## Key Fields

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<tbody>
<tr>
<td>Sequence Number:</td>
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<tr>
<td>ELSE GOTO Date Received:</td>
<td></td>
</tr>
<tr>
<td>Date Received:</td>
<td>YYYY-MM-DD</td>
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<tr>
<td>ELSE GOTO CIBMTR Center Number:</td>
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<td>ELSE GOTO CIBMTR Recipient ID:</td>
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<tr>
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<td>YYYY-MM-DD</td>
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<tr>
<td>ELSE GOTO Date of HSCT for which this form is being completed:</td>
<td>YYYY-MM-DD</td>
</tr>
<tr>
<td>Date of HSCT for which this form is being completed:</td>
<td></td>
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<tr>
<td>ELSE GOTO Autologous:</td>
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<td>HSCT type: (check all that apply)</td>
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<tr>
<td>Autologous</td>
<td></td>
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<tr>
<td>ELSE GOTO Allogeneic, unrelated</td>
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<tr>
<td>Allogeneic, unrelated</td>
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<tr>
<td>ELSE GOTO Allogeneic, related</td>
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<tr>
<td>Allogeneic, related</td>
<td></td>
</tr>
<tr>
<td>ELSE GOTO Syngeneic (identical twin)</td>
<td></td>
</tr>
</tbody>
</table>
Syngeneic (identical twin)  ELSE GOTO Marrow

Product type: (check all that apply)
☐ Marrow  ELSE GOTO PBSC
☐ PBSC  ELSE GOTO Cord blood
☐ Cord blood  ELSE GOTO Other product

☐ Other product
IF Other product:= checked
THEN GOTO Specify:
ELSE GOTO If this is a report of a second or subsequent transplant, check here and continue with question 114.

Specify:
ELSE GOTO If this is a report of a second or subsequent transplant, check here and continue with question 114.

If this is a report of a second or subsequent transplant, check here and continue with question 114.

IF If this is a report of a second or subsequent transplant, check here and continue with question 114.:= checked
THEN GOTO (114) Plasma cells in bone marrow aspirate:
ELSE GOTO (1) Multiple myeloma

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.

Specify the disease diagnoses:
1 Multiple myeloma
   O yes
   O no
IF (1) Multiple myeloma:= no
THEN GOTO (3) Plasma cell leukemia (PCL)
ELSE GOTO (2) Specify date of diagnosis:

2 Specify date of diagnosis: ___ YYYYY ___ MM ___ DD
ELSE GOTO (3) Plasma cell leukemia (PCL)

3 Plasma cell leukemia (PCL)
   O yes
   O no
IF (3) Plasma cell leukemia (PCL):= no
THEN GOTO (5) Solitary plasmacytoma (in absence of bone marrow findings diagnostic for multiple myeloma or PCL)
ELSE GOTO (4) Specify date of diagnosis:
    4 Specify date of diagnosis:  ____ ____ - ____ ____
ELSE GOTO (5) Solitary plasmacytoma (in absence of bone marrow findings diagnostic for multiple myeloma or PCL)

5 Solitary plasmacytoma (in absence of bone marrow findings diagnostic for multiple myeloma or PCL)
   O yes
   O no
IF (5) Solitary plasmacytoma (in absence of bone marrow findings diagnostic for multiple myeloma or PCL):= no
THEN GOTO (7) Monoclonal gammopathy of unknown significance (MGUS) prior to diagnosis for multiple myeloma or PCL
ELSE GOTO (6) Specify date of diagnosis:
    6 Specify date of diagnosis:  ____ ____ - ____ ____
    IF (6) Specify date of diagnosis::= EXISTS
        THEN GOTO (7) Monoclonal gammopathy of unknown significance (MGUS) prior to diagnosis for multiple myeloma or PCL
    ELSE GOTO Date unknown
ELSE GOTO (7) Monoclonal gammopathy of unknown significance (MGUS) prior to diagnosis for multiple myeloma or PCL

7 Monoclonal gammopathy of unknown significance (MGUS) prior to diagnosis for multiple myeloma or PCL
   O yes
   O no
IF (7) Monoclonal gammopathy of unknown significance (MGUS) prior to diagnosis for multiple myeloma or PCL:= no
THEN GOTO (9) Amyloidosis (at any time)
ELSE GOTO (8) Specify date of diagnosis:
    8 Specify date of diagnosis:  ____ ____ - ____ ____
    IF (8) Specify date of diagnosis::= EXISTS
        THEN GOTO (9) Amyloidosis (at any time)
    ELSE GOTO Date unknown
ELSE GOTO (9) Amyloidosis (at any time)

9 Amyloidosis (at any time)
   O yes
   O no
IF (9) Amyloidosis (at any time):= no
THEN GOTO (11) For PCL only: Plasma cells in blood:
ELSE GOTO (10) Specify date of diagnosis:
**Laboratory Studies at Diagnosis**

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

11 For PCL only: Plasma cells in blood:
   - O known
   - O not known
   - IF (11) For PCL only: Plasma cells in blood::= not known
     THEN GOTO (13) For PCL only: Absolute number of plasma cells in blood:
     ELSE GOTO (12) Percent plasma cells

12 %
   - ELSE GOTO (13) For PCL only: Absolute number of plasma cells in blood:

13 For PCL only: Absolute number of plasma cells in blood:
   - O known
   - O not known
   - IF (13) For PCL only: Absolute number of plasma cells in blood::= not known
     THEN GOTO (15) Immunochemical type:
     ELSE GOTO (14) Absolute number of plasma cells in blood

14 x 10^9/L (x 10^9/mm^3)
   - ELSE GOTO unit of measure
   - ELSE GOTO (15) Immunochemical type:

15 Immunochemical type:
   - O secretory
   - O non-secretory
   - IF (15) Immunochemical type::= non-secretory
     THEN GOTO (24) WBC:
     ELSE GOTO (16) Heavy chain 1 type

16 Heavy chain 1 type
   - O IgG
   - O IgA
   - O IgM
   - O IgD
   - O IgE
ELSE GOTO (17) Source

17 Heavy chain 1 source:
   O serum
   O urine
ELSE GOTO (18) Heavy chain 2 type

18 Heavy chain 2 type
   O IgG
   O IgA
   O IgM
   O IgD
   O IgE
ELSE GOTO (19) Source

19 Heavy chain 2 source:
   O serum
   O urine
ELSE GOTO (20) Light chain 1 type

20 Light chain 1 type
   O kappa
   O lambda
ELSE GOTO (21) Source

21 Light chain 1 source:
   O serum
   O urine
ELSE GOTO (22) Light chain 2 type

22 Light chain 2 type
   O kappa
   O lambda
ELSE GOTO (23) Source

23 Light chain 2 source:
   O serum
   O urine
ELSE GOTO (24) WBC:

24 WBC:
   O known
   O not known
IF (24) WBC = not known
THEN GOTO (26) Hemoglobin:
ELSE GOTO (25) WBC value

25 _______ __________ • ___ O x 10^9/L (x 10^3/mm^3)
ELSE GOTO unit of measure
   O x 10^6/L
ELSE GOTO (26) Hemoglobin:
26 Hemoglobin:
  O known
  O not known
  IF (26) Hemoglobin:= not known
  THEN GOTO (29) Platelets:
  ELSE GOTO (27) Hemoglobin value

27
  ELSE GOTO unit of measure
    O g/dL
    O g/L
    O mmol/L

  ELSE GOTO (28) Was RBC transfused in the prior 30 days?

28 Was RBC transfused in the prior 30 days?
  O yes
  O no
  ELSE GOTO (29) Platelets:

29 Platelets:
  O known
  O not known
  IF (29) Platelets:= not known
  THEN GOTO (32) Plasma cells in bone marrow aspirate:
  ELSE GOTO (30) Platelet value

30
  ELSE GOTO unit of measure
    O x 10⁹/L (x 10⁹/mm³)
    O x 10⁹/L

  ELSE GOTO (31) Were platelets transfused in the prior 7 days?

31 Were platelets transfused in the prior 7 days?
  O yes
  O no
  ELSE GOTO (32) Plasma cells in bone marrow aspirate:

32 Plasma cells in bone marrow aspirate:
  O known
  O not known
  IF (32) Plasma cells in bone marrow aspirate:= not known
  THEN GOTO (34) Plasma cells in bone marrow biopsy:
  ELSE GOTO (33) Plasma cells in bone marrow aspirate

33
  ELSE GOTO (34) Plasma cells in bone marrow biopsy:

34 Plasma cells in bone marrow biopsy:
  O known
  O not known
IF (34) Plasma cells in bone marrow biopsy := not known
THEN GOTO (36) Plasma cells in bone marrow, sample source unknown:
ELSE GOTO (35) Percent plasma cells in bone marrow biopsy

ELSE GOTO (36) Plasma cells in bone marrow, sample source unknown:

35 ___ ___ ___ ___ ___ ___ ___ ___ ___ %

ELSE GOTO (38) Serum albumin:

36 Plasma cells in bone marrow, sample source unknown:
O known
O not known
IF (36) Plasma cells in bone marrow, sample source unknown := not known
THEN GOTO (38) Serum albumin:
ELSE GOTO (37) Percent plasma cells in bone marrow unknown source

ELSE GOTO (38) Serum albumin:

37 ___ ___ ___ ___ ___ ___ ___ ___ ___ %

ELSE GOTO (38) Serum albumin:

38 Serum albumin:
O known
O not known
IF (38) Serum albumin := not known
THEN GOTO (40) Serum β₂ microglobulin:
ELSE GOTO (39) Albumin value

ELSE GOTO (39) Albumin value

39 ___ ___ ___ ● ___ ___ O g/dL
ELSE GOTO unit of measure
O g/L
ELSE GOTO (40) Serum β₂ microglobulin:

40 Serum β₂ microglobulin:
O known
O not known
IF (40) Serum β₂ microglobulin := not known
THEN GOTO (42) If questions 38 and 40 are "not known," what was the International Staging System (ISS) state at diagnosis?
ELSE GOTO (41) Serum beta 2 microglobulin value

ELSE GOTO unit of measure
O μg/dL
O mg/L
O nmol/L
ELSE GOTO (42) If questions 38 and 40 are "not known," what was the International Staging System (ISS) state at diagnosis?

41 ___ ___ ___ ● ___ ___ O μg/dL
ELSE GOTO unit of measure
O mg/L
O nmol/L
ELSE GOTO (42) If questions 38 and 40 are "not known," what was the International Staging System (ISS) state at diagnosis?

42 If questions 38 and 40 are "not known," what was the International Staging System (ISS) state at diagnosis?
CIBMTR Center Number: ____________________________  CIBMTR Recipient ID: ____________________________

O Stage I (β₂-microglobulin < 3.5 mg/dL, albumin ≥ 3.5 g/dL)
O Stage II (β₂-microglobulin < 3.5 and albumin < 3.5; or β₂-microglobulin between 3.5 and 5.5)
O Stage III (β₂-microglobulin > 5.5)
O unknown
ELSE GOTO (43) Serum calcium:

43 Serum calcium:
O known
O not known
IF (43) Serum calcium:= not known
THEN GOTO (45) Serum creatinine:
ELSE GOTO (44) Serum calcium value

44 _______•_______  O mg/dL
ELSE GOTO unit of measure
O mmol/L
O mEq/L
ELSE GOTO (45) Serum creatinine:

45 Serum creatinine:
O known
O not known
O non-secretory
IF (45) Serum creatinine:= known
THEN GOTO (46) Serum creatinine value
ELSE GOTO (48) serum monoclonal Ig

46 _______•_______  O mg/dL
ELSE GOTO unit of measure
O mmol/L
O µmol/L
ELSE GOTO (47) Upper limit of normal for serum creatinine:

47 Upper limit of normal for serum creatinine: _______•_______
ELSE GOTO (48) serum monoclonal Ig

48 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 113 is answered as option 1.)
O known
O not known
O non-secretory
IF (48) serum monoclonal Ig:= known
THEN GOTO (49) Serum monoclonal Ig value
ELSE GOTO (50) Urinary monoclonal light chains:

49 _______•_______  O mg/dL
ELSE GOTO unit of measure
O µg/dL
O µg/L
CIBMTR Center Number: ___________________ CIBMTR Recipient ID: ____________________

Urinary monoclonal light chains:

50 Urinary monoclonal light chains:
   O known
   O not known
   IF (50) Urinary monoclonal light chains := not known
   THEN GOTO (52) Serum free light chains - κ(kappa)
   ELSE GOTO (51) Urinary monoclonal light chains value

51 ___________________________ • _____ g/24 hours
   ELSE GOTO (52) Serum free light chains - κ(kappa)

52 Serum free light chains - κ(kappa)
   O known
   O not known
   IF (52) Serum free light chains - κ(kappa) := not known
   THEN GOTO (55) Serum free light chains - λ(lambda):
   ELSE GOTO (53) Serum free light chains kappa value

53 ___________________________ • ______
   O mg/dL
   O mg/L
   ELSE GOTO unit of measure
   ELSE GOTO (54) Upper limit of normal for κ free light chain:

54 Upper limit of normal for κ free light chain: _____ _____ • ______
   ELSE GOTO kappa upper lim of normal uom
   O mg/dL
   O mg/L
   ELSE GOTO (55) Serum free light chains - λ(lambda):

55 Serum free light chains - λ (lambda):
   O known
   O not known
   IF (55) Serum free light chains - λ (lambda) := not known
   THEN GOTO (58) LDH:
   ELSE GOTO (56) Serum free light chains lambda value

56 ___________________________ • ______
   O mg/dL
   O mg/L
   ELSE GOTO unit of measure
   ELSE GOTO (57) Upper limit of normal for λ free light chain:

57 Upper limit of normal for λ free light chain: _____ _____ • ______
   ELSE GOTO Upper limit specify units
   O mg/dL
   O mg/L
   ELSE GOTO (58) LDH:
58 LDH:
  O known
  O not known
IF (58) LDH:= not known
THEN GOTO (61) IgG:
ELSE GOTO (59) LDH Value

59 ELSE GOTO LDH unit of measure
  O U/L
  O µkat/L
ELSE GOTO (60) Upper limit of normal for LDH:

60 Upper limit of normal for LDH:
ELSE GOTO unit of measure
  O U/L
  O µkat/L
ELSE GOTO (61) IgG:

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

61 IgG:
  O known
  O not known
IF (61) IgG:= not known
THEN GOTO (65) IgA:
ELSE GOTO (62) IgG value

62 ELSE GOTO unit of measure
  O mg/dL
  O g/dL
  O g/L
ELSE GOTO (63) Upper limit of normal for IgG:

63 Upper limit of normal for IgG:
ELSE GOTO (64) Lower limit of normal for IgG:

64 Lower limit of normal for IgG:
ELSE GOTO (65) IgA:

65 IgA:
  O known
  O not known
IF (65) IgA:= not known
THEN GOTO (69) IgM:
ELSE GOTO (66) IgA value

66 ELSE GOTO unit of measure
  O mg/dL
**Pre-HSCT Treatment for Plasma Cell Disorders**

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

- O yes
- O no

IF (73) Was therapy given between diagnosis and the start of the preparative regimen?:= no

THEN GOTO (112) Specify the sensitivity of myeloma to chemotherapy prior to the preparative regimen:

ELSE GOTO (74) Systemic Line of Therapy

74 Systemic Line of Therapy

- O yes
- O no

IF (74) Systemic Line of Therapy:= no
THEN GOTO (98) Supportive Care:
ELSE GOTO (75) Date therapy started:

75 Date therapy started: ____________ YYYY __- MM- DD

ELSE GOTO (76) Date therapy stopped:

76 Date therapy stopped: ____________ YYYY __- MM- DD

ELSE GOTO (77) Number of cycles

77 Number of cycles ____________

IF (77) Number of cycles:= EXISTS

THEN GOTO (78) Bortezomib (Velcade)
ELSE GOTO Number of cycles unknown/not applicable

ELSE GOTO (78) Bortezomib (Velcade)

78 Bortezomib (Velcade)
	O yes
	O no

ELSE GOTO (79) Carmustine (BCNU, Gliadel)

79 Carmustine (BCNU, Gliadel)
	O yes
	O no

ELSE GOTO (80) Cisplatin (Platinol, CDDP)

80 Cisplatin (Platinol, CDDP)
	O yes
	O no

ELSE GOTO (81) Clarithromycin (Biaxin)

81 Clarithromycin (Biaxin)
	O yes
	O no

ELSE GOTO (82) Corticosteroids

82 Corticosteroids
	O yes
	O no

ELSE GOTO (83) Cyclophosphamide (Cytoxan)

83 Cyclophosphamide (Cytoxan)
	O yes
	O no

ELSE GOTO (84) Cytarabine (Ara-C)

84 Cytarabine (Ara-C)
	O yes
	O no
ELSE GOTO (85) Doxorubicin (Adriamycin)

85 Doxorubicin (Adriamycin)
   O yes
   O no

ELSE GOTO (86) Doxorubicin liposomal (Doxil)

86 Doxorubicin liposomal (Doxil)
   O yes
   O no

ELSE GOTO (87) Etoposide (VP-16, VePesid)

87 Etoposide (VP-16, VePesid)
   O yes
   O no

ELSE GOTO (88) Idarubicin (Idamycin)

88 Idarubicin (Idamycin)
   O yes
   O no

ELSE GOTO (89) interferon (Intron, Roferon) (includes PEG)

89 interferon (Intron, Roferon) (includes PEG)
   O yes
   O no

ELSE GOTO (90) Lenalidomide (Revlimid)

90 Lenalidomide (Revlimid)
   O yes
   O no

ELSE GOTO (91) melphalan (L-PAM, Alkeran)

91 melphalan (L-PAM, Alkeran)
   O yes
   O no

ELSE GOTO (92) Mitoxantrone (Novantrone)

92 Mitoxantrone (Novantrone)
   O yes
   O no

ELSE GOTO (93) Rituximab (anti-CD20, Rituxan)

93 Rituximab (anti-CD20, Rituxan)
   O yes
   O no

ELSE GOTO (94) Thalidomide (Thalomid)

94 Thalidomide (Thalomid)
   O yes
   O no
ELSE GOTO (95) Vincristine (VCR, Oncovin)

95 Vincristine (VCR, Oncovin)
   O yes
   O no
ELSE GOTO (96) Other systemic therapy

96 Other systemic therapy
   O yes
   O no
IF (96) Other systemic therapy:= no
   THEN GOTO (98) Supportive Care:
   ELSE GOTO (97) Specify other therapy:

97 Specify other therapy: ______________________

ELSE GOTO (98) Supportive Care:

98 Supportive Care:
   O yes
   O no
IF (98) Supportive Care:= no
   THEN GOTO (104) Radiation Therapy:
   ELSE GOTO (99) biphosphonates (pamidronate [Adria], zoledronic acid [Zometa])

99 biphosphonates (pamidronate [Adria], zoledronic acid [Zometa])
   O yes
   O no
ELSE GOTO (100) erythroid stimulants (epoetin (EPO, Procrit), darbepoetin (Aranesp))

100 erythroid stimulants (epoetin (EPO, Procrit), darbepoetin (Aranesp))
   O yes
   O no
ELSE GOTO (101) kyphoplasty

101 kyphoplasty
   O yes
   O no
ELSE GOTO (102) vertebroplasty

102 vertebroplasty
   O yes
   O no
IF (102) vertebroplasty:= no
   THEN GOTO (104) Radiation Therapy:
   ELSE GOTO (103) specify number of vertebrae

103 specify number of vertebrae ___________ ___________ ___________ ___________ ___________
   ELSE GOTO (104) Radiation Therapy:
104 Radiation Therapy:
  - Yes
  - No

IF (104) Radiation Therapy:= no
  THEN GOTO (107) Was this line of therapy given for stem cell priming?
  ELSE GOTO (105) Date therapy started:

<table>
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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
<td>2016</td>
</tr>
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ELSE GOTO (106) Date therapy stopped:

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
<td>2016</td>
</tr>
</tbody>
</table>

ELSE GOTO (107) Was this line of therapy given for stem cell priming?

107 Was this line of therapy given for stem cell priming?
  - Yes
  - No

ELSE GOTO (108) Best response to line of therapy

108 Best response to line of therapy
  - sCR
    - Stringent complete response - CR as defined, 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 kappa/lambda ratio. An abnormal kappa/lambda 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 kappa/lambda 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.

  - CR
    - Complete response — 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.

  - VGPR
    - Very good partial response — 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.

  - PR
    - Partial response — >= 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.

O SD - Stable disease — 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.

O PD - Progressive disease — 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.

O unknown

IF (108) Best response to line of therapy:= unknown
THEN GOTO (110) Did disease relapse/progress following this line of therapy?
ELSE GOTO (109) Date response established:

109 Date response established: — YYYY — - MM - DD

ELSE GOTO (110) Did disease relapse/progress following this line of therapy?

110 Did disease relapse/progress following this line of therapy?

O yes

O no

IF (110) Did disease relapse/progress following this line of therapy?:= no
THEN GOTO (112) Specify the sensitivity of myeloma to chemotherapy prior to the preparative regimen:
ELSE GOTO (111) Date of relapse/progression:

111 Date of relapse/progression: — YYYY — - MM - DD

ELSE GOTO (112) Specify the sensitivity of myeloma to chemotherapy prior to the preparative regimen:

Copy questions 74-111 if needed for Pre-HSCT Line of Therapy
CIBMTR Center Number: ___________________________  CIBMTR Recipient ID: ___________________________

Today's Date:  

  Month  Day  Year

Infusion Date:  

  Month  Day  Year

CIBMTR Center Number: ___________________________  CIBMTR Recipient ID: ___________________________

112 Specify the sensitivity of myeloma to chemotherapy prior to the preparative regimen:  
   (Treatment must have been completed <= 6 months prior to HSCT.)  
   O 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)  
   O 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)  
   O not applicable - no chemotherapy, or chemotherapy ended more than 6 months prior to the preparative regimen  
   O unknown

ELSE GOTO (113) At what point in the disease course was the HSCT performed?

113 At what point in the disease course was the HSCT performed?  
   O as part of initial therapy for a recipient with no disease progression at any time prior to HSCT  
   O later in the disease course for a recipient with disease progression at any time prior to HSCT

ELSE GOTO (114) Plasma cells in bone marrow aspirate:

114 Plasma cells in bone marrow aspirate:  
   O known  
   O not known

IF (114) Plasma cells in bone marrow aspirate::= not known
THEN GOTO (116) Plasma cells in bone marrow biopsy:  
ELSE GOTO (115) Percent plasma cells in aspirate

115 _______________________  %

ELSE GOTO (116) Plasma cells in bone marrow biopsy:

116 Plasma cells in bone marrow biopsy:  
   O known  
   O not known

IF (116) Plasma cells in bone marrow biopsy::= not known  
THEN GOTO (118) Plasma cells in bone marrow, sample source unknown:  
ELSE GOTO (117) Percent plasma cells bone marrow biopsy

117  %

ELSE GOTO (118) Plasma cells in bone marrow, sample source unknown:

118 Plasma cells in bone marrow, sample source unknown:  
   O known  
   O not known

IF (118) Plasma cells in bone marrow, sample source unknown::= not known
THEN GOTO (120) Serum albumin:
ELSE GOTO (119) Percent plasma cells in BM sample unknown

119 _______________________  %
ELSE GOTO (120) Serum albumin:

120 Serum albumin:
   O known
   O not known
   IF (120) Serum albumin:= not known
   THEN GOTO (122) Serum β₂ microglobulin:
   ELSE GOTO (121) Albumin value

121 ________________
   ELSE GOTO unit of measure
   O g/dL
   O g/L
   ELSE GOTO (122) Serum β₂ microglobulin:

122 Serum β₂ microglobulin:
   O known
   O not known
   IF (122) Serum β₂ microglobulin:= not known
   THEN GOTO (124) serum monoclonal Ig at prep
   ELSE GOTO (123) Serum Beta 2 microglobulin value

123 ________________
   ELSE GOTO unit of measure
   O μg/dL
   O mg/L
   O nmol/L
   ELSE GOTO (122) serum monoclonal Ig at prep

124 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 113 is answered as option 1.)
   O known
   O not known
   IF (124) serum monoclonal Ig at prep:= not known
   THEN GOTO (126) For recipients with PCL only: Are circulation plasma cells currently present?
   ELSE GOTO (125) Serum monoclonal Ig value

125 ________________
   ELSE GOTO unit of measure
   O mg/dL
   O g/dL
   O g/L
   ELSE GOTO (124) serum monoclonal Ig at prep

126 For recipients with PCL only: Are circulation plasma cells currently present?
   O yes
   O no
   ELSE GOTO (127) Were cytogenetics tested (conventional or FISH)?
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were cytogenetics tested (conventional or FISH)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results of tests at diagnosis:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monosomy 129 -13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trisomy 130 +3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trisomy 131 +5</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Trisomy 132 +7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trisomy 133 +9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trisomy 134 +11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
135 +15
   O yes
   O no
   ELSE GOTO (136) Trisomy +19 at diagnosis

136 +19
   O yes
   O no
   ELSE GOTO (137) Translocation t(4;14) at diagnosis

   Translocation
137 t(4;14)
   O yes
   O no
   ELSE GOTO (138) Translocation t(6;14) at diagnosis

138 t(6;14)
   O yes
   O no
   ELSE GOTO (139) Translocation t(11;14) at diagnosis

139 t(11;14)
   O yes
   O no
   ELSE GOTO (140) Translocation t(14;16) at diagnosis

140 t(14;16)
   O yes
   O no
   ELSE GOTO (141) Deletion del 13/13q- at diagnosis

   Deletion
141 del 13/13q-
   O yes
   O no
   ELSE GOTO (142) Deletion del 17/17p- at diagnosis

142 del 17/17p-
   O yes
   O no
   ELSE GOTO (143) Hyperdiploid (>50) at diagnosis

   Other
143 hyperdiploid (>50)
   O yes
   O no
   ELSE GOTO (144) Hypodiploid (<46) at diagnosis

144 Hypodiploid (<46)
   O yes
<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
</table>

**CIBMTR Center Number: __________________**  **CIBMTR Recipient ID: ________________**

**Today's Date:**
- Month: [ ]
- Day: [20]
- Year: [20]

**Infusion Date:**
- Month: [ ]
- Day: [20]
- Year: [ ]

**CIBMTR Center Number:**
- [ ]

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<tr>
<th>CIBMTR Center Number:</th>
<th>CIBMTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
</table>

**O no**

ELSE GOTO (145) Any abnormality at 1q at diagnosis

145 Any abnormality at 1q
- O yes
- O no

ELSE GOTO (146) Other other abnormality at diagnosis

146 Other abnormality
- O yes
- O no

IF (146) Other other abnormality at diagnosis:= no
THEN GOTO (148) Results of tests after diagnosis to prior to the preparative regimen:
ELSE GOTO (147) Specify other abnormality at diagnosis

147 Specify other abnormality ___________________________

ELSE GOTO (148) Results of tests after diagnosis to prior to the preparative regimen:

148 Results of tests after diagnosis to prior to the preparative regimen:
- O yes abnormalities identified
- O no evaluable metaphases on any tests
- O no abnormalities on any tests after diagnosis and before the preparative regimen

IF (148) Results of tests after diagnosis to prior to the preparative regimen::= yes abnormalities identified
THEN GOTO (149) Monosomy -13 at prep
ELSE GOTO (168) Is a copy of the cytogenetic or FISH report attached?

Cytogenetic abnormality any test result between diagnosis and preparative regimen

Monosomy
149 -13
- O yes
- O no

ELSE GOTO (150) Trisomy +3 at prep

Trisomy
150 +3
- O yes
- O no

ELSE GOTO (151) Trisomy +5 at prep

151 +5
- O yes
- O no

ELSE GOTO (152) Trisomy +7 at prep
<table>
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**Today's Date:**

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<th>Day</th>
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**Infusion Date:**

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### Error Correction Form

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</tr>
<tr>
<td></td>
<td>O  no</td>
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<tr>
<td></td>
<td>ELSE GOTO (153) Trisomy +9 at prep</td>
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<tr>
<th>153</th>
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<td>O  yes</td>
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<td></td>
<td>O  no</td>
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<tr>
<td></td>
<td>ELSE GOTO (154) Trisomy +11 at prep</td>
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</table>

<table>
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<tr>
<th>154</th>
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<tbody>
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<tr>
<td></td>
<td>O  no</td>
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<tr>
<td></td>
<td>ELSE GOTO (155) Trisomy +15 at prep</td>
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<table>
<thead>
<tr>
<th>155</th>
<th>+15</th>
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<tbody>
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<tr>
<td></td>
<td>O  no</td>
</tr>
<tr>
<td></td>
<td>ELSE GOTO (156) Trisomy +19 at prep</td>
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<table>
<thead>
<tr>
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<td>O  yes</td>
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<td></td>
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<td>ELSE GOTO (157) Translocation t(4;14) at prep</td>
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**Translocation**

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<tbody>
<tr>
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<tr>
<td></td>
<td>O  no</td>
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<tr>
<td></td>
<td>ELSE GOTO (158) Translocation t(6;14) at prep</td>
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<tr>
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<tbody>
<tr>
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<tr>
<td></td>
<td>O  no</td>
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<tr>
<td></td>
<td>ELSE GOTO (159) Translocation t(11;14) at prep</td>
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<thead>
<tr>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>ELSE GOTO (160) Translocation t(14;16) at prep</td>
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<table>
<thead>
<tr>
<th>160</th>
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<td>O  yes</td>
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<tr>
<td></td>
<td>O  no</td>
</tr>
<tr>
<td></td>
<td>ELSE GOTO (161) Deletion del 13/13q- at prep</td>
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**Deletion**

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<thead>
<tr>
<th>161</th>
<th>del 13/13q-</th>
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</thead>
<tbody>
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</table>

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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).
### Disease Status at the Last Evaluation Prior to the Preparative Regimen

<table>
<thead>
<tr>
<th>Questions: 169-170</th>
</tr>
</thead>
<tbody>
<tr>
<td>169 What was the disease status prior to the preparative regimen?</td>
</tr>
<tr>
<td><em>(Report the most recent disease assessment prior to the preparative regimen.)</em></td>
</tr>
</tbody>
</table>

- **Stringent** - CR as defined, 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 kappa/lambda ratio. An abnormal kappa/lambda 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 kappa/lambda 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 Disease (SD)** — 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 (PR)** — 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** — requires one or more of the following: reappearance of serum or urine M-protein by
### CIBMTR Form 2016 revision 2 (page 25 of 25) Last Updated November 12, 2012.

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**Relapse**

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) requires two consecutive assessments made at any time before classification as relapse, and/or the institution of any new therapy.

1. **What was the disease status prior to the preparative regimen?**
   - **Stable Disease (SD)**
   - **Disease status unknown**

2. **Specify the date of the most recent assessment for disease status prior to the preparative regimen:**
   - **YYYY MM DD**

---

**First Name:** __________________________

**Last Name:** __________________________

**Phone number:** __________________________

**Fax number:** __________________________

**E-mail address:** __________________________

**End of Form**