

## TREATMENT NON – HCT/CT/GT/IST

*(Malignant disorders and Immunoglobulin-related amyloidosis(AL))*

*Mobilisation, the preparative regimen (conditioning/lymphodepletion) and GvHD preventive treatment should be reported in the HCT/CT/GT-related forms. Treatment for GvHD and complications should be reported in the designated form, part of the extended dataset.*

**Date treatment started:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

**Diagnosis for which this treatment was given:** \_\_\_\_\_

**Line of treatment:** \_\_\_\_\_ (number)

*A line of treatment covers all cycles of the same drugs/regimen given in the same period with the same reason, and within the same disease status of the patient*

**Reason for this line of treatment:**

- |  |  |                                    |                                       |
|--|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Induction             | <input type="checkbox"/> Maintenance / preventive treatment: | <b>Type of relapse prevention:</b> | <input type="checkbox"/> MRD negative |
| <input type="checkbox"/> Bridging              | <input type="checkbox"/> Consolidation                       |                                    | <input type="checkbox"/> MRD positive |
| <input type="checkbox"/> Relapse / Progression | <input type="checkbox"/> Other; specify: _____               |                                    | <input type="checkbox"/> MRD unknown  |

## CHEMOTHERAPY / DRUG REGIMEN

**Chemotherapy/Drugs:**  No  Yes  Unknown

**If patient received chemotherapy/drugs:**

*(Do not report each drug start/end date separately)*

**Start date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

*(report earliest start date of chemo/drugs for this line of treatment)*

**Treatment stopped:**  No

Yes; **End date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

*(report latest end date of chemo/drugs for this line of treatment)*

**Reason for treatment withdrawal:**

*(for Chronic Lymphocytic Leukaemia only)*

- Planned withdrawal
- Toxicity
- Progression or insufficient response
- Other reason; specify \_\_\_\_\_
- Unknown

Unknown

### CHEMOTHERAPY / DRUG REGIMEN

Chemo/Drug regimen*: _____	
<i>Extended dataset</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><i>(Acute Leukaemia and Lymphoma only)</i></p> <p>Number of cycles: ____ <input type="checkbox"/> Unknown</p> </div> <div style="width: 45%;"> <p><i>(Acute Leukaemia only)</i></p> <p>Number of days per cycle: ____ <input type="checkbox"/> Unknown</p> <p>Daily dose: ____ <input type="checkbox"/> Unknown</p> <p>Units: <input type="checkbox"/> mg/m<sup>2</sup> <input type="checkbox"/> mg/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/mL</p> </div> </div>	
Chemo/Drug regimen*: _____	
<i>Extended dataset</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><i>(Acute Leukaemia and Lymphoma only)</i></p> <p>Number of cycles: ____ <input type="checkbox"/> Unknown</p> </div> <div style="width: 45%;"> <p><i>(Acute Leukaemia only)</i></p> <p>Number of days per cycle: ____ <input type="checkbox"/> Unknown</p> <p>Daily dose: ____ <input type="checkbox"/> Unknown</p> <p>Units: <input type="checkbox"/> mg/m<sup>2</sup> <input type="checkbox"/> mg/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/mL</p> </div> </div>	
Chemo/Drug regimen*: _____	
<i>Extended dataset</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><i>(Acute Leukaemia and Lymphoma only)</i></p> <p>Number of cycles: ____ <input type="checkbox"/> Unknown</p> </div> <div style="width: 45%;"> <p><i>(Acute Leukaemia only)</i></p> <p>Number of days per cycle: ____ <input type="checkbox"/> Unknown</p> <p>Daily dose: ____ <input type="checkbox"/> Unknown</p> <p>Units: <input type="checkbox"/> mg/m<sup>2</sup> <input type="checkbox"/> mg/kg <input type="checkbox"/> mg <input type="checkbox"/> mg/mL</p> </div> </div>	

\*Please consult the **LIST OF CHEMOTHERAPY DRUGS/AGENTS AND REGIMENS** on the EBMT website for drugs/regimens names.

*Copy and fill-in this page (chemotherapy / drug regimen) as often as necessary within the same line of treatment.*

<i>Extended dataset</i> <b>Intrathecal therapy:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <i>(Acute Leukaemia only)</i>	
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### INTERVENTIONS

**Radiotherapy:**  No  Yes  Unknown

If patient received radiotherapy incl. irradiation:

**Start date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**Treatment stopped:**  No

Yes; **End date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

Unknown

**Splenic irradiation:**  No  Yes  Unknown

*(for Myeloproliferative neoplasms only)*

If patient received splenic irradiation:

**Total prescribed radiation dose as per protocol:** \_\_\_\_\_ Gy  Unknown

**Number of fractions:** \_\_\_\_\_  Unknown

**Number of radiation days:** \_\_\_\_\_  Unknown

**Surgery:**  No  Yes  Unknown

If patient underwent surgery:

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**Surgery type:**  Splenectomy

Other; specify \_\_\_\_\_

Unknown

*Copy and fill-in this section as often as necessary within the same line of treatment.*

### RESPONSE TO THIS LINE OF TREATMENT

(Disease Specific)

*Complete only one section with the main indication diagnosis for which treatment was given.*

**Response assessment date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

ACUTE LEUKAEMIAS	<i>Go to page 4</i>
CHRONIC LEUKAEMIAS	<i>Go to page 4</i>
PLASMA CELL NEOPLASMS (PCN)	<i>Go to page 4</i>
MYELOPROLIFERATIVE NEOPLASMS (MPN)	<i>Go to page 5</i>
MYELOYDYSPLASTIC NEOPLASMS (MDS)	<i>Go to page 5</i>
MDS / MPN OVERLAP SYNDROMES	<i>Go to page 5</i>
LYMPHOMAS	<i>Go to page 6</i>
SOLID TUMOURS	<i>Go to page 6</i>
OTHER DIAGNOSIS	<i>Go to page 6</i>

## RESPONSE TO THIS LINE OF TREATMENT

*Complete only one section with the main indication diagnosis for which treatment was given.*

### Acute leukaemias (AML, PLN, Other)

<input type="checkbox"/> Complete remission (CR)
<input type="checkbox"/> Not in complete remission
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

### Chronic leukaemias (CML, CLL, PLL, Other)

#### Chronic Myeloid Leukaemia (CML):

<input type="checkbox"/> Chronic phase (CP); <b>Number:</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> or higher <input type="checkbox"/> Unknown <b>Haematological remission:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown <b>Cytogenetic remission:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown <b>Molecular remission:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
<input type="checkbox"/> Accelerated phase; <b>Number:</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Blast crisis; <b>Number:</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

#### Chronic Lymphocytic Leukaemia (CLL), Prolymphocytic Leukaemia (PLL) and other chronic leukaemias:

<input type="checkbox"/> Complete remission (CR)
<input type="checkbox"/> Partial remission (PR)
<input type="checkbox"/> Progression: <input type="checkbox"/> Resistant to last regimen <input type="checkbox"/> Sensitive to last regimen <input type="checkbox"/> Unknown
<input type="checkbox"/> Stable disease (no change, no response/loss of response)
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

### Plasma cell neoplasms (PCN)

<input type="checkbox"/> Complete remission (CR)	<b>Number:</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Stringent complete remission (sCR)	
<input type="checkbox"/> Very good partial remission (VGPR)	
<input type="checkbox"/> Partial remission (PR)	
<input type="checkbox"/> Relapse	
<input type="checkbox"/> Progression	
<input type="checkbox"/> Stable disease (no change, no response/loss of response)	
<input type="checkbox"/> Not evaluated	
<input type="checkbox"/> Unknown	

*For AL, CLL and PCN proceed to next page*

## RESPONSE TO THIS LINE OF TREATMENT

*Complete only for AL, CLL and PCN*

**Leukaemias (AL, CLL) and PCN** *(complete only for patient in CR or sCR)*

**Minimal residual disease (MRD):**

- Negative
- Positive
- Not evaluated
- Unknown

**Date MRD status evaluated:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

**Sensitivity of MRD assay:**

- $\leq 10^{-6}$
- $\leq 10^{-5}$
- $\leq 10^{-4}$
- $\leq 10^{-3}$
- Other; specify: \_\_\_\_\_
- Unknown

**Method used:**

*(select all that apply)*

- PCR
- Flow cytometry
- NGS
- Other; specify: \_\_\_\_\_
- Unknown

*Complete only one section with the main indication diagnosis for which treatment was given.*

**Myeloproliferative neoplasms (MPN), Myelodysplastic neoplasms (MDS), MDS/MPN overlap syndromes**

<input type="checkbox"/> Complete remission (CR)	<u>Number:</u>	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Improvement but no CR		
<input type="checkbox"/> Primary refractory phase (no change)		
<input type="checkbox"/> Relapse	<u>Number:</u>	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Progression/Worsening		
<input type="checkbox"/> Not evaluated		
<input type="checkbox"/> Unknown		

**RESPONSE TO THIS LINE OF TREATMENT**  
**continued**

Complete only one section with the main indication diagnosis for which treatment was given.

**Lymphomas**

<input type="checkbox"/> Chemorefractory relapse or progression, including primary refractory disease
<input type="checkbox"/> Complete remission (CR): <input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed (CRU*) <input type="checkbox"/> Unknown
<input type="checkbox"/> Partial remission (PR)
<input type="checkbox"/> Stable disease (no change, no response/loss of response)
<input type="checkbox"/> Untreated relapse (from a previous CR) or progression (from a previous PR)
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

\* CRU: Complete response with persistent scan abnormalities of unknown significance

**Solid tumours**

<input type="checkbox"/> Complete remission (CR): <input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed <input type="checkbox"/> Unknown
<input type="checkbox"/> First Partial remission
<input type="checkbox"/> Partial remission (PR)
<input type="checkbox"/> Progressive disease
<input type="checkbox"/> Relapse: <input type="checkbox"/> Resistant <input type="checkbox"/> Sensitive <input type="checkbox"/> Unknown
<input type="checkbox"/> Stable disease (no change, no response/loss of response)
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

**Other diagnosis**

<input type="checkbox"/> No evidence of disease
<input type="checkbox"/> Improved
<input type="checkbox"/> No response
<input type="checkbox"/> Worse
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown