



# APBMT Registry “LMD”

## Disease classification sheet

**ATL**

**AML**

**ALL**

**Other Acute Leukemias**

### ACUTE LEUKEMIAS

Unique Patient Number or Code: \_\_\_\_\_

Date of this HSCT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - mm - dd)

**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
- Acute mast cell leukaemia
- Other, specify \_\_\_\_\_

**Adult T-cell lymphoma/leukemia(HTLV1+)**

**AML not otherwise categorised**

- AML, minimally differentiated (FAB M0)
- AML without maturation (FAB M1)
- AML with maturation (FAB M2)
- Acute myelomonocytic leukemia (FAB M4)
- Acute monoblastic/acute monocytic leukemia (FAB M5)
- Acute erythroid leukemia (erythroid/myeloid and pure erythroleukemia) (FAB M6)
- Acute megakaryoblastic leukemia (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** Except ATL

- 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**

	No	Yes	Not evaluated	Unknown
Cytogenetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molecular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## APBMT Registry “LMD”

### Disease classification sheet

# CML

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

Unique Patient Number or Code: \_\_\_\_\_

Date of this HSCT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - mm - dd)

**Classification:**

At least one investigation must be positive

Translocation (9;22)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
bcr-abl	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Cytogenetic ( <i>t(9;22)</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Molecular ( <i>bcr-abl</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown



## APBMT Registry “LMD”

### Disease classification sheet

# MDS

#### MYELODYSPLASTIC SYNDROME (MDS) combined MD/MPS is on MPS/MPD

Unique Patient Number or Code: \_\_\_\_\_

**Date of this HSCT:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - mm - dd)

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:**

(other than transformed to AML)

- 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



# APBMT Registry "LMD"

## Disease classification sheet

### CLL / PLL / O t h e r

#### OTHER LEUKEMIAS

Unique Patient Number or Code: \_\_\_\_\_


Date of this HSCT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - 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



## APBMT Registry “LMD”

### Disease classification sheet

**MD/MPS**

**MPS**

Unique Patient Number or Code: \_\_\_\_\_

**Date of this HSCT:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - mm - dd)

**Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS)**

**Classification at HSCT:**

- Chronic myelomonocytic leukaemia (CMMoL, CMML)
- Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMML)
- Atypical CML ((t(9;22) negative and bcr/abl negative)
- Transformed to AML: Date of transformation \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - mm - dd)

**Secondary origin:**

(other than transformed to AML)

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

**Status at HSCT :**

**MDS or CMML (including Transformed to AML) / Atypical CML**

**JMML**

Treated with chemotherapy:

- |                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary refractory phase (no change)</li> <li><input type="checkbox"/> Complete remission (CR)</li> <li><input type="checkbox"/> Improvement but no CR</li> <li><input type="checkbox"/> Relapse (after CR)</li> <li><input type="checkbox"/> Progression/worse</li> <li><input type="checkbox"/> Untreated (Supportive care or treatment without chemotherapy)</li> </ul> | <b>NUMBER</b> | <p>(Complete for CR or relapse)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1st</li> <li><input type="checkbox"/> 2nd</li> <li><input type="checkbox"/> 3rd or higher</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- Stable disease (SD)
- Complete response (CR)
- Minimal response (MR)
- Partial response (PR)
- Progression (PD)

**MYELOPROLIFERATIVE SYNDROMES (MPS)**

**Classification at HSCT:**

- Chronic idiopathic myelofibrosis (primary myelofibrosis, fibrosis with myeloid metaplasia)
- Polycythemia vera
- Essential or primary thrombocythemia
- 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:**

(other than transformed to AML)


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

**Status at HSCT:**

Treated with chemotherapy:

- |                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary refractory phase (no change)</li> <li><input type="checkbox"/> Complete remission (CR)</li> <li><input type="checkbox"/> Improvement but no CR</li> <li><input type="checkbox"/> Relapse (after CR)</li> <li><input type="checkbox"/> Progression/worse</li> </ul> </div> | <b>NUMBER</b> | <p>(Complete for CR or relapse)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1st</li> <li><input type="checkbox"/> 2nd</li> <li><input type="checkbox"/> 3rd or higher</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- Untreated (Supportive care or treatment without chemotherapy)



## APBMT Registry “LMD”

### Disease classification sheet

**NHL**

**Hodgkin**

**ATL** 削除

**LYMPHOMAS**

Unique Patient Number or Code: \_\_\_\_\_

Date of this HSCT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - 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: \_\_\_\_\_

**T-cell & NK-cell Neoplasms**

- Angioimmunoblastic (AILD)
- Peripheral T-cell lymphoma (all variants)
- Anaplastic large-cell, T/null cell, primary cutaneous
- Anaplastic large-cell, T/null cell, primary systemic
- Extranodal NK/T-cell lymphoma, nasal type
- Enteropathy-type T-cell lymphoma
- Hepatosplenic gamma-delta T-cell lymphoma
- Subcutaneous panniculitis-like T-cell lymphoma
- Adu 削除
- Aggressive NK-cell leukemia
- Large T-cell granular lymphocytic leukemia
- Mycosis fungoides
- Sezary syndrome
- Other T/NK-cell, specify: \_\_\_\_\_

**Hodgkin:**

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

**Adult T-cell lymphoma/leukemia(HTLV1+) Complete ATL section on Disease Classification Sheet AML/ALL/OAL/ATL. Do not complete this sheet.**

**Status at HSCT:**

STATUS	NUMBER	SENSITIVITY TO CHEMOTHERAPY VSENSIT
<input type="checkbox"/> Never treated	(Complete only for CR, PR>1 or relapse)	(Complete only for relapse)
<input type="checkbox"/> Primary refractory	<input type="checkbox"/> 1st	<input type="checkbox"/> Sensitive
<input type="checkbox"/> Complete remission (CR)	<input type="checkbox"/> 2nd	<input type="checkbox"/> Resistant
<input type="checkbox"/> <input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed (CRU*)	<input type="checkbox"/> 3rd or higher	<input type="checkbox"/> Untreated
<input type="checkbox"/> 1st Partial response (PR1)		<input type="checkbox"/> Unknown
<input type="checkbox"/> Partial response>1 ( <i>never in CR</i> ) (PR>1)		
<input type="checkbox"/> Relapse		
<input type="checkbox"/> Progression		

\*CRU – complete response with persistent scan abnormalities of unknown significance



# APBMT Registry "LMD"

## Disease classification sheet

### P C D (MM)

#### PLASMA CELL DISORDERS including MULTIPLE MYELOMA

Unique Patient Number or Code: \_\_\_\_\_

Date of this HSCT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - 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



# APBMT Registry "LMD"

## Disease classification sheet

**SAA**

**BM aplasia-other**

### ANEMIA

Unique Patient Number or Code: \_\_\_\_\_

Date of this HSCT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - mm - dd)

**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: \_\_\_\_\_





# APBMT Registry “LMD”

## Disease classification sheet

### Hemoglobinopathy

#### HEMOGLOBINOPATHY

Unique Patient Number or Code: \_\_\_\_\_

Date of this HSCT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - mm - dd)

**Classification:**

- Thalassemia
- Sickle cell disease
- Other hemoglobinopathy, specify: \_\_\_\_\_



# APBMT Registry "LMD"

## Disease classification sheet

### Solid tumor

#### Solid Tumor

Unique Patient Number or Code: \_\_\_\_\_

Date of this HSCT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - 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** (Complete only for relapse)

- Sensitive
- Resistant
- Untreated



## APBMT Registry “LMD”

### Disease classification sheet

### Other

Unique Patient Number or Code: \_\_\_\_\_

Date of this HSCT: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (yyyy - mm - dd)

#### PRIMARY IMMUNE DEFICIENCIES

**Classification:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Absence of T and B cells SCID</li> <li><input type="checkbox"/> Absence of T, normal B cell SCID</li> <li><input type="checkbox"/> ADA deficiency severe combined immune deficiency (SCID)</li> <li><input type="checkbox"/> Ataxia telangiectasia</li> <li><input type="checkbox"/> Bare lymphocyte syndrome</li> <li><input type="checkbox"/> Cartilage hair hypoplasia</li> <li><input type="checkbox"/> CD 40 Ligand deficiency</li> <li><input type="checkbox"/> Chediak-Higashi syndrome</li> <li><input type="checkbox"/> Chronic granulomatous disease</li> <li><input type="checkbox"/> Common variable immunodeficiency</li> <li><input type="checkbox"/> DiGeorge anomaly</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Kostmann syndrome-congenital neutropenia</li> <li><input type="checkbox"/> Leukocyte adhesion deficiencies</li> <li><input type="checkbox"/> Neutrophil actin deficiency</li> <li><input type="checkbox"/> Omenn syndrome</li> <li><input type="checkbox"/> Reticular dysgenesis</li> <li><input type="checkbox"/> SCID other, specify: _____</li> <li><input type="checkbox"/> SCID, unspecified</li> <li><input type="checkbox"/> Wiskott Aldrich syndrome</li> <li><input type="checkbox"/> X-linked lymphoproliferative syndrome</li> <li><input type="checkbox"/> Other, specify: _____</li> <li><input type="checkbox"/> Immune deficiencies, not otherwise specified</li> </ul> |
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#### INHERITED DISORDERS OF METABOLISM

**Classification:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Adrenoleukodystrophy</li> <li><input type="checkbox"/> Aspartyl glucosaminuria</li> <li><input type="checkbox"/> B-glucuronidase deficiency (VII)</li> <li><input type="checkbox"/> Fucosidosis</li> <li><input type="checkbox"/> Gaucher disease</li> <li><input type="checkbox"/> Glucose storage disease</li> <li><input type="checkbox"/> Hunter syndrome (II)</li> <li><input type="checkbox"/> Hurler syndrome (IH)</li> <li><input type="checkbox"/> I-cell disease</li> <li><input type="checkbox"/> Krabbe disease (globoid leukodystrophy)</li> <li><input type="checkbox"/> Lesch-Nyhan (HGPRT deficiency)</li> <li><input type="checkbox"/> Mannosidosis</li> <li><input type="checkbox"/> Maroteaux-Lamy (VI)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Metachromatic leukodystrophy</li> <li><input type="checkbox"/> Morquio (IV)</li> <li><input type="checkbox"/> Mucopolidoses, unspecified</li> <li><input type="checkbox"/> Mucopolysaccharidosis (V)</li> <li><input type="checkbox"/> Mucopolysaccharidosis, unspecified</li> <li><input type="checkbox"/> Niemann-Pick disease</li> <li><input type="checkbox"/> Neuronal ceroid – lipofuscinosis (Batten disease)</li> <li><input type="checkbox"/> Polysaccharide hydrolase abnormalities, unspecified</li> <li><input type="checkbox"/> Sanfilippo (III)</li> <li><input type="checkbox"/> Scheie syndrome (IS)</li> <li><input type="checkbox"/> Wolman disease</li> <li><input type="checkbox"/> Other, specify: _____</li> <li><input type="checkbox"/> Inherited disorders of metabolism, not otherwise specified</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### 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:**

- |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Histiocytic disorders, not otherwise specified</li> <li><input type="checkbox"/> Langerhans Cell Histiocytosis (Histiocytosis-X)</li> <li><input type="checkbox"/> Malignant histiocytosis</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Familial erythro/hemophagocytic lymphohistiocytosis (FELH)</li> <li><input type="checkbox"/> Hemophagocytosis (reactive or viral associated)</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### AUTOIMMUNE DISORDERS

Classification                      Involved Organs/Clinical Problem at HSCT                      Reason for HSCT

#### CONNECTIVE TISSUE DISEASE

Systemic sclerosis (SS)

- |                                                     | Presence                                                 | Indication for HSCT                                      |
|-----------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> diffuse cutaneous          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> limited cutaneous          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> lung parenchyma            | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> pulmonary hypertension     | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> systemic hypertension      | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> renal (biopsy type: _____) | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> oesophagus                 | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> other GI tract             | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> Raynaud                    | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> CREST                      | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> other, specify: _____      | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Antibodies studied     No

Yes:    Scl 70 positive                       Normal/Negative                       Elevated/Positive                       Not evaluated

                    ACA positive                       Normal/Negative                       Elevated/Positive                       Not evaluated

unknown

Systemic lupus erythematosus (SLE)

- |                                                      | Presence                                                 | Indication for HSCT                                      |
|------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> renal (biopsy type: _____)  | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> CNS (type : _____)          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> PNS (type : _____)          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> lung                        | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> serositis                   | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> arthritis                   | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> skin (type: _____)          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> hematological (type: _____) | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> vasculitis (type: _____)    | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> other, specify : _____      | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Antibodies studied     No

Yes:    ds DNA                       Normal/Negative                       Elevated/Positive                       Not evaluated

                    Complement                       Normal/Negative                       Elevated/Positive                       Not evaluated

                    Other, specify \_\_\_\_\_

unknown

Polymyositis- dermatomyositis

- |                                                                  | Presence                                                 | Indication for HSCT                                      |
|------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> proximal weakness                       | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> generalized weakness (including bulbar) | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> pulmonary fibrosis                      | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> vasculitis (type: _____)                | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> other, specify: _____                   | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Manifestation with:     typical biopsy

typical EMG

typical rash (DM)

CPK elevated

malignancy (type: \_\_\_\_\_)

Sjögren syndrome

- |                                                               | Presence                                                 | Indication for HSCT                                      |
|---------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> SICCA                                | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> exocrine gland swelling              | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> other organ lymphocytic infiltration | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> lymphoma, paraproteinemia            | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> other, specify: _____                | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |



**ARTHRITIS**

Rheumatoid arthritis

- destructive arthritis
- necrotising vasculitis
- eye (type: \_\_\_\_\_)
- pulmonary
- extra articular (specify: \_\_\_\_\_)
- other, specify: \_\_\_\_\_

**Presence**

- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes

**Indication for HSCT**

- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes

Psoriatic arthritis/psoriasis

- destructive arthritis
- psoriasis
- other, specify: \_\_\_\_\_

**Presence**

- No  Yes
- No  Yes
- No  Yes

**Indication for HSCT**

- No  Yes
- No  Yes
- No  Yes

Juvenile idiopathic arthritis (JIA), systemic (Stills 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: \_\_\_\_\_