

**PATIENT IDENTIFICATION**

Hospital: \_\_\_\_\_

UPN: \_\_\_\_\_

Name ID: \_\_\_\_\_ (optional)

AID (ANZTCT id): \_\_\_\_\_

Infusion date: \_\_/\_\_/\_\_

Follow up period:

30 day | 100 day | 6mth | 1yr | 2 yr | &gt;2yr, specify \_\_\_\_

**1. BEST RESPONSE TO CELL THERAPY**
*Include response to maintenance, consolidation and persistent disease therapy.*
*Do not include response to therapy for relapse/ progression.*

Best haematologic response to cell therapy:

- Continued Complete response (CCR)
- Stringent Complete response (sCR)
- Complete response (CR)
- Very good partial response (VGPR)
- Partial response (PR)
- No response / Stable disease (NR/SD)
- Progressive disease (PD)
- Not assessed

Date best response: \_\_/\_\_/\_\_

 or  Previously reported, go directly to section 3

*If the best response has previously been reported, skip assessments at time of best response*
**2. ASSESSMENTS AT TIME OF BEST RESPONSE**

Serum Creatinine	mmol/L
Serum Creatinine ULN	mmol/L
Serum monoclonal protein (M-spike) (from electrophoresis)	g/L

Serum immunofixation, specify bands present

Original monoclonal bands: Yes | No

New monoclonal/oligoclonal bands: Yes | No

Serum free light chain	Value	ULN
- κ (kappa)	mg/L	mg/L
- λ (lambda)	mg/L	mg/L

	Value	Units
Urinary monoclonal protein (M-spike)/24 hrs		

Urinary immunofixation, specify bands present

Original monoclonal bands: Yes | No

New monoclonal/oligoclonal bands: Yes | No

	Value	Units
Total urine protein in 24 hours		
Urine albumin / creatinine ratio		
Urine protein / creatinine ratio		

Minimal residual disease (MRD) was assessed? Yes | No | Unk

	Pos/Neg/ND	Sample source	Sensitivity e.g. 10 <sup>-6</sup>
NGS			
Next Gen Flow			

Plasma cells in BM aspirate by Flow cytometry	%
Plasma cells in BM aspirate by morphologic assessment	%
Plasma cells in BM biopsy	%

Was imaging performed? Yes | No

 Type of imaging:  CT  PET/CT  MRI

If yes, positive for myeloma involvement: Yes | No

- Areas of involvement
- BM
  - Extramedullary plasmacytomas
  - Lytic bone lesions
  - Sclerotic bone lesions

Date of scan: \_\_/\_\_/\_\_

**3. DISEASE RELAPSE OR PROGRESSION SINCE LAST REPORT**

Relapse/ progression occurred: Yes | No | Unk

if yes, date of relapse/progression: \_\_/\_\_/\_\_

**4. DISEASE ASSESSMENTS FOR THIS REPORTING PERIOD**

Serum Creatinine	mmol/L
Serum Creatinine ULN	mmol/L
Serum monoclonal protein (M-spike) (from electrophoresis)	g/L

**Disease assessments for this reporting period contd**

Serum immunofixation:

M-spike type:

 Heavy chain: \_\_\_\_\_  heavy chain only

 Light chain: \_\_\_\_\_  light chain only

 no bands present

Specify bands present

Original monoclonal bands: Yes | No

New monoclonal/oligoclonal bands: Yes | No

Serum free light chain	Value	ULN
- κ (kappa)	mg/L	mg/L
- λ (lambda)	mg/L	mg/L

	Value	Units
Total urine protein in 24 hours		
Urine albumin / creatinine ratio		
Urine protein / creatinine ratio		
Urinary monoclonal protein (M-spike)/24 hrs		

Urinary immunofixation, specify bands present

Original monoclonal bands: Yes | No

New monoclonal/oligoclonal bands: Yes | No

Plasma cells in BM aspirate by Flow cytometry	%
Plasma cells in BM aspirate, morphologic assessment	%
Plasma cells in BM biopsy	%

Did patient receive dialysis Yes | No

Date of dialysis: \_\_/\_\_/\_\_

Was imaging performed? Yes | No

 Type of imaging:  CT  PET/CT  MRI

If yes, positive for myeloma involvement Yes | No

 Areas of involvement  BM  
 Extramedullary plasmacytomas  
 Lytic bone lesions  
 Sclerotic bone lesions

Date of scan: \_\_/\_\_/\_\_

**5. CURRENT DISEASE STATUS**

Haematologic disease status at most current assessment:

- Stringent Complete response (sCR)
- Complete response (CR)
- Very good partial response (VGPR)
- Partial response (PR)
- No response / Stable disease (NR/SD)
- Progressive disease (PD)
- Relapse from CR, untreated
- Unknown

Date of assessment: \_\_/\_\_/\_\_

**6. POST INFUSION THERAPY**

Purpose of this treatment line:

- Maintenance/Consolidation/treat persistent disease
- Relapse/progression
- Maintenance following treatment of relapse/progression

Systemic therapy was given: Yes | No

Date therapy started: \_\_/\_\_/\_\_

 Date stopped: \_\_/\_\_/\_\_ or  still continuing therapy

Reason therapy stopped: \_\_\_\_\_

Specify regimen: \_\_\_\_\_

Additional agents: \_\_\_\_\_

Radiation therapy: Yes | No

If yes, Date therapy started: \_\_/\_\_/\_\_

 Date stopped: \_\_/\_\_/\_\_ or  still continuing therapy

 Total dose: \_\_\_\_\_  Gy  cGy

 Cell therapy: Yes | No *if yes complete CT Form*

Best haematologic response to this line of therapy:

- Stringent Complete response (sCR)
- Complete response (CR)
- Partial response (PR)
- No response / Stable disease (NR/SD)
- Progressive disease (PD)
- Unknown

Date best response: \_\_/\_\_/\_\_

*Complete copies of this section as required for multiple lines of therapy*