

# Acute leukaemias

## HMRN Data Collection:

Please enter data into boxes, and amend any incorrect or missing details:

Patient Name:

HILIS ID:

Date of Birth:

NHS No:

HMDS Number:

Report Date:

Source:

Specimen:

### Demographics:

|                              |       |                           |  |
|------------------------------|-------|---------------------------|--|
| <b>Gender:</b>               | M / F | <b>Date of diagnosis:</b> |  |
| <b>Address at diagnosis:</b> |       |                           |  |
| <b>GP address:</b>           |       |                           |  |
| <b>1st appointment on:</b>   |       | <b>Palliative date:</b>   |  |
| <b>Date of death:</b>        |       |                           |  |

### Antecedent / concurrent events:

|                   |                                    |
|-------------------|------------------------------------|
| <b>Event:</b>     |                                    |
| <b>Therapies:</b> | chemotherapy / radiotherapy / both |

### Treatment history:

|                    |                  |                  |  |
|--------------------|------------------|------------------|--|
| <b>Centre:</b>     | [name]           |                  |  |
| <b>Treatment:</b>  | [treatment name] |                  |  |
| <b>Trial:</b>      | [trial name]     |                  |  |
| <b>Start date:</b> |                  | <b>End date:</b> |  |
|                    |                  | <b>Response:</b> |  |

### Presentation data:

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| <b>ECOG:</b>        | [0 - 4]               | <b>Hb:</b>          | [g/dL]                |
| <b>WBC:</b>         | [x10 <sup>9</sup> /L] | <b>Platelets:</b>   | [x10 <sup>9</sup> /L] |
| <b>PCV:</b>         | %                     | <b>Neutrophils:</b> | [x10 <sup>9</sup> /L] |
| <b>Lymphocytes:</b> | [x10 <sup>9</sup> /L] | <b>Monocytes:</b>   | [x10 <sup>9</sup> /L] |

### Comments:

# Myeloproliferative neoplasms

## HMRN Data Collection:

Please enter data into boxes, and amend any incorrect or missing details:

|                       |                     |
|-----------------------|---------------------|
| <b>Patient Name:</b>  | <b>HILIS ID:</b>    |
| <b>Date of Birth:</b> | <b>NHS No:</b>      |
| <b>HMDS Number:</b>   | <b>Report Date:</b> |
| <b>Source:</b>        | <b>Specimen:</b>    |

### Demographics:

|                              |       |                           |  |
|------------------------------|-------|---------------------------|--|
| <b>Gender:</b>               | M / F | <b>Date of diagnosis:</b> |  |
| <b>Address at diagnosis:</b> |       |                           |  |
| <b>GP address:</b>           |       |                           |  |
| <b>1st appointment on:</b>   |       | <b>Palliative date:</b>   |  |
| <b>Date of death:</b>        |       |                           |  |

### Antecedent / concurrent events:

|                   |                                    |
|-------------------|------------------------------------|
| <b>Event:</b>     |                                    |
| <b>Therapies:</b> | chemotherapy / radiotherapy / both |

### Treatment history:

|                    |                  |                  |  |
|--------------------|------------------|------------------|--|
| <b>Centre:</b>     | [name]           |                  |  |
| <b>Treatment:</b>  | [treatment name] |                  |  |
| <b>Trial:</b>      | [trial name]     |                  |  |
| <b>Start date:</b> |                  | <b>End date:</b> |  |
|                    |                  | <b>Response:</b> |  |

### Presentation data:

|                        |                       |                     |                       |
|------------------------|-----------------------|---------------------|-----------------------|
| <b>Splenomegaly:</b>   | [Y/N]                 | <b>Detection:</b>   |                       |
| <b>Hepatomegaly:</b>   | [Y/N]                 | <b>Detection:</b>   |                       |
| <b>ECOG:</b>           | [0 - 4]               | <b>Lymphocytes:</b> | [x10 <sup>9</sup> /L] |
| <b>WBC:</b>            | [x10 <sup>9</sup> /L] | <b>Neutrophils:</b> | [x10 <sup>9</sup> /L] |
| <b>Hb:</b>             | [g/dL]                | <b>Monocytes:</b>   | [x10 <sup>9</sup> /L] |
| <b>PCV:</b>            | [%]                   | <b>Platelets:</b>   | [x10 <sup>9</sup> /L] |
| <b>Erythropoietin:</b> | [range]               |                     |                       |

**Comments:**

# Myelodysplastic syndromes

## HMRN Data Collection:

Please enter data into boxes, and amend any incorrect or missing details:

Patient Name: HILIS ID:  
 Date of Birth: NHS No:  
 HMDS Number: Report Date:  
 Source: Specimen:

### Demographics:

|                       |       |                    |  |
|-----------------------|-------|--------------------|--|
| Gender:               | M / F | Date of diagnosis: |  |
| Address at diagnosis: |       |                    |  |
| GP address:           |       |                    |  |
| 1st appointment on:   |       | Palliative date:   |  |
| Date of death:        |       |                    |  |

### Antecedent / concurrent events:

|            |                                    |
|------------|------------------------------------|
| Event:     |                                    |
| Therapies: | chemotherapy / radiotherapy / both |

### Treatment history:

|             |                  |           |  |
|-------------|------------------|-----------|--|
| Centre:     | [name]           |           |  |
| Treatment:  | [treatment name] |           |  |
| Trial:      | [trial name]     |           |  |
| Start date: |                  | End date: |  |
|             |                  | Response: |  |

### Presentation data:

|                |                       |              |                       |
|----------------|-----------------------|--------------|-----------------------|
| Splenomegaly:  | [Y/N]                 | Detection:   |                       |
| Hepatomegaly:  | [Y/N]                 | Detection:   |                       |
| ECOG:          | [0 - 4]               | Lymphocytes: | [x10 <sup>9</sup> /L] |
| WBC:           | [x10 <sup>9</sup> /L] | Neutrophils: | [x10 <sup>9</sup> /L] |
| Hb:            | [g/dL]                | Monocytes:   | [x10 <sup>9</sup> /L] |
| PCV:           | [%]                   | Platelets:   | [x10 <sup>9</sup> /L] |
| Karyotype:     |                       | Marrow CD34: | [%]                   |
| RBC dependent: | [Y/N]                 | Cytopenias:  | [0-3]                 |

### Comments:

# Plasma cell disorders (myeloma & MGUS)

## HMRN Data Collection:

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|                |              |
|----------------|--------------|
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| Date of Birth: | NHS No:      |
| HMDS Number:   | Report Date: |
| Source:        | Specimen:    |

|                      |                              |       |                           |  |
|----------------------|------------------------------|-------|---------------------------|--|
| <b>Demographics:</b> | <b>Gender:</b>               | M / F | <b>Date of diagnosis:</b> |  |
|                      | <b>Address at diagnosis:</b> |       |                           |  |
|                      | <b>GP address:</b>           |       |                           |  |
|                      | <b>1st appointment on:</b>   |       | <b>Palliative date:</b>   |  |
|                      | <b>Date of death:</b>        |       |                           |  |

|  |                   |                                    |
|--|-------------------|------------------------------------|
| <b>Antecedent / concurrent events:</b> | <b>Event:</b>     |                                    |
|  | <b>Therapies:</b> | chemotherapy / radiotherapy / both |

|                           |                    |                  |                  |  |
|---------------------------|--------------------|------------------|------------------|--|
| <b>Treatment history:</b> | <b>Centre:</b>     | [name]           |                  |  |
|                           | <b>Treatment:</b>  | [treatment name] |                  |  |
|                           | <b>Trial:</b>      | [trial name]     |                  |  |
|                           | <b>Start date:</b> |                  | <b>End date:</b> |  |
|                           |                    | <b>Response:</b> |                  |  |

|                           |                          |                         |                               |                     |
|---------------------------|--------------------------|-------------------------|-------------------------------|---------------------|
| <b>Presentation data:</b> | <b>Paraprotein type:</b> |                         | <b>Pp level:</b>              | [g/L]               |
|                           | <b>Urine FLC type:</b>   |                         | <b>Serum kappa:</b>           | [mg/L]              |
|                           | <b>Serum FLC type:</b>   |                         | <b>Serum lambda:</b>          | [mg/L]              |
|                           | <b>Bone disease:</b>     |                         | <b>Kappa:Lambda ratio:</b>    |                     |
|                           | <b>Bone lesions:</b>     | [0-99]                  | <b><math>\beta_2</math>m:</b> | [mg/L]              |
|                           | <b>MRI scan:</b>         | [Y/N]                   | <b>Creatinine:</b>            | [ $\mu$ mol/L]      |
|                           | <b>Skeletal survey:</b>  | [Y/N]                   | <b>Hb:</b>                    | [g/dL]              |
|                           | <b>Immunoglobulins:</b>  | [ normal / suppressed ] | <b>Albumin:</b>               | [g/dL]              |
|                           | <b>ECOG:</b>             | [0 - 4]                 | <b>Calcium:</b>               | [ mmol/L ]          |
|                           | <b>Platelets:</b>        | [ $\times 10^9$ /L]     | <b>WBC:</b>                   | [ $\times 10^9$ /L] |
|                           | <b>Neutrophils:</b>      | [ $\times 10^9$ /L]     | <b>PCV:</b>                   | %                   |
|                           | <b>Monocytes:</b>        | [ $\times 10^9$ /L]     | <b>Lymphocytes:</b>           | [ $\times 10^9$ /L] |

**Comments:**

# Lymphomas

## HMRN Data Collection:

Please enter data into boxes, and amend any incorrect or missing details:

Patient Name: \_\_\_\_\_ HILIS ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ NHS No: \_\_\_\_\_  
HMDS Number: \_\_\_\_\_ Report Date: \_\_\_\_\_  
Source: \_\_\_\_\_ Specimen: \_\_\_\_\_

### Demographics:

|                       |       |                    |  |
|-----------------------|-------|--------------------|--|
| Gender:               | M / F | Date of diagnosis: |  |
| Address at diagnosis: |       |                    |  |
| GP address:           |       |                    |  |
| 1st appointment on:   |       | Palliative date:   |  |
| Date of death:        |       |                    |  |

### Antecedent / concurrent events:

|            |                                    |
|------------|------------------------------------|
| Event:     |                                    |
| Therapies: | chemotherapy / radiotherapy / both |

### Treatment history:

|             |                  |           |  |
|-------------|------------------|-----------|--|
| Centre:     | [name]           |           |  |
| Treatment:  | [treatment name] |           |  |
| Trial:      | [trial name]     |           |  |
| Start date: |                  | End date: |  |
|             |                  | Response: |  |

### Presentation data:

|              |                       |                  |                       |
|--------------|-----------------------|------------------|-----------------------|
| ECOG:        | [0 - 4]               | Hb:              | [g/dL]                |
| BM biopsy:   | [Y/N]                 | WBC:             | [x10 <sup>9</sup> /L] |
| Sweats:      | [Y/N]                 | Lymphs:          | [x10 <sup>9</sup> /L] |
| Fever:       | [Y/N]                 | Albumin:         | [g/L]                 |
| Wt. loss:    | [Y/N]                 | $\beta_2$ m:     | [mg/L]                |
| CT Scan:     | [Y/N]                 | LDH:             | [range]               |
| Ann-Arbor:   | [I - IV]              |                  |                       |
| Paraprotein: | [range]               | Paraprotein lvl: | [g/L]                 |
| PCV:         | %                     | Neutrophils:     | [x10 <sup>9</sup> /L] |
| Monocytes:   | [x10 <sup>9</sup> /L] | Immunoglobulins: | [range]               |

### Comments:

# Chronic lymphocytic leukaemia

## HMRN Data Collection:

Please enter data into boxes, and amend any incorrect or missing details:

**Patient Name:** \_\_\_\_\_ **HILIS ID:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **NHS No:** \_\_\_\_\_  
**HMDS Number:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_  
**Source:** \_\_\_\_\_ **Specimen:** \_\_\_\_\_

### Demographics:

|                              |       |                           |  |
|------------------------------|-------|---------------------------|--|
| <b>Gender:</b>               | M / F | <b>Date of diagnosis:</b> |  |
| <b>Address at diagnosis:</b> |       |                           |  |
| <b>GP address:</b>           |       |                           |  |
| <b>1st appointment on:</b>   |       | <b>Palliative date:</b>   |  |
| <b>Date of death:</b>        |       |                           |  |

### Antecedent / concurrent events:

|                   |                                    |
|-------------------|------------------------------------|
| <b>Event:</b>     |                                    |
| <b>Therapies:</b> | chemotherapy / radiotherapy / both |

### Treatment history:

|                    |                  |                  |  |
|--------------------|------------------|------------------|--|
| <b>Centre:</b>     | [name]           |                  |  |
| <b>Treatment:</b>  | [treatment name] |                  |  |
| <b>Trial:</b>      | [trial name]     |                  |  |
| <b>Start date:</b> |                  | <b>End date:</b> |  |
|                    |                  | <b>Response:</b> |  |

### Presentation data:

|                     |                       |                         |                       |
|---------------------|-----------------------|-------------------------|-----------------------|
| <b>ECOG:</b>        | [0 - 4]               | <b>Hb:</b>              | [g/dL]                |
| <b>BM biopsy:</b>   | [Y/N]                 | <b>WBC:</b>             | [x10 <sup>9</sup> /L] |
| <b>Sweats:</b>      | [Y/N]                 | <b>Lymphs:</b>          | [x10 <sup>9</sup> /L] |
| <b>Fever:</b>       | [Y/N]                 | <b>Albumin:</b>         | [g/L]                 |
| <b>Wt. loss:</b>    | [Y/N]                 | <b>β<sub>2</sub>m:</b>  | [mg/L]                |
| <b>CT Scan:</b>     | [Y/N]                 | <b>LDH:</b>             | [range]               |
| <b>Binet:</b>       | [A, B, C]             | <b>Platelets:</b>       | [x10 <sup>9</sup> /L] |
| <b>Paraprotein:</b> | [range]               | <b>Paraprotein Ivl:</b> | [g/L]                 |
| <b>PCV:</b>         | %                     | <b>Neutrophils:</b>     | [x10 <sup>9</sup> /L] |
| <b>Monocytes:</b>   | [x10 <sup>9</sup> /L] | <b>Immunoglobulins:</b> | [range]               |

### Comments:

# PET scan imaging data

## PET scan imaging data:

|                  |                         |                           |                    |
|------------------|-------------------------|---------------------------|--------------------|
| <b>Date:</b>     |                         | <b>SUV<sub>max</sub>:</b> |                    |
| <b>Sequence:</b> | [ Initial / Follow-up ] | <b>Deauville:</b>         | [ Follow-up only ] |

### Nodal involvement:

| Site               | L   R   |
|--------------------|---|
| Waldeyer's ring:   | <input type="checkbox"/>                          |
| Neck:              | <input type="checkbox"/> <input type="checkbox"/> |
| Infraclavicular:   | <input type="checkbox"/> <input type="checkbox"/> |
| Axillary/pectoral: | <input type="checkbox"/> <input type="checkbox"/> |
| Arm:               | <input type="checkbox"/> <input type="checkbox"/> |
| Thymus:            | <input type="checkbox"/>                          |
| Hilar:             | <input type="checkbox"/> <input type="checkbox"/> |
| Mediastinal:       | <input type="checkbox"/>                          |
| Para-aortic:       | <input type="checkbox"/>                          |
| Spleen:            | <input type="checkbox"/>                          |
| Mesenteric:        | <input type="checkbox"/>                          |
| Iliac:             | <input type="checkbox"/> <input type="checkbox"/> |
| Inguinal/femoral:  | <input type="checkbox"/> <input type="checkbox"/> |
| Popliteal:         | <input type="checkbox"/> <input type="checkbox"/> |
| Bulky disease:     | <input type="checkbox"/>                          |

### Extranodal involvement:

| Site               | L   R   |
|--------------------|---|
| Blood:             | <input type="checkbox"/>                          |
| Bone:              | <input type="checkbox"/>                          |
| CNS:               | <input type="checkbox"/>                          |
| GIT:               | <input type="checkbox"/>                          |
| GU:                | <input type="checkbox"/>                          |
| Liver:             | <input type="checkbox"/>                          |
| Marrow:            | <input type="checkbox"/>                          |
| Muscle:            | <input type="checkbox"/>                          |
| Orbit:             | <input type="checkbox"/> <input type="checkbox"/> |
| Pericardium:       | <input type="checkbox"/>                          |
| Pulmonary:         | <input type="checkbox"/> <input type="checkbox"/> |
| Salivary gland:    | <input type="checkbox"/> <input type="checkbox"/> |
| Skin:              | <input type="checkbox"/>                          |
| Thyroid:           | <input type="checkbox"/>                          |
| Other:             |   |
| Extensive disease: | <input type="checkbox"/>                          |

# CT scan imaging data

## CT scan imaging data:

|           |                         |
|-----------|-------------------------|
| Date:     |                         |
| Sequence: | [ Initial / Follow-up ] |

### Nodal involvement:

| Site               | L   R   |
|--------------------|---|
| Waldeyer's ring:   | <input type="checkbox"/>                          |
| Neck:              | <input type="checkbox"/> <input type="checkbox"/> |
| Infraclavicular:   | <input type="checkbox"/> <input type="checkbox"/> |
| Axillary/pectoral: | <input type="checkbox"/> <input type="checkbox"/> |
| Arm:               | <input type="checkbox"/> <input type="checkbox"/> |
| Thymus:            | <input type="checkbox"/>                          |
| Hilar:             | <input type="checkbox"/> <input type="checkbox"/> |
| Mediastinal:       | <input type="checkbox"/>                          |
| Para-aortic:       | <input type="checkbox"/>                          |
| Spleen:            | <input type="checkbox"/>                          |
| Mesenteric:        | <input type="checkbox"/>                          |
| Iliac:             | <input type="checkbox"/> <input type="checkbox"/> |
| Inguinal/femoral:  | <input type="checkbox"/> <input type="checkbox"/> |
| Popliteal:         | <input type="checkbox"/> <input type="checkbox"/> |
| Bulky disease:     | <input type="checkbox"/>                          |

### Extranodal involvement:

| Site               | L   R   |
|--------------------|---|
| Blood:             | <input type="checkbox"/>                          |
| Bone:              | <input type="checkbox"/>                          |
| CNS:               | <input type="checkbox"/>                          |
| GIT:               | <input type="checkbox"/>                          |
| GU:                | <input type="checkbox"/>                          |
| Liver:             | <input type="checkbox"/>                          |
| Marrow:            | <input type="checkbox"/>                          |
| Muscle:            | <input type="checkbox"/>                          |
| Orbit:             | <input type="checkbox"/> <input type="checkbox"/> |
| Pericardium:       | <input type="checkbox"/>                          |
| Pulmonary:         | <input type="checkbox"/> <input type="checkbox"/> |
| Salivary gland:    | <input type="checkbox"/> <input type="checkbox"/> |
| Skin:              | <input type="checkbox"/>                          |
| Thyroid:           | <input type="checkbox"/>                          |
| Other:             |   |
| Extensive disease: | <input type="checkbox"/>                          |