

DCI SUPPLEMENT INSERT
Amyloidosis

FOR REGISTRY USE ONLY:
I.D. **P** - -
Date received: _____


TEAM:

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

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

1. Date of first DCI for which this form is being completed:
 / /
 Month Day Year

2. Date of report:
 / /
 Month Day Year

<p>DCI Disease Supplement Inserts</p>		<p>Statistical Center Medical College of Wisconsin P.O. Box 26509, 8701 Watertown Plank Road Milwaukee, WI 53226 Telephone: 414-456-8325 Fax: 414-456-6530 Email: ibmtr@mcw.edu</p>
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If answer on 002-DCI Insert, Q.513 is "No", **do not submit this insert** to the IBMTR.

Information

Copy this page for recording more than 2 instances

Line of Therapy	1st	2nd
Biopsy?	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	25. <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery?	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	26. <input type="checkbox"/> Yes <input type="checkbox"/> No
Chemo/Immunotherapy	Yes No Unknown	Yes No Unknown
Adriamycin:	5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Alpha-interferon:	6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Carmustine (BCNU):	7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cytarabine:	8. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cyclophosphamide:	9. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cisplatin:	10. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	32. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dexamethasone:	11. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Flutamide (VP16):	12. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	34. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Idarubicin:	13. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	35. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Iododeoxyrubicin:	14. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	36. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Melphalan (LPAM):	15. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	37. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mitoxantrone:	16. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	38. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prednisone:	17. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	39. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Thalidomide:	18. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	40. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vincristine (VCR):	19. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	41. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other:	20. <input type="checkbox"/> Yes, specify: _____	42. <input type="checkbox"/> Yes, specify: _____
	21. _____	43. _____
Other:	22. <input type="checkbox"/> Yes, specify: _____	44. <input type="checkbox"/> Yes, specify: _____
	23. _____	45. _____
Number of cycles:	24. <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown	46. <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown

Retired - Not for Data Submission