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

Treatment Type ☐ Other

Treatment Date _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*

TREATMENT
NON – HCT/CT/GT/IST
(Malignant disorders and Immunoglobulin-related amyloidosis(AL))

Mobilisation, the preparative regimen (conditioning/lymphodepletion) and GvHD preventive treatment should be reported in the HCT/CT/GT-related forms. Treatment for GvHD and complications should be reported in the designated form, part of the extended dataset.

Do not use this form to report immunosuppressive treatments for bone marrow failures. Use the IST day 0 treatment form

Date treatment started: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*

Diagnosis for which this treatment was given: _____

Reason for this line of treatment:

For Acute Leukemia please select Relapse/Progerssion for haematological relapse /progression (Blast in BM >5% and/or blast in PB >0% and/or extramedullary disease)

☐	Induction	
☐	Bridging	
☐	Relapse / Progression	
☐	Maintenance / preventive treatment:	MRD status at the start of treatment: ☐ CR MRD negative ☐ CR MRD positive ☐ CR MRD unknown
☐	Consolidation	
☐	Other reason this treatment was given; specify: _____	

CHEMOTHERAPY / DRUG REGIMEN

Chemotherapy/Drugs: ☐ No ☐ Yes ☐ Unknown

If patient received chemotherapy/drugs:
(Do not report each drug start/end date separately)

Start date: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown
(report earliest start date of chemo/drugs for this line of treatment)

Treatment stopped: ☐ No
☐ Yes; **End date:** _ _ _ _ / _ _ / _ _ **(***YYYY/MM/DD)* ☐ Unknown
(report latest end date of chemo/drugs for this line of treatment)

Reason for treatment withdrawal:
(for Chronic Lymphocytic Leukaemia only)
☐ Planned withdrawal
☐ Toxicity
☐ Progression or insufficient response
☐ Other reason; specify _____
☐ Unknown

☐ Unknown

CHEMOTHERAPY / DRUG REGIMEN

Chemo/Drug regimen*: ____________________

Extended dataset

(Acute Leukaemia and Lymphoma only)
Number of cycles: ____ ☐ Unknown

(Acute Leukaemia only)
Number of days per cycle: ____ ☐ Unknown
Daily dose: _____ ☐ Unknown
Units: ☐ mg/m² ☐ mg/kg ☐ mg ☐ mg/mL ☐ UI/m²

Chemo/Drug regimen*: ____________________

Extended dataset

(Acute Leukaemia and Lymphoma only)
Number of cycles: ____ ☐ Unknown

(Acute Leukaemia only)
Number of days per cycle: ____ ☐ Unknown
Daily dose: _____ ☐ Unknown
Units: ☐ mg/m² ☐ mg/kg ☐ mg ☐ mg/mL ☐ UI/m²

Chemo/Drug regimen*: ____________________

Extended dataset

(Acute Leukaemia and Lymphoma only)
Number of cycles: ____ ☐ Unknown

(Acute Leukaemia only)
Number of days per cycle: ____ ☐ Unknown
Daily dose: _____ ☐ Unknown
Units: ☐ mg/m² ☐ mg/kg ☐ mg ☐ mg/mL ☐ UI/m²

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

Copy and fill-in this page (chemotherapy / drug regimen) as often as necessary within the same line of treatment.

Extended dataset

Intrathecal therapy: ☐ No ☐ Yes ☐ Unknown
(Acute Leukaemia only)

INTERVENTIONS

Radiotherapy: ☐ No ☐ Yes ☐ Unknown

If patient received radiotherapy incl. irradiation:

Start date: _ _ _ _ / _ _ / _ _ **(***YYYY/MM/DD)* ☐ Unknown

Treatment stopped: ☐ No
☐ Yes; **End date:** _ _ _ _ / _ _ / _ _ **(***YYYY/MM/DD)* ☐ Unknown
☐ Unknown

Splenic irradiation: ☐ No ☐ Yes ☐ Unknown
(for Myeloproliferative neoplasms only)

If patient received splenic irradiation:

Total prescribed radiation dose as per protocol (Gy): _____ ☐ Unknown

Number of fractions: _____ ☐ Unknown

Number of radiation days: _____ ☐ Unknown

Surgery: ☐ No ☐ Yes ☐ Unknown

If patient underwent surgery:

Date: _ _ _ _ / _ _ / _ _ **(**YYYY/MM/DD) ☐ Unknown

Specify the surgery type: _____ ☐ Unknown

Copy and fill-in this section as often as necessary within the same line of treatment.

RESPONSE TO THIS LINE OF TREATMENT
(Disease Specific)

Complete only one section with the main indication diagnosis for which treatment was given.

Response assessment date: _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)* ☐ Unknown

ACUTE LEUKAEMIAS	*Go to page 4*
CHRONIC LEUKAEMIAS	*Go to page 4*
PLASMA CELL NEOPLASMS (PCN)	*Go to page 4*
MYELOPROLIFERATIVE NEOPLASMS (MPN)	*Go to page 5*
MYELODYSPLASTIC NEOPLASMS (MDS)	*Go to page 5*
MDS / MPN OVERLAP SYNDROMES	*Go to page 5*
LYMPHOMAS	*Go to page 6*
SOLID TUMOURS	*Go to page 6*
OTHER DIAGNOSIS	*Go to page 6*

RESPONSE TO THIS LINE OF TREATMENT

Complete only one section with the main indication diagnosis for which treatment was given.

Acute leukaemias (AML, PLN, Other)

- ☐ Complete remission (CR)
- ☐ Not in complete remission
- ☐ Not evaluated
- ☐ Unknown

Chronic leukaemias (CML, CLL, PLL, Other)

Chronic Myeloid Leukaemia (CML):

- ☐ Chronic phase (CP); **Number**: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
  - **Haematological remission:** ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
  - **Cytogenetic remission:** ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
  - **Molecular remission:** ☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
- ☐ Accelerated phase; **Number**: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
- ☐ Blast crisis; **Number**: ☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
- ☐ Not evaluated
- ☐ Unknown

Chronic Lymphocytic Leukaemia (CLL), Prolymphocytic Leukaemia (PLL) and other chronic leukaemias:

- ☐ Complete remission (CR)
- ☐ Partial remission (PR)
- ☐ Progression: ☐ Resistant to last regimen ☐ Sensitive to last regimen ☐ Unknown
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Relapse
- ☐ Not evaluated
- ☐ Unknown

Plasma cell neoplasms (PCN)

- ☐ Complete remission (CR)
- ☐ Stringent complete remission (sCR)
- ☐ Very good partial remission (VGPR)
- ☐ Partial remission (PR)
- ☐ Relapse

Number:
- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher
- ☐ Unknown

- ☐ Progression
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Not evaluated
- ☐ Unknown

For AL, CLL and PCN proceed to next page

RESPONSE TO THIS LINE OF TREATMENT

Complete only for AL, CLL and PCN

Leukaemias (AL, CLL) and PCN (complete only for patient in CR or sCR)

Minimal residual disease (MRD):

- ☐ Negative
- ☐ Positive
- ☐ Not evaluated
- ☐ Unknown

Date MRD status evaluated: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Sensitivity of MRD assay:

- ☐ $\leq 10^{-6}$
- ☐ $\leq 10^{-5}$
- ☐ $\leq 10^{-4}$
- ☐ $\leq 10^{-3}$
- ☐ Other; specify: _____
- ☐ Unknown

Method used:
(select all that apply)

- ☐ PCR
- ☐ Flow cytometry
- ☐ NGS
- ☐ Other; specify: _____
- ☐ Unknown

Complete only one section with the main indication diagnosis for which treatment was given.

Myeloproliferative neoplasms (MPN), Myelodysplastic neoplasms (MDS), MDS/MPN overlap syndromes

☐ Complete remission (CR)	Number:	☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Improvement but no CR		
☐ Primary refractory phase (no change)		
☐ Relapse	Number:	☐ 1st ☐ 2nd ☐ 3rd or higher ☐ Unknown
☐ Progression/Worsening		
☐ Not evaluated		
☐ Unknown		

RESPONSE TO THIS LINE OF TREATMENT continued

Complete only one section with the main indication diagnosis for which treatment was given.

Lymphomas

- ☐ Chemorefractory/ radioreferactory relapse or progression, including primary refractory disease
- ☐ Complete remission (CR): ☐ Confirmed ☐ Unconfirmed (CRU*) ☐ Unknown
- ☐ Partial remission (PR)
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Untreated relapse (from a previous CR) or progression (from a previous PR)
- ☐ Not evaluated
- ☐ Unknown

** CRU: Complete response with persistent scan abnormalities of unknown significance*

Technique used for disease assessment:
- ☐ CT scan
- ☐ PET
- ☐ MRI
- ☐ Unknown

Solid tumours

- ☐ Complete remission (CR): ☐ Confirmed ☐ Unconfirmed ☐ Unknown
- ☐ First Partial remission
- ☐ Partial remission (PR)
- ☐ Progressive disease
- ☐ Relapse: ☐ Resistant ☐ Sensitive ☐ Unknown
- ☐ Stable disease (no change, no response/loss of response)
- ☐ Not evaluated
- ☐ Unknown

Other diagnosis

- ☐ No evidence of disease
- ☐ Improved
- ☐ No response
- ☐ Worse
- ☐ Not evaluated
- ☐ Unknown