

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):

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

STAGING

PCM only

Staging at diagnosis:
Revised ISS:

Stage
<input type="checkbox"/> I: ISS I without high risk FISH (del(17p) and/or t(4;14) and/or t(14;16) and normal LDH
<input type="checkbox"/> II: not R-ISS I or III
<input type="checkbox"/> III: ISS III with high risk FISH (del(17p) and/or t(4;14) and/or t(14;16)) and/or high LDH
<input type="checkbox"/> Unknown

ISS:

Stage	β2-μglob (mg/L)	Albumin (g/L)
<input type="checkbox"/> I	< 3.5	> 35
<input type="checkbox"/> II	< 3.5 OR 3.5 ≤ 5.5	< 35 any
<input type="checkbox"/> III	> 5.5	any
<input type="checkbox"/> Unknown		

Extramedullary disease (EMD):

<input type="checkbox"/> No				
<input type="checkbox"/> Yes	EMD diagnosed on MRI	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
	EMD diagnosed on PET-CT	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
	Location of EMD	<input type="checkbox"/> Paraskeletal	<input type="checkbox"/> Organ	<input type="checkbox"/> Both <input type="checkbox"/> Unknown
	Specify organ: _____			
<input type="checkbox"/> Not evaluated				
<input type="checkbox"/> Unknown				



EBMT Centre Identification Code (CIC): _____

Treatment Type HCT CT GT IST Other

Hospital Unique Patient Number (UPN): _____

Patient Number in EBMT Registry: _____

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) UnknownChromosome analysis method used: Karyotyping
 FISH

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

1q amplification (4 or more copies)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
1q gain (3 copies)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
abn(17q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del1p	<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
del(13q14)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Hyperdiploidy	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
myc rearrangement	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(4;14)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(6;14)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(11;14)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(14;16)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
t(14;20)	<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: _____