CIBMTR®
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

Registry Use Only
Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Event date: __ __ __ __ / __ __ / __ __
YYYY MM DD

Subsequent Transplant or Cellular Therapy

If this is a report of a second or subsequent transplant or cellular therapy for the same disease 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 ***- Go to question 82***

☐ No ***- Go to question 1***

Disease Assessment at Diagnosis

1. Specify the lymphoma histology: (at diagnosis)

Hodgkin Lymphoma Codes

Hodgkin lymphoma, not otherwise specified (150)
Lymphocyte depleted (154)
Lymphocyte-rich (151)
Mixed cellularity (153)
Nodular lymphocyte predominant Hodgkin lymphoma (155)
Nodular sclerosis (152)

Non-Hodgkin Lymphoma Codes

B-cell Neoplasms
ALK+ large B-cell lymphoma (1833)
B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma (149)
Burkitt lymphoma (111)
Burkitt-like lymphoma with 11q aberration (1834)
Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821) ***- Go to question 3***
Diffuse, large B-cell lymphoma- Germinal center B-cell type (1820) ***- Go to question 3***
Diffuse large B-cell Lymphoma (cell of origin unknown) (107)
DLBCL associated with chronic inflammation (1825)
Duodenal-type follicular lymphoma (1815)
EBV+ DLBCL, NOS (1823)
EBV+ mucocutaneous ulcer (1824)
Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)
Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)
Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)
Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)
Follicular, predominantly large cell (Grade IIIA vs IIIB not specified) (1814)
Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
Follicular (grade unknown) (164)
HHV8+ DLBCL, NOS (1826)
High-grade B-cell lymphoma, with MYC and BCL2 and/or BCL6 rearrangements (1831)
High-grade B-cell lymphoma, NOS (1830)
Intravascular large B-cell lymphoma (136)
Large B-cell lymphoma with IRF4 rearrangement (1832)
Lymphomatoid granulomatosis (1835)
Mantle cell lymphoma (115)
Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)
Pediatric nodal marginal zone lymphoma (1813)
Pediatric-type follicular lymphoma (1816)
Plasmablastic lymphoma (1836)
Primary cutaneous DLBCL, leg type (1822)
Primary cutaneous follicle center lymphoma (1817)
Primary diffuse, large B-cell lymphoma of the CNS (118)
Primary effusion lymphoma (138)
Primary mediastinal (thymic) large B-cell lymphoma (125)
Splenic B-cell lymphoma/leukemia, unclassifiable (1811)
Splenic diffuse red pulp small B-cell lymphoma (1812)

Splenic marginal zone B-cell lymphoma (124)
T-cell / histiocytic rich large B-cell lymphoma (120)
Other B-cell lymphoma (129) ***- Go to question 2***

T-cell and NK-cell Neoplasms
Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)
Aggressive NK-cell leukemia (27)
Anaplastic large-cell lymphoma (ALCL), ALK positive (143)
Anaplastic large-cell lymphoma (ALCL), ALK negative (144)
Angioimmunoblastic T-cell lymphoma (131)
Breast implant–associated anaplastic large-cell lymphoma (1861)
Chronic lymphoproliferative disorder of NK cells (1856)
Enteropathy-type T-cell lymphoma (133)
Extranodal NK / T-cell lymphoma, nasal type (137)
Follicular T-cell lymphoma (1859)
Hepatosplenic T-cell lymphoma (145)
Indolent T-cell lymphoproliferative disorder of the GI tract (1858)
Monomorphic epitheliotropic intestinal T-cell lymphoma (1857)
Mycosis fungoides (141)
Nodal peripheral T-cell lymphoma with TFH phenotype (1860)
Peripheral T-cell lymphoma (PTCL), NOS (130)
Primary cutaneous acral CD8+ T-cell lymphoma (1853)
Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (1854)
Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma (1852)
Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147)
Primary cutaneous γδ T-cell lymphoma (1851)
Sezary syndrome (142)
Subcutaneous panniculitis-like T-cell lymphoma (146)
Systemic EBV+ T-cell lymphoma of childhood (1855)
T-cell large granular lymphocytic leukemia (126)
Other T-cell / NK-cell lymphoma (139) ***- Go to question 2***

Posttransplant lymphoproliferative disorders (PTLD)

Classical Hodgkin lymphoma PTLD (1876)
Florid follicular hyperplasia PTLD (1873)
Infectious mononucleosis PTLD (1872)
Monomorphic PTLD (B- and T-/NK-cell types) (1875)
Plasmacytic hyperplasia PTLD (1871)
Polymorphic PTLD (1874)

2. Specify other lymphoma histology: _____ ***- Go to question 4***

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
   - ☐ Unkown

7. Percent Positivity:
   - ☐ Known →
   - ☐ Unknown

8. Positive: __ __ __%

9. BCL-6
- ☐ Positive → 10. Percent Positivity:
  - ☐ Known → 11. Positive: __ __ __%
  - ☐ Unknown
- ☐ Negative
- ☐ Unknown

12.	CD5	☐ Positive	☐ Negative	☐ Unknown
13.	CD10	☐ Positive	☐ Negative	☐ Unknown
14.	CD30	☐ Positive	☐ Negative	☐ Unknown

15. C-MYC
- ☐ Positive → 16. Percent Positivity:
  - ☐ Known → 17. Positive: __ __ __%
  - ☐ Unknown
- ☐ Negative
- ☐ Unknown

18.	Cyclin D1	☐ Positive	☐ Negative	☐ Unknown
19.	EBER ISH (in situ hybridization)	☐ Positive	☐ Negative	☐ Unknown

20. Ki-67
- ☐ Positive → 21. Percent Positivity:
  - ☐ Known → 22. Positive: __ __ __%
  - ☐ Unknown
- ☐ Negative
- ☐ Unknown

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
43.	C-MYC rearrangement	☐ Yes	☐ No	☐ Not done
44.	C-MYC amplification (extra copies / signals)	☐ Yes	☐ No	☐ Not done
45.	DUSP22-rearrangement	☐ Yes	☐ No	☐ Not done
46.	Immunoglobulin heavy (IgH) chain rearrangement	☐ Yes	☐ No	☐ Not done
47.	TP63-rearrangement	☐ Yes	☐ No	☐ Not done

48. Other abnormality

☐ Yes → 49. Specify other abnormality: _____

☐ No

☐ Not done

50. Was documentation submitted to the CIBMTR? (e.g. FISH report) ☐ yes ☐ no

51. Were cytogenetics tested via karyotyping?

☐ Yes →

☐ No

52. Results of tests

☐ Abnormalities identified →

☐ No evaluable metaphases

☐ No abnormalities

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

53. 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-
- ☐ P53 deletion

☐ Other abnormality →

54. Specify other abnormality:

_____

55. Was documentation submitted to the CIBMTR? (e.g. karyotyping report)

☐ yes ☐ no

Laboratory Studies at Diagnosis

Questions 56-68 will selectively enable depending on the histology at diagnosis (question 1).

56. WBC (mantle cell and all Hodgkin histologies)

☐ Known →
☐ Unknown

57. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

58. Hemoglobin (follicular and all Hodgkin histologies)

☐ Known →
☐ Unknown

59. ___ ___ ___ ___ • ___ ___ ☐ g/dL ☐ g/L ☐ mmol/L

60. Absolute lymphocyte count (all Hodgkin histologies)

☐ Known →
☐ Unknown

61. ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

62. Lymphocytes: (percentage) (all Hodgkin histologies)

☐ Known →
☐ Unknown

63. __ __%

64. Serum albumin (all Hodgkin histologies)

☐ Known →
☐ Unknown

65. ___ ___ • ___ ☐ g/dL ☐ g/L

66. LDH (all histologies)

☐ Known →
☐ Unknown

67. ___ ___ ___ ___ ___ • ___ ___ ☐ U/L ☐ µkat/L

68. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___ ☐ U/L ☐ µkat/L

Assessment of Nodal and Organ Involvement at Diagnosis

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 ***- Go to question 72, Follicular go to question 73*** →
- ☐ No ***- Go to question 75***

72. Specify the total number of nodal regions involved: **(excluding follicular)**
☐ one nodal region ☐ two or more nodal regions ☐ Unknown
- Go to question 74

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

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 **- Go to question 166** **- 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 ***- Go to question 84***
- ☐ No ***- Go to question 166***

84. Specify the lymphoma histology: (at transformation)

Hodgkin Lymphoma Codes

Hodgkin lymphoma, not otherwise specified (150)
Lymphocyte depleted (154)
Lymphocyte-rich (151)
Mixed cellularity (153)
Nodular lymphocyte predominant Hodgkin lymphoma (155)
Nodular sclerosis (152)

Non-Hodgkin Lymphoma Codes

B-cell Neoplasms
ALK+ large B-cell lymphoma (1833)
B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma (149)
Burkitt lymphoma (111)
Burkitt-like lymphoma with 11q aberration (1834)

Diffuse, large B-cell lymphoma- Activated B-cell type (non-GCB) (1821)
Diffuse, large B-cell lymphoma- Germinal center B-cell type (1820)
Diffuse large B-cell Lymphoma (cell of origin unknown) (107)
DLBCL associated with chronic inflammation (1825)
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EBV+ DLBCL, NOS (1823)
EBV+ mucocutaneous ulcer (1824)
Extranodal marginal zone B-cell lymphoma of mucosal associated lymphoid tissue type (MALT) (122)
Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma (103)
Follicular, predominantly large cell (Grade IIIA follicle center lymphoma) (162)
Follicular, predominantly large cell (Grade IIIB follicle center lymphoma) (163)
Follicular, predominantly large cell (Grade IIIA vs IIIB not specified) (1814)
Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma) (102)
Follicular (grade unknown) (164)
HHV8+ DLBCL, NOS (1826)
High-grade B-cell lymphoma, with MYC and BCL2 and/or BCL6 rearrangements (1831)
High-grade B-cell lymphoma, NOS (1830)
Intravascular large B-cell lymphoma (136)
Large B-cell lymphoma with IRF4 rearrangement (1832)
Lymphomatoid granulomatosis (1835)
Mantle cell lymphoma (115)
Nodal marginal zone B-cell lymphoma (± monocytoid B-cells) (123)
Pediatric nodal marginal zone lymphoma (1813)
Pediatric-type follicular lymphoma (1816)
Plasmablastic lymphoma (1836)
Primary cutaneous DLBCL, leg type (1822)
Primary cutaneous follicle center lymphoma (1817)
Primary diffuse, large B-cell lymphoma of the CNS (118)
Primary effusion lymphoma (138)
Primary mediastinal (thymic) large B-cell lymphoma (125)
Splenic B-cell lymphoma/leukemia, unclassifiable (1811)
Splenic diffuse red pulp small B-cell lymphoma (1812)
Splenic marginal zone B-cell lymphoma (124)
T-cell / histiocytic rich large B-cell lymphoma (120)
Other B-cell lymphoma (129) ***- Go to question 85***

T-cell and NK-cell Neoplasms
Adult T-cell lymphoma / leukemia (HTLV1 associated) (134)
Aggressive NK-cell leukemia (27)
Anaplastic large-cell lymphoma (ALCL), ALK positive (143)
Anaplastic large-cell lymphoma (ALCL), ALK negative (144)
Angioimmunoblastic T-cell lymphoma (131)
Breast implant–associated anaplastic large-cell lymphoma (1861)
Chronic lymphoproliferative disorder of NK cells (1856)
Enteropathy-type T-cell lymphoma (133)
Extranodal NK / T-cell lymphoma, nasal type (137)
Follicular T-cell lymphoma (1859)
Hepatosplenic T-cell lymphoma (145)
Indolent T-cell lymphoproliferative disorder of the GI tract (1858)
Monomorphic epitheliotropic intestinal T-cell lymphoma (1857)
Mycosis fungoides (141)
Nodal peripheral T-cell lymphoma with TFH phenotype (1860)
Peripheral T-cell lymphoma (PTCL), NOS (130)
Primary cutaneous acral CD8+ T-cell lymphoma (1853)
Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (1854)
Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma (1852)
Primary cutaneous CD30+ T-cell lymphoproliferative disorders [Primary cutaneous anaplastic large-cell lymphoma (C-ALCL), lymphoid papulosis] (147)
Primary cutaneous γδ T-cell lymphoma (1851)

Sezary syndrome (142)
Subcutaneous panniculitis-like T-cell lymphoma (146)
Systemic EBV+ T-cell lymphoma of childhood (1855)
T-cell large granular lymphocytic leukemia (126)
Other T-cell / NK-cell lymphoma (139) ***- Go to question 85***

Posttransplant lymphoproliferative disorders (PTLD)

Classical Hodgkin lymphoma PTLD (1876)
Florid follicular hyperplasia PTLD (1873)
Infectious mononucleosis PTLD (1872)
Monomorphic PTLD (B- and T-/NK-cell types) (1875)
Plasmacytic hyperplasia PTLD (1871)
Polymorphic PTLD (1874)

85. Specify other lymphoma histology: _____

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

87. Was the date of transformation the same as the date of diagnosis?

☐ Yes ***- Go to question 166***

☐ No →

88. Date of transformation: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

89. Were immunohistochemical stains obtained? (at transformation)

☐ Yes →
- 90. BCL-2
  - ☐ Positive →
    - 91. Percent Positivity:
      - ☐ Known →
        - 92. Positive: __ __ __%
      - ☐ Unknown
  - ☐ Negative
  - ☐ Unknown
- 93. BCL-6
  - ☐ Positive →
    - 94. Percent Positivity:
      - ☐ Known →
        - 95. Positive: __ __ __%
      - ☐ Unknown
  - ☐ Negative
  - ☐ Unknown

☐ No
☐ Unknown

96. CD5
- ☐ Positive
- ☐ Negative
- ☐ Unknown

97. CD10
- ☐ Positive
- ☐ Negative
- ☐ Unknown

98. CD30
- ☐ Positive
- ☐ Negative
- ☐ Unknown

99. C-MYC
- ☐ Positive
- ☐ Negative
- ☐ Unknown

100. Percent Positivity:
- ☐ Known
- ☐ Unknown

101. Positive: __ __ __%

102. Cyclin D1
- ☐ Positive
- ☐ Negative
- ☐ Unknown

103. EBER ISH (in situ hybridization)
- ☐ Positive
- ☐ Negative
- ☐ Unknown

104. Ki-67
- ☐ Positive
- ☐ Negative
- ☐ Unknown

105. Percent Positivity:
- ☐ Known
- ☐ Unknown

106. Positive: __ __ __%

107. MUM1
- ☐ Positive
- ☐ Negative
- ☐ Unknown

108. SOX11
- ☐ Positive
- ☐ Negative
- ☐ Unknown

109. Were cytogenetics tested (karyotyping or FISH)?
- ☐ Yes
- ☐ No - ***Go to question 140***

110. Were cytogenetics tested via FISH?
- ☐ Yes
- ☐ No

111. Results of tests
- ☐ Abnormalities identified
- ☐ No abnormalities

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

112. t(1;14)
- ☐ Yes
- ☐ No
- ☐ Not done

113. t(2;5)
- ☐ Yes
- ☐ No
- ☐ Not done

114. t(2;8)
- ☐ Yes
- ☐ No
- ☐ Not done

115. t(8;14)
- ☐ Yes
- ☐ No
- ☐ Not done

116. t(8;22)
- ☐ Yes
- ☐ No
- ☐ Not done

117. t(11;14)
- ☐ Yes
- ☐ No
- ☐ Not done

118. t(11;18)
- ☐ Yes
- ☐ No
- ☐ Not done

119. t(14;18)
- ☐ Yes
- ☐ No
- ☐ Not done

120. i(7q)(q10)
- ☐ Yes
- ☐ No
- ☐ Not done

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

122. P53 deletion
- ☐ Yes
- ☐ No
- ☐ Not done

123. BCL-2 rearrangement
- ☐ Yes
- ☐ No
- ☐ Not done

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

125. BCL-6 rearrangement
- ☐ Yes
- ☐ No
- ☐ Not done

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

127. C-MYC rearrangement
- ☐ Yes
- ☐ No
- ☐ Not done

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

129. DUSP22-rearrangement
- ☐ Yes
- ☐ No
- ☐ Not done

130. Immunoglobulin heavy (IgH) chain rearrangement
- ☐ Yes
- ☐ No
- ☐ Not done

131. TP63-rearrangement
- ☐ Yes
- ☐ No
- ☐ Not done

132. Other abnormality
- ☐ Yes
- ☐ No
- ☐ Not done

133. Specify other abnormality:

_____

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

135. Were cytogenetics tested via karyotyping?
☐ Yes →
☐ No

136. Results of tests
☐ Abnormalities identified
☐ No evaluable metaphases
☐ No abnormalities

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)
☐ i(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 → 141. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L
- ☐ Unknown

142. Hemoglobin (follicular and all Hodgkin histologies)
- ☐ Known → 143. ___ ___ ___ ___ • ___ ___ ☐ g/dL ☐ g/L ☐ mmol/L
- ☐ Unknown

144. Absolute lymphocyte count (all Hodgkin histologies)
- ☐ Known → 145. ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L
- ☐ Unknown

146. Lymphocytes: (percentage) (all Hodgkin histologies)
- ☐ Known → 147. __ __%
- ☐ Unknown

148. Serum albumin (all Hodgkin histologies)
- ☐ Known → 149. ___ ___ • ___ ☐ g/dL ☐ g/L
- ☐ Unknown

150. LDH (all histologies)
- ☐ Known → 151. ___ ___ ___ ___ ___ • ___ ___ ☐ U/L ☐ µkat/L
- ☐ Unknown

152. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___ ☐ U/L ☐ µkat/L

Assessment of Nodal and Organ Involvement at Transformation

153. Was a PET (or PET/CT) scan performed?
- ☐ Yes → 154. Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site? ☐ Yes ☐ No
- ☐ No

155. Did the recipient have known nodal involvement?
- ☐ Yes ***- Go to question 156, Follicular go to question 157*** →
- ☐ No ***- Go to question 159***

156. Specify the total number of nodal regions involved: **(excluding follicular)**
☐ one nodal region ☐ two or more nodal regions ☐ Unknown

157. Specify the total number of nodal regions involved: **(follicular only)**
☐ ≥5 ☐ <5 ☐ Unknown

158. Specify the size of the largest nodal mass: ___ ___ •___ cm x ___ ___ • ___ cm

159. Was there any extranodal or splenic involvement? (at transformation)

- ☐ Yes →
- ☐ No
- ☐ Unknown

Specify site(s) of extranodal involvement:

160. 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 →

161. Specify other site: _____

162. Stage of organ involvement: (at transformation)

- ☐ 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

163. Were systemic symptoms (B symptoms) present? (unexplained fever > 38 C; or night sweats; unexplained weight loss > 10% body weight in six months before transformation

☐ Yes ☐ No ☐ Unknown

164. ECOG score (at transformation)

- ☐ Known →
- ☐ Unknown

165. ECOG score (at transformation)

- ☐ 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)

Pre-HCT or Pre-Infusion Therapy

166. Was therapy given?
- ☐ Yes →
- ☐ No

Line of Therapy

167. Systemic therapy:
- ☐ Yes →
- ☐ No

168. Date therapy started
- ☐ Known →
- ☐ Unknown

169. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

170. Date therapy stopped
- ☐ Known →
- ☐ Unknown

171. Date stopped: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

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)
- ☐ ABVD (Doxorubicin, Bleomycin, Vinblastine, Dacarbazine)
- ☐ ACVBP (Doxorubicin, Cyclophosphamide, Vindesine, Bleomycin, Prednisone)
- ☐ R-ACVBP (Rituximab, Doxorubicin, Cyclophosphamide, Vindesine, Bleomycin, Prednisone)
- ☐ AspaMetDex (Asparaginase, Methotrexate, Dexamethasone)
- ☐ AVD (Doxorubicin, Vinblastine, Dacarbazine)
- ☐ AVD (Doxorubicin, Vinblastine, Dacarbazine) + Brentuximab vedotin
- ☐ BAC (Bendamustine, Cytarabine)
- ☐ R-BAC (Rituximab, Bendamustine, Cytarabine)
- ☐ BEACOPP, **standard** (Bleomycin, Etoposide, Doxorubicin, Cyclophosphamide, Vincristine, Procarbazine, Prednisone)
- ☐ BEACOPP, **dose escalated** (Bleomycin, Etoposide, Doxorubicin, Cyclophosphamide, Vincristine, Procarbazine, Prednisone)
- ☐ BR (Bendamustine and Rituximab)
- ☐ CHOP (Cyclophosphamide, Doxorubicin, Vincristine, Prednisone)
- ☐ R-CHOP (Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Prednisone)
- ☐ R-CHOP **alternating with** R-DHAP

- ☐ CHOEP (Cyclophosphamide, Doxorubicin, Vincristine, Etoposide, Prednisone)
- ☐ R-CHOEP (Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Etoposide, Prednisone)
- ☐ CODOX-M (Cyclophosphamide, Vincristine, Doxorubicin, high-dose Methotrexate)
- ☐ CODOX-M **alternating with** IVAC (Ifosfamide, Etoposide, high-dose Cytarabine)
- ☐ CVP (Cyclophosphamide, Vincristine, Prednisone)
- ☐ R-CVP (Rituximab, Cyclophosphamide, Vincristine, Prednisone)
- ☐ DA -EPOCH (Etoposide, Prednisone, Vincristine, Cyclophosphamide, Doxorubicin hydrochloride)
- ☐ R-DA-EPOCH (Rituximab, Etoposide, Prednisone, Vincristine, Cyclophosphamide, Doxorubicin hydrochloride)
- ☐ DHAP (Dexamethasone, Cytarabine, Cisplatin)
- ☐ R-DHAP (Rituximab, Dexamethasone, Cytarabine, Cisplatin)
- ☐ DeVIC (Dexamethasone, Etoposide, Ifosfamide, Carboplatin)
- ☐ ESHAP (Etoposide, Methylprednisolone, Cytarabine, Cisplatin)
- ☐ R-ESHAP (Rituximab, Etoposide, Methylprednisolone, Cytarabine, Cisplatin)
- ☐ FCM (Fludarabine, Cyclophosphamide, Mitoxantrone)
- ☐ R-FCM (Rituximab, Fludarabine, Cyclophosphamide, Mitoxantrone)
- ☐ GDP (Gemcitabine, Dexamethasone, Cisplatin)
- ☐ R-GDP (Rituximab, Gemcitabine, Dexamethasone, Cisplatin)
- ☐ GemOx (Gemcitabine, Oxaliplatinum)
- ☐ R-GemOx (Rituximab, Gemcitabine, Oxaliplatinum)
- ☐ GVD (Gemcitabine, Vinorelbine, pegylated liposomal Doxorubicin)
- ☐ R-GVD (Rituximab, Gemcitabine, Vinorelbine, pegylated liposomal Doxorubicin)
- ☐ HD-MTX/ARA-C (high-dose Methotrexate with high-dose Cytarabine)
- ☐ R-HD-MTX/ARA-C (Rituximab, high-dose Methotrexate with high-dose Cytarabine)
- ☐ Hyper-CVAD (Cyclophosphamide, Vincristine, Doxorubicin, Dexamethasone)
- ☐ R-Hyper-CVAD (Rituximab, Cyclophosphamide, Vincristine, Doxorubicin, Dexamethasone)
- ☐ Hyper-CVAD **alternating with** cytarabine, methotrexate

- ☐ R-Hyper-CVAD **alternating with** R-cytarabine, methotrexate
- ☐ ICE (Ifosfamide, Carboplatin, Etoposide)
- ☐ R-ICE (Rituximab, Ifosfamide, Carboplatin, Etoposide)
- ☐ IVE (Ifosfamide, Epirubicin, Etoposide)
- ☐ MOPP (Mechlorethamine, Vincristine, Procarbazine, Prednisone)
- ☐ Stanford V (Doxorubicin, Vinblastine, Mechlorethamine, Vincristine, Bleomycin, Etoposide, Prednisone)
- ☐ MATRix (high-dose Methotrexate, Cytarabine, Thiotepa, Rituximab)
- ☐ MRT (high-dose Methotrexate, Rituximab, Temozolomide)
- ☐ MPV (high-dose Methotrexate, Procarbazine, Vincristine)
- ☐ R-MPV (Rituximab, high-dose Methotrexate, Procarbazine, Vincristine)
- ☐ Nordic regimen (R-maxCHOP alternating with high-dose Cytarabine)
- ☐ R-Square (Rituximab and Lenalidiomide)
- ☐ SMILE (Steroids, Methotrexate, Ifosfamide, L-asaraginase, Etoposide)
- ☐ VIPD (Etoposide, Ifosfamide, Cisplatin, Dexamethasone)

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)
- ☐ Alemtuzumab (Campath)
- ☐ Bendamustine (Trenda)
- ☐ Bexarotene (Targretin)
- ☐ Bleomycin (BLM, Blenoxane)
- ☐ Bortezomib (Velcade)
- ☐ Brentuximab vedotin
- ☐ Carboplatin
- ☐ Carmustine (BCNU, Gliadel)
- ☐ Cisplatin (Platinol, CDDP)
- ☐ Cladribine (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)
- ☐ Ibritumomab tiuxetan (Zevalin)
- ☐ Ibrutinib (Imbruvica)
- ☐ Idelalisib (Zydelig)
- ☐ Ifosfamide (Ifex)
- ☐ Ipilimumab (Yervoy)
- ☐ Ixazomib (Ninlaro)
- ☐ L-asparaginase
- ☐ PEG-asparaginase
- ☐ Lenalidomide (Revlimid)
- ☐ Methotrexate (MTX)
- ☐ High-dose Methotrexate (defined as IV doses >2.5 gm/ m^2)
- ☐ Mitoxantrone (Novantrone)
- ☐ Mogamulizumab
- ☐ Nivolumab (Opdivo)
- ☐ Obinutuzumab (Gazyva)
- ☐ Ofatumumab (Arzerra, HuMAX-CD20)
- ☐ Pembrolizumab (Keytruda)
- ☐ Pentostatin (Nipent)
- ☐ Pralatrexate (Folotyn)
- ☐ Procarbazine (Matulane)
- ☐ Rituximab (Rituxan, MabThera)
- ☐ Romidepsin (Istodax)
- ☐ Temozolomide (Temodar)
- ☐ Temsirolimus (Torisel)
- ☐ Tositumomab (Bexxar)
- ☐ Venetoclax
- ☐ Vinblastine (Velban, VLB)
- ☐ Vincristine (VCR, Oncovin)
- ☐ Vinorelbine (Navelbine)
- ☐ Vorinostat (Zolinza)

☐ Other systemic therapy →

178. Specify other systemic therapy: _____

179. Was this line of therapy given for stem cell mobilization (priming)? ☐ Yes ☐ No

180. Intrathecal therapy

☐ Yes →
☐ No

181. Reason for intrathecal therapy:
☐ Prophylaxis ☐ Treatment for CNS disease ☐ Unknown

182. Date therapy started
☐ Known →
☐ Unknown

183. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

184. Date therapy stopped
☐ Known →
☐ Unknown

185. Date stopped: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

186. Specify intrathecal therapy:
☐ Intrathecal methotrexate
☐ Intrathecal cytarabine
☐ Intrathecal depo-cytarabine
☐ Intrathecal methylprednisolone
☐ Intrathecal rituximab
☐ Other intrathecal therapy →

187. Specify other intrathecal therapy: _____

188. Intraocular therapy

☐ Yes →
☐ No

189. Reason for intraocular therapy:
☐ Prophylaxis ☐ Treatment for ocular disease ☐ Unknown

190. Date therapy started
☐ Known →
☐ Unknown

191. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

192. Date therapy stopped
☐ Known →
☐ Unknown

193. Date stopped: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

194. Specify intraocular therapy
☐ Intraocular methotrexate
☐ Intraocular rituximab
☐ Other intraocular therapy →

195. Specify other intraocular therapy: _____

196. Radiation therapy

☐ Yes →
☐ No

197. Date therapy started

☐ Known →
☐ Unknown

198. Date started: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

199. Date therapy stopped

☐ Known →
☐ Unknown

200. Date stopped: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

201. 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:

202. Specify site of radiation (check all that apply)

☐ Abdominopelvic
☐ Cervical spine
☐ Inguinal
☐ Mediastinum / chest
☐ Other site →

203. Specify other site: _____

204. Dose per fraction: ___ ___ ___ ☐ Gy ☐ cGy

205. Total number of fractions: ___ ___

206. Total dose: ___ ___ ___ ____ ☐ Gy ☐ cGy

207. Specify technique:

☐ Electron beam
☐ Proton
☐ Other →
☐ Unknown

208. Specify other technique:_____

209. Surgery:

☐ Yes →
☐ No

210. Date of surgery

☐ Known →
☐ Unknown

211. Date of surgery: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

212. Splenectomy ☐ Yes ☐ No

213. Other site
☐ Yes → 214. Specify other site: _____
☐ No

215. Photopheresis ☐ Yes ☐ No

216. Cellular therapy (e.g. CAR-T cells) ☐ Yes ☐ No

217. Best response to line of therapy by CT (radiographic) criteria:
☐ Complete remission (CR) →
☐ Partial remission (PR) →
☐ No response (NR) / Stable disease (SD) →
☐ Progressive disease (PD) →
☐ Not assessed

218. Date assessed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

219. Best response to line of therapy by PET (metabolic) criteria:
☐ Complete remission (CR) →
☐ Partial remission (PR) →
☐ No response (NR) / Stable disease (SD) →
☐ Progressive disease (PD) →
☐ Not assessed

220. Date assessed: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

221. Was this line of therapy maintenance / consolidation? ☐ Yes ☐ No

222. Did disease relapse / progression occur following this line of therapy?
☐ Yes →
☐ No

223. Date of relapse/progression: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

Copy questions 167 - 223 to report more than one line of therapy.

Disease Assessment at the Failure of 1st Line Therapy (DLBCL only)

224. Did recipient achieve a CR after 1st line of therapy?

- ☐ Yes
- ☐ No →

225. LDH

- ☐ Known →
  - 226. ___ ___ ___ ___ ___ • ___ ___ ☐ U/L ☐ µkat/L
  - 227. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___ ☐ U/L ☐ µkat/L
- ☐ Unknown

228. 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

229. ECOG score

- ☐ Known →
  - 230. ECOG score
    - ☐ 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)
- ☐ Unknown

231. Did the recipient have extranodal involvement?

- ☐ Yes →
  - 232. 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
- ☐ No
- ☐ Unknown

☐ Pleura
☐ Skin
☐ Spleen
☐ Other site → 233. Specify other site: _____

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

234. Were cytogenetics tested (karyotyping or FISH)?
☐ Yes →
☐ No
☐ Unknown

235. Were cytogenetics tested via FISH?
☐ Yes →
☐ No

236. Results of tests
☐ Abnormalities identified →
☐ No abnormalities

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

237. t(1;14)	☐ Yes	☐ No	☐ Not done
238. t(2;5)	☐ Yes	☐ No	☐ Not done
239. t(2;8)	☐ Yes	☐ No	☐ Not done
240. t(8;14)	☐ Yes	☐ No	☐ Not done
241. t(8;22)	☐ Yes	☐ No	☐ Not done
242. t(11;14)	☐ Yes	☐ No	☐ Not done
243. t(11;18)	☐ Yes	☐ No	☐ Not done
244. t(14;18)	☐ Yes	☐ No	☐ Not done
245. i(7q)(q10)	☐ Yes	☐ No	☐ Not done
246. del(17p) / 17p-	☐ Yes	☐ No	☐ Not done
247. P53 deletion	☐ Yes	☐ No	☐ Not done
248. BCL-2 rearrangement	☐ Yes	☐ No	☐ Not done
249. BCL-2 amplification (extra copies / signals)	☐ Yes	☐ No	☐ Not done
250. BCL-6 rearrangement	☐ Yes	☐ No	☐ Not done
251. BCL-6 amplification (extra copies / signals)	☐ Yes	☐ No	☐ Not done
252. C-MYC rearrangement	☐ Yes	☐ No	☐ Not done
253. C-MYC amplification (extra copies / signals)	☐ Yes	☐ No	☐ Not done
254. DUSP22-rearrangement	☐ Yes	☐ No	☐ Not done
255. Immunoglobulin heavy (IgH) chain rearrangement	☐ Yes	☐ No	☐ Not done
256. TP63-rearrangement	☐ Yes	☐ No	☐ Not done

257. Other abnormality
☐ Yes →
☐ No
☐ Not done

258. Specify other abnormality: _____

259. Was documentation submitted to the CIBMTR? (e.g. FISH report) ☐ yes ☐ no

260. Were cytogenetics tested via karyotyping?

☐ Yes →
☐ No

261. 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:

262. 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-
☐ P53 deletion
☐ Other abnormality →

263. Specify other abnormality: _____

264. 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 265-268 will selectively enable depending on the histology at transformation (question 84) or at diagnosis (question 1) if no transformation was reported.

265. Hemoglobin (follicular and all Hodgkin histologies)

☐ Known →
☐ Unknown

266. ___ ___ ___ ___ • ___ ___ ☐ g/dL ☐ g/L ☐ mmol/L

267. Absolute ymphocyte count (all Hodgkin histologies)

☐ Known →
☐ Unknown

268. ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3) ☐ x 10^6/L

269. Was minimal residual disease (MRD) assessed during the pre-HCT or pre-infusion evaluation?

- ☐ Yes →
- ☐ No
- ☐ Unknown

Specify methods of assessment and results:

270. Flow cytometry

- ☐ Positive →
- ☐ Negative
- ☐ Not done

271. Sample source

- ☐ Blood
- ☐ Bone marrow
- ☐ Other →

272. Specify other sample source: _____

273. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

274. PCR

- ☐ Positive →
- ☐ Negative
- ☐ Not done

275. Sample source

- ☐ Blood
- ☐ Bone marrow
- ☐ Other →

276. Specify other sample source: _____

277. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

278. Next generation sequencing (NGS, 3rd gen)

- ☐ Positive →
- ☐ Negative
- ☐ Not done

279. Sample source

- ☐ Blood
- ☐ Bone marrow
- ☐ Other →

280. Specify other sample source: _____

281. Date sample collected: __ __ __ __ / __ __ / __ __ (YYYY / MM / DD)

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

283. Did the recipient have known nodal involvement? (at last evaluation)

☐ Yes ***- Go to question 285, Follicular go to question 284***

☐ No ***- Go to question 286***

284. Specify the total number of nodal regions involved: **(follicular only)**

☐ ≥5 ☐ <5 ☐ Unknown

285. Specify the size of the largest nodal mass: ___ ___ • ___ cm x ___ ___ • ___ cm

286. Was there any extranodal or splenic involvement? (at last evaluation)

☐ Yes

☐ No

☐ Unknown

Specify site(s) of extranodal involvement:

287. 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

288. Specify other site: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ / __ __ / __ __
YYYY MM DD