### Disease Assessment at Diagnosis

Specify the disease diagnoses:

1. **Multiple myeloma**
   - 1. yes
   - 2. no

2. **Specify date of diagnosis:**
   - Month
   - Day
   - Year

3. **Plasma cell leukemia (PCL)**
   - 1. yes
   - 2. no

4. **Specify date of diagnosis:**
   - Month
   - Day
   - Year

5. **Solitary plasmacytoma (in absence of bone marrow findings diagnostic for multiple myeloma or PCL)**
   - 1. yes
   - 2. no

6. **Specify date of diagnosis:**
   - Month
   - Day
   - Year
   - date unknown

7. **Monoclonal gammopathy of unknown significance (MGUS) prior to diagnosis for multiple myeloma or PCL**
   - 1. yes
   - 2. no

8. **Specify date of diagnosis:**
   - Month
   - Day
   - Year
   - date unknown

9. **Amyloidosis (at any time)**
   - 1. yes
   - 2. no

10. **Specify date of diagnosis:**
    - Month
    - Day
    - Year
    - date unknown

---

**ERROR CORRECTION FORM**

Sequence Number:  
CIBMTR Recipient ID:  
Initials:  

Today’s Date:  
Month  Day  Year  
Infusion Date:  
Month  Day  Year  
CIBMTR Center Number:  

---

**Multiple Myeloma / Plasma Cell Leukemia Pre-HSCT Data**

**Registry Use Only**

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>Date Received:</th>
</tr>
</thead>
</table>

CIBMTR Center Number:  
CIBMTR Recipient ID:  

Today’s Date:  
Month  Day  Year  

Date of HSCT for which this form is being completed:  
Month  Day  Year  

HSCT type:  
- [ ] autologous
- [ ] allogeneic, unrelated
- [ ] allogeneic, related
- [ ] syngeneic (identical twin)

Product type:  
- [ ] marrow
- [ ] PBSC
- [ ] cord blood
- [ ] other product, specify:  

---

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient’s medical records.

Questions followed by the symbol [ ] indicate additional information necessary to complete the question is referenced in the forms instruction manual.

If this is a report of a second or subsequent transplant, check here [ ] and continue with question 132.

---

Disease Assessment at Diagnosis

Specify the disease diagnoses:

1. **Multiple myeloma**
   - 1. yes
   - 2. no

2. **Specify date of diagnosis:**
   - Month
   - Day
   - Year

3. **Plasma cell leukemia (PCL)**
   - 1. yes
   - 2. no

4. **Specify date of diagnosis:**
   - Month
   - Day
   - Year

5. **Solitary plasmacytoma (in absence of bone marrow findings diagnostic for multiple myeloma or PCL)**
   - 1. yes
   - 2. no

6. **Specify date of diagnosis:**
   - Month
   - Day
   - Year
   - date unknown

7. **Monoclonal gammopathy of unknown significance (MGUS) prior to diagnosis for multiple myeloma or PCL**
   - 1. yes
   - 2. no

8. **Specify date of diagnosis:**
   - Month
   - Day
   - Year
   - date unknown

9. **Amyloidosis (at any time)**
   - 1. yes
   - 2. no

10. **Specify date of diagnosis:**
    - Month
    - Day
    - Year
    - date unknown

---

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
**Laboratory Studies at Diagnosis**

Report values prior to first treatment for multiple myeloma / PCL.

11. For PCL only: Plasma cells in blood:
- 1️⃣ known
- 2️⃣ not known

12. For PCL only: Absolute number of plasma cells in blood:
- 1️⃣ known
- 2️⃣ not known

13. Immunochemical type:
- 1️⃣ secretory
- 2️⃣ non-secretory

14. Heavy chain 1:
- 1️⃣ IgG
- 2️⃣ IgA
- 3️⃣ IgM
- 4️⃣ IgD
- 5️⃣ IgE

15. Heavy chain 2:
- 1️⃣ Serum
- 2️⃣ Urine

16. Light chain 1:
- 1️⃣ Serum
- 2️⃣ Urine

17. Light chain 2:
- 1️⃣ Serum
- 2️⃣ Urine

22. WBC:
- 1️⃣ known
- 2️⃣ not known

23. Hemoglobin:
- 1️⃣ known
- 2️⃣ not known

25. Platelets:
- 1️⃣ known
- 2️⃣ not known

27. Plasma cells in bone marrow aspirate:
- 1️⃣ known
- 2️⃣ not known

28. Plasma cells in bone marrow biopsy:
- 1️⃣ known
- 2️⃣ not known

29. Plasma cells in bone marrow, sample source unknown:
- 1️⃣ known
- 2️⃣ not known

30. Serum albumin:
- 1️⃣ known
- 2️⃣ not known

31. Serum β2 microglobulin:
- 1️⃣ known
- 2️⃣ not known
32. If questions 30 and 31 are "not known," what was the International Staging System (ISS) stage at diagnosis?

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>$\beta_2$-microglobulin &lt; 3.5 mg/dL, albumin ≥ 3.5 g/dL</td>
</tr>
<tr>
<td>Stage II</td>
<td>$\beta_2$-microglobulin &lt; 3.5 and albumin &lt; 3.5; or $\beta_2$-microglobulin between 3.5 and 5.5</td>
</tr>
<tr>
<td>Stage III</td>
<td>$\beta_2$-microglobulin &gt; 5.5</td>
</tr>
<tr>
<td>unknown</td>
<td></td>
</tr>
</tbody>
</table>

33. Serum calcium:

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>mg/dL</td>
<td>g/dL</td>
</tr>
</tbody>
</table>

34. Serum creatinine:

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>mg/dL</td>
<td>mmol/L</td>
</tr>
</tbody>
</table>

35. Upper limit of normal for serum creatinine:

| mg/dL | g/dL | mmol/L |

36. Serum monoclonal Ig: (only from electrophoresis) (monoclonal (M-spike) protein level) (This value will be used to calculate the best response to HSCT if question 131 is answered as option 1.)

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>mg/dL</td>
<td>g/dL</td>
</tr>
</tbody>
</table>

37. Urinary monoclonal light chains:

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>g / 24 hours</td>
<td></td>
</tr>
</tbody>
</table>

38. Serum free light chains — $\kappa$ (kappa):

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>mg/dL</td>
<td>g/L</td>
</tr>
</tbody>
</table>

39. Upper limit of normal for $\kappa$ free light chain:

| mg/dL | g/L |

40. Serum free light chains — $\lambda$ (lambda):

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>mg/dL</td>
<td>g/L</td>
</tr>
</tbody>
</table>

41. Upper limit of normal for $\lambda$ free light chain:

| mg/dL | g/L |

42. LDH:

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>U/L</td>
<td>µkat/L</td>
</tr>
</tbody>
</table>

43. Upper limit of normal for LDH:

| U/L | µkat/L |

Specify the following serum quantitative immunoglobulins (measured prior to any disease treatment):

44. IgG:

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>mg/dL</td>
<td>g/dL</td>
</tr>
</tbody>
</table>

45. Upper limit of normal for IgG:

| mg/dL | g/dL |

46. Lower limit of normal for IgG:

| mg/dL | g/dL |

47. IgA:

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>mg/dL</td>
<td>g/dL</td>
</tr>
</tbody>
</table>

48. Upper limit of normal for IgA:

| mg/dL | g/dL |

49. Lower limit of normal for IgA:

| mg/dL | g/dL |

50. IgM:

<table>
<thead>
<tr>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>mg/dL</td>
<td>g/dL</td>
</tr>
</tbody>
</table>

51. Upper limit of normal for IgM:

| mg/dL | g/dL |

52. Lower limit of normal for IgM:

| mg/dL | g/dL |
Pre-HSCT Treatment for Plasma Cell Disorders

53. Was therapy given between diagnosis and the start of the preparative regimen?

<table>
<thead>
<tr>
<th>Line of Therapy</th>
<th>1st Line of Therapy</th>
<th>2nd Line of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systemic Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date therapy started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date therapy stopped:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of cycles:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bortezomib (Velcade)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>carmustine (BCNU, Glidet)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cisplatin (Platinol, CDDP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cladribine (Biaxin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>corticosteroids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyclophosphamide (Cytoxan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cytarabine (Ara-C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>doxorubicin (Adriamycin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>doxorubicin liposomal (Doxil)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>etoposide (VP-16, VePesid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ifosfamide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ifosfamide liposomal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>idarubicin (Idamycin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>idarubicin (Idamycin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>interferon (Intron, Roferon) (includes PEG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lenalidomide (Revlimid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>melphalan (L-PAM, Alkeran)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>melphalan (L-PAM, Alkeran) (Novantrone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mitoxantrone (Novantrone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mitoxantrone (Novantrone) (anti-CD20, Rituxan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thalidomide (Thalomid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thalidomide (Thalomid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vincristine (VCR, Oncovin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vincristine (VCR, Oncovin)</td>
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<tr>
<td>other systemic therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other systemic therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supportive Care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bisphosphonates (pamidronate [Aredia], zoledronic acid [Zometa]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>erythropoietin [EPO, Procrit])</td>
<td></td>
<td></td>
</tr>
<tr>
<td>darbepoetin [Aranesp])</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hemopoietic growth factors (G-CSF, GM-CSF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>radiation therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Therapy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date therapy started:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date therapy stopped:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this line of therapy given for stem cell priming?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best Response to Line of Therapy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(see page 8 for definitions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date response established:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did disease relapse/progress following this line of therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of relapse/progression:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copy this page to report more than 2 lines of therapy; check here if additional pages are attached.
### 130. Specify the sensitivity of myeloma to chemotherapy prior to the preparative regimen:

- **Sensitivity must have been completed ≤ 6 months prior to HSCT.**
  - 1 box — sensitive — ≥ 50% reduction in Ig level, or ≥ 90% reduction in urinary light chains in light chain only disease, or ≥ 50% reduction of plasma cells in bone marrow for nonsecretory myeloma (includes disease status of sCR, CR, VGPR and PR)
  - 2 box — resistant — < 50% reduction of Ig level, or < 90% reduction in urinary light chains in light chain only disease, or < 50% reduction of plasma cells in bone marrow for nonsecretory myeloma (includes disease status of SD and PD)
  - 3 box — not applicable — no chemotherapy, or chemotherapy ended more than 6 months prior to the preparative regimen
  - 4 box — unknown

### 131. At what point in the disease course was the HSCT performed?

- 1 box — as part of initial therapy for a recipient with no disease progression at any time prior to HSCT
- 2 box — later in the disease course for a recipient with disease progression at any time prior to HSCT

#### Laboratory Studies Prior to the Start of the Preparative Regimen

| 132. Plasma cells in bone marrow aspirate: | 1 box known | 2 box not known |
| 133. Plasma cells in bone marrow biopsy: | 1 box known | 2 box not known |
| 134. Plasma cells in bone marrow, sample source unknown: | 1 box known | 2 box not known |
| 135. Serum albumin: | Specify units: 1 box g/dL | 2 box g/L |
| 136. Serum β2 microglobulin: | 1 box known | 2 box not known |
| 137. Serum monoclonal Ig: (only from electrophoresis) | (This value will be used to calculate the best response to HSCT.) | (This value will be used to calculate the best response to HSCT if question 131 is answered as option 2.) |
| 1 box known | 2 box not known |

### 138. For recipients with PCL only: Are circulating plasma cells currently present?

- 1 box — yes
- 2 box — no
139. Were cytogenetics tested (conventional or FISH)?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>unknown</th>
</tr>
</thead>
</table>

140. Results of test at diagnosis:

<table>
<thead>
<tr>
<th></th>
<th>yes abnormalities identified</th>
<th>no evaluable metaphases</th>
<th>no abnormalities</th>
</tr>
</thead>
</table>

141. Results of tests after diagnosis to prior to the preparative regimen:

<table>
<thead>
<tr>
<th></th>
<th>yes abnormalities identified</th>
<th>no evaluable metaphases on any tests</th>
<th>no abnormalities on any tests after diagnosis and before the preparative regimen</th>
</tr>
</thead>
</table>

Specify abnormalities identified:

**Cytogenetic abnormality**
- **Monosomy**
  - −13
  - +3
  - +5
  - +7
  - +9
  - +11
  - +15
  - +19
- **Trisomy**
  - +3
  - +5
  - +7
- **Translocation**
  - t(4;14)
  - t(6;14)
  - t(11;14)
  - t(14;16)
- **Deletion**
  - del 13/13q−
  - del 17/17q−
- **Other**
  - hyperdiploid (> 50)
  - hypodiploid (< 46)
  - any abnormality at 1q
  - other abnormality
  - specify other abnormality:

142. Is a copy of the cytogenetic or FISH report attached?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>
Disease Status at the Last Evaluation Prior to the Preparative Regimen

181. What was the disease status prior to the preparative regimen? (Report the most recent disease assessment prior to the preparative regimen.) (see page 8 for definitions)

1. stringent complete response (sCR)
2. complete response (CR)
3. very good partial response (VGPR)
4. partial response (PR)
5. stable disease (SD)
6. progressive disease (PD)
7. relapse from CR (Rel) (untreated)
8. disease status unknown

182. Specify the date of the most recent assessment for disease status prior to the preparative regimen: [ ]

Month  Day  Year

183. Signed: ____________________________

Person completing form

Please print name: ____________________________

Phone: (__________) ____________________________

Fax: (__________) ____________________________

E-mail address: ____________________________
Stringent complete response (sCR) — CR as defined below, plus:
• normal free light chain ratio, and
• absence of clonal cells in the bone marrow by immunohistochemistry or immunofluorescence (confirmation with repeat bone marrow biopsy not needed). (Presence and/or absence of clonal cells is based upon the κ/λ ratio. An abnormal κ/λ ratio by immunohistochemistry and/or immunofluorescence requires a minimum of 100 plasma cells for analysis. An abnormal ratio reflecting the presence of an abnormal clone is κ/λ of > 4.1 or < 1.2.)
sCR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy sCR requirements.

Complete response (CR) — negative immunofixation on serum and urine samples, and disappearance of any soft tissue plasmacytomas, and ≤ 5% plasma cells in the bone marrow (confirmation with repeat bone marrow biopsy not needed).
CR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy CR requirements.

Very good partial response (VGPR) — serum and urine M-protein detectable by immunofixation but not on electrophoresis, or ≥ 90% reduction in serum M-protein and urine M-protein level < 100 mg/24 hours
VGPR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy VGPR requirements.

Partial response (PR) — ≥ 50% reduction in serum M-protein, and reduction in 24-hour urinary M-protein by ≥ 90% or to < 200 mg/24 hours.
If the serum and urine M-protein are unmeasurable (i.e., do not meet any of the following criteria: serum M-protein > 1 g/dL; urine M-protein > 200 mg/24 hours; serum free light chain assay shows involved level > 10 mg/dL, provided serum free light chain ratio is abnormal), a ≥ 50% decrease in the difference between involved and uninvolved free light chain levels is required in place of the M-protein criteria. If serum and urine M-protein are unmeasurable, and serum free light assay is also unmeasurable, a ≥ 50% reduction in plasma cells is required in place of M-protein, provided the baseline bone marrow plasma cell percentage was ≥ 30%. In addition to the above listed criteria, a ≥ 50% reduction in the size of soft tissue plasmacytomas is also required, if present at baseline.
PR requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy PR requirements.

Stable complete disease (sCR) — not meeting the criteria for CR, VGPR, PR or PD.
SD requires two consecutive assessments made at any time before the institution of any new therapy, and no known evidence of progressive or new bone lesions if radiographic studies were performed; radiographic studies are not required to satisfy SD requirements.

Progressive disease (PD) — requires any one or more of the following:
Increase of ≥ 25% from baseline in:
• serum M-component and/or (absolute increase ≥ 0.5 g/dL) (for progressive disease, serum M-component increases of ≥ 1 g/dL are sufficient to define relapse if the starting M-component is ≥ 5 g/dL)
• urine M-component and/or (absolute increase ≥ 200 mg/24 hours)
• for recipients without measurable serum and urine M-protein levels: the difference between involved and uninvolved free light chain levels (absolute increase > 10 mg/dL)
• bone marrow plasma cell percentage (absolute percentage ≥ 10%) (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse)
• definite development of new bone lesions or soft tissue plasmacytomas, or definite increase in the size of any existing bone lesions or soft tissue plasmacytomas
• development of hypercalcemia (corrected serum calcium > 11.5 mg/dL or 2.65 mmol) that can be attributed solely to the plasma cell proliferative disorder
PD requires two consecutive assessments made at any time before classification as disease progression, and/or the institution of any new therapy.

Relapse from CR (Rel) — requires one or more of the following:
• reappearance of serum or urine M-protein by immunofixation or electrophoresis
• development of ≥ 5% plasma cells in the bone marrow (relapse from CR has a 5% cutoff vs. 10% for other categories of relapse)
• appearance of any other sign of progression (e.g., new plasmacytoma, lytic bone lesion, hypercalcemia)
Rel requires two consecutive assessments made at any time before classification as relapse, and/or the institution of any new therapy.