Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

Center: CRID:

Key Fields

Sequence Number: _____

Date Received: __ __ __ __ - __ __- __ __

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ __ __ - __ __- __ __

Subsequent Transplant or Cellular Therapy

If this is a report of a second or subsequent transplant or cellular therapy for the same disease subtype and this baseline disease insert has not been completed for the previous transplant (e.g. patient was on TED track for the prior HCT, prior HCT was autologous with no consent, prior cellular therapy was not reported to the CIBMTR), mark "No" and begin the form at question one.

If this is a report of a second or subsequent transplant or cellular therapy for a <u>different</u> disease, mark "No" and begin the form at question one.

Is this the report of a second or subsequent transplant or cellular therapy for the same disease?

○ Yes ○ No

Disease Assessment at Diagnosis

Questions: 1 - 55

1 Specify the lymphoma histology (at diagnosis)

_____

2 Specify other lymphoma histology: _____

3 Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on

○ Immunohistochemistry (e.g. Han's algorithm)

○ Gene expression profile

○ Unknown method

4 Was documentation submitted to the CIBMTR? (e.g. path report from diagnosis)

○ Yes ○ No

5 Were immunohistochemical stains obtained? (at diagnosis, prior to any transformation)

○ yes ○ no ○ Unknown

6 BCL-2

○ Positive ○ Negative ○ Unknown

7 Percent positivity

○ Known ○ Unknown

8 Positive: _____ %

9 BCL-6

○ Positive ○ Negative ○ Unknown

10 Percent positivity

○ Known ○ Unknown

11 Positive: _____ %

12 CD5

○ Positive ○ Negative ○ Unknown

13 CD10

○ Positive ○ Negative ○ Unknown

14 CD30

○ Positive ○ Negative ○ Unknown

15 C-MYC

○ Positive ○ Negative ○ Unknown

16 Percent positivity

○ Known ○ Unknown

17 Positive: _____ %

18 Cyclin D1

○ Positive ○ Negative ○ Unknown

19 EBER ISH (in situ hybridization)

○ Positive ○ Negative ○ Unknown

20 Ki-67

○ Positive ○ Negative ○ Unknown

21 Percent positivity

○ Known ○ Unknown

22 Positive: _____ %

23 MUM1

○ Positive ○ Negative ○ Unknown

24 SOX11
○ Positive ○ Negative ○ Unknown

25 Were cytogenetics tested (karyotyping or FISH)?
○ yes ○ no ○ Unknown

26 Were cytogenetics tested via FISH?
○ Yes ○ No

27 Results of tests
○ Abnormalities identified
○ No abnormalities

Specify if any of the following cytogenetic abnormalities or gene rearrangements were identified at diagnosis:

28 t(1;14)
○ Yes ○ No ○ Not done

29 t(2;5)
○ Yes ○ No ○ Not done

30 t(2;8)
○ Yes ○ No ○ Not done

31 t(8;14)
○ Yes ○ No ○ Not done

32 t(8;22)
○ Yes ○ No ○ Not done

33 t(11;14)
○ Yes ○ No ○ Not done

34 t(11;18)
○ Yes ○ No ○ Not done

35 t(14;18)
○ Yes ○ No ○ Not done

36 i(7q)(q10)
○ Yes ○ No ○ Not done

37 del(17p) / 17p-
○ Yes ○ No ○ Not done

38 P53 deletion
○ Yes ○ No ○ Not done

39 BCL-2 rearrangement
○ Yes ○ No ○ Not done

40 BCL-2 amplification (extra copies / signals)
○ Yes ○ No ○ Not done

41 BCL-6 rearrangement
○ Yes ○ No ○ Not done

42 BCL-6 amplification (extra copies/ signals)
○ Yes ○ No ○ Not done

43 C-MYC rearrangement
○ Yes ○ No ○ Not done

44 C-MYC amplification (extra copies / signals)
○ Yes ○ No ○ Not done

45 DUSP22-rearrangement
○ Yes ○ No ○ Not done

46 Immunoglobulin heavy (IgH) chain rearrangement
○ Yes ○ No ○ Not done

47 TP63-rearrangement
○ Yes ○ No ○ Not done

48 Other abnormality
○ Yes ○ No ○ Not done

49 Specify other abnormality: _____

50 Was documentation submitted to the CIBMTR? (e.g. FISH report)
○ Yes ○ No

51 Were cytogenetics tested via karyotyping?
○ Yes ○ No

52 Results of tests
- ○ Abnormalities identified
- ○ No evaluable metaphases
- ○ No abnormalities

Specify if any of the following cytogenetic abnormalities were identified at diagnosis:

53 Specify abnormalities (check all that apply)
- ☐ t(2;5)
- ☐ t(2;8)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(11;14)
- ☐ t(11;18)
- ☐ t(14;18)
- ☐ i(7q)(q10)
- ☐ del(17p) / 17p-
- ☐ P53 deletion
- ☐ Other abnormality

54 Specify other abnormality: _____

55 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)
○ yes ○ no

Laboratory Studies at Diagnosis
Questions: 56 - 68

Questions 56-68 will selectively enable depending on the histology at diagnosis (question1).

56 WBC (mantle cell and all Hodgkin histologies)
○ Known ○ Unknown

57 _____
- ○ x 10^9/L (x 10^3/mm^3)
- ○ x 10^6/L

58 Hemoglobin (follicular and all Hodgkin histologies)
○ Known ○ Unknown

59 _____ ○ g/dL ○ g/L ○ mmol/L

60 Absolute lymphocyte count (all Hodgkin histologies)
○ Known ○ Unknown

61 _____
- ○ x 10^9/L (x 10^3/mm^3)
- ○ x 10^6/L

62 Lymphocytes (percentage) (all Hodgkin histologies)
○ Known ○ Unknown

63 _____ %

64 Serum albumin (all Hodgkin histologies)
○ Known ○ Unknown

65 _____ ○ g/dL ○ g/L

66 LDH (all histologies)
○ Known ○ Unknown

67 _____ ○ U/L ○ µkat/L

68 Upper limit of normal for LDH: _____ ○ U/L ○ µkat/L

Assessment of Nodal and Organ Involvement at Diagnosis
Questions: 69 - 81

69 Was a PET (or PET/CT) scan performed?
○ yes ○ no

70 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?
○ yes ○ no

71 Did the recipient have known nodal involvement?
○ yes ○ no

72 Specify the total number of nodal regions involved **(excluding follicular)**

- ○ One nodal region
- ○ Two or more nodal regions
- ○ Unknown

73 Specify the total number of nodal regions involved **(follicular only)**

○ ≥5 ○ <5 ○ Unknown

74 Specify the size of the largest nodal mass: _____ cm x _____ cm

75 Was there any extranodal or splenic involvement? (at diagnosis, prior to any transformation)

○ yes ○ no ○ Unknown

Specify site(s) of extranodal involvement:

76 Specify site(s) of involvement (check all that apply)

- ☐ Adrenal
- ☐ Bone
- ☐ Bone marrow
- ☐ Brain
- ☐ Cerebrospinal fluid (CSF)
- ☐ Epidural space
- ☐ Gastrointestinal (GI) tract
- ☐ Heart
- ☐ Kidney
- ☐ Leptomeningeal involvement
- ☐ Liver
- ☐ Lung
- ☐ Pericardium
- ☐ Pleura
- ☐ Skin
- ☐ Spleen
- ☐ Other site

77 Specify other site: _____

78 Stage of organ involvement

- ○ I – Involvement of a single lymph node region or of a single extralymphatic organ or site
- ○ II – Involvement of two or more lymph node regions on same side of diaphragm or localized involvement of extralymphatic organ or site and one or more lymph node regions on same side of diaphragm.
- ○ III – Involvement of lymph node regions on both sides of diaphragm, which may also be accompanied by localized involvement of extralymphatic organ or site, or the spleen, or both
- ○ IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- ○ Unknown

79 Were systemic symptoms (B symptoms) present? (unexplained fever > 38° C; or night sweats; unexplained weight loss > 10% body weight in six months before diagnosis)

○ yes ○ no ○ Unknown

80 ECOG score (at diagnosis)

○ Known ○ Unknown

81 ECOG score (at diagnosis)

- ○ 0 - Asymptomatic (Fully active, able to carry on all pre-disease activities without restriction)
- ○ 1 - Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)
- ○ 2 - Symptomatic, < 50% in bed during the day (Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)
- ○ 3 - Symptomatic, > 50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)
- ○ 4 - Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)

Disease Assessment at Transformation

Questions: 82 - 139

82 Is the lymphoma histology reported at diagnosis a transformation from CLL?

- ○ yes **- Also complete Form 2013 - CLL**
- ○ no

83 Did the recipient transform to a different lymphoma histology between diagnosis and the start of the preparative regimen / infusion? (not CLL)

○ yes ○ no

84 Specify the lymphoma histology (at transformation) _____

85 Specify other lymphoma histology: _____

Center: CRID:

86 Was documentation submitted to the CIBMTR? (e.g. path report)
○ Yes ○ No

87 Was the date of transformation the same as the date of diagnosis?
○ yes ○ no

88 Date of transformation: __ __ __ __ - __ __- __ __

89 Were immunohistochemical stains obtained? (at transformation)
○ yes ○ no ○ Unknown

90 BCL-2
○ Positive ○ Negative ○ Unknown

91 Percent positivity
○ Known ○ Unknown

92 Positive: _____ %

93 BCL-6
○ Positive ○ Negative ○ Unknown

94 Percent positivity
○ Known ○ Unknown

95 Positive: _____ %

96 CD5
○ Positive ○ Negative ○ Unknown

97 CD10
○ Positive ○ Negative ○ Unknown

98 CD30
○ Positive ○ Negative ○ Unknown

99 C-MYC
○ Positive ○ Negative ○ Unknown

100 Percent positivity
○ Known ○ Unknown

101 Positive: _____ %

102 Cyclin D1
○ Positive ○ Negative ○ Unknown

103 EBER ISH (in situ hybridization)
○ Positive ○ Negative ○ Unknown

104 Ki-67
○ Positive ○ Negative ○ Unknown

105 Percent positivity
○ Known ○ Unknown

106 Positive: _____ %

107 MUM1
○ Positive ○ Negative ○ Unknown

108 SOX11
○ Positive ○ Negative ○ Unknown

109 Were cytogenetics tested (karyotyping or FISH)?
○ yes ○ no ○ Unknown

110 Were cytogenetics tested via FISH?
○ Yes ○ No

111 Results of tests
○ Abnormalities identified
○ No abnormalities

Specify if any of the following cytogenetic abnormalities or gene rearrangements were identified at transformation:

112 t(1;14)
○ Yes ○ No ○ Not done

113 t(2;5)
○ Yes ○ No ○ Not done

114 t(2;8)
○ Yes ○ No ○ Not done

115 t(8;14)
○ Yes ○ No ○ Not done

116 t(8;22)
Yes No Not done

117 t(11;14)
Yes No Not done

118 t(11;18)
Yes No Not done

119 t(14;18)
Yes No Not done

120 i(7q)(q10)
Yes No Not done

121 del(17p) / 17p-
Yes No Not done

122 P53 deletion
Yes No Not done

123 BCL-2 rearrangement
Yes No Not done

124 BCL-2 amplification (extra copies / signals)
Yes No Not done

125 BCL-6 rearrangement
Yes No Not done

126 BCL-6 amplification (extra copies / signals)
Yes No Not done

127 C-MYC rearrangement
Yes No Not done

128 C-MYC amplification (extra copies / signals)
Yes No Not done

129 DUSP22-rearrangement
Yes No Not done

130 Immunoglobulin heavy (IgH) chain rearrangement
Yes No Not done

131 TP63-rearrangement
Yes No Not done

132 Other abnormality
Yes No Not done

133 Specify other abnormality: _____

134 Was documentation submitted to the CIBMTR? (e.g. FISH report)
Yes No

135 Were cytogenetics tested via karyotyping?
Yes No

136 Results of tests
- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify if any of the following cytogenetic abnormalities were identified at transformation:

137 Specify abnormalities (check all that apply)
- t(2;5)
- t(2;8)
- t(8;14)
- t(8;22)
- t(11;14)
- t(11;18)
- t(14;18)
- i(7q)(q10)
- del(17p) / 17p-
- P53 deletion
- Other abnormality

138 Specify other abnormality: _____

139 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)
○ yes ○ no

Laboratory Studies at Transformation
Questions: 140 - 152

Questions 140-152 will selectively enable depending on the histology at transformation (question 84).

140 WBC (mantle cell and all Hodgkin histologies)
○ Known ○ Unknown

141 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

142 Hemoglobin (follicular and all Hodgkin histologies)
○ Known ○ Unknown

143 _____ ○ g/dL ○ g/L ○ mmol/L

144 Absolute lymphocyte count (all Hodgkin histologies)
○ Known ○ Unknown

145 _____ ○ x 10^9/L (x 10^3/mm^3) ○ x 10^6/L

146 Lymphocytes (percentage) (all Hodgkin histologies)
○ Known ○ Unknown

147 _____ %

148 Serum albumin (all Hodgkin histologies)
○ Known ○ Unknown

149 _____ ○ g/dL ○ g/L

150 LDH (all histologies)
○ Known ○ Unknown

151 _____ ○ U/L ○ µkat/L

152 Upper limit of normal for LDH: _____ ○ U/L ○ µkat/L

Assessment of Nodal and Organ Involvement at Transformation
Questions: 153 - 165

153 Was a PET (or PET/CT) scan performed?
○ yes ○ no

154 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?
○ yes ○ no

155 Did the recipient have known nodal involvement?
○ yes ○ no

156 Specify the total number of nodal regions involved **(excluding follicular)**
○ One nodal region
○ Two or more nodal regions
○ Unknown

157 Specify the total number of nodal regions involved **(follicular only)**
○ ≥5 ○ <5 ○ Unknown

158 Specify the size of the largest nodal mass: _____ cm x _____ cm

159 Was there any extranodal or splenic involvement? (at transformation)
○ yes ○ no ○ Unknown

Specify site(s) of extranodal involvement:

160 Specify site(s) of involvement (check all that apply)

- ☐ Adrenal
- ☐ Bone
- ☐ Bone marrow
- ☐ Brain
- ☐ Cerebrospinal fluid (CSF)
- ☐ Epidural space
- ☐ Gastrointestinal (GI) tract
- ☐ Heart
- ☐ Kidney
- ☐ Leptomeningeal involvement
- ☐ Liver
- ☐ Lung
- ☐ Pericardium
- ☐ Pleura
- ☐ Skin
- ☐ Spleen
- ☐ Other site

161 Specify other site: _____

162 Stage of organ involvement (at transformation)

- ○ I – Involvement of a single lymph node region or of a single extralymphatic organ or site
- ○ II – Involvement of two or more lymph node regions on same side of diaphragm or localized involvement of extralymphatic organ or site and one or more lymph node regions on same side of diaphragm.
- ○ III – Involvement of lymph node regions on both sides of diaphragm, which may also be accompanied by localized involvement of extralymphatic organ or site, or the spleen, or both
- ○ IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- ○ Unknown

163 Were systemic symptoms (B symptoms) present? (unexplained fever > 38° C: or night sweats; unexplained weight loss > 10% body weight in six months before transformation)

○ yes ○ no ○ Unknown

164 ECOG score (at transformation)

○ Known ○ Unknown

165 ECOG score (at transformation)

- ○ 0 - Asymptomatic (Fully active, able to carry on all pre-disease activities without restriction)
- ○ 1 - Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)
- ○ 2 - Symptomatic, < 50% in bed during the day (Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)
- ○ 3 - Symptomatic, > 50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)
- ○ 4 - Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)

Pre-HCT or Pre-Infusion Therapy

Questions: 166 - 223

166 Was therapy given?

○ yes ○ no

Line of Therapy (1)

Questions: 167 - 223

167 Systemic therapy

○ yes ○ no

168 Date therapy started

○ Known ○ Unknown

169 Date started: __ __ __ __ - __ __- __ __

170 Date therapy stopped

○ Known ○ Unknown

171 Date stopped: __ __ __ __ - __ __- __ __

172 Number of cycles

○ Known ○ Unknown

173 Number of cycles: _____

174 Was a standard drug regimen given? (as part of this line of therapy) (with or without additional therapy)

○ Yes ○ No

175 Specify regimen (given as part of this line of therapy) _____

176 Were systemic drugs given? (as part of this line of therapy) (Report drugs given that were not already reported as one of the standard regimens, OR drugs given in addition to one of the standard regimens reported above as part of the same line of therapy)

○ Yes ○ No

177 Systemic drugs (check all drugs given as part of this line of therapy)

- ☐ Acalabrutinib (Calquence)
- ☐ Alemtuzumab (Campath)
- ☐ Bendamustine (Trenda)
- ☐ Bexarotene (Targretin)
- ☐ Bleomycin (BLM, Blenoxane)
- ☐ Bortezomib (Velcade)
- ☐ Brentuximab vedotin
- ☐ Carboplatin
- ☐ Carmustine (BCNU, Gliadel)
- ☐ Cisplatin (Platinol, CDDP)
- ☐ Cladribine (2-CdA, Leustatin)
- ☐ Copanlisib
- ☐ Corticosteroids
- ☐ Cyclophosphamide (Cytoxan)
- ☐ Cytarabine (Ara-C)
- ☐ High dose Cytarabine (Ara-C)
- ☐ Dacarbazine (DTIC)
- ☐ Doxorubicin (Adriamycin)
- ☐ Doxorubicin liposomal (Doxil)
- ☐ Etoposide (VP-16, VePesid)
- ☐ Everolimus (RAD-001)
- ☐ Fludarabine(Fludara)
- ☐ Gemcitabine (Gemzar)
- ☐ Ibritumomab tiuxetan (Zevalin)
- ☐ Ibrutinib (Imbruvica)
- ☐ Idelalisib (Zydelig)
- ☐ Ifosfamide (Ifex)
- ☐ Ipilimumab (Yervoy)
- ☐ Ixazomib (Ninlaro)
- ☐ L-asparaginase
- ☐ PEG-asparaginase
- ☐ Lenalidomide (Revlimid)
- ☐ Methotrexate (MTX)
- ☐ High dose Methotrexate (defined as IV doses ≥ 2.5 gm/m2)
- ☐ Mitoxantrone (Novantrone)
- ☐ Mogamulizumab
- ☐ Nivolumab (Opdivo)
- ☐ Obinutuzumab (Gazyva)
- ☐ Ofatumumab (Arzerra, HuMAX-CD20)
- ☐ Pembrolizumab (Keytruda)
- ☐ Pentostatin (Nipent)
- ☐ Pralatrexate (Folotyn)
- ☐ Procarbazine (Matulane)
- ☐ Rituximab (Rituxan, MabThera)
- ☐ Romidepsin (Istodax)
- ☐ Temozolomide (Temodar)
- ☐ Temsirolimus (Torisel)
- ☐ Tositumomab (Bexxar)
- ☐ Venetoclax
- ☐ Vinblastine (Velban, VLB)

- [ ] Vincristine (VCR, Oncovin)
- [ ] Vinorelbine (Navelbine)
- [ ] Vorinostat (Zolinza)
- [ ] Other systemic therapy

178 Specify other systemic therapy: _____

179 Was this line of therapy given for stem cell mobilization (priming)?
○ yes ○ no

180 Intrathecal therapy
○ yes ○ no

181 Reason for intrathecal therapy
○ Prophylaxis
○ Treatment for CNS disease
○ Unknown

182 Date therapy started
○ Known ○ Unknown

183 Date started: __ __ __ __ - __ __- __ __

184 Date therapy stopped
○ Known ○ Unknown

185 Date stopped: __ __ __ __ - __ __- __ __

186 Specify intrathecal therapy
○ Intrathecal methotrexate
○ Intrathecal cytarabine
○ Intrathecal depo-cytarabine
○ Intrathecal methylprednisolone
○ Intrathecal rituximab
○ Other intrathecal therapy

187 Specify other intrathecal therapy: _____

188 Intraocular therapy
○ Yes ○ No

189 Reason for intraocular therapy
○ Prophylaxis
○ Treatment for ocular disease
○ Unknown

190 Date therapy started
○ Known ○ Unknown

191 Date started: __ __ __ __ - __ __- __ __

192 Date therapy stopped
○ Known ○ Unknown

193 Date stopped: __ __ __ __ - __ __- __ __

194 Specify intraocular therapy
○ Intraocular methotrexate
○ Intraocular rituximab
○ Other intraocular therapy

195 Specify other intraocular therapy: _____

196 Radiation therapy
○ yes ○ no

197 Date therapy started
○ Known ○ Unknown

198 Date started: __ __ __ __ - __ __- __ __

199 Date therapy stopped
○ Known ○ Unknown

200 Date stopped: __ __ __ __ - __ __- __ __

201 What was the extent of the radiation field?

- ○ Craniospinal
- ○ Extended
- ○ Involved field radiotherapy (IFRT)
- ○ Involved node
- ○ Mantle field
- ○ Whole brain radiation
- ○ Unknown

Specify site(s) of radiation therapy:

202 Specify site of radiation (check all that apply)

- ☐ Abdominopelvic
- ☐ Cervical spine
- ☐ Inguinal
- ☐ Mediastinum / chest
- ☐ Other site

203 Specify other site: _____

204 Dose per fraction: _____ ○ Gy ○ cGy

205 Total number of fractions: _____

206 Total dose: _____ ○ Gy ○ cGy

207 Specify technique

○ Electron beam ○ Proton ○ Other ○ Unknown

208 Specify other technique: _____

209 Surgery

○ yes ○ no

210 Date of surgery

○ Known ○ Unknown

211 Date of surgery: __ __ __ __ - __ __- __ __

212 Splenectomy

○ yes ○ no

213 Other site

○ yes ○ no

214 Specify other site: _____

215 Photopheresis

○ yes ○ no

216 Cellular therapy (e.g. CAR-T cells)

○ yes ○ no

217 Best response to line of therapy by CT (radiographic) criteria

- ○ Complete remission (CR)
- ○ Partial remission (PR)
- ○ No response (NR) / Stable disease (SD)
- ○ Progressive disease (PD)
- ○ Not assessed

218 Date assessed: __ __ __ __ - __ __- __ __

219 Best response to line of therapy by PET (metabolic) criteria

- ○ Complete remission (CR)
- ○ Partial remission (PR)
- ○ No response (NR) / Stable disease (SD)
- ○ Progressive disease (PD)
- ○ Not assessed

220 Date assessed: __ __ __ __ - __ __- __ __

221 Was this line of therapy maintenance / consolidation?

○ Yes ○ No

222 Did disease relapse / progression occur following this line of therapy?

○ yes ○ no

223 Date of relapse/progression: __ __ __ __ - __ __- __ __

Disease Assessment at the Failure of 1st Line Therapy (DLBCL only) — Questions: 224 - 233

224 Did recipient achieve a CR after 1st line of therapy?

○ Yes ○ No

225 LDH

○ Known ○ Unknown

226 _____ ○ U/L ○ µkat/L

227 Upper limit of normal for LDH: _____ ○ U/L ○ µkat/L

228 Stage of organ involvement

- ○ I – Involvement of a single lymph node region or of a single extralymphatic organ or site
- ○ II – Involvement of two or more lymph node regions on same side of diaphragm or localized involvement of extralymphatic organ or site and one or more lymph node regions on same side of diaphragm.
- ○ III – Involvement of lymph node regions on both sides of diaphragm, which may also be accompanied by localized involvement of extralymphatic organ or site, or the spleen, or both
- ○ IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- ○ Unknown

229 ECOG score

○ Known ○ Unknown

230 ECOG score

- ○ 0 - Asymptomatic (Fully active, able to carry on all pre-disease activities without restriction)
- ○ 1 - Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)
- ○ 2 - Symptomatic, < 50% in bed during the day (Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)
- ○ 3 - Symptomatic, > 50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)
- ○ 4 - Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)

231 Did the recipient have extranodal involvement?

○ Yes ○ No ○ Unknown

232 Specify site(s) of involvement (check all that apply)

- ☐ Adrenal
- ☐ Bone
- ☐ Bone marrow
- ☐ Brain
- ☐ Cerebrospinal fluid (CSF)
- ☐ Epidural space
- ☐ Gastrointestinal (GI) tract
- ☐ Heart
- ☐ Kidney
- ☐ Leptomeningeal involvement
- ☐ Liver
- ☐ Lung
- ☐ Pericardium
- ☐ Pleura
- ☐ Skin
- ☐ Spleen
- ☐ Other site

233 Specify other site: _____

Disease Assessment at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion — Questions: 234 - 288

234 Were cytogenetics tested (karyotyping or FISH)?

○ yes ○ no ○ Unknown

235 Were cytogenetics tested via FISH?

○ Yes ○ No

236 Results of tests

- ○ Abnormalities identified
- ○ No abnormalities

Specify if any of the following cytogenetic abnormalities or gene arrangements were identified at the last evaluation prior to the start of the preparative regimen:

237 t(1;14)
Yes No Not done

238 t(2;5)
Yes No Not done

239 t(2;8)
Yes No Not done

240 t(8;14)
Yes No Not done

241 t(8;22)
Yes No Not done

242 t(11;14)
Yes No Not done

243 t(11;18)
Yes No Not done

244 t(14;18)
Yes No Not done

245 i(7q)(q10)
Yes No Not done

246 del(17p) / 17p-
Yes No Not done

247 P53 deletion
Yes No Not done

248 BCL-2 rearrangement
Yes No Not done

249 BCL-2 amplification (extra copies / signals)
Yes No Not done

250 BCL-6 rearrangement
Yes No Not done

251 BCL-6 amplification (extra copies / signals)
Yes No Not done

252 C-MYC rearrangement
Yes No Not done

253 C-MYC amplification (extra copies / signals)
Yes No Not done

254 DUSP22-rearrangement
Yes No Not done

255 Immunoglobulin heavy (IgH) chain rearrangement
Yes No Not done

256 TP63-rearrangement
Yes No Not done

257 Other abnormality
Yes No Not done

258 Specify other abnormality: _____

259 Was documentation submitted to the CIBMTR? (e.g. FISH report)
Yes No

260 Were cytogenetics tested via karyotyping?
Yes No

261 Results of tests
- Abnormalities identified
- No evaluable metaphases
- No abnormalities

Specify if any of the following cytogenetic abnormalities were identified at the last evaluation prior to the start of the preparative regimen:

262 Specify abnormalities (check all that apply)

- ☐ t(2;5)
- ☐ t(2;8)
- ☐ t(8;14)
- ☐ t(8;22)
- ☐ t(11;14)
- ☐ t(11;18)
- ☐ t(14;18)
- ☐ i(7q)(q10)
- ☐ del(17p) / 17p-
- ☐ P53 deletion
- ☐ Other abnormality

263 Specify other abnormality: _____

264 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

○ yes ○ no

Laboratory studies at the last evaluation prior to the start of the preparative regimen:

Questions 264-267 will selectively enable depending on the histology at transformation (question 84) or at diagnosis (question 1) if no transformation was reported.

265 Hemoglobin (follicular and all Hodgkin histologies)

○ Known ○ Unknown

266 _____ ○ g/dL ○ g/L ○ mmol/L

267 Absolute lymphocyte count (all Hodgkin histologies)

○ Known ○ Unknown

268 _____ ○ x 10^9/L (x 10^3/mm^3)

○ x 10^6/L

269 Was minimal residual disease (MRD) assessed during the pre-HCT or pre-infusion evaluation? (report bone marrow or blood results)

○ Yes ○ No ○ Unknown

Specify methods of assessment and results:

270 Flow cytometry

○ Positive ○ Negative ○ Not done

271 Sample source

○ Blood ○ Bone marrow ○ Other

272 Specify other sample source: _____

273 Date sample collected: __ __ __ __ - __ __- __ __

274 PCR

○ Positive ○ Negative ○ Not done

275 Sample source

○ Blood ○ Bone marrow ○ Other

276 Specify other sample source: _____

277 Date sample collected: __ __ __ __ - __ __- __ __

278 Next generation sequencing (NGS, 3rd gen)

○ Positive ○ Negative ○ Not done

279 Sample source

○ Blood ○ Bone marrow ○ Other

280 Specify other sample source: _____

281 Date sample collected: __ __ __ __ - __ __- __ __

282 Was documentation submitted to the CIBMTR? (e.g. path report)

○ Yes ○ No

283 Did the recipient have known nodal involvement? (at last evaluation)

○ yes ○ no

284 Specify the total number of nodal regions involved **(follicular only)**

○ ≥5 ○ <5 ○ Unknown

285 Specify the size of the largest nodal mass: _____ cm x _____ cm

286 Was there any extranodal or splenic involvement? (at last evaluation)

○ yes ○ no ○ Unknown

Specify site(s) of extranodal involvement:

287 Specify site(s) of involvement (check all that apply)

- ☐ Adrenal
- ☐ Bone
- ☐ Bone marrow
- ☐ Brain
- ☐ Cerebrospinal fluid (CSF)
- ☐ Epidural space
- ☐ Gastrointestinal (GI) tract
- ☐ Heart
- ☐ Kidney
- ☐ Leptomeningeal involvement
- ☐ Liver
- ☐ Lung
- ☐ Pericardium
- ☐ Pleura
- ☐ Skin
- ☐ Spleen
- ☐ Other site

288 Specify other site: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ - __ __ - __ __