

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

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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: ____/____/____ 8b. Transplant number: _____
 8c. If >1 transplant → Date of prior transplant (or approx) ____/____/____ prior transplant type Allogeneic Autologous
 Centre of 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 Iomustine
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 _____

Patient UPN: _____		Name ID: _____	
21. LYMPHOMA		WHO Code: <input type="text"/>	or
Hodgkin disease <input type="checkbox"/> Nodular lymphocyte, predominantly HD <input type="checkbox"/> Lymphocyte rich <input type="checkbox"/> Nodular sclerosis <input type="checkbox"/> Mixed cellularity <input type="checkbox"/> Lymphoma depleted <input type="checkbox"/> HD, NOS		Non Hodgkin Lymphoma <input type="checkbox"/> Burkitts → <input type="checkbox"/> High grade <input type="checkbox"/> Diffuse large B cell, subtype _____ <input type="checkbox"/> Follicular, grade _____ <input type="checkbox"/> Mantle cell <input type="checkbox"/> Angioimmunoblastic T cell <input type="checkbox"/> Peripheral T cell, NOS <input type="checkbox"/> Anaplastic large cell, primary systemic type <input type="checkbox"/> Other, specify: _____	
		DISEASE STATUS AT TRANSPLANT <input type="checkbox"/> Never treated <input type="checkbox"/> Primary refractory/PIF res <input type="checkbox"/> PR → <input type="checkbox"/> no prior CR <input type="checkbox"/> prior CR <input type="checkbox"/> CR confirmed, specify number _____ <input type="checkbox"/> CR unconfirmed, specify number _____ <input type="checkbox"/> Relapse, specify number _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ↳ If relapsed: <input type="checkbox"/> chemosensitive <input type="checkbox"/> untreated <input type="checkbox"/> chemoresistant <input type="checkbox"/> unknown </div>	
Prior histology if transformed: _____			
22. SOLID TUMOURS		DISEASE STATUS AT TRANSPLANT	
<input type="checkbox"/> Ewings, extra-osseous (includes PNET) <input type="checkbox"/> Ewings, family tumours of bone (includes PNET) <input type="checkbox"/> Medulloblastoma <input type="checkbox"/> Neuroblastoma <input type="checkbox"/> Rhabdomyosarcoma <input type="checkbox"/> other, specify: _____		<input type="checkbox"/> CR confirmed, specify no. _____ <input type="checkbox"/> Never treated <input type="checkbox"/> CR unconfirmed, specify no. _____ <input type="checkbox"/> Stable disease <input type="checkbox"/> PR → <input type="checkbox"/> no prior CR <input type="checkbox"/> prior CR <input type="checkbox"/> Progressive disease <input type="checkbox"/> Relapse, specify no. _____ <input type="checkbox"/> Adjuvant <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ↳ If relapsed: <input type="checkbox"/> chemosensitive <input type="checkbox"/> untreated <input type="checkbox"/> chemoresistant <input type="checkbox"/> unknown </div>	
23. ACUTE LEUKAEMIA		WHO Code: <input type="text"/>	or
<input type="checkbox"/> Acute Myeloid Leukaemia → <input type="checkbox"/> transformed MDS/MPS, complete Q26(MDS/MPD) <input type="checkbox"/> therapy related Genetic abnormalities _____ or FAB _____ <input type="checkbox"/> AML with multilineage dysplasia <input type="checkbox"/> Other, specify _____		DISEASE STATUS AT TRANSPLANT <input type="checkbox"/> Never treated <input type="checkbox"/> Primary induction failure <input type="checkbox"/> CR, specify number _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ↳ cytogenetic CR <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> unk molecular CR <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> unk </div> <input type="checkbox"/> Relapse, specify number _____	
<input type="checkbox"/> Acute Lymphoblastic Leukaemia <input type="checkbox"/> Precursor B-cell, <input type="checkbox"/> t(9;22)(q34;q11);BCR/ABL+ Other subtype: _____ <input type="checkbox"/> Precursor T-cell			
<input type="checkbox"/> Acute undifferentiated leukaemia <input type="checkbox"/> Biphenotypic, bilineage, hybrid leukaemia <input type="checkbox"/> Other acute leukaemia, specify: _____			
24. CHRONIC MYELOGENOUS LEUKAEMIA		DISEASE STATUS AT TRANSPLANT	
<input type="checkbox"/> Ph+/bcr+ <input type="checkbox"/> Ph-/bcr+ <input type="checkbox"/> Ph+/bcr- <input type="checkbox"/> Ph unk/bcr+ <input type="checkbox"/> Ph+/bcr unk		<input type="checkbox"/> Chronic phase, specify number _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ↳ <input type="checkbox"/> Haematological CR <input type="checkbox"/> cytogenetic CR <input type="checkbox"/> molecular CR </div> <input type="checkbox"/> Accelerated phase, specify number _____ <input type="checkbox"/> Blast crisis, specify number _____	
25. OTHER LEUKAEMIAS		WHO code <input type="text"/>	or
<input type="checkbox"/> CLL/SLL <input type="checkbox"/> Prolymphocytic leukaemia → <input type="checkbox"/> Bcell <input type="checkbox"/> Tcell <input type="checkbox"/> Hairy Cell Leukaemia <input type="checkbox"/> Other leukaemia, specify _____		DISEASE STATUS AT TRANSPLANT <input type="checkbox"/> never treated <input type="checkbox"/> no response/stable <input type="checkbox"/> CR <input type="checkbox"/> progression <input type="checkbox"/> nodular CR (nCR) <input type="checkbox"/> relapse (untreated) <input type="checkbox"/> Partial remission	
26. MYELODYSPLASTIC or MYELOPROLIFERATIVE DISEASES		WHO Code: <input type="text"/>	or
<input type="checkbox"/> RA <input type="checkbox"/> Chronic Idiopathic myelofibrosis <input type="checkbox"/> RAEB-1 <input type="checkbox"/> Essential thrombocythemia <input type="checkbox"/> RAEB-2 <input type="checkbox"/> Chronic myeloproliferative disease, NOS <input type="checkbox"/> other, specify: _____ ↳ <input type="checkbox"/> transformed to AML, date of transformation ___/___/___ <input type="checkbox"/> therapy related		DISEASE STATUS AT TRANSPLANT <input type="checkbox"/> supportive care or treatment without chemotherapy <input type="checkbox"/> CR, specify number _____ <input type="checkbox"/> Relapse after CR, specify number _____ <input type="checkbox"/> Improvement, but no CR <input type="checkbox"/> No response <input type="checkbox"/> Progression	
COMBINED MYELODYSPLASTIC/MYELOPROLIFERATIVE DISEASE			
<input type="checkbox"/> CMML <input type="checkbox"/> JMML-STATUS AT TRANSPLANT _____ (refer **ABMTRR Guidelines) <input type="checkbox"/> Atypical CML (both Ph- and bcr-)			
27. Other indications:			
<input type="checkbox"/> ANAEMIA <input type="checkbox"/> AUTOIMMUNE DISORDERS* <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Other autoimmune		<input type="checkbox"/> HISTIOCYTIC DISORDERS <input type="checkbox"/> INHERITED DISORDERS OF METABOLISM/OSTEOPETROSIS <input type="checkbox"/> IMMUNE DEFICIENCIES <input type="checkbox"/> PLATELET DISORDERS	
		<input type="checkbox"/> HAEMOGLOBINOPATHY <input type="checkbox"/> OTHER DISEASE	
Please specify diagnosis: _____			
* additional data required, see ABMTRR Guidelines			