

**AUSTRALASIAN BONE MARROW TRANSPLANT RECIPIENT REGISTRY
AUTOLOGOUS TRANSPLANT REGISTRATION**

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1. Patient UPN: _____ 2. Hospital : _____
 3. First four letters of surname: _____ First two letters of first given name: _____
 4. Place of usual residence: NSW VIC QLD SA WA Tas ACT NT
 Postcode _____ NZ Other country, specify: _____
 5. Sex: Male Female 6. Age: _____ 7. DOB: ____/____/____

8a. Transplant date: ____/____/____ 8b. Transplant number: _____
 8c. If >1 transplant → Date of prior transplant (or approx) ____/____/____
 Type of transplant: Allogeneic Autologous
 Centre where most recent transplant performed _____ or same as current centre

9. Type of transplant: Autologous
Autologous staged – additional reinfusion dates: ____/____/____, ____/____/____, ____/____/____

10. Mobilisation: tick all that apply None Chemotherapy Growth factor Plerixafor

11. Transplant source: tick all that apply marrow peripheral blood cord blood

12. Were any of following components of this transplant performed substantially as outpatient procedures?
 (ie more than half the time) None Conditioning Infusion Acute post transplant care
 Comments: _____

13. Conditioning agents: No conditioning
ALG,ALS,ATG,ATS (before d0) carboplatin Lomustine
horse rabbit other _____ carmustine (BCNU) melphalan ≤140mg/m²
busulphan, oral cyclophosphamide >140mg/m²
busulphan, IV cytarabine (AraC) TBI ≤500cGy single dose/≤800cGy fractionated
campath etoposide >500cGy single dose/>800cGy fractionated
 Other, specify: _____

14. Recipient performance status prior to transplant Karnofsky or Lansky Score

15. Recipient CMV status positive negative not done unknown

16. Were any of the following used to treat or manage disease between diagnosis and transplant? tick all that apply
Chemotherapy Radiotherapy Surgery Other _____

17. Graft Information, infused dose Nucleated cells _____ x10⁸/kg
 CD34+ cells _____ x10⁶/kg

18. Date patient last seen: ____/____/____ Name of person completing this form: _____

DISEASE CLASSIFICATION AND STATUS AT TRANSPLANT **Refer to ABMTRR Guidelines

19. Date diagnosed of primary disease for this transplant: ____/____/____

20. PLASMA CELL DISORDERS WHO Code: OR

<p>Myeloma</p> <input type="checkbox"/> IgG <input type="checkbox"/> IgA <input type="checkbox"/> IgD <input type="checkbox"/> Light chain only <input type="checkbox"/> Non secretor <input type="checkbox"/> other, specify _____	<p>Light chain type:</p> <input type="checkbox"/> kappa <input type="checkbox"/> lambda	<p>Stage at diagnosis:</p> <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> II <input type="checkbox"/> B <input type="checkbox"/> III <input type="checkbox"/> Not available <input type="checkbox"/> Salmon Durie <input type="checkbox"/> I.S.S.	<p>DISEASE STATUS AT TRANSPLANT</p> <input type="checkbox"/> Never treated <input type="checkbox"/> CR, specify number _____ <input type="checkbox"/> Stringent CR, specify number _____ <input type="checkbox"/> VGPR, specify number _____ <input type="checkbox"/> PR, specify number _____ <input type="checkbox"/> Stable disease/plateau <input type="checkbox"/> Progression, specify number _____ <input type="checkbox"/> Relapse from CR, specify number _____
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Other Plasma Cell Disorders

Plasma cell leukaemia Solitary plasmacytoma Primary Amyloidosis Other _____

Hospital: _____ Patient UPN: _____ Name ID: _____

21. LYMPHOMA

WHO Code: or

Hodgkin disease

- Nodular lymphocyte, predominantly HD
- Lymphocyte rich
- Nodular sclerosis
- Mixed cellularity
- Lymphoma depleted
- HD, NOS

Non Hodgkin Lymphoma

- Burkitts → High grade
- Diffuse large B cell, subtype _____
- Follicular, grade _____
- Mantle cell
- Angioimmunoblastic T cell
- Peripheral T cell, NOS
- Anaplastic large cell, primary systemic type
- Other, specify: _____

DISEASE STATUS AT TRANSPLANT

- Never treated
- Primary refractory/PIF res
- PR → no prior CR prior CR
- CR confirmed, specify number _____
- CR unconfirmed, specify number _____
- Relapse, specify number _____

- ↳ If relapsed:
- chemosensitive untreated
 - chemoresistant unknown

Prior histology if transformed: _____

22. SOLID TUMOURS

- Ewings, extra-osseous (includes PNET)
- Ewings, family tumours of bone (includes PNET)
- Medulloblastoma
- Neuroblastoma
- Rhabdomyosarcoma
- other, specify: _____

DISEASE STATUS AT TRANSPLANT

- CR confirmed, specify no. _____
- CR unconfirmed, specify no. _____
- PR → no prior CR prior CR
- Relapse, specify no. _____
- Never treated
- Stable disease
- Progressive disease
- Adjuvant

- ↳ If relapsed:
- chemosensitive untreated
 - chemoresistant unknown

23. ACUTE LEUKAEMIA

WHO Code: or

- Acute Myeloid Leukaemia → transformed MDS/MPS, complete Q26(MDS/MPD)
- therapy related

Genetic abnormalities _____ or FAB _____

- AML with multilineage dysplasia

Other, specify _____

Acute Lymphoblastic Leukaemia

- Precursor B-cell, t(9;22)(q34;q11);BCR/ABL+

Other subtype: _____

- Precursor T-cell

Acute undifferentiated leukaemia

Biphenotypic, bilineage, hybrid leukaemia

Other acute leukaemia, specify: _____

DISEASE STATUS AT TRANSPLANT

- Never treated
- Primary induction failure
- CR, specify number _____
- ↳ cytogenetic CR Y N unk
- ↳ molecular CR Y N unk
- Relapse, specify number _____

24. CHRONIC MYELOGENOUS LEUKAEMIA

- Ph+/bcr+ Ph-/bcr+
- Ph+/bcr- Ph unk/bcr+
- Ph+/bcr unk

DISEASE STATUS AT TRANSPLANT

- Chronic phase, specify number _____
- ↳ Haematological CR cytogenetic CR molecular CR
- Accelerated phase, specify number _____
- Blast crisis, specify number _____

25. OTHER LEUKAEMIAS

WHO code or

- CLL/SLL
- Prolymphocytic leukaemia → Bcell Tcell
- Hairy Cell Leukaemia
- Other leukaemia, specify _____

DISEASE STATUS AT TRANSPLANT

- never treated no response/stable
- CR progression
- nodular CR (nCR) relapse (untreated)
- Partial remission

26. MYELOYDYSPLASTIC or MYELOPROLIFERATIVE DISEASES

WHO Code: or

- RA Chronic Idiopathic myelofibrosis
- RAEB-1 Essential thrombocythemia
- RAEB-2 Chronic myeloproliferative disease, NOS
- other, specify: _____

↳ transformed to AML, date of transformation ___/___/___

- therapy related

DISEASE STATUS AT TRANSPLANT

- supportive care or treatment without chemotherapy
- CR, specify number _____
- Relapse after CR, specify number _____
- Improvement, but no CR
- No response
- Progression

COMBINED MYELOYDYSPLASTIC/MYELOPROLIFERATIVE DISEASE

- CMML JMML-STATUS AT TRANSPLANT _____ (refer **ABMTRR Guidelines)
- Atypical CML (both Ph- and bcr-)

27. Other indications:

- ANAEMIA
- AUTOIMMUNE DISORDERS*
 - Multiple sclerosis
 - Other autoimmune
- HISTIOCYTIC DISORDERS
- INHERITED DISORDERS OF METABOLISM/OSTEOPETROSIS
- IMMUNE DEFICIENCIES
- PLATELET DISORDERS
- HAEMOGLOBINOPATHY
- OTHER DISEASE

Please specify diagnosis: _____

* additional data required, see ABMTRR Guidelines