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):

<table>
<tr><td rowspan="4">☐ Plasma cell (multiple) myeloma (PCM)</td><td>☐ Heavy chain and light chain</td><td rowspan="2">Heavy chain type:
☐ IgG
☐ IgA
☐ IgD
☐ IgE
☐ IgM (not Waldenstrom)
☐ Unknown

Light chain type:
☐ Kappa
☐ Lambda
☐ Unknown</td></tr>
<tr><td>☐ Light chain only</td></tr>
<tr><td colspan="2">☐ Non-secretory</td></tr>
<tr><td colspan="2">☐ Unknown</td></tr>
<tr><td colspan="3">☐ Plasma cell leukaemia</td></tr>
<tr><td colspan="3">☐ Solitary plasmacytoma of bone</td></tr>
<tr><td colspan="3">☐ Immunoglobulin-related (AL) amyloidosis</td></tr>
<tr><td colspan="3">☐ POEMS (Polyneuropathy, Organomegaly, Endocrinopathy/Edema, Monoclonal-protein, Skin changes)</td></tr>
<tr><td colspan="3">☐ Monoclonal immunoglobulin deposition disease</td></tr>
<tr><td colspan="3">☐ Other; specify: _____</td></tr>
</table>

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: _____				
☐ Not evaluated					
☐ Unknown					

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
11q13 gain	☐ 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: ____