

# HEALTHTREE QUESTIONNAIRE

PLEASE ASK YOUR NURSE OR HEALTH CARE TEAM IF YOU NEED HELP COMPLETING THE FORM

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## PRIOR THERAPIES

TREATMENT	START MM/YYYY	STOP MM/YYYY	TYPE OF TREATMENT	DID THE DOCTOR ADD OR REMOVE A DRUG OR CHANGE YOUR DOSE?	DATE OF CHANGE OR DOSE REDUCTION
TRANSPLANT EXAMPLE: Rev/Velcade/dex Stem Cell Transplant Revlimid	06/2012 10/2012 11/2012	09/2012  04/2016	induction transplant maintenance	No	
OTHER TREATMENT EXAMPLE: Ixazomib/Revlimid/dex	01/2018	Current therapy	chemo/myeloma therapy	Stopped Revlimid	04/2018
1.					
2.					
3.					
4.					

TREATMENT	START MM/YYYY	STOP MM/YYYY	TYPE OF TREATMENT	DID THE DOCTOR ADD OR REMOVE A DRUG OR CHANGE YOUR DOSE?	DATE OF CHANGE OR DOSE REDUCTION
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

## MYELOMA DIAGNOSIS QUESTIONS

QUESTION	OPTIONS (CIRCLE ONE)
<p>How many bone lesions did you have at diagnosis?</p>	<p>None                  1-5                  More than 6</p>
<p>What type of multiple myeloma do you have?</p>	<p>IgG Kappa            IgG Lambda            IgA Kappa            IgA Lambda            IgM Kappa            IgM Lambda            IgD Kappa            IgD Lambda            IgE Kappa            IgE Lambda</p>
<p>Is your multiple myeloma non-secretory?</p> <p>(This means there is myeloma is detected in the bone marrow and there is evidence of end-organ damage, but there is no measurable protein in the blood or urine.)</p>	<p>YES NO</p>
<p>Do you have light-chain only myeloma?</p> <p>(This is myeloma that is found in 20% of myeloma patients and produces a kappa or lambda light chain, but not a heavy chain (IgG, IgA, etc)</p>	<p>NO YES – KAPPA LIGHT CHAIN ONLY MYELOMA YES – LAMBDA LIGHT CHAIN ONLY MYELOMA</p>
<p>Do you have extramedullary myeloma?</p> <p>(This is myeloma that is either in soft tissue or found on the surface of bones.)</p>	<p>YES / NO</p>
<p>What % of plasma cells did you have in the bone marrow at diagnosis?</p>	

## MYELOMA GENETICS QUESTIONS

TEST DATE	TYPE OF FEATURE	GENETIC FEATURES	% OF CELLS	SCORE	TEST NAME / COMMENTS
	<p>GENE ADDITIONS</p> <p>GENE DELETIONS</p> <p>GENE TRANSLOCATIONS</p> <p>TRISOMIES (3 COPIES OF THE CHROMOSOME)</p> <p>TETRASOMIES (4 COPIES OF THE CHROMOSOME)</p> <p>OTHER MUTATIONS</p>	<p>Gain 1q21 or amp1q21</p> <p>Del(1p) Del(17p) Del(13q) / monosomy (13) Del(16q)</p> <p>t(4,14)(p16,q32) FGFR3 and MMSET t(6,14)(p21,320) CCND3 t(11,14)(q13,q32) CCND1 t(14,16)(q32,q32) c-MAF t(14,20)(q32,q12) MAF B t(12,14)(q13,q32) ETV6</p> <p>3, 5, 7, 9, 11, 15, 17, 19</p> <p>3, 5, 7, 9, 11, 15, 17, 19</p> <p>NRAS, KRAS, BRAF, TP53, FAM46C, DIS3 TRAF3, FGFR3, ATM</p>			
EXAMPLE: AUG 2010		<p>del 13</p> <p>4;14 translocation</p>	<p>4%</p> <p>75%</p>		FISH TEST
EXAMPLE: FEB 2015		<p>4;14 translocation</p>	<p>38%</p>	HIGH RISK	GEP (SKY-92)

TEST DATE	TYPE OF FEATURE	GENETIC FEATURES	% OF CELLS	SCORE	COMMENTS AND TEST NAME