Multiple Myeloma Case Report Form

# Patient Demographics

* Patient ID:
* Age:
* Gender:
* Date of diagnosis:
* ECOG Performance Status:

# Disease Assessment

* CRAB symptoms:
* - Hypercalcemia: ☐ Yes ☐ No
* - Renal insufficiency: ☐ Yes ☐ No
* - Anemia: ☐ Yes ☐ No
* - Bone lesions: ☐ Yes ☐ No
* Bone marrow plasma cells (%):
* Serum M-protein level:
* Serum free light chains (kappa/lambda):
* Cytogenetics/FISH results:

# Treatment History

* Induction therapy: (regimen: \_\_\_\_\_\_\_\_\_\_\_)
* Autologous transplant: ☐ Yes ☐ No
* Maintenance therapy: ☐ Yes ☐ No
* Relapse: ☐ Yes ☐ No (date: \_\_\_\_\_\_\_\_\_)

# Response Evaluation (IMWG Criteria)

* ☐ Complete Response
* ☐ Very Good Partial Response
* ☐ Partial Response
* ☐ Stable Disease
* ☐ Progressive Disease

# Adverse Events

* Type:
* Grade:
* Management: