AUSTRALASIAN BONE MARROW TRANSPLANT RECIPIENT REGISTRY
ALLOGENEIC TRANSPLANT REGISTRATION

ABMTRR, Level 6, The Kinghorn Cancer Centre
370 Victoria Street, Darlinghurst NSW 2010 AUSTRALIA
Email: abmtrr@svha.org.au
Phone: 02 9355 5691

1. Patient UPN: _____ **2. Hospital** : _____ **3. Name ID**: __ __ __ __ __ __

4. Usual residence: *(circle)* NSW | VIC | QLD | SA | WA | Tas | ACT | NT | NZ **4a. Postcode:** _____
Other country: _____

5. Sex: Male | Female **6. Age**: _____ **6a. DOB**: ____/____/_____

7. Indigenous status (*Aust only*): Aboriginal | Torres Strait Islander | Both | Neither | Declined | Unknown

7a. Patient consent: Consented | Declined | Not approached **7b. CIBMTR ID**: _____

8a. Transplant date: ____/____/____ **Transplant type: Allogeneic**

8b. Transplant number: _____
If >1 transplant → *Prior transplant date:* ____/____/____ *prior transplant type:* ☐ *Allogeneic* ☐ *Autologous*
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: _____
Haploidentical? ☐ Yes ☐ No
☐ Unrelated - Donor registry country _____

Complete HLA table for unrelated & mismatch related donors

A	B	C	DRB1	DQB1	DPB1	
						Antigenic
						Allelic

0=matched, 1=1m/m, 2=2m/m, ND=not done

12. Were any of following 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/m^2 ☐ >140mg/m^2
☐ 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 _____ x10^8/kg
CD34+ cells _____ x10^6/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 ☐

16. Recipient CMV status
☐ positive ☐ negative ☐ not done ☐ unknown

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

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

Genetic abnormalities or FAB ☐
☐t(8;21)(q22;q22),(AML1/ETO)
☐abnormal BM eosinophils & inv(16)(p13q22) or t(16;16)(p13;q22),(CBFβ/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:**_____

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 _____

26. 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 _____

27. OTHER LEUKAEMIAS
☐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

28. MYELODYSPLASTIC or MYELOPROLIFERATIVE DISEASES
☐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 MYELODYSPLASTIC/MYELOPROLIFERATIVE DISEASE
☐CMML ☐JMML-STATUS AT TRANSPLANT _____(refer ABMTRR Guidelines – Disease Status at Transplant)
☐Atypical CML (both Ph- and bcr-)

29. LYMPHOMA

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 ____
☐Angioimmunoblastic T cell
☐Peripheral T cell, NOS
☐Anaplastic large cell, primary systemic type
☐Other _____
Prior histology if transformed: _____

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

30. PLASMA CELL DISORDERS

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

Stage at diagnosis:
☐I ☐A
☐II ☐B
☐III
☐ Not available
☐Salmon Durie
☐I.S.S.

DISEASE STATUS AT TRANSPLANT
☐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: _____