

Scroll right to see the database codes for Disease status and Response					
Diagnosis it refers to					
Disease status or response to treatment	AML	ALL	CML	CLL	MDS or MD/MPN or acute leukaemia secondary to previous treatment of another disease
Chronic phase			None of the features of accelerated phase or blast crisis		
Accelerated phase			At least one of the following: • blasts 10-19% of WBCs in peripheral blood and/or nucleated bone marrow cells; • peripheral blood basophils $\geq 20\%$; • persistent thrombocytopenia ($< 100 \times 10^9/L$) unrelated to therapy; • persistent thrombocytosis ($> 1000 \times 10^9/L$) unresponsive to standard therapy; • increasing spleen size and increasing WBC count unresponsive to standard therapy; • cytogenetic evidence of clonal evolution		
Blast crisis			At least one of the following: • blasts $\geq 20\%$ of peripheral blood white cells or nucleated bone marrow cells; • extramedullary blast proliferation; • large foci or clusters of blasts in the bone marrow biopsy		
Progressive relapsing (malignant)					
Primary progressive					
Secondary progressive					
Relapsing/remitting					
Primary induction failure / Primary refractory	Despite treatment patient has never achieved a complete remission				Treatment with intent to achieve remission was given, but no Complete remission was achieved
Stable disease (no change, no response)				Patients who have not achieved a CR or a PR, and who have not exhibited progression, will be considered to have no change	
Stringent Complete remission (sCR)					
Complete remission or response (CR)	For at least 4 weeks: • $< 5\%$ blasts in the bone marrow • No blasts with Auer rods (applies to AML only) • Normal maturation of all cellular components in the bone marrow • No extramedullary disease (e.g., CNS, soft tissue disease) • Transfusion independent		If unqualified, Complete remission is considered to be Haematological complete remission	All of the following: • absence of clonal lymphocytes in the peripheral blood • absence of significant lymphadenopathy (e.g. lymph nodes greater than 1,5 cm in diameter) • absence of hepatomegaly or splenomegaly • absence of constitutional symptoms	Response must persist for a minimum duration of four weeks: Bone marrow with $\leq 5\%$ percent myeloblasts with normal maturation of all cell lines. Dysplastic changes may be seen, but should be considered within the normal range of dysplastic changes. Peripheral blood demonstrates hemoglobin ≥ 11 g/dL, platelets $\geq 100 \times 10^9/L$, neutrophils $\geq 1 \times 10^9/L$, and no circulating blasts.
Haematological CR	For at least 4 weeks: • $< 5\%$ blasts in the bone marrow • No blasts with Auer rods (applies to AML only) • Normal maturation of all cellular components in the bone marrow • No extramedullary disease (e.g., CNS, soft tissue disease) • Transfusion independent		All of the following: • WBC $< 10 \times 10^9/L$; • Hemoglobin > 11.0 gm/dL; • platelet count $< 500 \times 10^9/L$; • normal differential ($< 1\%$ precursor cells); no palpable splenomegaly; • no extramedullary disease;		
Cytogenetic CR	Disappearance of cytogenetic anomalies if previously detected		All of the following: • Haematological remission • 0% positive t(9;22) metaphases		
Molecular CR	Disappearance of molecular anomalies if previously detected		All of the following: • Haematological remission • Cytogenetic remission (if cytogenetics done) • Cells with the BCR/ABL fusion protein are not detectable in the peripheral blood and /or the bone marrow, by an assay with a sensitivity to allow detection of one t(9;22) positive cell in 10^5 to 10^6 RT-PCR cells. The result should be confirmed by two consecutive tests done at least 4 weeks apart.		
CR confirmed					
CR unconfirmed					

<i>Disease status or response to treatment</i>	AML	ALL	CML	CLL	MDS or MD/MPN or acute leukaemia secondary to previous treatment of another disease
First partial remission (PR1)					
Very good PR (VGPR)					
Partial remission or response Note: <ul style="list-style-type: none"> • The specification “ (>1, never CR, Solid tum only)” only applies to disease status in Solid Tumours • For any other diagnosis, the disease status of PR can have been preceded by a relapsed CR 				At least one of the following: <ul style="list-style-type: none"> • A decrease in the number of blood lymphocytes by below 50% or more from the value prior to therapy; • A decrease in lymph node size by below 50% or more in the sum products of up to 6 lymph nodes, or in one lymph node diameter if only a single lymph node was present prior to therapy, without increase in any lymph node, and no new enlarged lymph node; • A decrease in the size of the liver and/or spleen by 50% or more as defined by CT scan, palpation, or ultrasound. • The blood count should show one of the following results if abnormal prior to therapy: <ul style="list-style-type: none"> • Polymorphonuclear leukocytes at 1.500/μL or more or 50% improvement over baseline without G-CSF support; 	
Minimal response / Poor partial remission or response					
Response / improvement (no CR)					
Relapse					
	> 5% blasts in the bone marrow after a period of Complete remission .		If unqualified, Relapse is considered to be Haematological relapse		At least one Complete remission was achieved with a previous treatment but the patient has relapsed since then
<i>Haematological Relapse</i>	> 5% blasts in the bone marrow after a period of Complete remission .		Cytological and/or histological evidence of the disease in the marrow-blood and/or in extramedullary sites (CNS, testis, skin, etc.) in a patient considered to have been in Haematological complete remission		
<i>Cytogenetic Relapse</i>	Reappearance of chromosome anomalies detected earlier in the history of the disease. Cytogenetic relapse can only be determined if Cytogenetic remission has been previously demonstrated.		Presence of one or more t(9:22) positive metaphases with standard cytogenetics or hypermetaphase FISH and/or >2% cells with the BCR/ABL fusion gene by interphase FISH, in a patient lacking any evidence of the disease at haematological/clinical level.		

<i>Disease status or response to treatment</i>	AML	ALL	CML	CLL	MDS or MD/MPN or acute leukaemia secondary to previous treatment of another disease
<i>Molecular Relapse</i>	Reappearance of molecular anomalies detected earlier in the history of the disease. Molecular relapse can only be determined if Molecular remission has been previously demonstrated.		Presence of one or more t(9:22) positive metaphases with standard cytogenetics or hypermetaphase FISH and/or >2% cells with the BCR/ABL fusion gene by interphase FISH, in a patient lacking any evidence of the disease at haematological/clinical level.		
<i>untreated relapse</i>					
<i>sensitive (responding) relapse</i>					
<i>resistant relapse</i>					
Progression				At least one of the following: <ul style="list-style-type: none"> • Progression of lymphadenopathy, defined as the occurrence of at least one of the following events <ul style="list-style-type: none"> ...Appearance of any new lesion such as enlarged lymph nodes (> 1.5 cm), splenomegaly, hepatomegaly or other organ infiltrates. ...An increase by 50% or more in greatest determined diameter of any previous site. ...An increase of 50% or more in the sum of the product of diameters of multiple nodes. • An increase in the liver or spleen size by 50% or more or the de novo appearance of hepatomegaly or splenomegaly. • An increase in the number of blood lymphocytes by 50% or more with at least 5,000 B-cells per µL. • Transformation to a more aggressive histology (e.g. Richter's syndrome). 	More blasts in bone marrow than before treatment or leukaemic transformation
<i>[progression] resistant to chemotherapy</i>				Patient received another treatment following progression but no remission of any type was achieved	
<i>[progression] sensitive to chemotherapy</i>				Patient received another treatment after progression and achieved some kind of remission	
Untreated relapse (from a previous CR) or progression from a previous (PR)					
Chemorefractory relapse or progression, including primary refractory disease					
Never in CR	use only if more precise evaluation is				
Not in CR	use only if more precise evaluation is				
Untreated/Upfront	Patient has never been treated for this disease			Patient has never been treated for this disease	Treatment is supportive or there has not been any treatment at all (blood transfusions are not considered as treatment in this context)
Adjuvant					
Not evaluable unknown	if pat. died within 100 days after trans if data cannot be obtained				

Scroll right to see the database codes for Disease status and Response				
<i>Disease status or response to treatment</i>	<i>Myelofibrosis (MPN)</i>	<i>Lymphoma</i>	<i>Plasma cell disorders; mainly Multiple myeloma</i>	<i>Solid Tumors</i>
Chronic phase				
Accelerated phase				
Blast crisis				
Progressive relapsing (malignant)				
Primary progressive				
Secondary progressive				
Relapsing/remitting				
Primary induction failure / Primary refractory	Does not present any of the features of any type of remission after treatment			The patient has not achieved any of the types of response described below until now with any type of therapy
Stable disease (no change, no response)		Less than 50% reduction in the disease burden	Does not meet the criteria for Complete remission, Very good partial remission, Partial remission or Progressive disease	Less than 50% reduction in the disease
Stringent Complete remission (sCR)			All of the following: <ul style="list-style-type: none"> • Complete remission as defined below • normal free light chain ratio • absence of clonal cells in bone marrow by immunohistochemistry or immunofluorescence 	
Complete remission or response (CR)	All of the following: <ul style="list-style-type: none"> • Resolution of disease –related symptoms and signs including palpable hepatosplenomegaly. • Hb >11gr/dl, Platelet >100 x10⁹/L and neutrophils >1 x 10⁹/L. • normal bone marrow histology, and fibrosis grade no higher than 1 	Complete absence of disease, no signs or symptoms of the original disease	All of the following: <ul style="list-style-type: none"> • Absence of detectable monoclonal immunoglobulin in serum and monoclonal light chains in the urine by immunofixation. Detectable monoclonal immunoglobulin, even if impossible to quantify, is not a Complete remission. • <5% of plasma cells in bone marrow aspirate • Disappearance of any soft tissue plasmacytomas. • No increase in size or number of lytic lesions if assessed (radiographic studies are not mandatory) 	The patient has achieved complete absence of disease prior to HSCT and the HSCT is not part of any adjuvant therapy
<i>Haematological CR</i>				
<i>Cytogenetic CR</i>				
<i>Molecular CR</i>				
<i>CR confirmed</i>		At least one of the following: <ul style="list-style-type: none"> • no abnormalities detected in any scan • a negative PET scan if there is previous history of a positive PET scan, even in the presence of abnormalities in the CT scan 		No abnormalities detected in scan
<i>CR unconfirmed</i>		Scan abnormalities of unknown significance in the absence of a negative PET scan		Persistent scan abnormalities of unknown significance

<i>Disease status or response to treatment</i>	<i>Myelofibrosis (MPN)</i>	<i>Lymphoma</i>	<i>Plasma cell disorders; mainly Multiple myeloma</i>	<i>Solid Tumors</i>
First partial remission (PR1)				Patient achieved a reduction in disease of 50% or more for the first time ever, but did not achieve Complete remission
Very good PR (VGPR)			At least one of the following: <ul style="list-style-type: none"> • Serum and urine M-protein detectable by immunofixation but not on electrophoresis • >90% reduction in serum M-protein plus urine M-protein level <0.1 g/ per 24h Plus no increase in size or number of lytic lesions if assessed (radiographic studies are not mandatory)	Disease burden is reduced by at least 90%
Partial remission or response Note: <ul style="list-style-type: none"> • The specification “ (>1, never CR, Solid tum only)” only applies to disease status in Solid Tumours • For any other diagnosis, the disease status of PR can have been preceded by a relapsed CR 		Reduction in the disease of 50% or more	All of the following: <ul style="list-style-type: none"> • >50% reduction in serum M-protein plus reduction in 24h urinary M-protein by >90% or to <0.2g/ per 24h In the absence of measurable serum and urine M-protein, the following criteria applies: ... A decrease in the difference between involved and uninvolved free light chain (FLC) of more than 50% ... If the FLC assay cannot be measured, the following criteria applies:- >50% reduction in plasma cells provided baseline bone marrow plasma cell percentage was >30% <ul style="list-style-type: none"> • A reduction of more than 50% in the size of soft tissue plasmacytomas if present at pre-treatment. • No increase in size or number of lytic lesions if assessed (radiographic studies are not mandatory) 	Second or subsequent time a reduction in the disease of 50% or more is achieved in patients who have never achieved a Complete remission
Minimal response / Poor partial remission or response				
Response / improvement (no CR)	At least one of the following in the absence of progression: <ul style="list-style-type: none"> • Haemoglobin increase of 2 g/dL or transfusion independence • Spleen reduction of 50% • 100% increase in platelet count and an absolute platelet count of at least 50.000 x 10⁹/L • 100% increase in ANC and an ANC of at least 0.5 x 			
Relapse	Loss of Complete remission		At least one of the following for patients whose last disease status was Complete remission : <ul style="list-style-type: none"> - Reappearance of measurable monoclonal immunoglobulin in serum or urine by immunofixation or electrophoresis - Appearance of more than 5% plasma cells in the bone marrow - Increase of old/appearance of new osteolytic bone lesions on x-ray - Appearance of soft tissue plasmacytoma 	Reappearance of disease in patients whose last disease status was Complete remission
<i>Haematological Relapse</i>				
<i>Cytogenetic Relapse</i>				

<i>Disease status or response to treatment</i>	Myelofibrosis (MPN)	Lymphoma	Plasma cell disorders; mainly Multiple myeloma	Solid Tumors
<i>Molecular Relapse</i>				
<i>untreated relapse</i>				Patient has not been treated for this relapse
<i>sensitive (responding) relapse</i>				Patient achieves a reduction of >50% in the disease burden after treatment for this relapse
<i>resistant relapse</i>				Patient has not achieved a reduction of more than 50% in the disease burden after treatment for this relapse
Progression	<p>At least one of the following</p> <ul style="list-style-type: none"> • progressive splenomegaly • leukemic transformation • an increase of peripheral blood blast percentage of at least 20% 		<p>At least one of the following:</p> <ul style="list-style-type: none"> - Increase of 25% or more in measurable monoclonal immunoglobulin in serum or urine (absolute increase must be >0.5g/dL) - Increase of 25% or more in urinary light chains (absolute increase must be >0.2g/ per 24h) ...In the absence of measurable serum and urine M-protein, the following criteria applies: .. - An increase of 25% or more in the difference between involved and uninvolved free light chain (absolute increase must be >0.01g/dL) - An increase of 25% or more in bone marrow plasma cells (absolute % must be >10%) - Increase of old/appearance of new osteolytic bone lesions on x-ray - Appearance of soft tissue plasmacytoma - Development of hypercalcemia (corrected serum calcium >11.5 mg/dL or 2.65 mmol/L) that can be attributed solely to the plasma cell disorder 	
<i>[progression] resistant to chemotherapy</i>				
<i>[progression] sensitive to chemotherapy</i>				
Untreated relapse (from a previous CR) or progression from a previous (PR)		<p>Worsening of the disease status in patients in PR or re-appearance of the Lymphoma in patients in CR, such as:</p> <ul style="list-style-type: none"> • Occurrence of new sites of the disease • Re-occurrence of disease or systemic symptoms (B symptoms) <p>Patient remains untreated after the relapse or progression</p>		
Chemorefractory relapse or progression, including primary refractory disease		Does not present any of the features of any type of remission after treatment		
Never in CR	not possible			
Not in CR	not possible			
Untreated/Upfront	Treatment is supportive or there has not been any treatment at all (blood transfusions are not considered as treatment in this context)	Patient has never been treated for this disease	Patient has never been treated for this disease	Patient has never been treated for this disease and the high dose therapy is part of the overall treatment strategy
Adjuvant				Patient has no residual disease and the HSCT is part of the consolidation treatment; metastatic patients can never be considered as adjuvant.
Not evaluable	plant			
unknown				

Scroll right to see the database codes for Disease status and Response				Data base codes	
<i>Disease status or response to treatment</i>	<i>Severe Aplastic anaemia (SAA)</i>	<i>non Severe Aplastic anaemia (nSAA)</i>	<i>Multiple sclerosis</i>	Disease status	Response
Chronic phase				1	
Accelerated phase				2	
Blast crisis				3	
Progressive relapsing (malignant)			Continuous disease progression with clear acute disease exacerbation episodes	5	
Primary progressive			Continuous disease progression without distinct acute disease exacerbation episodes	6	
Secondary progressive			Acute disease exacerbations periods where there is disease progression after the acute disease exacerbation	7	
Relapsing/remitting			Acute disease exacerbation periods that resolve completely without worsening of neurologic functions	8	
Primary induction failure / Primary refractory				10	
Stable disease (no change, no response)	Still meeting criteria of severe aplastic anaemia and transfusion dependence	Not meeting criteria of partial or complete response		20	50
Stringent Complete remission (sCR)				28	10
Complete remission or response (CR)	All of the following: • haemoglobin normal for age • neutrophils $\geq 1.5 \times 10^9/L$ • platelets $\geq 150 \times 10^9/L$			30	20 (21) (22) (23)
<i>Haematological CR</i>					
<i>Cytogenetic CR</i>					
<i>Molecular CR</i>					
<i>CR confirmed</i>					
<i>CR unconfirmed</i>					

<i>Disease status or response to treatment</i>	<i>Severe Aplastic anaemia (SAA)</i>	<i>non Severe Aplastic anaemia (nSAA)</i>	<i>Multiple sclerosis</i>	<i>Disease status</i>	<i>Response</i>
First partial remission (PR1)				40	
Very good PR (VGPR)				41	35 (36) (37) (38)
Partial remission or response Note: • The specification “ (>1, never CR, Solid tum only)” only applies to disease status in Solid Tumours • For any other diagnosis, the disease status of PR can have been preceded by a relapsed CR	All of the following • transfusion independent • no longer meeting criteria for severe aplastic anaemia (see MED-AB Manual)	At least one of the following: • transfusion independence (if previously required) • doubling or normalization of at least one cell line • increase above baseline* by . 3 g/dl hemoglobin and . 0.5x10 ⁹ /L neutrophils and . 20x10 ⁹ /L platelets		45	30 (31) (32) (33)
Minimal response / Poor partial remission or response	All of the following • transfusion independent • levels of hemoglobin, neutrophils and platelets still meeting criteria for severe aplastic anaemia (see <i>MED-AB Manual</i>)				40
Response / improvement (no CR)				46	44
Relapse				50	60
<i>Haematological Relapse</i>					
<i>Cytogenetic Relapse</i>					

<i>Disease status or response to treatment</i>	Severe Aplastic anaemia (SAA)	non Severe Aplastic anaemia (nSAA)	Multiple sclerosis	Disease status	Response
<i>Molecular Relapse</i>					
<i>untreated relapse</i>					
<i>sensitive (responding) relapse</i>					
<i>resistant relapse</i>					
Progression				60	60
<i>[progression] resistant to chemotherapy</i>					
<i>[progression] sensitive to chemotherapy</i>					
Untreated relapse (from a previous CR) or progression from a previous (PR)				51	
Chemorefractory relapse or progression, including primary refractory disease				61	
Never in CR				65	70
Not in CR				66	
Untreated/Upfront				70	
Adjuvant				75	
Not evaluable				80	80
unknown				99	99