

DCI SUPPLEMENT INSERT
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

1. Date of first DCI for which this form is being completed:

Month Day Year

2. Date of report:

Month Day Year

DCI Disease Supplement Inserts



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

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 instances

Line of Therapy

- | | | 1st | | 2nd |
|-------------------------------|-----|---|---|---|
| BIOPSY: | 3. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 27. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| SURGERY: | 4. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 28. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| RADIATION THERAPY: | 5. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 29. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Specify sites: | | | | 30. _____ |
| | | | | _____ |
| CHEMO/IMMUNOTHERAPY: | 7. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 31. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| # of cycles: | 8. | <input type="text"/> <input type="text"/> | <input type="checkbox"/> Unk or Not App | 32. <input type="text"/> <input type="text"/> <input type="checkbox"/> Unk or Not App |
| Treatment | | | | |
| Doxorubicin: | 9. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 33. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Cytosine arabinoside (Ara-C): | 10. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 34. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Carmustine (BCNU): | 11. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 35. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Cyclophosphamide: | 12. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 36. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Cisplatin: | 13. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 37. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Dexamethasone: | 14. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 38. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Etoposide (VP16): | 15. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 39. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Idarubicin: | 16. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 40. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Interferon: | 17. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 41. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Melphalan (LPAM): | 18. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 42. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Mitoxantrone: | 19. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 43. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Prednisone: | 20. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 44. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Thalidomide: | 21. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 45. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Vincristine (VCR): | 22. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 46. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Other: | 23. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 47. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Specify: | 24. | _____ | | 48. _____ |
| Bisphosphonates: | 25. | 1 <input type="checkbox"/> Yes | 0 <input type="checkbox"/> No | 49. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No |
| Specify: | 26. | _____ | | 50. _____ |

Retired - Not for Data Submission