ERROR CORRECTION FORM

Sequence Number: | CIBMTR Recipient ID: | Initials:

Today's Date: Month Day 20 Year | Infusion Date: Month Day 20 Year | CIBMTR Center Number:

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

Center: CRID:

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 TED track 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 <u>different</u> 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

Questions: 1 - 2

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)

Questions: 3 - 60

Report values prior to first treatment for plasma cell disorder.

3 Hemoglobin

○ Known ○ Unknown

4 _____ ○ g/dL ○ g/L ○ mmol/L

5 Serum calcium

○ Known ○ Unknown

6 _____ ○ mg/dL ○ mmol/L ○ mEq/L

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7 Serum creatinine
- ○ Known ○ Unknown

8 _____ ○ mg/dL ○ mmol/L ○ µmol/L

9 Upper limit of normal for serum creatinine: _____

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

11 _____ ○ mg/dL ○ g/dL ○ g/L

12 Serum immunofixation
- ○ Known ○ Unknown ○ Not applicable

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 - κ (kappa)
- ○ Known ○ Unknown ○ Not applicable

15 _____ ○ mg/dL ○ mg/L

16 Upper limit of normal for K (kappa) free light chain _____

17 Serum free light chains - λ (lambda)
- ○ Known ○ Unknown ○ Not applicable

18 _____ ○ mg/dL ○ mg/L

19 Upper limit of normal for λ (lambda) free light chain _____

Specify the following serum quantitative immunoglobulins

20 IgG
- ○ Known ○ Unknown

21 _____ ○ mg/dL ○ g/dL ○ g/L

22 Upper limit of normal for IgG: _____

23 IgA
- ○ Known ○ Unknown

24 _____ ○ mg/dL ○ g/dL ○ g/L

25 Upper limit of normal for IgA: _____

26 IgM
- ○ Known ○ Unknown

27 _____ ○ mg/dL ○ g/dL ○ g/L

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28 Upper limit of normal for IgM: _____

29 IgD

○ Known ○ Unknown

30 _____ ○ mg/dL ○ g/dL ○ g/L

31 Upper limit of normal for IgD: _____

32 IgE

○ Known ○ Unknown

33 _____ IU/mL

34 Upper limit of normal for IgE: _____

35 Urinary monoclonal protein (M-spike) / 24 hours

○ Known ○ Unknown ○ Not applicable

36 _____ ○ mg/24 hours ○ g/24 hours

37 Urine light chain

○ kappa ○ lambda ○ Not applicable

38 Total urine protein in 24 hours

○ Known ○ Unknown ○ Not applicable

39 _____ ○ mg/24 hours ○ g/24 hours

40 Urine albumin / creatinine ratio

○ Known ○ Unknown

41 _____ ○ mg/g ○ mg/mmol

42 Urine protein / creatinine ratio

○ Known ○ Unknown

43 _____ ○ mg/g ○ mg/mmol

44 Plasma cells in bone marrow aspirate by flow cytometry

○ Known ○ Unknown

45 _____ %

46 Plasma cells in bone marrow aspirate by morphologic assessment

○ Known ○ Unknown

47 _____ %

48 Plasma cells in bone marrow biopsy

○ Known ○ Unknown

49 _____ %

50 Were immunohistochemical stains obtained? (bone marrow biopsy)

○ yes ○ no ○ Unknown

51 CD138

○ Positive ○ Negative ○ Unknown

52 CD38

○ Positive ○ Negative ○ Unknown

53 Was a gene expression profile performed?

○ yes ○ no

54 Were results considered high risk myeloma?

○ yes ○ no

55 Was documentation submitted to the CIBMTR? (e.g. gene expression profile report)

○ yes ○ no

56 Was a PET/CT scan performed?

○ yes ○ no

57 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:

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

Questions: 61 - 124

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 _____ mm

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

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

Hepatic Involvement

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 _____ ○ IU/L ○ µkat/L

106 Upper limit of normal for serum alkaline phosphatase : _____

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

Peripheral Nervous System Involvement

109 Was a sensory / motor exam performed?
○ yes ○ no ○ Unknown

110 Specify the exam results
○ Normal ○ Abnormal

111 Did the recipient display any other evidence of peripheral nerve involvement for amyloidosis?
○ yes ○ no

112 Specify other evidence: _____

Autonomic Neuropathy Involvement

113 Did the recipient display symptomatic orthostatic hypotension (not attributable to medications or volume depletion)?
○ yes ○ no

114 Did the recipient display any other evidence of autonomic neuropathy involvement (e.g. pseudo-obstruction or intractable diarrhea)?
○ yes ○ no

115 Specify other evidence: _____

Other Organ Involvement

116 Did the recipient display any other clinical organ involvement?
○ yes ○ no

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

118 Specify other organ: _____

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

Center: CRID:

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

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.

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 hemangiomata, 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 _____ %

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Center: CRID:

149 Total lung capacity
- Known
- Unknown

150 _____ mL

151 Vascular endothelial growth factor (VEGF) serum value
- Known
- Unknown

152 _____ pg/mL

153 Upper limit of normal for serum VEGF: _____ pg/mL

154 Vascular endothelial growth factor (VEGF) plasma value
- Known
- Unknown

155 _____ pg/mL

156 Upper limit of normal for plasma VEGF: _____ pg/mL

Pre-Infusion Therapy — Questions: 157 - 187

157 Was therapy given?
- yes
- no

Line of Therapy (1) — Questions: 158 - 187

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: __ __ __ __ - __ __ - __ __

163 Reason stopped
- No response / progression
- Toxicity
- Completed prescribed course/end of treatment protocol
- Unknown
- Other

164 Specify other reason therapy stopped: _____

165 Was a standard drug regimen given? (as part of this line of therapy) (with or without additional therapy)
- Yes
- No

166 Specify regimen (given as part of this line of therapy)
- VCD/CVD/CyBorD (Bortezomib (Velcade), Cyclophosphamide (Cytoxan), dexamethasone)
- RVD/VRD (Bortezomib (Velcade), Lenalidomide (Revlimid), dexamethasone)
- DVD (Daratumumab (Darzalex), Bortezomib (Velcade), dexamethasone)
- RD (Lenalidomide (Revlimid), dexamethasone)
- KRD (Carfilzomib (Kyprolis), Lenalidomide (Revlimid), dexamethasone)

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

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

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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
- ☐ Ixazomib
- ☐ Lenalidomide (Revlimid)
- ☐ Marizomib
- ☐ Melphalan (L-PAM, Alkeran)
- ☐ Oprozomib
- ☐ 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)

- ☐ Doxycycline
- ☐ 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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177 Date therapy stopped
- ○ Known
- ○ Unknown
- ○ Not applicable (still receiving therapy)

178 Date stopped: __ __ __ __ - __ __- __ __

179 Dose of radiation therapy
- ○ Known ○ Unknown

180 Total dose: _____ ○ Gy ○ cGy

181 Cellular therapy (e.g. CAR-T cells)
- ○ yes - Also complete Pre-CTED Form 4000
- ○ no

182 Best hematologic response to line of therapy
- ○ Stringent complete response (sCR)
- ○ Complete response (CR)
- ○ Very good partial response (VGPR)
- ○ Partial response (PR)
- ○ No response (NR) / stable disease (SD)
- ○ Progressive disease (PD)
- ○ Relapse from CR (Rel) (untreated)
- ○ Unknown

183 Date assessed: __ __ __ __ - __ __- __ __

184 Best hematologic response to line of therapy (for Amyloid patients only)
- ○ Complete response (CR)
- ○ Very good partial response (VGPR)
- ○ Partial response (PR)
- ○ No response (NR) / stable disease (SD)
- ○ Progressive disease (PD)
- ○ Relapse from CR (Rel) (untreated)
- ○ Unknown

185 Date assessed: __ __ __ __ - __ __- __ __

186 Did disease relapse/progress following this line of therapy?
- ○ yes ○ no

187 Date of relapse/progression: __ __ __ __ - __ __- __ __

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

Questions: 188 - 255

188 Serum β2 - microglobulin
- ○ Known ○ Unknown

189 _____ ○ µg/dL ○ mg/L ○ nmol/L

190 Plasma cells in blood by flow cytometry
- ○ Known ○ Unknown

191 _____ %

192 _____
- ○ x 10^9/L (x 10^3/mm^3)
- ○ x 10^6/L

193 Plasma cells in blood by morphologic assessment
- ○ Known ○ Unknown

194 _____ %

195 _____
- ○ x 10^9/L (x 10^3/mm^3)
- ○ x 10^6/L

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196 Serum albumin
○ Known ○ Unknown

197 _____ ○ g/dL ○ g/L

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

199 _____ ○ mg/dL ○ g/dL ○ g/L

200 Serum immunofixation
○ Known ○ Unknown ○ Not applicable

Specify bands present:

201 Original monoclonal bands
○ yes ○ no

202 New monoclonal (or oligoclonal) bands
○ yes ○ no

203 Serum free light chains - κ (kappa)
○ Known ○ Unknown ○ Not applicable

204 _____ ○ mg/dL ○ mg/L

205 Upper limit of normal for K (kappa) free light chain _____

206 Serum free light chains - λ (lambda)
○ Known ○ Unknown ○ Not applicable

207 _____ ○ mg/dL ○ mg/L

208 Upper limit of normal for λ (lambda) free light chain _____

209 Urinary monoclonal protein (M-spike) / 24 hours
○ Known ○ Unknown ○ Not applicable

210 _____ ○ mg/24 hours ○ g/24 hours

211 Urinary immunofixation
○ Known ○ Unknown ○ Not applicable

Specify bands present:

212 Original monoclonal bands
○ yes ○ no

213 New monoclonal (or oligoclonal) bands
○ yes ○ no

214 Total urine protein in 24 hours
○ Known ○ Unknown ○ Not applicable

215 _____ ○ mg/24 hours ○ g/24 hours

216 Urine albumin / creatinine ratio
○ Known ○ Unknown

217 _____ ○ mg/g ○ mg/mmol

218 Urine protein / creatinine ratio
○ Known ○ Unknown

219 _____ ○ mg/g ○ mg/mmol

220 Was minimal residual disease (MRD) assessed during the pre-HCT or pre-infusion evaluation? (report only bone marrow or blood results)
○ Yes ○ No ○ Unknown

221 Next generation sequencing (NGS)
○ Positive ○ Negative ○ Not done

222 Sample source
○ Blood ○ Bone marrow

223 Indicate the sensitivity of the NGS testing
○ 10^{-4} ○ 10^{-5} ○ 10^{-6} ○ Unknown ○ Other

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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: _____

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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:

244 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

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ERROR CORRECTION FORM

Sequence Number: | CIBMTR Recipient ID: | Initials:

Today's Date: Month / Day / 20 Year | Infusion Date: Month / Day / 20 Year | CIBMTR Center Number:

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

Center: CRID:

253 Areas of involvement (check all that apply)

- ☐ Bone marrow
- ☐ Extramedullary plasmacytomas
- ☐ Lytic bone lesions
- ☐ Sclerotic bone lesions

254 Date of PET scan

○ Known ○ Unknown

255 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 _____ %

258 Specify the method used to determine the left ventricular ejection fraction

- ○ Echocardiogram
- ○ Multiple gated acquisition (MUGA) scan
- ○ Cardiac MRI
- ○ Unknown

259 Was diastolic dysfunction present?

○ yes ○ no ○ Unknown

260 Specify the interventricular septal wall thickness measured by echocardiogram

○ Known ○ Unknown

261 _____ m m

262 Specify left ventricular (LV) strain percentage

○ Known ○ Unknown

263 _____ %

264 Were any serum cardiac biomarkers assessed?

○ yes ○ no ○ Unknown

265 Date cardiac biomarkers were assessed: __ __ __ __ - __ __- __ __

Specify the cardiac biomarkers assessed:

266 Brain natriuretic peptide (BNP)

○ yes ○ no

267 _____ pg/mL

268 Upper limit of normal for BNP: _____

269 N-terminal prohormone brain natriuretic peptide (NT-proBNP)

○ yes ○ no

270 _____ pg/mL

271 Upper limit of normal for NT-proBNP: _____

272 Troponin I

○ yes ○ no

273 _____ µg/L

274 Upper limit of normal for troponin I: _____

275 Troponin T

○ yes ○ no

276 _____ µg/L

277 Upper limit of normal for troponin T: _____

278 High sensitivity troponin T

○ yes ○ no

279 _____ ng/L

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ERROR CORRECTION FORM

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

Center: CRID:

280 Upper limit of normal for high sensitivity troponin T: _____

281 Was a 6 minute walk test performed?

○ Yes ○ No

282 Distance walked: _____ ○ meters ○ feet

283 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

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

○ Known ○ Unknown

285 _____ / _____ mm/Hg

286 Indicate body position during blood pressure measurement

○ Sitting ○ Standing ○ Supine ○ Unknown

Hepatic Involvement

287 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

288 Specify the level of serum alkaline phosphatase

○ Known ○ Unknown

289 _____ ○ IU/L ○ µkat/L

290 Upper limit of normal for serum alkaline phosphatase : _____

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.

291 Vascular endothelial growth factor (VEGF) serum value

○ Known ○ Unknown

292 _____ pg/mL

293 Upper limit of normal for serum VEGF: _____ pg/mL

294 Vascular endothelial growth factor (VEGF) plasma value

○ Known ○ Unknown

295 _____ pg/mL

296 Upper limit of normal for plasma VEGF: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ - __ __ - __ __

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