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)*

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: _____		

Extended dataset

Clinical and laboratory data (at diagnosis)**:**

Haemoglobin (g/dL): _____	☐ Not evaluated	☐ Unknown
Serum creatinine (µmol/L): _____	☐ Not evaluated	☐ Unknown
Serum calcium (mmol/L): _____	☐ Not evaluated	☐ Unknown
Serum albumin (g/L): _____	☐ Not evaluated	☐ Unknown
Serum β2 microglobulin (mg/L): _____	☐ Not evaluated	☐ Unknown

LDH levels (at diagnosis)**:**

LDH (IU/L): _____ ☐ Not evaluated ☐ Unknown

Reference range:

LDH lower limit (IU/L): _____ ☐ Not evaluated ☐ Unknown

LDH upper limit (IU/L): _____ ☐ Not evaluated ☐ Unknown

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		β2-µglob (mg/L)	Albumin (g/L)
☐ I		< 3.5	> 35
☐ II		< 3.5	< 35
	OR	3.5 ≤ 5.5	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
	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: ____

IMMUNOGLOBULIN-RELATED (AL) AMYLOIDOSIS

Extended dataset

Evidence of underlying Plasma Cell Neoplasm

☐ No

☐ Yes:
- ☐ Monoclonal gammopathy
- ☐ Plasma cell (multiple) myeloma
- ☐ Other B-cell malignancy, specify _____

In case of Plasma cell (multiple) myeloma

Immunoglobulins *(select one as applicable)*:
- ☐ Absent
- ☐ IgG
- ☐ IgA
- ☐ IgD
- ☐ IgE
- ☐ IgM
- ☐ Not evaluated
- ☐ Unknown

Light chain *(select one as applicable)*:
- ☐ Absent
- ☐ Kappa
- ☐ Lambda
- ☐ Not evaluated

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	β2-μglob (mg/L)	Albumin (g/L)
☐ I	< 3.5	> 35
☐ II	< 3.5	< 35
	from 3.5 to 5.5	any
☐ III	> 5.5	any
☐ Unknown		

ASSESSMENTS AT DIAGNOSIS

Extended dataset

METHODS USED AT DIAGNOSIS

Positive immunohistochemistry	☐ No	☐ Yes	☐ Unknown
Mass spectrometry	☐ No	☐ Yes	☐ Unknown
Immunoelectron microscopy	☐ No	☐ Yes	☐ Unknown
Proteomic analysis	☐ No	☐ Yes	☐ Unknown

CLINICAL LABORATORY DATA

Total urinary protein excretion (mg/24 h): _____	☐ Not evaluated	☐ Unknown
eGFR: _____	☐ Not evaluated	☐ Unknown
Serum alkaline phosphatase (IU/L): _____	☐ Not evaluated	☐ Unknown
Serum bilirubin (mg/dL): _____	☐ Not evaluated	☐ Unknown

CARDIAC LABORATORY DATA

Serum NT-pro-BNP (ng/L): _____	☐ Not evaluated	☐ Unknown
Serum BNP (ng/L): _____	☐ Not evaluated	☐ Unknown
Serum c-Troponin T (µg/L): _____ **Reference range:** Lower limit (µg/L): _____ Upper limit (µg/L): _____	☐ Not evaluated	☐ Unknown

BONE MARROW INVESTIGATIONS

BM aspirate % plasmacytosis: _____	☐ Not evaluated	☐ Unknown
BM trephine % plasmacytosis: _____	☐ Not evaluated	☐ Unknown

IMMUNOGLOBULINS

Monoclonal Ig in serum (paraprotein) (g/L): _____ ☐ Not evaluated ☐ Unknown

Immunofixation of serum ☐ Negative ☐ Positive ☐ Not evaluated ☐ Unknown

Free light chains in serum:

Kappa light chains (mg/L): _____ ☐ Not evaluated ☐ Unknown

Lambda light chains (mg/L): _____ ☐ Not evaluated ☐ Unknown

Immunofixation of urine ☐ Negative

☐ Positive:

Monoclonal light chains in urine (g/24 h): _____ ☐ Not evaluated ☐ Unknown

☐ Not evaluated

☐ Unknown

BONE IMAGING

X-ray	☐ Normal	☐ Bone lesion present	☐ Not evaluated	☐ Unknown
CT	☐ Normal	☐ Bone lesion present	☐ Not evaluated	☐ Unknown
MRI	☐ Normal	☐ Bone lesion present	☐ Not evaluated	☐ Unknown
PET-CT	☐ Normal	☐ Bone lesion present	☐ Not evaluated	☐ Unknown

SERUM AMYLOID P SCINTIGRAPHY

Was Serum Amyloid P scintigraphy performed?

☐ No

☐ Yes: **Organ involvement**

Heart	☐ No	☐ Yes	☐ Not evaluated	☐ Unknown
Liver	☐ No	☐ Yes	☐ Not evaluated	☐ Unknown
Spleen	☐ No	☐ Yes	☐ Not evaluated	☐ Unknown
Kidneys	☐ No	☐ Yes	☐ Not evaluated	☐ Unknown

☐ Not evaluated

☐ Unknown

Extended dataset

ORGAN INVOLVEMENT UNTREATED

Kidneys	☐ Dominant organ(s) involvement ☐ Additional organ(s) involvement ☐ No involvement ☐ Unknown ☐ Not evaluated **Biopsy done:** ☐ No ☐ Yes ☐ Unknown
Heart	☐ Dominant organ(s) involvement ☐ Additional organ(s) involvement ☐ No involvement ☐ Unknown ☐ Not evaluated **Biopsy done:** ☐ No ☐ Yes ☐ Unknown
Gastrointestinal tract	☐ Dominant organ(s) involvement ☐ Additional organ(s) involvement ☐ No involvement ☐ Unknown ☐ Not evaluated **Biopsy done:** ☐ No ☐ Yes ☐ Unknown
Liver	☐ Dominant organ(s) involvement ☐ Additional organ(s) involvement ☐ No involvement ☐ Unknown ☐ Not evaluated **Biopsy done:** ☐ No ☐ Yes ☐ Unknown
Peripheral nerves	☐ Dominant organ(s) involvement ☐ Additional organ(s) involvement ☐ No involvement ☐ Unknown ☐ Not evaluated **Biopsy done:** ☐ No ☐ Yes ☐ Unknown
Autonomic nerves	☐ Dominant organ(s) involvement ☐ Additional organ(s) involvement ☐ No involvement ☐ Unknown ☐ Not evaluated **Biopsy done:** ☐ No ☐ Yes ☐ Unknown
Skin	☐ Dominant organ(s) involvement ☐ Additional organ(s) involvement ☐ No involvement ☐ Unknown ☐ Not evaluated **Biopsy done:** ☐ No ☐ Yes ☐ Unknown
Bone marrow	☐ Dominant organ(s) involvement ☐ Additional organ(s) involvement ☐ No involvement ☐ Unknown ☐ Not evaluated **Biopsy done:** ☐ No ☐ Yes ☐ Unknown
Other organ; specify _____	☐ Dominant organ(s) involvement ☐ Additional organ(s) involvement ☐ No involvement ☐ Unknown ☐ Not evaluated **Biopsy done:** ☐ No ☐ Yes ☐ Unknown

ORGAN-SPECIFIC DATA UNTREATED
Tested at diagnosis

Liver

Liver span in ultrasound or CT scan *(cm craniocaudal diameter):* _____ ☐ Not evaluated ☐ Unknown

Heart

NYHA class ☐ I ☐ II ☐ III ☐ IV ☐ Unknown

Left ventricular ejection fraction (%) _____ ☐ Not evaluated ☐ Unknown

Echocardiogram consistent with amyloidosis ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown

Cardiac MRI consistent with amyloidosis ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown

Gastrointestinal

Weight loss	☐ No	☐ Yes	☐ Not evaluated	☐ Unknown
Malabsorption	☐ No	☐ Yes	☐ Not evaluated	☐ Unknown
GI bleeding	☐ No	☐ Yes	☐ Not evaluated	☐ Unknown
Other evidence of gastrointestinal involvement: _____				

Peripheral neuropathy

Neurological exam: ☐ Normal ☐ Abnormal ☐ Not evaluated ☐ Unknown

Neuropathy confirmed on nerve conduction studies: ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown

Autonomic neuropathy

Orthostatic hypotension: ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown

Intractable diarrhoea: ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown

Other sites

Clinical evidence for involvement of other sites: _____

PLASMA CELL NEOPLASMS (PCN)

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

Immunoglobulin-related (AL) amyloidosis only

Organ response to therapy given before the HCT/CT given

Heart	☐ Response	☐ No change	☐ Progression	☐ Not involved	☐ Not evaluated	☐ Unknown
Kidney	☐ Response	☐ No change	☐ Progression	☐ Not involved	☐ Not evaluated	☐ Unknown
Liver	☐ Response	☐ No change	☐ Progression	☐ Not involved	☐ Not evaluated	☐ Unknown
Peripheral nervous system	☐ Response	☐ No change	☐ Progression	☐ Not involved	☐ Not evaluated	☐ Unknown