Key Fields

Sequence Number: __________________________

Date Received: __ __ __ __ - __ __ __ __

CIBMTR Center Number ____________

CIBMTR Recipient ID: __________________________

Today’s Date: __ __ __ __ - __ __ __ __

Date of HSCT for which this form is being completed: __ __ __ __ - __ __ __ __

HSCT type: (check all that apply)

☐ Autologous

☐ Allogeneic, unrelated

☐ Allogeneic, related

☐ Syngeneic (identical twin)

Product type: (check all that apply)

☐ Marrow

☐ PBSC

☐ Cord blood

☐ Other product

Specify: __________________________

Visit:

☐ 100 day  ☐ 6 months  ☐ 1 year  ☐ 2 years  ☐ > 2 years,

Specify: __________________________

Disease Assessment at the Time of Best Response to HSCT

Questions: 1 - 2

1 Compared to the disease status prior to the preparative regimen, what was the best response to HSCT since the date of the last report? (Include response to any post-HSCT treatment planned as of Day 0.)

☐ continued complete remission (CCR) (for patients transplanted in CR)

☐ complete remission (CR): complete disappearance of all known disease for >= 4 weeks

☐ complete remission undetermined (CRU): as above with the exception of persistent scan abnormalities of unknown significance

☐ partial remission (PR): >= 50% reductions in greatest diameter of all sites of known disease and no new sites

☐ no response / stable disease (NR / SD): < 50% reduction in greatest diameter of all sites of known disease

☐ relapse / progressive disease: increase in size of known disease, or new sites of disease

☐ Not assessed

☐ date of the best response was previously reported
### Laboratory Studies at the Time of Best Response to HSCT

**Questions: 3 - 5**

3. Was molecular testing performed at the time of best response to HSCT (reported in questions 1-2)?
   - [ ] yes
   - [ ] no

4. Specify the date molecular testing was performed: __ __ __ __ __

5. Was disease detected?
   - [ ] yes
   - [ ] no

### Post-HSCT Planned Treatment for Lymphoma

**Questions: 6 - 52**

6. Was planned treatment given per protocol since the date of the last report? (Include any maintenance therapy, but exclude any treatment for relapse / progressive disease.)
   - [ ] yes
   - [ ] no

Specify planned treatment given:

7. Chemotherapy
   - [ ] yes
   - [ ] no

8. Radiation
   - [ ] yes
   - [ ] no

Specify radiation site(s)

9. Mediastinum
   - [ ] yes
   - [ ] no

10. Other site
    - [ ] yes
    - [ ] no

11. Specify site: __________________________

12. Immune therapy / monoclonal antibody (mAb)
    - [ ] yes
    - [ ] no

Specify therapy given

13. aldesleukin (interleukin-2, IL-2)
    - [ ] yes
    - [ ] no

14. Alemtuzumab (Campath)
    - [ ] yes
    - [ ] no

15. Rituximab (anti-CD20, Rrituxan)
    - [ ] yes
    - [ ] no
<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>other mAb</td>
<td>yes, no</td>
</tr>
<tr>
<td>17</td>
<td>Specify mAb:</td>
<td>blank</td>
</tr>
<tr>
<td>18</td>
<td>Other immune therapy</td>
<td>yes, no</td>
</tr>
<tr>
<td>19</td>
<td>Specify therapy:</td>
<td>blank</td>
</tr>
<tr>
<td>20</td>
<td>Other treatment</td>
<td>yes, no</td>
</tr>
<tr>
<td>21</td>
<td>Specify planned treatment:</td>
<td>blank</td>
</tr>
<tr>
<td>22</td>
<td>Was a disease relapse or progression detected by any method since the date of the last report?</td>
<td>yes, no</td>
</tr>
<tr>
<td>23</td>
<td>Specify the total number of nodal sites involved:</td>
<td>None, one nodal site, two or more nodal sites, Unknown</td>
</tr>
<tr>
<td>24</td>
<td>Was there any known extranodal or splenic involvement since the date of the last report?</td>
<td>yes, no</td>
</tr>
<tr>
<td></td>
<td>Specify site(s) of involvement:</td>
<td>Blood, Bone, Bone marrow, Brain, Cerebrospinal fluid (CSF), Epidural space</td>
</tr>
<tr>
<td>25</td>
<td>Blood</td>
<td>yes, no</td>
</tr>
<tr>
<td>26</td>
<td>Bone</td>
<td>yes, no</td>
</tr>
<tr>
<td>27</td>
<td>Bone marrow</td>
<td>yes, no</td>
</tr>
<tr>
<td>28</td>
<td>Brain</td>
<td>yes, no</td>
</tr>
<tr>
<td>29</td>
<td>Cerebrospinal fluid (CSF)</td>
<td>yes, no</td>
</tr>
<tr>
<td>30</td>
<td>Epidural space</td>
<td>yes, no</td>
</tr>
</tbody>
</table>
### Gastrointestinal (GI) tract
- **Yes**: [ ]
- **No**: [ ]

### Kidney
- **Yes**: [ ]
- **No**: [ ]

### Liver
- **Yes**: [ ]
- **No**: [ ]

### Lung
- **Yes**: [ ]
- **No**: [ ]

### Pleura
- **Yes**: [ ]
- **No**: [ ]

### Skin
- **Yes**: [ ]
- **No**: [ ]

### Spleen
- **Yes**: [ ]
- **No**: [ ]

### Other site:
- **Yes**: [ ]
- **No**: [ ]

#### Specify site:
- [ ]

**Specify the method(s) of disease assessment and results at the time of disease relapse or progression:**

### Molecular assessment
- **Yes**: [ ]
- **No**: [ ]

#### Date of molecular assessment:
- [ ]

### Was disease detected?
- **Yes**: [ ]
- **No**: [ ]

### Cytogenetic assessment by FISH
- **Yes**: [ ]
- **No**: [ ]

#### Date of FISH assessment:
- [ ]

### Was disease detected?
- **Yes**: [ ]
- **No**: [ ]

### Clinical / hematologic assessment
- **Yes**: [ ]
- **No**: [ ]

#### Date of clinical / hematologic assessment:
- [ ]
### Disease Status at the Time of Assessment for This Reporting Period

**Questions: 53 - 60**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>48</strong> Was disease detected?</td>
<td>yes / no</td>
</tr>
<tr>
<td><strong>49</strong> Was a positron emission tomography (PET) scan performed since the date of the last report?</td>
<td>yes / no</td>
</tr>
<tr>
<td><strong>50</strong> Date of most recent PET scan:</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td><strong>51</strong> Results of most recent PET scan:</td>
<td>Positive / Negative / Indeterminate/eqivocal</td>
</tr>
<tr>
<td><strong>52</strong> Was the positive result considered a disease recurrence or progression?</td>
<td>yes / no</td>
</tr>
<tr>
<td><strong>53</strong> Was the current disease status assessed by molecular testing?</td>
<td>yes / no</td>
</tr>
<tr>
<td><strong>54</strong> Date of most recent molecular assessment:</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td><strong>55</strong> Was disease detected?</td>
<td>yes / no</td>
</tr>
<tr>
<td><strong>56</strong> Was the current disease status assessed by conventional cytogenetics / FISH?</td>
<td>yes / no</td>
</tr>
<tr>
<td><strong>57</strong> Date of most recent cytogenetic / FISH assessment:</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td><strong>58</strong> Was disease detected?</td>
<td>yes / no</td>
</tr>
<tr>
<td><strong>59</strong> What is the current disease status?</td>
<td>complete remission / Not in complete remission</td>
</tr>
<tr>
<td><strong>60</strong> Date the current disease status was established in this reporting period:</td>
<td>__ __ __ __</td>
</tr>
</tbody>
</table>

**First Name:** __________________________  **Last Name:** __________________________

**Phone number:** __________________________  **Fax number:** __________________________

**E-mail address:** __________________________