INSERT VII
Multiple Myeloma/Plasma Cell Leukemia

FOR REGISTRY USE ONLY:
I.D. P – ____ – ____
Date received:

TEAM: ____ IUBMID: ____
(Institutional Unique Blood or Marrow Transplant Identification Number)

Registry (circle one): *IBMTR* *ABMTR*

Date of transplant for which this form is being completed: ____ ____ ____ (Month Day Year)

Date of report: ____ ____ ____ (Month Day Year)

Pretransplant Information*

**** If this is a report of a second (or subsequent) transplant, check here ❑ and go to Q.206***

1. Date of diagnosis of multiple meyloma: ____ ____ ____ (Month Day Year)

2. Prior solitary extramedullary plasmacytoma (in absence of bone marrow findings diagnostic for multiple myeloma or plasma cell leukemia)?
1 ❑ Yes
0 ❑ No
8 ❑ Unknown

3. Date of diagnosis: ____ ____ ____ (Month Day Year)

3.[2] Plasma cell leukemia at diagnosis (blood plasma cells >20% of WBC differential or absolute blood plasma cells >2.0x10^9/L [x10^3/mm^3])?
1 ❑ Yes
0 ❑ No
8 ❑ Unknown

3.[3] Date of diagnosis: ____ ____ ____ (Month Day Year)

3.[4] Prior monoclonal gammopathy of unknown significance (MGUS)?
1 ❑ Yes
0 ❑ No
8 ❑ Unknown

3.[5] Date of diagnosis: ____ ____ ____ (Month Day Year)

4. Immunochemical type:
0 ❑ Non-secretory
1 ❑ Secretory
8 ❑ Unknown

*Note: If 2 paraproteins present, copy this page and describe each in **Q.5-12***

5. **Serum** heavy chain present?
1 ❑ Yes
0 ❑ No
8 ❑ Unknown

Specify: **4.** Serum heavy chain type:
1❑ IgG 4❑ IgE
2❑ IgA 5❑ IgM
3❑ IgD 8❑ Unknown type

7. **Serum** light chain present?
1 ❑ Yes
0 ❑ No
8 ❑ Unknown

Specify: **8.** Serum light chain type:
1❑ Kappa
2❑ Lambda
8❑ Unknown type

9. Heavy chain detected in **urine**?
1 ❑ Yes
0 ❑ No
8 ❑ Unknown

Specify: **10.** Urine heavy chain type:
1❑ IgG 4❑ IgE
2❑ IgA 5❑ IgM
3❑ IgD 8❑ Unknown type

11. Light chain detected in **urine**?
1 ❑ Yes
0 ❑ No
8 ❑ Unknown

Specify: **12.** Urine light chain type:
1❑ Kappa
2❑ Lambda
8❑ Unknown type

TEAM: | | | | | IUBMID: | | | | | | |

Clinical and Laboratory Findings Before First Treatment of Multiple Myeloma or Plasma Cell Leukemia

14. Durie-Salmon stage of multiple myeloma or plasma cell leukemia at time of diagnosis:

1 ❑ Stage I

All of the following must be present:

- Hemoglobin >10 g/dL
- Serum calcium <12 mg/dL
- Normal bones on radiograph, or solitary plasmacytoma
- IgG <5 g/dL
- IgA <3 g/dL
- Urine light chains <4 g/24 hours

2 ❑ Stage II

Fitting neither Stage I nor III

3 ❑ Stage III

One of the following must be present:

- Hemoglobin <8.5 g/dL
- Serum calcium >12 mg/dL
- Advanced lytic bone lesions (>3 lytic lesions)
- IgG >7 g/dL
- IgA >5 g/dL
- Urine light chains >12 g/24 hours

8 ❑ Unknown

16. Were lytic bone lesions present?

1 ❑ Yes

0 ❑ No

8 ❑ Unknown

TEAM: ☐☐☐☐ IUBMID: ☐☐☐☐☐☐

Laboratory Values Before First Treatment of Multiple Myeloma or Plasma Cell Leukemia

			Specify Units	Unknown
28.	Hemoglobin:	☐☐☐☐.☐☐	1❑ g/dl 2❑ g/L 3❑ mmol/L ❑ Transfused	8❑
29.	WBC:	☐☐☐☐☐.☐	1❑ x 10^9/L (x 10^3/mm^3) 2❑ x 10^6/L	8❑
30.	Platelets:	☐☐☐☐☐☐☐	1❑ x 10^9/L (x 10^3/mm^3) 2❑ x 10^6/L	8❑
32.	Plasma cells in bone marrow (Aspirate):	☐☐☐ %	**33.** 1❑ Source (aspirate vs biopsy) unknown	8❑
34.	Plasma cells in bone marrow (Biopsy):	☐☐☐ %		8❑
35.	Serum calcium:	☐☐.☐☐	1❑ mg/dL 2❑ mmol/L 3❑ mEq/L	8❑
36.	Serum albumin:	☐☐.☐	1❑ g/dl 2❑ g/L	8❑
38.	Serum creatinine:	☐☐☐.☐☐	1❑ mg/dL 2❑ mmol/L 3❑ µmol/L	8❑
39.	Serum monoclonal Ig (only from electrophoresis):	☐☐☐☐.☐	1❑ mg/dL 2❑ g/dl 3❑ g/L	8❑
40.	Urinary monoclonal light chains:	☐☐☐.☐ g/24h		8❑
41.	Serum β_2-microglobulin:	☐☐☐.☐☐☐	1❑ µg/dl 2❑ mg/L 3❑ nmol/L	8❑
42.	C-reactive protein:	☐☐.☐	1❑ mg/dl 2❑ mg/L	8❑
43.	Labeling index:	☐☐.☐ %		8❑
44.	LDH:	☐☐☐☐☐.☐☐	1❑ U/L 2❑ µkat/L	8❑
45.	Upper limit of normal for LDH:	☐☐☐☐.☐☐		

Quantitative Immunoglobulins: Laboratory normal ranges:

46.	IgG: ☐☐☐☐☐.☐☐	1❑mg/dL 2❑g/dL 3❑g/L	**47.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑
48.	IgA: ☐☐☐☐☐.☐☐	1❑mg/dL 2❑g/dL 3❑g/L	**49.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑
50.	IgM: ☐☐☐☐☐.☐☐	1❑mg/dL 2❑g/dL 3❑g/L	**51.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑
52.	IgD: ☐☐☐☐☐.☐☐	1❑mg/dL 3❑mg/L	**53.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑
54.	Ig☐: ☐☐☐☐☐.☐☐	1❑IU/mL 2❑µg/L	**55.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑

For plasma cell leukemia:

31.	Plasma cells in blood:	☐☐ %		8❑
31.²	Absolute number of plasma cells in blood:	☐☐☐☐☐.☐☐	1❑ x 10^9/L (x 10^3/mm^3) 2❑ x 10^6/L	8❑

TEAM: ☐☐☐☐ IUBMID: ☐☐☐☐☐☐

56. Was patient treated for multiple myeloma or plasma cell leukemia prior to high-dose therapy (conditioning)?

1 ❑ Yes 0 ❑ No — Go to ***Q.189.***[2]

Regimen		1st		2nd	
RADIATION THERAPY:	**57.**	1❑ Yes 0❑ No		**90.**	1❑ Yes 0❑ No
Specify sites:	**58.**[2]	_____		**91.**[2]	_____
Date started:	**62.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year		**95.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year
CHEMOTHERAPY:	**64.**	1❑ Yes 0❑ No		**97.**	1❑ Yes 0❑ No
# of cycles:	**65.**	☐☐ ❑ Unk or Not App		**98.**	☐☐ ❑ Unk or Not App
Date started:	**66.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year		**99.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year
Treatment					
Adriamycin:	**68.**	1❑ Yes 0❑ No		**101.**	1❑ Yes 0❑ No
Cytosine arabinoside (Ara-C):	**69.**	1❑ Yes 0❑ No		**102.**	1❑ Yes 0❑ No
Carmustine (BCNU):	**70.**	1❑ Yes 0❑ No		**103.**	1❑ Yes 0❑ No
Chlorambucil:	**70.**[2]	1❑ Yes 0❑ No		**103.**[2]	1❑ Yes 0❑ No
Cyclophosphamide:	**71.**	1❑ Yes 0❑ No		**104.**	1❑ Yes 0❑ No
Cisplatin:	**72.**	1❑ Yes 0❑ No		**105.**	1❑ Yes 0❑ No
Dexamethasone:	**73.**	1❑ Yes 0❑ No		**106.**	1❑ Yes 0❑ No
Etoposide (VP16):	**74.**	1❑ Yes 0❑ No		**107.**	1❑ Yes 0❑ No
Idarubicin:	**75.**	1❑ Yes 0❑ No		**108.**	1❑ Yes 0❑ No
Interferon:	**75.**[2]	1❑ Yes 0❑ No		**108.**[2]	1❑ Yes 0❑ No
Melphalan (LPAM):	**76.**	1❑ Yes 0❑ No		**109.**	1❑ Yes 0❑ No
Mitoxantrone:	**77.**	1❑ Yes 0❑ No		**110.**	1❑ Yes 0❑ No
Prednisone:	**78.**	1❑ Yes 0❑ No		**111.**	1❑ Yes 0❑ No
Vinblastine:	**79.**	1❑ Yes 0❑ No		**112.**	1❑ Yes 0❑ No
Vincristine (VCR):	**80.**	1❑ Yes 0❑ No		**113.**	1❑ Yes 0❑ No
Other:	**81.**	1❑ Yes 0❑ No		**114.**	1❑ Yes 0❑ No
Specify:	**82.**	_____		**115.**	_____
Other:	**83.**	1❑ Yes 0❑ No		**116.**	1❑ Yes 0❑ No
Specify:	**84.**	_____		**117.**	_____
Given for stem cell priming?	**85.**[2]	1❑ Yes 0❑ No		**118.**[2]	1❑ Yes 0❑ No
Best response: *(check one only)*	**86.**[2]	1❑ Chemosensitive 2❑ Chemoresistant 88❑ Unknown		**119.**[2]	1❑ Chemosensitive 2❑ Chemoresistant 88❑ Unknown
*See **Q.206** for definitions*					
Date response established:	**87.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year 88❑ Unknown		**120.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year 88❑ Unknown
Did patient relapse or progress?	**88.**	1❑ Yes 0❑ No		**121.**	1❑ Yes 0❑ No
Date of relapse or progression:	**89.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year		**122.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year

Continued on next page

TEAM: ☐☐☐☐ IUBMID: ☐☐☐☐☐☐

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Continued from previous page

Regimen		3rd		4th	
Radiation Therapy:	**123.**	1❑ Yes 0❑ No		**156.**	1❑ Yes 0❑ No
Specify sites:	**124.²**	_____		**157.²**	_____
		_____			_____
		_____			_____
Date started:	**128.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year		**161.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year
Chemotherapy:	**130.**	1❑ Yes 0❑ No		**163.**	1❑ Yes 0❑ No
# of cycles:	**131.**	☐☐ ❑ Unk or Not App		**164.**	☐☐ ❑ Unk or Not App
Date started:	**132.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year		**165.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year
Treatment					
Adriamycin:	**134.**	1❑ Yes 0❑ No		**167.**	1❑ Yes 0❑ No
Cytosine arabinoside (Ara-C):	**135.**	1❑ Yes 0❑ No		**168.**	1❑ Yes 0❑ No
Carmustine (BCNU):	**136.**	1❑ Yes 0❑ No		**169.**	1❑ Yes 0❑ No
Chlorambucil:	**136.²**	1❑ Yes 0❑ No		**169.²**	1❑ Yes 0❑ No
Cyclophosphamide:	**137.**	1❑ Yes 0❑ No		**170.**	1❑ Yes 0❑ No
Cisplatin:	**138.**	1❑ Yes 0❑ No		**171.**	1❑ Yes 0❑ No
Dexamethasone:	**139.**	1❑ Yes 0❑ No		**172.**	1❑ Yes 0❑ No
Etoposide (VP16):	**140.**	1❑ Yes 0❑ No		**173.**	1❑ Yes 0❑ No
Idarubicin:	**141.**	1❑ Yes 0❑ No		**174.**	1❑ Yes 0❑ No
Interferon:	**141.²**	1❑ Yes 0❑ No		**174.²**	1❑ Yes 0❑ No
Melphalan (LPAM):	**142.**	1❑ Yes 0❑ No		**175.**	1❑ Yes 0❑ No
Mitoxantrone:	**143.**	1❑ Yes 0❑ No		**176.**	1❑ Yes 0❑ No
Prednisone:	**144.**	1❑ Yes 0❑ No		**177.**	1❑ Yes 0❑ No
Vinblastine:	**145.**	1❑ Yes 0❑ No		**178.**	1❑ Yes 0❑ No
Vincristine (VCR):	**146.**	1❑ Yes 0❑ No		**179.**	1❑ Yes 0❑ No
Other:	**147.**	1❑ Yes 0❑ No		**180.**	1❑ Yes 0❑ No
Specify:	**148.**	_____		**181.**	_____
Other:	**149.**	1❑ Yes 0❑ No		**182.**	1❑ Yes 0❑ No
Specify:	**150.**	_____		**183.**	_____
Given for stem cell priming?	**151.²**	1❑ Yes 0❑ No		**184.²**	1❑ Yes 0❑ No
Best response: *(check one only)*	**152.²**	1❑ Chemosensitive 2❑ Chemoresistant 88❑ Unknown		**185.²**	1❑ Chemosensitive 2❑ Chemoresistant 88❑ Unknown
*See **Q.206** for definitions*					
Date response established:	**153.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year 88❑ Unknown		**186.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year 88❑ Unknown
Did patient relapse or progress?	**154.**	1❑ Yes 0❑ No		**187.**	1❑ Yes 0❑ No
Date of relapse or progression:	**155.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year		**188.**	☐☐ ☐☐ ☐☐☐☐ Month Day Year

TEAM: ☐☐☐☐ IUBMID: ☐☐☐☐☐☐

189.[2] Total number of chemotherapy regimens prior to conditioning of recipient for transplant: ☐☐

190. At what point in the disease course was transplant performed?

1 ❑ As part of initial therapy in patients not progressing at any time prior to transplant

2 ❑ Later in the disease course in patients progressing at any time prior to transplant

Status of myeloma or plasma cell leukemia <u>just prior to start of high-dose therapy</u> (conditioning):

206. Indicate patient's sensitivity of myeloma to chemotherapy prior to conditioning *(**Q.206 only:** treatment must have been completed ≤6 months prior to transplant)*:

1 ❑ 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)

2 ❑ 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)

3 ❑ Not applicable (no chemotherapy, or ended more than 6 months prior to conditioning)

88 ❑ Unknown

207. Indicate patient's disease status of multiple myeloma or plasma cell leukemia <u>immediately prior to conditioning</u> for transplant *(refer to page 7 for definitions)*:

1 ❑ CR

2 ❑ CCR

3 ❑ PR

4 ❑ MR (multiple myeloma only)

5 ❑ NR

6 ❑ SD (multiple myeloma only)

7 ❑ REL from CR (untreated)

8 ❑ PROG

80 ❑ NE, specify reason: _____

88 ❑ Unknown

90 ❑ Other, specify: _____

20[illegible]. Date patient achieved/began the disease status indicated in ***Q.206***: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

TEAM: | | | | | IUBMID: | | | | | | |

Response Codes

CR = Complete Response requires ***all*** of the following:

- Absence of the original monoclonal paraprotein in serum and urine by routine electrophoresis and by immunofixation maintained for a minimum of 6 weeks. The presence of new monoclonal bands consistent with oligoclonal immune reconstitution does not exclude CR.
- <5% plasma cells in a bone marrow aspirate and also on trephine bone biopsy, if biopsy is performed. If absence of monoclonal protein is sustained for 6 weeks it is not necessary to repeat the bone marrow unless the patient had non-secretory myeloma.
- No increase in size or number of lytic bone lesions on radiological investigations, if performed (development of a compression facture does not exclude reponse).
- Disappearance of soft tissue plasmacytomas.
- For plasma cell leukemia, absence of plasma cells in blood.

(Patients in whom some, but not all, the criteria for CR is fulfilled are classified as PR, providing the remaining criteria satisfy the requirements for PR. This includes patients in whom routine electrophoresis is negative but in whom immunofixation has not been performed.)

CCR = Continuing Complete Response requires ***all*** of the following:

- CR continuing from CR prior to conditioning.

PR = Partial Response requires the following:

- ≥50% reduction in the level of the serum monoclonal paraprotein, maintained for a minimum of 6 weeks.
  OR
  Reduction in 24 hour urinary light chain excretion either by ≥90% ***or*** to <200 mg/24 hours, maintained for a minimum of 6 weeks, in light chain disease.
- For patients with non-secretory myeloma or plasma cell leukemia only, ≥50% reduction in plasma cells in a bone marrow aspirate and on trephine biopsy, if biopsy is performed, maintained for a minimum of 6 weeks.
- ≥50% reduction in the size of soft tissue plasmacytomas (by radiogrphy or clinical examination).
- No increase in size or number of lytic bone lesions on radiological investigations, if performed (development of a compression facture does not exclude response).
- For plasma cell leukemia, absence of plasma cells in the blood.

(Patients in whom some, but not all, the criteria for PR are fulfilled are classified as MR, providing the remaining criteria satisfy the requirements for MR.)

MR = Minimal Response requires ***all*** of the following:

- 25-49% reduction in the level of the serum monoclonal paraprotein maintained for a minimum of 6 weeks.
  OR
  50-89% reduction in 24 hour urinary light chain excretion, which still exceeds 200 mg/24 hours, maintained for a minimum of 6 weeks.
- For patients with non-secretory myeloma only, 25-49% reduction in plasma cells in a bone marrow aspirate and on trephine biopsy, if biopsy is performed, maintained for a minimum of 6 weeks.
- 25-49% reduction in the size of soft tissue plasmacytomas (by radiography or clinical examination).
- No increase in the size of number of lytic bone lesions on radiological investigations, if performed (development of a compression facture does not exclude response).

(MR also includes patients in whom some, but not all, the criteria for PR are fulfilled, provided the remaining criteria satisfy the requirements for MR.)

NR = No Response

- Not meeting the criteia of either minimal response or progressive disease.
- For plasma cell leukemia only, not meeting criteria for CR or PR.

SD = Stable Disease

- Stable values (within 25% above or below value at time response is assessed) maintained for at least 3 months.

REL from CR = Relapse from CR requires one or more of the following:

- Reappearance of serum or urine paraprotein on immunofixation or routine electrophoresis, confirmed by at least one further investigation and excluding oligoclonal immune reconstitution.
- ≥5% plasma cells in a bone marrow aspirate or on trephine bone biopsy.
- Development of new lytic bone lesions or soft tissue plasmacytomas or definite increase in the size of residual bone lesions. Development of a compression facture does not exclude continued response and may not indicate progression.
- Development of hypercalcaemia (corrected serum Ca >11.5 mg/dl or >2.8 mmol/L) not attributable to any other cause.
- For plasma cell leukemia, reappearance of plasma cells in blood.

PROG = Progressive Disease (for patients not in CR) requires one or more of the following:

- >25% increase in the level of the serum monoclonal paraprotein, which must also be an absolute increase of at least 5 g/L and confirmed by at least one repeated investigation.
- >25% increase in 24 hour urinary light chain excretion, which must also be an absolute increase of at least 200 mg/24 hours and confirmed by at least one repeated investigation.
- >25% increase in plasma cells in a bone marrow aspirate or on trephine biopsy, which must also be an absolute increase of at least 10%.
- Definite increase in the size of existing bone lesions or soft tissue plasmacytomas.
- Development of new bone lesions or soft tissue plasmacytomas (development of a compression facture does not exclude continued response and may not indicate progression).
- Development of hypercalaemia (corrected serum Ca >11.5 mg/dl or >2.8 mmol/L) not attributable to any other cause.
- For plasma cell leukemia, reappearance of plasma cells in blood.

TEAM: ☐☐☐☐ IUBMID: ☐☐☐☐☐☐

Hematologic and Clinical Parameters Just Prior to Start of High-dose Therapy (Conditioning)

			Specify Units	Unknown
213.	Plasma cells in bone marrow (Aspirate):	☐☐☐ %	**214.** 1❑ Source (aspirate vs biopsy) unknown	8❑
215.	Plasma cells in bone marrow (Biopsy):	☐☐☐ %		8❑
216.	Serum calcium:	☐☐.☐☐	1❑ mg/dL 2❑ mmol/L 3❑ mEq/L	8❑
217.	Serum albumin:	☐☐.☐	1❑ g/dl 2❑ g/L	8❑
219.	Serum creatinine:	☐☐☐.☐☐	1❑ mg/dL 2❑ mmol/L 3❑ µmol/L	8❑
220.	Serum monoclonal Ig (only from electrophoresis):	☐☐☐☐.☐	1❑ mg/dL 2❑ g/dL 3❑ g/L	8❑
221.	Urinary monoclonal light chains:	☐☐☐.☐ g/24h		8❑
222.	Serum β_2-microglobulin:	☐☐☐.☐☐☐	1❑ µg/dL 2❑ mg/L 3❑ nmol/L	8❑
223.	C-reactive protein:	☐☐.☐	1❑ mg/dL 2❑ mg/L	8❑
224.	Labeling index:	☐☐.☐ %		8❑
225.	LDH:	☐☐☐☐☐.☐☐	1❑ U/L 2❑ µkat/L	8❑
226.	Upper limit of normal for LDH:	☐☐☐☐.☐☐		

Quantitative Immunoglobulins: Laboratory normal ranges:

227.	IgG: ☐☐☐☐☐.☐☐	1❑mg/dL 2❑g/dL 3❑g/L	**228.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑
229.	IgA: ☐☐☐☐☐.☐☐	1❑mg/dL 2❑g/dL 3❑g/L	**230.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑
231.	IgM: ☐☐☐☐☐.☐☐	1❑mg/dL 2❑g/dL 3❑g/L	**232.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑
233.	IgD: ☐☐☐☐☐.☐☐	1❑mg/dL 3❑mg/L	**234.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑
235.	IgE: ☐☐☐☐☐.☐☐	1❑IU/mL 2❑µg/L	**236.** ☐☐☐☐.☐☐ to ☐☐☐☐.☐☐	8❑

For plasma cell leukemia:

211.	Plasma cells in blood:	☐☐ %	8❑
212.[2]	Absolute number of plasma cells in blood:	☐☐☐☐☐.☐☐	1❑ x 10^9/L (x 10^3/mm^3) 2❑ x 10^6/L 8❑

TEAM: ☐☐☐☐ IUBMID: ☐☐☐☐☐☐

237.² Were cytogenetics done on bone marrow anytime prior to high-dose therapy (conditioning)?

1 ❑ Yes, normal (46,XX or 46,XY)
2 ❑ Yes, but no evaluable metaphases
3 ❑ Yes, abnormal
0 ❑ No
8 ❑ Unknown

Specify abnormalities:

	Yes	No	Unknown	
237.³	1❑	0❑	8❑	Trisomy 3(+3)
237.⁴	1❑	0❑	8❑	Trisomy 5(+5)
237.⁵	1❑	0❑	8❑	Trisomy 7(+7)
237.⁶	1❑	0❑	8❑	Trisomy 9(+9)
237.⁷	1❑	0❑	8❑	Trisomy 11(+11)
237.⁸	1❑	0❑	8❑	Trisomy 15(+15)
237.⁹	1❑	0❑	8❑	Trisomy 19(+19)
237.¹⁰	1❑	0❑	8❑	Monosomy 13(-13)
237.¹¹	1❑	0❑	8❑	Abnormal 8q24
237.¹²	1❑	0❑	8❑	Abnormal 11q13
237.¹³	1❑	0❑	8❑	Abnormal 13q14
237.¹⁴	1❑	0❑	8❑	Abnormal 14q32

If Cytogenetics Report is available, check here ❑, attach copy and reference Q.237.²

250.² Was amyloidosis present at any time?

1 ❑ Yes
0 ❑ No
8 ❑ Unknown

Specify:	Site of Involvement			Documented by Biopsy?		
	Yes	No	Unknown	Yes	No	Unknown
252. Skin	1❑	0❑	8❑	**265.** 1❑	0❑	7❑
253. Subcutaneous tissue	1❑	0❑	8❑	**266.** 1❑	0❑	7❑
254. Carpal ligament	1❑	0❑	8❑	**267.** 1❑	0❑	7❑
255. Peripheral nerve	1❑	0❑	8❑	**268.** 1❑	0❑	7❑
256. Heart	1❑	0❑	8❑	**269.** 1❑	0❑	7❑
257. Liver	1❑	0❑	8❑	**270.** 1❑	0❑	7❑
258. Rectum	1❑	0❑	8❑	**271.** 1❑	0❑	7❑
259. Other GI tract	1❑	0❑	8❑	**272.** 1❑	0❑	7❑
260. Kidney	1❑	0❑	8❑	**273.** 1❑	0❑	7❑
261. Bone marrow	1❑	0❑	8❑	**274.** 1❑	0❑	7❑
262. Tongue	1❑	0❑	8❑	**275.** 1❑	0❑	7❑
263. Other,	1❑	0❑	8❑			

Specify:_____

TEAM: ☐☐☐☐ IUBMID: ☐☐☐☐☐☐

Posttransplant Information*

To be completed 100 days posttransplant, or at time of death if death occurred <100 days posttransplant, or immediately prior to start of high-dose therapy (conditioning) for second tranplant if second transplant done <100 days after first transplant.

Hematologic and Clinical Parameters at theTime of Best Response, ≤Day 100 Posttransplant

289.2 Best response posttransplant *(see Response Codes on page 7)*:

1 ❑ CR
2 ❑ CCR
3 ❑ PR
4 ❑ MR (multiple myeloma only)
5 ❑ NR
6 ❑ SD (multiple myeloma only)
7 ❑ REL from CR (untreated)
8 ❑ PROG
19 ❑ NE

		Month	Day	Year
289.3	Date CR first documented:	☐☐	☐☐	☐☐☐☐
289.4	Date of best response determination:	☐☐	☐☐	☐☐☐☐
289.5	Date of best response determination:	☐☐	☐☐	☐☐☐☐
289.6	Date of best response determination:	☐☐	☐☐	☐☐☐☐
289.7	Date of best response determination:	☐☐	☐☐	☐☐☐☐
289.8	Date of best response determination:	☐☐	☐☐	☐☐☐☐
291.	Date of relapse:	☐☐	☐☐	☐☐☐☐
290.	Date of progression:	☐☐	☐☐	☐☐☐☐

292. Specify reason: _____

		Specify Units	Unknown
294.	Plasma cells in bone marrow (Aspirate): ☐☐☐ %	**295.** ❑ Source (aspirate vs biopsy) unknown 8❑	
296.	Plasma cells in bone marrow (Biopsy): ☐☐☐ %		8❑
297.	Serum monoclonal Ig (only from electrophoresis): ☐☐☐☐.☐	1❑ mg/dL 2❑ g/dL 3❑ g/L	8❑
297.2	Serum immunofixation: 0❑ Negative 1❑ Positive	Specify *(check all that apply)*: Yes No; **297.3** 1❑ 0❑ Original monoclonal band; **297.4** 1❑ 0❑ New monoclonal band(s)	8❑
298.	Urinary monoclonal light chains: ☐☐☐.☐ g/24h		8❑
298.2	Urinary immunofixation: 0❑ Negative 1❑ Positive	Specify *(check all that apply)*: Yes No; **298.3** 1❑ 0❑ Original monoclonal band; **298.4** 1❑ 0❑ New monoclonal band(s)	8❑
299.	Serum β2-microglobulin: ☐☐☐.☐☐☐	1❑ µg/dL 2❑ mg/L 3❑ nmol/L	8❑

Quantitative Immunoglobulins:

304.	IgG: ☐☐☐☐☐.☐☐	1❑mg/dL 2❑g/dL 3❑g/L	8❑
305.	IgA: ☐☐☐☐☐.☐☐	1❑mg/dL 2❑g/dL 3❑g/L	8❑
306.	IgM: ☐☐☐☐☐.☐☐	1❑mg/dL 2❑g/dL 3❑g/L	8❑
309.	IgD: ☐☐☐☐☐.☐☐	1❑mg/dL 3❑mg/L	8❑
311.	IgE: ☐☐☐☐☐.☐☐	1❑IU/mL 2❑µg/L	8❑

TEAM: ☐☐☐☐ IUBMID: ☐☐☐☐☐☐

Parameters at the Time of Best Response *(continued)*

		Specify Units	Unknown
	For plasma cell leukemia:		
311.[2]	Plasma cells in blood: ☐☐ %		8❑
312.[3]	Absolute number of plasma cells in blood: ☐☐☐☐☐.☐☐	1❑ x10^9/L (x10^3/mm^3) 2❑ x10^6/L	8❑

319. Was a molecular marker (i.e., CDRIII) tested?

1 ❑ Yes
0 ❑ No
8 ❑ Unknown

320. Specify type and result: _____

---

321. Was planned treatment per protocol (not for progressive disease) given posttransplant?

1 ❑ Yes
0 ❑ No
8 ❑ Unknown

Specify treatment given:

	Yes	No		Date Started: (Month Day Year)
322.	1❑	0❑	Chemotherapy, specify: _____	☐☐ ☐☐ ☐☐☐☐
323.	1❑	0❑	Radiation, specify site: _____	☐☐ ☐☐ ☐☐☐☐
324.	1❑	0❑	Immune therapy:	☐☐ ☐☐ ☐☐☐☐
325.	1❑	0❑	Interferon-α	
326.	1❑	0❑	IL-2	
327.	1❑	0❑	Other immune therapy, specify: _____	
327.[2]	1❑	0❑	Bisphosphonates: _____	☐☐ ☐☐ ☐☐☐☐
328.	1❑	0❑	Other treatment, specify: _____	

TEAM: ____ IUBMID: ____

Current Disease Status

329. Date of current disease status determination: Month Day Year

330. Is current disease status the same as best response, as indicated in ***Q.289.***[2]? 1 ❑ Yes 0 ❑ No

331. **Current response** status of myeloma or plasma cell leukemia *(see Response Codes on page 7)*:

1 ❑ CR
3 ❑ PR
4 ❑ MR (multiple myeloma only)
7 ❑ REL from CR (untreated)
8 ❑ PROG
80 ❑ NE

331.² Date CR established:
331.³ Date PR established:
331.⁴ Date MR established:
332.² Date of relapse:
332.³ Reappearance of original monoclonal band in serum and/or urine immunofixation only? 1 ❑ Yes 0 ❑ No 8 ❑ Unknown
332.⁴ Date of progression:
333. Specify reason: _____

Month Day Year

Current Laboratory Values if Further Myeloma/Plasma Cell Leukemia Therapy has not been Given

Specify Units — Unknown

333.² Plasma cells in bone marrow (Aspirate): ___ % — **333.³** 1 ❑ Source (aspirate vs biopsy) unknown 8 ❑

333.⁴ Plasma cells in bone marrow (Biopsy): ___ % — 8 ❑

340. Serum monoclonal Ig (only from electrophoresis): ____.__ 1 ❑ mg/dL 2 ❑ g/dL 3 ❑ g/L — 8 ❑

340.² Serum immunofixation: 0 ❑ Negative 1 ❑ Positive — 8 ❑

Specify *(check all that apply)*:

	Yes	No	
340.³	1 ❑	0 ❑	Original monoclonal band
340.⁴	1 ❑	0 ❑	New monoclonal band(s)

341. Urinary monoclonal light chains: ____.__ g/24h — 8 ❑

341.² Urinary immunofixation: 0 ❑ Negative 1 ❑ Positive — 8 ❑

Specify *(check all that apply)*:

	Yes	No	
341.³	1 ❑	0 ❑	Original monoclonal band
341.⁴	1 ❑	0 ❑	New monoclonal band(s)

Quantitation of immunoglobulins:

346. IgG: ____.__ 1 ❑ mg/dL 2 ❑ g/dL 3 ❑ g/L — 8 ❑
348. IgA: ____.__ 1 ❑ mg/dL 2 ❑ g/dL 3 ❑ g/L — 8 ❑
350. IgM: ____.__ 1 ❑ mg/dL 2 ❑ g/dL 3 ❑ g/L — 8 ❑
352. IgD: ____.__ 1 ❑ mg/dL 3 ❑ mg/L — 8 ❑
354. IgE: ____.__ 1 ❑ IU/mL 2 ❑ µg/L — 8 ❑

For plasma cell leukemia:

354.² Plasma cells in blood: ___ % — 8 ❑

354.³ Absolute number of plasma cells in blood: ____.__ 1 ❑ x 10^9/L (x 10^3/mm^3) 2 ❑ x 10^6/L — 8 ❑

354.⁴ Was a molecular marker (i.e., CDRIII) tested? 1 ❑ Yes 0 ❑ No — 8 ❑

354.⁵ Specify type and result: _____