2019: Waldenstrom's Macroglobulinemia Pre-HSCT Data

Key Fields

Sequence Number: 

ELSE GOTO Date Received:

Date Received: 

ELSE GOTO CIBMTR Center Number:

CIBMTR Center Number: 

ELSE GOTO CIBMTR Recipient ID:

CIBMTR Recipient ID: 

ELSE GOTO Today's Date:

Today's Date: 

ELSE GOTO Date of HSCT for which this form is being completed:

Date of HSCT for which this form is being completed: 

ELSE GOTO Autologous

HSCT type (check all that apply):

☐ Autologous

ELSE GOTO Allogeneic, unrelated

☐ Allogeneic, unrelated

ELSE GOTO Allogeneic, related

☐ Allogeneic, related

ELSE GOTO Syngeneic (identical twin)
CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Today’s Date:  
Month  Day  Year 

Infusion Date:  
Month  Day  Year 

CIBMTR Center Number: 

☐ Syngeneic (identical twin)  
ELSE GOTO Marrow 

Product type (check all that apply):  
☐ Marrow  
ELSE GOTO PBSC 

☐ PBSC 
ELSE GOTO Cord blood 

☐ Cord blood 
ELSE GOTO Other product 

☐ Other product 
IF Other product:= checked 
THEN GOTO Specify: 
ELSE GOTO If this is a report of a second or subsequent transplant, check here and continue with question 150. 

Specify:  
ELSE GOTO If this is a report of a second or subsequent transplant, check here and continue with question 150. 

☐ If this is a report of a second or subsequent transplant, check here and continue with question 150. 
IF this is a report of a second or subsequent transplant, check here and continue with question 150.:= checked 
THEN GOTO (150) Absolute lymphocyte count: 
ELSE GOTO (1) What was the date of diagnosis of Waldenström’s macroglobulinemia? 

Disease Assessment at Diagnosis  
Questions: 1-7 

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient's medical records. 

ELSE GOTO (2) Source of IgM heavy chain 1 

Specify the immunoglobulin M (IgM) protein chains present at diagnosis: 

2 Source of IgM heavy chain 1 
  ☐ serum 
  ☐ urine 

ELSE GOTO (3) Source of IgM heavy chain 2 

3 Source of IgM heavy chain 2 
  ☐ serum 
  ☐ urine 

ELSE GOTO (4) Type of IgM light chain 1 

4 Type of IgM light chain 1 
  ☐ κ(kappa) 
  ☐ λ(lambda) 

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
O biclonal
ELSE GOTO (5) IgM light chain 1 source

5 Source of IgM light chain 1
  O serum
  O urine
ELSE GOTO (6) Type of IgM light chain 2

6 Type of IgM light chain 2
  O κ(kappa)
  O λ(lambda)
  O biclonal
ELSE GOTO (7) IgM light chain 2 source

7 Source of IgM light chain 2
  O serum
  O urine
ELSE GOTO (8) Was peripheral neuropathy present at diagnosis?

8 Was peripheral neuropathy present at diagnosis?
  O yes
  O no
  O unknown
IF (8) Was peripheral neuropathy present at diagnosis?:= yes
THEN GOTO (9) Clinical evidence
ELSE GOTO (12) Did the recipient have known organ involvement with Waldenström's macroglobulinemia at diagnosis?

Specify the method(s) used to determine peripheral neuropathy:

9 Clinical evidence
  O yes
  O no
  O unknown
ELSE GOTO (10) Electromyography (EMG)

10 Electromyography (EMG)
  O yes
  O no
  O unknown
ELSE GOTO (11) Myelin-associated glycoprotein antibodies (anti-MAG) detected

11 Myelin-associated glycoprotein antibodies (anti-MAG) detected
  O yes
  O no
  O unknown
ELSE GOTO (12) Did the recipient have known organ involvement with Waldenström's macroglobulinemia at diagnosis?
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Decision Path</th>
</tr>
</thead>
</table>
| Did the recipient have known organ involvement with Waldenström's macroglobulinemia at diagnosis? | yes, no, unknown | IF (12) Did the recipient have known organ involvement with Waldenström's macroglobulinemia at diagnosis?:
|                                                                         |               | THEN GOTO (13) Bone                                                           |
|                                                                         |               | ELSE GOTO (50) Were systemic symptoms (B symptoms) present at diagnosis (unexplained weight loss >10% body weight in six months before diagnosis; unexplained fever >38°C; or night sweats)? |
| Specify the site(s) of involvement:                                      |               |                                                                              |
| Bone                                                                    | yes, no, unknown | IF (13) Bone:= yes
|                                                                         |               | THEN GOTO (14) Was a bone biopsy performed?                                  |
|                                                                         |               | ELSE GOTO (16) Brain                                                          |
| Was a bone biopsy performed?                                             | yes, no, unknown | IF (14) Was a bone biopsy performed?:
|                                                                         |               | THEN GOTO (15) Specify bone biopsy results:                                  |
|                                                                         |               | ELSE GOTO (16) Brain                                                          |
| Specify bone biopsy results:                                             | positive, negative | ELSE GOTO (16) Brain                                                          |
| Brain                                                                   | yes, no, unknown | IF (16) Brain:= yes
|                                                                         |               | THEN GOTO (17) Was a brain biopsy performed?                                 |
|                                                                         |               | ELSE GOTO (19) Gastrointestinal                                               |
| Was a brain biopsy performed?                                           | yes, no, unknown | IF (17) Was a brain biopsy performed?:
|                                                                         |               | THEN GOTO (18) Specify brain biopsy results:                                 |
|                                                                         |               | ELSE GOTO (19) Gastrointestinal                                               |
| Specify brain biopsy results:                                           |               |                                                                              |
19 Gastrointestinal
   O yes
   O no
   O unknown
IF (19) Gastrointestinal:= yes
THEN GOTO (20) Was a GI biopsy performed?
ELSE GOTO (22) Kidney

20 Was a GI biopsy performed?
   O yes
   O no
   O unknown
IF (20) Was a GI biopsy performed?:= yes
THEN GOTO (21) Specify GI biopsy results:
ELSE GOTO (22) Kidney

21 Specify GI biopsy results:
   O positive
   O negative
ELSE GOTO (22) Kidney

22 Kidney
   O yes
   O no
   O unknown
IF (22) Kidney:= yes
THEN GOTO (23) Was a renal biopsy performed?
ELSE GOTO (25) Liver

23 Was a renal biopsy performed?
   O yes
   O no
   O unknown
IF (23) Was a renal biopsy performed?:= yes
THEN GOTO (24) Specify renal biopsy results:
ELSE GOTO (25) Liver

24 Specify renal biopsy results:
   O positive
   O negative
ELSE GOTO (25) Liver

25 Liver
   O yes
   O no
   O unknown
IF (25) Liver:= yes THEN GOTO (26) Was a hepatic biopsy performed? ELSE GOTO (29) Lung

26 Was a hepatic biopsy performed?
   O yes
   O no
   O unknown
   IF (26) Was a hepatic biopsy performed?:= yes THEN GOTO (27) Specify hepatic biopsy results: ELSE GOTO (28) Was the liver enlarged?

27 Specify hepatic biopsy results:
   O positive
   O negative
   ELSE GOTO (28) Was the liver enlarged?

28 Was the liver enlarged?
   O yes
   O no
   O unknown
   ELSE GOTO (29) Lung

29 Lung
   O yes
   O no
   O unknown
   IF (29) Lung:= yes THEN GOTO (30) Was a pulmonary biopsy performed? ELSE GOTO (32) Lymph nodes

30 Was a pulmonary biopsy performed?
   O yes
   O no
   O unknown
   IF (30) Was a pulmonary biopsy performed?:= yes THEN GOTO (31) Specify pulmonary biopsy results: ELSE GOTO (32) Lymph nodes

31 Specify pulmonary biopsy results:
   O positive
   O negative
   ELSE GOTO (32) Lymph nodes

32 Lymph nodes
   O yes
   O no
   O unknown
   IF (32) Lymph nodes:= yes THEN GOTO (33) Specify the total number of nodal regions involved:

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## ELSE GOTO (37) Pleura

33 Specify the total number of nodal regions involved:
- O one nodal region
- O two or more nodal regions
- O unknown

ELSE GOTO (34) Specify the size of the two greatest dimensions of the largest nodal mass:

34 Specify the size of the two greatest dimensions of the largest nodal mass:

ELSE GOTO (35) Was a lymph node biopsy performed?

35 Was a lymph node biopsy performed?
- O yes
- O no
- O unknown

IF (35) Was a lymph node biopsy performed? := yes
THEN GOTO (36) Specify lymph node biopsy results:
ELSE GOTO (37) Pleura

36 Specify lymph node biopsy results:
- O positive
- O negative

ELSE GOTO (37) Pleura

37 Pleura
- O yes
- O no
- O unknown

IF (37) Pleura := yes
THEN GOTO (38) Was a pleural biopsy performed?
ELSE GOTO (40) Skin

38 Was a pleural biopsy performed?
- O yes
- O no
- O unknown

IF (38) Was a pleural biopsy performed? := yes
THEN GOTO (39) Specify pleural biopsy results:
ELSE GOTO (40) Skin

39 Specify pleural biopsy results:
- O positive
- O negative

ELSE GOTO (40) Skin

40 Skin
- O yes
CIBMTR Center Number: ____________

CIBMTR Recipient ID: ____________

O no
O unknown

IF (40) Skin:= yes
THEN GOTO (41) Was a skin biopsy performed?
ELSE GOTO (43) Splenectomy

41 Was a skin biopsy performed?
O yes
O no
O unknown

IF (41) Was a skin biopsy performed?:= yes
THEN GOTO (42) Specify skin biopsy results:
ELSE GOTO (43) Splenectomy

42 Specify skin biopsy results:
O positive
O negative
ELSE GOTO (43) Splenectomy

43 Splenectomy
O yes
O no
O unknown

IF (43) Splenectomy:= yes
THEN GOTO (44) Specify splenectomy results:
ELSE GOTO (45) Other site:

44 Specify splenectomy results:
O positive for Waldenström's macroglobulinemia
O negative
O unknown
ELSE GOTO (45) Other site:

45 Other site:
O yes
O no
O unknown

IF (45) Other site::= yes
THEN GOTO (46) Specify site:
ELSE GOTO (49) Specify the size of the largest lesion at diagnosis:

46 Specify site:
ELSE GOTO (47) Was a biopsy performed?

47 Was a biopsy performed?
O yes
O no
O unknown

IF (47) Was a biopsy performed?:= yes
THEN GOTO (48) Specify biopsy results:
ELSE GOTO (49) Specify the size of the largest lesion at diagnosis:

48 Specify biopsy results:
   O positive
   O negative

ELSE GOTO (49) Specify the size of the largest lesion at diagnosis:

49 Specify the size  ___ ___ ___ ___ cm of the largest lesion at diagnosis:
ELSE GOTO size of largest lesion at dx ___ ___ ___ ___ ___ cm

ELSE GOTO (50) Were systemic symptoms (B symptoms) present at diagnosis (unexplained weight loss >10% body weight in six months before diagnosis; unexplained fever >38°C; or night sweats)?

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

ELSE GOTO (51) Was clinical hyperviscosity syndrome present at diagnosis?

51 Was clinical hyperviscosity syndrome present at diagnosis?
   O yes
   O no
   O unknown

IF (51) Was clinical hyperviscosity syndrome present at diagnosis?:= yes
THEN GOTO (52) Bleeding / bruising
ELSE GOTO (58) Relative serum viscosity:

Specify clinical symptoms present at diagnosis:

52 Bleeding / bruising
   O yes
   O no
   O unknown

ELSE GOTO (53) Dizziness

53 Dizziness
   O yes
   O no
   O unknown

ELSE GOTO (54) Fatigue

54 Fatigue
   O yes
   O no
   O unknown

ELSE GOTO (55) Visual disturbance

55 Visual disturbance
   O yes
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Laboratory Studies at Diagnosis

**Report findings prior to any first treatment for Waldenström’s macroglobulinemia.**

**WBC:**
- **O** known
- **O** not known

IF (62) WBC::= not known
THEN GOTO (64) Absolute lymphocyte count:
ELSE GOTO (63) WBC value

**63**

ELSE GOTO Specify units **O** $x 10^9/L$ (x $10^9/mm^3$)
**O** $x 10^6/L$
ELSE GOTO (64) Absolute lymphocyte count:

64 Absolute lymphocyte count:
   O known
   O not known
   IF (64) Absolute lymphocyte count::= not known
   THEN GOTO (66) Hemoglobin:
   ELSE GOTO (65) Absol lymph count value

65 .
   ELSE GOTO specify units
   O x 10^9/L (x 10^3/mm^3)
   O x 10^6/L
   ELSE GOTO (66) Hemoglobin:

66 Hemoglobin:
   O known
   O not known
   IF (66) Hemoglobin::= not known
   THEN GOTO (69) Platelets:
   ELSE GOTO (67) Hgb value

67 .
   ELSE GOTO specify units
   O g/dL
   O g/L
   O mmol/L
   ELSE GOTO (68) Was RBC transfused in the prior 30 days?

68 Was RBC transfused in the prior 30 days?
   O yes
   O no
   ELSE GOTO (69) Platelets:

69 Platelets:
   O known
   O not known
   IF (69) Platelets::= not known
   THEN GOTO (72) Involvement in bone marrow aspirate:
   ELSE GOTO (70) Platelets value

70 .
   ELSE GOTO specify units
   O x 10^9/L (x 10^3/mm^3)
   O x 10^6/L
   ELSE GOTO (71) Were platelets transfused in the prior 7 days?

71 Were platelets transfused in the prior 7 days?
   O yes
72 Involvement in bone marrow aspirate:
   O known
   O not known
   IF (72) Involvement in bone marrow aspirate::= not known
   THEN GOTO (74) Involvement in bone marrow biopsy
   ELSE GOTO (73) Percent in BM aspirate

73 . __________________________ %
   ELSE GOTO (74) Involvement in bone marrow biopsy

74 Involvement in bone marrow biopsy
   O known
   O not known
   IF (74) Involvement in bone marrow biopsy::= not known
   THEN GOTO (76) Involvement in bone marrow, sample source unknown:
   ELSE GOTO (75) Percent in BM biopsy

75 . __________________________ %
   ELSE GOTO (76) Involvement in bone marrow, sample source unknown:

76 Involvement in bone marrow, sample source unknown:
   O known
   O not known
   IF (76) Involvement in bone marrow, sample source unknown::= not known
   THEN GOTO (78) Specify the type of histological involvement in marrow:
   ELSE GOTO (77) Percent in BM unk source

77 . __________________________ %
   ELSE GOTO (78) Specify the type of histological involvement in marrow:

78 Specify the type of histological involvement in marrow:
   O lymphoplasmacytoid
   O lymphoplasmacytic
   O polymorphous
   O unknown
   ELSE GOTO (79) Disease immunophenotype:

79 Disease immunophenotype:
   O known
   O not known
   IF (79) Disease immunophenotype::= not known
   THEN GOTO (82) Serum albumin:
   ELSE GOTO (80) Specify immunophenotype:

80 Specify immunophenotype:
   O CD5
   O CD19
<table>
<thead>
<tr>
<th>CIBMTR Center Number: __________________</th>
<th>CIBMTR Recipient ID: ______________________</th>
</tr>
</thead>
</table>

Is a copy of the immunophenotype report (flow cytometry) attached?

81  Is a copy of the immunophenotype report (flow cytometry) attached?
   O yes
   O no

ELSE GOTO (82) Serum albumin:

82  Serum albumin:
   O known
   O not known

IF (82) Serum albumin::= not known
THEN GOTO (84) Serum β₂ microglobulin:
ELSE GOTO (83) Albumin value

83  . . . . . . . . . . . . . . . . . . . . .
   ELSE GOTO specify units
   O g/dL
   O g/L

ELSE GOTO (84) Serum β₂ microglobulin:

84  Serum β₂ microglobulin:
   O known
   O not known

IF (84) Serum β₂ microglobulin::= not known
THEN GOTO (86) Serum creatinine:
ELSE GOTO (85) β₂ microglob value

85  . . . . . . . . . . . . . . . . . . . . .
   ELSE GOTO specify units
   O μg/dL
   O mg/L
   O mmol/L

ELSE GOTO (86) Serum creatinine:

86  Serum creatinine:
   O known
   O not known

IF (86) Serum creatinine::= not known
THEN GOTO (89) Serum monoclonal spike: (only from electrophoresis)
ELSE GOTO (87) creatinine value

87  . . . . . . . . . . . . . . . . . . . . .
   ELSE GOTO specify units
   O mg/dL
   O mmol/L
   O μmol/L

ELSE GOTO (88) Upper limit of normal for serum creatinine:
88 Upper limit of normal for serum creatinine: ____________________________ • ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
ELSE GOTO (97) Specify results:

97 Specify results:
    O positive for agglutination in titers at or below 1:16 or IgM antibodies that bind at < 37°C
    O negative
ELSE GOTO (98) Cryoglobulin:

98 Cryoglobulin:
    O known
    O not known
IF (98) Cryoglobulin ::= not known
THEN GOTO (100) IgG:
ELSE GOTO (99) Specify:

99 Specify:
    O cryoglobulins present
    O absent
ELSE GOTO (100) IgG:

Specify the following serum quantitative immunoglobulins (measured prior to any disease treatment):

100 IgG:
    O known
    O not known
IF (100) IgG ::= not known
THEN GOTO (104) IgA:
ELSE GOTO (101) IgG value

101 . _______ _____ • _____
ELSE GOTO specify units
    O mg/dL
    O g/dL
    O g/L
ELSE GOTO (102) Upper limit of normal for IgG:

102 Upper limit of normal for IgG: __________________________ • _____
ELSE GOTO (103) Lower limit of normal for IgG:

103 Lower limit of normal for IgG: __________________________ • _____
ELSE GOTO (104) IgA:

104 IgA:
    O known
    O not known
IF (104) IgA ::= not known
THEN GOTO (108) IgM:
ELSE GOTO (105) IgA value

105 . _______ • _____
ELSE GOTO specify units
    O mg/dL
    O g/dL
CIBMTR Center Number: ______________________   CIBMTR Recipient ID: ____________________________

106 Upper limit of normal for IgA: ___________ ___________ ___________ ___________ 
ELSE GOTO (107) Lower limit of normal for IgA:

107 Lower limit of normal for IgA: __________________________ ___________ 
ELSE GOTO (108) IgM:

108 IgM:
O known
O not known
IF (108) IgM::= not known
THEN GOTO (112) Was cytogenetic or FISH testing performed at any time between diagnosis and the start of the preparative regimen?
ELSE GOTO (109) IgM value

109 ___________ ___________ 
ELSE GOTO specify units
O mg/dL
O g/dL
O g/L
ELSE GOTO (110) Upper limit of normal for IgM:

110 Upper limit of normal for IgM: ___________ ___________ ___________ ___________ ___________ 
ELSE GOTO (111) Lower limit of normal for IgM:

111 Lower limit of normal for IgM: __________________________ ___________ ___________ ___________ 
ELSE GOTO (112) Was cytogenetic or FISH testing performed at any time between diagnosis and the start of the preparative regimen?

112 Was cytogenetic or FISH testing performed at any time between diagnosis and the start of the preparative regimen?
O yes
O yes, but no evaluable metaphases
O no
O unknown
IF (112) Was cytogenetic or FISH testing performed at any time between diagnosis and the start of the preparative regimen?:= yes
THEN GOTO (113) Was del (6q) / 6q- present?
ELSE GOTO (115) Was any therapy given between diagnosis and the start of the preparative regimen (including chemotherapy used to mobilize stem cells)?

113 Was del (6q) / 6q- present?
O yes
O no
ELSE GOTO (114) Is a copy of the cytogenetic report attached?

114 Is a copy of the cytogenetic report attached?
O yes
Pre-HSCT Treatment for Waldenström's Macroglobulinemia

115 Was any therapy given between diagnosis and the start of the preparative regimen (including chemotherapy used to mobilize stem cells)?

- O yes
- O no

IF (115) Was any therapy given between diagnosis and the start of the preparative regimen (including chemotherapy used to mobilize stem cells)? := no

THEN GOTO (150) Absolute lymphocyte count:

ELSE GOTO (116)

Systemic Therapy:

- Pre-HSCT Waldenstrom's Macroglobulinemia Therapy Questions: 116-149

Line of Therapy:

116 Systemic Therapy:

- O yes
- O no

IF (116) Systemic Therapy := no

THEN GOTO (139) Radiation Therapy:

ELSE GOTO (117) Date therapy started:

117 Date therapy started: __ YYYY - MM - DD

ELSE GOTO (118) Date therapy stopped:

118 Date therapy stopped: __ YYYY - MM - DD

ELSE GOTO (119) Unknown/not applicable

119 Unknown/not applicable Number of cycles ____________

IF (119) Unknown/not applicable := checked

THEN GOTO (120) Alemtuzumab (Campath)

ELSE GOTO (121) Chlorambucil (Leukeran)

120 Alemtuzumab (Campath)

- O yes
- O no

121 Chlorambucil (Leukeran)

- O yes
- O no
ELSE GOTO (122) Cladribine (2-CdA, Leustatin)

122 Cladribine (2-CdA, Leustatin)
   O yes
   O no

ELSE GOTO (123) Corticosteroids

123 Corticosteroids
   O yes
   O no

ELSE GOTO (124) Cyclophosphamide (Cytoxan)

124 Cyclophosphamide (Cytoxan)
   O yes
   O no

ELSE GOTO (125) Doxorubicin (Adriamycin)

125 Doxorubicin (Adriamycin)
   O yes
   O no

ELSE GOTO (126) Etoposide (VP-16, VePesid)

126 Etoposide (VP-16, VePesid)
   O yes
   O no

ELSE GOTO (127) Fludarabine (Fludara)

127 Fludarabine (Fludara)
   O yes
   O no

ELSE GOTO (128) Idarubicin (Idamycin)

128 Idarubicin (Idamycin)
   O yes
   O no

ELSE GOTO (129) Ifosfamide (Ifex)

129 Ifosfamide (Ifex)
   O yes
   O no

ELSE GOTO (130) Lenalidomide (Revlimid)

130 Lenalidomide (Revlimid)
   O yes
   O no

ELSE GOTO (131) Melphalan (L-PAM)

131 Melphalan (L-PAM)
   O yes
   O no
ELSE GOTO (132) Mitoxantrone (Novantrone)

132 Mitoxantrone (Novantrone)
  O yes
  O no
ELSE GOTO (133) Pentostatin (Nipent)

133 Pentostatin (Nipent)
  O yes
  O no
ELSE GOTO (134) Rituximab (anti-CD20, Rituxan)

134 Rituximab (anti-CD20, Rituxan)
  O yes
  O no
ELSE GOTO (135) Thalidomide (Thalomid)

135 Thalidomide (Thalomid)
  O yes
  O no
ELSE GOTO (136) Vincristine (VCR, Oncovin)

136 Vincristine (VCR, Oncovin)
  O yes
  O no
ELSE GOTO (137) Other systemic therapy

137 Other systemic therapy
  O yes
  O no
IF (137) Other systemic therapy:= no
THEN GOTO (139) Radiation Therapy:
ELSE GOTO (138) Specify other therapy

138 Specify other therapy
  ______________________________________
ELSE GOTO (139) Radiation Therapy:

139 Radiation Therapy:
  O yes
  O no
IF (139) Radiation Therapy:= no
THEN GOTO (145) Given for stem cell priming?
ELSE GOTO (140) Date therapy started:

140 Date therapy started: ___________ YYYY MM DD
ELSE GOTO (141) Date therapy stopped:

141 Date therapy stopped: ___________ YYYY MM DD

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ELSE GOTO (142) specify radiation site(s):

Specify radiation site(s):

ELSE GOTO (143) specify radiation site(s)

ELSE GOTO (144) specify radiation site(s)

ELSE GOTO (145) Given for stem cell priming?

Given for stem cell priming?

O yes

O no

ELSE GOTO (146) Best Response to Line of Therapy:

Best Response to Line of Therapy:

O chemosensitive - >= 50% reduction in measurable tumor cell mass, bone marrow and serum paraprotein.

O chemoresistant - < 50% reduction in measurable tumor cell mass, bone marrow and serum paraprotein.

O not assessed/unknown

IF (146) Best Response to Line of Therapy: := not assessed/unknown

THEN GOTO (150) Absolute lymphocyte count:

ELSE GOTO (147) Date response established:

Date response established: ____________ - ____________

YYYY MM DD

ELSE GOTO (148) Did disease relapse/progress following this line of therapy?

Did disease relapse/progress following this line of therapy?

O yes

O no

IF (148) Did disease relapse/progress following this line of therapy?:= no

THEN GOTO (150) Absolute lymphocyte count:

ELSE GOTO (149) Date of relapse/progression:

Date of relapse/progression: ____________ - ____________

YYYY MM DD

ELSE GOTO (150) Absolute lymphocyte count:

Copy questions 116-149 if needed for Pre-HSCT Waldenstrom's Macroglobulinemia Therapy

Laboratory Studies Prior to the Start of the Preparative Regimen

Questions: 150-179

Absolute lymphocyte count:

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O known
O not known

IF (150) Absolute lymphocyte count::= not known
THEN GOTO (152) Involvement in bone marrow aspirate
ELSE GOTO (151) absol lymph count value

151

ELSE GOTO unit of measure

Ox10⁹/L (x10⁹/mm³)

Ox10⁶/L

ELSE GOTO (152) Involvement in bone marrow aspirate

152 Involvement in bone marrow aspirate

O known
O not known

IF (152) Involvement in bone marrow aspirate::= not known
THEN GOTO (154) Involvement in bone marrow biopsy:
ELSE GOTO (153) Percent BM aspirate

153

ELSE GOTO (154) Involvement in bone marrow biopsy:

154 Involvement in bone marrow biopsy:

O known
O not known

IF (154) Involvement in bone marrow biopsy::= not known
THEN GOTO (156) Involvement in bone marrow, sample source unknown:
ELSE GOTO (155) percent BM biopsy

155

ELSE GOTO (156) Involvement in bone marrow, sample source unknown:

156 Involvement in bone marrow, sample source unknown:

O known
O not known

IF (156) Involvement in bone marrow, sample source unknown::= not known
THEN GOTO (158) Specify the type of histological involvement in marrow:
ELSE GOTO (157) percent BM unk source

157

ELSE GOTO (158) Specify the type of histological involvement in marrow:

158 Specify the type of histological involvement in marrow:

O lymphoplasmacytoid
O lymphoplasmacytic
O polymorphous
O unknown

ELSE GOTO (159) Serum albumin:

159 Serum albumin:
O known  
O not known

IF (159) Serum albumin::= not known
THEN GOTO (161) Serum β₂ microglobulin:
ELSE GOTO (160) Albumin value

ELSE GOTO specify units  
O g/dL  
O g/L

ELSE GOTO (161) Serum β₂ microglobulin:

161 Serum β₂ microglobulin:
O known  
O not known

IF (161) Serum β₂ microglobulin::= not known
THEN GOTO (163) Relative serum viscosity:
ELSE GOTO (162) β₂ microglob value

ELSE GOTO specify units  
O μg/dL  
O mg/L  
O nmol/L

ELSE GOTO (163) Relative serum viscosity:

163 Relative serum viscosity:
O known  
O not known

IF (163) Relative serum viscosity::= not known
THEN GOTO (166) Serum creatinine:
ELSE GOTO (164) relat serum viscosity value

ELSE GOTO (165) Upper limit of normal for relative serum viscosity:

 ELSE GOTO (166) Serum creatinine:

166 Serum creatinine:
O known  
O not known

IF (166) Serum creatinine::= not known
THEN GOTO (169) Serum IgM level:
ELSE GOTO (167) creatinine value

ELSE GOTO specify units  
O mg/dL  
O mmol/L  
O μmol/L
ELSE GOTO (168) Upper limit of normal for serum creatinine:

ELSE GOTO (169) Serum IgM level:

ELSE GOTO specify units.

ELSE GOTO (171) Serum monoclonal spike: (only from electrophoresis)

ELSE GOTO (170) IgM value

ELSE GOTO (171) Serum monoclonal spike: (only from electrophoresis)

ELSE GOTO (172) monoclo spike value

ELSE GOTO specify units.

ELSE GOTO (173) LDH:

ELSE GOTO (174) LDH value

ELSE GOTO specify units.

ELSE GOTO (175) Upper limit of normal for LDH:

ELSE GOTO (176) Cold agglutinins:
CIBMTR Center Number: ___ ___ ___ ___ ___  
CIBMTR Recipient ID: ___ ___ ___ ___ ___ ___ ___ 

176 Cold agglutinins:
   - O known
   - O not known

IF (176) Cold agglutinins::= not known
THEN GOTO (178) Cryoglobulin:
ELSE GOTO (177) Specify results:

177 Specify results:
   - O positive for agglutination in titers at or below 1:16 or IgM antibodies that bind at < 37°C
   - O negative

ELSE GOTO (178) Cryoglobulin:

178 Cryoglobulin:
   - O known
   - O not known

IF (178) Cryoglobulin::= not known
THEN GOTO (180) What was the sensitivity of the disease to any systemic treatment(s) completed <= 6 months prior to the HSCT?
ELSE GOTO (179) Specify:

179 Specify:
   - O cryoglobulins present
   - O absent

ELSE GOTO (180) What was the sensitivity of the disease to any systemic treatment(s) completed <= 6 months prior to the HSCT?

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Disease Status at the Last Assessment Prior to the Preparative Regimen

180 What was the sensitivity of the disease to any systemic treatment(s) completed <= 6 months prior to the HSCT?
   - O sensitive - ≥ 50% reductions in measurable tumor cell mass, bone marrow and serum paraprotein
   - O resistant - < 50% reduction in measurable tumor cell mass, bone marrow and serum paraprotein
   - O not applicable - no systemic therapy prior to the preparative regimen, or systemic therapy ended > 6 months prior to the preparative regimen
   - O unknown

ELSE GOTO (181) What was the disease status at the last evaluation prior to the preparative regimen?

181 What was the disease status at the last evaluation prior to the preparative regimen?
   - O complete response (CR) - disappearance of monoclonal protein by immunofixation; no histologic evidence of bone marrow involvement, resolution of any adenopathy / organomegaly (confirmed by CT scan), or signs or symptoms attributable to WM. Reconfirmation of the CR status is required at least 6 weeks apart with a second immunofixation.
   - O partial response (PR) - at least 50% reduction of serum monoclonal IgM concentration on protein electrophoresis and at least 50% decrease in adenopathy / organomegaly on physical examination or on CT scan. No new symptoms or signs of active disease.
   - O minor response / stable disease (MR / SD) - at least 25% but less than 50% reduction of serum monoclonal IgM by protein electrophoresis. No new symptoms or signs of active disease. Or a less-than-25% reduction and less-than 25% increase of serum monoclonal IgM by electrophoresis without progression of adenopathy / organomegaly, cytopenias, or clinically significant symptoms due to disease and/or signs of WM.

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progressive disease (PD) - at least 25% increase in serum monoclonal IgM by protein electrophoresis confirmed by a second measurement or progression of clinically significant findings due to disease (ie, anemia, thrombocytopenia, leukopenia, bulky adenopathy / organomegaly) or symptoms (unexplained recurrent fever of at least 38.4°C, drenching night sweats, at least 10% body weight loss, or hyperviscosity, neuropathy, symptomatic cryoglobulinemia, or amyloidosis) attributable to WM.

O not assessed

IF (181) What was the disease status at the last evaluation prior to the preparative regimen?:
= not assessed
THEN GOTO First name
ELSE GOTO (182) Date of the most recent assessment for disease status prior to the preparative regimen:

182 Date of the most recent assessment for disease status prior to the preparative regimen:       YYYY        MM        DD

ELSE GOTO First name

First Name: __________________________ Last Name: __________________________

ELSE GOTO Phone number:

Phone number: __________________________ Fax number: __________________________

ELSE GOTO Fax number:

Fax number: __________________________ E-mail address: __________________________

E-mail address: __________________________

ELSE GOTO End of Form