Key Fields

Sequence Number: ________________________________
Date Received: __ __ __ __ - __ __- __ __
CIBMTR Center Number: ________________________________
CIBMTR Research ID: ________________________________
Event date: __ __ __ __ - __ __- __ __

Subsequent Transplant or Cellular Therapy

If this is a report of a second or subsequent transplant or cellular therapy for the same disease subtype and this baseline disease insert has not been completed for the previous transplant (e.g. patient was on TED track for the prior HCT, prior HCT was autologous with no consent, prior cellular therapy was not reported to the CIBMTR), mark "No" and begin the form at question one.

If this is a report of a second or subsequent transplant or cellular therapy for a different disease, mark "No" and begin the form at question one.

Is this the report of a second or subsequent transplant or cellular therapy for the same disease?  
☐ Yes  ☐ No

Disease Assessment at Diagnosis

Questions: 1 - 55

1 Specify the lymphoma histology (at diagnosis)

2 Specify other lymphoma histology: ________________________________

3 Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on
   ☐ Immunohistochemistry (e.g. Han's algorithm)  ☐ Gene expression profile  ☐ Unknown method

4 Was documentation submitted to the CIBMTR? (e.g. path report from diagnosis)  
☐ Yes  ☐ No

5 Were immunohistochemical stains obtained? (at diagnosis, prior to any transformation)  
☐ yes  ☐ no  ☐ Unknown

6 BCL-2
   ☐ Positive  ☐ Negative  ☐ Unknown

7 Percent positivity
   ☐ Known  ☐ Unknown

8 Positive: ________________________________ %

9 BCL-6
   ☐ Positive  ☐ Negative  ☐ Unknown

10 Percent positivity
    ☐ Known  ☐ Unknown

11 Positive: ________________________________ %

12 CD5
   ☐ Positive  ☐ Negative  ☐ Unknown

13 CD10
   ☐ Positive  ☐ Negative  ☐ Unknown

14 CD30
   ☐ Positive  ☐ Negative  ☐ Unknown

15 C-MYC
   ☐ Positive  ☐ Negative  ☐ Unknown

16 Percent positivity
   ☐ Known  ☐ Unknown

17 Positive: ________________________________ %

18 Cyclin D1
   ☐ Positive  ☐ Negative  ☐ Unknown
Questions 233 - 287
Other
Not done
Unknown
No
Questions: 140 - 152
No
Unknown
No
Negative
No
Negative
No
Negative
No
Unknown
Other
Not done
Not done
Proton
Unknown
U/L
3
no
Negative
Unknown
Not done
Not done
No
No
Unknown
Not done
no
Unknown
Not done
Negative
No
Unknown
Questions: 69 - 81
No
No
Questions: 153 - 165
no
Not done
Unknown
Unknown
Not done

Questions 56-68 will selectively enable depending on the histology at diagnosis (question1).

Is the lymphoma histology reported at diagnosis a transformation from CLL?

Were systemic symptoms (B symptoms) present?

Did the recipient have known nodal involvement?

Questions 140-152 will selectively enable depending on the histology at transformation (question 84).

Specify site(s) of extranodal involvement:

Specify methods of assessment and results:

Specify site(s) of involvement:

Specify other site:

Date sample collected:

What was the extent of the radiation field?

Was a standard drug regimen given?

19 EBER ISH (in situ hybridization)

Positive  Negative  Unknown

20 Ki-67

Positive  Negative  Unknown

21 Percent positivity

Known  Unknown

22 Positive: %

23 MUM1

Positive  Negative  Unknown

24 SOX11

Positive  Negative  Unknown

25 Were cytogenetics tested (karyotyping or FISH)?

Yes  No  Unknown

26 Were cytogenetics tested via FISH?

Yes  No

27 Results of tests

Abnormalities identified

No abnormalities

Specify if any of the following cytogenetic abnormalities or gene rearrangements were identified at diagnosis:

28 t(1;14)

Yes  No  Not done

29 t(2;5)

Yes  No  Not done

30 t(2;8)

Yes  No  Not done

31 t(8;14)

Yes  No  Not done

32 t(8;22)

Yes  No  Not done

33 t(11;14)

Yes  No  Not done

34 t(11;18)

Yes  No  Not done

35 t(14;18)

Yes  No  Not done

36 i(7q)(q10)

Yes  No  Not done

37 del(17p) / 17p-

Yes  No  Not done

38 P53 deletion

Yes  No  Not done

39 BCL-2 rearrangement

Yes  No  Not done

40 BCL-2 amplification (extra copies / signals)

Yes  No  Not done

41 BCL-6 rearrangement

Yes  No  Not done

42 BCL-6 amplification (extra copies/ signals)

Yes  No  Not done
Form 2018 R4.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>Date Received: __ __ __ __ - __ __- __ __</th>
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<tbody>
<tr>
<td>CIBMTR Recipient ID:</td>
<td>CIBMTR Center Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Infusion: Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Laboratory Studies at Diagnosis

**Questions 56-68 will selectively enable depending on the histology at diagnosis (question1).**

56 WBC (mantle cell and all Hodgkin histologies)
- **Known**
- **Unknown**

57 Hemoglobin (follicular only)
- **Known**
- **Unknown**

58 Hemoglobin (follicular and all Hodgkin histologies)
- g/dL
- g/L
- mmol/L

---

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Form 2018 R4.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

Center:  
CRID:

### Assessment of Nodal and Organ Involvement at Diagnosis

**Questions: 69 - 81**

69 Was a PET (or PET/CT) scan performed?

- **yes**
- **no**

70 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?

- **yes**
- **no**

71 Did the recipient have known nodal involvement?

- **yes**
- **no**

72 Specify the total number of nodal regions involved (excluding follicular)

- One nodal region
- Two or more nodal regions
- Unknown

73 Specify the total number of nodal regions involved (follicular only)

- ≥5
- <5
- Unknown

74 Specify the size of the largest nodal mass: __ cm x __ cm

75 Was there any extranodal or splenic involvement? (at diagnosis, prior to any transformation)

- **yes**
- **no**
- **Unknown**
Form 2018 R4.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data
Center: CRID:

Specify site(s) of extranodal involvement:

76 Specify site(s) of involvement (check all that apply)
- Adrenal
- Bone
- Bone marrow
- Brain
- Cerebrospinal fluid (CSF)
- Epidural space
- Gastrointestinal (GI) tract
- Heart
- Kidney
- Leptomeningeal involvement
- Liver
- Lung
- Pericardium
- Pleura
- Skin
- Spleen
- Other site

77 Specify other site:

78 Stage of organ involvement
- I – Involvement of a single lymph node region or of a single extralymphatic organ or site
- II – Involvement of two or more lymph node regions on same side of diaphragm or localized involvement of extralymphatic organ or site and one or more lymph node regions on same side of diaphragm.
- III – Involvement of lymph node regions on both sides of diaphragm, which may also be accompanied by localized involvement of extralymphatic organ or site, or the spleen, or both
- IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- Unknown

79 Were systemic symptoms (B symptoms) present? (unexplained fever > 38°C; or night sweats; unexplained weight loss > 10% body weight in six months before diagnosis)
- yes  
- no
- Unknown

80 ECOG score (at diagnosis)
- Known
- Unknown

81 ECOG score (at diagnosis)
- 0 - Asymptomatic (Fully active, able to carry on all pre-disease activities without restriction)
- 1 - Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)
- 2 - Symptomatic, < 50% in bed during the day (Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)
- 3 - Symptomatic, > 50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)
- 4 - Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)

Disease Assessment at Transformation

82 Is the lymphoma histology reported at diagnosis a transformation from CLL?
- yes - Also complete Form 2013 - CLL
- no

83 Did the recipient transform to a different lymphoma histology between diagnosis and the start of the preparative regimen / infusion? (not CLL)
- yes
- no

84 Specify the lymphoma histology (at transformation)

85 Specify other lymphoma histology:

86 Was documentation submitted to the CIBMTR? (e.g. path report)
- Yes
- No
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>87 Was the date of transformation the same as the date of diagnosis?</td>
<td>yes</td>
</tr>
<tr>
<td>88 Date of transformation:</td>
<td></td>
</tr>
<tr>
<td>89 Were immunohistochemical stains obtained? (at transformation)</td>
<td>yes</td>
</tr>
<tr>
<td>90 BCL-2</td>
<td>Positive</td>
</tr>
<tr>
<td>91 Percent positivity</td>
<td>Known</td>
</tr>
<tr>
<td>92 Positive:</td>
<td>%</td>
</tr>
<tr>
<td>93 BCL-6</td>
<td>Positive</td>
</tr>
<tr>
<td>94 Percent positivity</td>
<td>Known</td>
</tr>
<tr>
<td>95 Positive:</td>
<td>%</td>
</tr>
<tr>
<td>96 CD5</td>
<td>Positive</td>
</tr>
<tr>
<td>97 CD10</td>
<td>Positive</td>
</tr>
<tr>
<td>98 CD30</td>
<td>Positive</td>
</tr>
<tr>
<td>99 C-MYC</td>
<td>Positive</td>
</tr>
<tr>
<td>100 Percent positivity</td>
<td>Known</td>
</tr>
<tr>
<td>101 Positive:</td>
<td>%</td>
</tr>
<tr>
<td>102 Cyclin D1</td>
<td>Positive</td>
</tr>
<tr>
<td>103 EBER ISH (in situ hybridization)</td>
<td>Positive</td>
</tr>
<tr>
<td>104 Ki-67</td>
<td>Positive</td>
</tr>
<tr>
<td>105 Percent positivity</td>
<td>Known</td>
</tr>
<tr>
<td>106 Positive:</td>
<td>%</td>
</tr>
<tr>
<td>107 MUM1</td>
<td>Positive</td>
</tr>
<tr>
<td>108 SOX11</td>
<td>Positive</td>
</tr>
<tr>
<td>109 Were cytogenetics tested (karyotyping or FISH)?</td>
<td>yes</td>
</tr>
<tr>
<td>110 Were cytogenetics tested via FISH?</td>
<td>Yes</td>
</tr>
<tr>
<td>111 Results of tests</td>
<td>Abnormalities identified</td>
</tr>
<tr>
<td>Specify if any of the following cytogenetic abnormalities or gene rearrangements were identified at transformation:</td>
<td></td>
</tr>
<tr>
<td>112 t(1;14)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Form 2018 R4.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>113</td>
<td>t(2;5)</td>
</tr>
<tr>
<td>114</td>
<td>t(2;8)</td>
</tr>
<tr>
<td>115</td>
<td>t(8;14)</td>
</tr>
<tr>
<td>116</td>
<td>t(8;22)</td>
</tr>
<tr>
<td>117</td>
<td>t(11;14)</td>
</tr>
<tr>
<td>118</td>
<td>t(11;18)</td>
</tr>
<tr>
<td>119</td>
<td>t(14;18)</td>
</tr>
<tr>
<td>120</td>
<td>t(7q)(q10)</td>
</tr>
<tr>
<td>121</td>
<td>del(17p) / 17p-</td>
</tr>
<tr>
<td>122</td>
<td>P53 deletion</td>
</tr>
<tr>
<td>123</td>
<td>BCL2 rearrangement</td>
</tr>
<tr>
<td>124</td>
<td>BCL2 amplification (extra copies / signals)</td>
</tr>
<tr>
<td>125</td>
<td>BCL6 rearrangement</td>
</tr>
<tr>
<td>126</td>
<td>BCL6 amplification (extra copies / signals)</td>
</tr>
<tr>
<td>127</td>
<td>C-MYC rearrangement</td>
</tr>
<tr>
<td>128</td>
<td>C-MYC amplification (extra copies / signals)</td>
</tr>
<tr>
<td>129</td>
<td>DUSP22-rearrangement</td>
</tr>
<tr>
<td>130</td>
<td>Immunoglobulin heavy (IgH) chain rearrangement</td>
</tr>
<tr>
<td>131</td>
<td>TP63-rearrangement</td>
</tr>
<tr>
<td>132</td>
<td>Other abnormality</td>
</tr>
<tr>
<td>133</td>
<td>Specify other abnormality:</td>
</tr>
<tr>
<td>134</td>
<td>Was documentation submitted to the CIBMTR? (e.g. FISH report)</td>
</tr>
<tr>
<td>135</td>
<td>Were cytogenetics tested via karyotyping?</td>
</tr>
<tr>
<td>136</td>
<td>Results of tests</td>
</tr>
<tr>
<td></td>
<td>Abnormalities identified</td>
</tr>
<tr>
<td></td>
<td>No evaluable metaphases</td>
</tr>
<tr>
<td></td>
<td>No abnormalities</td>
</tr>
</tbody>
</table>
Specify if any of the following cytogenetic abnormalities were identified at transformation:

137 Specify abnormalities (check all that apply)
- t(2;5)
- t(2;8)
- t(8;14)
- t(8;22)
- t(11;14)
- t(11;18)
- t(14;18)
- t(7q)(q10)
- del(17p) / 17p-
- P53 deletion
- Other abnormality

138 Specify other abnormality:

139 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)
- yes
- no

Laboratory Studies at Transformation

Questions 140-152 will selectively enable depending on the histology at transformation (question 84).

140 WBC (mantle cell and all Hodgkin histologies)
- Known
- Unknown

141 ____________________________ x 10^{9}/L (x 10^{3}/mm^{3})

142 Hemoglobin (follicular and all Hodgkin histologies)
- Known
- Unknown

143 ____________________________ g/dL g/L mmol/L

144 Absolute lymphocyte count (all Hodgkin histologies)
- Known
- Unknown

145 ____________________________ x 10^{9}/L (x 10^{3}/mm^{3})

146 Lymphocytes (percentage) (all Hodgkin histologies)
- Known
- Unknown

147 %

148 Serum albumin (all Hodgkin histologies)
- Known
- Unknown

149 ____________________________ g/dL g/L

150 LDH (all histologies)
- Known
- Unknown

151 ____________________________ U/L µkat/L

152 Upper limit of normal for LDH:
- U/L µkat/L

Assessment of Nodal and Organ Involvement at Transformation

Questions 153 - 165

153 Was a PET (or PET/CT) scan performed?
- yes
- no

154 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?
- yes
- no
**Key Fields**

<table>
<thead>
<tr>
<th>Sequence Number:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CIBMTR Center Number:</td>
<td></td>
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</tbody>
</table>

**Specify methods of assessment and results:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specify site(s) of extranodal involvement:**

- Adrenal
- Bone
- Bone marrow
- Brain
- Cerebrospinal fluid (CSF)
- Epidural space
- Gastrointestinal (GI) tract
- Heart
- Kidney
- Leptomeningeal involvement
- Liver
- Lung
- Pericardium
- Pleura
- Skin
- Spleen
- Other site

**Specify other sample source:**

- Blood
- Other site

**Reason for intraocular therapy**

- Intraocular rituximab
- Other site

**Date therapy stopped**

- __ __ __ __ - __ __- __ __

**What was the extent of the radiation field?**

- _Unknown_
- _Unknown_
- _Unknown_

**Specify other sample source:**

- Blood
- Other site

**Specify technique**

- Electron beam
- Prophylaxis
- Intrathecal methotrexate

**Total number of fractions:**

- __

**Dose per fraction:**

- __

**Date of surgery:**

- __ __ __ __ - __ __- __ __

**Reason for intraocular therapy**

- _Intraocular rituximab_
- _Other site_

**Specify method**

- C-MYC amplification
- BCL-6 amplification
- TP63-rearrangement

**Results of tests**

- _Known_
- _Known_
- _Known_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _High dose Methotrexate (defined as IV doses ≥ 2.5 gm/m²) _
- _PEG-asparaginase_
- _Ifosfamide (Ifex) _
- _Ibritumomab tiuxetan (Zevalin) _
- _Fludarabine (Fludara) _
- _Doxorubicin liposomal (Doxil) _
- _High dose Cytarabine (Ara-C) _
- _Cisplatin (Platinol, CDDP) _
- _Carmustine (BCNU, Gliadel) _
- _Carboplatin _

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other abnormality**

- _Yes_
- _Yes_
- _Yes_

**Reason for intraocular therapy**

- _Yes_
- _Yes_
- _Yes_

**Other drug**

- _Yes_
- _Unknown_
- _Unknown_
Form 2018 R4.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

Pre-HCT or Pre-Infusion Therapy

166 Was therapy given?
  yes  no

167 Systemic therapy
  yes  no

168 Date therapy started
  Known  Unknown

169 Date started: ___ ___ ___ ___ ___ ___ ___

170 Date therapy stopped
  Known  Unknown

171 Date stopped: ___ ___ ___ ___ ___ ___ ___

172 Number of cycles
  Known  Unknown

173 Number of cycles: ___ ___ ___ ___ ___ ___ ___

174 Was a standard drug regimen given? (as part of this line of therapy) (with or without additional therapy)
  Yes  No

175 Specify regimen (given as part of this line of therapy)

176 Were systemic drugs given? (as part of this line of therapy) (Report drugs given that were not already reported as one of the standard regimens, OR drugs given in addition to one of the standard regimens reported above as part of the same line of therapy)
  Yes  No

177 Systemic drugs (check all drugs given as part of this line of therapy)
  Acalabrutinib (Calquence)
  Alectozumab (Campath)
  Bendamustine (Trenda)
  Bexarotene (Targretin)
  Bleomycin (BLM, Blenoxane)
  Bortezomib (Velcade)
  Brentuximab vedotin
  Carboplatin
  Carmustine (BCNU, Gliadel)
  Cisplatin (Platinol, CDDP)
  Cldarabine (2-CdA, Leustatin)
  Copanlisib
  Corticosteroids
  Cyclophosphamide (Cytoxan)
  Cytarabine (Ara-C)
  High dose Cytarabine (Ara-C)
  Dacarbazine (DTIC)
  Doxorubicin (Adriamycin)
  Doxorubicin liposomal (Doxil)
  Etoposide (VP-16, Vepesid)
  Everolimus (RAD-001)
  Fludarabine(Fludara)
  Gemcitabine (Gemzar)
  Ibrutinomab (ixixetan (Zevalin)
  Ibrutinib (Imbruvica)
  Idelalisib (Zydelig)
Form 2018 R4.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

178 Specify other systemic therapy:
- [ ] 179 Was this line of therapy given for stem cell mobilization (priming)?
  - yes  [ ] no

180 Intrathelial therapy
- yes  [ ] no

181 Reason for intrathelial therapy
- Prophylaxis
- Treatment for CNS disease
- Unknown

182 Date therapy started
- Known  [ ] Unknown

Date started: ________ / ________

183 Date started: ________ / ________

184 Date therapy stopped
- Known  [ ] Unknown

185 Date stopped: ________ / ________

---

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**Form 2018 R4.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data**

Center: CRID:

---

**Key Fields**

Sequence Number: 
Date Received: __ __ __ __ - __ __- __ __
CIBMTR Center Number: 

---

**Specify intrathecal therapy**
- Intrathecal methotrexate
- Intrathecal cytarabine
- Intrathecal depo-cytarabine
- Intrathecal methylprednisolone
- Intrathecal rituximab
- Other intrathecal therapy

**Specify other intrathecal therapy:**

---

**Specify other intraocular therapy:**
- Yes
- No

**Reason for intraocular therapy**
- Prophylaxis
- Treatment for ocular disease
- Unknown

**Date therapy started**
- Known
- Unknown

**Date started:** __ __ __ __ - __ __

**Date therapy stopped**
- Known
- Unknown

**Date stopped:** __ __ __ __ - __ __

**Specify intraocular therapy**
- Intrathecal methotrexate
- Intrathecal rituximab
- Other intraocular therapy

**Specify other intraocular therapy:**

---

**Radiation therapy**
- Yes
- No

**Date therapy started**
- Known
- Unknown

**Date started:** __ __ __ __ - __ __

**Date therapy stopped**
- Known
- Unknown

**Date stopped:** __ __ __ __ - __ __

**What was the extent of the radiation field?**
- Craniospinal
- Extended
- Involved field radiotherapy (IFRT)
- Involved node
- Mantle field
- Whole brain radiation
- Unknown

**Specify site(s) of radiation therapy:**

**Specify site of radiation (check all that apply)**
- Abdominopelvic
- Cervical spine
- Inguinal
- Mediastinum / chest
- Other site

**Specify other site:**

**Dose per fraction:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __.__  

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**Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.**

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CIBMTR Form 2018 revision 4 last updated Monday, January 29, 2018 Copyright(c) 2012 National Marrow Donor Program and The Medical College of Wisconsin, Inc. All rights reserved.
### Disease Assessment at the Failure of 1st Line Therapy (DLBCL only) Questions: 224 - 232

<table>
<thead>
<tr>
<th>Question</th>
<th>CRID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>224 Did recipient achieve a CR after 1st line of therapy?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>225 LDH</td>
<td>Known ☐ Unknown ☐</td>
</tr>
<tr>
<td>226</td>
<td>U/L ☐ µkat/L ☐</td>
</tr>
<tr>
<td>227 Upper limit of normal for LDH:</td>
<td>U/L ☐ µkat/L ☐</td>
</tr>
</tbody>
</table>

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**Form 2018 R4.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data**

**Center:**

**CIBMTR Center Number:**

**CIBMTR Recipient ID:**

**Initials:**

### Stage of organ involvement

- **I** – Involvement of a single lymph node region or of a single extralymphatic organ or site
- **II** – Involvement of two or more lymph node regions on same side of diaphragm or localized involvement of extralymphatic organ or site and one or more lymph node regions on same side of diaphragm.
- **III** – Involvement of lymph node regions on both sides of diaphragm, which may also be accompanied by localized involvement of extralymphatic organ or site, or the spleen, or both
- **IV** – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- **Unknown**

### ECOG score

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Asymptomatic (Fully active, able to carry on all pre-disease activities without restriction)</td>
</tr>
<tr>
<td>1</td>
<td>Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)</td>
</tr>
<tr>
<td>2</td>
<td>Symptomatic, &lt; 50% in bed during the day (Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)</td>
</tr>
<tr>
<td>3</td>
<td>Symptomatic, &gt; 50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)</td>
</tr>
<tr>
<td>4</td>
<td>Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)</td>
</tr>
</tbody>
</table>

### Did the recipient have extranodal involvement?

- **Yes**
- **No**
- **Unknown**

### Specify the total number of extranodal regions involved

- One nodal region
- Two or more nodal regions
- Unknown

### Disease Assessment at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

**Questions:** 233 - 287

#### Were cytogenetics tested (karyotyping or FISH)?

- **Yes**
- **No**
- **Unknown**

#### Were cytogenetics tested via FISH?

- **Yes**
- **No**

#### Results of tests

- Abnormalities identified
- No abnormalities

**Specify if any of the following cytogenetic abnormalities or gene arrangements were identified at the last evaluation prior to the start of the preparative regimen:**

- **t(1;14)**
- **t(2;5)**
- **t(2;8)**
- **t(8;14)**
- **t(8;22)**
- **t(11;14)**
- **t(11;18)**
- **t(14;18)**
244 i(7q)(q10)  
   ☐ Yes ☐ No ☐ Not done

245 del(17p) / 17p-  
   ☐ Yes ☐ No ☐ Not done

246 PS3 deletion  
   ☐ Yes ☐ No ☐ Not done

247 BCL-2 rearrangement  
   ☐ Yes ☐ No ☐ Not done

248 BCL-2 amplification (extra copies / signals)  
   ☐ Yes ☐ No ☐ Not done

249 BCL-6 rearrangement  
   ☐ Yes ☐ No ☐ Not done

250 BCL-6 amplification (extra copies / signals)  
   ☐ Yes ☐ No ☐ Not done

251 C-MYC rearrangement  
   ☐ Yes ☐ No ☐ Not done

252 C-MYC amplification (extra copies / signals)  
   ☐ Yes ☐ No ☐ Not done

253 DUSP22-rearrangement  
   ☐ Yes ☐ No ☐ Not done

254 Immunoglobulin heavy (IgH) chain rearrangement  
   ☐ Yes ☐ No ☐ Not done

255 TP63-rearrangement  
   ☐ Yes ☐ No ☐ Not done

256 Other abnormality  
   ☐ Yes ☐ No ☐ Not done

257 Specify other abnormality:

258 Was documentation submitted to the CIBMTR? (e.g. FISH report)  
   ☐ Yes ☐ No

259 Were cytogenetics tested via karyotyping?  
   ☐ Yes ☐ No

260 Results of tests  
   ☐ Abnormalities identified
   ☐ No evaluable metaphases
   ☐ No abnormalities

Specify if any of the following cytogenetic abnormalities were identified at the last evaluation prior to the start of the preparative regimen:

261 Specify abnormalities (check all that apply)
   ☐ t(2;5)
   ☐ t(2;8)
   ☐ t(8;14)
   ☐ t(8;22)
   ☐ t(11;14)
   ☐ t(11;18)
   ☐ t(14;18)
   ☐ i(7q)(q10)
   ☐ del(17p) / 17p-
   ☐ PS3 deletion
   ☐ Other abnormality

262 Specify other abnormality:
263 Was documentation submitted to the CIBMTR? (e.g. karyotyping report)  
   ☐ yes ☐ no

Laboratory studies at the last evaluation prior to the start of the preparative regimen:
Questions 264-267 will selectively enable depending on the histology at transformation (question 84) or at diagnosis (question 1) if no transformation was reported.

264 Hemoglobin (follicular and all Hodgkin histologies)  
   ☐ Known ☐ Unknown

265 _____ g/dL ☐ g/L ☐ mmol/L  

266 Absolute lymphocyte count (all Hodgkin histologies)  
   ☐ Known ☐ Unknown

267 _____ x 10^9/L (x 10^3/mm^3) ☐ x 10^9/L

268 Was minimal residual disease (MRD) assessed during the pre-HTC or pre-infusion evaluation? (report bone marrow or blood results)  
   ☐ Yes ☐ No ☐ Unknown

Specify methods of assessment and results:

269 Flow cytometry  
   ☐ Positive ☐ Negative ☐ Not done

270 Sample source  
   ☐ Blood ☐ Bone marrow ☐ Other

271 Specify other sample source:

272 Date sample collected: __ __ __ __ - __ __- __ __

273 PCR  
   ☐ Positive ☐ Negative ☐ Not done

274 Sample source  
   ☐ Blood ☐ Bone marrow ☐ Other

275 Specify other sample source:

276 Date sample collected: __ __ __ __ - __ __- __ __

277 Next generation sequencing (NGS, 3rd gen)  
   ☐ Positive ☐ Negative ☐ Not done

278 Sample source  
   ☐ Blood ☐ Bone marrow ☐ Other

279 Specify other sample source:

280 Date sample collected: __ __ __ __ - __ __- __ __

281 Was documentation submitted to the CIBMTR? (e.g. path report)  
   ☐ Yes ☐ No

282 Did the recipient have known nodal involvement? (at last evaluation)  
   ☐ yes ☐ no

283 Specify the total number of nodal regions involved (follicular only)  
   ☐ ≥5 ☐ <5 ☐ Unknown

284 Specify the size of the largest nodal mass: __ cm x __ cm

285 Was there any extranodal or splenic involvement? (at last evaluation)  
   ☐ yes ☐ no ☐ Unknown
Form 2018 R4.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

Center: CRID:

Specify site(s) of extranodal involvement:

286 Specify site(s) of involvement (check all that apply)
- Adrenal
- Bone
- Bone marrow
- Brain
- Cerebrospinal fluid (CSF)
- Epidural space
- Gastrointestinal (GI) tract
- Heart
- Kidney
- Leptomeningeal involvement
- Liver
- Lung
- Pericardium
- Pleura
- Skin
- Spleen
- Other site

287 Specify other site: ____________________________

First Name: ____________________________
Last Name: ____________________________
E-mail address: ____________________________
Date: __ __ __ __ __ __ __ __ __ __