

PLASMA CELL NEOPLASMS (PCN)

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):

☐ Plasma cell (multiple) myeloma (PCM)	☐ Heavy chain and light chain	Heavy chain type: ☐ IgG ☐ IgA ☐ IgD ☐ IgE ☐ IgM (not Waldenstrom) ☐ Unknown	Light chain type: ☐ Kappa ☐ Lambda ☐ Unknown
	☐ Light chain only		
	☐ Non-secretory		
	☐ Unknown		
☐ Plasma cell leukaemia			
☐ Solitary plasmacytoma of bone			
☐ Immunoglobulin-related (AL) amyloidosis			
☐ POEMS (Polyneuropathy, Organomegaly, Endocrinopathy/Edema, Monoclonal-protein, Skin changes)			
☐ Monoclonal immunoglobulin deposition disease			
☐ Other; specify: _____			

STAGING

PCM only

Staging at diagnosis:

Revised ISS:

Stage
☐ I: ISS I without high risk FISH (del(17p) and/or t(4;14) and/or t(14;16) and normal LDH
☐ II: not R-ISS I or III
☐ III: ISS III with high risk FISH (del(17p) and/or t(4;14) and/or t(14;16)) and/or high LDH
☐ Unknown

ISS:

Stage	$\beta 2$ - μ glob (mg/L)	Albumin (g/L)
☐ I	< 3.5	> 35
☐ II	< 3.5 OR 3.5 $\leq$ 5.5	< 35 any
☐ III	> 5.5	any
☐ Unknown		

Extramedullary disease (EMD):

☐ No				
☐ Yes	EMD diagnosed on MRI	☐ No	☐ Yes	☐ Unknown
	EMD diagnosed on PET-CT	☐ No	☐ Yes	☐ Unknown
	Location of EMD	☐ Paraskeletal	☐ Organ	☐ Both ☐ Unknown
	Number of sites: _____ ☐ Unknown			
	Specify organ: _____			
☐ Unknown				



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)

CHROMOSOME ANALYSIS**Chromosome analysis done at diagnosis:**☐ No☐ Yes:**Output of analysis:** ☐ Separate abnormalities☐ Full karyotype☐ Unknown*If chromosome analysis was done:***What were the results?**☐ Normal☐ Abnormal: number of abnormalities present: _____☐ Failed**Date of chromosome analysis:** ____/____/____ (YYYY/MM/DD) ☐ Unknown**Chromosome analysis method used:** ☐ Karyotyping☐ FISH

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

1q amplification (4 or more copies)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
1q gain (3 copies)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
abn(17q)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del1p	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del(17p)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del(13q14)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Hyperdiploidy	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
myc rearrangement	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
t(4;14)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
t(6;14)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
t(11;14)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
t(14;16)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
t(14;20)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other; specify: _____	☐ Absent	☐ Present		

OR

Transcribe the complete karyotype: _____