

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/Progression for haematological relapse /progression (Blast in BM >5% and/or blast in PB >0% and/or extramedullary disease)

<input type="checkbox"/> Induction	
<input type="checkbox"/> Bridging	
<input type="checkbox"/> Relapse / Progression	
<input type="checkbox"/> Maintenance / preventive treatment:	MRD status at the start of treatment: <input type="checkbox"/> CR MRD negative <input type="checkbox"/> CR MRD positive <input type="checkbox"/> CR MRD unknown
<input type="checkbox"/> Consolidation	
<input type="checkbox"/> 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	<i>Go to page 4</i>
CHRONIC LEUKAEMIAS	<i>Go to page 4</i>
PLASMA CELL NEOPLASMS (PCN)	<i>Go to page 4</i>
MYELOPROLIFERATIVE NEOPLASMS (MPN)	<i>Go to page 5</i>
MYELOYDYSPLASTIC NEOPLASMS (MDS)	<i>Go to page 5</i>
MDS / MPN OVERLAP SYNDROMES	<i>Go to page 5</i>
LYMPHOMAS	<i>Go to page 6</i>
SOLID TUMOURS	<i>Go to page 6</i>
OTHER DIAGNOSIS	<i>Go to page 6</i>

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)

<input type="checkbox"/> Complete remission (CR)
<input type="checkbox"/> Not in complete remission
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

Chronic leukaemias (CML, CLL, PLL, Other)

Chronic Myeloid Leukaemia (CML):

<input type="checkbox"/> Chronic phase (CP); Number: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown Haematological remission: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown Cytogenetic remission: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown Molecular remission: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
<input type="checkbox"/> Accelerated phase; Number: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Blast crisis; Number: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

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

<input type="checkbox"/> Complete remission (CR)
<input type="checkbox"/> Partial remission (PR)
<input type="checkbox"/> Progression: <input type="checkbox"/> Resistant to last regimen <input type="checkbox"/> Sensitive to last regimen <input type="checkbox"/> Unknown
<input type="checkbox"/> Stable disease (no change, no response/loss of response)
<input type="checkbox"/> Relapse
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

Plasma cell neoplasms (PCN)

<input type="checkbox"/> Complete remission (CR)	Number: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Stringent complete remission (sCR)	
<input type="checkbox"/> Very good partial remission (VGPR)	
<input type="checkbox"/> Partial remission (PR)	
<input type="checkbox"/> Relapse	
<input type="checkbox"/> Progression	
<input type="checkbox"/> Stable disease (no change, no response/loss of response)	
<input type="checkbox"/> Not evaluated	
<input type="checkbox"/> Unknown	

For AL, CLL and PCN proceed to next page



EBMT Centre Identification Code (CIC): ___

Treatment Type Other

Hospital Unique Patient Number (UPN): _____

Patient Number in EBMT Registry: _____

Treatment Date ___/___/___ (YYYY/MM/DD)

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

*Extended dataset***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**

<input type="checkbox"/> Complete remission (CR)	<u>Number:</u> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Improvement but no CR	
<input type="checkbox"/> Primary refractory phase (no change)	
<input type="checkbox"/> Relapse	<u>Number:</u> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Progression/Worsening	
<input type="checkbox"/> Not evaluated	
<input type="checkbox"/> Unknown	

RESPONSE TO THIS LINE OF TREATMENT
continued

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

Lymphomas

<input type="checkbox"/> Chemorefractory/ radiorefractory relapse or progression, including primary refractory disease
<input type="checkbox"/> Complete remission (CR)
<input type="checkbox"/> Partial remission (PR)
<input type="checkbox"/> Stable disease (no change, no response/loss of response)
<input type="checkbox"/> Untreated relapse (from a previous CR) or progression (from a previous PR)
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

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

Technique used for disease assessment:

CT scan

MRI

PET-CT

Other; specify: _____

Unknown

Solid tumours

<input type="checkbox"/> Complete remission (CR): <input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed <input type="checkbox"/> Unknown
<input type="checkbox"/> First Partial remission
<input type="checkbox"/> Partial remission (PR)
<input type="checkbox"/> Progressive disease
<input type="checkbox"/> Relapse: <input type="checkbox"/> Resistant <input type="checkbox"/> Sensitive <input type="checkbox"/> Unknown
<input type="checkbox"/> Stable disease (no change, no response/loss of response)
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown

Other diagnosis

<input type="checkbox"/> No evidence of disease
<input type="checkbox"/> Improved
<input type="checkbox"/> No response
<input type="checkbox"/> Worse
<input type="checkbox"/> Not evaluated
<input type="checkbox"/> Unknown