



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)

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 Myeloid Leukaemias (CML)

Assessments at diagnosis

Extended dataset

Status of disease:

Chronic phase Accelerated phase Blast crisis Unknown

Haematological values:

Peripheral blood

Haemoglobin (g/dL): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Platelets (10 ⁹ /L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
White Blood cells (10 ⁹ /L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Absolute basophils (10 ⁹ /L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
% basophils: _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
% blasts : _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

Bone marrow

% blasts: _____	If the precise blast count is not available, please indicate whether it is:	<input type="checkbox"/> Not evaluated
	<input type="checkbox"/> ≤ 5% <input type="checkbox"/> > 5%	<input type="checkbox"/> Unknown

Spleen assessment

Palpable splenomegaly: <input type="checkbox"/> Absent <input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
If present: physical examination: _____ cm (below costal margin)	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Spleen span on ultrasound or CT scan: _____ cm (maximum diameter)	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown



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Chronic Myeloid Leukaemias (CML)

CHROMOSOME ANALYSIS

Describe results of all the analysis done before HCT/CT treatment

Chromosome analysis done before HCT/CT treatment:

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

Copy and fill-in this section as often as necessary.

If chromosome analysis was done:

What were the results?

- Normal
 Abnormal: number of abnormalities present: _____
 Failed

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

For abnormal results, 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	<input type="checkbox"/> Unknown
Trisomy 8	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Extra Ph	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
i(17)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
-7/Del	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
3q26	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		

OR

Transcribe the complete karyotype: _____

MOLECULAR MARKER ANALYSIS

Molecular markers analysis done before HCT/CT treatment:

- No
 Yes
 Unknown

Copy and fill-in this section as often as necessary.

If molecular marker analysis was done:

Date of molecular marker analysis: ____/____/____ (YYYY/MM/DD) 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	<input type="checkbox"/> Unknown
BCORL1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
BCR::ABL1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
CBFB-MYH11	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
EZH2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IDH1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IKZF1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
KMT2D	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
RUNX1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
SETD1B	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TET2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TP53	<input type="checkbox"/> Absent	<input type="checkbox"/> Present:	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TP53 mutation type: <input type="checkbox"/> Single hit <input type="checkbox"/> Multi hit <input type="checkbox"/> Unknown				
Other; specify _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		

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

Chronic Lymphocytic Leukaemias (CLL)

DISEASE

Sub-Classification (WHO 2022):
 Chronic lymphocytic leukaemia (CLL) / small lymphocytic lymphoma (SLL)

 Richter transformation:

Transformed from a previous known CLL: No (primary Richter)

 Yes; **Date of original CLL diagnosis:** ____/____/____ (YYYY/MM/DD)

 Unknown

Type of Richter transformation:
 Hodgkin

 DLBCL

 Other; specify: _____

 Unknown

Richter transformation clonally related to CLL: No

 Yes

 Unknown

CHROMOSOME ANALYSIS

Describe results of all the analysis done before HCT/CT treatment
Chromosome analysis done before HCT/CT treatment:
 No

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

 Unknown

Copy and fill-in this section as often as necessary.

If chromosome analysis was done:
What were the results?
 Normal

 Abnormal: number of abnormalities present: _____

 Failed

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

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

Trisomy 12	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(13q14)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(11q22-23)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(17p)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present		

OR

Transcribe the complete karyotype: _____



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MOLECULAR MARKER ANALYSIS

Molecular markers analysis done before HCT/CT treatment:

- No
- Yes
- Unknown

Copy and fill-in this section as often as necessary.

If molecular marker analysis was done:

Date of molecular marker analysis: ____/____/____ (YYYY/MM/DD) Unknown

IGVH mutational status: Absent Present Not evaluated Unknown

High risk subset? No Yes Unknown

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

TP53	<input type="checkbox"/> Absent	<input type="checkbox"/> Present;	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
	TP53 mutation type:			
	<input type="checkbox"/> Single hit			
	<input type="checkbox"/> Multi hit			
	<input type="checkbox"/> Unknown			
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 "Treatment — non-HCT/CT/GT/IST" form
- Unknown

PREVIOUS THERAPIES
(between diagnosis and HCT/CT)

Extended dataset

Answer the questions below for treated patients only:

Purine analogue-refractory?

(non response or relapse within 6 months after completion of purine analogue-containing chemotherapy)

- No
 Yes
 No purine analogue-containing chemotherapy treatment
 Unknown

Resistance to a BTK inhibitor?

- Absent Present No BTK inhibitor treatment Unknown

If present: has any testing on the resistance mechanism been performed?

No

Yes:

What was tested? (select all that apply)	What was the result ?
<input type="checkbox"/> Structural changes in the BTK protein	<input type="checkbox"/> Absent <input type="checkbox"/> Present
<input type="checkbox"/> Structural changes in downstream proteins	<input type="checkbox"/> Absent <input type="checkbox"/> Present
<input type="checkbox"/> Other; specify: _____	<input type="checkbox"/> Absent <input type="checkbox"/> Present

Unknown

Resistance to a BCL2 inhibitor?

- Absent Present No BCL2 inhibitor treatment Unknown

If present: has any testing on the resistance mechanism been performed?

No

Yes:

What was tested? (select all that apply)	What was the result ?
<input type="checkbox"/> Structural changes in the BCL2 protein	<input type="checkbox"/> Absent <input type="checkbox"/> Present
<input type="checkbox"/> Structural changes in downstream proteins	<input type="checkbox"/> Absent <input type="checkbox"/> Present
<input type="checkbox"/> Other; specify: _____	<input type="checkbox"/> Absent <input type="checkbox"/> Present

Unknown

Prolymphocytic (PLL) and Other Chronic Leukaemias

DISEASE

Sub-Classification (WHO 2022): Prolymphocytic and other chronic leukaemias

- T-prolymphocytic leukaemia (T-PLL)
- Hairy cell leukaemia
- Splenic B-cell lymphoma/leukaemia with prominent nucleoli (SBLPN)
- Other chronic leukaemia; specify: _____

CHROMOSOME ANALYSIS - *only applicable for T-PLL*

Describe results of all the analysis done before HCT/CT treatment

Chromosome analysis done before HCT/CT treatment:

- No
- Yes: output of analysis: Separate abnormalities Full karyotype
- Unknown

Copy and fill-in this section as often as necessary.

If chromosome analysis was done:

What were the results?

- Normal
- Abnormal: number of abnormalities present: _____
- Failed

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

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

OR

Transcribe the complete karyotype: _____



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IMMUNOPHENOTYPING
only applicable for T-PLL

Immunophenotype of T-cells at diagnosis:

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

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

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
- Unknown

Unknown

Prolymphocytic (PLL) and Other Chronic Leukaemias

Extended dataset

PREVIOUS THERAPIES (between diagnosis and HCT/CT)

Previous therapy lines before the HCT/CT:

- No
- Yes: complete the "Treatment — non-HCT/CT/GT/IST" form
- Unknown

Answer the questions below for treated patients only:

Purine analogue-refractory?

(non response or relapse within 6 months after completion of purine analogue-containing chemotherapy)

- No
- Yes
- No purine analogue-containing chemotherapy treatment
- Unknown

Resistance to a BTK inhibitor?

- Absent Present No BTK inhibitor treatment Unknown

If present: has any testing on the resistance mechanism been performed?

No

Yes:

What was tested? <i>(select all that apply)</i>	What was the result ?
<input type="checkbox"/> Structural changes in the BTK protein	<input type="checkbox"/> Absent <input type="checkbox"/> Present
<input type="checkbox"/> Structural changes in downstream proteins	<input type="checkbox"/> Absent <input type="checkbox"/> Present
<input type="checkbox"/> Other; specify: _____	<input type="checkbox"/> Absent <input type="checkbox"/> Present

Unknown

Resistance to a BCL2 inhibitor?

- Absent Present No BCL2 inhibitor treatment Unknown

If present: has any testing on the resistance mechanism been performed?

No

Yes:

What was tested? <i>(select all that apply)</i>	What was the result ?
<input type="checkbox"/> Structural changes in the BCL2 protein	<input type="checkbox"/> Absent <input type="checkbox"/> Present
<input type="checkbox"/> Structural changes in downstream proteins	<input type="checkbox"/> Absent <input type="checkbox"/> Present
<input type="checkbox"/> Other; specify: _____	<input type="checkbox"/> Absent <input type="checkbox"/> Present

Unknown