

EBMT Centre Identification Code (CIC):	Treatment Type HCTCCT GT IST Other
Hospital Unique Patient Number (UPN):	
Patient Number in EBMT Registry:	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 (WHO 2022):			
☐ Chronic myeloid leukaemia (CML)			
Chronic lymphocytic leukaemia (CLL) / small lymphocytic lymphoma (SLL) / Richter transformation			
☐ Prolymphocytic (PLL) and other chronic leukaemias			



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Chronic My	eloid Leuka	emias (CML)
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Assessments at diagnosis			
xtended dataset			
Status of disease:			
☐ Chronic phase ☐ Accelerated phase ☐ Blast	crisis Unknown		
Haematological values:			
Haemoglobin (g/dL):	☐ Not evaluated ☐ Unknown		
Platelets (10 ⁹ /L):	☐ Not evaluated ☐ Unknown		
White Blood cells (109/L):	☐ Not evaluated ☐ Unknown		
Absolute basophils (109/L):	☐ Not evaluated ☐ Unknown		
% basophils:	☐ Not evaluated ☐ Unknown		
% blasts : Not evaluated Unknown			
Bone marrow If the precise blast count is not available, please indicate whether it is: Not evaluated			
If the precise blast count is not available, please indicate whether it is:		☐ Unknown	
Spleen assessment			
Palpable splenomegaly: Absent Present Not evaluated		ated 🔲 Unknown	
If present: physical examination: cm (below costal margin)		ated Unknown	
Spleen span on ultrasound or CT scan: cm (maximum diameter)			



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Chronic	Myeloid	Leukaemias	(CML)
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	CHROMO	SOME ANALYSI	S		
	hafana HOTIOT tua	- 4			
escribe results of all the analysis done	before HCT/CT trea	atment			
☐ No	Yes: Output of analysis: Separate abnormalities Full karyotype				
	Copy and fill-in thi	s section as often a	s necessary.		
If chromosome analysis was done:					
What were the results?					
 Normal □ Abnormal: number of abnormalities present: □ Failed 					
Date of chromosome analysis:	II(YY)	YY/MM/DD) □ ι	Jnknown		
For abnormal results, indicate below w	whether the abnorma	alities were absent,	present or not evaluate	ed.	
t(9;22)	Absent	☐ Present	☐ Not evaluated	Unknown	
Trisomy 8	Absent	☐ Present	☐ Not evaluated	Unknown	
Extra Ph	Absent	☐ Present	☐ Not evaluated	Unknown	
i(17)	Absent	☐ Present	☐ Not evaluated	Unknown	
-7/Del	Absent	☐ Present	☐ Not evaluated	Unknown	
3q26	Absent	☐ Present	☐ Not evaluated	Unknown	
Other; specify:	☐ Absent	☐ Present			
		OD			
		OR			
Transcribe the complete karyotype:					



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MOLECULAR MARKER ANALYSIS					
Molecular markers analysis o No Yes Unknown	☐ Yes				
	Copy and fill-in t	his section as often as	necessary.		
If molecular marker analysis was	nalysis: / _				
Indicate below whether the mar	·			- Links avva	
ASXL1	Absent	Present	☐ Not evaluated	Unknown	
BCORL1	Absent	Present	☐ Not evaluated	Unknown	
BCR::ABL1	Absent	Present	☐ Not evaluated	Unknown	
CBFB-MYH11	Absent	Present	Not evaluated	Unknown	
EZH2	Absent	☐ Present	☐ Not evaluated	Unknown	
IDH1	Absent	☐ Present	☐ Not evaluated	Unknown	
IKZF1	Absent	☐ Present	☐ Not evaluated	Unknown	
KMT2D	☐ Absent	☐ Present	☐ Not evaluated	Unknown	
RUNX1	☐ Absent	☐ Present	☐ Not evaluated	Unknown	
SETD1B	☐ Absent	☐ Present	☐ Not evaluated	Unknown	
TET2	Absent	☐ Present	☐ Not evaluated	Unknown	
TP53	Absent	Present:	☐ Not evaluated	Unknown	
TP53 mutation type: ☐ Single hit					
☐ Multi hit					
☐ Unknown					
Other; specify	Absent	☐ Pres	ent		
PREVIOUS THERAPIES (between diagnosis and HCT/CT)					
Previous therapy lines before the HCT/CT/GT:					
□ No					

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



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Chronic Lymphocytic Leukaemias (CLL)

DISEASE				
Sub-Classification (WHO 2022):				
☐ Chronic lymphocytic leukaemia (CLL) / small	lymphocytic lymphom	a (SLL)		
☐ Richter transformation:				
Transformed from a previous known CLL:	☐ No (primary Richt	er)		
	Yes; Date of original Unknown		esis: / / _	_ (YYYY/MM/DD)
Type of Richter transformation:	☐ Hodgkin			
	☐ DLBCL			
	Other; specify:			
Richter transformation clonally related to	CLL: □ No			
incines aumorormanon oromany rotates to	☐ Yes			
	_			
CI	HROMOSOME ANA	ALYSIS		
Describe results of all the analysis done before HO	CT/CT treatment			
Chromosome analysis done before HCT/CT t	reatment:			
□ No				
Yes: Output of analysis: Separate ab	normalities	ıll karyotype		
Unknown				
Copy and	fill-in this section as o	ften as necessar	ry.	
If chromosome analysis was done:				
What were the results?				
Normal				
☐ Abnormal: number of abnormalities prese	nt:			
☐ Failed				
Date of chromosome analysis:				
For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated.				
Trisomy 12	☐ Absent	☐ Present	☐ Not evaluated	□ Unknown
del(13q14)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del(11q22-23)		☐ Present	☐ Not evaluated	Unknown
del(17p)	Absent	☐ Present	☐ Not evaluated	Unknown
Other; specify:	Absent	Present		_
	27			
Transcribe the complete karyotype:	OR			



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MOLECULAR MARKER ANALYSIS

Molecular	markers analysis done before HCT/CT treatment:
□ No	
☐ Yes	
☐ Unknow	<i>n</i>
	Copy and fill-in this section as often as necessary.
If molec	cular marker analysis was done:
Date	of molecular marker analysis: / / (YYYY/MM/DD) Unknown
IGVH r	nutational status:
Indicate	below whether the markers were absent, present or not evaluated.
TP53	☐ Absent ☐ Present; ☐ Not evaluated ☐ Unknown
	TP53 mutation type: ☐ Single hit
	Multi hit
	☐ Unknown
Other;	specify: Absent Present
	PREVIOUS THERAPIES
	(between diagnosis and HCT/CT)
Previous	therapy lines before the HCT/CT:
☐ No	
☐ Yes:	complete the "Treetment — non HCT/CT/CT/IST" form
□ 103.	complete the "Treatment — non-HCT/CT/GT/IST" form

☐ Unknown



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PREVIOUS THERAPIES (between diagnosis and HCT/CT)

Extended dataset				
Answer the questions below for treated patients only:				
Purine analogue-re (non response or rela	fractory? apse within 6 months after completion of pui	ine analogue-containing c	hemotherap _!	у)
☐ No ☐ Yes ☐ No purine analog ☐ Unknown	gue-containing chemotherapy treatment			
Resistance to a BTI	K inhibitor?			
Absent	☐ Present	☐ No BTK inhibitor treate	ment 🔲 Un	known
If present: h	nas any testing on the resistance mechan	ism been performed?		
☐ No				
☐ Yes:	What was tested? (select all that apply)	What was the result ?	?	
_	Structural changes in the BTK protein	☐ Absent ☐ Pres	sent	
	Structural changes in downstream protein	s Absent Pres	sent	
	Other; specify:	☐ Absent ☐ Pres	sent	
☐ Unkno	own			
Resistance to a BC	L2 inhibitor?			
Absent	☐ Present	☐ No BCL2 inhibitor trea	atment 🔲 U	nknown
If present: has	s any testing on the resistance mechanis	m been performed?		
☐ No				
☐ Yes: w	hat was tested? (select all that apply)	What was the result?		
	Structural changes in the BCL2 protein	☐ Absent ☐ Present		
	Structural changes in downstream proteins	☐ Absent ☐ Present		
Other; specify: Absent Present				
☐ Unknow	<i>y</i> n			
	···			

ЕВМТ	EBMT Centre Identification Code (CIC): Hospital Unique Patient Number (UPN): Patient Number in EBMT Registry:	Treatment Type HCT CT GT IST Other Treatment Date/_/_(YYYY/MM/DD)
	Prolymphocytic (PLL) and Other	Chronic Leukaemias
	DISEASE	

Prolymphocytic (PLL) and Other Chronic Leukaemias				
	DISEA	SE		
Sub-Classification (WHO 2022): P	rolymphocytic and other chro	nic leukaemias		
☐ T-prolymphocytic leukaemia (T-	PLL)			
☐ Hairy cell leukaemia				
☐ Splenic B-cell lymphoma/leukae	emia with prominent nucleoli ((SBLPN)		
Other chronic leukaemia; speci	fy:			
	CHROMOSOME only applicable			
Describe results of all the analysis do	ne before HCT/CT treatment			
Chromosome analysis done befo	ore HCT/CT treatment:			
□ No				
	eparate abnormalities 🔲	Full karyotype		
☐ Unknown	_			
	Copy and fill-in this section	as often as nece	ssary.	
If ahramasama analysis was d	ono:			
If chromosome analysis was d What were the results?	one:			
	☐ Normal☐ Abnormal: number of abnormalities present:			
Failed				
Date of chromosome analysis: I (YYYY/MM/DD) ☐ Unknown				
For abnormal results, indicate belo	w whether the abnormalities v	were absent, pres	sent or not evaluated.	
inv(14)/ t(14;14)(q11;q32)	☐ Absent	☐ Present	☐ Not evaluated	Unknown
del(14)(q12)	☐ Absent	☐ Present	☐ Not evaluated	Unknown
t(11;14)(q23;q11)	☐ Absent	☐ Present	☐ Not evaluated	Unknown
t(7;14)(q35;q32.1)	☐ Absent	Present	☐ Not evaluated	Unknown
t(X;14)(q35;q11)	☐ Absent	☐ Present	☐ Not evaluated	Unknown
idic(8)(p11)	☐ Absent	Present	☐ Not evaluated	☐ Unknown
del(17p)	☐ Absent	Present	☐ Not evaluated	Unknown
Other; specify:	☐ Absent	Present		
	OR			

Transcribe the complete karyotype: _____



☐ No

☐ Unknown

 $\begin{tabular}{ll} \square Yes; & \textbf{method}: \square FISH on t(11;14)(q23;q11) \\ \end{tabular}$

☐ Both ☐ Other

☐ Cyclin D1 expression

ЕВМТ	EBMT Centre Identification Code (CIC): Hospital Unique Patient Number (UPN): Patient Number in EBMT Registry:	Treatment Type HCT CT GT IST Other Treatment Date/(YYYY/MM/DD)
	IMMUNOPHENOTYPII only applicable for T-P	
Note: Termin	enotype of T-cells at diagnosis: nal desoxynucleotidyl transferase (TdT) <u>must</u> be negative. w whether the phenotypes were absent, present or not evalua	ated.
CD4+	☐ Absent	☐ Present ☐ Not evaluated ☐ Unknown
CD8+	Absent	☐ Present ☐ Not evaluated ☐ Unknown
	e count at diagnosis: 10 ⁹ cells/L	evaluated 🔲 Unknown

☐ Unknown



EBMT Centre Identification Code (CIC):
Hospital Unique Patient Number (UPN):
Patient Number in FRMT Registry

Treatment Type	нст[] СТ	GT IST Other
Treatment Date	1	1	(YYYY/MM/DD)

Prolymphocytic (PLL) and Other Chronic Leukaemias

		PREVIOUS THERA (between diagnosis an	
Previous	therany l	lines before the HCT/CT:	
□ No	пістару і	inies before the fiction.	
☐ Yes:	comple	ete the "Treatment $-$ non-HCT/CT/GT/IST" forr	n
□ Unkno	21412		
	-	ons below for treated patients only:	
Purine an (non respo	_	e <mark>fractory?</mark> lapse within 6 months after completion of purine an	alogue-containing chemotherapy)
☐ No			
☐ Yes			
☐ No pur	ine analo	gue-containing chemotherapy treatment	
☐ Unkno	wn		
Resistanc	e to a BT	ΓK inhibitor?	
☐ Abse	nt	☐ Present ☐ No	BTK inhibitor treatment 🔲 Unknown
If p	resent: h	as any testing on the resistance mechanism be	en performed?
	☐ No		
	Yes:	What was tested? (select all that apply) What	at was the result ?
		Structural changes in the BTK protein	Absent Present
		Structural changes in downstream proteins	Absent Present
		Other; specify:	Absent Present
	☐ Unkn	own	
Resistan	— ce to a Bo	CL2 inhibitor?	
☐ Abse	ent	☐ Present ☐ N	lo BCL2 inhibitor treatment□ Unknown
If	present:	has any testing on the resistance mechanism b	peen performed?
	∏ No		
	_	What was tested? (select all that apply)	What was the result ?
	☐ Yes	Structural changes in the BCL2 protein	Absent Present
		Structural changes in downstream proteins	Absent Present
		Other; specify:	☐ Absent ☐ Present
	☐ Unl	known	