ACUTE LEUKAEMIAS

DISEASE

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

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

Classification:

☐ Acute myeloid leukaemia (AML)
☐ Precursor lymphoid neoplasm (ALL)
☐ Other acute leukaemia

Haematological values

Peripheral blood

White Blood cell count (10^9/L): _____	☐ Not evaluated ☐ Unknown
% blasts : _____ *(Only if the exact value is recorded)* **In the case an exact % is not available please provide the range:** lower limit : _____% upper limit : _____%	☐ Not evaluated ☐ Unknown

Bone marrow

% blasts : _____	☐ Not evaluated ☐ Unknown

Acute Myeloid Leukaemias (AML)

DISEASE

Classification:

AML with myelodysplasia related changes?

☐ No

☐ Yes; **Was there a previous diagnosis of MDS, MPN or MDS/MPN?** ☐ No

☐ Yes (complete the respective diagnosis form in addition to the current form)

☐ Unknown

Therapy related myeloid neoplasia (old "secondary acute leukaemia")?

*Related to prior treatment but **not** after a previous diagnosis of MDS, MPN or MDS/MPN*

☐ No

☐ Yes (complete the respective diagnosis form in addition to the current form)

☐ Unknown

(If therapy related myeloid neoplasia, is Yes)

Is this a donor cell leukaemia?

☐ No
☐ Yes
☐ Not applicable (no previous allo HCT)
☐ Unknown

CHROMOSOME ANALYSIS

Chromosome analysis done at diagnosis:
(describe results of the analysis at time of diagnosis)

☐ No
☐ Yes: **Output of analysis:** ☐ Separate abnormalities ☐ Full karyotype
☐ Unknown

If chromosome analysis was done:

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

What were the results?

☐ Normal
☐ Abnormal:

Number of abnormalities present: _____

Complex karyotype: ☐ No ☐ Yes ☐ Unknown

Monosomal karyotype: ☐ No ☐ Yes ☐ Unknown
(≥2 autosomal monosomies or 1 autosomal monosomy + at least 1 structural abnormality)

Multiple trisomies: ☐ No ☐ Yes ☐ Unknown

☐ Failed

CHROMOSOME ANALYSIS continued

For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated.

t(15;17)	☐ Absent	☐ Present	☐ Not evaluated
t(8;21)	☐ Absent	☐ Present	☐ Not evaluated
inv(16)/ t(16;16)	☐ Absent	☐ Present	☐ Not evaluated
11q23 abnormality type, *if a 11q23 abnormality is present*:	☐ Absent	☐ Present	☐ Not evaluated
t(9;11)	☐ Absent	☐ Present	☐ Not evaluated
t(11;19)	☐ Absent	☐ Present	☐ Not evaluated
t(10;11)	☐ Absent	☐ Present	☐ Not evaluated
t(6;11)	☐ Absent	☐ Present	☐ Not evaluated
Other abn(11q23); specify: ___________	☐ Absent	☐ Present	
3q26 (EVI1) abnormality type, *if a 3q26 abnormality is present*:	☐ Absent	☐ Present	☐ Not evaluated
inv(3) / t(3;3)	☐ Absent	☐ Present	☐ Not evaluated
t(2;3)(p21;q26)	☐ Absent	☐ Present	☐ Not evaluated
Other (3q26)/EVI1 rearrangement; specify: ___________	☐ Absent	☐ Present	
t(6;9)	☐ Absent	☐ Present	☐ Not evaluated
abn 5 type, *if an abn 5 is present*:	☐ Absent	☐ Present	☐ Not evaluated
del (5q)	☐ Absent	☐ Present	☐ Not evaluated
monosomy 5	☐ Absent	☐ Present	☐ Not evaluated
add(5q)	☐ Absent	☐ Present	☐ Not evaluated
Other abn(5q); specify: ___________	☐ Absent	☐ Present	
abn 7 type, *if an abn 7 is present*:	☐ Absent	☐ Present	☐ Not evaluated
del(7q)	☐ Absent	☐ Present	☐ Not evaluated
monosomy 7	☐ Absent	☐ Present	☐ Not evaluated
add(7q)	☐ Absent	☐ Present	☐ Not evaluated
Other abn(7q); specify: ___________	☐ Absent	☐ Present	
Monosomy 17	☐ Absent	☐ Present	☐ Not evaluated
abn(17p)	☐ Absent	☐ Present	☐ Not evaluated
t(1;22)	☐ Absent	☐ Present	☐ Not evaluated
Trisomy 8	☐ Absent	☐ Present	☐ Not evaluated
t(9;22)	☐ Absent	☐ Present	☐ Not evaluated
t(8;16)	☐ Absent	☐ Present	☐ Not evaluated
Other; specify: ___________	☐ Absent	☐ Present	

OR

Transcribe the complete karyotype: ____

MOLECULAR MARKER ANALYSIS

Molecular marker analysis at diagnosis: ☐ No
☐ Yes: **Date of molecular marker analysis:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
☐ Unknown

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

AML1-ETO (RUNX1/RUNXT1) *Molecular product of t(8;21)*	☐ Absent	☐ Present	☐ Not evaluated
CBFB-MYH11 *Molecular product of inv(16)(p13.1;q22) or (16;16)(p13.1;q22)*	☐ Absent	☐ Present	☐ Not evaluated
PML-RARα *Molecular product of t(15;17)*	☐ Absent	☐ Present	☐ Not evaluated
MLL (KMT2A)-rearrangement/mutation:	☐ Absent	☐ Present	☐ Not evaluated
MLLT3(AF9)-MLL *Molecular product of t(9;11)(p22;q23)*	☐ Absent	☐ Present	☐ Not evaluated
MLL-PTD *(partial tandem duplication)*	☐ Absent	☐ Present	☐ Not evaluated
MLLT4(AF6)-MLL *Molecular product of t(6;11)(q27;q23)*	☐ Absent	☐ Present	☐ Not evaluated
ELL-MLL *Molecular product of t(11;19)(q23;p13.1)*	☐ Absent	☐ Present	☐ Not evaluated
MLLT1(ENL)-MLL *Molecular product of t(11;19)(q23;p13.3)*	☐ Absent	☐ Present	☐ Not evaluated
MLLT10(AF10)-MLL *Molecular product of t(10;11)(p12;q23)*	☐ Absent	☐ Present	☐ Not evaluated
Other MLL-rearrangement; specify: _____	☐ Absent	☐ Present	
DEK-NUP214(CAN) *Molecular product of translocation t(6;9)(p23;q34)*	☐ Absent	☐ Present	☐ Not evaluated
RPN1-EVI1 *Molecular product of inv(3)(q21q26.2) or t(3;3)(q21q26.2)*	☐ Absent	☐ Present	☐ Not evaluated
RBM15-MKL1 *Molecular product of translocation t(1;22)(p13;q13)*	☐ Absent	☐ Present	☐ Not evaluated
NPM1	☐ Absent	☐ Present	☐ Not evaluated
c-KIT	☐ Absent	☐ Present	☐ Not evaluated
DNMT3A	☐ Absent	☐ Present	☐ Not evaluated
ASXL1	☐ Absent	☐ Present	☐ Not evaluated
TP53	☐ Absent	☐ Present	☐ Not evaluated
RUNX1	☐ Absent	☐ Present	☐ Not evaluated
IDH1	☐ Absent	☐ Present	☐ Not evaluated
IDH2	☐ Absent	☐ Present	☐ Not evaluated
BRAF	☐ Absent	☐ Present	☐ Not evaluated
SRSF2	☐ Absent	☐ Present	☐ Not evaluated
SF3B1	☐ Absent	☐ Present	☐ Not evaluated
CEBPA	☐ Absent	☐ Present	☐ Not evaluated
if CEBPA present:			
bZIP mutation:	☐ No	☐ Yes	☐ Unknown
biallelic:	☐ No	☐ Yes	☐ Unknown
FLT3-ITD (internal tandem duplication)	☐ Absent	☐ Present	☐ Not evaluated
FLT3-TKD	☐ Absent	☐ Present	☐ Not evaluated

MOLECULAR MARKER ANALYSIS continued

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

BCR-ABL	☐ Absent	☐ Present	☐ Not evaluated
GATA2	☐ Absent	☐ Present	☐ Not evaluated
MECOM(EVI1)	☐ Absent	☐ Present	☐ Not evaluated
KAT6A-CREBBP	☐ Absent	☐ Present	☐ Not evaluated
BCOR	☐ Absent	☐ Present	☐ Not evaluated
EZH2	☐ Absent	☐ Present	☐ Not evaluated
STAG2	☐ Absent	☐ Present	☐ Not evaluated
U2AF1	☐ Absent	☐ Present	☐ Not evaluated
ZRSR2	☐ Absent	☐ Present	☐ Not evaluated
Other; specify: _____	☐ Absent	☐ Present	

Next Generation Sequencing (NGS) performed at diagnosis: ☐ No ☐ Yes ☐ Unknown

DISEASE

Other AML classification: *(If applicable)*

☐ Acute panmyelosis with myelofibrosis
☐ Myeloid sarcoma (granulocytic sarcoma)
☐ Myeloid proliferations related to Down syndrome
☐ Blastic plasmacytoid dendritic cell neoplasm (BPDCN)

FAB classification: *(Optional)*

☐ AML with minimal differentiation (FAB M0)
☐ AML without maturation (FAB M1)
☐ AML with maturation (FAB M2)
☐ Acute promyelocytic leukaemia (FAB M3)
☐ Acute myelomonocytic leukaemia (FAB M4)
☐ Acute monoblastic and monocytic leukaemia (FAB M5)
☐ Acute erythroid leukaemia (FAB M6)
☐ Acute megakaryoblastic leukaemia (FAB M7)
☐ Not evaluated

Involvement at time of diagnosis:

Medullary involvement: ☐ No ☐ Yes ☐ Unknown

Extramedullary involvement: ☐ No ☐ Yes ☐ Unknown

Organs involved at time of diagnosis:

Skin: ☐ No ☐ Yes ☐ Not evaluated

CNS: ☐ No ☐ Yes ☐ Not evaluated

Testes/Ovaries: ☐ No ☐ Yes ☐ Not evaluated

Other; specify: _____ ☐ No ☐ Yes

Precursor Lymphoid Neoplasms (previously ALL)

DISEASE

Classification:

- ☐ B lymphoblastic leukaemia/lymphoma
- ☐ T lymphoblastic leukaemia/lymphoma
- ☐ Other precursor lymphoid neoplasm; specify: _____

Secondary origin: is this PLN related to prior exposure to therapeutic drugs or radiation?

☐ No

☐ Yes: (If not reported yet, complete respective non-indication diagnosis form in addition to the current form)

Due to exposure to:

- ☐ Chemotherapy / radiotherapy treated disease
- ☐ Immune suppression
- ☐ Other; specify _____
- ☐ Unknown

☐ Unknown

CHROMOSOME ANALYSIS

Chromosome analysis done at diagnosis:
(describe results of the analysis at time of diagnosis)

☐ No

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

☐ Unknown

If chromosome analysis was done:

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

What were the results?

☐ Normal

☐ Abnormal:

Number of abnormalities present: ____

Complex karyotype: ☐ No ☐ Yes ☐ Unknown

☐ Failed

CHROMOSOME ANALYSIS continued

For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated.

t(9;22)	☐ Absent	☐ Present	☐ Not evaluated
11q23 abnormalities (fill in only if 11q23 abnormality is present):	☐ Absent	☐ Present	☐ Not evaluated
t(4;11)	☐ Absent	☐ Present	☐ Not evaluated
Other abn(11q23); specify: _________	☐ Absent	☐ Present	
t(12;21)	☐ Absent	☐ Present	☐ Not evaluated
Hyperdiploidy > 46 chromosomes (fill in only if hyperdiploidy is present):	☐ Absent	☐ Present	☐ Not evaluated
51-67 chromosomes	☐ Absent	☐ Present	☐ Not evaluated
Trisomy; specify extra chromosome: _______	☐ Absent	☐ Present	☐ Not evaluated
Other hyperdiploid karyotype; number of chromosomes: ______	☐ Absent	☐ Present	
Hypodiploidy < 46 chromosomes (fill in only if hypodiploidy is present):	☐ Absent	☐ Present	☐ Not evaluated
Low hypodiploid: 32 - 39 chromosomes	☐ Absent	☐ Present	☐ Not evaluated
Near haploid: 24-31 chromosomes	☐ Absent	☐ Present	☐ Not evaluated
Monosomy; specify: _____________________	☐ Absent	☐ Present	☐ Not Evaluated
Other; number of chromosomes: _____	☐ Absent	☐ Present	
iAMP21 (intrachromosomal amplification of chromosome 21)	☐ Absent	☐ Present	☐ Not evaluated
t(5;14)(q31;q32)	☐ Absent	☐ Present	☐ Not evaluated
t(1;19)	☐ Absent	☐ Present	☐ Not evaluated
Trisomy 8	☐ Absent	☐ Present	☐ Not Evaluated
Other; specify: ___________	☐ Absent	☐ Present	

OR

Transcribe the complete karyotype: ____

MOLECULAR MARKER ANALYSIS

Molecular marker analysis at diagnosis:

☐ No

☐ Yes; **Date of molecular marker analysis:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

☐ Unknown

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

BCR-ABL *Molecular product of t(9;22)(q34;q11.2)*	☐ Absent	☐ Present	☐ Not evaluated
PML-RARα *Molecular product of t(15;17)*	☐ Absent	☐ Present	☐ Not evaluated
MLL (KMT2A)-rearrangement/mutation:	☐ Absent	☐ Present	☐ Not evaluated
AFF1(AF4)-MLL *M* *Molecular product of t(4;11)(q21;q23)*	☐ Absent	☐ Present	☐ Not evaluated
MLLT1(ENL)-MLL *Molecular product of t(11;19)(q23;p13.3)*	☐ Absent	☐ Present	☐ Not evaluated
MLLT3(AF9)-MLL *Molecular product of t(9;11)(p22;q23)*	☐ Absent	☐ Present	☐ Not evaluated
Other MLL-rearrangement; specify: _____	☐ Absent	☐ Present	
TEL(ETV6)-AML1(RUNX1) *Molecular product of t(12;21)(p13;q22)*	☐ Absent	☐ Present	☐ Not evaluated
IL3-IGH *Molecular product of translocation t(5;14)(q31;q32)*	☐ Absent	☐ Present	☐ Not evaluated
TCF3-PBX1 *Molecular product of translocation (1;19)(q23;p13.3)*	☐ Absent	☐ Present	☐ Not evaluated
IKZF1 (IKAROS)	☐ Absent	☐ Present	☐ Not evaluated
NOTCH1 / FBWX7	☐ Absent	☐ Present	☐ Not evaluated
PAX5	☐ Absent	☐ Present	☐ Not evaluated
KRAS	☐ Absent	☐ Present	☐ Not evaluated
NRAS	☐ Absent	☐ Present	☐ Not evaluated
PTEN	☐ Absent	☐ Present	☐ Not evaluated
FLT3	☐ Absent	☐ Present	☐ Not evaluated
PTPN11	☐ Absent	☐ Present	☐ Not evaluated
BCL/MYC-rearranged	☐ Absent	☐ Present	☐ Not evaluated
Other; specify: _____	☐ Absent	☐ Present	

MOLECULAR MARKER ANALYSIS continued

Ph-like ALL? *(Not applicable in Ph+ ALL (BCR/ABL present))*

☐ No (skip the table below)

☐ Yes (complete the table below)

☐ Not evaluated

CRFL2-P2RY8	☐ Absent	☐ Present	☐ Not evaluated
Other CRFL2 rearrangement; specify: _____	☐ Absent	☐ Present	
ABL1 rearrangement:	☐ Absent	☐ Present	☐ Not evaluated
ABL1-ETV6	☐ Absent	☐ Present	☐ Not evaluated
ABL1-NUP214	☐ Absent	☐ Present	☐ Not evaluated
Other ABL1 rearrangement; specify: _____	☐ Absent	☐ Present	
ABL2 rearrangement:	☐ Absent	☐ Present	☐ Not evaluated
ABL2-RCSD1	☐ Absent	☐ Present	☐ Not evaluated
Other ABL2 rearrangement; specify: _____	☐ Absent	☐ Present	
JAK2 rearrangement:	☐ Absent	☐ Present	☐ Not evaluated
JAK2-PAX5	☐ Absent	☐ Present	☐ Not evaluated
JAK2-BCR	☐ Absent	☐ Present	☐ Not evaluated
Other JAK2 rearrangement; specify: _____	☐ Absent	☐ Present	
EPOR rearrangement:	☐ Absent	☐ Present	☐ Not evaluated
EPOR-IGH	☐ Absent	☐ Present	☐ Not evaluated
Other EPOR rearrangement; specify: _____	☐ Absent	☐ Present	

Next Generation Sequencing (NGS) performed at diagnosis: ☐ No ☐ Yes ☐ Unknown

DISEASE

Involvement at time of diagnosis:

Medullary involvement: ☐ No ☐ Yes ☐ Unknown

Extramedullary involvement: ☐ No ☐ Yes ☐ Unknown

Organs involved at time of diagnosis:

Skin:	☐ No	☐ Yes	☐ Not evaluated
CNS:	☐ No	☐ Yes	☐ Not evaluated
Testes/Ovaries:	☐ No	☐ Yes	☐ Not evaluated
Other; specify: _____	☐ No	☐ Yes	

Extended dataset

Next Generation Sequencing (NGS)
For AML and PLN

Note: complete this form only if an NGS analyses was performed at diagnosis

Date of harvest on which NGS was performed: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*

Gene analysed	Mutation absent	Mutation present
☐ ABL1	☐	☐
☐ ALK	☐	☐
☐ ANKRD26	☐	☐
☐ ASXL1	☐	☐
☐ ASXL2	☐	☐
☐ ATM	☐	☐
☐ ATRX	☐	☐
☐ BAALC	☐	☐
☐ BCL2	☐	☐
☐ BCOR	☐	☐
☐ BCORL1	☐	☐
☐ BRAF	☐	☐
☐ CALR	☐	☐
☐ CBL	☐	☐
☐ CCND1	☐	☐
☐ CDKN2A	☐	☐
☐ CEBPA	☐	☐
☐ CREBBP	☐	☐
☐ CSF3R	☐	☐
☐ CUX1	☐	☐
☐ DDX41	☐	☐
☐ DNMT3A	☐	☐
☐ EGFR	☐	☐
☐ ETNK1	☐	☐
☐ ETV6	☐	☐
☐ EZH2	☐	☐
☐ FBXW7	☐	☐
☐ FGFR1	☐	☐
☐ FGFR2	☐	☐

Gene analysed	Mutation absent	Mutation present
☐ FLT3	☐	☐
☐ FUS	☐	☐
☐ GATA1	☐	☐
☐ GATA2	☐	☐
☐ GNAS	☐	☐
☐ HMGA2	☐	☐
☐ HRAS	☐	☐
☐ IDH1	☐	☐
☐ IDH2	☐	☐
☐ IKZF1	☐	☐
☐ JAK2	☐	☐
☐ KDM6A	☐	☐
☐ KIT	☐	☐
☐ KMT2A	☐	☐
☐ KRAS	☐	☐
☐ MECOM	☐	☐
☐ MET	☐	☐
☐ MPL	☐	☐
☐ MYBL1	☐	☐
☐ MYC	☐	☐
☐ MYD88	☐	☐
☐ MUH11	☐	☐
☐ NOTCH1	☐	☐
☐ NPM1	☐	☐
☐ NRAS	☐	☐
☐ NTRK3	☐	☐
☐ NUP214	☐	☐
☐ PDGFRA	☐	☐
☐ PDGFRB	☐	☐

Gene analysed	Mutation absent	Mutation present
☐ PHF6	☐	☐
☐ PRPF8	☐	☐
☐ PTEN	☐	☐
☐ PTPN11	☐	☐
☐ RAD21	☐	☐
☐ RARA	☐	☐
☐ RB1	☐	☐
☐ RBM15	☐	☐
☐ RUNX1	☐	☐
☐ SETBP1	☐	☐
☐ SF3B1	☐	☐
☐ SH2B3	☐	☐
☐ SMC1A	☐	☐
☐ SMC3	☐	☐
☐ SRSF2	☐	☐
☐ STAG2	☐	☐
☐ TCF3	☐	☐
☐ TET2	☐	☐
☐ TFE3	☐	☐
☐ TP53	☐	☐
☐ U2AF1	☐	☐
☐ WT1	☐	☐
☐ ZRSR2	☐	☐
☐ Other, specify: _____	☐	☐

Extended dataset

NGS continued

For each gene, specify per mutation:

Gene *(select from list)*

DNA mutation, specify: ________

Protein mutation, specify: ________

Exon, specify: ________

Frequency (VAF): ________ ☐ Unknown

Gene *(select from list)*

DNA mutation, specify: ________

Protein mutation, specify: ________

Exon, specify: ________

Frequency (VAF): ________ ☐ Unknown

Gene *(select from list)*

DNA mutation, specify: ________

Protein mutation, specify: ________

Exon, specify: ________

Frequency (VAF): ________ ☐ Unknown

Gene *(select from list)*

DNA mutation, specify: ________

Protein mutation, specify: ________

Exon, specify: ________

Frequency (VAF): ________ ☐ Unknown

Copy and paste this page as often as necessary to report all mutations on all genes with mutations

Other Acute Leukaemias

DISEASE

Classification:
Acute leukaemias of ambiguous lineage

☐ Acute undifferentiated leukaemia
☐ Mixed phenotype (B, T, NOS)
☐ Natural killer (NK) - cell lymphoblastic leukaemia/lymphoma
☐ Other; specify: __________

Secondary origin: is this other acute leukaemia related to prior exposure to therapeutic drugs or radiation?

☐ No
☐ Yes: (If not reported yet, complete respective non-indication diagnosis form in addition to the current form)

Due to exposure to: ☐ Chemotherapy / radiotherapy
☐ Immune suppression
☐ Other; specify _____________
☐ Unknown

☐ Unknown

CHROMOSOME ANALYSIS

Chromosome analysis done at diagnosis:
(describe results of the analysis at time of diagnosis)

☐ No
☐ Yes: **Output of analysis:** ☐ Separate abnormalities ☐ Full karyotype
☐ Unknown

If chromosome analysis was done:

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

What were the results?

☐ Normal
☐ Abnormal:

Number of abnormalities present: ____
Complex karyotype: ☐ No ☐ Yes ☐ Unknown

Chromosomal abnormalities; specify: __________ ☐ Absent ☐ Present

OR

Transcribe the complete karyotype:___________

☐ Failed

DISEASE

Involvement at time of diagnosis:

Medullary involvement:	☐ No	☐ Yes	☐ Unknown
Extramedullary involvement:	☐ No	☐ Yes	☐ Unknown

Organs involved at time of diagnosis:

Skin:	☐ No	☐ Yes	☐ Not evaluated
CNS:	☐ No	☐ Yes	☐ Not evaluated
Testes/Ovaries	☐ No	☐ Yes	☐ Not evaluated
Other; specify: _____	☐ No	☐ Yes	

ACUTE LEUKAEMIAS

Extended dataset

FIRST LINE THERAPIES (from diagnosis to 1st HCT/CT)

First lines of therapy before HCT/CT :

☐ No

☐ Yes: **complete the "Treatment -- non-HCT/CT/GT/IST" form**

☐ Unknown