

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:







Month Day Year

Infusion Date:







Month Day Year

CIBMTR Center Number:








## Hodgkin and Non-Hodgkin Lymphoma Pre-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:







CIBMTR Recipient ID:

Today's Date:







Month Day Year

Date of HSCT for which this form is being completed:







Month Day Year

HSCT type:  autologous  allogeneic, unrelated  allogeneic, related  syngeneic (identical twin)

Product type:  marrow  PBSC  cord blood  other product, specify: \_\_\_\_\_

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient's medical records.

Questions followed by the symbol  indicate additional information necessary to complete the question is referenced in the forms instruction manual.

If this is a report of a second or subsequent transplant, check here  and continue with question 129.

### Disease Assessment at Diagnosis

1. What was the date of diagnosis of lymphoma?







Month Day Year

2. What was the lymphoma histology at diagnosis?



3. Specify: \_\_\_\_\_

(see codes in list below)

Specify line must be completed for codes 22 or 32

<b>Classical Hodgkin Lymphoma Codes:</b>		
<b>01</b> nodular lymphocyte predominant Hodgkin lymphoma	<b>12</b> follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma)	<b>24</b> extranodal NK / T-cell lymphoma, nasal type
<b>02</b> lymphocyte-rich	<b>13</b> follicular, predominantly large cell (Grade III follicle center lymphoma)	<b>25</b> enteropathy-type T-cell lymphoma
<b>03</b> nodular sclerosis	<b>14</b> follicular (grade unknown)	<b>26</b> hepatosplenic gamma-delta T-cell lymphoma
<b>04</b> mixed cellularity	<b>15</b> mantle cell lymphoma	<b>27</b> subcutaneous panniculitis-like T-cell lymphoma
<b>05</b> lymphocyte depleted	<b>16</b> diffuse, large B-cell lymphoma — intravascular large B-cell lymphoma subtype	<b>28</b> mycosis fungoides
<b>06</b> Hodgkin lymphoma, not otherwise specified	<b>17</b> diffuse, large B-cell lymphoma — mediastinal large B-cell lymphoma subtype	<b>29</b> Sezary syndrome
<b>Non-Hodgkin Codes:</b>		
<b>07</b> lymphoplasmacytic lymphoma	<b>18</b> diffuse, large B-cell lymphoma — primary effusion lymphoma subtype	<b>30</b> anaplastic large-cell lymphoma, T / null cell, primary cutaneous type
<b>08</b> splenic marginal zone B-cell lymphoma	<b>19</b> diffuse, large B-cell lymphoma — subtype unknown	<b>31</b> angioimmunoblastic T-cell lymphoma
<b>09</b> extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT)	<b>20</b> Burkitt lymphoma / Burkitt cell leukemia	<b>32</b> anaplastic large-cell lymphoma, T / null cell, primary systemic type
<b>10</b> nodal marginal zone B-cell lymphoma (± monocytoid B-cells)	<b>21</b> high grade B-cell lymphoma, Burkitt-like (provisional entity)	<b>33</b> other T-cell / NK-cell lymphoma, specify above
<b>11</b> follicular, predominantly small cleaved cell (Grade I follicle center lymphoma)	<b>22</b> primary CNS lymphoma	<b>34</b> large T-cell granular lymphocytic leukemia
	<b>23</b> other B-cell lymphoma, specify above	<b>35</b> aggressive NK-cell leukemia
		<b>36</b> adult T-cell lymphoma / leukemia (HTLV1 associated)
		<b>37</b> Waldenstrom macroglobulinemia



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Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

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CIBMTR Recipient ID: 

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## Pre-HSCT Treatment for Non-Hodgkin's Lymphoma / Hodgkin's Lymphoma

30. Was therapy given between diagnosis and the start of the preparative regimen?  
 1  yes →  
 2  no

	1st Line of Therapy	2nd Line of Therapy																								
<b>Line of Therapy:</b>	<b>1st Line of Therapy</b>	<b>2nd Line of Therapy</b>																								
<b>Chemotherapy:</b>	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 64	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 113																								
Date therapy started:	32. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year				81. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year			
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Date therapy stopped:	33. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year				82. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year			
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Number of cycles:	34. <table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> <input type="checkbox"/> unknown/not applicable			83. <table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> <input type="checkbox"/> unknown/not applicable																						
alemtuzumab (Campath)	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	84. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
ibrutinomab tiuxetan (Zevalin)	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
rituximab (anti-CD20, Rituxan)	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	86. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
tositumomab (Bexxar)	38. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
other monoclonal antibody	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	88. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
specify other antibody	40. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>		89. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>																							
bleomycin (BLM, Blenoxane)	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	90. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
carmustine (BCNU, Gliadel)	42. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	91. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
carboplatin (Paraplatin)	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
cisplatin (Platinol, CDDP)	44. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	93. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
cladribine (2-CdA, Leustatin)	45. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
corticosteroids	46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
cyclophosphamide (Cytosan)	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
cytarabine (Ara-C)	48. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
dacarbazine (DTIC)	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
doxorubicin (Adriamycin)	50. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
etoposide (VP-16, VePesid)	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
fludarabine (Fludara)	52. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
gemcitabine (Gemzar)	53. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
ifosfamide (Ifex)	54. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
methotrexate (MTX)	55. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
mitoxantrone (Novantrone)	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	105. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
nitrogen mustard (mustine)	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
pentostatin (Nipent)	58. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	107. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
procarbazine (Matulane)	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	108. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
vinblastine (Velban, VLB)	60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	109. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
vincristine (VCR, Oncovin)	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	110. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
other treatment	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	111. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
specify other treatment	63. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>		112. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>																							
<b>Radiation Therapy:</b>	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 70	113. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 119																								
Date therapy started:	65. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year				114. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year			
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Date therapy stopped:	66. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year				115. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year			
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Month	Day	Year																								
mediastinum	67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	116. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
other site(s)	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	117. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
specify other site(s)	69. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>		118. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>																							
<b>Surgery:</b>	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 75	119. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 124																								
Date of surgery:	71. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year				120. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year			
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Month	Day	Year																								
splenectomy	72. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	121. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
other site(s)	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	122. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
specify other site(s)	74. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>		123. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>																							
Was this line of therapy given for stem cell priming?	75. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	124. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
<b>Best Response to Line of Therapy:</b> (see definitions at left)	76. 1 <input type="checkbox"/> CR 4 <input type="checkbox"/> NR / SD 2 <input type="checkbox"/> CRU 5 <input type="checkbox"/> Prog 3 <input type="checkbox"/> PR 6 <input type="checkbox"/> unknown	125. 1 <input type="checkbox"/> CR 4 <input type="checkbox"/> NR / SD 2 <input type="checkbox"/> CRU 5 <input type="checkbox"/> Prog 3 <input type="checkbox"/> PR 6 <input type="checkbox"/> unknown																								
Date response established:	77. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year				126. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year			
Month	Day	Year																								
Month	Day	Year																								
Did disease relapse/progress following this line of therapy?	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	127. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Date of relapse/progression:	79. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year				128. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td></td><td></td><td></td></tr></table>							Month	Day	Year			
Month	Day	Year																								
Month	Day	Year																								

### Best Response Definitions

- 1 Complete remission (CR) – complete disappearance of all known disease for ≥ 4 weeks
- 2 CR undetermined (CRU) – as above with the exception of persistent scan abnormalities of unknown significance
- 3 Partial remission (PR) – ≥ 50% reductions in greatest diameter of all sites of known disease and no new sites
- 4 No response / Stable disease (NR / SD) – < 50% reduction in greatest diameter of all sites of known disease
- 5 Progressive disease (Prog) – increase in size of known disease or new sites of disease
- 6 Not tested / Unknown

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

# ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

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2	0							
Month	Day	Year						

Infusion Date:

<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">2</td><td style="text-align: center;">0</td></tr></table>	2	0
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## Most Recent Disease Assessment Prior to the Start of the Preparative Regimen

129. Was a PET scan performed at any time between diagnosis and the start of the preparative regimen?

- 1  yes →  
2  no

130. Was the PET scan positive for lymphoma involvement at any disease site?

- 1  yes  
2  no

131. Did the recipient have known nodal involvement at the time of the pre-HSCT disease status assessment?

- 1  yes →  
2  no

132. Specify the total number of nodal regions involved:

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

133. Specify the size of the largest nodal mass: 

--	--

 cm x 

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 cm

134. Did the recipient have known extranodal involvement at the time of the pre-HSCT disease status assessment?

- 1  yes →  
2  no  
3  unknown

Specify site(s) of extranodal involvement:

135. 1  yes 2  no Bone  
136. 1  yes 2  no Bone marrow  
137. 1  yes 2  no Brain  
138. 1  yes 2  no Cerebrospinal fluid (CSF)  
139. 1  yes 2  no Epidural space  
140. 1  yes 2  no Gastrointestinal (GI) tract  
141. 1  yes 2  no Kidney  
142. 1  yes 2  no Liver  
143. 1  yes 2  no Lung  
144. 1  yes 2  no Pleura  
145. 1  yes 2  no Skin  
146. 1  yes 2  no Other site →

147. Specify site: \_\_\_\_\_

148. Was molecular testing performed at the time of the pre-HSCT disease status determination?

- 1  yes →  
2  no

149. Specify the date molecular testing was performed: 

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2	0
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150. Was disease detected?

- 1  yes  
2  no

151. What was the sensitivity of the lymphoma to chemotherapy prior to the preparative regimen? (Report the response to the last chemotherapy given prior to HSCT; treatment must be given ≤ 6 months prior to HSCT.) (see disease state definitions at question 152)

- 1  sensitive – ≥ 50% reduction in the bidimensional diameter of all disease sites with no new sites of disease (PIF sen, PR1, CR, CRU, REL sen)  
2  resistant – < 50% reduction in the diameter of all disease sites, or development of new disease sites (PIF res, REL res)  
3  untreated – no chemotherapy was given within 6 months prior to the preparative regimen (disease untreated, REL unt)  
4  unknown (PIF unk, REL unk)

