APBMT Registry “LMD”
Disease classification sheet

ACUTE LEUKEMIAS

Classification (Check ONLY ONE):

- AML with recurrent genetic abnormalities
  - AML with t(8;21)(q22;q22), (AML1/ETO)
  - AML with abnormal bone marrow eosinophils and inv(16)(p13;q22) or t(16;16)(p13;q22) CBFβ/MYH11
  - AML with t(15;17)(q22;q12), (PML/RARα) and variants (FAB M3)
  - AML with 11q23, (MLL) abnormalities
  - AML with multilineage dysplasia (w/o MDS or MPS/MDS antecedents)

- Acute Lymphoblastic Leukemia (ALL)
  - Precursor B-cell ALL
  - t(9;22)(q34;q11); BCR/ABL
  - t(v;11q23); MLL rearranged
  - t(1;19)(q23;p13) E2A/PBX1
  - t(12;21)(p12;q22) ETV/CBF-alpha
  - Precursor T-cell ALL
  - ALL not otherwise specified

- Other Acute Leukemias
  - Acute undifferentiated leukaemia
  - Biphenotypic, bilineage, hybrid
  - Other mast cell leukaemia
  - Other, specify

- AML not otherwise categorised
  - AML, minimally differentiated (FAB M0)
  - AML without maturation (FAB M1)
  - AML with maturation (FAB M2)
  - Acute myelomonocytic leukaemia (FAB M4)
  - Acute monoblastic/acute monocytic leukemia (FAB M5)
  - Acute erythroid leukaemia (erythroid/myeloid and pure erythroleukemia) (FAB M6)
  - Acute megakaryoblastic leukaemia (FAB M7)
  - Acute basophilic leukemia
  - Acute panmyelosis with myelofibrosis
  - Myeloid sarcoma
  - AML not otherwise specified

- Transformed from MDS → Complete MDS section on Disease Classification Sheet MDS. Do not complete the remainder of AML.

Secondary origin

- Yes: Disease related to prior exposure to therapeutic drugs or radiation
- No
- Unknown

Status at HSCT:

STATUS

- Primary induction failure
- Complete haematological remission (CR)
- Relapse
- Never treated

NUMBER (Complete only for CR or relapse)

- 1st
- 2nd
- 3rd or higher

FOR COMPLETE REMISSION ONLY, TYPE OF REMISSION

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Not evaluated</th>
<th>Unknown</th>
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<tbody>
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<tr>
<td>Molecular</td>
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</tr>
</tbody>
</table>
**APBMT Registry “LMD”**

**Disease classification sheet**

**C M L**

**CHRONIC MYELOGENOUS LEUKEMIA (CML)**  
Note: CMML is not a CML

Unique Patient Number or Code: ____________________  
Date of this HSCT: _______ - _____ - _____ (yyy - mm - dd)

**Classification:**  
At least one investigation must be positive

- **Translocation (9;22)**
  - [ ] Absent
  - [ ] Present
  - [ ] Not evaluated

- **bcr-abl**
  - [ ] Absent
  - [ ] Present
  - [ ] Not evaluated

**Status at HSCT:**

**PHASE**
- [ ] Chronic phase (CP)
- [ ] Accelerated phase
- [ ] Blast crisis

**NUMBER (CP only)**
- [ ] 1st
- [ ] 2nd
- [ ] 3rd or higher

**FOR CHRONIC PHASE ONLY**

Presence and type of CR (Check all that apply)

- [ ] Haematological
  - [ ] Yes
  - [ ] No
  - [ ] Not evaluated
  - [ ] Unknown

- [ ] Cytogenetic (t(9;22))
  - [ ] Yes
  - [ ] No
  - [ ] Not evaluated
  - [ ] Unknown

- [ ] Molecular (bcr-abl)
  - [ ] Yes
  - [ ] No
  - [ ] Not evaluated
  - [ ] Unknown
# MDS

## MYELODYSPLASTIC SYNDROME (MDS)

Combined MD/MPS is on MPS/MPD

<table>
<thead>
<tr>
<th>Unique Patient Number or Code:</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of this HSCT:</td>
<td>______ - _____ - _____ (yyyy - mm - dd)</td>
</tr>
</tbody>
</table>

Please fill in both the WHO and FAB classifications if possible

### WHO Classification at HSCT:

- Refractory anemia (RA)
- Refractory anemia with ring sideroblasts (RARS)
- RA with excess of blasts-1 (RAEB-1)
- RA with excess of blasts-2 (RAEB-2)
- Refractory cytopenia with multilineage dysplasia (RCMD)
- RCMD-RS
- MDS associated with isolated del (5q)
- Transformed to AML: Date of transformation | yyyy - mm - dd |
- MDS Unclassifiable (MDS-U)

### FAB Classification at HSCT:

- RA
- RARS
- RAEB
- RAEB in transformation (RAEB-t)
- Transformed to AML (Fill date in opposite column)
- MDS Unclassifiable

### Secondary origin:

- Yes: Disease related to prior exposure to therapeutic drugs or radiation
- No
- Unknown

### Status at HSCT:

- Treated with chemotherapy:
  - Primary refractory phase (no change)
  - Complete remission (CR)
  - Improvement but no CR
  - Relapse (after CR)
  - Progression/worse
- Untreated (Supportive care or treatment without chemotherapy)

### NUMBER

(Complete for CR or relapse)

- 1st
- 2nd
- 3rd or higher
<table>
<thead>
<tr>
<th>Disease classification sheet</th>
</tr>
</thead>
</table>

### OTHER LEUKEMIAS

**Unique Patient Number or Code:** ________________

**Date of this HSCT:** _____ - _____ - _____ (yyy - mm - dd)

**Classification:**
- ☐ Chronic lymphocytic leukemia (CLL)
- ☐ Prolymphocytic Leukemia (PLL)
  - ☐ PLL, B-cell
  - ☐ PLL, T-cell
- ☐ Hairy Cell Leukemia
- ☐ Other leukemia, specify:______________

**Status at HSCT**
- ☐ Stable disease/No response
- ☐ Complete remission (CR)
- ☐ Partial remission (PR)
- ☐ nodular Partial remission (nPR)
- ☐ Relapse
- ☐ Progression
- ☐ Never treated
### Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS)

**Classification at HSCT:**
- Chronic myelomonocytic leukaemia (CMMoL, CMML)
- Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMMML)
- Atypical CML (t(9;22) negative and bcr/abl negative)
- Transformed to AML: Date of transformation ______ - ______ - ______ (yyyy - mm - dd)

**Secondary origin:**
- Yes: Disease related to prior exposure to therapeutic drugs or radiation
- No
- Unknown

**Status at HSCT:**
- Treated with chemotherapy:
  - Primary refractory phase (no change)
  - Complete remission (CR)
  - Improvement but no CR
  - Relapse (after CR)
  - Progression/worse
  - Untreated (Supportive care or treatment without chemotherapy)

### MYELOPROLIFERATIVE SYNDROMES (MPS)

**Classification at HSCT:**
- Chronic idiopathic myelofibrosis (primary myelofibrosis, fibrosis with myeloid metaplasia)
- Polycythemia vera
- Essential or primary thrombocytopenia
- Hyper eosinophilic syndrome (HES)
- Chronic eosinophilic leukemia (CEL)
- Chronic neutrophilic leukemia
- Stem cell leukemia-Lymphoma syndrome (8p11 syndrome)
- Secondary myelofibrosis:
  - Transformed to AML: Date of transformation ______ - ______ - ______
    - yyyy - mm - dd
  - MPS not otherwise specified
  - Other, specify: _______________

**Secondary origin:**
- Yes: Disease related to prior exposure to therapeutic drugs or radiation
- No
- Unknown

**Status at HSCT:**
- Treated with chemotherapy:
  - Primary refractory phase (no change)
  - Complete remission (CR)
  - Improvement but no CR
  - Relapse (after CR)
  - Progression/worse
  - Untreated (Supportive care or treatment without chemotherapy)
**APBMT Registry “LMD”**

**Disease classification sheet**

**NHL**

**Hodgkin**

**ATL**

---

**LYMPHOMAS**

Unique Patient Number or Code: 

Date of this HSCT: _____ - _____ - _____ (yyy - mm - dd)

**Classification:**

**Non-Hodgkin's lymphoma (NHL):**

- B-cell Neoplasms
  - Follicular lymphoma
    - Grade I
    - Grade II
    - Grade III
    - Unknown
  - Mantle cell lymphoma
  - Extranodal marginal zone of MALT type
  - Diffuse large B-cell lymphoma (If known indicate subtype)
    - Intravascular large cell lymphoma
    - Mediastinal large cell lymphoma
    - Primary effusion large cell lymphoma
  - Burkitt's lymphoma/Burkitt cell leukemia (ALL L3)
    - High grade B-cell lymphoma, Burkitt-like (provisional entity)
  - Lymphoplasmacytic lymphoma
  - Waldenstrom macroglobulinaemia
  - Splenic marginal zone B-cell lymphoma
  - Nodal marginal zone B-cell lymphoma
  - Primary CNS lymphoma
  - Other B-cell, specify: ________________

**Hodgkin:**

- Nodular lymphocyte predominant
- Lymphocyte rich
- Nodular sclerosis
- Mixed cellularity
- Lymphoma depleted
- Other, specify: ________________

---

**Status at HSCT:**

**STATUS**

- Never treated
- Primary refractory
- Complete remission (CR)
- Confirmed
- Unconfirmed (CRU*)
- 1st Partial response (PR1)
- Partial response>1 (never in CR) (PR>1)
- Relapse
- Progression

**NUMBER**

(Complete only for CR, PR>1 or relapse)

**SENSITIVITY TO CHEMOTHERAPY VSSENSIT**

(Complete only for relapse)

<table>
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<tr>
<th>Status</th>
<th>Number</th>
<th>Sensitivity to Chemotherapy</th>
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<td></td>
</tr>
<tr>
<td>Primary refractory</td>
<td>1st</td>
<td>Sensitive</td>
</tr>
<tr>
<td>Complete remission (CR)</td>
<td>2nd</td>
<td>Resistant</td>
</tr>
<tr>
<td>Confirmed</td>
<td>3rd or higher</td>
<td>Untreated</td>
</tr>
<tr>
<td>Unconfirmed (CRU*)</td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>1st Partial response (PR1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial response&gt;1 (never in CR) (PR&gt;1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*CRU – complete response with persistent scan abnormalities of unknown significance*
PLASMA CELL DISORDERS including MULTIPLE MYELOMA

Unique Patient Number or Code: _______________________
Date of this HSCT: _______ - _____ - _____ (yyy - mm - dd)

Classification:

IG CHAIN TYPE
- Multiple myeloma IgG
- Multiple myeloma IgA
- Multiple myeloma IgD
- Multiple myeloma IgE
- Multiple myeloma IgM (not Waldenstrom)
- Multiple myeloma- light chain only
- Multiple myeloma-non-secretory

LIGHT CHAIN TYPE
- Kappa
- Lambda

OTHER
- Plasma cell leukemia
- Solitary plasmacytoma
- Primary amyloidosis
- Other, specify: _______________________

Status at HSCT:
- Never treated
- Complete remission (CR)
- Partial remission (PR)
- Minimal response (MR)
- Relapse from CR (untreated)
- Progression
- No change / stable disease

NUMBER (Complete for CR, PR or relapse):
- 1st
- 2nd
- 3rd or higher
### ANEMIA

**Classification:**
- Acquired Severe Aplastic Anemia (SAA), not otherwise specified
- Acquired SAA, secondary to hepatitis
- Acquired SAA, secondary to toxin/other drug
- Amegakaryocytosis, acquired (not congenital)
- Acquired Pure Red Cell Aplasia (PRCA) (not congenital)
- Other acquired cytopenic syndrome, specify: _______________________________
- Paroxysmal nocturnal hemoglobinuria (PNH)

**Congenital:**
- Fanconi anemia
- Diamond-Blackfan anemia (congenital PRCA)
- Schwachman-Diamond
- Other congenital anemia, specify: _______________________________
Hemoglobinopathy

HEMOGLOBINOPATHY

Unique Patient Number or Code: ________________
Date of this HSCT: _______ - ___ - ___ (yyy - mm - dd)

Classification:
☐ Thalassemia
☐ Sickle cell disease
☐ Other hemoglobinopathy, specify: _____________________________________________
# Solid Tumor

**Unique Patient Number or Code:** ______________________

**Date of this HSCT:** _______ - _____ - _____ (yyy - mm - dd)

**Classification:**
- Bone sarcoma (excluding Ewing sarcoma/PNET)
- Central nervous system tumors (include CNS PNET)
- Colorectal
- Ewing sarcoma/PNET, extra-skeletal
- Ewing sarcoma/PNET, skeletal
- Germ cell tumor, extragonadal only
- Hepatobiliary
- Lung cancer, non-small cell
- Lung cancer, small cell
- Medulloblastoma
- Melanoma
- Breast
- Neuroblastoma
- Ovarian
- Pancreas
- Prostate
- Renal cell
- Retinoblastoma
- Rhabdomyosarcoma
- Soft tissue sarcoma
- Testicular
- Thymoma
- Wilms tumor
- Other, specify __________________________________________

**Status at HSCT:**
- Adjuvant
- Never treated (upfront)
- Stable disease/no response
  - Complete remission (CR)
    - Confirmed
    - Unconfirmed (CRU*)
- 1st Partial response (PR1)
- Relapse
- Progressive disease (PD)
  *CRU – complete response with persistent scan abnormalities of unknown significance

**NUMBER (complete only for CR or relapse):**
- 1st
- 2nd
- 3rd or higher

**SENSITIVITY TO CHEMOTHERAPY**
- Sensitive
- Resistant
- Untreated
### APBMT Registry “LMD”
#### Disease classification sheet

**APBMT Center#** : ____________  
**Unique Patient Number (UPN):** ________________  
**HSCT Date** : ____________, yyyy - mm - dd  

---

**Other**

Unique Patient Number or Code: _____________________  
Date of this HSCT: ________ - _____ - ____ (yyyy - mm - dd)

---

### PRIMARY IMMUNE DEFICIENCIES

**Classification:**
- □ Absence of T and B cells SCID
- □ Absence of T, normal B cell SCID
- □ ADA deficiency severe combined immune deficiency (SCID)
- □ Ataxia telangiectasia
- □ Bare lymphocyte syndrome
- □ Cartilage hair hypoplasia
- □ CD 40 Ligand deficiency
- □ Chediak-Higashi syndrome
- □ Chronic granulomatous disease
- □ Common variable immunodeficiency
- □ DiGeorge anomaly
- □ Kostmann syndrome-congenital neutropenia
- □ Leukocyte adhesion deficiencies
- □ Neutrophil actin deficiency
- □ Omenn syndrome
- □ Reticular dysgenesis
- □ SCID other, specify: ________________________
- □ SCID, unspecified
- □ Wiskott Aldrich syndrome
- □ X-linked lymphoproliferative syndrome
- □ Other, specify: ________________________________
- □ Immune deficiencies, not otherwise specified

---

### INHERITED DISORDERS OF METABOLISM

**Classification:**
- □ Adrenoleukodystrophy
- □ Aspartyl glucosaminuria
- □ B-glucuronidase deficiency (VII)
- □ Fucosidosis
- □ Gaucher disease
- □ Glucose storage disease
- □ Hunter syndrome (II)
- □ Hurler syndrome (III)
- □ I-cell disease
- □ Krabbe disease (globoid leukodystrophy)
- □ Lesch-Nyhan (HGPRT deficiency)
- □ Mannosidosis
- □ Maroteaux-Lamy (VI)
- □ Metachromatic leukodystrophy
- □ Morquio (IV)
- □ Mucolipidoses, unspecified
- □ Mucopolysaccharidosis (V)
- □ Mucopolysaccharidosis, unspecified
- □ Niemann-Pick disease
- □ Neuronal ceroid – lipofuscinosis (Batten disease)
- □ Polysaccharide hydrolase abnormalities, unspecified
- □ Sanfilippo (III)
- □ Scheie syndrome (IS)
- □ Wolman disease
- □ Other, specify: ________________________________
- □ Inherited disorders of metabolism, not otherwise specified

---

### PLATELET and OTHER INHERITED DISORDERS

**Classification:**
- □ Glanzmann thrombasthenia
- □ Congenital amegakaryocytosis / congenital thrombocytopenia
- □ Other inherited platelet abnormalities, specify: ______________________
- □ Osteopetrosis (malignant infantile osteopetrosis)
- □ Other osteoclast defects, specify: ______________________

---

### HISTIOCYTIC DISORDERS

**Classification:**
- □ Histiocytic disorders, not otherwise specified
- □ Langerhans Cell Histiocytosis (Histiocytosis-X)
- □ Malignant histiocytosis
- □ Familial erythro/hemophagocytic lymphohistiocytosis (FELH)
- □ Hemophagocytosis (reactive or viral associated)
- □ Other, specify: ________________________________
### AUTOIMMUNE DISORDERS

#### CONNECTIVE TISSUE DISEASE

- **Systemic sclerosis (SS)**
  - diffuse cutaneous
  - limited cutaneous
  - lung parenchyma
  - pulmonary hypertension
  - systemic hypertension
  - renal (biopsy type:)
  - oesophagus
  - other GI tract
  - Raynaud
  - CREST
  - other, specify:

- **Systemic lupus erythematosus (SLE)**
  - renal (biopsy type:)
  - CNS (type:)
  - PNS (type:)
  - lung
  - serositis
  - arthritis
  - skin (type:)
  - hematological (type:)
  - vasculitis (type:)
  - other, specify:

- **Polymyositis-dermatomyositis**
  - proximal weakness
  - generalized weakness (including bulbar)
  - pulmonary fibrosis
  - vasculitis (type:)
  - other, specify:

- **Sjögren syndrome**
  - SICCA
  - exocrine gland swelling
  - other organ lymphocytic infiltration
  - lymphoma, paraproteinemia
  - other, specify:

#### Antibodies studied
- No
- Yes: Scl 70 positive
- ACA positive
- unknown

#### Involved Organs/Clinical Problem at HSCT
- No
- Yes: lymphoma, paraproteinemia
- other organ lymphocytic infiltration
- exocrine gland swelling
- SICCA
- malignancy (type:)
- CPK elevated
- typical EMG
- typical rash (DM)
- CPK elevated
- malignancy (type:)
- other, specify:

#### Reason for HSCT
- Presence
- Indication for HSCT

#### Other
- Normal/Negative
- Elevated/Positive
- Not evaluated

---

**APBMT Center #:**

**Unique Patient Number (UPN):**

**HSCT Date:**

---
### Classification

**CONNECTIVE TISSUE DISEASE (CONT.)**

- **Antiphospholipid syndrome**
  - thrombosis (type: ________)
  - CNS (type: ____________)
  - abortion
  - skin (livido, vasculitis)
  - hematological (type: ________)
  - other, specify: ____________

<table>
<thead>
<tr>
<th>Antibodies studied</th>
<th>Presence</th>
<th>Indication for HSCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

- Anticardiolipin IgG
  - Normal/Negative
  - Elevated/Positive
  - Not evaluated

- Anticardiolipin IgM
  - Normal/Negative
  - Elevated/Positive
  - Not evaluated

- Other, specify ____________
  - □ unknown

- Other type of connective tissue disease, specify: ____________

### VASCULITIS

- **Wegener granulomatosis**
  - upper respiratory tract
  - pulmonary
  - renal (biopsy type: ____________)
  - skin
  - other, specify: ____________

<table>
<thead>
<tr>
<th>Antibodies studied</th>
<th>Presence</th>
<th>Indication for HSCT</th>
</tr>
</thead>
<tbody>
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<td>□ No</td>
<td>□ No</td>
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</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

- c-ANCA
  - Negative
  - Positive
  - Not evaluated

- unknown

- **Classical polyarteritis nodosa**
  - Classical
  - Microscopic

  - renal (type: ____________)
  - mononeuritis multiplex
  - pulmonary hemorrhage
  - skin
  - GI tract
  - other, specify: ____________

<table>
<thead>
<tr>
<th>Antibodies studied</th>
<th>Presence</th>
<th>Indication for HSCT</th>
</tr>
</thead>
<tbody>
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<td>□ No</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

- p-ANCA
  - Negative
  - Positive
  - Not evaluated

- c-ANCA
  - Negative
  - Positive
  - Not evaluated

- Hepatitis serology
  - Negative
  - Positive
  - Not evaluated

- Other, specify ____________

### Other vasculitis:

- Churg-Strauss
- Giant cell arteritis
- Takayasu
- Behçet’s syndrome
- Overlap necrotising arteritis
- Other, specify: ____________
### ARTHRITIS
- Rheumatoid arthritis
  - Destructive arthritis
  - Necrotising vasculitis
  - Eye (type: ____________)
  - Pulmonary
  - Extra articular (specify: ____________)
  - Other, specify: ____________
- Psoriatic arthritis/psoriasis
  - Destructive arthritis
  - Psoriasis
  - Other, specify: ____________
- Juvenile idiopathic arthritis (JIA), systemic (Still's disease)
- Juvenile idiopathic arthritis (JIA), articular: Onset
  - Oligoarticular
  - Polyarticular
- Juvenile idiopathic arthritis: other, specify: ____________
- Other arthritis: __________________________

### MULTIPLE SCLEROSIS
- Multiple sclerosis
  - Primary progressive
  - Secondary progressive
  - Relapsing/remitting
  - Other: ____________

### OTHER NEUROLOGICAL AUTOIMMUNE DISEASE
- Myasthenia gravis
- Other autoimmune neurological disorder, specify: ____________

### HEMATOLOGICAL AUTOIMMUNE DISEASES
- Idiopathic thrombocytopenic purpura (ITP)
- Hemolytic anemia
- Evan syndrome
- Other autoimmune cytopenia, specify: ____________

### BOWEL DISEASE
- Crohn's disease
- Ulcerative colitis
- Other autoimmune bowel disease, specify: ____________

### OTHER NON-HEMATOLOGICAL AUTOIMMUNE DISEASE
- Diabetes Mellitus (type I)
- Other non-hematological autoimmune disorder, specify: ____________