**ERROR CORRECTION FORM**

**Sequence Number:**
**Date Received:**
**CIBMTR Center Number:**
**CIBMTR Recipient ID:**
**Initials:**

**Today’s Date:**
**Infusion Date:**

**Month**
**Day**
**Year**

**Month**
**Day**
**Year**

**Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data**

**Center:**
**CRID:**

---

**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 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: __________%
Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

18 Cyclin D1
- Positive
- Negative
- Unknown

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
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>BCL-6 amplification (extra copies/signals)</td>
</tr>
<tr>
<td>43</td>
<td>C-MYC rearrangement</td>
</tr>
<tr>
<td>44</td>
<td>C-MYC amplification (extra copies/signals)</td>
</tr>
<tr>
<td>45</td>
<td>DUSP22-rearrangement</td>
</tr>
<tr>
<td>46</td>
<td>Immunoglobulin heavy (IgH) chain rearrangement</td>
</tr>
<tr>
<td>47</td>
<td>TP63-rearrangement</td>
</tr>
<tr>
<td>48</td>
<td>Other abnormality</td>
</tr>
<tr>
<td>49</td>
<td>Specify other abnormality:</td>
</tr>
<tr>
<td>50</td>
<td>Was documentation submitted to the CIBMTR? (e.g. FISH report)</td>
</tr>
<tr>
<td>51</td>
<td>Were cytogenetics tested via karyotyping?</td>
</tr>
<tr>
<td>52</td>
<td>Results of tests</td>
</tr>
<tr>
<td>53</td>
<td>Specify abnormalities (check all that apply)</td>
</tr>
<tr>
<td>54</td>
<td>Specify other abnormality:</td>
</tr>
<tr>
<td>55</td>
<td>Was documentation submitted to the CIBMTR? (e.g. karyotyping report)</td>
</tr>
<tr>
<td>56 - 58</td>
<td>Laboratory Studies at Diagnosis Questions: 56 - 68</td>
</tr>
</tbody>
</table>

**Laboratory Studies at Diagnosis**

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

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>WBC (mantle cell and all Hodgkin histologies)</td>
</tr>
<tr>
<td>57</td>
<td>Hemoglobin (follicular and all Hodgkin histologies)</td>
</tr>
</tbody>
</table>
59 Absolute lymphocyte count (all Hodgkin histologies)
   □ Known □ Unknown

60 Serum albumin (all Hodgkin histologies)
   □ Known □ Unknown

63 Lymphocytes (percentage) (all Hodgkin histologies)
   □ Known □ Unknown

64 Upper limit of normal for LDH: □ U/L □ µkat/L

Assessment of Nodal and Organ Involvement at Diagnosis

Questions: 69 - 81

69 Was a PET (or PET/CT) scan performed?
   □ yes □ no

70 Surviving 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)
   □ ≥6 □ <6 □ Unknown

74 Specify the size of the largest mass:
   □ cm x □ cm x □ cm

75 Was there any extranodal or splenic involvement? (at diagnosis, prior to any transformation)
   □ yes □ no □ Unknown
Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

Specify site(s) of extranodal involvement:

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>Date Received:</th>
<th>Specify methods of assessment and results:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specify site(s) of extranodal involvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Adrenal</td>
</tr>
<tr>
<td>☐ Bone</td>
</tr>
<tr>
<td>☐ Bone marrow</td>
</tr>
<tr>
<td>☐ Brain</td>
</tr>
<tr>
<td>☐ Cerebrospinal fluid (CSF)</td>
</tr>
<tr>
<td>☐ Epidural space</td>
</tr>
<tr>
<td>☐ Gastrointestinal (GI) tract</td>
</tr>
<tr>
<td>☐ Heart</td>
</tr>
<tr>
<td>☐ Kidney</td>
</tr>
<tr>
<td>☐ Leptomeningeal involvement</td>
</tr>
<tr>
<td>☐ Liver</td>
</tr>
<tr>
<td>☐ Lung</td>
</tr>
<tr>
<td>☐ Pericardium</td>
</tr>
<tr>
<td>☐ Pleura</td>
</tr>
<tr>
<td>☐ Skin</td>
</tr>
<tr>
<td>☐ Spleen</td>
</tr>
<tr>
<td>☐ Other site</td>
</tr>
</tbody>
</table>

Specify other site:

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                                  |

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 |

ECOG score (at diagnosis)

| Known | Unknown |

Disease Assessment at Transformation

Questions: 82 - 139

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

| Yes | Also complete Form 2013 - CLL |

Did the recipient transform to a different lymphoma histology between diagnosis and the start of the preparative regimen / infusion? (not CLL)

| Yes | No |

Specify the lymphoma histology (at transformation)

Specify other lymphoma histology:

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

| Yes | No |
Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

87 Was the date of transformation the same as the date of diagnosis?
  ☐ yes ☐ no

88 Date of transformation: ______/____/____

89 Were immunohistochemical stains obtained? (at transformation)
  ☐ yes ☐ no ☐ Unknown

90 BCL-2
  ☐ Positive ☐ Negative ☐ Unknown

91 Percent positivity
  ☐ Known ☐ Unknown

92 Positive: __________ %

93 BCL-6
  ☐ Positive ☐ Negative ☐ Unknown

94 Percent positivity
  ☐ Known ☐ Unknown

95 Positive: __________ %

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 ☐ Unknown

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
### Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

**Center:** CRID:

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>113</td>
<td>t(2;5)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>114</td>
<td>t(2;8)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>115</td>
<td>t(8;14)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>116</td>
<td>t(8;22)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>117</td>
<td>t(11;14)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>118</td>
<td>t(11;18)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>119</td>
<td>t(14;18)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>120</td>
<td>t(7q)(q10)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>121</td>
<td>del(17p) / 17p-</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>122</td>
<td>P53 deletion</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>123</td>
<td>BCL-2 rearrangement</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>124</td>
<td>BCL-2 amplification (extra copies / signals)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>125</td>
<td>BCL-6 rearrangement</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>126</td>
<td>BCL-6 amplification (extra copies / signals)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>127</td>
<td>C-MYC rearrangement</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>128</td>
<td>C-MYC amplification (extra copies / signals)</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>129</td>
<td>DUSP22-rearrangement</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>130</td>
<td>Immunoglobulin heavy (IgH) chain rearrangement</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>131</td>
<td>TP53-rearrangement</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>132</td>
<td>Other abnormality</td>
<td>Yes</td>
<td>No</td>
<td>Not done</td>
</tr>
<tr>
<td>133</td>
<td>Specify other abnormality:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>134</td>
<td>Was documentation submitted to the CIBMTR? (e.g. FISH report)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>135</td>
<td>Were cytogenetics tested via karyotyping?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>136</td>
<td>Results of tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abnormalities identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No evaluable metaphases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No abnormalities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

Center: CRID:

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

137 Specify abnormalities (check all that apply)
- (2;5)
- (2;8)
- (8;14)
- (8;22)
- (11;14)
- (11;18)
- (14;18)
- (7q10)
- 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 10⁹/L (x 10³/mm³) ☐
- Known ☐ Unknown ☐

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

143 ___________ g/dL ☐ g/L ☐ mmol/L ☐
- Known ☐ Unknown ☐

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

145 ___________ x 10⁹/L (x 10³/mm³) ☐
- Known ☐ Unknown ☐

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

147 ___________ %
- Known ☐ Unknown ☐

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

149 ___________ g/dL ☐ g/L ☐
- Known ☐ Unknown ☐

150 LDH (all histologies)
- Known ☐ Unknown ☐

151 ___________ U/L ☐ µkat/L ☐
- Known ☐ Unknown ☐

152 Upper limit of normal for LDH: __________________________
- Known ☐ Unknown ☐

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 ☐
### Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

**Center:**

**CRID:**

---

**155** Did the recipient have known nodal involvement?
- [ ] yes
- [ ] no

**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)
Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

Pre-HCT or Pre-Infusion Therapy

Questions: 166 - 223

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)
   - [ ] Alemtuzumab (Campath)
   - [ ] Bendamustine (Trenda)
   - [ ] Bexarotene (Targretin)
   - [ ] Bleomycin (BLM, Blenoxane)
   - [ ] Bortezomib (Velcade)
   - [ ] Brentuximab vedotin
   - [ ] Carboplatin
   - [ ] Carmustine (BCNU, Gliadel)
   - [ ] Cisplatin (Platinol, CDDP)
   - [ ] Cldarbine (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 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

Center: CRID:

☐ Ifosfamide (Ifex)
☐ Ipilimumab (Yervoy)
☐ Ixazomib (Ninlaro)
☐ L-asparaginase
☐ PEG-asparaginase
☐ Lenalidomide (Revlimid)
☐ Methotrexate (MTX)
☐ High dose Methotrexate (defined as IV doses ≥ 2.5 gm/m2)
☐ Mitoxantrone (Novantrone)
☐ Mogamulizumab
☐ Nivolumab (Opdivo)
☐ Obinutuzumab (Gazyva)
☐ Otatumumab (Arzerra, HuMAX-CD20)
☐ Pembrolizumab (Keytruda)
☐ Pentostatin (Nipent)
☐ Pralatrexate (Folotyn)
☐ Procarbazine (Matulane)
☐ Rituimab (Rituxan, MabThera)
☐ Romidepsin (Istodax)
☐ Temozolomide (Temodar)
☐ Temsirolimus (Torisel)
☐ Tosilumomab (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: _ _ _ _ _ _ - _ _ _ _

184 Date therapy stopped
☐ Known ☐ Unknown

185 Date stopped: _ _ _ _ _ _ - _ _ _ _

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Specify intrathecal therapy

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

Specify other intrathecal therapy:

Reason for intrathecal 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?

- Craniocerebral
- 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: ____________________________

- Gy
- cGy
**Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data**

**Center:**  
**CRID:**

---

### Key Fields

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>Date Received:</th>
<th>Specify methods of assessment and results:</th>
<th>Specify site(s) of extranodal involvement:</th>
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### Questions: 69 - 81

<table>
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<th>Answer</th>
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### Disease Assessment at the Failure of 1st Line Therapy (DLBCL only)  
Questions: 224 - 233

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
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<td>224</td>
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Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

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
- Unknown

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)

231 Did the recipient have extranodal involvement?
- Yes
- No
- Unknown

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
- 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 arrangements were identified at the last evaluation prior to the start of the preparative regimen:

<table>
<thead>
<tr>
<th>Abnormality</th>
<th>Yes</th>
<th>No</th>
<th>Not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>237 t(1;14)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>238 t(2;5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>239 t(2;8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>240 t(8;14)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>241 t(8;22)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>242 t(11;14)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>243 t(11;18)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>244 t(14;18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>245 t(7q)(q10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>246 del(17p) / 17p-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>247 P53 deletion</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>248 BCL-2 rearrangement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>249 BCL-2 amplification (extra copies / signals)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>250 BCL-6 rearrangement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>251 BCL-6 amplification (extra copies / signals)</td>
<td></td>
<td></td>
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<tr>
<td>252 C-MYC rearrangement</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>253 C-MYC amplification (extra copies / signals)</td>
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<tr>
<td>254 DUSP22-rearrangement</td>
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<tr>
<td>255 Immunoglobulin heavy (IgH) chain rearrangement</td>
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<tr>
<td>256 TP53-rearrangement</td>
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<td></td>
<td></td>
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<tr>
<td>257 Other abnormality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>258 Specify other abnormality:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

259 Was documentation submitted to the CIBMTR? (e.g. FISH report)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

267 Hemoglobin (follicular and all Hodgkin histologies)
☐ g/dL
☐ g/L
☐ mmol/L

268 Absolute lymphocyte count (all Hodgkin histologies)
☐ 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: __ __ __ __ __ __ __ __ __ __

274 PCR
☐ Positive
☐ Negative
☐ Not done

275 Sample source
☐ Blood
☐ Bone marrow
☐ Other

276 Specify other sample source:

277 Date sample collected: __ __ __ __ __ __ __ __ __ __

278 Next generation sequencing (NGS, 3rd gen)
☐ Positive
☐ Negative
☐ Not done
### Form 2018 R5.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre-Infusion Data

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was documentation submitted to the CIBMTR?</td>
<td>No</td>
</tr>
<tr>
<td>Did the recipient transform to a different lymphoma histology between</td>
<td>No</td>
</tr>
<tr>
<td>diagnosis and the start of the preparative regimen / infusion?</td>
<td></td>
</tr>
<tr>
<td>Was there any extranodal or splenic involvement? (at last evaluation)</td>
<td>No</td>
</tr>
<tr>
<td>Specify the total number of nodal regions involved (follicular only)</td>
<td>5</td>
</tr>
<tr>
<td>Specify the size of the largest nodal mass: cm x cm</td>
<td>10 x 10</td>
</tr>
<tr>
<td>Was there any extranodal or splenic involvement? (at last evaluation)</td>
<td>No</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Adrenal</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Bone</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Bone marrow</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Brain</td>
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<td>Cerebrospinal fluid (CSF)</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Epidural space</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Gastrointestinal (GI) tract</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Heart</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Kidney</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Leptomeningeval involvement</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Liver</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Lung</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Pericardium</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Pleura</td>
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<td>Specify site(s) of involvement (check all that apply)</td>
<td>Skin</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Spleen</td>
</tr>
<tr>
<td>Specify site(s) of involvement (check all that apply)</td>
<td>Other site</td>
</tr>
<tr>
<td>First Name:</td>
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<td>Last Name:</td>
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</tr>
<tr>
<td>E-mail address:</td>
<td></td>
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<tr>
<td>Date:</td>
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</table>

**Note:**
- **Blood**
- **Bone marrow**
- **Other**
- **Yes**
- **No**
- **≥5**
- **<5**
- **Unknown**
- **Adrenal**
- **Bone**
- **Bone marrow**
- **Brain**
- **Cerebrospinal fluid (CSF)**
- **Epidural space**
- **Gastrointestinal (GI) tract**
- **Heart**
- **Kidney**
- **Leptomeningeval involvement**
- **Liver**
- **Lung**
- **Pericardium**
- **Pleura**
- **Skin**
- **Spleen**
- **Other site**