

EBMT Centre Identification Code (CIC):	Treatment Type	□ нст □ ст	☐ IST	Other
Hospital Unique Patient Number (UPN):				
Patient Number in EBMT Registry:	Treatment Date _	//(YY	YY/MM/DE	D)

CHRONIC LEUKAEMIAS				
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):				
Chronic myeloid leukaemia (CML)				
Chronic lymphocytic leukaemia (CLL) / small lymphocytic lymphoma (SLL) / Richter transformation				
☐ Prolymphocytic (PLL) and other chronic leukaemias				



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Chronic Myeloid Leukaemias (CML)

Assessments at diagnosis				
tended dataset				
Status of disease:				
☐ Chronic phase ☐ Accelerated phase ☐ Blast	crisis	known		
Haematological values:				
Peripheral blood				
Haemoglobin (g/dL):	☐ Not evaluated	Unknown		
Platelets (10 ⁹ /L):	☐ Not evaluated	Unknown		
White Blood cells (109/L):	☐ Not evaluated	Unknown		
Absolute basophils (10 ⁹ /L):	☐ Not evaluated	Unknown		
% basophils:	☐ Not evaluated	Unknown		
% blasts :	☐ Not evaluated	Unknown		
Bone marrow				
If the precise blast count is not ava	nilable, please indicate	e whether it is:	☐ Not evaluated	
□ ≤ 5% □ > 5%			Unknown	
Spleen assessment				
Palpable splenomegaly:		☐ Not evaluated	Unknown	
If present: physical examination: cm (below	costal margin)	☐ Not evaluated	Unknown	
Spleen span on ultrasound or CT scan: cm (maxi	mum diameter)	☐ Not evaluated	Unknown	



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Chronic Myeloid Leukaemias (CML)

	CHROMO	DSOME ANALYSIS	
escribe results of all the analysis done	e before HCT/CT trea	atment	
hromosome analysis done before H No Yes: Output of analysis:		lities ☐ Full karyoty	/pe
	Copy and fill-in the	is section as often as ne	cessary.
What were the results? Normal Abnormal: number of abnormal Failed Date of chromosome analysis: For abnormal results, indicate below	II(YY	_	
t(9;22)	☐ Absent	☐ Present	☐ Not evaluated
Trisomy 8	 ☐ Absent	☐ Present	☐ Not evaluated
Extra Ph	Absent	☐ Present	 ☐ Not evaluated
i(17)	Absent	☐ Present	☐ Not evaluated
-7/Del	Absent	☐ Present	☐ Not evaluated
3q26	Absent	☐ Present	☐ Not evaluated
Other; specify:	Absent	☐ Present	
Transcribe the complete karyotype: _		OR	



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	MOLECULAR MARKER ANALYSIS				
Molecular markers analy	ysis done before HCT/CT tro	eatment:			
□ No					
Yes					
Unknown					
	Copy and fill-in this :	section as often as necessary.			
If molecular marker analy	sis was dono:				
_		(VVVV/MM/DD) □			
Date of molecular mar	Ker analysis / _ / _	(<i>YYYY/MM/DD</i>)	wn		
Indicate below whether the	e markers were absent, prese	ent or not evaluated.			
ASXL1	☐ Absent	☐ Present	☐ Not evaluated		
BCORL1	☐ Absent	☐ Present	☐ Not evaluated		
BCR::ABL1	☐ Absent	☐ Present	☐ Not evaluated		
CBFB-MYH11	☐ Absent	☐ Present	☐ Not evaluated		
EZH2	☐ Absent	☐ Present	☐ Not evaluated		
IDH1	☐ Absent	☐ Present	☐ Not evaluated		
IKZF1	☐ Absent	☐ Present	☐ Not evaluated		
KMT2D	☐ Absent	☐ Present	☐ Not evaluated		
RUNX1	☐ Absent	☐ Present	☐ Not evaluated		
SETD1B	Absent	☐ Present	☐ Not evaluated		
TET2	Absent	☐ Present	☐ Not evaluated		
TP53	Absent	☐ Present:	☐ Not evaluated		
		TP53 mutation type:	Single hit		
		_ 1	Multi hit		
			Jnknown		
Other; specify	Absent	☐ Present			
		IOUS THERAPIES			
(between diagnosis and HCT/CT)					

Previous therapy lines before the HCT/CT/GT:

☐ No	
☐ Yes:	complete the "Treatment — non-HCT/CT/GT/IST" form
☐ Unkn	own

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Chronic Lymphocytic Leukaemias (CLL)

DISEASE			
Sub-Classification (WHO 2022):			
☐ Chronic lymphocytic leukaemia (CLL) / smal	l lymphocytic lymphoma (SLL)		
☐ Richter transformation:			
Transformed from a previous known CLL			
	Yes; Date of original CLL diagnosis:// (YYYY/MM/DD) Unknown		
Type of Richter transformation:	☐ Hodgkin		
	☐ DLBCL		
	Other; specify:		
Richter transformation clonally related to	CLL: \[\D\ \ \No		
Montel durision additionally related to	☐ Yes		
C	CHROMOSOME ANALYSIS		
Describe results of all the analysis done before H	CT/CT treatment		
Chromosome analysis done before HCT/CT	treatment:		
□ No			
Yes: Output of analysis: Separate a	bnormalities		
Unknown			
Copy and	d fill-in this section as often as necessary.		
If chromosome analysis was done:			
What were the results?			
☐ Normal			
Abnormal: number of abnormalities pres	ent:		
☐ Failed			
Date of chromosome analysis: $___I$	_I(YYYY/MM/DD)		
For abnormal results, indicate below whether	he abnormalities were absent, present or not evaluated.		
Trisomy 12	☐ Absent ☐ Present ☐ Not evaluated		
del(13q14)	☐ Absent ☐ Present ☐ Not evaluated		
del(11q22-23)	☐ Absent ☐ Present ☐ Not evaluated		
del(17p)	☐ Absent ☐ Present ☐ Not evaluated		
Other; specify:	Absent Present		
Transcribe the complete karyotype:	OR		



☐ Unknown

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N	MOLECULAR MARKER	ANALYSIS	
Molecular markers analysis done before F	ICT/CT treatment:		
□ No			
☐ Yes			
Unknown			
Сору	and fill-in this section as ofte	en as necessary.	
If molecular marker analysis was done:			
Date of molecular marker analysis: _	//(YYYY/MM/	(DD) 🗌 Unknown	
IGVH mutational status: Absent	☐ Present High risk s	subset? No Yes	
Indicate below whether the markers were a	bsent, present or not evaluate	ed.	
TP53	☐ Absent	Present;	☐ Not evaluated
	TF	P53 mutation type: 🔲 Sir	ngle hit
			ılti hit
		☐ Un	known
Other; specify:	☐ Absent	☐ Present	

	PREVIOUS THERAPIES (between diagnosis and HCT/CT)
Previous ☐ No	therapy lines before the HCT/CT:
☐ Yes:	complete the "Treatment — non-HCT/CT/GT/IST" form



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PREVIOUS THERAPIES (between diagnosis and HCT/CT)

Extended dataset				
Answer the questions below for treated patients only:				
Purine analogue-refr (non response or relap	ractory? ose within 6 months after completion of pu	rine analogue-containing chemothera	py)	
NoYesNo purine analoguUnknown	ue-containing chemotherapy treatment			
Resistance to a BTK	inhibitor?			
☐ Absent	☐ Present	☐ No BTK inhibitor treatment ☐ U	Inknown	
If present: ha	as any testing on the resistance mechan	ism been performed?		
☐ No				
☐ Yes:	What was tested? (select all that apply)	What was the result ?		
	Structural changes in the BTK protein	☐ Absent ☐ Present		
	Structural changes in downstream proteir	as Absent Present		
	Other; specify:	☐ Absent ☐ Present		
Unknow	wn			
Resistance to a BCL	2 inhihitar2			
Absent	Present	☐ No BCL2 inhibitor treatment ☐	Unknown	
_	_			
-	any testing on the resistance mechanis	in been performed?		
☐ No				
Yes: Wh	at was tested? (select all that apply)	What was the result ?		
	Structural changes in the BCL2 protein	☐ Absent ☐ Present		
	Structural changes in downstream proteins	Absent Present		
	Other; specify:	☐ Absent ☐ Present		
☐ Unknown	1			



Prolymphocytic (PLL) and Other Chronic Leukaemias					
EBMT	Hospital Unique Patient Number (UPN): Patient Number in EBMT Registry:	Treatment Date	//(YY	YY/MM/DE	D)
FDVIT	EBMT Centre Identification Code (CIC):	Treatment Type	□ нст □ ст	☐ IST	Other

DISEASE Sub-Classification (WHO 2022): Prolymphocytic and other chronic leukaemias T-prolymphocytic leukaemia (T-PLL) ☐ Hairy cell leukaemia Splenic B-cell lymphoma/leukaemia with prominent nucleoli (SBLPN) Other chronic leukaemia; specify: **CHROMOSOME ANALYSIS** only applicable for T-PLL Describe results of all the analysis done before HCT/CT treatment **Chromosome analysis done before HCT/CT treatment:** ☐ No Yes: output of analysis: Separate abnormalities ☐ Full karyotype ☐ Unknown Copy and fill-in this section as often as necessary. If chromosome analysis was done: What were the results? □ Normal Abnormal: number of abnormalities present: _____ □ Failed Date of chromosome analysis: $___I_I__I$ (YYYY/MM/DD) \square Unknown For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated. inv(14)/ t(14;14)(q11;q32) ☐ Absent ☐ Present □ Not evaluated del(14)(q12) ☐ Absent ☐ Present ☐ Not evaluated t(11;14)(q23;q11) ☐ Absent ☐ Present ☐ Not evaluated t(7;14)(q35;q32.1) ☐ Absent ☐ Present ☐ Not evaluated t(X;14)(q35;q11) ☐ Not evaluated ☐ Absent Present idic(8)(p11) □ Absent ☐ Present ☐ Not evaluated del(17p) ☐ Absent ☐ Present ☐ Not evaluated Other; specify: □ Absent ☐ Present OR

Transcribe the complete karyotype:



☐ Other

☐ Unknown

Unknown

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EDIVIT	Patient Number in EBMT Registry:		Treatment Da	te // (YY	YY/MM/DD _,)
	AI IMMI	IOPHENOTYPI	INC			
		oplicable for T-F				
-	enotype of T-cells at diagnosis: nal desoxynucleotidyl transferase (TdT) <u>mus</u> i	<u>t</u> be negative.				
ndicate belo	ow whether the phenotypes were absent, pre	sent or not evalu	ıated.			
CD4+		☐ Absent	Present	☐ Not evaluated	Unkno	wn
CD8+		☐ Absent	☐ Present	☐ Not evaluated	☐ Unkno	wn
_ymphocyt	e count at diagnosis: 10) ⁹ cells/L	t evaluated [Unknown		
<i>N</i> as mantle	cell lymphoma excluded at diagnosis?:					
☐ No						
☐ Yes; n	nethod:					
	Cyclin D1 expression					
	☐ Both					

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Prolymphocytic (PLL) and Other Chronic Leukaemias

Extended datas	et et			
	PREVIOUS THERAPIES (between diagnosis and HCT/CT)			
Previous the	apy lines before the HCT/CT:			
□ No □ Yes: C	complete the "Treatment — non-HCT/CT/GT/IST" form			
Unknown				
Answer the q	uestions below for treated patients only:			
(non response No Yes	gue-refractory? or relapse within 6 months after completion of purine analogue-containing chemotherapy) analogue-containing chemotherapy treatment			
Resistance to	a BTK inhibitor?			
☐ Absent	☐ Present ☐ No BTK inhibitor treatment ☐ Unknown			
If prese □	ent: has any testing on the resistance mechanism been performed? No			
	Yes: What was tested? (select all that apply) What was the result?			
	☐ Structural changes in the BTK protein ☐ Absent ☐ Present			
	Structural changes in downstream proteins			
	Other; specify:			
	Unknown			
Resistance to	a BCL2 inhibitor?			
☐ Absent	☐ Present ☐ No BCL2 inhibitor treatment			
If pre	sent: has any testing on the resistance mechanism been performed?			
] No			
	Yes: What was tested? (select all that apply) What was the result?			
	Structural changes in the BCL2 protein Absent Present			
	Structural changes in downstream proteins Absent Present			
	Other; specify:			
☐ Unknown				