**Hematologic Disease Database Case Report Form**

**(For Lymphoma only)**

**BASELINE DATA**

**GENERAL DATA**

Patient ID Number (text-###) Dropdown choices: PBC-###; IDC-###; JCJ-###; PRM-###; FZM-###; CD-###

Last Name (text)

First name (text)

Middle Initial (text)

Gender (text)

Date of Birth (number pre-specified format)

Address (text)

Civil Status (text)

Occupation (text)

Date of Entry (number pre-specified format)

Tissue Specimen Collected (Yes/No)

Dynamic Option to add Specimen type e.g. Bone marrow aspirate(BMA); Blood (BB); Lymph node (LN)

\*\*\*Specimen # is the same as patient number but it will prefix will depend on specimen

e.g. BMA-###; BB-###; LN-###

**CLINICAL DATA**

Date of Initial Diagnosis: (number pre-specified format)

Diagnosis (dropdown based on ICD-10 blood cancer diseases)

B21.1 HIV disease resulting in Burkitt lymphoma

B21.2 HIV disease resulting in other types of non-Hodgkin lymphoma

B21.3 HIV disease resulting in other malignant neoplasms of lymphoid, haematopoietic and related tissue

C81.0 Nodular lymphocyte predominant Hodgkin lymphoma

C81.1 Nodular sclerosis (classical) Hodgkin lymphoma

C81.2 Mixed cellularity (classical) Hodgkin lymphoma

C81.3 Lymphocyte depleted (classical) Hodgkin lymphoma

C81.4 Lymphocyte-rich (classical) Hodgkin lymphoma

C81.7 Other (classical) Hodgkin lymphoma

C81.9 Hodgkin lymphoma, unspecified

##### C82.0 Follicular lymphoma grade I

##### C82.1 Follicular lymphoma grade II

##### C82.2 Follicular lymphoma grade III, unspecified

##### C82.3 Follicular lymphoma grade IIIa

##### C82.4 Follicular lymphoma grade IIIb

##### C82.5 Diffuse follicle centre lymphoma

##### C82.6 Cutaneous follicle centre lymphoma

##### C82.7 Other types of follicular lymphoma

##### C82.9 Follicular lymphoma, unspecified

Nodular lymphoma NOS

##### C83.0 Small cell B-cell lymphoma

Lymphoplasmacytic lymphoma

Nodal marginal zone lymphoma

Non-leukaemic variant of B-CLL

Splenic marginal zone lymphoma

##### C83.1 Mantle cell lymphoma

Centrocytic lymphoma

Malignant lymphomatous polyposis

##### C83.3Diffuse large B-cell lymphoma

##### C83.5 Lymphoblastic (diffuse) lymphoma

B-cell precursor lymphoma

Lymphoblastic B-cell lymphoma

Lymphoblastic lymphoma NOS

Lymphoblastic T-cell lymphoma

T-cell precursor lymphoma

##### C83.7 Burkitt lymphoma

Atypical Burkitt lymphoma

“Burkitt-like” lymphoma

##### C83.8 Other non-follicular lymphoma

Primary effusion B-cell lymphoma

Intravascular large B-cell lymphoma

Lymphoid granulomatosis

##### C83.9 Non-follicular (diffuse) lymphoma, unspecified

C84.0 Mycosis fungoides

C84.1 Sézary disease

C84.4 Peripheral T-cell lymphoma, not elsewhere classified

Lennert’s lymphoma

Lymphoepithelioid lymphoma

C84.5 Other mature T/NK-cell lymphomas

C84.6 Anaplastic large cell lymphoma, ALK-positive

Anaplastic large cell lymphoma, CD30-positive

C84.7 Anaplastic large cell lymphoma, ALK-negative

*Excl.:* primary cutaneous CD30-positive T-cell proliferations ([C86.6](http://apps.who.int/classifications/icd10/browse/2016/en#C86.6))

C84.8 Cutaneous T-cell lymphoma, unspecified

C84.9 Mature T/NK-cell lymphoma, unspecified

NK/T cell lymphoma NOS

*Excl.:* mature T-cell lymphoma, not elsewhere classified ([C84.4](http://apps.who.int/classifications/icd10/browse/2016/en#C84.4))

C85.1 B-cell lymphoma, unspecified

*Note:* If B-cell lineage or involvement is mentioned in conjunction with a specific lymphoma, code to the more specific description.

C85.2 Mediastinal (thymic) large B-cell lymphoma

C85.7 Other specified types of non-Hodgkin lymphoma

C85.9 Non-Hodgkin lymphoma, unspecified

Lymphoma NOS

Malignant lymphoma NOS

Non-Hodgkin lymphoma NOS

C86.0 Extranodal NK/T-cell lymphoma, nasal type

C86.1 Hepatosplenic T-cell lymphoma

Alpha-beta and gamma-delta types

C86.2 Enteropathy-type (intestinal) T-cell lymphoma

Enteropathy associated T-cell lymphoma

C86.3 Subcutaneous panniculitis-like T-cell lymphoma

C86.4 Blastic NK-cell lymphoma

C86.5 Angioimmunoblastic T-cell lymphoma

Angioimmunoblastic lymphadenopathy with dysproteinaemia [AILD]

C86.6 Primary cutaneous CD30-positive T-cell proliferations

Lymphomatoid papulosis

Primary cutaneous anaplastic large-cell lymphoma

Primary cutaneous CD30-positive large T-cell lymphoma

C88.0 Waldenström macroglobulinaemia

Lymphoplasmacytic lymphoma with IgM-production

Macroglobulinaemia (primary)(idiopathic)

*Excl.:* small cell B-cell lymphoma ([C83.0](http://apps.who.int/classifications/icd10/browse/2016/en#C83.0))

C88.2 Other heavy chain disease

Franklin disease

Gamma heavy chain disease

Mu (µ) heavy chain disease

C88.3 Immunoproliferative small intestinal disease

Alpha heavy chain disease

Mediterranean lymphoma

C88.4 Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lyphoma]

*Note:* Use additional code ([C83.3](http://apps.who.int/classifications/icd10/browse/2016/en#C83.3)) if desired, to specify transition to high malignant (diffuse large cell) lymphoma

Lymphoma of skin-associated lymphoid tissue (SALT-lymphoma)

Lymphoma of bronchial-associated lymphoid tissue (BALT-lymphoma)

C88.7 Other malignant immunoproliferative diseases

C88.9 Malignant immunoproliferative disease, unspecified

Immunoproliferative disease NOS

Stage of Disease: (text)

Chief complaint (text)

Constitutional symptoms (dropdown may have multiple choices)

Fever

Weight Loss

Night Sweats

Other symptoms (text)

Family History of Cancer (Y/N)

Relationship to patient & Specify cancer (text)

\*\*\*\*Dynamic option to add some more, if there are more than 1 relative with cancer

Other Diseases in the Family (text)

Comorbidities (text) May type all diseases of the patient in this field, no need for dynamic option

Concomitant medications (Y/N)

Generic Name

Dose

Frequency

\*\*\*Dynamic option to add more medications

Smoking history (Y/N)

Specify (text)

Alcohol intake history (Y/N)

Specify (text)

Chemical exposure (Y/N)

Specify (text)

Physical Exam

Height (###) cm

Weight (###) kg

ECOG (##)

Presence of Splenomegaly (Y/N)

Specify Measurement (text)

Presence of Hepatomegaly (Y/N)

Specify measurement (text)

Presence of Lymphadenopathies (Y/N)

Specify measurement (text)

Other findings (text)

**LABORATORY PROFILE**

Date of blood collection

Hematology

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not Done |
| Hemoglobin (g/L) (###) |  |  |
| Hematocrit (%) (###) |  |
| White blood cells (x10 ^9/L) (###) |  |
| Neutrophils (%) (###) |  |
| Lymphocytes (%) (###) |  |
| Monocytes (%) (###) |  |
| Eosinophils (%) (###) |  |
| Basophils (%) (###) |  |
| Myelocytes (%) (###) |  |
| Metamyelocytes (%) (###) |  |
| Blasts (%) (###) |  |
| Platelet count (x 10^9/L) (###) |  |

\*\*\*Pls put option to view in summarized tabular format.

Blood Chemistry

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not done |
| Creatinine (mg/dl) (###) |  |  |
| Uric acid (###) |  |  |
| Na (###) |  |  |
| K (###/###/###) |  |  |
| Bilirubin (###)  Total  Direct  Indirect |  |  |
| SGOT (U/L) (###) |  |  |
| SGPT (U/L) (###) |  |  |
| Beta-2-microglobulin mg/dl (###) |  |  |
| Hepatitis B Testing (text and ####) |  |  |
| LDH U/L (###) |  |  |
| ESR (###) |  |  |

Hematopathology review of slides:

Date performed (number pre-specified format)

Result: (text)

Immunohistochemistry of tissue:

Date performed (number pre-specified format)

Result: (text)

Imaging Studies: dropdown choices (Y/Not done/not applicable)

Result: (text)

Bone Marrow Aspirate and Biopsy result: dropdown choices (Y/N)

Date performed (number pre-specified format)

Description: (text)

Attach Scanned document:

Flow cytometry: dropdown choices (Y/Not done/not applicable)

Result: (text)

Attach Scanned document:

**TREATMENT**

Mode of treatment (dropdown choices)

Pharmacologic 1st line

Pharmacologic 2nd line/Salvage regimen

Supportive/Palliative

Regimen/Protocol (text)

Chemotherapy Medications (text)

\*\*\*Dynamic option to add other chemo medications

Cycle Number (###)

Date Started (number pre-specified format)

Complications (text)

**DISEASE STATUS (dropdown)**

Newly Diagnosed

CR (Complete Response)

PR (Partial Response)

NR (No Response) or SD Stable Disease)

PD (Progressive Disease)

**FOLLOW-UP DATA**

**Medical Events Interim**

Date of Entry (pre-specified format of date)

Date of visit (pre-specified format of date)

Medical Events

Did the patient stop or start a new medication for the hematologic malignancy? Y/N

Specify: (text)

Did the patient stop or start a new concomitant medications for other disease? Y/N

Specify: (text)

Did the patient undergo any procedure or intervention? Y/N

Specify: (text)

Where there complications from chemotherapy? Y/N

Specify: (text) \*\*\*Dynamic option to add if there are more than 1 chemo complications

**Clinical Data**

Current Symptoms (text)

Current Physical Exam

Weight (kg): number

ECOG:

Pertinent Findings (Y/None)

\*\*\*Dynamic option to add if there are more than 1 physical exam findings

**Laboratory profile**

Date of blood collection (number pre-specified format)

Hematology

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not Done |
| Hemoglobin (g/L) (###) |  |  |
| Hematocrit (%) (###) |  |  |
| White blood cells (x10 ^9/L) (###) |  |  |
| Neutrophils (%) (###) |  |  |
| Lymphocytes (%) (###) |  |  |
| Monocytes (%) (###) |  |  |
| Eosinophils (%) (###) |  |  |
| Basophils (%) (###) |  |  |
| Myelocytes (%) (###) |  |  |
| Metamyelocytes (%) (###) |  |  |
| Blasts (%) (###) |  |  |
| Platelet count (x 10^9/L) (###) |  |  |
| LDH U/L (####) |  |  |
| ESR mm/hr (###) |  |  |

Imaging Studies (Y/Not done/not applicable)

Result: (text)

Attach Scanned Document:

Disease Status (dropdown)

CR (Complete Response)

PR (Partial Response)

NR (No Response) or SD Stable Disease)

PD (Progressive Disease)

RR (Relapsed/Refractory Disease)

Dead

Others

Pls Specify

Special Notes (text)