

National Marrow Donor Program®  
**Insert VI – Multiple Myeloma**

**Registry Use Only**

Sequence Number:

Date Received:


**Unrelated**

Recipient NMDP ID:    -    -

Recipient Last Name:

Recipient Local ID (optional):

Today's Date:   /   /     TC Code:

Month                      Day                      Year

Date of Transplant for which this form is being completed:   /   /

Month                      Day                      Year

Product type:  Marrow (Form 120)     PBSC (Form 520)     Cord blood (Form 620)

**This form must be accompanied by Form 120, 520, 620 – Recipient Baseline and Transplant Data. All information in the box above, including the date, should be identical with the corresponding Form 120, 520, 620. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient post-transplant, or abstraction of the recipient's medical records.**

1. What was the date of diagnosis of multiple myeloma?   /   /

Month                      Day                      Year

2. What was the immunochemical type?
- 1  IgG
  - 2  IgA
  - 3  IgD
  - 4  IgE
  - 5  IgM
  - 6  Light chains only, specify type: \_\_\_\_\_
  - 7  Nonsecretory

3. What was the staging of the multiple myeloma at the time of the transplant?
- 1  Stage I
    - All of the following must be present:*
      - Hemoglobin > 10 g/dL
      - Serum calcium < 12 mg/dL
      - Normal lesions on radiographs, or solitary plasmacytoma
      - Normal component production rates
      - IgG ≤ 5 g/dL
      - IgA < 3 g/dL
      - Urinary light chain excretion < 4 g/24 hours
  - 2  Stage II
    - Fitting neither Stage I nor III
  - 3  Stage III
    - One or more of the following must be present:*
      - Hemoglobin < 8.5 g/dL
      - Serum calcium > 12 mg/dL
      - Advanced lytic bone lesions
      - High M-component production rates
      - IgG > 7 g/dL
      - IgA > 5 g/dL
      - Urinary light chain excretion > 12 g/24 hours

**Mail to NMDP Registry with Form 120, 520, 620.  
 Retain a copy at the transplant center.**

Recipient  
NMDP ID:    -    -

Recipient  
Last Name:

### Laboratory Findings Immediately Prior to Conditioning

4. Serum calcium:   •  mg/dL

5. Serum M component concentration:   •  g/dL

6. 24 hour urinary light chain excretion:   •  g/24 hours

7. Serum beta 2 microglobulin:   •  mg/dL

8. Was recipient refractory to chemotherapy prior to conditioning?

1  yes

2  no

**Continue with question 10 on page 5 of Form 120, 520, 620**

Retired – Not for Data Submission