



Document Type		Form
Index Number		Registry 131
Version Number		1.0
Title		Chronic Leukaemias
Author		Annelot van Amerongen
Authorised By		Annelot van Amerongen
Authorised On		22-Aug-2023
Release Date:		22-Aug-2023



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)

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:

- Chronic myeloid leukaemia (CML)
- Chronic lymphoid leukaemia (CLL)
- Polymphocytic (PLL) and other chronic leukaemias

Chronic Myeloid Leukaemias (CML)

CHROMOSOME ANALYSIS

Chromosome analysis done before treatment (all methods including FISH):
 (Describe results of the most recent complete analysis)

- Not done or failed
- Yes, abnormal results: number of abnormalities present: _____
- Yes, normal results
- Unknown

Date of chromosome analysis (if tested): ____/____/____ (YYYY/MM/DD)

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

t(9;22)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
trisomy 8	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
extra Ph	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
i(17)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
-7/Del	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
3q26	<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: _____

MOLECULAR MARKER ANALYSIS

Molecular markers analysis done before treatment:

- No
 Yes
 Unknown

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

ASXL1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
BCORL1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
BCR-ABL1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
CBFB-MYH11	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
EZH2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
IDH1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
IKZF1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
KMT2D	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
RUNX1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
SETD1B	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
TET2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
TP53	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

PREVIOUS THERAPIES

(between diagnosis and HCT/CT)

Previous therapies between diagnosis and the HCT/CT:

- No
 Yes: complete for each treatment line:

Line of treatment	Drug	Start date (YYYY/MM/DD)
1	<input type="checkbox"/> Imatinib <input type="checkbox"/> Nilotinib <input type="checkbox"/> Dasatinib <input type="checkbox"/> Bosutinib <input type="checkbox"/> Ponatinib <input type="checkbox"/> Asciminib <input type="checkbox"/> Other drug, specify: _____	____/____/____
2	<input type="checkbox"/> Imatinib <input type="checkbox"/> Nilotinib <input type="checkbox"/> Dasatinib <input type="checkbox"/> Bosutinib <input type="checkbox"/> Ponatinib <input type="checkbox"/> Asciminib <input type="checkbox"/> Other drug, specify: _____	____/____/____
3	<input type="checkbox"/> Imatinib <input type="checkbox"/> Nilotinib <input type="checkbox"/> Dasatinib <input type="checkbox"/> Bosutinib <input type="checkbox"/> Ponatinib <input type="checkbox"/> Asciminib <input type="checkbox"/> Other drug, specify: _____	____/____/____

Copy this table to enter more lines if necessary

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

MOLECULAR MARKER ANALYSIS

Molecular markers analysis done before treatment:

- No
 Yes
 Unknown

IGVH mutational status: Absent Present; **High risk subset?** No Yes

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

TP53 mutations	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

PREVIOUS THERAPIES (between diagnosis and HCT/CT)

Previous therapy lines before the HCT/CT:

- No
 Yes (complete the table below)

Line of treatment	Chemo/regimen used*	Treatment start date (YYYY/MM/DD)	Treatment end date (YYYY/MM/DD)	Reason for treatment withdrawal
1		____/____/____	____/____/____ <input type="checkbox"/> Date unknown	<input type="checkbox"/> Planned withdrawal <input type="checkbox"/> Toxicity <input type="checkbox"/> Progression or insufficient response <input type="checkbox"/> Other reason <input type="checkbox"/> Unknown
2		____/____/____	____/____/____ <input type="checkbox"/> Date unknown	<input type="checkbox"/> Planned withdrawal <input type="checkbox"/> Toxicity <input type="checkbox"/> Progression or insufficient response <input type="checkbox"/> Other reason <input type="checkbox"/> Unknown
3		____/____/____	____/____/____ <input type="checkbox"/> Date unknown	<input type="checkbox"/> Planned withdrawal <input type="checkbox"/> Toxicity <input type="checkbox"/> Progression or insufficient response <input type="checkbox"/> Other reason <input type="checkbox"/> Unknown
4		____/____/____	____/____/____ <input type="checkbox"/> Date unknown	<input type="checkbox"/> Planned withdrawal <input type="checkbox"/> Toxicity <input type="checkbox"/> Progression or insufficient response <input type="checkbox"/> Other reason <input type="checkbox"/> Unknown

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

Prolymphocytic (PLL) and Other Chronic Leukaemias

DISEASE

Sub-Classification: Prolymphocytic and other chronic leukaemias

<input type="checkbox"/> Prolymphocytic leukaemia (PLL) <ul style="list-style-type: none"> <input type="checkbox"/> PLL; B-cell <input type="checkbox"/> PLL; T-cell
<input type="checkbox"/> Hairy cell leukaemia
<input type="checkbox"/> Hairy cell leukaemia variant (atypic)
<input type="checkbox"/> Other chronic leukaemia; specify: _____

CHROMOSOME ANALYSIS - *only applicable for PLL*

Chromosome analysis done before treatment (all methods including FISH):
 (Describe results of the most recent complete analysis)

- Not done or failed
- Yes, abnormal results: number of abnormalities present: _____
- Yes, normal results
- Unknown

Date of chromosome analysis (if tested): ____/____/____ (YYYY/MM/DD)

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

inv(14)/ t(14;14)(q11;q32)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del(14)(q12)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(11;14)(q23;q11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(7;14)(q35;q32.1)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(X;14)(q35;q11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
idic(8)(p11)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del(17p)	<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: _____

IMMUNOPHENOTYPING
*only applicable for T-cell PLL***Immunophenotype of T-cells at diagnosis:**

Note: Terminal deoxynucleotidyl transferase (TdT) must be negative.

- No
 Yes
 Unknown

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

CD4+	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
CD8+	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated

Lymphocyte count at diagnosis: _____ 10⁹ cells/L Not evaluated Unknown

Was mantle cell lymphoma excluded at diagnosis:

- No
 Yes; method: FISH on t(11;14)(q23;q11)
 Cyclin D1 expression
 Both
 Other