



<b>Document Type</b>		Form
<b>Index Number</b>		Registry 95
<b>Version Number</b>		1.0
<b>Title</b>		PCD incl. MM
<b>Author</b>		Annelot van Amerongen
<b>Authorised By</b>		Annelot van Amerongen
<b>Authorised On</b>		22-Aug-2023
<b>Release Date:</b>		22-Aug-2023

## PLASMA CELL DISORDERS (PCD) incl. MULTIPLE MYELOMA (MM)

### 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:**

<input type="checkbox"/> Multiple myeloma (MM)	<input type="checkbox"/> MM; heavy chain and light chain  <input type="checkbox"/> MM; light chain only	Heavy chain type: <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	Light chain type: <input type="checkbox"/> Kappa <input type="checkbox"/> Lambda <input type="checkbox"/> Unknown
<input type="checkbox"/> MM; non-secretory			
<input type="checkbox"/> Unknown			
<input type="checkbox"/> Plasma cell leukaemia			
<input type="checkbox"/> Solitary plasmacytoma of bone			
<input type="checkbox"/> Systemic AL Amyloidosis			
<input type="checkbox"/> POEMS (Polyneuropathy, Organomegaly, Endocrinopathy/Edema, Monoclonal-protein, Skin changes)			
<input type="checkbox"/> Monoclonal light and heavy chain deposition disease (LCDD/HCDD)			
<input type="checkbox"/> Other; specify: _____			

## STAGING

*Multiple myeloma 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: any ISS 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 OR 3.5 ≤ 5.5	< 35 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 Systemic AL Amyloidosis.*

**Chromosome analysis at diagnosis (all methods including FISH):**

*(Include all analyses before treatment; describe results of the most recent complete analysis)*

- Not done or failed
- Yes, abnormal results: number of abnormalities present: \_\_\_\_\_
- Unknown

**Date of chromosome analysis (if tested):** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

**Chromosome analysis method:**  Karyotyping  
 FISH

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

<b>del(13q14)</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>abn(17q)</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>t(4;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>1q amplification</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>Hyperdiploidy</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>t(14;20)</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>1q gain</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: \_\_\_\_\_