

**AUSTRALASIAN BONE MARROW TRANSPLANT RECIPIENT REGISTRY
ALLOGENEIC 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: ____/____/____ Transplant type: **Allogeneic**
 8b. Transplant number: _____ Prior transplant date: ____/____/____ prior transplant type: Allogeneic Autologous
 If >1 transplant → Centre where performed _____ or same as current centre

9. Mobilisation: agents given to donor None Growth factor Plerixafor

10. Transplant source: (select all that apply) marrow peripheral blood cord blood double cord, see Qu22

11. Donor-recipient relation:
syngeneic HLA-identical sibling (includes non-monozygotic twin) HLA-matched other relative*
HLA-mismatched other relative* 1 HLA mismatch ≥2 HLA-mismatch
 *Specify relation: _____
Unrelated - Donor registry country _____
 Complete HLA table for unrelated & mismatch related donors

A	B	C	DRB1	DQB1	DPB1	
						Antigenic
						Allelic

Haploidentical? Yes No
 0=matched, 1=1m/m, 2=2m/m, ND=not done

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

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

13b. Was conditioning intended to be myeloablative? Yes No

14a. Graft Information
 Cell count Nucleated cells _____ x10⁸/kg
 CD34+ cells _____ x10⁶/kg
 Cells were cryopreserved Yes No

14b. Graft manipulation
 (other than RBC, plasma depletion, volume reduction)
CD34+ selection none
T cell depletion other, specify _____

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

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

16. Recipient CMV status
positive negative not done unknown

18. Donor information
 Number of donors _____
 (if >1, complete Multiple donor section)
 Donor sex Male Female
 If female, number of pregnancies _____
 Donor age _____ yrs
 Donor CMV status
positive negative not done unknown

19. CMV prophylaxis, agents used:
none Ganciclovir Other _____
 20. CMV Pre-emptive strategy used
yes no unknown
 21. GVHD prophylaxis tick all that apply
none given tacrolimus
corticosteroids methotrexate
cyclophosphamide mycophenolate
cyclosporin other, specify _____

22. Date of latest patient contact: ____/____/____ Name of person completing this form: _____

23. For Double Cord or Multiple Donor Transplant, complete questions 10, 11, 14,14a, and 18 on an extra registration form for each additional donor

Patient UPN: _____ Name ID _____

DISEASE CLASSIFICATION AND STATUS AT TRANSPLANT Refer to ABMTRR Guidelines

WHO Code: _____

24. Date of diagnosis of primary disease for this transplant: ____/____/____

25. ACUTE LEUKAEMIA

Acute Myeloid Leukaemia → transformed MDS/MPS, complete Qu28
 therapy related

DISEASE STATUS AT TRANSPLANT

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

Genetic abnormalities or FAB

- t(8;21)(q22;q22),(AML1/ETO)
- abnormal BM eosinophils & inv(16)(p13q22) or t(16;16)(p13;q22),(CBFB/MYH11)
- APL with t(15;17)(q22;q12)(PML/RARα) + variants (M3)
- 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 leukemia Biphenotypic, bilineage, hybrid leukaemia

Other acute leukaemia, specify: _____

26. CHRONIC MYELOGENOUS LEUKAEMIA

DISEASE STATUS AT TRANSPLANT

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

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

27. OTHER LEUKAEMIAS

DISEASE STATUS AT TRANSPLANT

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

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

28. MYELODYSPLASTIC or MYELOPROLIFERATIVE DISEASES

DISEASE STATUS AT TRANSPLANT

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

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

→ transformed to AML, date of transformation ____/____/____
 therapy related

COMBINED MYELODYSPLASTIC/MYELOPROLIFERATIVE DISEASE

CMML JMML-STATUS AT TRANSPLANT _____ (refer ABMTRR Guidelines – Disease Status at Transplant)
 Atypical CML (both Ph- and bcr-)

29. LYMPHOMA

DISEASE STATUS AT TRANSPLANT

Hodgkin disease

Non Hodgkin Lymphoma

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

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

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

Prior histology if transformed: _____

↳ If relapsed:
 chemosensitive untreated
 chemoresistant unknown

30. PLASMA CELL DISORDERS

DISEASE STATUS AT TRANSPLANT

Myeloma

Stage at diagnosis:

- IgG } Light chain type:
- IgA } kappa
- IgD } lambda
- Light chain only
- Non secretor
- other, specify: _____

- I A
- II B
- III
- Not available
- Salmon Durie
- I.S.S.

Never treated
 CR, specify number _____
 Stringent CR, specify number _____
 VGPR, specify number _____
 PR, specify number _____
 Stable disease/plateau
 Progression, specify number _____
 Relapse from CR, specify number _____

Other Plasma Cell Disorders

Plasma cell leukaemia Solitary plasmacytoma Primary Amyloidosis Other: _____

31. Other indications:

- ANAEMIA HISTIOCYTIC DISORDERS SOLID TUMOUR
- HAEMOGLOBINOPATHY INHERITED DISORDERS/IMMUNE DEFICIENCIES OTHER DISEASE

Please specify diagnosis: _____