<table>
<thead>
<tr>
<th>Hodgkin and Non-Hodgkin Lymphoma Pre-HSCT Data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registry Use Only</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CIBMTR Recipient ID:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CIBMTR Center Number:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Today's Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Infusion Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>HSCT type:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Product type:</strong></td>
<td></td>
</tr>
</tbody>
</table>

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 无不 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 无不 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?  
   - (see codes in list below)

3. Specify:  
   -  24 extranodal NK / T-cell lymphoma, nasal type  
   -  25 enteropathy-type T-cell lymphoma  
   -  26 hepatosplenic gamma-delta T-cell lymphoma  
   -  27 subcutaneous panniculitis-like T-cell lymphoma  
   -  28 mycosis fungoides  
   -  29 Sezary syndrome  
   -  30 anaplastic large-cell lymphoma, T / null cell, primary cutaneous type  
   -  31 angioimmunoblastic T-cell lymphoma  
   -  32 anaplastic large-cell lymphoma, T / null cell, primary systemic type  
   -  33 other T-cell / NK-cell lymphoma, specify above  
   -  34 large T-cell granular lymphocytic leukemia  
   -  35 aggressive NK-cell leukemia  
   -  36 adult T-cell lymphoma / leukemia (HTLV1 associated)  
   -  37 Waldenstrom macroglobulinemia

**Classical Hodgkin Lymphoma Codes:**

- 01 nodular lymphocyte predominant Hodgkin lymphoma
- 02 lymphocyte-rich
- 03 nodular sclerosis
- 04 mixed cellularity
- 05 lymphocyte depleted
- 06 Hodgkin lymphoma, not otherwise specified
- 12 follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma)
- 13 follicular, predominantly large cell (Grade III follicle center lymphoma)
- 14 follicular (grade unknown)
- 15 mantle cell lymphoma
- 16 diffuse, large B-cell lymphoma — intravascular large B-cell lymphoma subtype
- 17 diffuse, large B-cell lymphoma — mediastinal large B-cell lymphoma subtype
- 18 diffuse, large B-cell lymphoma — primary effusion lymphoma subtype
- 19 diffuse, large B-cell lymphoma — subtype unknown
- 20 Burkitt lymphoma / Burkitt cell leukemia
- 21 high grade B-cell lymphoma, Burkitt-like (provisional entity)
- 22 primary CNS lymphoma
- 23 other B-cell lymphoma, specify above
- 24 extranodal NK / T-cell lymphoma, nasal type
- 25 enteropathy-type T-cell lymphoma
- 26 hepatosplenic gamma-delta T-cell lymphoma
- 27 subcutaneous panniculitis-like T-cell lymphoma
- 28 mycosis fungoides
- 29 Sezary syndrome
- 30 anaplastic large-cell lymphoma, T / null cell, primary cutaneous type
- 31 angioimmunoblastic T-cell lymphoma
- 32 anaplastic large-cell lymphoma, T / null cell, primary systemic type
- 33 other T-cell / NK-cell lymphoma, specify above
- 34 large T-cell granular lymphocytic leukemia
- 35 aggressive NK-cell leukemia
- 36 adult T-cell lymphoma / leukemia (HTLV1 associated)
- 37 Waldenstrom macroglobulinemia
### Stage at Time of Diagnosis

9. Did the recipient have any known organ involvement at diagnosis:
   - 1 □ yes
   - 2 □ no
   - 3 □ unknown

   10. Specify organ involvement: ____________________________

11. Did the recipient show any systemic symptoms at diagnosis:
   - 1 □ A — None of the symptoms listed in B below
   - 2 □ B — Unexplained weight loss > 10% body weight in six months before treatment; unexplained fever > 38°C; or night sweats
   - 3 □ unknown

12. Did the recipient have any known extranodal or splenic involvement at diagnosis?
   - 1 □ yes
   - 2 □ no
   - 3 □ unknown

   Specify site(s) of involvement:
   - 13. 1 □ yes 2 □ no Bone
   - 14. 1 □ yes 2 □ no Bone marrow
   - 15. 1 □ yes 2 □ no Brain
   - 16. 1 □ yes 2 □ no Cerebrospinal fluid (CSF)
   - 17. 1 □ yes 2 □ no Epidural space
   - 18. 1 □ yes 2 □ no Gastrointestinal (GI) tract
   - 19. 1 □ yes 2 □ no Kidney
   - 20. 1 □ yes 2 □ no Liver
   - 21. 1 □ yes 2 □ no Lung
   - 22. 1 □ yes 2 □ no Pleura
   - 23. 1 □ yes 2 □ no Skin
   - 24. 1 □ yes 2 □ no Spleen
   - 25. 1 □ yes 2 □ no Other site

26. Specify site: ____________________________

27. LDH at diagnosis:
   - 1 □ known
   - 2 □ not known

28. Upper limit of normal for LDH:
   - 1 □ U/L
   - 2 □ µkat/L

29. Enter age-appropriate Karnofsky or Lansky score at diagnosis: ____________________________

(See complete scale on page 11 of Form 2000 — Recipient Baseline Data)
30. Was therapy given between diagnosis and the start of the preparative regimen?
   1  Yes
   2  No

### Best Response Definitions
1. Complete remission (CR) – complete disappearance of all known disease for ≥ 4 weeks
2. CR unconfirmed (CRU) – CR 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
7. Partial remission (PR) – ≥ 50% reduction in greatest diameter of all sites of known disease and no new sites
8. Complete remission (CR) – complete disappearance of all known disease for ≥ 4 weeks

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

#### Line of Therapy: 1st Line of Therapy

<table>
<thead>
<tr>
<th>Chemotherapy</th>
<th>1st Line of Therapy</th>
<th>2nd Line of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. 1 yes</td>
<td>2 no</td>
<td>cont. with q. 64</td>
</tr>
<tr>
<td>Date therapy started:</td>
<td>32.</td>
<td>81.</td>
</tr>
<tr>
<td>Date therapy stopped:</td>
<td>33.</td>
<td>82.</td>
</tr>
<tr>
<td>Number of cycles:</td>
<td>34.</td>
<td>unknown/not applicable</td>
</tr>
<tr>
<td>alectinib (Camptosar)</td>
<td>35.</td>
<td>yes</td>
</tr>
<tr>
<td>ibritumomab tiuxetan (Zevalin)</td>
<td>36.</td>
<td>yes</td>
</tr>
<tr>
<td>rituximab (anti-CD20, Rituxan)</td>
<td>37.</td>
<td>yes</td>
</tr>
<tr>
<td>tositumomab (Bexxar)</td>
<td>38.</td>
<td>yes</td>
</tr>
<tr>
<td>other monoclonal antibody</td>
<td>39.</td>
<td>yes</td>
</tr>
<tr>
<td>specify other antibody</td>
<td>40.</td>
<td>yes</td>
</tr>
<tr>
<td>bleomycin (BLM, Bloxone)</td>
<td>41.</td>
<td>yes</td>
</tr>
<tr>
<td>carmustine (BCNU, Gladel)</td>
<td>42.</td>
<td>yes</td>
</tr>
<tr>
<td>carboptatin (Paraplatin)</td>
<td>43.</td>
<td>yes</td>
</tr>
<tr>
<td>cisplatin (Platinol, CDPP)</td>
<td>44.</td>
<td>yes</td>
</tr>
<tr>
<td>cladribine (Z-2-DA, Leustatin)</td>
<td>45.</td>
<td>yes</td>
</tr>
<tr>
<td>corticosteroids</td>
<td>46.</td>
<td>yes</td>
</tr>
<tr>
<td>cyclophosphamide (Cytoxan)</td>
<td>47.</td>
<td>yes</td>
</tr>
<tr>
<td>cytarabine (Ara-C)</td>
<td>48.</td>
<td>yes</td>
</tr>
<tr>
<td>dacarbazine (DTIC)</td>
<td>49.</td>
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</tr>
<tr>
<td>doxorubicin (Adriamycin)</td>
<td>50.</td>
<td>yes</td>
</tr>
<tr>
<td>etoposide (VP-16, Vepesid)</td>
<td>51.</td>
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</tr>
<tr>
<td>fludarabine (Fludara)</td>
<td>52.</td>
<td>yes</td>
</tr>
<tr>
<td>gemcitabine (Gemzar)</td>
<td>53.</td>
<td>yes</td>
</tr>
<tr>
<td>ifosfamide (Ifex)</td>
<td>54.</td>
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</tr>
<tr>
<td>melflufen (MTX)</td>
<td>55.</td>
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</tr>
<tr>
<td>melphalan (Novantrone)</td>
<td>56.</td>
<td>yes</td>
</tr>
<tr>
<td>nitrogen mustard (mustine)</td>
<td>57.</td>
<td>yes</td>
</tr>
<tr>
<td>pentostatin (Nipent)</td>
<td>58.</td>
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</tr>
<tr>
<td>procarbazine (Matulane)</td>
<td>59.</td>
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</tr>
<tr>
<td>vinblastine (Velban, VLB)</td>
<td>60.</td>
<td>yes</td>
</tr>
<tr>
<td>vincristine (VCR, Oncovin)</td>
<td>61.</td>
<td>yes</td>
</tr>
<tr>
<td>other treatment</td>
<td>62.</td>
<td>yes</td>
</tr>
<tr>
<td>specify other treatment</td>
<td>63.</td>
<td>yes</td>
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<tr>
<td>Radiation Therapy:</td>
<td>64.</td>
<td>yes</td>
</tr>
<tr>
<td>Date therapy started:</td>
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<td>yes</td>
</tr>
<tr>
<td>Date therapy stopped:</td>
<td>66.</td>
<td>yes</td>
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<tr>
<td>mediastinum</td>
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<tr>
<td>other site(s)</td>
<td>68.</td>
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</tr>
<tr>
<td>specify other site(s)</td>
<td>69.</td>
<td>yes</td>
</tr>
<tr>
<td>Surgery:</td>
<td>70.</td>
<td>yes</td>
</tr>
<tr>
<td>Date of surgery:</td>
<td>71.</td>
<td>yes</td>
</tr>
<tr>
<td>splenectomy</td>
<td>72.</td>
<td>yes</td>
</tr>
<tr>
<td>other site(s)</td>
<td>73.</td>
<td>yes</td>
</tr>
<tr>
<td>specify other site(s)</td>
<td>74.</td>
<td>yes</td>
</tr>
<tr>
<td>Was this line of therapy given for stem cell priming?</td>
<td>75.</td>
<td>yes</td>
</tr>
<tr>
<td>Best Response to Line of Therapy: (see definitions at left)</td>
<td>76.</td>
<td>yes</td>
</tr>
<tr>
<td>Date response established:</td>
<td>77.</td>
<td>yes</td>
</tr>
<tr>
<td>Did disease relapse/progres following this line of therapy?</td>
<td>78.</td>
<td>yes</td>
</tr>
<tr>
<td>Date of relapse/progression:</td>
<td>79.</td>
<td>yes</td>
</tr>
</tbody>
</table>

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

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
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 □ □ 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 at the time of the pre-HSCT disease status assessment:

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

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)
152. What was the disease remission state immediately prior to the preparative regimen?

- □ disease untreated
- □ PIF res . . . . . . . Primary induction failure – resistant: NEVER in COMPLETE remission but with stable or progressive disease on treatment
- □ PIF sen / PR1 . . . . . . . Primary induction failure – sensitive: NEVER in COMPLETE remission but with partial remission on treatment
- □ PIF unk . . . . . . . . Primary induction failure – sensitivity unknown
- □ CR1 . . . . . . . . . . 1st complete remission: no bone marrow or extramedullary relapse prior to transplant
- □ CR2 . . . . . . . . . . 2nd complete remission
- □ CR3+ . . . . . . . . 3rd or subsequent complete remission
- □ CRU1 . . . . . . . . 1st complete remission undetermined: as above with the exception of persistent scan abnormalities of unknown significance
- □ CRU2 . . . . . . . . 2nd complete remission undetermined
- □ CRU3+ . . . . . . . 3rd or subsequent complete remission undetermined
- □ REL1 unt . . . . . . 1st relapse-untreated: includes either bone marrow or extramedullary relapse
- □ REL1 res . . . . . . 1st relapse-resistant: stable or progressive disease with treatment
- □ REL1 sen . . . . . 1st relapse-sensitive: partial remission (if complete remission was achieved, classify as CR2, code 6)
- □ REL1 unk . . . . . 1st relapse-sensitivity unknown
- □ REL2 unt . . . . . . 2nd relapse-untreated: includes either bone marrow or extramedullary relapse
- □ REL2 res . . . . . . 2nd relapse-resistant: stable or progressive disease with treatment
- □ REL2 sen . . . . . 2nd relapse-sensitive: partial remission (if complete remission achieved, classify as CR3+, code 7)
- □ REL2 unk . . . . . 2nd relapse-sensitivity unknown
- □ REL3+ unt . . . . . 3rd or subsequent relapse-untreated: includes either bone marrow or extramedullary relapse
- □ REL3+ res . . . . . 3rd or subsequent relapse-resistant: stable or progressive disease with treatment
- □ REL3+ sen . . . . . 3rd or subsequent relapse-sensitive: partial remission (if complete remission achieved, classify as CR3+, code 7)
- □ REL3+ unk . . . . . 3rd relapse or greater-sensitivity unknown

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

Month Day Year

154. Signed: ____________________________

Person completing form

Please print name: ____________________________

Phone: (__________) ____________________________

Fax: (__________) ____________________________

E-mail address: ____________________________

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).