ANZTCT Registry

AUSTRALIA AND NEW ZEALAND
TRANSPLANT & CELLULAR THERAPIES REGISTRY

AUTOLOGOUS TRANSPLANT REGISTRATION FORM

Email: registry@anztct.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. DOB**: ____/_____/_____ **6a. Age**:_____

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*

9a. Transplant type: Autologous **9b. Transplant part of a planned multi-graft protocol?** eg. tandem ☐ Yes ☐ No

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?
(i.e. more than half the time) ☐ None ☐ Conditioning ☐ Infusion ☐ Acute post transplant care
Comments: _____

13. Conditioning agents:

☐ ALG,ALS,ATG,ATS (before d0)
☐ horse ☐ rabbit ☐ other_____
☐ busulphan, oral
☐ busulphan, IV
☐ campath
☐ No conditioning
☐ carboplatin
☐ carmustine (BCNU)
☐ cyclophosphamide
☐ cytarabine (AraC)
☐ etoposide
☐ lomustine
☐ melphalan ☐ ≤140mg/m^2 ☐ >140mg/m^2
☐ TBI ☐ ≤ 500cGy single dose/≤800cGy fractionated ☐ > 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 _____ x10^8/kg
CD34+ cells _____ x10^6/kg

18. Date patient last seen: ____/_____/_____ **Name of person completing this form:**_____

DISEASE CLASSIFICATION AND STATUS AT TRANSPLANT

***Refer to ANZTCT Registry Guidelines*

19. Date of diagnosis of primary disease for this transplant: ____/_____/_____

20. 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 _____

Patient UPN: _____ **Name ID**: ____ ____ ____ ____ ____ ____

21. 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 ____
- ☐ Mantle cell
- ☐ Angioimmunoblastic T cell
- ☐ Peripheral T cell, NOS
- ☐ Anaplastic large cell, primary systemic type
- ☐ Other, specify: _____

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

22. SOLID TUMOURS

- ☐ Ewings, extra-osseous (includes PNET)
- ☐ Ewings, family tumours of bone (includes PNET)
- ☐ Medulloblastoma
- ☐ Neuroblastoma
- ☐ Rhabdomyosarcoma
- ☐ other, specify: _____

DISEASE STATUS AT TRANSPLANT
- ☐ CR confirmed, specify no. _____
- ☐ CR unconfirmed, specify no. _____
- ☐ PR → ☐ no prior CR ☐ prior CR
- ☐ Relapse, specify no. ____

If relapsed: ☐ chemosensitive ☐ chemoresistant ☐ untreated ☐ unknown

- ☐ Never treated
- ☐ Stable disease
- ☐ Progressive disease
- ☐ Adjuvant

23. ACUTE LEUKAEMIA

☐ **Acute Myeloid Leukaemia** ⇨ ☐ transformed MDS/MPS, *complete Q26(MDS/MPD)*
☐ therapy related

Genetic abnormalities _____ or FAB ____
- ☐ 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 _____

24. CHRONIC MYELOGENOUS LEUKAEMIA

- ☐ Ph+/bcr+
- ☐ Ph+/bcr-
- ☐ Ph+/bcr unk
- ☐ Ph-/bcr+
- ☐ Ph unk/bcr+

DISEASE STATUS AT TRANSPLANT
- ☐ Chronic phase, specify number _____
  - ☐ Haematological CR ☐ cytogenetic CR ☐ molecular CR
- ☐ Accelerated phase, specify number _____
- ☐ Blast crisis, specify number _____

25. OTHER LEUKAEMIAS

- ☐ CLL/SLL
- ☐ Prolymphocytic leukaemia → ☐ B-cell ☐ T-cell
- ☐ Hairy Cell Leukaemia
- ☐ Other leukaemia, specify_____

DISEASE STATUS AT TRANSPLANT
- ☐ never treated
- ☐ CR
- ☐ nodular CR (nCR)
- ☐ Partial remission
- ☐ no response/stable
- ☐ progression
- ☐ relapse (untreated)

26. MYELODYSPLASTIC or MYELOPROLIFERATIVE DISEASES

- ☐ RA
- ☐ RAEB-1
- ☐ RAEB-2
- ☐ other, specify: _____
- ☐ Chronic Idiopathic myelofibrosis
- ☐ Essential thrombocythemia
- ☐ Chronic myeloproliferative disease, NOS

⇨ ☐ 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 Registry Guidelines)
- ☐ Atypical CML (both Ph- and bcr-)

27. Other indications:

- ☐ **ANAEMIA**
- ☐ **AUTOIMMUNE DISORDERS***
  - ☐ Multiple sclerosis
  - ☐ Other autoimmune
- ☐ **HISTIOCYTIC DISORDERS**
- ☐ **INHERITED DISORDERS OF METABOLISM/OSTEOPETROSIS**
- ☐ **IMMUNE DEFICIENCIES**
- ☐ **PLATELET DISORDERS**
- ☐ **HAEMOGLOBINOPATHY**
- ☐ **OTHER DISEASE**

Please specify diagnosis: _____ **additional data required, see Registry Guidelines