EBMT Centre Identification Code (CIC): _ _ _ _
Hospital Unique Patient Number (UPN): _ _ _ _ _ _ _ _ _ _ _ _
Patient Number in EBMT Registry: _ _ _ _ _ _ _ _ _

Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

Treatment Date _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*

PLASMA CELL NEOPLASMS (PCN)

DISEASE

Note: complete this form only if this diagnosis was the indication for the HCT/CT or if it was specifically requested. Consult the manual for further information.

Date of diagnosis: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*

Classification (WHO 2022):

☐ Plasma cell (multiple) myeloma (PCM)	☐ Heavy chain and light chain	Heavy chain type: ☐ IgG ☐ IgA ☐ IgD ☐ IgE ☐ IgM (not Waldenstrom) ☐ Unknown	Light chain type: ☐ Kappa ☐ Lambda ☐ Unknown
	☐ Light chain only		
	☐ Non-secretory		
	☐ Unknown		

☐ Plasma cell leukaemia
☐ Solitary plasmacytoma of bone
☐ Immunoglobulin-related (AL) amyloidosis
☐ POEMS (Polyneuropathy, Organomegaly, Endocrinopathy/Edema, Monoclonal-protein, Skin changes)
☐ Monoclonal immunoglobulin deposition disease
☐ Other; specify: _____

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Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

Treatment Date _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*

STAGING
PCM only

Staging at diagnosis:

Revised ISS:

Stage
☐ I: ISS I without high risk FISH (del(17p) and/or t(4;14) and/or t(14;16) and normal LDH
☐ II: not R-ISS I or III
☐ III: ISS III with high risk FISH (del(17p) and/or t(4;14) and/or t(14;16)) and/or high LDH
☐ Unknown

ISS:

Stage		β2-μglob (mg/L)	Albumin (g/L)
☐ I		< 3.5	> 35
☐ II		< 3.5	< 35
	OR	3.5 ≤ 5.5	any
☐ III		> 5.5	any
☐ Unknown			

Extramedullary disease (EMD):

☐ No				
☐ Yes	EMD diagnosed on MRI	☐ No	☐ Yes	☐ Unknown
	EMD diagnosed on PET-CT	☐ No	☐ Yes	☐ Unknown
	Location of EMD	☐ Paraskeletal ☐ Organ	☐ Both	☐ Unknown
	Number of sites: ____	☐ Unknown		
	Specify organ: _____			
☐ Unknown				

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Treatment Type ☐ HCT ☐ CT ☐ IST ☐ Other

Treatment Date _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*

CHROMOSOME ANALYSIS
Not applicable for Immunoglobulin-related (AL) amyloidosis

Chromosome analysis done at diagnosis:

☐ No

☐ Yes: **Output of analysis:** ☐ Separate abnormalities ☐ Full karyotype

☐ Unknown

If chromosome analysis was done:

What were the results?

☐ Normal

☐ Abnormal: number of abnormalities present: _____

☐ Failed

Date of chromosome analysis: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Chromosome analysis method used: ☐ Karyotyping

☐ FISH

Indicate below whether the abnormalities were absent, present or not evaluated.

1q amplification (4 or more copies)	☐ Absent	☐ Present	☐ Not evaluated
1q gain (3 copies)	☐ Absent	☐ Present	☐ Not evaluated
abn(17q)	☐ Absent	☐ Present	☐ Not evaluated
del1p	☐ Absent	☐ Present	☐ Not evaluated
del(17p)	☐ Absent	☐ Present	☐ Not evaluated
del(13q14)	☐ Absent	☐ Present	☐ Not evaluated
Hyperdiploidy	☐ Absent	☐ Present	☐ Not evaluated
myc rearrangement	☐ Absent	☐ Present	☐ Not evaluated
t(4;14)	☐ Absent	☐ Present	☐ Not evaluated
t(6;14)	☐ Absent	☐ Present	☐ Not evaluated
t(11;14)	☐ Absent	☐ Present	☐ Not evaluated
t(14:16)	☐ Absent	☐ Present	☐ Not evaluated
t(14;20)	☐ Absent	☐ Present	☐ Not evaluated
Other; specify: _____	☐ Absent	☐ Present	

OR

Transcribe the complete karyotype: _____