerations or Pseudomembranes; Bleeding with Minor Trauma  
4 - Tissue Necrosis; Significant Spontaneous Bleeding; LT Consequences  
5 - Death

*Mouth pain or esophageal pain requiring IV hydration/narcotics.*

**Renal Toxicity**

3. Did the patient experience renal failure severe enough to warrant dialysis? (T12RENAL)  1 - Yes  2 - No

4. Did the patient receive dialysis? (T12DIALS)  1 - Yes  2 - No

5. Hemorrhagic cystitis: (T12CYSTI)

0 - Grades 0-2  
3 - Transfusion; IV Pain Medications; Bladder Irrigation Indicated  
4 - Catastrophic Bleeding; Major Non-Elective Intervention Indicated  
5 - Death

**Hemorrhagic Toxicity**

6. Hemorrhage: (T12HEMRG)

0 - Grades 0-3  
4 - Catastrophic Bleeding; Requiring Major Non-Elective Intervention  
5 - Death

**Cardiovascular Toxicity**

7. Hypotension: (T12HYPOT)

0 - Grades 0-2  
3 - Sustained (> or = 24 Hours) Therapy, Resolves Without Persisting Physiologic Consequences  
4 - Shock (e.g., Acidemia; Impairment of Vital Organ Function)  
5 - Death

8. Hypertension: (T12HYPER)

0 - Grades 0-2  
3 - Requiring More than One Drug or More Intensive Therapy than Previously  
4 - Life-Threatening Consequences (e.g., Hypertensive Crisis)  
5 - Death

9. Cardiac arrhythmia: (T12CRDAR)

0 - Grades 0-2  
3 - Incompletely Controlled Medically, or Controlled with Device (e.g., Pacemaker)  
4 - Life-Threatening; Disabling (e.g., Arrhythmia Associated with CHF, Syncope, Shock)  
5 - Death

10. Left ventricular systolic dysfunction: (T12LVENT)

0 - Grades 0-2  
3 - Symptomatic CHF Responsive to Intervention  
4 - Refractory CHF or Poorly Controlled; Intervention with Ventricular Assist Device  
5 - Death

**Neurologic Toxicity**

11. Somnolence: (T12SMNLN)

0 - Grades 0-2  
3 - Obtundation or Stupor; Difficult to Arouse; Interfering with ADL  
4 - Coma  
5 - Death



12. Did the patient experience any seizures during this assessment period? (T12SEZR)  1 - Yes  2 - No

13. Record seizure toxicity grade: (T12SZGRD)

2 - One Brief Generalized Seizure; Seizure(s) Well Controlled by Anticonvulsants  
 3 - Seizures in Which Consciousness is Altered; Poorly Controlled Seizure Disorder  
 4 - Seizures of Any Kind Which are Prolonged, Repetitive or Difficult to Control  
 5 - Death

**Coagulation Toxicity**

14. HUS/TTP/thrombotic microangiopathy: (T12DIC)

0 - Grades 0-3  
 4 - Laboratory Findings, Life-Threatening or Disabling Consequences  
 5 - Death

**Vascular Toxicity**

15. Vascular leak syndrome: (T12VASLK)

0 - Grades 0-3  
 4 - Life-Threatening; Pressor Support or Ventilatory Support Indicated  
 5 - Death

**Pulmonary Toxicity**

16. Hypoxia (for more than 24 hours): (T12HYPXI)

0 - Grades 0-2  
 3 - Decreased Oxygen Saturation at Rest; Continuous Oxygen Indicated  
 4 - Life-Threatening; Intubation or Ventilation Indicated  
 5 - Death

17. Dyspnea: (T12DYSPN)

0 - Grades 0-2  
 3 - Dyspnea with Activities of Daily Living  
 4 - Dyspnea at Rest; Intubation or Ventilator Indicated  
 5 - Death

18. During this assessment period, was an FEV1 performed? (T12FEVDN)  1 - Yes  2 - No

19. Record FEV1 value obtained: (T12FEVVL)

(xxx) % of predicted value

20. During this assessment period, was an FVC performed? (T12FVCDN)  1 - Yes  2 - No

21. Record FVC value obtained: (T12FVCVL)

(xxx) % of predicted value

**Hepatic Toxicity**

22. ALT: (T12ALT)

0 - Grades 0-2  
 3 - > 5.0 - 20.0 x ULN  
 4 - > 20.0 x ULN

23. Alkaline Phosphatase: (T12ALKPH)

0 - Grades 0-2  
 3 - > 5.0 - 20.0 x ULN  
 4 - > 20.0 x ULN

24. Did the patient develop abnormal liver function during this assessment period? (T12ABNLF)  1 - Yes  2 - No

**Did the patient develop any of the following clinical signs/symptoms of abnormal liver function during this assessment period?**

25. Jaundice: (T12JANDC)  1 - Yes  2 - No

26. Hepatomegaly: (T12HPTMG)  1 - Yes  2 - No

27. Right upper quadrant pain: (T12QUADP)  1 - Yes  2 - No

28. Weight gain (>5%) from base line: (T12WGHTG)  1 - Yes  2 - No

29. Other clinical signs/symptoms: (T12OTHAB)  1 - Yes  2 - No

Specify other clinical signs/symptoms: (T12SPEC1)

**Indicate the etiology of the abnormal liver function:**

	Etiology	Biopsy Results	Doppler Ultrasound Results
30. VOD:	(T12VODET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T12VODBI) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T12VODDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done

31. GVHD:	(T12GVHET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T12GVHBI) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T12GVHDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done
32. Infection:	(T12INFET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T12INFBI) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T12INFDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done
33. Other:	(T12OTHET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T12OTHBI) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T12OTHDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done
34. Unknown:	(T12UNKET) <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No	(T12UNKBI) <input type="checkbox"/> 1 - Positive <input type="checkbox"/> 2 - Negative <input type="checkbox"/> 3 - Equivocal <input type="checkbox"/> 4 - Not Done	(T12UNKDP) <input type="checkbox"/> 1 - Confirmed <input type="checkbox"/> 2 - Not Confirmed <input type="checkbox"/> 3 - Not Done

Specify other etiology: (T12SPEC2)

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Comments: (T12COMM)

**Blood and Marrow Transplant Clinical  
Trials Network**

**Transplant Form (TXP)**

Web Version: 1.0; 15.00; 11-05-15

**Segment (PROTSEG):**

**Visit Number (VISNO):**

1. Record date of hematopoietic stem cell infusion:(TXD~~TT~~XP)

 (mm/dd/yyyy)

2. Record the patient's pre-transplant CMV antibody (IgG) status:(CMVSTAT)

 1 - Positive     2 - Negative

3. IUBMID for this patient (if available):(T\_IUBMID)

Comments:(COMMTXP1)