CIBMTR Reports for HRSA
Center Volumes Data Report (CVDR)
Transplant Center Specific Analysis (TCSA)
February 2016
Three Key Components

• Center Volumes Data Report (CVDR)
• Transplant Center Specific Analysis (TCSA)
• (new) Consecutive Transplant Audit
CVDR - Outline

• Inclusion Criteria
• CIBMTR Portal Access
• Data points collected from CIBMTR forms
  – Recipient Demographics
  – Transplant characteristics
  – Disease data
• Exclusion Criteria
• Best Practices
Inclusion Criteria

• Transplant
  – Autologous and Allogeneic transplants
    • Performed at a US Transplant Center
    • With pre-transplant forms completed
    • Autologous with consent = No prior to December May 2015

• Cellular Therapies
  – Performed at a US Transplant Center
  – Form 4000
Welcome to the CIBMTR Portal

This portal is a specialized password-protected area for the CIBMTR Community to download information from the CIBMTR. Currently, there is information for centers to download on 2 applications: CVDR (Center Volume Data Report) and DBIC (Data Back to Centers). The CVDR application is used to show centers their prior years transplant volume details. The DBIC application provides centers with a summary of their donor interactions details.

The Portal is now open for Round 2. The portal will remain open until midnight January 8th, 2016.

- The data for these reports was pulled from FormNet on December 3, 2015.
- Questions regarding the data can be directed to SooTi Kulkarni (skulkarni@mssm.edu) or 412-383-6668.
- For any technical questions, please email cibmtr-portalhelp@mssm.edu.

NEW THIS YEAR

- Starting this year, we are utilizing a different roll-up for Disease Status. These values will be in your download file and the different roll-ups are:
  1. In remission
  2. 1st remission
  3. 2nd or subsequent remission
  4. Not in remission
  5. Data Unavailable

GENERAL INFORMATION

- We encourage you to review the data with your Medical Director before submitting your publishing preference.
- We allow you 3 weeks to review your data, submit your changes, and submit your publishing preference. We will then close the portal (to refresh the dataset) and then give you one last chance to view your refreshed data.
- Any corrections to your data submitted through FormNet can be made directly in the application.
- Any corrections to your data submitted through FormNet will need to be made by using paper error corrections. All error corrections for CVDR must be emailed to cibmtrrecipientforms@nmdp.org or faxed to 612-884-8710. The paper error correction forms can be found here: FormNet Error Correction Forms
- The preferred web browser to view the CVDR tables is Internet Explorer 8.0 and above or Google Chrome (or a free app).
- Reminder: you will be submitting your status to publish your data for all of the years 2010 - 2014.

We greatly appreciate your efforts to help us build the Outcomes Database. Thank you in advance for your support of this important initiative to share complete and accurate information with the public and transplant community.

Thank You.
If you would like to review your CVDR Data Reports & related information, please use the left navigation bar.
### Table 1: Disease by Donor Type for 2014

<table>
<thead>
<tr>
<th>Translated HRSA Specific Disease</th>
<th>Disease</th>
<th>Autologous</th>
<th>HLA-matched sibling</th>
<th>Identical Twin</th>
<th>Related</th>
<th>Unrelated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL - Not otherwise specified</td>
<td></td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>ALL - Precursor T-cell ALL</td>
<td></td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>ALL - t(9;22)</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>AML_ANLL - Acute erythroid leukemia (erythroid/myeloid and pure erythroleukemia) (M6)</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - Acute monoblastic/acute monocytic leukemia (M5)</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>AML_ANLL - Acute myelomonocytic leukemia (M4)</td>
<td></td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>AML_ANLL - Not otherwise specified</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - Therapy related AML (t-AML)</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - with maturation (M2)</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>AML_ANLL - with myelodysplasia-related changes</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>AML_ANLL - with t(9;11)</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - without maturation (M1)</td>
<td></td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>CML - Chronic Myelogenous Leukemia</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>HL - Nodular sclerosis</td>
<td></td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>
Data Points Used for Table 1

- Transplant Characteristics
  - Form 2814
    - Indication – Cellular Therapy Vs HCT
  - Form 2400/2000
    - Transplant date
    - Transplant type – Autologous, Unrelated, Related
    - Patient–Donor HLA match

- Disease
  - Form 2400/2000
    - Primary disease and sub-disease classification
### Table 2: Disease by Graft Type for 2014

<table>
<thead>
<tr>
<th>Translated HRSA Specific Disease</th>
<th>Peripheral Blood</th>
<th>Bone Marrow</th>
<th>Cord Blood</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL - Not otherwise specified</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ALL - t(9;22)</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>AML_ANLL - Acute erythroid leukemia (erythroid/myeloid and pure erythroleukemia) (M6)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - Not otherwise specified</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - Therapy related AML (t-AML)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - with 11q23 (MLL) abnormalities (i.e., t(4;11), t(6;11), t(9;11), t(11;19))</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - with inv(16); or t(16;16)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - with maturation (M2)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>AML_ANLL - with myelodysplasia - related changes</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>AML_ANLL - without maturation (M1)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CML - Chronic Myelogenous Leukemia</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HL - Mixed cellularity</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>HL - Nodular sclerosis</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>MDS - Not otherwise specified</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>MDS - Refractory anemia with excess blasts</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Data Points Used for Table 2

- **Transplant Characteristics**
  - Form 2814
    - Indication – Cellular Therapy Vs HCT
  - Form 2400/2000
    - Transplant date
    - Product type
      - For multiple products – CBU > PBSC > BM

- **Disease**
  - Form 2400/2000
    - Primary disease and sub-disease classification
**CIBMTR Portal (Table 3)**

*Table-3: Age by Graft Type for 2014*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Peripheral Blood</th>
<th>Bone Marrow</th>
<th>Cord Blood</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0--10</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>11--20</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>21--30</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>31--40</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>41--50</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>51--60</td>
<td>22</td>
<td>2</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>&gt;60</td>
<td>46</td>
<td>3</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>97</strong></td>
<td><strong>20</strong></td>
<td><strong>0</strong></td>
<td><strong>117</strong></td>
</tr>
</tbody>
</table>
Data Points Used for Table 3

• Transplant Characteristics
  – Form 2814
    • Indication – Cellular Therapy Vs HCT
  – Form 2400/2000
    • Transplant date
    • Product type
      – For multiple products – CBU > PBSC > BM

• Recipient Demographics
  – Form 2400/2000
    • Date of Birth
### CIBMTR Portal (Table 4, 5 and 6)

#### Table-4: Patient Sex for 2014

<table>
<thead>
<tr>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>12</td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

#### Table-5: Patient Race for 2014

<table>
<thead>
<tr>
<th>Race</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>1</td>
</tr>
<tr>
<td>Black or African American</td>
<td>12</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>1</td>
</tr>
<tr>
<td>White</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

#### Table-6: Transplants per Month for 2014

<table>
<thead>
<tr>
<th>Month</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>2</td>
</tr>
<tr>
<td>February</td>
<td>3</td>
</tr>
<tr>
<td>March</td>
<td>4</td>
</tr>
<tr>
<td>April</td>
<td>7</td>
</tr>
<tr>
<td>May</td>
<td>2</td>
</tr>
<tr>
<td>September</td>
<td>2</td>
</tr>
<tr>
<td>December</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>
Data Points Used for Tables 4–6

• Transplant Characteristics
  – Form 2814
    • Indication – Cellular Therapy Vs HCT
  – Form 2400/2000
    • Transplant date

• Recipient Demographics
  – Form 2400/2000
    • Gender
    • Race and Race detail
CIBMTR Portal (Table 7 and 8)

AUTO with Research consent = No and no forms completed

Table 7: Transplants per Month for 2014

<table>
<thead>
<tr>
<th>Month</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>1</td>
</tr>
<tr>
<td>April</td>
<td>1</td>
</tr>
<tr>
<td>July</td>
<td>1</td>
</tr>
<tr>
<td>August</td>
<td>1</td>
</tr>
<tr>
<td>September</td>
<td>1</td>
</tr>
<tr>
<td>October</td>
<td>5</td>
</tr>
<tr>
<td>November</td>
<td>3</td>
</tr>
<tr>
<td>December</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Table 8: Disease by Donor Type for 2014

<table>
<thead>
<tr>
<th>Disease</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorders of the immune system</td>
<td>1</td>
</tr>
<tr>
<td>Multiple myeloma/plasma cell disease</td>
<td>2</td>
</tr>
<tr>
<td>Non Hodgkin lymphoma</td>
<td>1</td>
</tr>
<tr>
<td>Solid tumors</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>
Data Points Used for Tables 7–8

• Transplant Characteristics
  – Indication – Cellular Therapy Vs HCT
  – Transplant date
  – Transplant type – Autologous

• Disease
  – Primary disease
CIBMTR Portal (Table 9)

Table 9: Cellular Therapy for Regenerative Medicine (CTRM) in 2014

<table>
<thead>
<tr>
<th>Translated HRSA Specific Disease</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPV - Heart disease</td>
<td>6</td>
</tr>
<tr>
<td>CPV - Not otherwise specified</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
</tr>
</tbody>
</table>
Data Points Used for Table 9

• Cellular Therapies Characteristics
  – Form 2814
    • Indication – Cellular Therapy Vs HCT
  – Form 4000
    • Transplant date

• Disease
  – Form 4000
    • Primary disease and sub-disease classification
Additional Data Points Collected…

• For Cellular Therapies (Form 4000)
  – Cellular Therapies characteristics – Donor, Product
  – Recipient Demographics – Gender, DOB

• For HCT
  – Form 2400/2000
    • Recipient Demographics – Ethnicity
  – Form 2400 and/or pre-HCT disease form
    • Disease status at transplantation
Exclusion Criteria

- Introduced for CVDR 2015
- Transplants excluded from dataset
- Identify data discrepancies early on
- Improve
  - Data completeness
  - Data Quality

<table>
<thead>
<tr>
<th>Data Discrepancies in 2013</th>
<th>Data Discrepancies in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics – 453</td>
<td>Demographics – 115</td>
</tr>
<tr>
<td>Disease – 92</td>
<td>Disease – 19</td>
</tr>
<tr>
<td>Donor - 7</td>
<td>Donor - 0</td>
</tr>
</tbody>
</table>
Exclusion Criteria – Data Quality

- **Transplant characteristics**
  - Donor missing
  - Product missing

- **Recipient Demographics (Form 2400/2000)**
  - Date of birth missing or mismatch
  - Race mismatch
  - Ethnicity mismatch

- **Disease**
  - Primary disease or sub-disease classification missing
  - Mismatch NHL or CLL disease classification for Richter’s transformation
CVDR Best Practices

• Report all transplants/infusions within 30 days of infusion
  – Minimum: Complete Indication Form 2814
  – Ideal: Complete PreTED form 2400 as well

• Complete the forms as soon as possible
  – Ensure Forms Due list is as accurate as possible

• Consistent data reporting between forms
Transplant Center Specific Analysis - Outline

• Inclusion Criteria
• Data points collected from CIBMTR forms
• Best Practices
• Data Quality
TCSA Inclusion Criteria

• Center Inclusion Criteria
  – Actively Reporting to CIBMTR
  – Sufficient Follow-up reported on at least 90% of allogeneic transplants

• Transplant Inclusion Criteria
  – First Allogeneic Infusions for a patient
  – Given at a US Transplant Center
  – With at least one year of follow-up (or death reported)
What is “Sufficient” Follow-up?

• Center Inclusion Criteria requires that each center have reported one year follow-up on at least 90% of allogeneic patients transplanted in three-year window
  – 90% of related, 90% of unrelated, 90% overall
  – Patients who are Lost to follow-up earlier than one year will count against completeness and are excluded from dataset
  – Subsequent transplants within the first year will shift forms due deadlines, but not Center Specific expectations; patient must have at least one year’s follow-up reported to be included
  – Cases reported with most recent contact date more than 30 days prior to one-year anniversary may be excluded
TCSA: Data/Variables Included

All CVDR Variables
- Transplant Date
- Donor Type
- Product
- Patient Age
- Patient Gender
- Patient Race/Ethnicity
- Disease Subtype
- Disease Status

Plus
- NMDP RID (if applicable)
- Add’l Pre-Transplant Data
  - Transplant History
  - Donor Demographics
  - Conditioning Regimen
  - Coexisting Conditions (Sorror)
  - CMV Status
- Post-Transplant Follow-up
  - Survival Status
  - Date of Contact
New in 2016

- Raw Data Files will include all allogeneic HCTs, not just those that appear to be the “first” allogeneic transplant
  - Helps us to identify issues related to reporting transplant history
  - Presents all data issues concurrently
A Word about NMDP RID

- REQUIRED for all NMDP products
- Used to map to NMDP databases to get data not expected for “NMDP Products”
- ONLY captured on CRID form
- Must be manually added if NMDP infusion is not the first (i.e., prior auto)
Product

• Re-confirm product information with additional sources (NMDP) to ensure that appropriate validation

• Common issues
  – Cross-Form inconsistencies
  – Disagreement with NMDP
Additional Disease Data

- **ALL Cases**
  - Presence of Philadelphia chromosome has a known impact on patient outcome/risk

- **MDS Subtype**
  - Forms collect MDS subtype at two time points on up to 3 different forms. These should be aligned appropriately
  - “Transformation” indicates patient moved to a higher-risk subtype, not just a different one

- **CMV Status** – generally should match between PreTED and Baseline – r4 inconclusive is the exception

- **Reach out to CRC about incorrect disease forms**
Transplant History

• Used to determine whether transplant is the first allogeneic for that recipient
  – Look at previous tx type, chronological HCT #

• Common issues
  – Post-TEDs not matching PreTED
  – PreTED not counting prior autos, especially if there was no consent or the center doesn’t report autos
Donor Demographics

• Review PreTED and Baseline
  – Race
  – Ethnicity
  – DOB
  – Sex

• Common Issues
  – Declined on one form, provided on other
  – Multiple reported on one, single on the other
  – Donor DOB vs Age
HLA Match

• Review NMDP Data and FN Data to determine degree of match between patient and donor

• Common Issues
  – Missing NMDP RID
  – Incomplete HLA
  – Invalid HLA Reported
  – Discrepancy between serology and DNA typing
Conditioning Regimen

- Conditioning Regimen
  - For analysis, needs to be coded by detailed dosing
  - Regimens are grouped by Pre-TED info, then coded as myeloablative or not
  - Includes Patient Height and Weight

- Common Issues
  - Incorrect Unit of Measure (UOM)
  - Daily Dose vs Total Dose
  - Incorrect patient BSA (height or weight or UOM)
HCT-CI and History of Malignancy

• Sorror Co-morbidity Score (HCT-CI)
  – See CIBMTR Data Management Manual, Appendix M
  – Bronwen is going to talk about this more this afternoon

• Common Data Issues
  – ‘Not Done’ should be used only in VERY rare situations. Better to use “No” if not reported as present in patient chart
  – If patient had a comorbidity, ALL child questions must be answered
  – Entries in the specify field do not count as co-morbidities in this analysis. Use the checkboxes for clinically significant conditions.
  – Symptoms/Conditions that are related to the primary disease for transplant will have a more appropriate place to report than the specify field here.
Survival and Last Contact

- One-Year survival is the only endpoint for this analysis
- Common data Issues
  - Contact dates too early (less than 11 mo)
  - Dates not matching between follow-up and death reports
  - Death and subsequent transplant reported on same follow-up visit
TCSA Best Practices

• Report follow-up as soon as information is known, but within visit expectations
  – 100 day report contact date should be within 15 days of day 100 anniversary
  – 1 year contact date should be within 30 days of one year anniversary

• Respond to queries as soon as possible after first request

• Develop processes for consistently reporting critical variables like HCT-CI
# TCSA – Transplant Center Specific Analysis

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 Analysis</th>
<th>2015 Analysis</th>
<th>2016 Analysis (Preliminary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRIDs with Data Issues</td>
<td>2357</td>
<td>3006 (+649)</td>
<td>701 (-2305)</td>
</tr>
<tr>
<td>Data Issues Identified by DQT</td>
<td>6114</td>
<td>4439 (-1675)</td>
<td>595 (-3844)</td>
</tr>
<tr>
<td>• Functional Score</td>
<td>286</td>
<td>153 (-133)</td>
<td>53</td>
</tr>
<tr>
<td>• Patient CMV</td>
<td>250</td>
<td>179 (-71)</td>
<td>298</td>
</tr>
<tr>
<td>• Contact Date</td>
<td>665</td>
<td>293 (-372)</td>
<td>Not reviewed yet</td>
</tr>
<tr>
<td>• Diagnosis Date</td>
<td>526</td>
<td>160 (-366)</td>
<td>133</td>
</tr>
<tr>
<td>• Disease Status at HCT</td>
<td>367</td>
<td>111 (-156)</td>
<td>111</td>
</tr>
</tbody>
</table>
Consecutive Transplant Audit (CTA): Outline

• Why another process?
• CTA Process Overview
• What we need from you
  – Consistent formatting
  – Accurate reporting
  – Discrepancy resolution
CTA: Why a new process?

Source of truth (Center Database) → CTA* → TCSA → CVDR → Accurate CIBMTR Data → CIBMTR Studies

*New CPI Requirement for Sept 2016

CTA* Source of truth (Center Database)

Accurate CIBMTR Data

CIBMTR Studies

TCSA

CVDR
Process Overview

Center submits list by March 1
- Accuracy
- Formatting

CIBMTR runs database comparison
- Formatting issues returned to center for fix
- Discrepancies returned for resolution

Center resolves discrepancies
- Register Missing Patients
- Report missing infusions
  - Sex/DOB -> CRID Tool
  - Infusion Date -> F2814
  - Transplant Type -> F2400

CPI Requirements
- IRB Guideline
- Forms Dues
- CTA
Consistent Formatting

- Formatting correctly will save time
- Data elements include:
  - CRID (if applicable): in a NUMBER format
  - DOB – as a DATE format; yyyy-mm-dd
  - Sex – Male (M) or Female (F)
  - Date of HCT – as a DATE format; yyyy-mm-dd
  - HCT Type – ALLO_R, ALLO_U, AUTO
    - Please do not include “MUD”; “MRD”; “Cord”, etc.
    - Case Sensitive
Accurate Reporting

- HRSA reports and CIBMTR Studies rely on what is reported in FormsNet
  - Which relies on accurate reporting to CIBMTR
- Refer to your center’s medical records when putting your list together
  - Check with your BMT Program or IT Department
- Register any missing patients right away
Discrepancy Resolution – DOB

- You will receive a file back that lists identified discrepancies

<table>
<thead>
<tr>
<th>CRID (Center; medical record)</th>
<th>CRID (FormsNet)</th>
<th>DOB (Center; medical record)</th>
<th>DOB (FormsNet)</th>
<th>Discrepancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>123458</td>
<td>123458</td>
<td>1990-08-15</td>
<td>1990-08-14</td>
<td>Please confirm DOB</td>
</tr>
<tr>
<td>876541</td>
<td>876541</td>
<td>1980-05-20</td>
<td>1980-05-20</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## Discrepancy Resolution – HCT Date

<table>
<thead>
<tr>
<th>CRID (Center; medical record)</th>
<th>CRID (FormsNet)</th>
<th>Date of HCT (Center; medical record)</th>
<th>Date of HCT (FormsNet)</th>
<th>Discrepancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>123458</td>
<td>123458</td>
<td>2010-09-12</td>
<td>2015-09-12</td>
<td>Please confirm HCT date</td>
</tr>
<tr>
<td>876541</td>
<td>876541</td>
<td>2012-10-10</td>
<td>2010-10-10</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Discrepancy Resolution

• Your CRC will help you in the resolution of any discrepancies that exist
• Resolution is required for CPI Goals (by Sept 1\textsuperscript{st} Report)
• Missing infusions and HCT type mismatches are critical
  • All eligible patients at your center require a CRID
• Edit Patient DOB and sex with CRID Edit Tool
• Once grid is updated, data checks will be run on all forms to ensure that they are also correct
Kudos!!!!!!!!

- Huge impact on data quality and completeness
- Prompt responses to the data queries
Questions