ANZTCT Registry

AUSTRALIA AND NEW ZEALAND
TRANSPLANT & CELLULAR THERAPIES REGISTRY

ALLOGENEIC TRANSPLANT REGISTRATION FORM

Email: abmtrr@svha.org.au

1. Patient UPN: _____ **2. Hospital**: _____ 3. **Name ID**: ___ ___ ___ ___ (Optional) ___ ___ (Optional)

4. Usual residence: NSW | VIC | QLD | SA | WA | TAS | ACT | NT | NZ **4a. Postcode:** _____

Other country: _____

5. Sex: Male | Female **6. Age**: _____ **6a. DOB**: ____/_____/_____ (DD MM YYYY)

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 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 Q22)*

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? *(i.e. 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

a. **Number of donors** _____
(if >1, complete this section for each donor)

b. **Donor sex** ☐ Male ☐ Female
number of pregnancies _____

c. **Donor age** _____ yrs.

d. **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 another registration form for each additional donor

Patient UPN: **Name ID:** ___ ___ ___ ___ ___ ___

DISEASE CLASSIFICATION AND STATUS AT TRANSPLANT ***Refer to ANZTCT Registry Guidelines*

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 leukaemia** ☐ **Bi-phenotypic, bi-lineage, 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 → ☐ B-cell ☐ T-cell
☐ 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 to guidelines pg.21 – 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: ☐ chemo sensitive ☐ untreated ☐ chemo resistant ☐ unknown

30. PLASMA CELL DISORDERS

Myeloma
- ☐ IgG
- ☐ IgA
- ☐ IgD
- ☐ Light chain only

Light chain type: ☐ kappa ☐ lambda

- ☐ Non secretory
- ☐ 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: _____