



CIBMTR Center Number:

CIBMTR Recipient ID:

12. Did the recipient have known organ involvement with Waldenström's macroglobulinemia at diagnosis?

- 1  yes
- 2  no
- 3  unknown

Specify the site(s) of involvement:

13. Bone

- 1  yes
- 2  no
- 3  unknown

14. Was a bone biopsy performed?

- 1  yes
- 2  no
- 3  unknown

15. Specify bone biopsy results:

- 1  positive
- 2  negative

16. Brain

- 1  yes
- 2  no
- 3  unknown

17. Was a brain biopsy performed?

- 1  yes
- 2  no
- 3  unknown

18. Specify brain biopsy results:

- 1  positive
- 2  negative

19. Gastrointestinal

- 1  yes
- 2  no
- 3  unknown

20. Was a GI biopsy performed?

- 1  yes
- 2  no
- 3  unknown

21. Specify GI biopsy results:

- 1  positive
- 2  negative

22. Kidney

- 1  yes
- 2  no
- 3  unknown

23. Was a renal biopsy performed?

- 1  yes
- 2  no
- 3  unknown

24. Specify renal biopsy results:

- 1  positive
- 2  negative

25. Liver

- 1  yes
- 2  no
- 3  unknown

26. Was a hepatic biopsy performed?

- 1  yes
- 2  no
- 3  unknown

27. Specify hepatic biopsy results:

- 1  positive
- 2  negative

28. Was the liver enlarged?

- 1  yes
- 2  no
- 3  unknown

29. Lung

- 1  yes
- 2  no
- 3  unknown

30. Was a pulmonary biopsy performed?

- 1  yes
- 2  no
- 3  unknown

31. Specify pulmonary biopsy results:

- 1  positive
- 2  negative

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32. Lymph nodes

- 1  yes →
- 2  no
- 3  unknown

33. Specify the total number of nodal regions involved:

- 1  one nodal region
- 2  two or more nodal regions
- 3  unknown

34. Specify the size of the two greatest dimensions of the largest nodal mass:

x   cm

35. Was a lymph node biopsy performed?

- 1  yes →
- 2  no
- 3  unknown

36. Specify lymph node biopsy results:

- 1  positive
- 2  negative

37. Pleura

- 1  yes →
- 2  no
- 3  unknown

38. Was a pleural biopsy performed?

- 1  yes →
- 2  no
- 3  unknown

39. Specify pleural biopsy results:

- 1  positive
- 2  negative

40. Skin

- 1  yes →
- 2  no
- 3  unknown

41. Was a skin biopsy performed?

- 1  yes →
- 2  no
- 3  unknown

42. Specify skin biopsy results:

- 1  positive
- 2  negative

43. Splenectomy

- 1  yes →
- 2  no
- 3  unknown

44. Specify splenectomy results:

- 1  positive for Waldenström's macroglobulinemia
- 2  negative
- 3  unknown

45. Other site

- 1  yes →
- 2  no
- 3  unknown

46. Specify site: \_\_\_\_\_

47. Was a biopsy performed?

- 1  yes →
- 2  no
- 3  unknown

48. Specify biopsy results:

- 1  positive
- 2  negative

49. Specify the size of the largest lesion at diagnosis:   .  x   .  cm

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

- 1  yes
- 2  no
- 3  unknown

51. Was clinical hyperviscosity syndrome present at diagnosis?

- 1  yes
- 2  no
- 3  unknown

Specify clinical symptoms present at diagnosis:

52. 1  yes 2  no 3  unknown Bleeding / bruising

53. 1  yes 2  no 3  unknown Dizziness

54. 1  yes 2  no 3  unknown Fatigue

55. 1  yes 2  no 3  unknown Visual disturbance

56. 1  yes 2  no 3  unknown Other →

57. Specify other symptom:

58. Relative serum viscosity:

- 1  known →  .
- 2  not known

59. Upper limit of normal for relative serum viscosity:  .

60. Was plasmapheresis or plasma exchange required at diagnosis?

- 1  yes
- 2  no
- 3  unknown

### Laboratory Studies at Diagnosis

Report findings prior to any first treatment for Waldenström's macroglobulinemia.

61. WBC:

- 1  known →  .
- 2  not known

Specify units:

- 1   $\times 10^9/L$  ( $\times 10^3/mm^3$ )
- 2   $\times 10^6/L$

62. Absolute lymphocyte count:

- 1  known →
- 2  not known

- 1   $\times 10^9/L$  ( $\times 10^3/mm^3$ )
- 2   $\times 10^6/L$

63. Hemoglobin:

- 1  known →  .
- 2  not known

- 1  g/dL
- 2  g/L
- 3  mmol/L

64. Was RBC transfused in the prior 30 days?

- 1  yes
- 2  no

65. Platelets:

- 1  known →
- 2  not known

- 1   $\times 10^9/L$  ( $\times 10^3/mm^3$ )
- 2   $\times 10^6/L$

66. Were platelets transfused in the prior 7 days?

- 1  yes
- 2  no

67. Involvement in bone marrow aspirate:

- 1  known →  %
- 2  not known

68. Involvement in bone marrow biopsy:

- 1  known →  %
- 2  not known

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69. Involvement in bone marrow, sample source unknown:

- 1  known →  %  
2  not known

70. Specify the type of histological involvement in marrow:

- 1  lymphoplasmacytoid  
2  lymphoplasmacytic  
3  polymorphous  
4  unknown

71. Disease immunophenotype:

- 1  known →  
2  not known

72. Specify immunophenotype:

- 1  CD5  
2  CD19  
3  CD20  
4  CD22  
5  CD79  
6  surface IgM

73. Is a copy of the immunophenotype report (flow cytometry) attached?

- 1  yes  
2  no

74. Serum albumin:

- 1  known →  .   
2  not known

Specify units:

- 1  g/dL  
2  g/L

75. Serum  $\beta_2$  microglobulin:

- 1  known →  .   
2  not known

- 1   $\mu$ g/dL  
2  mg/L  
3  nmol/L

76. Serum creatinine:

- 1  known →  .   
2  not known

- 1  mg/dL  
2  mmol/L  
3   $\mu$ mol/L

→ 77. Upper limit of normal for serum creatinine:

.

78. Serum monoclonal spike: (*only from electrophoresis*)

- 1  known →  .   
2  not known

- 1  mg/dL  
2  g/dL  
3  g/L

79. Urinary monoclonal protein / spike:

- 1  known →  .  g / 24 hours  
2  not known

80. LDH:

- 1  known →  .   
2  not known

- 1  U/L  
2   $\mu$ kat/L

→ 81. Upper limit of normal for LDH:

.

82. Cold agglutinins:

- 1  known →  
2  not known

83. Specify results:

- 1  positive for agglutination in titers at or below 1:16 or IgM antibodies that bind at  $< 37^\circ$  C  
2  negative

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84. Cryoglobulin:

- 1  known
- 2  not known

85. Specify:

- 1  cryoglobulins present
- 2  absent

Specify the following serum quantitative immunoglobulins (measured prior to any disease treatment):

86. IgG:

- 1  known →       .
- 2  not known

- 1  mg/dL
- 2  g/dL
- 3  g/L

87. Upper limit of normal for IgG:       .

88. Lower limit of normal for IgG:       .

89. IgA:

- 1  known →       .
- 2  not known

- 1  mg/dL
- 2  g/dL
- 3  g/L

90. Upper limit of normal for IgA:       .

91. Lower limit of normal for IgA:       .

92. IgM:

- 1  known →       .
- 2  not known

- 1  mg/dL
- 2  g/dL
- 3  g/L

93. Upper limit of normal for IgM:       .

94. Lower limit of normal for IgM:       .

95. Was cytogenetic or FISH testing performed at any time between diagnosis and the start of the preparative regimen?

- 1  yes
- 2  yes, but no evaluable metaphases
- 3  no
- 4  unknown

96. Was del (6q) / 6q- present?

- 1  yes
- 2  no

97. Is a copy of the cytogenetic report attached?

- 1  yes
- 2  no

### Pre-HSCT Treatment for Waldenström's Macroglobulinemia

98. Was any therapy given between diagnosis and the start of the preparative regimen (including chemotherapy used to mobilize stem cells)?

- 1  yes →  
 2  no

Line of Therapy:	1st Line of Therapy			2nd Line of Therapy		
<b>Systemic Therapy:</b>	99. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with 122	133. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with 156
Date therapy started:	100. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	134. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date therapy stopped:	101. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	135. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Number of cycles:	102. <input type="text"/> <input type="text"/>	<input type="checkbox"/> unknown/not applicable		136. <input type="text"/> <input type="text"/>	<input type="checkbox"/> unknown/not applicable	
alemtuzumab (Campath)	103. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	137. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
chlorambucil (Leukeran)	104. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	138. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
cladribine (2-CdA, Leustatin)	105. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	139. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
corticosteroids	106. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	140. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
cyclophosphamide (Cytosan)	107. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	141. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
doxorubicin (Adriamycin)	108. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	142. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
etoposide (VP-16, VePesid)	109. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	143. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
fludarabine (Fludara)	110. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	144. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
idarubicin (Idamycin)	111. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	145. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
ifosfamide (Ifex)	112. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	146. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
lenalidomide (Revlimid)	113. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	147. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
melphalan (L-PAM)	114. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	148. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
mitoxantrone (Novantrone)	115. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	149. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
pentostatin (Nipent)	116. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	150. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
rituximab (anti-CD20, Rituxan)	117. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	151. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
thalidomide (Thalomid)	118. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	152. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
vincristine (VCR, Oncovin)	119. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	153. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
other systemic therapy	120. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	154. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
specify other therapy	121. _____			155. _____		
<b>Radiation Therapy:</b>	122. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with 128	156. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with 162
Date therapy started:	123. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	157. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date therapy stopped:	124. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	158. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Specify radiation site(s):	125. _____			159. _____		
	126. _____			160. _____		
	127. _____			161. _____		
Given for stem cell priming?	128. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	162. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
<b>Best Response to Line of Therapy:</b>	129. 1 <input type="checkbox"/> chemosensitive	.....		163. 1 <input type="checkbox"/> chemosensitive	.....	
(see definitions at q. 186)	2 <input type="checkbox"/> chemoresistant	.....		2 <input type="checkbox"/> chemoresistant	.....	
	3 <input type="checkbox"/> not assessed / unknown	.....		3 <input type="checkbox"/> not assessed / unknown	.....	
Date response established:	130. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	164. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Did disease relapse/progress following this line of therapy?	131. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	165. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Date of relapse/progression:	132. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	166. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**Copy this page to report more than 2 lines of therapy; check here  if additional pages are attached.**



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182. Cold agglutinins:

- 1  known  
2  not known

183. Specify results:

- 1  positive for agglutination in titers at or below 1:16 or IgM antibodies that bind at < 37° C  
2  negative

184. Cryoglobulin:

- 1  known  
2  not known

185. Specify:

- 1  cryoglobulins present  
2  absent

### Disease Status at the Last Assessment Prior to the Preparative Regimen

186. What was the sensitivity of the disease to any systemic treatment(s) completed  $\leq$  6 months prior to the HSCT?

- 1  sensitive —  $\geq$  50% reduction in measurable tumor cell mass, bone marrow and serum paraprotein  
2  resistant — < 50% reduction in measurable tumor cell mass, bone marrow and serum paraprotein  
3  not applicable — no systemic therapy prior to the preparative regimen, or systemic therapy ended > 6 months prior to the preparative regimen  
4  unknown

187. What was the disease status at the last evaluation prior to the preparative regimen?

- 1  complete response (CR) — disappearance of monoclonal protein by immunofixation; no histologic evidence of bone marrow involvement, resolution of any adenopathy / organomegaly (confirmed by CT scan), or signs or symptoms attributable to WM. Reconfirmation of the CR status is required at least 6 weeks apart with a second immunofixation unless disease assessment is less than 6 weeks from HSCT.  
2  partial response (PR) — at least 50% reduction of serum monoclonal IgM concentration on protein electrophoresis and at least 50% decrease in adenopathy / organomegaly on physical examination or on CT scan. No new symptoms or signs of active disease.  
3  minor response / stable disease (MR / SD) — at least 25% but less than 50% reduction of serum monoclonal IgM by protein electrophoresis. No new symptoms or signs of active disease.  
Or a less-than-25% reduction and less-than-25% increase of serum monoclonal IgM by electrophoresis without progression of adenopathy / organomegaly, cytopenias, or clinically significant symptoms due to disease and/or signs of WM.  
4  progressive disease (PD) — at least 25% increase in serum monoclonal IgM by protein electrophoresis confirmed by a second measurement or progression of clinically significant findings due to disease (ie, anemia, thrombocytopenia, leukopenia, bulky adenopathy / organomegaly) or symptoms (unexplained recurrent fever of at least 38.4° C, drenching night sweats, at least 10% body weight loss, or hyperviscosity, neuropathy, symptomatic cryoglobulinemia, or amyloidosis) attributable to WM.  
5  not assessed

188. Date of the most recent assessment for disease status prior to the preparative regimen:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year	

189. Signed: \_\_\_\_\_

*Person completing form*

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_