

## 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):**

<input type="checkbox"/> Plasma cell (multiple) myeloma (PCM)	<input type="checkbox"/> Heavy chain and light chain  <input type="checkbox"/> Light chain only	<b>Heavy chain type:</b> <input type="checkbox"/> IgG <input type="checkbox"/> IgA <input type="checkbox"/> IgD <input type="checkbox"/> IgE <input type="checkbox"/> IgM (not Waldenstrom) <input type="checkbox"/> Unknown	<b>Light chain type:</b> <input type="checkbox"/> Kappa <input type="checkbox"/> Lambda <input type="checkbox"/> Unknown
<input type="checkbox"/> Non-secretory			
<input type="checkbox"/> Unknown			
<input type="checkbox"/> Plasma cell leukaemia			
<input type="checkbox"/> Solitary plasmacytoma of bone			
<input type="checkbox"/> Immunoglobulin-related (AL) amyloidosis			
<input type="checkbox"/> POEMS (Polyneuropathy, Organomegaly, Endocrinopathy/Edema, Monoclonal-protein, Skin changes)			
<input type="checkbox"/> Monoclonal immunoglobulin deposition disease			
<input type="checkbox"/> Other; specify: _____			

*Extended dataset*

**Clinical and laboratory data (at diagnosis):**

Haemoglobin (g/dL): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Serum creatinine (µmol/L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Serum calcium (mmol/L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Serum albumin (g/L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Serum β2 microglobulin (mg/L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

**LDH levels (at diagnosis):**

LDH: \_\_\_\_ IU/L  Not evaluated  Unknown

**Reference range:**

LDH lower limit: \_\_\_\_ IU/L  Not evaluated  Unknown

LDH upper limit: \_\_\_\_ IU/L  Not evaluated  Unknown

**STAGING**  
*PCM only*

**Staging at diagnosis:**

**Revised ISS:**

Stage
<input type="checkbox"/> I: ISS I without high risk FISH (del(17p) and/or t(4;14) and/or t(14;16) and normal LDH
<input type="checkbox"/> II: not R-ISS I or III
<input type="checkbox"/> III: ISS III with high risk FISH (del(17p) and/or t(4;14) and/or t(14;16)) and/or high LDH
<input type="checkbox"/> Unknown

**ISS:**

Stage	β2-μglob (mg/L)	Albumin (g/L)
<input type="checkbox"/> I	< 3.5	> 35
<input type="checkbox"/> II	< 3.5	< 35
	OR 3.5 ≤ 5.5	any
<input type="checkbox"/> III	> 5.5	any
<input type="checkbox"/> Unknown		

**Extramedullary disease (EMD):**

<input type="checkbox"/> No				
<input type="checkbox"/> Yes	EMD diagnosed on MRI	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
	EMD diagnosed on PET-CT	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
	Location of EMD	<input type="checkbox"/> Paraskeletal	<input type="checkbox"/> Organ	<input type="checkbox"/> Both <input type="checkbox"/> Unknown
	Number of sites: _____	<input type="checkbox"/> Unknown		
	Specify organ: _____			
<input type="checkbox"/> Unknown				

**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.

<b>1q amplification (4 or more copies)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>1q gain (3 copies)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>abn(17q)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>del1p</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>del(17p)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>del(13q14)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Hyperdiploidy</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>myc rearrangement</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(4;14)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(6;14)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(11;14)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(14;16)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>t(14;20)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

OR

Transcribe the complete karyotype: \_\_\_\_\_

## IMMUNOGLOBULIN-RELATED (AL) AMYLOIDOSIS

*Extended dataset*

**Evidence of underlying Plasma Cell Neoplasm**

- No
- Yes:  Monoclonal gammopathy  
 Plasma cell (multiple) myeloma  
 Other B-cell malignancy, specify \_\_\_\_\_

**In case of Plasma cell (multiple) myeloma**

**Immunoglobulins** (*select one as applicable*):

**Light chain** (*select one as applicable*):

- Absent  
 IgG  
 IgA  
 IgD  
 IgE  
 IgM  
 Not evaluated  
 Unknown

- Absent  
 Kappa  
 Lambda  
 Not evaluated

**Staging at diagnosis:**

**Revised ISS:**

Stage
<input type="checkbox"/> I: ISS I without high risk FISH (del(17p) and/or t(4;14) and/or t(14;16)) and normal LDH
<input type="checkbox"/> II: not R-ISS I or III
<input type="checkbox"/> III: ISS III with high risk FISH (del(17p) and/or t(4;14) and/or t(14;16)) and/or high LDH
<input type="checkbox"/> Unknown

**ISS:**

Stage	β2-μglob (mg/L)	Albumin (g/L)
<input type="checkbox"/> I	< 3.5	> 35
<input type="checkbox"/> II	< 3.5 from 3.5 to 5.5	< 35 any
<input type="checkbox"/> III	> 5.5	any
<input type="checkbox"/> Unknown		

### ASSESSMENTS AT DIAGNOSIS

#### Extended dataset

#### METHODS USED AT DIAGNOSIS

Positive immunohistochemistry	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
Mass spectrometry	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
Immunoelectron microscopy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
Proteomic analysis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown

#### CLINICAL LABORATORY DATA

Total urinary protein excretion (mg/24 h): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
eGFR: _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Serum alkaline phosphatase (IU/L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Serum bilirubin (mg/dL): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

#### CARDIAC LABORATORY DATA

Serum NT-pro-BNP (ng/L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Serum BNP (ng/L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Serum c-Troponin T (µg/L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Reference range:</b>		
Lower limit (µg/L): _____		
Upper limit (µg/L): _____		

#### BONE MARROW INVESTIGATIONS

BM aspirate % plasmacytosis: _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
BM trephine % plasmacytosis: _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

### IMMUNOGLOBULINS

Monoclonal Ig in serum (paraprotein) (g/L): \_\_\_\_\_  Not evaluated  Unknown

Immunofixation of serum  Negative  Positive  Not evaluated  Unknown

Free light chains in serum:

Kappa light chains (mg/L): \_\_\_\_\_  Not evaluated  Unknown

Lambda light chains (mg/L): \_\_\_\_\_  Not evaluated  Unknown

Immunofixation of urine  Negative

Positive:

Monoclonal light chains in urine (g/24 h): \_\_\_\_\_  Not evaluated  Unknown

Not evaluated

Unknown

### BONE IMAGING

X-ray	<input type="checkbox"/> Normal	<input type="checkbox"/> Bone lesion present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
CT	<input type="checkbox"/> Normal	<input type="checkbox"/> Bone lesion present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
MRI	<input type="checkbox"/> Normal	<input type="checkbox"/> Bone lesion present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PET-CT	<input type="checkbox"/> Normal	<input type="checkbox"/> Bone lesion present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

### SERUM AMYLOID P SCINTIGRAPHY

**Was Serum Amyloid P scintigraphy performed?**

No

Yes: **Organ involvement**

Heart	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Liver	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Spleen	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Kidneys	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

Not evaluated

Unknown

## Extended dataset

**ORGAN INVOLVEMENT UNTREATED**

Kidneys	<input type="checkbox"/> Dominant organ(s) involvement <input type="checkbox"/> Additional organ(s) involvement <input type="checkbox"/> No involvement <input type="checkbox"/> Unknown <input type="checkbox"/> Not evaluated <b>Biopsy done:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Heart	<input type="checkbox"/> Dominant organ(s) involvement <input type="checkbox"/> Additional organ(s) involvement <input type="checkbox"/> No involvement <input type="checkbox"/> Unknown <input type="checkbox"/> Not evaluated <b>Biopsy done:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Gastrointestinal tract	<input type="checkbox"/> Dominant organ(s) involvement <input type="checkbox"/> Additional organ(s) involvement <input type="checkbox"/> No involvement <input type="checkbox"/> Unknown <input type="checkbox"/> Not evaluated <b>Biopsy done:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Liver	<input type="checkbox"/> Dominant organ(s) involvement <input type="checkbox"/> Additional organ(s) involvement <input type="checkbox"/> No involvement <input type="checkbox"/> Unknown <input type="checkbox"/> Not evaluated <b>Biopsy done:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Peripheral nerves	<input type="checkbox"/> Dominant organ(s) involvement <input type="checkbox"/> Additional organ(s) involvement <input type="checkbox"/> No involvement <input type="checkbox"/> Unknown <input type="checkbox"/> Not evaluated <b>Biopsy done:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Autonomic nerves	<input type="checkbox"/> Dominant organ(s) involvement <input type="checkbox"/> Additional organ(s) involvement <input type="checkbox"/> No involvement <input type="checkbox"/> Unknown <input type="checkbox"/> Not evaluated <b>Biopsy done:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Skin	<input type="checkbox"/> Dominant organ(s) involvement <input type="checkbox"/> Additional organ(s) involvement <input type="checkbox"/> No involvement <input type="checkbox"/> Unknown <input type="checkbox"/> Not evaluated <b>Biopsy done:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Bone marrow	<input type="checkbox"/> Dominant organ(s) involvement <input type="checkbox"/> Additional organ(s) involvement <input type="checkbox"/> No involvement <input type="checkbox"/> Unknown <input type="checkbox"/> Not evaluated <b>Biopsy done:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Other organ; specify _____	<input type="checkbox"/> Dominant organ(s) involvement <input type="checkbox"/> Additional organ(s) involvement <input type="checkbox"/> No involvement <input type="checkbox"/> Unknown <input type="checkbox"/> Not evaluated <b>Biopsy done:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

### ORGAN-SPECIFIC DATA UNTREATED

*Tested at diagnosis*

#### Liver

Liver span in ultrasound or CT scan (*cm craniocaudal diameter*): \_\_\_\_\_  Not evaluated  Unknown

#### Heart

NYHA class  I  II  III  IV  Unknown

Left ventricular ejection fraction (%) \_\_\_\_\_  Not evaluated  Unknown

Echocardiogram consistent with amyloidosis  No  Yes  Not evaluated  Unknown

Cardiac MRI consistent with amyloidosis  No  Yes  Not evaluated  Unknown

#### Gastrointestinal

Weight loss	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Malabsorption	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
GI bleeding	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other evidence of gastrointestinal involvement: _____				

#### Peripheral neuropathy

Neurological exam:  Normal  Abnormal  Not evaluated  Unknown

Neuropathy confirmed on nerve conduction studies:  No  Yes  Not evaluated  Unknown

#### Autonomic neuropathy

Orthostatic hypotension:  No  Yes  Not evaluated  Unknown

Intractable diarrhoea:  No  Yes  Not evaluated  Unknown

#### Other sites

Clinical evidence for involvement of other sites: \_\_\_\_\_





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

Treatment Type  HCT  CT  IST  Other  
 Treatment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

## PLASMA CELL NEOPLASMS (PCN)

*Extended dataset*

### PREVIOUS THERAPIES (between diagnosis and HCT/CT)

**Previous therapy lines before the HCT/CT:**

- No
- Yes: complete the "Treatment -- non-HCT/CT/GT/IST" form
- Unknown

*Immunoglobulin-related (AL) amyloidosis only*

**Organ response to therapy given before the HCT/CT given**

Heart	<input type="checkbox"/> Response	<input type="checkbox"/> No change	<input type="checkbox"/> Progression	<input type="checkbox"/> Not involved	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Kidney	<input type="checkbox"/> Response	<input type="checkbox"/> No change	<input type="checkbox"/> Progression	<input type="checkbox"/> Not involved	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Liver	<input type="checkbox"/> Response	<input type="checkbox"/> No change	<input type="checkbox"/> Progression	<input type="checkbox"/> Not involved	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Peripheral nervous system	<input type="checkbox"/> Response	<input type="checkbox"/> No change	<input type="checkbox"/> Progression	<input type="checkbox"/> Not involved	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown