Form 2016 R4.0: Plasma Cell Disorders (PCD) Pre-Infusion Data

Key Fields

Sequence Number: 
Date Received: 
CIBMTR Center Number: 
CIBMTR Research ID: 
Event date: 

Subsequent Transplant or Cellular Therapy

If this is a report of a second or subsequent transplant or cellular therapy for the same disease subtype and this baseline disease insert has not been completed for the previous transplant (e.g. patient was on T-cell for the prior HCT or cellular therapy, prior HCT or cellular therapy was autologous with no consent, prior cellular therapy was not reported to the CIBMTR), mark “No” and begin the form at question one.

If this is a report of a second or subsequent transplant or cellular therapy for a different disease, mark “No” and begin the form at question one.

Is this the report of a second or subsequent transplant or cellular therapy for the same disease?
- Yes
- No

Disease Assessment at Diagnosis

1 Specify the multiple myeloma/plasma cell disorder (PCD) classification
- Multiple myeloma (178)
- Multiple myeloma-light chain only (186)
- Multiple myeloma-non-secretory (187)
- Plasma cell leukemia (172)
- Solitary plasmacytoma (no evidence of myeloma) (175)
- Smoldering myeloma (180)
- Amyloidosis (174)
- Osteosclerotic myeloma / POEMS syndrome (176)
- Monoclonal gammopathy of renal significance (MGRS) (1611)
- Other plasma cell disorder (179)

2 Specify preceding / concurrent disorder (check all that apply)
- Multiple myeloma
- Multiple myeloma - light chain only
- Multiple myeloma - non-secretory
- Plasma cell leukemia
- Solitary plasmacytoma (no evidence of myeloma)
- Smoldering myeloma
- Amyloidosis
- Osteosclerotic myeloma / POEMS syndrome
- Monoclonal gammopathy of unknown significance (MGUS)
- Monoclonal gammopathy of renal significance (MGRS)
- Other plasma cell disorder (PCD)

Diagnostic Studies (Measured Prior to Any Disease Treatment)

Report values prior to first treatment for plasma cell disorder.

3 Hemoglobin
- Known
- Unknown

4 Serum calcium
- Known
- Unknown

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Retain the original form at the transplant center.
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<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>GIMTTR Recipient ID:</th>
<th>Initials:</th>
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<tbody>
<tr>
<td>Today’s Date:</td>
<td>Infusion Date:</td>
<td>GIMTTR Center Number:</td>
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<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
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<table>
<thead>
<tr>
<th>Key Fields</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Sequence Number:</td>
<td></td>
</tr>
<tr>
<td>Date Received:</td>
<td></td>
</tr>
</tbody>
</table>

- **Known**
- **Not applicable**
- **Unknown**

### 7 Serum creatinine
- mg/dL
- mmol/L
- µmol/L

### 8 Upper limit of normal for serum creatinine: __________

### 10 Serum monoclonal protein (M-spike): (only from electrophoresis): 
- Known
- Unknown
- Not applicable

### 11 Serum immunofixation
- mg/dL
- g/dL
- g/L

### 13 What was the M-spike type? (check all that apply)
- IgG kappa
- IgA kappa
- IgM kappa
- IgD kappa
- IgE kappa
- IgG lambda
- IgA lambda
- IgM lambda
- IgD lambda
- IgE lambda
- IgG (heavy chain only)
- IgA (heavy chain only)
- IgM (heavy chain only)
- IgD (heavy chain only)
- IgE (heavy chain only)
- Kappa (light chain only)
- Lambda (light chain only)
- No bands present

### 14 Serum free light chains - k (kappa)
- mg/dL
- mg/L

### 15 **Upper limit of normal for K (kappa) free light chain**: __________

### 17 Serum free light chains - λ (lambda)
- mg/dL
- mg/L

### 18 **Upper limit of normal for λ (lambda) free light chain**: __________

### Specify the following serum quantitative immunoglobulins

#### 20 IgG
- Known
- Unknown

#### 21 Upper limit of normal for IgG: __________

#### 23 IgA
- Known
- Unknown

#### 25 Upper limit of normal for IgA: __________

#### 26 IgM
- Known
- Unknown

#### 27 Upper limit of normal for IgM: __________

---

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#### Center:  
CRID:  

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<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
<td><strong>28</strong> Upper limit of normal for IgM:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>29</strong> IgD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known / Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>30</strong> Upper limit of normal for IgD:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>31</strong> Upper limit of normal for IgE:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>32</strong> IgE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known / Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>33</strong> Urine light chain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>kappa / lambda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>34</strong> Urinary monoclonal protein (M-spike) / 24 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known / Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>35</strong> Urine albumin / creatinine ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>36</strong> Urine albumin / creatinine ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known / Unknown</td>
<td></td>
<td></td>
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<tr>
<td><strong>37</strong> Plasma cells in bone marrow aspirate by flow cytometry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known / Unknown</td>
<td></td>
<td></td>
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<tr>
<td><strong>38</strong> Plasma cells in bone marrow aspirate by morphologic assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known / Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>39</strong> Plasma cells in bone marrow biopsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known / Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>40</strong> Were immunohistochemical stains obtained? (bone marrow biopsy)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes / no / Unknown</td>
<td></td>
<td></td>
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<tr>
<td><strong>41</strong> CD138</td>
<td></td>
<td></td>
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<tr>
<td>Positive / Negative / Unknown</td>
<td></td>
<td></td>
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<tr>
<td><strong>42</strong> CD38</td>
<td></td>
<td></td>
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<tr>
<td>Positive / Negative / Unknown</td>
<td></td>
<td></td>
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<tr>
<td><strong>43</strong> Were a gene expression profile performed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes / no / Unknown</td>
<td></td>
<td></td>
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<tr>
<td><strong>44</strong> Were results considered high risk myeloma?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>yes / no / Unknown</td>
<td></td>
<td></td>
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<tr>
<td><strong>45</strong> Was documentation submitted to the CIBMTR? (e.g. gene expression profile report)</td>
<td></td>
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<tr>
<td>yes / no / Unknown</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>46</strong> Was a PET/CT scan performed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes / no / Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>47</strong> Was the PET/CT scan positive for myeloma involvement at any disease site?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes / no / Unknown</td>
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</tbody>
</table>
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58 Areas of involvement (check all that apply)
- Bone marrow
- Extramedullary plasmacytomas
- Lytic bone lesions
- Sclerotic bone lesions

59 Date of PET/CT scan
- Known
- Unknown

60 Date of PET/CT scan: __ __ __ __ __ __ __ __ __ __

Amyloidosis Organ Involvement at Diagnosis

Complete questions 61 - 124 for amyloid patients only. If diagnosis was other than amyloidosis, or there is no evidence or history of it, skip to question 125.

61 Sites of tissue with pathologic diagnosis of amyloidosis (check all that apply)
- Bone marrow
- Fat
- GI tract
- Heart
- Kidney
- Liver
- Lung
- Muscle
- Nerve
- Salivary gland
- Skin
- Tongue
- Other

62 Specify other site:

63 Was amyloid subtyping performed?
- Yes
- No

64 Indicate amyloid subtype

65 Indicate method utilized for subtyping
- Immunohistochemistry
- Mass spectrometry
- Immunofluorescence
- Other

66 Specify other method utilized for subtyping:

Cardiac Involvement

67 Was a cardiac imaging procedure performed?
- Yes
- No

68 Was a cardiac MRI done?
- Yes
- No

69 Specify cardiac MRI results
- Normal
- Abnormal
- Unknown

70 Was documentation submitted to the CIBMTR? (e.g. MRI report)
- Yes
- No

71 Was the left ventricular ejection fraction measured?
- Yes
- No

72 Specify the left ventricular ejection fraction: __ __

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73 Specify the method used to determine the left ventricular ejection fraction
  - Echocardiogram
  - Multiple gated acquisition (MUGA) scan
  - Cardiac MRI
  - Unknown

74 Was diastolic dysfunction present?
  - yes
  - no
  - Unknown

75 Specify the interventricular septal wall thickness measured by echocardiogram
  - Known
  - Unknown

76

77 Specify left ventricular (LV) strain percentage
  - Known
  - Unknown

78 %

79 Were any serum cardiac biomarkers assessed?
  - yes
  - no
  - Unknown

80 Date cardiac biomarkers were assessed: __ __ __ __ __ __ __

Specify the cardiac biomarkers assessed:

81 Brain natriuretic peptide (BNP)
  - yes
  - no

82 pg/mL

83 Upper limit of normal for BNP:

84 N-terminal prohormone brain natriuretic peptide (NT-proBNP)
  - yes
  - no

85 pg/mL

86 Upper limit of normal for NT-proBNP:

87 Troponin I
  - yes
  - no

88 µg/L

89 Upper limit of normal for troponin I:

90 Troponin T
  - yes
  - no

91 µg/L

92 Upper limit of normal for troponin T:

93 High sensitivity troponin T
  - yes
  - no

94 ng/L

95 Upper limit of normal for high sensitivity troponin T:

96 Was a 6 minute walk test performed?
  - yes
  - No

97 Distance walked: ___________________________ meters / feet

98 Specify the recipient's New York Heart Association functional classification of heart failure
(Symptoms may include dyspnea, chest pain, fatigue, and palpitations; activity level should be assessed with consideration for patient's age-group)
  - Class I – Able to perform ordinary activities without symptoms; no limitation of physical activity
  - Class II – Ordinary physical activity produces symptoms; slight limitation of physical activity
  - Class III – Less-than-ordinary physical activity produces symptoms; moderate limitation of physical activity
  - Class IV – Symptoms present even at rest; severe limitation of physical activity
  - Unknown

99 Recipient blood pressure (at diagnosis)
  - Known
  - Unknown

100 mm/Hg

101 Indicate body position during blood pressure measurement
  - Sitting
  - Standing
  - Supine
  - Unknown
Form 2016 R4.0: Plasma Cell Disorders (PCD) Pre-Infusion Data

102 Did the recipient develop pericardial effusion?
   - Yes
   - No

103 Was hepatomegaly present on radiographic imaging (liver span > 15 cm) or on examination (liver edge palpable > 3 cm below right costal margin)?
   - Yes
   - No
   - Unknown

104 Specify the level of serum alkaline phosphatase
   - Known
   - Unknown

105 Upper limit of normal for serum alkaline phosphatase: ________________________________

106 Gastrointestinal Involvement

107 Was there clinical suspicion of gastrointestinal (GI) involvement?
   - Yes
   - No
   - Unknown

108 Specify the site(s) of GI Involvement (check all that apply)
   - Tongue (macroglossia)
   - Esophagus
   - Stomach
   - Small Intestine
   - Colon
   - Rectum

109 Peripheral Nervous System Involvement

110 Was a sensory / motor exam performed?
   - Yes
   - No
   - Unknown

111 Specify the exam results
   - Normal
   - Abnormal

112 Did the recipient display any other evidence of peripheral nerve involvement for amyloidosis?
   - Yes
   - No

113 Autonomic Neuropathy Involvement

114 Did the recipient display symptomatic orthostatic hypotension (not attributable to medications or volume depletion)?
   - Yes
   - No

115 Did the recipient display any other evidence of autonomic neuropathy involvement (e.g. pseudo-obstruction or intractable diarrhea)?
   - Yes
   - No

116 Other Organ Involvement

117 Did the recipient display any other clinical organ involvement?
   - Yes
   - No

118 Specify the evidence of other organ involvement (check all that apply)
   - Arthropathy
   - Lung
   - Soft tissue
   - Other organ involvement

119 Was Factor X measured?
   - Yes
   - No

120 %

121 Indicate the type of Factor X measurement
   - Activity
   - Antigen
**Form 2016 R4.0: Plasma Cell Disorders (PCD) Pre-Infusion Data**

**Questions: 125 - 156 for POEMS syndrome patients only. If diagnosis was other than POEMS or there is no evidence or history of it, skip to question 157.**

**122** Was the recipient on Warfarin (Coumadin)?
- [ ] Yes
- [ ] No

**123** Uric acid at diagnosis
- [ ] Known
- [ ] Unknown

**124** __________________ mg/dL

**POEMS Syndrome Assessment at Diagnosis**

Questions 125 - 156

**125** Specify POEMS clinical features (check all that apply)
- Castleman’s disease
- Hepatomegaly
- Extravascular volume overload (ascites, peripheral edema, pleural effusion)
- Lymphadenopathy
- Papilledema
- Polyneuropathy
- Skin changes (hyperpigmentation, hypertrichosis, glomeruloid hemangioma, plethora, acrocyanosis, flushing, white nails)
- Sclerotic bone lesions
- Splenomegaly
- Thrombocytosis / polycythemia
- Other

**126** Specify other POEMS clinical feature: __________________________

**127** Thyroid stimulating hormone (TSH)
- [ ] Known
- [ ] Unknown

**128** __________________ mU/L (µU/mL)

**129** Upper limit of normal for thyroid stimulating hormone (TSH): __________________________

**130** Testosterone level
- [ ] Known
- [ ] Unknown

**131** __________________ ng/dL  nmol/L

**132** Upper limit of normal for testosterone level: __________________________

**133** Estradiol level
- [ ] Known
- [ ] Unknown

**134** __________________ pg/mL

**135** Upper limit of normal for estradiol level: __________________________

**136** Prolactin level
- [ ] Known
- [ ] Unknown

**137** __________________ ng/mL

**138** Upper limit of normal for prolactin level: __________________________

**139** Cortisol level
- [ ] Known
- [ ] Unknown

**140** __________________ µg/dL  nmol/L

**141** Upper limit of normal for cortisol level: __________________________

**142** Interleukin-6
- [ ] Known
- [ ] Unknown

**143** __________________ pg/mL

**144** Upper limit of normal for interleukin-6: __________________________

**145** Was pulmonary artery hypertension present?
- [ ] Yes
- [ ] No

**146** Specify the estimated systolic artery pressure: __________________ mm Hg

**147** Forced vital capacity (FVC)
- [ ] Known
- [ ] Unknown

**148** __________________ %
Form 2016 R4.0: Plasma Cell Disorders (PCD) Pre-Infusion Data

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- **CIBMTR Center Number:**

### Pre-Infusion Therapy

**Questions: 157 - 187**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| 157      | Was therapy given?  
|          | Yes ☐ No ☐ |

**Line of Therapy (1)**

**Questions: 158 - 187**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| 158      | Systemic therapy  
|          | Yes ☐ No ☐ |
| 159      | Date therapy started  
|          | Known ☐ Unknown ☐ |
| 160      | Date started: __/__/__  
| 161      | Date therapy stopped  
|          | Known ☐ Unknown ☐  
|          | Not applicable (still receiving therapy) |
| 162      | Date stopped: __/__/__  

<table>
<thead>
<tr>
<th>Reason stopped</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response / progression</td>
<td>☐</td>
</tr>
<tr>
<td>Toxicity</td>
<td>☐</td>
</tr>
<tr>
<td>Completed prescribed course/end of treatment protocol</td>
<td>☐</td>
</tr>
<tr>
<td>Unknown</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>164</td>
<td>Specify other reason therapy stopped:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| 165      | Was a standard drug regimen given? (as part of this line of therapy) (with or without additional therapy)  
|          | Yes ☐ No ☐ |

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| 166      | Specify regimen (given as part of this line of therapy)  
|          | VCD/CVD/CyBoD (Bortezomib (Velaedge), Cyclophosphamide (Cytoxan), dexamethasone) ☐ |
|          | RVD/VRD (Bortezomib (Velaedge), Lenalidomide (Revlimid), dexamethasone) ☐  
|          | DVD (Daratumumab (Darzalex), Bortezomib (Velaedge), dexamethasone) ☐  
|          | RD (Lenalidomide (Revlimid), dexamethasone) ☐  
|          | KRD (Carfilzomib (Kyprolis), Lenalidomide (Revlimid), dexamethasone) ☐ |

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| 167      | Were systemic drugs given? (as part of this line of therapy) (Report drugs given that were not already reported as one of the standard regimens, OR drugs given in addition to one of the standard regimens reported above as part of the same line of therapy)  
|          | Yes ☐ No ☐ |
**168** Systemic drugs (check all drugs given as part of this line of therapy)

- Bendamustine
- Bortezomib (Velcade)
- Carfilzomib
- Carmustine (BCNU, Gliadel)
- Cisplatin (Platinol, CDDP)
- Clarithromycin (Biaxin)
- Corticosteroids
- Cyclophosphamide (Cytoxan)
- Cytarabine (Ara-C)
- Daratumumab (Darzalex)
- Doxorubicin (Adriamycin)
- Doxorubicin liposomal (Doxil)
- Elotuzumab
- Etoposide (VP-16, VePesid)
- Idarubicin (Idamycin)
- Interferon-α (Intron, Roferon) (includes PEG)
- Isatuximab
- Ixazomb
- Lenalidomide (Revlimid)
- Marizomib
- Melphalan (L-PAM, Alkeran)
- Oprozomb
- Panobinostat
- Pomalidomide
- Rituximab
- Selinexor
- Thalidomide (Thalomid)
- Venetoclax
- Vorinostat
- Other systemic therapy

**169** Specify other systemic therapy:

**170** Was this line of therapy given for stem cell mobilization (priming)?

- Yes  
- No

**171** Did the recipient receive any amyloid fibril-directed therapies?

- Yes  
- No

**172** Specify amyloid fibril-directed therapies (check all that apply)

- Doxycline
- EGCG / green tea
- CAEL - 101
- NEOD - 001
- Other

**173** Specify other:

**174** Radiation therapy

- Yes  
- No

**175** Date therapy started

- Known  
- Unknown

**176** Date started: _ _ _ _ _ _ _ _ _ _ _ _

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<tr>
<td>GIBMTR Center Number:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Date therapy stopped</th>
</tr>
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<tbody>
<tr>
<td>Known</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
<tr>
<td>Not applicable (still receiving therapy)</td>
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<table>
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<tr>
<th>Date stopped:</th>
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<table>
<thead>
<tr>
<th>Dose of radiation therapy</th>
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<tbody>
<tr>
<td>Known</td>
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<tr>
<td>Unknown</td>
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<table>
<thead>
<tr>
<th>Total dose:</th>
</tr>
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<tbody>
<tr>
<td>Gy</td>
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<tr>
<td>cGy</td>
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<table>
<thead>
<tr>
<th>Cellular therapy (e.g. CAR-T cells)</th>
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<tbody>
<tr>
<td>yes - Also complete Pre-CTED Form 4000</td>
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<tr>
<td>no</td>
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</table>

<table>
<thead>
<tr>
<th>Best hematologic response to line of therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stringent complete response (sCR)</td>
</tr>
<tr>
<td>Complete response (CR)</td>
</tr>
<tr>
<td>Very good partial response (VGPR)</td>
</tr>
<tr>
<td>Partial response (PR)</td>
</tr>
<tr>
<td>No response (NR) / stable disease (SD)</td>
</tr>
<tr>
<td>Progressive disease (PD)</td>
</tr>
<tr>
<td>Relapse from CR (Rel) (untreated)</td>
</tr>
<tr>
<td>Unknown</td>
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<th>Date assessed:</th>
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<table>
<thead>
<tr>
<th>Best hematologic response to line of therapy (for Amyloid patients only)</th>
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</thead>
<tbody>
<tr>
<td>Complete response (CR)</td>
</tr>
<tr>
<td>Very good partial response (VGPR)</td>
</tr>
<tr>
<td>Partial response (PR)</td>
</tr>
<tr>
<td>No response (NR) / stable disease (SD)</td>
</tr>
<tr>
<td>Progressive disease (PD)</td>
</tr>
<tr>
<td>Relapse from CR (Rel) (untreated)</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date assessed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did disease relapse/progress following this line of therapy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
</tr>
<tr>
<td>no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of relapse/progression:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Laboratory Studies at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

<table>
<thead>
<tr>
<th>Questions: 188 - 255</th>
</tr>
</thead>
<tbody>
<tr>
<td>188 Serum β2 - microglobulin</td>
</tr>
<tr>
<td>Known</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>189</th>
<th>µg/dL</th>
<th>mg/L</th>
<th>nmol/L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>190 Plasma cells in blood by flow cytometry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>191</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>192</th>
<th>x 10⁹/L (x 10³/mm³)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>193 Plasma cells in blood by morphologic assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>194</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>195</th>
<th>x 10⁹/L (x 10³/mm³)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>196</th>
<th>x 10⁶/L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Form 2016 R4.0: Plasma Cell Disorders (PCD) Pre-Infusion Data

#### Center: CRID:

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serum albumin</strong></td>
<td></td>
</tr>
<tr>
<td>- Known</td>
<td></td>
</tr>
<tr>
<td>- Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Serum monoclonal protein (M-spike): (only from electrophoresis)</strong></td>
<td></td>
</tr>
<tr>
<td>- Known</td>
<td></td>
</tr>
<tr>
<td>- Unknown or Not applicable</td>
<td></td>
</tr>
<tr>
<td><strong>Serum immunofixation</strong></td>
<td></td>
</tr>
<tr>
<td>- Known or Not applicable</td>
<td></td>
</tr>
<tr>
<td>- Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Specify bands present:</strong></td>
<td></td>
</tr>
<tr>
<td>- Original monoclonal bands</td>
<td></td>
</tr>
<tr>
<td>- New monoclonal (or oligoclonal) bands</td>
<td></td>
</tr>
<tr>
<td>- Serum free light chains - κ (kappa)</td>
<td></td>
</tr>
<tr>
<td>- Upper limit of normal for K (kappa)</td>
<td></td>
</tr>
<tr>
<td>- Upper limit of normal for λ (lambda)</td>
<td></td>
</tr>
<tr>
<td>- Urinary monoclonal protein (M-spike) / 24 hours</td>
<td></td>
</tr>
<tr>
<td>- Urinary immunofixation</td>
<td></td>
</tr>
<tr>
<td><strong>Specify bands present:</strong></td>
<td></td>
</tr>
<tr>
<td>- Total urine protein in 24 hours</td>
<td></td>
</tr>
<tr>
<td>**Urine albumin / creatinine ratio</td>
<td></td>
</tr>
<tr>
<td>**Urine protein / creatinine ratio</td>
<td></td>
</tr>
<tr>
<td><strong>Was minimal residual disease (MRD) assessed during the pre-HCT or pre-infusion evaluation?</strong></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
</tr>
<tr>
<td>- Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Next generation sequencing (NGS)</strong></td>
<td></td>
</tr>
<tr>
<td>- Sample source</td>
<td></td>
</tr>
<tr>
<td>- Indicate the sensitivity of the NGS testing</td>
<td></td>
</tr>
</tbody>
</table>

---

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Form 2016 R4.0: Plasma Cell Disorders (PCD) Pre-Infusion Data

Center: CRID:

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>GIMHTR Recipient ID:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today's Date:</td>
<td>Infusion Date:</td>
<td>GIMHTR Center Number:</td>
</tr>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
</tbody>
</table>

224 Specify other sensitivity: ________________________________

225 Next generation flow (NGF)
    □ Positive □ Negative □ Not done

226 Sample source
    □ Blood □ Bone marrow

227 Indicate the sensitivity of the NGF testing
    □ 10^-4 □ 10^-5 □ 10^-6 □ Unknown □ Other

228 Specify other sensitivity:

229 Plasma cells in bone marrow aspirate by flow cytometry
    □ Known □ Unknown

230 %

231 Plasma cells in bone marrow aspirate by morphologic assessment
    □ Known □ Unknown

232 %

233 Plasma cells in bone marrow biopsy
    □ Known □ Unknown

234 %

235 Were cytogenetics tested (karyotyping or FISH)?
    □ yes □ no □ Unknown

236 Were cytogenetics tested via FISH?
    □ Yes □ No

237 Results of tests
    □ Abnormalities identified
    □ No abnormalities

Specify cytogenetic abnormalities identified via FISH at last evaluation prior to the start of the preparative regimen:

238 International System for Human Cytogenetic Nomenclature (ISCN) compatible string: ________________________________

239 Specify abnormalities (check all that apply)

- +3
- +5
- +7
- +9
- +11
- +15
- +19
- t(4;14)
- t(6;14)
- t(11;14)
- t(14;16)
- t(14;20)
- del(13q) / 13q-
- del(17p) / 17p-
- -13
- -17
- Hyperdiploid (> 50)
- Hypodiploid (< 46)
- Any abnormality at 1q
- Any abnormality at 1p
- MYC rearrangement
- Other abnormality

240 Specify other abnormality: ________________________________
Form 2016 R4.0: Plasma Cell Disorders (PCD) Pre-Infusion Data

Center: CRID:

241 Was documentation submitted to the CIBMTR? (e.g. FISH report)
   ☐ Yes ☐ No

242 Were cytogenetics tested via karyotyping?
   ☐ Yes ☐ No

243 Results of tests
   ☐ Abnormalities identified
   ☐ No evaluable metaphases
   ☐ No abnormalities

Specify cytogenetic abnormalities identified via conventional cytogenetics at last evaluation prior to the start of the preparative regimen:

International System for Human Cytogenetic Nomenclature (ISCN) compatible string:

245 Specify abnormalities (check all that apply)
   ☐ +3
   ☐ +5
   ☐ +7
   ☐ +9
   ☐ +11
   ☐ +15
   ☐ +19
   ☐ t(4;14)
   ☐ t(6;14)
   ☐ t(11;14)
   ☐ t(14;16)
   ☐ t(14;20)
   ☐ del(13q) / 13q-
   ☐ del(17p) / 17p-
   ☐ -13
   ☐ -17
   ☐ Hyperdiploid (> 50)
   ☐ Hypodiploid (< 46)
   ☐ Any abnormality at 1q
   ☐ Any abnormality at 1p
   ☐ MYC rearrangement
   ☐ Other abnormality

246 Specify other abnormality:

247 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)
   ☐ Yes ☐ No

248 Did the recipient receive dialysis?
   ☐ Yes ☐ No

249 Date of dialysis
   ☐ Known ☐ Unknown

250 Date of dialysis: __-__-__ __:__

251 Was a PET/CT scan performed?
   ☐ yes ☐ no

252 Was the PET/CT scan positive for myeloma involvement at any disease site?
   ☐ Yes ☐ No
Form 2016 R4.0: Plasma Cell Disorders (PCD) Pre-Infusion Data

Center: CRID:

### Areas of involvement (check all that apply)
- □ Bone marrow
- □ Extramedullary plasmacytomas
- □ Lytic bone lesions
- □ Sclerotic bone lesions

### Date of PET scan
- □ Known
- □ Unknown

### Date of PET/CT scan: __ __ __ __ __ __

#### Amyloidosis Assessment at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

Questions: 256 - 290

Complete questions 256 – 290 for amyloid patients only. If diagnosis was other than amyloidosis or there is no history of it, continue with 291.

### Cardiac Involvement

**256** Was the left ventricular ejection fraction measured?
- □ yes
- □ no

**257** __ percentage

### Specify the method used to determine the left ventricular ejection fraction
- □ Echocardiogram
- □ Multiple gated acquisition (MUGA) scan
- □ Cardiac MRI
- □ Unknown

### Was diastolic dysfunction present?
- □ yes
- □ no
- □ Unknown

### Specify the interventricular septal wall thickness measured by echocardiogram
- □ Known
- □ Unknown

**261** __ mm

### Specify left ventricular (LV) strain percentage
- □ Known
- □ Unknown

**263** __ percentage

### Were any serum cardiac biomarkers assessed?
- □ yes
- □ no
- □ Unknown

### Date cardiac biomarkers were assessed: __ __ __ __ __ __

#### Specify the cardiac biomarkers assessed:

**266** Brain natriuretic peptide (BNP)
- □ yes
- □ no

**267** __ pg/mL

### Upper limit of normal for BNP: __ __ __ __ __ __

**269** N-terminal prohormone brain natriuretic peptide (NT-proBNP)
- □ yes
- □ no

**270** __ pg/mL

### Upper limit of normal for NT-proBNP: __ __ __ __ __ __

**272** Troponin I
- □ yes
- □ no

**273** __ µg/L

### Upper limit of normal for troponin I: __ __ __ __ __ __

**275** Troponin T
- □ yes
- □ no

**276** __ µg/L

### Upper limit of normal for troponin T: __ __ __ __ __ __

**278** High sensitivity troponin T
- □ yes
- □ no

**279** __ ng/L

---

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Form 2016 R4.0: Plasma Cell Disorders (PCD) Pre-Infusion Data

Center: CRID:

### Upper limit of normal for high sensitivity troponin T:

- **280** Yes  
- **280** No

### Was a 6 minute walk test performed?

- **281** Yes  
- **281** No

### Specify the recipient's New York Heart Association functional classification of heart failure

(Symptoms may include dyspnea, chest pain, fatigue, and palpitations; activity level should be assessed with consideration for patient’s age-group)

- **283** Class I – Able to perform ordinary activities without symptoms; no limitation of physical activity
- **283** Class II – Ordinary physical activity produces symptoms; slight limitation of physical activity
- **283** Class III – Less-than-ordinary physical activity produces symptoms; moderate limitation of physical activity
- **283** Class IV – Symptoms present even at rest; severe limitation of physical activity
- **283** Unknown

### Recipient blood pressure (at last assessment prior to the start of preparative regimen)

- **284** Known  
- **284** Unknown

### Indicate body position during blood pressure measurement

- **286** Sitting  
- **286** Standing  
- **286** Supine  
- **286** Unknown

### Was hepatomegaly present on radiographic imaging (liver span > 15 cm) or on examination (liver edge palpable >3 cm below right costal margin)?

- **287** Yes  
- **287** No  
- **287** Unknown

### Specify level of serum alkaline phosphatase

- **288** Known  
- **288** Unknown

### Upper limit of normal for serum alkaline phosphatase:

- **289**

### POEMS Assessment at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

**Questions: 291 - 296**

Questions 291 - 296 for POEMS syndrome patients only. If diagnosis was other than POEMS or there is no evidence or history of it, skip to Signature Line.

### Vascular endothelial growth factor (VEGF) serum value

- **291** Known  
- **291** Unknown

### Upper limit of normal for serum VEGF:

- **292**

### Vascular endothelial growth factor (VEGF) plasma value

- **294** Known  
- **294** Unknown

### Upper limit of normal for plasma VEGF:

- **296**

First Name:  
Last Name:  
E-mail address:  
Date: _ _ _ _ _ _ _ 

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