

ECOG Performance status *

- ☐ 0 - Fully active, able to carry on all pre-disease performance without restriction
- ☐ 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
- ☐ 2 - 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 - Capable of only limited self care, confined to bed or chair more than 50% of waking hours
- ☐ 4 - Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair
- ☐ Not Available

Hepatomegaly

☐ Yes ☐ No

Splenomegaly

☐ Yes ☐ NoPleural☐ Yes ☐ NoAscitic fluid analysis☐ Yes ☐ No

Waldeyer ring involvement

☐ Yes ☐ No

Histological diagnosis

☐ Yes ☐ No

IHC ⓘ

☐ Yes ☐ NoBone marrow or peripheral blood based
diagnosis Flow /IHC ⓘ☐ Yes ☐ No

Type of Lymphoma *

☐ Hodgkins ☐ Non Hodgkins ☐ CLL

If Hodgkin's, then subtype

☐ NLPHL ☐ cHL, NS ☐ cHL, MC ☐ cHL, LP ☐ cHL, LD ☐ cHL, subtype unknown

Initial Treatment plan and start of therapy

Treatment given *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of RX plan *	<input type="radio"/> Chemotherapy <input type="radio"/> Only radiation <input type="radio"/> Both <input type="radio"/> Debulking surgery <input type="radio"/> Watchful waiting
Pre-phase used	<input type="radio"/> Yes <input type="radio"/> No
	Pre-phase Date <input type="text"/>
If yes for pre-phase, specify Drugs	<input type="text"/>
Specify Dose	<input type="text"/>
	Specify Duration <input type="text"/>
Date of start of definitive treatment *	<input type="text"/>

<u>Specify initial protocol used *</u>	
For NHL patient	<input type="radio"/> CHOP
	<input type="radio"/> COP
	<input type="radio"/> Bendamustine based
	<input type="radio"/> Oral chemotherapy
	<input type="radio"/> EPOCH-DA
	<input type="radio"/> Hyper-CVAD
	<input type="radio"/> Pediatric Burkitt-type protocols
	<input type="radio"/> GMALL NHL protocol
	<input type="radio"/> CHOP E
	<input type="radio"/> Lenalidomide
	<input type="radio"/> Single agent rituximab
	<input type="radio"/> FC
	<input type="radio"/> Bendamustine
	<input type="radio"/> IBrutinib
	<input type="radio"/> Venetoclax
	<input type="radio"/> Lenalidomide
	<input type="radio"/> Cladribine
	<input type="radio"/> De Angelis
	<input type="radio"/> <u>MTR</u>
	<input type="radio"/> Other
	<input type="text" value="Specify other"/>
	<input type="text" value="Specify other"/>

For Hodgkin' lymphoma	<input type="radio"/> ABVD <input type="radio"/> Esc BEACOPP <input type="radio"/> S-BEACOPP <input type="radio"/> COPP <input type="radio"/> Oral chemotherapy <input type="radio"/> Other
Specify Other	<input type="text"/>

For CLL	<input type="radio"/> Benadmustine <input type="radio"/> FC <input type="radio"/> Chlorambucil <input type="radio"/> Other oral <input type="radio"/> Single agent rituximab <input type="radio"/> IBrutinib
	<input type="radio"/> Venetoclax <input type="radio"/> Other
Specify Other	<input type="text"/>

<u>Rituximab used</u>	<input type="radio"/> Yes <input type="radio"/> No
<u>Targeted therapy</u>	<input type="radio"/> Yes <input type="radio"/> No
	if yes, name <input type="text"/>
Other monoclonal antibodies used	<input type="radio"/> Yes <input type="radio"/> No
	if yes, name <input type="text"/>
CNS directed therapy	<input type="radio"/> Yes <input type="radio"/> No
IT	<input type="radio"/> Yes <input type="radio"/> No
	if yes, No. of ITs <input type="text"/>
HDMTX	<input type="radio"/> Yes <input type="radio"/> No
Comments	<div>9</div> <div></div>

Radiation therapy details

Radiation therapy *

☐ Yes ☒ No

If yes, Reason for RT

☐ As plan of primary treatment (with chemotherapy as initial plan) ☐ only modality of treatment
☐ As consolidation for residual disease ☐ Palliative RT

Site

Dose in gray

No of fractions

Field

☐ IFRT ☐ ISRT ☐ INRT ☐ Cranial RT ☐ IF
☐ TSEBT ☐ Other

Date of start

Date of completion

Any grade 3 or 4 acute toxicity

☐ Yes ☐ No

Comments

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Follow up

Date of last follow up * 

Disease Status at last follow up *

☐ CR ☐ Not in CR ☐ Palliation ☐ Not Available

Long term complications * 

☐ Yes ☐ No ☐ Not known

If yes, Specify 

☐ Avascular necrosis ☐ Neuropathy ☐ Cardiac toxicity ☐ Pulmonary toxicity ☐ viral reactivation/ hepatitis
☐ second malignancy ☐ Others

Specify others

Second malignancies

☐ Yes ☐ No ☐ Not known

If yes, Specify second malignancies

Comments