

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

				2	0		
Month	Day	Year					

Infusion Date:

				2	0		
Month	Day	Year					

CIBMTR Center Number:

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Hodgkin and Non-Hodgkin Lymphoma Post-HSCT Data

Registry Use Only

Sequence Number:

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Date Received:

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CIBMTR Center Number:

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CIBMTR Recipient ID:

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Today's Date:

				2	0		
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: _____

Visit: 100 day 6 month 1 year 2 years > 2 years, specify:

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To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

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

Disease Assessment at the Time of Best Response to HSCT

Best response is based on response to the HSCT, but does NOT include response to any therapy given for disease relapse or progression post-HSCT. When determining the best response to HSCT, compare the post-HSCT disease status to the status immediately prior to the preparative regimen, regardless of time since HSCT. This comparison is meant to capture the BEST disease status in response to HSCT that occurred in the reporting interval, even if a subsequent disease relapse or progression occurred during the same reporting interval. If a recipient already achieved their best response in a previous reporting interval, confirm the best response and check the box to indicate "date previously reported."

1. Compared to the disease status prior to the preparative regimen, what was the best response to HSCT since the date of the last report? (Include response to any post-HSCT treatment planned as of Day 0.)

- 1 continued complete remission (CCR) (for patients transplanted in CR)
- 2 complete remission (CR): complete disappearance of all known disease for ≥ 4 weeks
- 3 complete remission undetermined (CRU): as above with the exception of persistent scan abnormalities of unknown significance
- 4 partial remission (PR): $\geq 50\%$ reductions in greatest diameter of all sites of known disease and no new sites
- 5 no response / stable disease (NR / SD): $< 50\%$ reduction in greatest diameter of all sites of known disease
- 6 relapse / progressive disease: increase in size of known disease, or new sites of disease
- 7 not assessed

2. Date the best response first began:

Month	Day	Year			

 date of the best response was previously reported

Laboratory Studies at the Time of Best Response to HSCT

3. Was molecular testing performed at the time of best response to HSCT (reported in questions 1–2)?

- 1 yes \rightarrow
- 2 no

4. Specify the date molecular testing was performed:

Month	Day	Year			

5. Was disease detected?
1 yes
2 no

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

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Initials:

Today's Date:

<input type="text"/>	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
Month	Day	Year		

Infusion Date:

<input type="text"/>	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
Month	Day	Year		

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

Specify the method(s) of disease assessment and results at the time of disease relapse or progression:

40. Molecular assessment

- 1 yes →
2 no

41. Date of molecular assessment: 20

Month Day Year

42. Was disease detected?

- 1 yes
2 no

43. Cytogenetic assessment by FISH

- 1 yes →
2 no

44. Date of FISH assessment: 20

Month Day Year

45. Was disease detected?

- 1 yes
2 no

46. Clinical / hematologic assessment

- 1 yes →
2 no

47. Date of clinical / hematologic assessment: 20

Month Day Year

48. Was disease detected?

- 1 yes
2 no

49. Was a positron emission tomography (PET) scan performed since the date of the last report?

- 1 yes →
2 no

50. Date of most recent PET scan: 20

Month Day Year

51. Results of most recent PET scan:

- 1 positive →
2 negative
3 indeterminate /
equivocal

52. Was the positive result considered a disease recurrence or progression?

- 1 yes
2 no

Disease Status at the Time of Assessment for This Reporting Period

53. Was the current disease status assessed by molecular testing?

- 1 yes →
2 no

54. Date of most recent molecular assessment: 20

Month Day Year

55. Was disease detected?

- 1 yes
2 no

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Initials:

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Today's Date:

Month	Day	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year

Infusion Date:

Month	Day	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year

CIBMTR Center Number:

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56. Was the current disease status assessed by conventional cytogenetics / FISH?

- 1 yes
2 no

57. Date of most recent cytogenetic / FISH assessment:

Month	Day	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year

58. Was disease detected?

- 1 yes
2 no

59. What is the current disease status?

- 1 complete remission
2 not in complete remission

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

Month	Day	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year

61. Signed: _____

Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____