

CASE RECORD FORM

TITLE: Developing Novel Genomic method for risk stratification and measurable residual disease assessment in Multiple Myeloma

TMH Project No: _____

Patient Study ID: _____

Demographic details:

Hospital CaseNo: _____	
Date of Registration: _____	
Date of Birth: _____	
Date of Diagnosis: ____ years	
Sex: Male ☐ Female ☐	
Height: _____ cm	Weight: _____ kg

Examination:

ECOG Value:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Imaging Done: PET-CT/LDCT/MRI/Skeletal Survey:

Imaging Findings: Lytic lesion-None/Single/Multiple/EMPlasmacytomas/MRI-marrow lesion/FDG-Avid/Non-avid/Extramedullary Disease (Y/N):

Disease Characteristics:

ISS stage: I / II / III **R-ISS:** I / II / III

Baseline Investigations:**CBC****Hb:** _____ g/dL **TLC:** _____ ×10⁹/L **PLT:** _____ ×10⁹/L **ESR:** _____ mm/hr**MDC Plasma Cells:** _____ %**Biochemistry****Creatinine:** _____ mg/dL **Calcium:** _____ mg/dL **LDH:** _____ U/L **ULN:** _____ U/L**Viral Markers****HBsAg:** _____ **Anti-HCV:** _____ **HIV:** _____ **HBc IgG:** _____ **Anti-HBs:** _____**Other Investigations****Beta-2 Microglobulin:** _____ mg/L **Albumin:** _____ g/dL**FISH: t4;14/ t11;14/ t14;16/t14;20/t14; IgH/Del 13/17p/TP53 del/ 1q21 gain/1qAmp/ 1p del /****Hyperdiploidy/ TP53mutation/Negative/Not done****Baseline M band:****M band:** _____ gm/dL **IFE:** _____**FK:** _____ mg/L **FK:** _____ mg/L**sFLC Ratio:** _____ **dFLC (I-UI):** _____**Treatment Details:****Induction regimen: Cycles completed:****ASCT: Yes/No** **Date:** ____ / ____ / ____**Maintenance therapy:****If Yes, Start Date:** ____ / ____ / ____**IMWG: Yes / No****Responses after:****3-4 cycles:** _____ **8 cycles:** _____ **Post ASCT:** _____

MRD by Flow:

Date: ____ / ____ / ____

Result: _____

MRD by PhasEdSeq:

Date: ____ / ____ / ____

Result: _____

Recurrence/Progression	☐ s, No ☐ Lost to Followup ☐
Date of Progression	__ / __ / ____
Date of last follow-up	__ / __ / ____
Status at last follow-up	☐ Alive without disease. ☐ Dead due to disease ☐ Alive with disease. ☐ Dead due to other cause.
Date of death	__ / __ / ____
Cause of Death.	

Recorded by: _____

Sign: