

CIBMTR Center Number:

CIBMTR Recipient ID:

Laboratory Studies at the Time of Best Response to HSCT

3. Absolute lymphocyte count:

- 1 known →
2 not known

Specify units:

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

4. Lymphoplasmacytic infiltrate in bone marrow:

- 1 known → %
2 not known

5. Serum IgM level:

- 1 known → .
2 not known

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

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

- 1 known → .
2 not known

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

7. Urinary monoclonal light chains:

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

8. Has the disease relapsed / progressed since the date of the last report?

- 1 yes →
2 no
3 unknown

9. Date of progression / relapse:

/

/

/

date unknown

Post-HSCT Treatment for Waldenström's Macroglobulinemia

10. Was any treatment given since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

	1st Line of Therapy	2nd Line of Therapy
Line of Therapy:		
Was therapy planned?	11. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	45. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Systemic Therapy:	12. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 36	46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 70
Date therapy started:	13. <input type="text"/> / <input type="text"/> / <input type="text"/>	47. <input type="text"/> / <input type="text"/> / <input type="text"/>
	<small>Month Day Year</small>	<small>Month Day Year</small>
Number of cycles:	14. <input type="text"/> <input type="checkbox"/> unknown/not applicable	48. <input type="text"/> <input type="checkbox"/> unknown/not applicable
aldesleukin (interleukin-2)	15. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
alemtuzumab (Campath)	16. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	50. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
chlorambucil (Leukeran)	17. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cladribine (2-CdA, Leustatin)	18. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	52. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
corticosteroids	19. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	53. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cyclophosphamide (Cytosan)	20. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	54. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
doxorubicin (Adriamycin)	21. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	55. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
etoposide (VP-16, VePesid)	22. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
fludarabine (Fludara)	23. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
idarubicin (Idamycin)	24. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	58. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
ifosfamide (Ifex)	25. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
interferon-α (Roferon-α)	26. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
lenalidomide (Revlimid)	27. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
melphalan (L-PAM)	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
mitoxantrone (Novantrone)	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
pentostatin (Nipent)	30. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
rituximab (anti-CD20, Rituxan)	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
thalidomide (Thalomid)	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
vincristine (VCR, Oncovin)	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other systemic therapy	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other therapy	35. _____	69. _____
Radiation Therapy:	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 41	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 75
Date therapy started:	37. <input type="text"/> / <input type="text"/> / <input type="text"/>	71. <input type="text"/> / <input type="text"/> / <input type="text"/>
	<small>Month Day Year</small>	<small>Month Day Year</small>
Specify radiation site(s):	38. _____	72. _____
	39. _____	73. _____
	40. _____	74. _____
Best Response to Line of Therapy:	41. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> PR 3 <input type="checkbox"/> MR / SD 4 <input type="checkbox"/> PD 5 <input type="checkbox"/> not assessed	75. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> PR 3 <input type="checkbox"/> MR / SD 4 <input type="checkbox"/> PD 5 <input type="checkbox"/> not assessed
(see definitions at question 1)		
Date response evaluated:	42. <input type="text"/> / <input type="text"/> / <input type="text"/>	76. <input type="text"/> / <input type="text"/> / <input type="text"/>
	<small>Month Day Year</small>	<small>Month Day Year</small>
Did patient relapse/progress following this line of therapy?	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Date of relapse/progression:	44. <input type="text"/> / <input type="text"/> / <input type="text"/>	78. <input type="text"/> / <input type="text"/> / <input type="text"/>
	<small>Month Day Year</small>	<small>Month Day Year</small>
Copy this page to report more than 2 lines of therapy; check here <input type="checkbox"/> if additional pages are attached.		

CIBMTR Center Number:

CIBMTR Recipient ID:

Laboratory Studies at the Time of Evaluation for This Reporting Period

This section refers to laboratory values obtained for recipients who have not undergone any further therapy for Waldenström's Macroglobulinemia. If this recipient has received any disease treatments or therapies (other than planned treatment per protocol), continue with the signature lines at question 99.

79. Absolute lymphocyte count:

Specify units:

1 known →

1 x 10⁹/L (x 10³/mm³)

2 not known

2 x 10⁶/L

80. Lymphoplasmacytic infiltrate in bone marrow:

1 known → %

2 not known

81. Serum monoclonal spike: (only from electrophoresis)

1 known → .

1 mg/dL

2 not known

2 g/dL

3 g/L

82. Urinary monoclonal light chains:

1 known → . g / 24 hours

2 not known

83. LDH:

1 known → .

1 U/L

2 not known

2 μkat/L

84. Upper limit of normal for LDH:

.

85. Bone marrow aspirate examined to assess response to HSCT:

1 known → %

2 not known

86. Bone marrow biopsy examined to assess response to HSCT:

1 known → %

2 not known

87. Bone marrow, sample source unknown, examined to assess response to HSCT:

1 known → %

2 not known

88. Specify the type of histological involvement in marrow:

1 lymphoplasmacytoid

2 lymphoplasmacytic

3 polymorphous

4 unknown

89. IgM:

1 known → .

1 mg/dL

2 not known

2 g/dL

3 g/L

90. Upper limit of normal for IgM: .

91. Lower limit of normal for IgM: .

92. Was there any clinical or radiological evidence of organ involvement at the time of evaluation for this reporting period?

1 yes →

2 no

Specify site(s) of organ involvement:

93. 1 yes 2 no Lymph nodes

94. 1 yes 2 no Spleen

95. 1 yes 2 no Other site →

96. Specify site:

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Disease Status at the Time of Assessment for This Reporting Period

97. What is the current disease status?

- 1 complete remission
- 2 not in complete remission

98. Date the current disease status was established in this reporting period:

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

99. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____